



## Original Research Article

# Strategies for managing and addressing challenges in individuals with bipolar affective disorder: A comparison between genders

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## ABSTRACT

**Background:** Bipolar Affective Disorder (BPAD) is a mental health condition characterized by episodes that can vary in duration and intensity of remission. Individuals affected by BPAD often face challenges in managing daily stressors, even when employing various coping and problem-solving techniques. Furthermore, individuals of different genders experiencing BPAD may exhibit distinct approaches to coping and resolving problems.

**Aim:** The objective of the study was to evaluate gender differences in coping strategies and problem-solving abilities among individuals diagnosed with Bipolar Affective Disorder (BPAD).

**Materials and Methods:** This research employed a cross-sectional descriptive design, utilizing a purposive sampling method to select 80 participants from both inpatient and outpatient departments of a psychiatric hospital in India. Data collection involved the use of a Socio-demographic data sheet, along with the Ways of Coping Skills and Problem-Solving Questionnaire. Descriptive statistics and t-tests were applied to analyze the data in relation to the study's objectives.

**Results:** The findings indicated no significant gender differences in coping strategies and problem-solving skills among individuals with BPAD. However, the respondents exhibited notably low levels of both coping and problem-solving skills.

**Conclusion:** The study concludes that individuals of both genders experiencing BPAD demonstrate inadequate coping and problem-solving abilities.

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## 1. Introduction

Bipolar affective disorder (BPAD) is a prevalent psychiatric condition in India, with a lifetime prevalence rate of 2.4%.<sup>1</sup> Given India's large population and a higher male-to-female sex ratio, the prevalence rates indicate a notable gender disparity, with BPAD affecting 2.5% of males and 3% of females. These statistics highlight the urgent need for effective treatment strategies for BPAD in the country.<sup>2</sup> BPAD is characterized by episodic mental disturbances, including episodes of depression, mania, and hypo-mania.

Although individuals diagnosed with BPAD may experience varying lengths of remission, research indicates that they often face significant challenges in their daily lives. Many individuals with BPAD struggle with the impact of their affective symptoms for a substantial portion of their lives.<sup>3</sup> The psychosocial ramifications of BPAD can be particularly devastating for families. Those affected frequently find it difficult to manage their emotional responses during stressful situations, even when in remission.<sup>4,5</sup> Additionally, it is widely recognized that stressful life events can trigger the onset of BPAD. Consequently, individuals with BPAD often encounter ongoing difficulties in navigating daily stressors. Therefore, understanding coping mechanisms and

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problem-solving strategies is crucial for the long-term management of BPAD. The person with BPAD consistently finds it difficult to handle stressful situations in his day-to-day life. Consequently, the ideas of coping and problem-solving techniques become crucial components in knowing how to treat BPAD for long-term results. In essence, coping is a technique that aids in adaptation for every individual.

They learn to cope with the pressures of their busy lives. Individuals with elevated coping mechanisms can adjust to challenging circumstances in life, but people who struggle to cope are more vulnerable to emotional and physical problems. In a similar vein, the idea of fixing problems can be interpreted as looking for and fixing a problem that one faces in life. Both gender has an impact on problem solving and coping strategies. Individuals with BPAD showed that the severity of manic and depressed symptoms was statistically associated with unfavorable life experiences, symptoms and fulfilling experiences in life led to functional impairment because of how severe the manic symptoms were.<sup>6</sup> It was discovered that individuals with BPAD that are younger and older in comparison to the age group's normal controls had substantial familiarity with adverse, stressful life experiences.<sup>7</sup>

It is clear that individuals with avoidance coping mechanisms are heavily used during depressive episodes, when going through trying times in life.<sup>8</sup> According to statistics, indicated developing constructive problem-solving techniques encouraged favorable alterations in coping mechanisms.<sup>9</sup> Prior research discovered good relationship between coping mechanisms and the ability to solve difficulties in order to get through trying times in life. It is evident from the discussion that BPAD is widespread in India and that there is growing worry about the gender ratio. Since BPAD is more common in Indian women, this study was designed. Additionally, there are few studies comparing gender differences in coping and problem-solving techniques. Therefore, the purpose of the study was to determine how differently people with BPAD by gender use their coping and problem-solving abilities.

## 2. Objective

To evaluate the coping mechanisms and problem-solving abilities of both male and female bipolar affective disorder patients.

