

Gender Differences in Percieved Stress, Couple Satisfaction, And Coping Mechanism Among Married Patients with Bipolar Disorder: A Comparative Study

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Abstract:

To compare perceived stress, couple satisfaction and coping mechanism among married men and women suffering with Bipolar. Comparative study. The study was conducted from 8th December 2023 to 31st August 2024 at institute of DHQ (Allied II) in Faisalabad. Through non-probability purposive sampling technique. All the patient included in this study who diagnosed with Bipolar (Mania) from both outdoor and indoor department of Psychiatry and Behavioral Sciences Allied II Hospital, Faisalabad. The patient included in the study met the criteria of Bipolar Affective Disorder DSM 5 diagnosis and bipolar (mania) episode 2 and 3 and exclusion of first episode. Perceived stress scale (10items) and The Couple Satisfaction Index (32 items), Coping Scale (13 items) were used in this study. The present study consisted of 200 married women (n = 86), and men (n=114) patient with Bipolar (mania), with in the age range of 25 to 40 years All demographics of the sample i.e. age gender, marital status, occupation and residence were added in this study. The present research indicates that perceived stress has relationship between couple satisfaction

index in the present sample of married women and men suffering with Bipolar. The result of the study supported the hypothesis that to compare the married women and men on study variable. Perceived stress is significantly related to Couple satisfaction index and role of coping in married women and men suffering with Bipolar. In conclusion, a comparative analysis of married bipolar patients' perceptions of stress, marital satisfaction, and coping strategies provides important new information. Acknowledging these distinctions is crucial to creating focused treatment strategies that improve the quality of their marriages overall and increase the well being of both parties. These dynamics should be further investigated in future study, with a focus on longitudinal studies that monitor changes over time as couples deal with the challenges posed by bipolar disorder.

Keywords: *Bipolar Affective Disorder (BAD mania), Perceived Stress Scale (PSS), Couple Satisfaction Index (CSI), Coping Scale (CS)*

Introduction

Bipolar illness presents as mood swings, with symptoms ranging from profound sadness to intense euphoria and reduced functioning as the condition worsens. As per the World Health Organization, bipolar disorder ranks sixth in terms of significant causes of disability. The Turkish Psychiatry Association (2021) estimates that its frequency varies between 2% and 5% worldwide.¹

Stress plays an important role who is suffering with psychological issues. A person is unable to manage the external physiological and cognitive discomfort of daily life, stress is an inescapable life experience.² The way a person perceives the amount of stress they experience over time is known as perceived stress. It is associated with a sense of unpredictability and instability about life and is contingent upon one's self-assurance in one's capacity to overcome obstacles.³

Stressful situations have been found to precede depressive episodes in several studies, and a correlation has been established between stress exposure and depressed symptoms.⁴ A cognitive model states that when stresses are interpreted negatively, people might develop negative self-referential beliefs and schema that, when activated, can skew how they process information. As a result, depression is more likely to develop as a result of various cognitive assessments of stresses. In this setting, more gregarious and positive personal resources are linked to a better psychological well-being, whereas mal adaptive coping or cognitive approaches are linked to increased suffering.⁵

Among those with bipolar disorder, there might also be notable gender differences in couple satisfaction. Because women value relationships and emotional closeness in their marriages more than other factors, bipolar disorder is unpredictability can put strain on these connections.⁶ Studies show that women are more likely to express discontent with their partner's failure to offer emotional support when they are experiencing mood swings.⁷

Coping strategies also show differences based on gender. Emotion-focused coping mechanisms, like talking to others about their feelings and reaching out for assistance, may be more common in women with bipolar disorder. These tactics can promote resilience, but if the support network is insufficient, they could potentially make people more vulnerable.⁸ However, men tend to use problem-focused coping strategies, trying to deal with the difficulties head-on. Although this method can be useful for stress management, it might not take into account the subtle emotional aspects of having bipolar disease, which could result in more isolation.^{9,10}

The connection between marriage and mental health has several facets. A stressful life event like marriage may hasten the start of a mental illness or cause a relapse. Mental illness can sometimes begin or recur as a result of poor marital adjustment. Another belief that marriage offers protection from mental illnesses is this one. Additionally, data suggests that mental health patients have increased rates of marital strife, separation, and divorce.¹¹ The aim of the study is to determine the gender difference in perceived stress, couple satisfaction, and coping mechanism among married patients with bipolar disorder.

