

Bipolar Affective Disorder: A Gender-Based Comparison of Ways of Coping and Problem Solving

Shravan Kumar¹, Suhail Ahmed Azmi², Rakesh Kumar Gaur³, Deoshree Akhouri⁴, Hamza⁵

¹Senior Resident, Department of Psychiatry, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, UP, India

²Professor, Department of Psychiatry, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, UP, India

³Professor, Department of Psychiatry, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, UP, India

⁴Assistant Professor, Department of Psychiatry, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, UP, India

⁵Ph.D. Scholar, Department of Psychiatry, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, UP, India

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Corresponding author: Dr. Shravan Kumar

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Abstract

Aim: Ways of coping and problem solving in individuals with bipolar affective disorder

Materials and Methods: This cross-sectional study was carried out in the Department of Psychiatry, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, UP, India. Total 100 respondents from in-patient and out-patient department of a psychiatric hospital were included. Socio-demographic data sheet, ways of Coping Skills and Problem- Solving Questionnaire was administered to collect data. Descriptive statistics and t-test was used to assess the aim of the study.

Result: It was found that Mean±SD for male respondents was 10.72±3.71 and 10.82±2.70 for female respondent with t-value .122 (p >.06) for confrontive coping, Mean±SD for male respondents was 9.88±2.45 and 9.75±2.15 for female respondents with t-value .268 (p >.06) for distancing, Mean±SD for male respondents was 12.35±2.70 and 12.82±2.59 for female respondents with t-value .689 (p >.06) for self-control, Mean±SD for male respondents was 10.22±2.25 and 10.55±2.43 for female respondents with t- value .557 (p >.06) for seeking social support, t-value was .451 (p >.06) for accepting responsibility, t-value was .830 (p >.06) for escape avoidance, t-value was 1.66 (p >.06) for painful problem solving and t-value was .579 (p >.06) for positive reappraisal. The results from table 1 show no statistical difference between male and female respondents on ways of coping questionnaire. There exists no statistical difference between the scores of male and female respondents on problem solving inventory. The Mean±SD of male respondents was 35.55±6.02 and 34.52±6.06 for females with t-value 1.266 (p >.06) on the domain problem solving confidence. On approach avoidance scale Mean±SD was 58.25±5.68 and 57.18±6.10 for male and female respondents with t-value .653 (p >.06). Mean±SD for male respondents was 20.55±4.92 and 19.75±3.07 for females with t-value .192 (p >.06) on personal control domain.

Conclusion: The study concludes that gender difference does not exist when applying ways of coping and problem-solving skills in day-to-day life of the respondents with BPAD. The results of the study also concluded that coping skills and problem-solving skills are poor in the people suffering with BPAD.

Keywords: BPAD, gender, coping.

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Introduction

Stress and unsatisfactory quality of functioning in a relationship independently play a huge role in the development of affective disorders [1]. Relational stress, relationship problems and reduced relationship quality are important factors that influence the occurrence and course of bipolar disorder and increase the risk of relapse [2]. In bipolar disorder, psychosocial stressors often accelerate subsequent episodes [3] and are associated with less improvement in both depression and mania [4]. The stimulating role of stress decreases during the course of the illness [5] due to permanent changes at the level of the neurotransmitter, receptor and neuropeptide [6]. These changes, caused by stressors, including the episodes themselves, sensitize the patient to stress, which means that even a weak stressor can cause symptoms of a mood disorder. The results of research on bipolar patients are consistent with Post's theory [6] and confirm [1] the sensitivity to stress increasing with age [7] and 2 the probability of stress-related recurrence increasing with the course of the illness [8].

Research also highlights the role of stress experienced by bipolar patients in childhood. Experiences of trauma and violence are associated with earlier onset of the illness, longer, more severe episodes, risky behaviors, more frequent suicidal thoughts, more co-morbidities from axes I and II, and greater reactivity to psychosocial stress [9].

BD itself can be a source of stress and can affect the way that couples deal with the everyday stressors experienced by both

partners. BD patients experience stress more intensely than healthy people in many areas of their lives and have less competence to deal with it [10]. If we treat BD either as an additional stressor for a patient and his/her partner or as a factor that exacerbates existing stressors, then it is not surprising that interpersonal difficulties and marital conflict are so frequent in BD patients' relationships that these factors are considered by some researchers to be significant diagnostic criteria of bipolar disorder [11].