## 3. Materials and Methods

The project was planned after obtaining ethical approval from the Departmental Research Committee. The study employed a cross-sectional descriptive research approach based at a hospital. The study was conducted at the Delhi Institute of Neuro-Psychiatry and Allied Sciences' inpatient and outpatient departments. A total of 80 respondents—40 men and 40 women—were chosen using the purposive

sample method. Individuals with a diagnosis of bipolar affective disorder as per ICD-10, DCR.<sup>10</sup> were admitted into the trial; those with a co-morbidity of severe physical illness and any other psychiatric illness were not allowed to participate. The sociodemographic data sheet, the issue solving scale, and the strategies of coping questioner were the instruments used to evaluate the respondents. In order to evaluate age, education, marital status, occupation, and family, a sociodemographic data sheet was utilized. Sort, Coping Strategies Questionnaire 12 created by Lazarus & Folkman scale was created to gauge dealing with the patient within the household. There are eight domains on the scale: Self-control, distance, confrontational coping, and seeking social assistance, taking ownership, avoiding escape, and suffering. Solving issues and giving a positive review.

Heppner and Petersen created the Problem Solving Inventory (PSI).<sup>11,12</sup> to gauge people's opinions on their problem-solving approaches and dispositions. Approach avoidance, personal protocol, and problem-solving confidence are the three sub-domains of the problem-solving inventory. With 45 items totaling 10 points on a 10-point Likert scale, the PSI ranges from strongly agree (1) to strongly disagree (10). A high score on the problem-solving inventory indicates a weak problem-solving aptitude.

### 3.1. Statistical evaluation

The statistical analysis SPSS (statistical package for social sciences) 18.0 versions was used to evaluate the data statistically. The chi square test was utilized to analyze sociodemographic characteristics, and the t test was employed to gauge group deference.

## 4. Result

According to Table 1, of the male respondents, 43.3% had only completed their primary education, 20% had completed their intermediate and metric education, and only 16.7% had graduated. In contrast, 60% of women while 10% of respondents had just completed their primary education, measuring, 16.7% up to the intermediate level and just 13.3% up to graduating. When compared, 2 was 2.008 with a p-value of .571. between the sexes in terms of the educational variable. Men make up 73.3% among the respondents, 13.3% of women were single, whereas 26.7% of men and 10% of the female participants were single and had pvalue =.95 and 2 2.783. In terms of occupation, 3.3% of female respondents were service women, 93.3% were self-employed, and 1.7% were unemployed. Of the male respondents, 20% were students, 16.7% were in the military, and 63.7% were self-employed but, 2 with a p-value of .010 was 11.390 between the genders. Respondents who were 73.3% male and 83.3% female belonged to the nuclear family, to which 26.7% of respondents were men

**Table 1:** Socio-demographic characteristic of Participants

Variable		Group		x <sup>2</sup>	p
		Male (%) (n=30)	Female (%) (n=30)		
Education	Primary	13(43.3%)	18(60.0%)	2.008	.571
	Metric	6(20.0%)	3(10.0%)		
	Intermediate	6(20.0%)	5(16.7%)		
	Graduation	5(16.7%)	4(13.3%)		
Marital Status	Married	22(73.3%)	27(90.0%)	2.783	0.95
	Unmarried	8(26.7%)	3(10.0%)		
	Student	6(20.0%)	0(0%)		
Occupation	Service	5(16.7%)	1(3.3%)	11.390	.010
	Self Employed	19(63.3%)	28(93.3%)		
	Un employed	0(0.0%)	1(3.3%)		
Family type	Nuclear	22(73.3%)	25(83.3%)	11.9	.522
	Joint	8(26.7%)	5(16.7%)		

**Table 2:** Gendercompression of scores on ways of coping questionnaire (N=80).

Variables	Male (n-30) Mean + S.D.	Female (n-30) Mean + S.D.	t (df=58)	p
<b>Way of Coping</b>				
Confrontive Coping	10.70±3.69	10.80±2.68	.120	.822
Distancing	9.86±2.43	9.73±2.13	.266	.905
Self-Control	12.33±2.68	12.80±2.57	.687	.495
Seeking Social Support	10.20±2.23	10.53±2.41	.555	.581
Accepting Responsibility	7.46±2.11	7.23±1.90	.449	.655
Escape Avoidance	12.86±43.96	13.60±2.79	.828	.411
Painful Problem Solving	10.93±3.24	9.70±2.52	1.64	.106
Positive Reappraisal	12.83±3.81	12.26±3.79	.577	.566

**Table 3:** Gender Compression of Scores on Problem Solving Inventory (N=80).

Variable	Male (n-30)Mean ± S.D.	Female (n-30)Mean ± S.D.	T(df=58)	p
<b>Problem solving</b>				
Problem Solving Confidence	35.53±6.00	34.50±6.04	1.264	.211
Approach Avoidance Scale	58.23±45.66	57.16±6.08	.651	.541
Personal Control	20.53±4.90	19.73±43.05	.190	.850

and 16.7% were women to become a part of the family. 2 was 11.9 and the p-value for the comparison was .522 family structure.

