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Case Study

Adjunctive Supportive Psychotherapy with Pharmacotherapy for Women with Bipolar Affective Disorder: A Case Series

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ABSTRACT

Supportive psychotherapy as a therapeutic approach focuses on enhancement of coping skills, and providing emotional support, encouragement, and guidance to the client, based on a strong therapeutic relationship. The present study aims to explore the efficacy of SP, otherwise considered a second-rate therapy. We present three cases where Supportive Psychotherapy was applied as an adjunct to pharmacotherapy in the treatment of women with Bipolar affective disorder (BPAD) with psychotic features, in an in-patient, rehabilitative setting. The cases illustrated how each patient benefited from symptom relief and had improvements in emotional and social well-being. The integration of SP with medication was suggested to be a highly effective treatment model.

Keywords: *Supportive psychotherapy, Bipolar Affective Disorder, Women, Case Series*

Supportive psychotherapy is "*a body of techniques, or tactics, that function with various theoretical orientations as a 'shell program' functions with a computer's operating system. A therapist's operating system is the theoretical orientation that gives direction to his or her interventions*." (Pinsker, 1997). It can also be understood as a "*dyadic treatment that uses direct measures to ameliorate symptoms and maintain, restore, or improve self-esteem, ego function, and adaptive skills. To accomplish these objectives, treatment may involve examination of relationships, real or transferential, and examination of both past and current patterns of emotional response or behavior.*" (Winston et al., 2004).

Supportive psychotherapy (SP) as a therapeutic approach, focuses on enhancing coping skills, providing emotional support, encouragement, and guidance, with the foundation of a strong therapeutic relationship. SP is aimed at symptom relief and at overt behaviour change without emphasising personality or unconscious conflicts (Dewald,1994). It is a substitute treatment that supplies clients with essential psychological elements (Werman, 1984) and works at enhancing the client's ability to adapt and reconnect them with others (Wallace, 1986).

A therapist applying SP employs active listening, empathy, reframing, encouragement and positive feedback, provides psychoeducation, and helps identify and address problems.

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Techniques of supportive psychotherapy include:

- Occasional techniques which borrow from theories like family, psychodynamic or cognitive-behavioural therapies.
- Isolated techniques such as the empty chair of Gestalt therapy.
- Frequently used techniques, which do not have theoretical assumptions such as journaling, guided imagery, or progressive muscle relaxation.

Furthermore, psychosocial interventions when combined with medication, have been shown to reduce relapse rates more effectively than medication alone in both youth and adults. (Brickman & Fristad, 2022; Novick & Swartz, 2019).

The ICD 10 describes Bipolar affective disorder as characterised by "*two or more episodes in which the patient's mood and activity levels are significantly disturbed, this disturbance consisting of some occasions of an elevation of mood and increased energy and activity (hypomania or mania) and on others of a lowering of mood and decreased energy and activity (depression). Repeated episodes of hypomania or mania only are classified as bipolar.*" (World Health Organization, 1992).

Irregular sleep patterns are quite prevalent with BD, which in turn contributes to mood symptoms (Morton and Murray, 2020). Persistent symptoms and poor quality of life can contribute to higher rates of suicide among those with BD; as 20–60% have at least one lifetime attempt at suicide (Dome et al., 2019). Finding effective interventions which can help manage symptoms of BD is crucial. Psychopharmacotherapy is an established treatment for BD, often involving mood stabilizers, benzodiazepines and second-generation antipsychotic drugs (Yatham et al., 2018; Sleem and El-Mallakh, 2021). However, non-compliance with prescribed medication increases risk of relapses (Pakpour et al., 2017).

Studies have suggested an increase in frequency of BD diagnosis in women, for BD I and BD II. Moreover, hypomania has more frequently been associated with females (Dell'Osso et al., 2021). Depressive and mixed episodes are substantially more prevalent in females, along with a higher rate of comorbid physical disorders (61.1% females and 40% males) (Pillai et al., 2020).

During the peak era of psychoanalysis, SP was considered "a second-rate therapy" (Markowitz, 2014). It has, since then, been widely used but under-researched. The National Survey of Psychiatric Practice 1998 found psychiatrists treating 36% of patients with this approach. (Tanielian et al., 2001). In a 2021 study, supportive-expressive dynamic psychotherapy was presented to be successful in significantly lowering mood symptoms in men with Bipolar Depression (Bornamanesh et al, 2021). 8 trials from across three decades, showed supportive evidence for use of time-limited brief supportive psychotherapy in addressing mood disorders (Markowitz, 2022). Randomised controlled trials have also described Supportive Psychotherapy to be as efficacious as CBT in reducing depressive symptoms post-Traumatic Brain Injury (Teresa et al., 2014; Ashman, 2014). As such, no significant differences in relapse rates were found, between CBT and SP as treatment conditions for BD (Meyer and Hautzinger, 2011).