Hypothesis

1. There would be a significant relationship between perceived stress and Couple satisfaction and coping mechanism in married women and men suffering with Bipolar.
2. To check the gender difference on perceived stress and Couple satisfaction and coping mechanism in married women and men suffering with Bipolar.
3. The responses of married women would be high on coping scale as compared to married men.
4. Perceived stress is a predictor in the relationship of coping scale in married women and men suffering with bipolar disorder.

Methods

Participants

The present study consisted of 200 married females (n = 86), and males (n=114) patient with Bipolar (mania), with in the age range of 25 to 40 years through non probability purposive sampling technique. All the patient included in this study who diagnosed with Bipolar from both outdoor and indoor psychiatry and behavioral sciences department of Allied II Hospital, Faisalabad. The patient included in the study met the criteria of Bipolar Affective Disorder DSM 5 diagnosis and bipolar (mania) episode 2 and 3 and exclusion of first episode. Perceived stress scale (10items) and The Couple Satisfaction Index (32 items), Coping Scale (13 items) were used in this study.

Instruments

Perceived Stress Scale (PSS)

The Couple Satisfaction Index (CSI)

Coping Scale (CS)

Perceived Stress Scale (PSS)

The Perceived Stress Scale (PSS) is a 10-items classic stress assessment instrument. The tool is still a well-liked option for assisting us in comprehending how various circumstances impact our emotions and our perception of tension. This scale asks you about your thoughts and feelings throughout the past month. You will be asked to identify the frequency with which you felt or thought a particular way in each example. There are variances between the questions, even if there are some similarities; therefore you should approach each one as a distinct question. Reacting promptly is the best course of action. That example, instead of attempting to determine how often you experienced a specific emotion, choose the one that sounds like a decent approximation.¹²

The Couple Satisfaction Index (CSI)

A 32-item scale designed to measure one's satisfaction in a relationship. The scale has a variety of items with different response scales and formats. The authors have also specified that the scale safely be shrunk to either a 16-item format or even a 4-item format depending on a researcher's needs.¹³

Coping Scale (CS)

This 13 items coping questionnaire assesses cognitive, emotional, and

behavioral methods of dealing with problems. Some items, focusing on cognitive and emotional approaches, were adapted from Holahan and Moos's (1987) widely-used Coping Strategies Scale (items 2, 3, and 4 below), while other cognitive and emotional items were original (1, 5, 6, and 8).¹⁴

Procedure

The instruments were used in study after taking permission from original authors. The patient were approached both outdoor and indoor in Fatima ward department of Psychiatry & Behavioral Sciences, Allied II Hospital, Faisalabad. After taking the written permission from the authorities of Allied II Hospital Faisalabad for data collection. Written informed consent was taken. In this study, 200 married women and men suffering with Bipolar (Mania) were included. All ethical consideration was followed including assurance of confidentiality of data and the patient. Psycho-education was also provided to the patient who felt discomfort or distress during the administration of instruments. Analysis were run on SPSS version (26.0).

Table 1

Demographic Characteristics of the sample (N=200)

Variables		Frequency	%
Gender	Female	86	57%
	Male	114	43%
Age	25-30years	72	36%
	31-35years	49	24%
	36-40years	79	39%
Marital status	Married	200	100%
Occupation	Employed	124	62%
	Unemployed	76	38%
Residence	Faisalabad	200	200%

This table displayed that all demographics of the sample i.e age gender, marital status, occupation and residence. According to the current study the respondent's age, 25-30 years are (36%) 31-35 years are (24%) and 36-40 years are (39%), occupation employed (62%) and unemployed (38%) were

included. It's also indicates married females are (100%) and also indicate men (100%) respectively. The data were collected from Allied II Hospital Faisalabad (200%).

Table 2
Correlation among study variables (N= 200)

	1	2	3
1. Perceived Stress	1	-.040	.082
2. Couple-Satisfaction-Index	1	1	.416**
3. Coping-Scale	1	1	1

Table 2 shows that there would be a significant relationship between perceived stress and Couple satisfaction index in women suffering with Bipolar that Perceived stress was significantly and highly negatively correlated coping scale among men and women ($r = -.40^{**}$, $p < .01$), further couple satisfaction scale were significantly correlated with coping scale ($r = .416^{*}$, $p < .01$).

