

Emotion Regulation and Bipolar Disorder: Strategies during the COVID-19 Pandemic

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DISCUSSION

The emergence of the COVID-19 pandemic has stirred a global mental health crisis and created the need for new studies and possibilities of intervention within the social distancing measures. This is especially important regarding the care of individuals with Bipolar Disorder (BD) whose biological and social rhythms, as well as, circadian rhythm regulation play important roles in the long-term outcome of the illness, with significant disruptions triggering episode relapses. Moreover, subjects with BD present deficits in affective cognition that may further contribute to episode relapse during stressful periods of their lives.¹ Although research regarding mental health status of individuals with BD during the COVID-19 pandemic is only beginning to emerge, some studies imply heightened psychological distress in those individuals, possibly due to adverse lifestyle changes as a necessary measure of protection during this time.² Therefore, this article aims to discuss and suggest Emotion Regulation (ER) strategies for individuals with BD, who may be experiencing heightened distress and difficulties regulating emotions, in consequence of the actual pandemic. The strategies we expose here can be taught and applied by interdisciplinary teams, such as psychologists, psychiatrists, nurses, and other mental health professionals, and are meant to be used respecting social isolation and sanitary measures of prevention.

ER refers to an effortful and automatic ability to regulate, maintain, and modify either negative or positive emotional experience and expression, by decreasing or increasing their intensity and

frequency. The concept of ER has particular importance in BD, since people diagnosed with this disorder may experience significant affect instability and intensity during and between episodes. During a manic state, individuals with BD experience hardship regulating positive emotions, whereas, during depressive states, negative emotions are exacerbated.³ In this sense, individuals with BD make extreme, self-referent appraisals during both low and high internal moods and energy states.

Evidence reveals that subjects with BD make an elevated use of maladaptive strategies such as avoidance, rumination, and suppression when compared to controls, which can have adverse impacts on clinical outcomes such as mood symptoms.⁴ Although people with BD present heightened propensity to use maladaptive strategies, new and adaptive ER strategies can be successfully taught to this population. In this sense, given the extra emotional burden of the COVID-19 pandemic, ER strategies to deal the psychological distress are much needed, and effort should be put into disseminating ER teaching and interventions that improve the individual's ability to self-regulate.

Individuals with BD must learn to self-regulate both positive and negative emotions, since both may be harmful depending on the patients' episodic state. Apart from teaching effective ER strategies - such as reappraisal, problem solving, and acceptance - in order to up or downregulate their emotions, it is imperative that patients are taught to comprehend their emotions and their mood states in order to correctly and effectively apply ER.⁴ In the following paragraphs, we will further discuss specific ER strategies that could be taught and apply in the context of BD during the COVID-19 pandemic. We

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also expose how specifically we believe these strategies could help these patients during this period (see Figure 1).

Cognitive Reappraisal is an ER strategy that focuses on preliminary action, with the intention of changing an emotional impact before it has fully developed. During the COVID-19 pandemic, BD subjects could immensely benefit from mastering this ability. By drawing on cognitive control and executive functioning to reframe the meaning and emotional valence of the present world situation, these individuals could refrain from feelings of intense frustration with the lack of control imposed on them by the current circumstance. Thus, by grasping this ability, individuals with BD may be able to withhold from being emotionally swept by outside situations and learn to cognitively reframe them.

Problem Solving strategies considers how an individual interprets and evaluates a given situation in the most appropriate way to reality. For example, to cope with the heightened psychological distress due to the COVID-19 pandemic, it may be effective to perceive the limitations of prompt action and engage with strong emotional reactions before acting. Another ER strategy is Acceptance. This strategy focuses on an active taking in of an event or situation, instead of avoiding such context. The repercussion of default ER is often due to failed attempts of avoiding emotions, such as increased frequency and intensity of emotions and harmful undertakings, such as substance abuse, to attenuate and avert them. Acceptance is an important ER strategy in dealing with the COVID-19 pandemic since sanitary prevention and social distancing measures are sustained when individuals accept and come to terms with the reality of the current situation. Also, resisting accepting the implemented measures heightens the suffering since they are mostly mandatory and with scarce way around.