BD patients experience many problems in different areas of life, such as work and family responsibilities, financial issues and interpersonal relations. BD patients' stress-coping processes should be considered an assessment factor of the impact of stress on psychopathology. In the face of internal and external stressors of varying intensity and duration in various areas of life, people display a range of reactions to stress. Coping requires a broad spectrum of active strategies [12,13] it is a multifaceted process of solving problems, effective thinking and acting in demanding situations, assessed as stressful, and leads to the regulation of emotions and reduction of stress levels [2]. Its effectiveness depends on many external and internal factors as well as individual assessments of an individual's resources and capabilities [12,14]. Adaptive mechanisms used to cope with stress include a range of cognitive strategies regarding primary and secondary stressor assessment and behavioral strategies for the effective use of support [15]. Adaptive strategies that focus on the

problem improve general psycho-physical functioning, while maladaptive ones such as avoidance, negation or rumination [16] have an impact on the severity of psychopathology [17]. Emotion- focused coping strategies that are passive and avoidant – in comparison to the healthy population – are characteristic of BD patients [18]. According to many authors, the use of ineffective forms of coping may be associated with cognitive dysfunction [19]. Emotional deregulation and the use of dysfunctional cognitive strategies are the basic clinical and psychological features of bipolar disorder [20].

Emotional self-regulation is a skill shaped by early childhood experiences of responsiveness and the availability of a primary caregiver in times of stress [21]. Quality of the primary relationship and representations of early childhood experiences affect relationship skills, self-esteem and the regulation of emotions and behavior. Therefore, it seems important to present the problem of BD patients' coping with stress from a relational perspective 1 the primal relationship formed in childhood, which is the basis of attachment and a prototype of later close relationships; BD patient's present intimate relationship, which in the form of dyadic coping has therapeutic potential and may be a mediator between the negative consequences of bipolar disorder and satisfaction with relationships and overall well-being.

Material and methods:

This cross-sectional study was carried out in the Department of Psychiatry, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, UP, India, for 12 months. Total 100 respondents (50 Male and 50 Female) were selected through purposive sampling technique.

Result:

Methodology

Participants Diagnosed with Bipolar Affective Disorder according to ICD-10, DCR [22] were included in the study, participants having co-morbidity of any other psychiatric illness and sever physical illness were excluded from the study. Respondents were evaluated using tools – socio- demographic data sheet, problem solving scale and ways of coping questioner. Socio-demographic data sheet was used to assess Age, Education, Marital Status, Occupation and Family Type, Ways of coping questionnaire [23] developed by Lazarus & Folkman is a 66-item scale designed to a measure coping of the patient in the family. The scale consists of eight domains: Confrontive coping, Distancing, Self-Control, Seeking Social Support, Accepting Responsibility, Escape Avoidance, Painful Problem Solving, and Positive Reappraisal. Problem solving inventory (PSI) [24] was developed by Heppner and Petersen to measure people's perceptions of their problem-solving behaviors and attitudes. The inventory has three sub-domains of problem- solving inventory – approach avoidance, personal protocol and problem-solving confidence. The PSI is 6-point Likert scale composed of 32 items, ranging from strongly agree 1 to strongly disagree.6 In problem solving inventory high score suggest poor problem-solving ability.

Statistical Analysis

The data was analyzed statistically with aid of the Statistical analysis SPSS (statistical package for social sciences) 24.0 versions. Chi square test applied for sociodemographic variables analysis and t test were used to assess deference between the groups.

Table 1: Socio-demographic characteristic of Participants

Variable		Group		p-value
		Male (%) (n=50)	Female (%) (n=50)	
Education	Primary	22(44%)	30(60%)	.572
	Metric	10(20%)	5(10%)	
	Intermediate	10(20%)	8(16%)	
	Graduation	8(16%)	7(14%)	
Marital status	Married	42(84%)	47(94%)	0.96
	Unmarried	8(16%)	3(6%)	
Occupation	Student	10(20%)	0(0%)	.011
	Service	8(16%)	1(2%)	
	Self Employed	32(64%)	48(96%)	
	Un employed	0(0.0%)	1(2%)	
Family type	Nuclear	38(76%)	45(90%)	.523
	Joint	12(24%)	5(10%)	

Table 1 shows that 44% male respondents were primary educated, 20% were educated up to metric and intermediate and only 16% had graduated. When compared 60% female respondents were primary educated, 10% were educated up to metric, 16% up to intermediate and only 14% up to graduation. χ^2 was 2.009 with p-value of .572 when compared between the genders on the variable of education. 84% male and 94% female respondents were married; 16% males and 6% female respondents were unmarried with χ^2 2.784 and p-value

.96. When compared on occupation 20% male respondents were students, 16% were service men and 64% were self-employed; whereas 2% female respondents were service women, 96% were self-employed and 2% were un-employed. However, χ^2 between the genders was 11.391 with p-value .011. 76% male and 90% female respondents belonged to nuclear family and 24% male, and 5% female respondents belonged to joint family. χ^2 was 11.10 with p-value .523 when compared for family type.

