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

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ABSTRACT

This comparative study investigated gender differences in perceived stress, couple satisfaction, and coping mechanisms among married individuals with bipolar disorder. Employing a cross-sectional design, 200 participants (86 women, 114 men; aged 25–40 years) diagnosed with bipolar disorder (DSM-5-tr criteria, manic episodes 2–3) were recruited via purposive sampling from both outdoor and indoor department of Psychiatry and Behavioural Sciences Allied II Hospital, Faisalabad. The study was conducted from 8th December 2023 to 31st August 2024. Validated instruments—Perceived Stress Scale (PSS-10), Couple Satisfaction Index (CSI-32), and Coping Scale (CS-13)—were administered. Analyses revealed a significant positive correlation between adaptive coping and couple satisfaction ($r = 0.416$, $p < 0.01$), while perceived stress showed negligible associations with both coping ($r = 0.082$) and satisfaction ($r = -0.040$). Regression confirmed stress did not predict coping ($R^2 = 0.007$, $p = 0.24$). Gender disparities emerged in couple satisfaction ($d = 0.91$), with women reporting higher scores ($M = 115.67$ vs. $M = 100.53$ for men), likely linked to women’s prioritization of emotional intimacy and men’s societal suppression of emotional expression. Despite minimal gender differences in stress ($d = 0.06$) and coping ($d = 0.01$), this study underscores the pivotal role of adaptive coping in enhancing marital satisfaction among married individuals with bipolar disorder, with women demonstrating markedly higher satisfaction tied to emotional intimacy and men’s outcomes influenced by societal emotional suppression. Gender-sensitive interventions—such as dyadic programs blending emotional validation for women and

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collaborative problem-solving for men—are critical to mitigating marital strain. Future research should prioritize longitudinal and culturally diverse designs to refine therapeutic strategies for bipolar populations.

KEYWORDS: *Bipolar Disorder, Perceived Stress, Marital Satisfaction, Coping Mechanisms, Gender Differences.*

Introduction

Bipolar disorder is a chronic mental illness characterized by extreme mood fluctuations, ranging from debilitating depressive episodes to manic states of heightened energy and impulsivity (World Health Organization [WHO], 2022). Ranked as the sixth leading cause of disability globally (WHO, 2022), its prevalence is estimated at 2–5% worldwide, with significant psychosocial and functional impairments (Turkish Psychiatry Association, 2021). Stress, a pervasive factor in mental health, exacerbates these challenges.

Perceived stress—the subjective appraisal of life’s unpredictability and one’s capacity to manage demands (Cohen et al., 1983)—plays a critical role in bipolar disorder progression. Chronic stress correlates with depressive relapses (Hammen, 2005) and disrupts emotional regulation, a core feature of bipolar symptomatology (Aldao et al., 2010). Cognitive models posit that maladaptive interpretations of stress (e.g., catastrophizing) fuel negative self-schemas, heightening vulnerability to depressive episodes (Beck & Haigh, 2014). Conversely, adaptive coping strategies, such as problem-solving or seeking social support, buffer against stress-induced psychological deterioration (Holahan & Moos, 1987).

Building on this framework, stressful situations have been found to precede depressive episodes in numerous studies, establishing a clear link between stress exposure and symptom severity (Cohen et al., 1983). When individuals interpret stressors negatively, they tend to form rigid, self-deprecating beliefs that skew information processing and escalate depressive risk (Beck & Haigh, 2014). **In contrast**, positive personal resources—such as optimism and social connectedness—facilitate resilience, whereas maladaptive coping or cognitive avoidance exacerbates suffering.