Table 3
Independent T-test between Married Male (n=114) and Females (n=86), to Analyze the Gender differences on perceived stress, Couple satisfaction and coping Mechanism in Bipolar patients.

Variables	Married (n=114)		Males (n=86)		Df	t(200)	P	Cohen's d
	M	SD	M	SD				
Perceived Stress	25.04	2.73	25.25	4.03	198	-.442	.000	0.06101
Couple Satisfaction Scale	100.53	12.08	115.67	20.00	198	-6.63	.000	0.91637
Coping Scale	33.18	4.05	33.12	2.52	198	-1.29	.000	0.0177

M=Mean ,SD=Standard Deviation, P=Significance, f= degree of freedom, CI=Confidence Interval

Table 3 shows the gender differences on perceived stress and marital satisfaction and coping mechanism in women and men suffering with bipolar. The table shows the significant differences in the mean scores on perceived stress, marital satisfaction and coping mechanism and in married women and men. The results indicate that there is a significant mean differences in married women on perceived stress scale, the married women scores are ($M=25.25$, $SD=4.03$), and married men scores are ($M=25.04$, $SD=2.73$) which depicts that perceived stress are high among married women other then married men. Further, the results indicate that there is significant mean difference in couple satisfaction index between the married females and males. The married women scores are ($M=115.67$, $SD=20.00$), and men scores are ($M=100.53$, $SD=12.08$) which depicts that couples satisfactions are high in female other the males. Further, the results indicate that there is significant mean difference in coping scale between the married females and males. The married women scores are ($M=33.82$, $SD=2.52$), and men scores are ($M=33.18$, $SD=4.05$) which depicts that coping scales scores are high in male other the females. Cohen's d for perceived stress scale was 0.06101, Cohen's d for couple satisfaction scale was 0.91637. Cohen's d for coping mechanism scale was 0.0177.

Table 4

Analysis of variance in married women respond high coping scale as compare with married men

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	16.26	1	16.26	1.340	.248
	Residual	2403.4	198	12.13		
	Total	2419.6	199			

In this table 4 we computes that to investigate the differences between both groups. The married women responses high on coping scale as compare to married men. There was statistically significant difference between married women as compare with unmarried women as demonstrate [$F(1,198)=1.340$, $p=.248$].

Table 5

Coefficients of Linear Regression: Perceived stress and Coping scale

	Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	31.315	1.86		16.75	.000
	Perceived Stress	.085	.074	.082	1.15	.248

a. Dependent Variable: Coping Scale

The table 5 shows that , results for regression analysis of Perceived stress is a predictor in the relationship of Coping scale in married men and women . Perceived stress was expanded by one standard deviation on that point observed scores in level of coping scale associated with men and women suffering with bipolar disorder would increment by .074 and significant .248.

Discussion

We were basing the conversation on study findings pertaining to perceived stress, couple satisfaction, and coping techniques in order to examine gender Differences between married men and women with bipolar disorder. The first hypothesis shows that there would be a significant relationship between perceived stress and Couple satisfaction index in women suffering with Bipolar that Perceived stress was significantly and highly correlated coping satisfaction index among women. Studies reveal that relationship satisfaction is highly impacted by perceived stress, especially when bipolar illness is present. Manic episodes can cause people to act in ways that stress out their partners, which can have an impact on the dynamics and pleasure of their relationships. According to Miklowitz, D. J. (2004) family dynamics are important in controlling bipolar illness, as this study highlights. Couple happiness can be negatively impacted by partners experiencing high levels of stress, as Miklowitz points out. In order to enhance communication and provide support, which helps reduce stress, his study emphasizes how crucial it is to include partners in treatment.¹⁵ Beach, & Whisman, (2012) discusses the relationship between individual mental health disorders, such as bipolar disorder, and marriage suffering. It highlights the significance of treatments that focus on the needs of both spouses and adds that high perceived stress has a detrimental impact on marital satisfaction.¹⁶