Table 2: Gender Comparison of Scores on Ways of Coping Questionnaire(N=100)

Variables	Male (n-50) Mean \pm S.D.	Female (n-50) Mean \pm S.D.	t (df=98)	p-value
Way of Coping				
Confrontive Coping	10.72 \pm 3.71	10.82 \pm 2.70	.122	.825
Distancing	9.88 \pm 2.45	9.75 \pm 2.15	.268	.907
Self-Control	12.35 \pm 2.70	12.82 \pm 2.59	.689	.497
Seeking Social Support	10.22 \pm 2.25	10.55 \pm 2.43	.557	.583
Accepting Responsibility	7.48 \pm 2.12	7.25 \pm 1.92	.451	.657
Escape Avoidance	12.88 \pm 3.98	13.62 \pm 2.81	.830	.413
Painful Problem Solving	10.95 \pm 3.26	9.72 \pm 2.54	1.66	.108
Positive Reappraisal	12.85 \pm 3.82	12.28 \pm 3.81	.579	.568

Table 2 shows the comparison between scores of male and female respondents on ways of coping questionnaire. It was found

that Mean \pm SD for male respondents was 10.72 \pm 3.71 and 10.82 \pm 2.70 for female respondent with t-value .122 (p >.06) for confrontive coping, Mean \pm SD for male

respondents was 9.88 ± 2.45 and 9.75 ± 2.15 for female respondents with t-value .268 ($p > .06$) for distancing, Mean \pm SD for male respondents was 12.35 ± 2.70 and 12.82 ± 2.59 for female respondents with t-value .689 ($p > .06$) for self-control, Mean \pm SD for male respondents was 10.22 ± 2.25 and 10.55 ± 2.43 for female respondents with t-value .557 ($p > .06$) for

seeking social support, t-value was .451 ($p > .06$) for accepting responsibility, t-value was .830 ($p > .06$) for escape avoidance, t-value was 1.66 ($p > .06$) for painful problem solving and t-value was .579 ($p > .06$) for positive reappraisal. The results from table 1 show no statistical difference between male and female respondents on ways of coping questionnaire.

Table 3: Gender comparison of Scores on Problem Solving Inventory (N=100)

Variables	Male (n-30) Mean \pm S.D.	Female (n-30) Mean \pm S.D.	t (df=98)	p-value
Problem Solving				
Problem Solving Confidence	35.55 ± 6.02	34.52 ± 6.06	1.266	.213
Approach Avoidance Scale	58.25 ± 5.68	57.18 ± 6.10	.653	.543
Personal Control	20.55 ± 4.92	19.75 ± 3.07	.192	.852

Table 3 shows that there exists no statistical difference between the scores of male and female respondents on problem solving inventory. The Mean \pm SD of male respondents was 35.55 ± 6.02 and 34.52 ± 6.06 for females with t-value 1.266 ($p > .06$) on the domain problem solving confidence. On approach avoidance scale Mean \pm SD was 58.25 ± 5.68 and 57.18 ± 6.10 for male and female respondents with t-value .653 ($p > .06$). Mean \pm SD for male respondents was 20.55 ± 4.92 and 19.75 ± 3.07 for females with t-value .192 ($p > .06$) on personal control domain.

Discussion:

The result indicates that the mean score [25] obtained by the male and female respondents for confrontive coping clearly means that the respondents fail to take confronting or risky steps to bring changes in their problematic situations. The mean score of 9.88 and 9.75 for distancing means that the respondents diagnosed with BPAD found it difficult to detach themselves from situations to think objectively for coping with the problems. Self-control domain had mean score 12.35 and 12.82 which means that the respondents failed to control their emotions when experiencing stressful situation and coping with them. Mean for

Seeking social support was 10.22 and 10.55 indicates that respondents with BPAD faces problems in seeking support from family and friends to cope with situations. Accepting responsibility had the lowest mean score (7.48 and 7.25) indicating poor ability of the respondents in accepting their role in the problem that they face and cope accordingly. Escape avoidance had a mean score of 12.88 and 13.62 indicating failure in avoiding or escaping problematic situations. Painful problem solving has mean score

10.95 and 9.72 indicating that the respondents were poor at analyzing and planning to cope with the problem situations. Positive reappraisal had mean score of 12.85 and 12.28 indicating poor skills to learn from previous trials to cope with problems. Though study results found no significant gender difference in any domain of ways of coping questionnaire. Similar to the current study other studies found that there exists no gender difference on coping strategies [26,28].

Results also indicated that no significant gender difference was found in any domain of problem solving among the respondents with BPAD. However, the results shows that problem solving confidence has a mean

score of 35.55 and 34.52 indicating low level of confidence for solving problems. Approach avoidance scale has mean score of 58.25 and 57.18 indicating poor skills at using approach avoidance strategies to come up with solution for any problematic situation. Personal control mean score was 20.55 and 19.75 demonstrating poor self-control over making appropriate decisions to solve a problem being face by them.

Conclusion:

The study concludes that gender difference does not exists when applying ways of coping and problem-solving skills in day-to-day life of the respondents with BPAD. The results of the study also concluded that coping skills and problem-solving skills are poor in the people suffering with BPAD.

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