Furthermore, gender differences further complicate this dynamic. Women with bipolar disorder report higher perceived stress levels compared to men (McLean & Anderson, 2011), potentially due to societal expectations of emotional labor and caregiving roles (Gonzalez et al., 2010). These stressors strain marital relationships, as women often prioritize emotional intimacy and perceive deficits in partner support during mood episodes (Knauth & Skowron, 2012). In contrast, men tend to adopt avoidant or problem-focused coping mechanisms (Tamres et al., 2002), which may neglect emotional processing and isolate them from relational support (Nolen-Hoeksema & Aldao, 2011). Such gendered coping styles differentially impact **couple**

satisfaction—a predictor of relapse and treatment adherence in bipolar populations (Miklowitz, 2004). Marital distress is both a consequence and catalyst of bipolar symptoms, creating cyclical dysfunction (Whisman, 2007). For instance, manic behaviors (e.g., impulsivity) strain partnerships, while marital conflict triggers mood episodes (Berk et al., 2011).

Moreover, these gendered stress patterns directly inform distinct coping strategies, as women often lean toward emotion-focused tactics—talking through feelings and seeking assistance—which can bolster resilience when support is ample but may heighten vulnerability if it is not (Tamres et al., 2002; Nolen-Hoeksema & Aldao, 2011). **Conversely**, men’s preference for problem-focused coping—tackling problems head-on—can efficiently address concrete stressors but may overlook emotional nuances, potentially exacerbating isolation (McLean & Anderson, 2011; Thoits, 2011).

This divergence in coping approaches underscores the complex interplay between stress, coping, and relationship dynamics in bipolar disorder. While existing studies highlight gender disparities in stress perception (Tamres et al., 2002) and marital satisfaction (Beach & Whisman, 2012), few examine how these factors converge in bipolar disorder. For example, emotion-focused coping may enhance resilience in women but falter without adequate social support (Nolen-Hoeksema & Aldao, 2011), whereas men’s problem-focused approaches may inadvertently escalate marital tension (Johnson et al., 2008). Furthermore, existing literature disproportionately focuses on Western populations, neglecting cultural nuances in marital roles and coping norms (Baysan Arabacı & Taş, 2020).

Despite extensive research on bipolar disorder, gender-specific patterns in stress appraisal, couple satisfaction, and coping remain underexplored among married patients. **Therefore**, this study seeks to fill that gap by investigating how gendered coping styles and stress appraisals influence marital dynamics, offering critical insights for tailoring therapeutic interventions.

Study Aim and Objectives:

This study aims to investigate gender differences in perceived stress, couple satisfaction, and coping mechanisms among married individuals with bipolar disorder. Specifically, the objectives are:

1. **To examine the relationship between perceived stress, couple satisfaction, and coping mechanisms** in married individuals diagnosed with bipolar disorder.
2. **To determine whether perceived stress significantly predicts coping mechanisms** in this population.
3. **To compare gender-based differences in perceived stress levels, couple satisfaction scores, and coping strategies** among married patients with bipolar disorder.

Hypothesis:

1. There will be a significant relationship between perceived stress, couple satisfaction and coping mechanism among married individuals with Bipolar disorder.
2. Perceived stress will significantly predict coping mechanisms among married individuals with bipolar disorder.
3. There will be significant gender-based differences in perceived stress, Couple satisfaction and coping mechanism among married individuals with Bipolar disorder.

Research Methods

This cross-sectional comparative study **employed** a quantitative design to investigate gender differences in perceived stress, couple satisfaction, and coping mechanisms among married patients with bipolar disorder. **Participants were 200 married individuals (86 females and 114 males), aged 25–40 years, diagnosed with bipolar disorder and currently experiencing their second or third manic episodes (first episodes excluded), based on DSM-5 criteria. They were recruited via non-probability purposive sampling from the inpatient and outpatient Department of Psychiatry and Behavioural Sciences at Allied Hospital II, Faisalabad.** Data were collected using validated instruments: the **Perceived Stress Scale (PSS-10)** (Cohen et al., 1983; $\alpha = 0.78$), measuring subjective stress appraisal over the past month; the **Couple Satisfaction Index (CSI-32)** (Funk & Rogge, 2007; $\alpha = 0.94$), assessing relationship satisfaction; and the **Coping Scale (CS-13)** (Holahan & Moos, 1987; $\alpha = 0.82$), evaluating cognitive, emotional, and behavioural coping strategies. Ethical approval was obtained from the **Ethical Review Committee (ERC) of PMC Faisalabad**, and written informed consent was secured from all participants; confidentiality was maintained, and psycho-education was provided to mitigate distress during data collection. **Data were analysed using SPSS Version 26.0**, applying **Pearson’s correlation, linear regression, and independent-samples t-tests** to test the hypotheses. The study adhered to ethical guidelines, emphasizing participant autonomy, **no maleficence**, and transparency in reporting.

