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Original Research

To investigate coping and problem-solving strategies in people with bipolar affective disorder

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ABSTRACT:

Aim: To investigate coping and problem-solving strategies in people with bipolar affective disorder. **Materials and Methods:** The Psychiatry Division conducted this cross-sectional analysis. One hundred people who have visited the in-patient or out-patient wards of an Indian mental hospital participated in the survey. The data was gathered via the use of a socioeconomic data sheet, a questionnaire measuring coping strategies, and a problem-solving questionnaire. The study's goals were evaluated using descriptive statistics and a t-test. **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 0.122 ($p > 0.06$) for confrontive coping, Mean±SD for male respondents was 9.88±2.45 and 9.75±2.15 for female respondents with t-value 0.268 ($p > 0.06$) for distancing, Mean±SD for male respondents was 12.35±2.70 and 12.82±2.59 for female respondents with t-value 0.689 ($p > 0.06$) for self-control, Mean±SD for male respondents was 10.22±2.25 and 10.55±2.43 for female respondents with t- value 0.557 ($p > 0.06$) for seeking social support, t-value was 0.451 ($p > 0.06$) for accepting responsibility, t-value was 0.830 ($p > 0.06$) for escape avoidance, t-value was 1.66 ($p > 0.06$) for painful problem solving and t-value was 0.579 ($p > 0.06$) for positive reappraisal. **Conclusion:** The results of the research show that there is no difference between the sexes in the use of coping and problem-solving strategies in the everyday lives of those who suffer from BPAD. People with BPAD have poor coping and problem-solving abilities, according to the study's findings.

Keywords: Coping, Problem-solving strategies , Bipolar disorder

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INTRODUCTION

Affective disorders include several contributing factors, including stress and poor interpersonal functioning. A decrease in the quality of relationships, as well as stress related to those relationships, might raise chance of relapsing into a manic or depressive episode.[1,2] Psychosocial stresses are linked to a worsening of manic and depressive episodes in people with bipolar illness, as well as to the onset of new episodes.[3] Permanent alterations at the level of the neurotransmitter, receptor, and neuropeptide lessen the stimulating function of stress throughout the length of the disease, which occurs at day.[4-6] These alterations are triggered by stressors, such as the episodes themselves, and make the patient more sensitive to stress, so that even a little stressor might trigger symptoms of a mood disorder. Research on people with bipolar disorder supports Post's idea by showing that there is an age-related increase in stress sensitivity, and there is an age-related increase in the likelihood of a stress-related recurrence. [7-9]

Stress in childhood has also been linked to adult onset of bipolar disorder, according to studies. Those who have been victims of trauma or physical assault are more likely to develop the illness at a younger age, to have more severe episodes, to engage in high-risk behaviours or have suicidal thoughts more frequently, to have additional co-occurring disorders along Axes I and II, and to react negatively to psychological pressure. [9]

The strain of BD might make it harder for a couple to cope with the normal, daily pressures of life. Patients with BD have a greater sensitivity to stress and a worse capacity to manage it than the general population. [10] Some studies regard interpersonal