Heightened positive emotions can also be harmful to BD patients, when considering manic and hypomanic states, and positive emotional traits such as impulsivity. The same is true for negative emotions, which can be extremely dampening during mixed or depressive episodes. Thus, cognitive flexibility and self-awareness are crucial skills when aiming to enhance adaptive emotion regulation. Regulatory Flexibility in ER refers to using context-appropriate strategies, being adaptable, and resourceful to different strategies. Therefore, context plays an important part in deciding which ER strategies to use.

When teaching patients ER techniques, external and internal individual factors must be considered. ER strategies target the ability to modulate the onset, nature, and course of positive or negative affect and do not attempt to altercate outside factors; in the case of BD individuals, the main purpose would be the prevention of episode relapse. ER practices that should be disseminated include learning to cope with the fear of relapse, increasing awareness of personal strengths, understanding personal goals, cultivating positive relationships, learning self-compassion, as well as relaxation techniques.

In this sense, many psychotherapy approaches use ER strategies to construct their evidence-based interventions. Therapies such as Interpersonal and Social Rhythm Therapy (ISRT) focuses on teaching

Key Message

The current pandemic has directly affected individuals suffering from Bipolar Disorder, since they depend on a well-balanced routine, regular sleeping hours, and sparse psychological stress in order to prevent relapses. Therefore, we discuss Emotion Regulation strategies to help patients deal with the heightened psychological distress inflicted by the current pandemic.

Learning Points

- Bipolar Disorder patients present higher use maladaptive ER strategies, tending to overstimulate emotion-related situations. The current COVID-19 pandemic is a particular scenario in which psychological distress is heightened, and therefore special attention regarding ER is needed.
- Adjunctive therapies and protocols such as ISRT, DBT Skills Training, and GOAL should be considered to help teaching BD patients ER abilities.
- Other techniques such as mindfulness, self-awareness, appropriate goal discussion, and decision, as well as, mental-health platforms, such as Smiling Mind and CBT Thought Dairy are recommended as a mean to avoid relapse in this critical period, as they focus on developing ER skills.

patients with BD on how to monitor and regulate their emotions with mood-changing activities, in order to increase mood stability and awareness of highly emotional triggers. Another evidence-based intervention that could be used to address the emotion dysregulation issue, is GOAL, a recently developed intervention that includes modules specifically on decreasing ambitious goal setting and reduction of pace in pursuing such goals. The exercises suggested include daily positives, mindfulness, and setting attainable goals. Both interventions include strategies focused on low activation of positive ER and the development of appropriate positive emotion-related situation⁵. Another effective and noteworthy intervention in this direction is Dialectical Behavior Therapy (DBT), which includes in its protocol social skills trainings - that can be done online - and teaches patients to assertively deal with daily life stressors and emotional dysregulation situations. This model contains a skills manual with diverse lesson plans on social skills and ER. Other models of psychotherapy that use ER strategies as their core model are Emotion-focused therapy (EFT), Acceptance and Commitment Therapy (ACT), and Emotion Regulation Therapy (ERT).

In addition to formal psychotherapy that tackle emotion regulating issues mentioned above, other e-health platforms, via apps

