Journal of Advanced Medical and Dental Sciences Research

@Society of Scientific Research and Studies

Journal home page: www.jamdsr.com doi: 10.21276/jamdsr

(e) ISSN Online: 2321-9599; (p) ISSN Print: 2348-6805

Original Research

To study the coping and problem solving individuals with bipolar affective disorder

[1]Mahendra Singh, [2]Vandana Patel

[1]Associate Professor, Department of Psychiatry, Career Institute of Medical Sciences, Lucknow, U.P., India;
[2]Assistant Professor, Department of Humanities, DSMNRU, Lucknow, U.P., India

ABSTRACT:
Aim: To study the coping and problem solving individuals with bipolar affective disorder. **Methods:** This cross sectional study was carried out in the Department of Psychiatry. 200 respondents from in- patient and out-patient department of a psychiatric hospital in India. 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:** The comparison between scores or male and female respondents on ways of coping questionnaire. It was found that Mean±SD for male respondents was 11.72±4.71 and 11.82±3.70 for female respondent with t-value 0.13 (p >.05) for confrontive coping, Mean±SD for male respondents was 10.88±3.45 and 10.75±3.15 for female respondents with t-value 0.29 (p > .05) for distancing, Mean±SD for male respondents was 13.35±3.70 and 13.82±3.59 for female respondents with t-value 0.74 (p > .05) for self-control, Mean±SD for male respondents was 11.22±3.25 and 11.55±3.43 for female respondents with t- value 0.69 (p > .05) for seeking social support, t-value was 0.57 (p > .05) for accepting responsibility, t-value was 0.61 (p > .05) for escape avoidance, t-value was 1.5 (p > .05) for painful problem solving and t-value was 0.63 (p > .06) for positive reappraisal. The Mean±SD of male respondents was 36.55±6.02 and 35.52±6.06 for females with t-value 1.3 (p > .05) on the domain problem solving confidence. On approach avoidance scale Mean±SD was 59.25±5.68 and 58.18±6.10 for male and female respondents with t-value 0.66 (p > .05). Mean±SD for male respondents was 21.55±4.92 and 20.75±3.07 for females with t-value .18 (p > .05) on personal control domain. **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.
Keywords: BPAD, Coping, bipolar affective disorder

Received: 23 August, 2019 Accepted: 26 September, 2019

Corresponding author: Vandana Patel, Assistant Professor, Department of Humanities, DSMNRU, Lucknow, U.P., India

This article may be cited as: Singh M, Patel V. To study the coping and problem solving individuals with bipolar affective disorder. J Adv Med Dent Scie Res 2019;7(10):219-223.

INTRODUCTION

Bipolar disorder is a chronic mood disorder that can lead to, pronounced psychosocial deterioration and loss of mental abilities, it involves irregular cycles of depression, mania or mixed episodes of mania and depression with periods of healthy mood states.[1,2] 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 child- hood. 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.[8] 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. 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 surpris- ing 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.[9]

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 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.[10] 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.[11] Adaptive strategies that focus on the problem improve general psycho-physical functioning, while maladaptive ones such as avoidance, negation or rumination[12] have an impact on the severity of psychopathology.[13] Emotion- focused coping strategies that are passive and avoidant – in comparison to the healthy population – are characteristic of BD patients.[14] According to many authors, the use of ineffective forms of coping may be associated with cognitive dysfunction.[15] Emotional deregulation and the use of dysfunctional cognitive strategies are the basic clinical and psychological features of bipolar disorder.[16] Emotional self-regulation is a skill shaped by early childhood experiences of responsiveness and the availability of a primary caregiver in times of stress.[17]

MATERIAL AND METHODS

This cross sectional study was carried out in the Department of Psychiatry, after taking the approval of the protocol review committee and institutional ethics committee. Total 200 respondents (100 Male and 100 Female) were selected through purposive sampling technique. Participants Diagnosed with Bipolar Affective Disorder according to ICD-10, DCR [18]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[19] 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)[20] 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-pointLikert scale composed of 32 items, ranging from strongly agree 1 to strongly disagree. 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) 25.0 versions.