issues and marital conflict to be key diagnostic criteria of bipolar disorder, and this makes sense if we see BD as either an extra stressor for a patient and his or her spouse or as a factor that exacerbates existing stresses. [11] Work and family commitments, money worries, and interpersonal conflicts are just some of the areas where people with BD often struggle. The ability of people with BD to cope with stress is an important aspect to examine when evaluating stress's effect on psychopathology. There is a wide variety of responses individuals show when confronted with internal and external stresses of variable severity and duration throughout many domains of life. Active coping methods span a wide range of possibilities. The ability to control one's emotions and lower one's stress levels is the result of a comprehensive process that includes problem-solving, effective thinking, and responding in stressful circumstances. [2] Many internal and external elements, as well as self-evaluations of one's own resources and talents, contribute to its success.[12–14] Many different mental strategies for identifying and evaluating both immediate and long-term sources of stress, as well as behavioural strategies for making the most of available resources, make up the adaptive mechanisms used to deal with stress. The severity of psychopathology is affected by both adaptive and maladaptive coping strategies. [15] Adaptive coping strategies that centre on the problem improve general psycho-physical functioning, while maladaptive coping strategies like avoidance, negation, or rumination[16] exacerbate the problem. Patients with BD tend to employ passive and avoidant coping strategies that are emotionally focused,[17] in contrast to the healthy population.[18] Many authors suggest that cognitive dysfunction may be linked to the use of inefficient coping strategies.[19] The core clinical and psychological features of bipolar disorder are emotional dysregulation and the use of ineffective cognitive coping mechanisms. Twenty, the ability to control one's emotions is shaped by the responsiveness and availability of a primary caregiver in times of stress during early childhood.[20,21] Relational competence, self-esteem, and emotional and behavioural control are all influenced by the quality of the main connection and by how early events are remembered. As a result, it is critical to frame the issue of stress management in people with BD from a relational vantage point. [2] the current intimate relationship of a person with BD, which, in the form of dyadic coping, may have therapeutic potential and serve as a mediator between the detrimental effects of bipolar disorder and the satisfaction with relationships and overall well-being that people report.

MATERIAL AND METHODS

After receiving clearance from the protocol review committee and institutional ethics committee, the Department of Psychiatry conducted a cross-sectional research. Purposive sampling was used to pick 100 participants, 50 men and 50 women. Participants had to have a diagnosis of Bipolar Affective Disorder by ICD-10, DCR [22] in order to take part in the research; those with comorbid diagnoses of other mental disorders or severe physical ailment were not eligible. A socio-demographic data sheet, a problem-solving scale, and a coping mechanisms questionnaire were used to assess the respondents. Age, level of education, marital status, employment, and family composition were among the factors measured by the socio-demographic data sheet. The Family Coping Scale, version [23], was created by Lazarus and Folkman and consists of 66 items. The eight categories of the measure are as follows: "confrontational coping," "distance coping," "self-control," "social support seeking," "accepting responsibility," "escape avoiding," "painful problem solving," and "positive reappraisal." Heppner and Petersen designed the Problem Solving Inventory (PSI)[24] to gauge how individuals feel about their own problem-solving abilities. Approach avoidance, personal protocol, and problem-solving confidence are the three pillars upon which the inventory rests. With a total of 32 questions, the PSI uses a 6-point Likert scale on which responses may range from "strongly agree" to "strongly disagree". A high score on the issue solving inventory is indicative of a lack of problem solving skills.

STATISTICAL ANALYSIS

Statistical analysis SPSS (statistical analysis software for the social sciences) 25.0 versions were used to examine the data. Differences between the groups were evaluated using the Chi-square test for analysing socioeconomic factors and the t test for assessing dissimilarities.

RESULT

Table 1: Socio-demographic characteristic of Participants

Variable		Group		χ^2	p
		Male (%)	Female (%)		
Education	Primary	22(44%)	30(60%)	2.009	.572
	Metric	10(20%)	5(10%)		
	Intermediate	10(20%)	8(16%)		
	Graduation	8(16%)	7(14%)		
Marital status	Married	42(84%)	47(94%)	2.784	0.96

	Unmarried	8(16%)	3(6%)		
Occupation	Student	10(20%)	0(0%)	11.391	.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%)	11.10	.523
	Joint	12(24%)	5(10%)		

According to Table 1, 44% of male respondents were primary school educated, 20% were metric and intermediate educated, and just 16% had graduated. In comparison, 60% of female respondents had received primary education, 10% had received metric education, 16% had received intermediate education, and just 14% had received degree education. $\chi 2$ was 2.009 with p-value of 0.572 when comparing between the genders on the variable of education. 84% of men and 94% of females were married; 16% of males and 6% of females were unmarried, with a p-value of 0.96 and 2.784. In terms of occupation, 20% of male respondents were students, 16% were service men, and 64% were self-employed; 2% of female respondents were service women, 96% were self-employed, and 2% were unemployed. However, the difference in $\chi 2$ between the genders was 11.391, with a p-value of .011. 76% of male respondents and 90% of female respondents belonged to nuclear families, whereas 24% of male and 5% of female respondents belonged to mixed families. When comparing family types, $\chi 2$ was 11.10 with a p-value of 0.523.