However, very few researches have been conducted on SP with pharmacotherapy for treating BPAD in Indian women.

The present study aimed at exploring the efficacy of supportive psychotherapy in managing bipolar affective disorder in women, when applied alongside pharmacotherapy, to develop an integrated approach. It could address both biological and psychosocial factors of the disorder, offering a more comprehensive treatment, reducing symptoms, relapse rates and improving long-term outcomes.

Objective

- To describe case series where effectiveness of supportive psychotherapy with pharmacotherapy in treatment of women with BPAD was demonstrated.

METHODOLOGY

We present a case series where a combination of supportive psychotherapy and medication was applied in the treatment of women with Bipolar affective disorder (BPAD) with psychotic features, in an in-patient, rehabilitative setting.

Sample

The sample (N=3) consisted of three women aged 49, 59 and 72 years, brought to the rehabilitation centre for admission by their families. They fulfilled criteria for Bipolar affective disorder, with psychotic features, according to the ICD-10.

Case 1

A 59-year-old graduate woman was brought to the rehabilitation centre by her husband with complaints of verbal aggression, muttering to herself, decreased sleep, mood disturbance and excessive expenditure. She first had symptoms in 2019 and a previous admission in 2022 with poor compliance. Her symptoms recurred 5 months ago. She maintained excessive cleanliness, was hyper-religious and had an elated mood. She had episodic symptoms of mood disturbances in the past years. Premorbid personality was reported as sociable. She had a history of arthritis. In recent times, her behaviour had become aggressive and impulsive.

Her score on the Mini-Mental State Examination (MMSE) assessed to check cognitive function was 24 which shows normal function. After assessment, she was diagnosed with F31.2: Bipolar affective disorder, current episode manic with psychotic features

Case 2

A 72-year-old woman was brought to the centre by her son who reported that she was depressed and got aggressive at times. She had been depressed for 35 years, but symptoms had worsened in the past three years. Her husband passed away 11 months ago which had been a precipitating factor. She reported that she feels anxious, is unable to sleep or do any work, takes medicines to sleep and admitted to drinking liquid soap, insecticide and large dose of medicines in multiple attempts to commit suicide. She reported worry, tension and low mood and had frequent and intense crying spells. She was very religious, spiritual and listened to prayer songs almost all the time. She had a history of hypertension with ongoing treatment for it. She alleged that her daughter-in law and grandson neglected and abused her, which increased feelings of loneliness. Her thought content was found to be disturbed as well. She claimed to have a 4-month-old son, about whom she was informed by her husband who lives in outer space. Her score on MMSE was 24 which shows normal function. After assessment, she was diagnosed with F31.5: Bipolar affective disorder, current episode severe depression with psychotic features.

Case 3

A 46-year-old woman was brought to the centre by her husband and daughters with complaints of social withdrawal, verbal aggression, physical aggression when provoked, belief that China is involved in a conspiracy, people wish to harm her and God is sending her a message (ideas of reference). She was also hyper-religious and suspicious. She was admitted to mental health institutions in 2022 and 2024. She was hostile and uncooperative. Her premorbid personality was described as extroverted and short-tempered. She had a history of hypertension for which she was receiving treatment. Rapport was not established at admission and there was no co-operation with the psychologists initially. After assessment, she was diagnosed with F31.2: Bipolar affective disorder, current episode manic with psychotic features.

Scales used:

The symptom burden was assessed in all cases, using (Brief Psychiatric Rating Scale), YMRS (Young Mania Rating Scale) and HAM-D (Hamilton Depression Rating Scale) scales before and after the intervention.

- **Brief Psychiatric Rating Scale** (BPRS) –developed by John E. Overall and Donald R. Gorham in 1962, and consisting of 18 items, it assesses psychiatric symptoms such as depression, anxiety, hallucinations, and unusual behavior, particularly in patients with schizophrenia and other psychotic disorders.
- **Young Mania Rating Scale** (YMRS) –developed by Vincent E. Young, Robert C. Biggs, Timothy A. Ziegler, and Virginia E. Meyer in 1978, comprising 11 items, it evaluates severity of mania symptoms in individuals with bipolar disorder.
- **Hamilton Depression Rating Scale** (HAM-D) –developed by Max Hamilton in 1960, typically consisting of 17 items, it measures severity of depressive symptoms.

Procedure

This study was done as part of an academic project with approval from Amity University, Noida. After obtaining necessary permissions from the Rehabilitation Centre, three cases were selected for this study. The patients were treated with a combination of supportive psychotherapy, group activities and psychiatric medications (antipsychotics and mood-stabilisers) over a 4-week period in an in-patient rehabilitation setting. During the course of treatment, they were involved in therapy sessions and activities such as cognitive tasks, recreational activities, games, expressive writing, arts and crafts.