Results

This chapter presents the empirical findings from the comparative analyses of perceived stress, couple satisfaction, and coping mechanisms in married patients with bipolar disorder. Descriptive statistics, correlational tests, regression models, and gender-based t-tests are reported in sequence to address the study’s hypotheses.

Table 1: *Demographic of the sample (N=200)*

Variables	Categories	Frequency	%
Gender	Female	86	43
	Male	114	57
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	100%

The study comprised 200 married individuals diagnosed with bipolar disorder, all residing in Faisalabad. Of these, 114 (57%) were male and 86 (43%) female. Age was fairly evenly distributed: 72 participants (36%) were 25–30 years old, 49 (24%) were 31–35, and 79 (39%) were 36–40. The majority, 124 (62%), were employed, while 76 (38%) were unemployed.

Table 2: *Person moment correlation among study variables (N= 200)*

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

Note: **correlation is significant at the 0.01 level (1-tailed).

The Pearson **product–moment** correlation analysis (Table 2) **in a sample of 200 married individuals with bipolar disorder showed** a statistically significant positive correlation between coping mechanisms and couple satisfaction ($r = 0.416$, $p < 0.01$), indicating that higher use of adaptive coping strategies was associated with greater relationship satisfaction. However, perceived stress demonstrated negligible and non-significant relationships with both couple satisfaction ($r = -0.040$, $p > 0.05$) and coping mechanisms ($r = 0.082$, $p > 0.05$), suggesting that stress levels, as measured, were not meaningfully linked to relationship dynamics or coping efforts. These findings **thus** partially support **the stated hypothesis**, confirming the interplay between coping and marital satisfaction but **showing no evidence that perceived stress relates to either variable in this sample**.

Table 3: *Coefficients of Linear Regression: Perceived stress and Coping scale*

Variable	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	SE	B		
(Constant)	31.31	1.86		16.75	.00
Perceived Stress	.085	.074	.082	1.15	.24

Notes: $R^2 = .007$, $p < 0.05$, Dependent Variable is Coping Mechanism.

Although the regression constant is highly significant, perceived stress explains only 0.7% of the variance in coping scores ($R^2 = .007$) and its coefficient fails to reach significance ($\beta = .082$, $t(198) = 1.15$, $p = .24$). In other words, stress levels do not meaningfully predict the extent to which these patients employ coping strategies. Therefore, the hypothesis that perceived stress significantly predicts coping mechanisms in this sample is not supported.

Table 4: *Independent sample t-test for gender based difference in perceived stress, couple satisfaction and coping Mechanism among Bipolar patients.*

Variables	Males (n=114)		Females (n=86)		df	T	P	Cohen's d
	M	SD	M	SD				
Perceived Stress Scale	25.04	2.73	25.25	4.03	198	-.44	.00	0.06
Couple Satisfaction Scale	100.53	12.08	115.67	20	198	-6.63	.00	0.91
Coping Scale	33.18	4.05	33.12	2.52	198	-1.29	.00	0.01

Notes: $p < 0.05$, M=Mean, SD=Standard Deviation, P=Significance, df= degree of freedom

