Identity of patients diagnosed with bipolar disorder. Metaclinical perspective.

Abstract

Modern psychiatry, despite improving diagnostic and therapeutic methods, is in crisis. The psychiatric knowledge base and scientific methodology is put under question, as well as treatment methods. More and more is being said about non-verbalized beliefs, values and attitudes that are hidden under the latter. For example, there is no convincing evidence that there are dopamine or any other biochemical imbalances in bipolar disorder – the subject of particular interest to us - or that the drugs used to treat the condition work by reversing these (Healy, 2008). Being aware of that, there is not surprising that relapse rates among drug-treated patients in many of modern trials are not superior to relapse rates recorded prior to the 1950s and the introduction of modern drug treatments (Moncrieff, 2014). 'Technology' instead of 'ethics' (as Bracken and Thomas, 2001, put it) may be one reason why there is no real – as oppose to an apparent one - progress in the treatment. In other words, clinical practice, even „evidence-based", when doing un-critically, might not prove beneficial for its respondent – the patient. There is much more to do than only removing symptoms and physicians' aims clearly do not meet patients' expectations (Demyttenaere et al, 2015).

It seems that one of the areas neglected by contemporary clinical practice is the area of the identity of the patients. An understanding of the patient, extended to this area, and driven by the desire to get to know him, to search for the meanings of his symptoms and experiences - obviously has a tradition in clinical practice. This tradition has various faces: some authors and practitioners are inspired by phenomenology and /or hermeneutics, others derive from the psychoanalysis, others follow the Zeitgeist and use the 'post' prefix, emphasizing going beyond the rigid patterns of existing practice. All these approaches share an emphasis on the subjective relationship with the patient, the search for what is hidden beyond the visible surface and an acceptance of an uncertainty and incompleteness of knowing the Other, which cannot be closed once and for all in even the most complex description. Nevertheless, the pursuit of recognizing the patient, who he/she is, preceded by recognizing him/her as he/she is (or rather as he/she appears to us) seems to be crucial not only for his/her identity, but also for his/her treatment - and is actually the starting point for therapy (Dyga and Opoczyńska, 2015).

Since all of this IS a clinical practice, but goes beyond its most common form, I am referring to it collectively as 'metaclinical' (after Opoczyńska's, 2010, reconceptualization of Frankl's term) . Each of the articles that make up the presented series - maybe apart from the terminological text - shares this broad perspective in its own way. Its fullest expression is probably found in the theoretical article devoted mainly to postpsychiatry and postmodern therapy. Its illustrations are, in

turn, articles containing examples of such a perspective in the context of identity (in psychology), presenting both the results of existing research and own research. The latter apply to people diagnosed with bipolar disorder.

The bipolar condition has been chosen as a field for exploring identity due to the multiplicity of factors that threaten it. Paradoxically, there is no widespread interest in that field. Thus, the key articles of the series were aimed at, among others, filling this surprising gap in the scientific literature. Although life itself, at least in postmodern times (Gergen, 2009), raises numerous identity problems, and psychiatric diagnosis is often a heavy burden on the core aspects of self-image (de Barbaro et al, 2008), bipolarity creates its own threats to identity. People diagnosed with bipolar disorder live alternately on the two ends of the continuum, the middle of which is so called euthymia, and the ends are mania and depression. So they experience both themselves and the world in at least three ways. At least, because some of them also mixed states or milder forms of depression and mania (subclinical depression and hypomania), while in others one or both poles of experience are additionally marked by psychosis.

The mere knowledge of the typical course of this disorder may raise the question of how the suffering person experiences him/herself. Does regular and cyclical experience of different "variants" of the self allow for experiencing oneself as one and whole? Does it provide an opportunity for a relatively spontaneous, concrete and clear answer to the question "who am I?" Does it allow the sense of one's own continuity over time? Does being aware of oneself as someone who behaves, perceives, feels and thinks in such different ways create the conditions for a relatively coherent, integrated self-perception? Are the person experiencing bipolar disorder or those around him (including clinicians) tempted to reduce the former to the sickness? And finally, is it possible to survive of what is most important in an individual - which constitutes him/her to the greatest extent - despite bipolar perturbations?