Some techniques used in SP were:

- Reassurance: they were supported and comforted with empathy and understanding.
- Guidance: they were informed of facts and interpretation.
- Stress management: they were taught strategies to reduce tension.
- Activities of interest: they were helped engage in activities which were meaningful or fun for them.
- Persuasion: they were guided towards rethinking and re-evaluating their behaviour and beliefs.
- Problem-Solving: Assisting clients in identifying specific problems and brainstorming potential solutions, enhancing their coping skills and self-efficacy.
- Prestige Suggestion: Suggestions were used deliberately as directions given with authoritative emphasis in order to influence their behaviour positively.

- Venting out: Active and empathetic listening was employed to help them vent out their feelings and feel better.
- Validation: Actively acknowledging and affirming their feelings and experiences, to foster a sense of acceptance.
- Mindfulness Techniques: they were introduced to mindfulness exercises to promote awareness and acceptance of the present moment, and reduce stress.

RESULTS

Assessment scores before and after the interventions are shown in Table 1 and Table 2 respectively.

Table 1 Pre-Intervention Scores

Patient/Assessment	**1**	**2**	**3**
BPRS (Brief Psychiatric Rating Scale)	48 Moderate	61 Severe	77 Severe
YMRS (Young Mania Rating Scale)	34 Moderate	_	39 Severe
HAM-D (Hamilton Depression Rating Scale)	_	30 Very Severe	_

Table 2 Post-Intervention Scores

Patient/Assessment	**1**	**2**	**3**
BPRS (Brief Psychiatric Rating Scale)	30 Mild	27 Mild	51 Moderate-Severe
YMRS (Young Mania Rating Scale)	19 Mild	_	10 No mania
HAM-D (Hamilton Depression Rating Scale)	_	10 Mild	_

In the given cases, integration of supportive psychotherapy with pharmacotherapy yielded substantial benefits. There was an overall reduction in self-reported as well as assessed symptoms (Table 1 & 2), with more stability in mood, and improved sleep. Through supportive psychotherapy, the three women gained a safe space where they built self-awareness and resilience. The therapeutic interventions focused on developing coping strategies, improving emotional expression, stabilising mood, and enhancing problem-solving skills. Moreover, therapy reinforced their adherence to medication by addressing concerns and empowering them to be active in their treatment. Ultimately, this holistic approach improved their daily functioning significantly, reducing intensity of depressive and manic episodes, while also helping them regain control over aspects of their own lives. The combination of pharmacotherapy with adjunctive support psychotherapy led to more comprehensive and sustained improvements in their mental health outcomes.

DISCUSSION

While medications are known to be effective in stabilising mood, supportive psychotherapy is still under scrutiny for the same. In the given cases, symptoms of bipolar affective disorder reduced considerably when a combination of pharmacotherapeutic and non-pharmacotherapeutic techniques (supportive psychotherapy) were applied.

These findings are supported by earlier studies which found SP effective in improving functioning of patients with mood disorders and schizophrenia (Chiappini et al, 2023), to prevent relapse of euthymic BD when used as a patient-centred, emotion-focused approach (Hautzinger, 2024) and to improve symptoms of bipolar depression (Deckersbach, 2018).

Psychotherapy pre-supposes a collaborative approach between patient, family and therapist. Hence, a strong social support may play a role in the interventions. Other factors are:

providing information regarding the illness and coping skills for dealing with it, as well as problem-solving skills. SP uses direct measures to minimise symptoms, and does so by use of important therapeutic strategies of this approach including a strong therapeutic alliance, reassurance, enhancing adaptive skills and self-esteem. There is more focus on the present, and on real relationships (Winston et al., 2004). A study conducted on the effectiveness of nonpharmacological interventions, especially psychosocial therapies to manage bipolar disorders in women, found that targeting disease management, informing them about the disorder, and building coping skills were particularly helpful (Naik, 2015). Similarly, a qualitative study conducted at 5-year follow-up for youth with BD, identified self-awareness, understanding of disorder, and learning self-care to be most significant aspects of treatment (Crowe et al., 2018).

CONCLUSION

The cases illustrate how supportive psychotherapy, when used along with pharmacotherapy, can significantly enhance treatment outcomes for women with bipolar affective disorder. It describes treatment of Indian women, in a rehabilitative setting, a population with very few studies done previously. Each patient benefited from symptom relief and had improvements in emotional and social well-being. The integration of SP with pharmacotherapy was suggested to be a highly effective treatment model. This review demonstrates a holistic improvement in patient outcomes.

Limitations and Future recommendations

It was a small study with only three cases as it was done as part of an academic project and therefore was time-bound. Further research with larger sample sizes of Indian population and controlled settings are recommended to validate these findings and to build locally-relevant cost-effective interventions in low- and middle-income countries.

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Conflict of Interest

The authors declared no conflict of interest.

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