Table 2: Gender Compression of Scores on Ways of Coping Questionnaire

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

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 10.72±3.71 and 10.82±2.70 for female respondent with t-value 0.122 ($p > 0.06$) for confrontive coping, Mean±SD for male respondents was 9.88±2.45 and 9.75±2.15 for female respondents with t-value 0.268 ($p > 0.06$) for distancing, Mean±SD for male respondents was 12.35±2.70 and 12.82±2.59 for female respondents with t-value 0.689 ($p > 0.06$) for self-control, Mean±SD for male respondents was 10.22±2.25 and 10.55±2.43 for female respondents witht- value 0.557 ($p > 0.06$) for seeking social support, t-value was 0.451 ($p > .06$) for accepting responsibility, t-value was 0.830 ($p > .06$) for escape avoidance, t-value was 1.66 ($p > 0.06$) for painful problem solving and t-value was 0.579 ($p > 0.06$) 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	Female	t (df=98)	p
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 reveals that there is no significant difference in the problem solving inventory scores of male and female respondents. On the domain problem solving confidence, the mean SD of male respondents was 35.55±6.02 and 34.52±6.06 for females, with a t-value of 1.266 ($p > 0.06$). On the approach avoidance scale, the mean SD for male and female respondents was 58.25±5.68 and 57.18±6.10, respectively, with a t-value of 0.653 ($p > 0.06$). On the personal control domain, the mean SD for male respondents was 20.55±4.92 and 19.75±3.07 for females, with a t-value of 0.192 ($p > 0.06$).

DISCUSSION

The results show that the male and female respondents' mean score of confrontive coping plainly suggests that the respondents fail to take confronting or dangerous efforts to address their problematic conditions.[22-25] The mean scores of 9.88 and 9.75 for distancing indicate that respondents with BPAD found it difficult to distance themselves from

events in order to think objectively about how to solve difficulties. The self-control domain showed mean scores of 12.35 and 12.82, indicating that respondents were unable to manage their emotions when confronted with stressful situations and dealing with them. The fact that the mean for Obtaining social support was 10.22 and 10.55 implies that people with BPAD had difficulty seeking help from family and friends to deal with difficulties. Accepting responsibility got the lowest mean score (7.48 and 7.25), showing respondents' inability to recognise their involvement in the situation and deal properly. Escape avoidance got a mean score of 12.88 and 13.62, suggesting failure to avoid or escape potentially dangerous circumstances. The mean score for painful issue resolution was 10.95 and 9.72, suggesting that the respondents were bad at assessing and preparing to deal with troublesome circumstances. Positive reappraisal had a mean score of 12.85 and 12.28, showing a lack of ability to learn from prior trials in order to deal with issues. Despite the fact that the study's findings revealed no significant gender differences in any aspect of the methods of coping questionnaire. Other investigations, including the present one, found no gender differences in coping mechanisms. [26, 27, 28] The findings also revealed that there was no significant gender difference in any aspect of problem solving among BPAD respondents. The findings, however, suggest that issue solving confidence has a mean score of 35.55 and 34.52, indicating a low degree of confidence in problem solving. The approach avoidance scale has a mean score of 58.25 and 57.18, showing low abilities in employing approach avoidance tactics to solve any challenge. Personal control mean scores were 20.55 and 19.75, indicating weak self-control in making acceptable choices to handle an issue.

CONCLUSION

The results of the research show that there is no difference between the sexes in the use of coping and problem-solving strategies in the everyday lives of those who suffer from BPAD. People with BPAD have poor coping and problem-solving abilities, according to the study's findings.

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