RESULT

Table 1: Demographic profile

Parameter		Group		□□	p
		Male (%) (n=100)	Female (%) (n=100)		
Education	Primary	41	59	2.11	0.51
	Metric	21	9		
	Intermediate	21	17		
	Graduation	17	15		
Marital status	Married	85	95	2.98	0.87
	Unmarried	15	5		
Occupation	Student	21	0	10.25	.014
	Service	17	3		
	Self Employed	62	95		
	Un employed	0	2		
Family type	Nuclear	75	91	10.17	0.57
	Joint	25	9		

Table 1 shows that 41% male respondents were primary educated, 21% were educated up to metric and intermediate and only 17% had graduated. When compared 59% female respondents were primary educated, 9% were educated up to metric, 17% up to intermediate and only 15% up to graduation. □□ was 2.11 with p-value of 0.51 when compared between the genders on the variable of education. 85% male and 95% female respondents were married; 15% males and 5% female respondents were unmarried with □□□ 2.98 and p- value 0.87. When compared on occupation 21% male respondents were students, 17% were service men and 62% were self- employed; whereas 3% female respondents were service women, 95% were self-employed and 2% were un-employed. However, □□□ between the genders was 10.25 with p-value .014. 75% male and 91% female respondents belonged to nuclear family and 25% male and 9% female respondents belonged to joint family. □□□ was 10.17 with p-value 0.57 when compared for family type.

Table 2: Compression of Scores

Parameter	Male (n-100) Mean ±S.D.	Female (n-100) Mean ±S.D.	t (df=98)	p
Way of Coping				
Confrontive Coping	11.72±4.71	11.82±3.70	0.13	0.84
Distancing	10.88±3.45	10.75±3.15	0.29	0.94
Self-Control	13.35±3.70	13.82±3.59	0.74	0.45
Seeking Social Support	11.22±3.25	11.55±3.43	0.69	0.57
Accepting Responsibility	8.48±3.12	8.25±2.92	0.58	0.61
Escape Avoidance	13.88±4.98	14.62±3.81	0.72	0.42
Painful Problem Solving	11.95±4.26	10.72±3.54	1.1	0.15
Positive Reappraisal	13.85±4.82	13.28±4.81	0.63	0.52

Table 2 shows the comparison between scores or male and female respondents on ways of coping questionnaire. It was found that Mean±SD for male respondents was 11.72±4.71 and 11.82±3.70 for female respondent with t-value 0.13 (p >.05) for confrontive coping, Mean±SD for male respondents was 10.88±3.45 and 10.75±3.15 for female respondents with t-value 0.29 (p > .05) for distancing, Mean±SD for male respondents was 13.35±3.70 and 13.82±3.59 for female respondents with t-value 0.74 (p > .05) for self-control, Mean±SD for male respondents was 11.22±3.25 and 11.55±3.43 for female respondents with t- value 0.69 (p > .05) for seeking social support, t-value was 0.57 (p > .05) for accepting responsibility, t-value was 0.61 (p > .05) for escape avoidance, t-value was 1.5 (p > .05) for painful problem solving and t-value was 0.63 (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 Compression of Scores on Problem Solving Inventory

Variables	Male Mean ±S.D.	Female Mean ±S.D.	t (df=98)	p
Problem Solving				
Problem Solving Confidence	36.55±6.02	35.52 ±6.06	1.3	0.22
Approach Avoidance Scale	59.25±5.68	58.18±6.10	0.66	0.55
Personal Control	21.55±4.92	20.75±3.07	0.18	0.86

Table 3 shows that there exists no statistical difference between the scores of male and female respondents on problem solving inventory. The Mean±SD of male respondents was 36.55±6.02 and 35.52±6.06 for females with t-value 1.3 (p > .05) on the domain problem solving confidence. On approach avoidance scale Mean±SD was 59.25±5.68 and 58.18±6.10 for male and female respondents with t-value 0.66 (p > .05). Mean±SD for male respondents was 21.55±4.92 and 20.75±3.07 for females with t-value .18 (p > .05) on personal control domain.

DISCUSSION

The care burden and coping methods of the caregivers of bipolar patients are influenced by their social characteristics and the social and clinical characteristics of the individual they care for. The age, gender, marital status of the caregiver and the patient's gender, marital status, disorder periods, the patient's response to treatment affects the care burden and methods of coping of the caregiver. As the care burden increases, the use of positive coping methods decreases. At this point, caregivers are at risk for depression and anxiety disorders.[21-23] The result indicates that the mean score [24] 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 10.88 and 10.75 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 13.35 and 13.82 which means that the respondents failed to

control their emotions when experiencing stressful situation and coping with them. Mean for Seeking social support was 11.22 and 11.55 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 (8.48 and 8.25) 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 13.88 and 14.62 indicating failure in avoiding or escaping problematic situations. Painful problem solving has mean score 11.95 and 10.72 indicating that the respondents were poor at analyzing and planning to cope with the problem situations. Positive reappraisal had mean score of 13.85 and 13.28 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.[25-27]

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 36.55 and 35.52 indicating low level of confidence for solving problems. Approach avoidance scale has mean score of 59.25 and 58.18 indicating poor skills at using approach avoidance strategies to come up with solution for any problematic situation. Personal control mean score was 21.55 and 20.75 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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