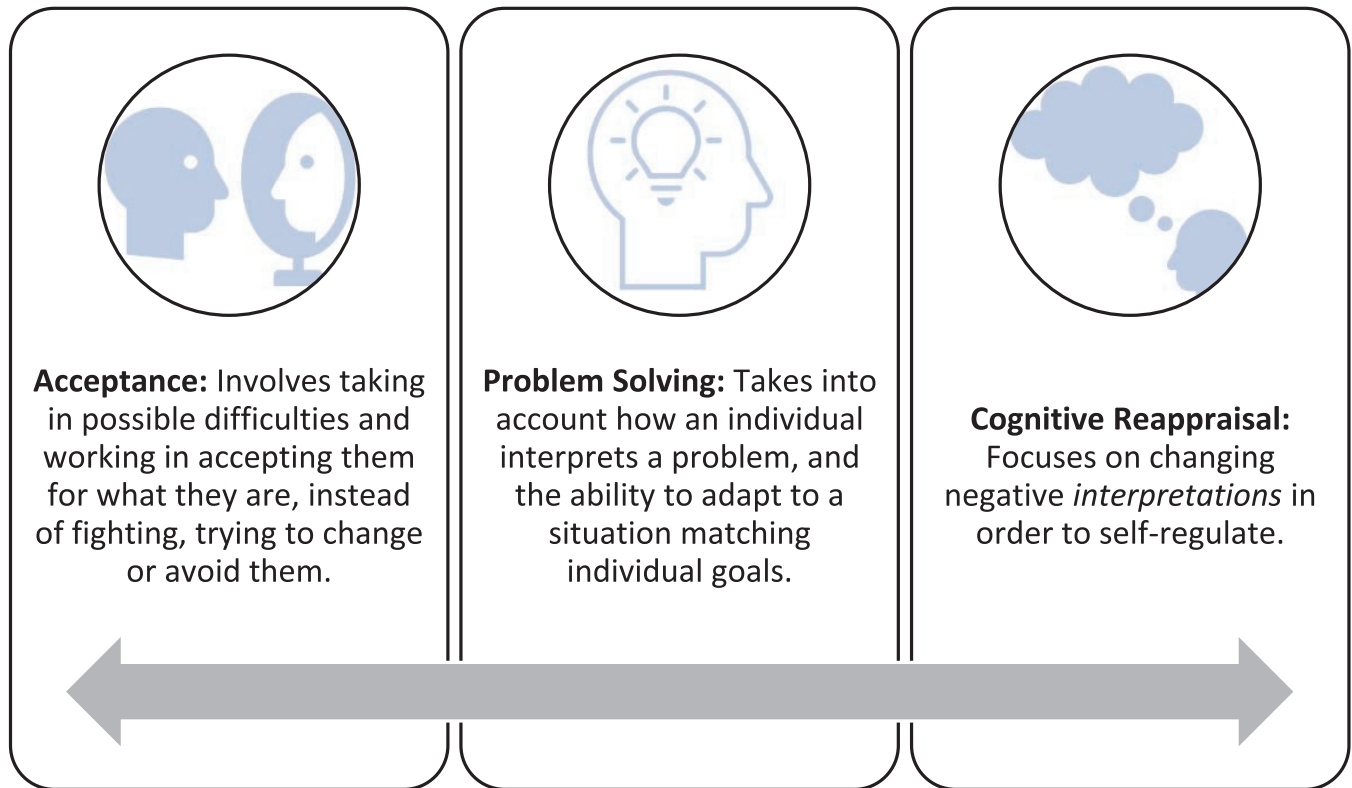


FIGURE 1 Suggestions of Emotional Regulation Strategies that could be used with BD patients during COVID-19 pandemic

and other mental health resources can be used to improve ER skills. It is important to make sure, prior to recommending them to patients, that they are evidence-based and adapted for clinical use. Mindfulness Apps such as Smiling Mind and online diary Apps such as CBT Thought Diary can help in this regard, since both focus on self-awareness skills. Thus, the COVID-19 pandemic may be an opportunity for mental health workers to explore, train, and support online platforms as a mean to engage with patients during social distancing measures. In this context, our hope is that incorporating such strategies in the clinical practice would not only help BD patients during the social distance/COVID-19 pandemic, but also perpetuate their use afterwards, improving ER patient's capabilities.

AUTHORSHIP CONTRIBUTION

Luisa de Siqueira Rotenberg contributed in the conception, design and drafting of the work and critically revising it for important intellectual content. Tatiana Cohab Khafif contributed in the conception, design and drafting of the work and critically revising it for important intellectual content. Camila Nascimento contributed in drafting and critically revising it for important intellectual content. Beny Lafer supervised in the conception, design and drafting of the work and critically revising it for important intellectual content.

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CONFLICT OF INTEREST

All authors declare that there is no conflict of interest.

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