

HOW TO FACE© EMOTION RECOGNITION AND QUALITY OF LIFE IN BIPOLAR ADULTS: FACILITATING ADJUSTMENT OF COGNITIONS AND EMOTIONS

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Introduction: Bipolar adults are known to experience emotion regulation (ER) problems. Detailed examination of components of bipolar patients' emotion dysregulation process is yet needed.

Objectives and aims: To investigate basic FER in bipolar patients, how this affects quality of life and stress responses. To provide leads on implementing these insights into practice.

Methods: Drawing on the FACE©-model, this paper presents preliminary facial emotion recognition (FER) findings among psychiatric hospital-based bipolar patients compared with non-clinical controls (n=45). A case series of bipolar patients' is further followed-up over three months in an open-access, addiction centre in the Paris region. Patients completed the Structured Clinical Interview for DSM-IV Disorders (SCID) and self-report questionnaires (including ABCL/ASR, BDI, MDQ, STAI I/II, YMRS).

Results: Active phase bipolar adults mainly needed significantly more time for FER. Bipolar patients and controls did not differ significantly on types of emotions recognized. This bipolar sample reported low anxiety, few comorbidities or stressful life events. The series of treatment-resistant bipolar clients with addictions reported high anxiety levels and relapse after life stressors. Applying the integrative FACE©-program, which comprises step-wise emotion regulation along with problem solving training, resulted in quality-of-life improvements within seven weeks. Short-term clinical progress included program adherence, along with self- and clinician-reported diminished anxiety, internalising and externalising problem behaviour.

Conclusions: Further investigation is warranted to identify which emotion regulation components are particularly challenging for bipolar patients according to subgroup differences. A scientist-practitioner model contributes to fostering therapeutic adherence and outcomes.