The contrast of male and female respondents' scores on the ways of coping questionnaire is displayed in Table 2. It was found that Mean±SD for male respondents was 10.70±3.69 and 10.80±2.68 for female respondent with t-value .120 (p >.05) for confrontive coping, Mean±SD for male respondents was 9.86±2.43 and 9.73±2.13 for female respondents with t-value .266 (p > .05) for distancing, Mean±SD for male respondents was 12.33±2.68 and 12.80±2.57 for female respondents with t-value .687 (p > .05) for self-control, Mean±SD for male respondents was 10.20±2.23 and 10.53±2.41 for female respondents with t

value. t-values were 1.64 (p >.05) for painful experiences, .555 (p >.05) for seeking social support, .449 (p >.05) for accepting responsibility, and .828 (p >.05) for avoiding escape. The t-value for problem solving and positive

reconsideration. Table 1 's findings indicate that there is no statistical difference on coping mechanisms between respondents who were male and female with questionnaire.

The results of the problem solving inventory for male and female respondents do not statistically differ, as Table 3 demonstrates. The domain issue solving confidence had a t-value of 1.264 (p >.05) for male respondents, whose mean±SD was 35.53±6.00, and 34.50±6.04 for female respondents. For both male and female respondents, the approach avoidance scale Mean±SD was 58.23±5.66 and 57.16±6.08, respectively, with a t-value of .651 (p >.05). In the personal control domain, the mean±SD for male respondents was 20.53±4.90, and for female respondents it was 19.73±3.05, with a t-value of .190 (p >.05).

### 5. Discussion

According to ICD-10, DCR, the study shows a purposefully selected sample of 80 respondents, with a mean age of 33 years for females and 35 years for males who have been

diagnosed with BPAD. A cross-sectional study of the scores for men and women revealed the kind of coping mechanisms and problem-solving strategies they were employing. The study design has several clear drawbacks that make it challenging to confidently demonstrate a statistical gender difference in the ways that people with BPAD employ coping mechanisms and problem-solving strategies. But according to these statistics, there was no statistically significant difference between the respondents' methods of coping and problem-solving strategies based on gender. The findings show that both male and female respondents' mean confrontive coping scores of 10 indicate that they do not take bold or confrontational actions to improve their difficult circumstances. With a mean score of 9.86 and 9.73 for distancing, the respondents who were diagnosed with BPAD found it challenging to step back from their circumstances and think critically about how to handle the issues. With a mean score of 12.33 and 12.80 in the self-control area, the respondents were unable to regulate their emotions when faced with stressful situations and how to handle them. The mean score for requesting social assistance was 10.20, and the score of 10.53 suggests that individuals with BPAD have difficulty asking friends and relatives for help in managing difficult circumstances.

The respondents' inability to acknowledge their part in the issue they confront and adjust their approach to it was shown by their lowest mean score (7.46 and 7.23) for accepting responsibility. With a mean score of 12.86 and 13.60 for escape avoidance, it was evident that people were unable to avoid or get out of difficult situations. The mean score for painful problem solving was 10.93 and 9.70, indicating that the respondents' analysis and planning of how to handle the problem situations were lacking. The positive reappraisal showed a mean score of 12.83 and 12.26, showing a lack of ability to apply lessons learned from past failures to problem-solving. However, the study's findings revealed no discernible gender difference in any of the coping mechanisms questionnaire's domains. Other studies that are comparable to this one discovered that there is no gender difference in coping strategies.<sup>13–16</sup> The results also showed that among the respondents with BPAD, there was no discernible gender difference in any area of problem solving. Nonetheless, the data indicates a low degree of confidence in issue solving, with a mean score of 35.53 and 34.50 for problem solving confidence. The approach avoidance scale's mean score of 58.23 and 57.16 indicates that the user is not very good at applying approach avoidance techniques to solve problems in any given scenario. The mean score for personal control was 19.73 and 20.53, indicating a lack of self-control in choosing the right course of action to address a situation they were facing.

## 6. Conclusion

The study comes to the conclusion that there is no gender difference in the coping mechanisms and problem-solving

techniques used by the respondents with BPAD in their daily lives. The study's findings also indicated that those with BPAD had inadequate coping and problem-solving abilities.

## 7. Limitations

Because of the limited sample size, the study's findings are particular and cannot be applied to the entire population.

## 8. Source of Funding

None.

## 9. Conflict of Interest

None.

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