The second Hypothesis is hows the gender differences on perceived stress and marital satisfaction and coping mechanism in women and men suffering with bipolar. Research indicates that there are gender disparities in the subjective experiences and reporting of stress, which is referred to as perceived stress. According to McLean et al. (2011) women with bipolar disorder reported

higher levels of stress, and this was associated with higher rates of relapse, in the general population these findings supported, as women are generally more likely than men to report higher levels of stress. Role expectations frequently influence differences in gender in terms of couple satisfaction. It is common for women in heterosexual partnerships to be expected to handle emotional work and childcare, and this might make them feel even less satisfied if their partner's illness makes these obligations worse.¹⁷ A study by Knauth et al. (2012) women may report decreased relationship satisfaction, especially if the illness causes increased mood instability or social withdrawal. On the other hand, spouses of men with bipolar disease frequently report feeling physically and emotionally worn out from providing care, which over time may lead to a decline in the happiness of their relationships. Emotion-focused coping mechanisms, such as reaching out to others for support, expressing feelings, or thinking back on their emotional condition, are more common among women with bipolar disorder.¹⁸ On the other side, men with bipolar disorder are more likely to employ problem-focused coping mechanisms, like taking action to address the stressor. Men may also rely more heavily on diversion or avoidance, which can help in the short term but might make stress management more challenging in the long term. On the other side, men with bipolar disorder are more likely to employ problem-focused coping mechanisms, like taking action to address the stressor. Men may also rely more heavily on diversion or avoidance, which can help in the short term but might make stress management more challenging in the long term. Research indicates that women are more likely to adopt coping mechanisms like emotional expressiveness and rumination, which might occasionally make bad moods worse (Nolen-Hoeksema and Aldao, 2011).¹⁹

In 3rd hypothesis we compute that to investigate the differences between both groups. The married women responses high on coping scale as compare to married men. In general, married women do better on coping measures than married men do, especially when it comes to handling mental health issues like bipolar disorder. Various factors contribute to this disparity, such as women increased need on emotion-focused coping mechanisms, social support systems, and their function as primary caretakers in marriages. Lower scores on coping scales may be attributed to men propensity to employ avoidance and problem-focused coping mechanisms, which may be less successful in handling the emotional intricacies of bipolar disease. Thoits (2011) investigated the ways in which gender affects coping mechanisms in the face of health issues. She observed that women coping scale ratings were higher than men because they were far more likely to use professional support systems and

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social networks. Women scored better in part because they were more likely to ask for help and because they were more emotionally transparent.²⁰

In 4th hypothesis shows that Perceived stress is a predictor in the relationship of Coping scale in married men and women . In bipolar illness sufferers who are married, perceived stress is a powerful predictor of coping strategies. Even while the coping mechanisms vary by gender, men are more prone to utilize avoidance tactics, while women are more likely to use emotion-focused coping, high levels of perceived stress are linked to less adaptive coping techniques in both genders. It is crucial to directly address perceived stress in order to improve coping mechanisms, improve general mental health, and improve relationship satisfaction in people with bipolar disorder. This is because gender disparities exist in how stress is perceived and managed. According to research by Johnson et al. (2008), people with bipolar disorder who report feeling more stressed out are more prone to employ unhealthy coping strategies, like substance abuse or avoidance, which can make their illness worse.²¹ **Berk et al. (2011)** suggest that **stress management interventions** that target perceived stress can help individuals with bipolar disorder develop more adaptive coping strategies, leading to better psychological outcomes and improved marital satisfaction.²²

Conclusion

In conclusion, a comparative analysis of married bipolar patients' perceptions of stress, marital satisfaction, and coping strategies provides important new information. Acknowledging these distinctions is crucial to creating focused treatment strategies that improve the quality of their marriages overall and increase the well being of both parties. These dynamics should be further investigated in future study, with a focus on longitudinal studies that monitor changes over time as couples deal with the challenges posed by bipolar disorder.

LIMITATIONS

1. Small and Homogeneous Sample Sizes
2. **Self-reported data** on stress, relationship satisfaction, and coping mechanisms may introduce gender biases.
3. Longitudinal studies may be more appropriate but are resource-intensive and time-consuming.

Recommendations

The aforementioned results highlight the need for gender-specific therapies that consider the distinct experiences that men and women with bipolar disease have. It is important to customize therapeutic approaches to each gender's unique stresses and coping techniques. Men may do better with skills-based programs that emphasize problem-solving, whereas women may benefit more from group therapy that stresses emotional expression and connection.

Enhancing marital satisfaction among bipolar disorder-affected spouses might also be very important. Couples therapy that takes into account the viewpoints of both spouses can help close the emotional gap that is frequently experienced, especially by women, and promote more support and understanding.

Conflict of Interest / Disclosure

The authors declare no conflict of interest.

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