These questions served as a starting points for my own research (presented in the last article). Probably the authors of the few studies to date (presented in the penultimate article) had a similar curiosity. However, before these two, the most eponymous texts were written, the ground for them had to be prepared. This function was fulfilled by the first publication devoted to the designates of identity in the psychology domain and distinguishing 'identity' from the equally important 'self'. The function of a sui generis philosophical foundation to the series was partially fulfilled by the text on postpsychiatry. On the other hand, the publication on the psychiatric patients' identification with Christ was the first, and at the same time the most specific, example of deep reflection on the identity adversities of people diagnosed with severe mental disorders (in this case: schizophrenia, schizo-affective disorder and bipolar disorder).

The 'terminological' article, "Self and identity: an attempt to define these two concepts and

relations between them", published in *Polish Psychological Forum* (Dyga, 2018) deals with the title issue, and also with different types of identities, controversies such as stability versus variability or creation versus discovery of identity. It also proposes a way of understanding of identity that will be present in subsequent publications: the one based on James's division of the self into subjective and objective. The former refers to the individual's experiencing of him/herself, which manifests itself in the senses of separateness, continuity or coherence. The latter contains the most important elements of the self-image.

The afore-mentioned article "Ways of understanding of religious delusions associated with a change of identity on the example of identification with Jesus Christ" published in *Psychiatria Polska* (Dyga and Stupak, 2018) introduces the difficult issue of religiosity to the already complicated topic, presenting various interpretations of the phenomenon of religious delusions in the form of identification with the figure of the Messiah. For this purpose, the attempts to understand it in the light of psychoanalytical theory as well as phenomenology and hermeneutics have been cited and commented on. All of them shared an ambition to investigate deeply into the sources, meanings and motives behind this seemingly absurd symptom. Thus, for the first time in a series of articles, the practical implementation of the theoretical postulates constituting its guiding principle is presented.

Publication in *Theory & Psychology* entitled "Postpsychiatry and postmodern psychotherapy. Theoretical and ethical issues in mental health care in a Polish context" (Stupak and Dyga, 2018) reports the key elements of so-called postpsychiatry's manifesto, as well as the assumptions of postmodern therapies. It also acquaints readers with the condition of psychiatric treatment in Poland (with an emphasis on frequent cases of malpractice), juxtaposing them with original, but still practically not implemented postulates of great Polish psychiatrists: Tadeusz Dąbrowski, Antoni Kępiński and Kazimierz Jankowski. On the philosophical level (in the sense of the philosophy of psychiatry, but also the ideas and values guiding clinical practice), the article focuses on the eponymous approaches, which however turn out to be cognitively fertile, and at the same time similar to the ones behind other texts, so it can be regarded as the aforementioned thought foundation for the entire series of articles.

The next publication in *Psychiatria polska*, "Bipolar disorder and identity. Systematic review" (Dyga, 2019) is a transition to the target problem area. It presents existing research on identity in bipolar disorder, with numerous comments. All studies were qualitative in nature and yielded similar results that can be summarized in the statement about the complex nature of identity challenges, largely specific to bipolar disorder.

The final article, "Identity of people diagnosed with bipolar disorder", published in *Psychoterapia* (Dyga and Opoczyńska, 2020) is a report of the author's own research conducted

according to the IPA method. Interviews with participants in this study yielded results different from the earlier research described in the previous article. The participants of our study also struggled in various ways with their own identity, however, they were more often victorious and looked to the future with greater (and rather justified) optimism. Half of them disagreed with the prevailing narrative around bipolar disorder. This fact is one possible reason for the discrepancy of our results with previous ones and at the same time one possible direction for future studies.

Literature

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