An independent-samples t-test revealed that married women with bipolar disorder reported marginally higher perceived stress ($M = 25.25$, $SD = 4.03$) than their male counterparts ($M = 25.04$, $SD = 2.73$), $t(198) = -0.44$, $p < .05$, although the effect size was trivial ($d = 0.06$). In contrast, women demonstrated markedly greater couple satisfaction ($M = 115.67$, $SD = 20.00$) compared with men ($M = 100.53$, $SD = 12.08$), $t(198) = -6.63$, $p < .001$, representing a large effect ($d = 0.91$). Finally, men scored slightly higher on the coping scale ($M = 33.18$, $SD = 4.05$) than women ($M = 33.12$, $SD = 2.52$), $t(198) = -1.29$, $p < .05$, but here too the effect size was essentially zero ($d = 0.01$). These findings indicate a pronounced gender difference in marital satisfaction, while differences in perceived stress and coping, despite achieving statistical significance, are negligible in practical terms.

Discussion

This study examined gender differences in perceived stress, couple satisfaction, and coping mechanisms among married patients with bipolar disorder, addressing critical gaps in understanding how gendered dynamics influence psychosocial outcomes. The findings revealed a significant positive correlation between adaptive coping strategies and couple satisfaction ($r = 0.416$, $p < 0.01$), aligning with prior research emphasizing the role of coping in stabilizing marital relationships amid bipolar symptomatology (Miklowitz, 2004). However, perceived stress showed no meaningful association with either coping or relationship satisfaction ($r = -0.040$) and ($r = 0.082$), respectively), contradicting hypotheses and suggesting that stress appraisal, as

measured here, may not directly disrupt marital functioning in this population. Regression analyses further confirmed that perceived stress explained negligible variance in coping ($R^2 = 0.007$, $p = 0.24$), challenging assumptions about stress as a primary driver of coping behaviours (Johnson et al., 2008). These results may reflect the unique resilience of married individuals with bipolar disorder or limitations in the stress measurement tool's sensitivity to context-specific stressors (Cohen et al., 1983).

Notably, gender differences emerged in couple satisfaction, with women reporting significantly higher scores ($M = 115.67$, $SD = 20.00$) than men ($M = 100.53$, $SD = 12.08$), a large-effect disparity ($d = 0.91$). This aligns with studies suggesting that women prioritize emotional intimacy and may derive greater satisfaction from relational support during mood episodes (Gonzalez et al., 2010; Knauth & Skowron, 2012). Conversely, men's lower satisfaction may stem from societal expectations to suppress emotional vulnerability, exacerbating relational strain (Tamres et al., 2002). Despite minimal gender differences in perceived stress ($d = 0.06$) and coping ($d = 0.01$), the stark contrast in marital satisfaction underscores the need for gender-sensitive interventions. For instance, women's reliance on emotion-focused coping (Nolen-Hoeksema & Aldao, 2011) may enhance dyadic resilience, whereas men's problem-focused approaches (McLean & Anderson, 2011) might inadvertently isolate them from spousal support during manic phases.

These findings partially support Hypothesis 3, highlighting the salience of gender in marital outcomes but not in stress or coping patterns. The lack of stress-coping linkage contrasts with Johnson et al.'s (2008) model, possibly due to this sample's unique stressors (e.g., chronic illness management) overshadowing general perceived stress. Interventions targeting dyadic coping—such as mutual problem-solving and emotional validation—could mitigate marital discord (Berk et al., 2011), particularly for men who may underutilize support networks.

The study's cross-sectional design limits causal inferences, while self-report measures risk social desirability bias, particularly in gendered responses (Whisman, 2007). The homogeneous sample (Faisalabad residents) further restricts generalizability. Future research should employ longitudinal designs to explore bidirectional stress-marriage dynamics and integrate mixed methods (e.g., partner interviews) to contextualize coping behaviors. Clinically, interventions like family-focused therapy (Miklowitz, 2004) should address gendered coping norms: encouraging men to embrace emotional expression and women to balance support-seeking with self-efficacy. Psycho-education for couples could reframe bipolar symptoms as shared challenges, fostering collaborative coping.

Conclusion

This study highlights the critical role of adaptive coping strategies in enhancing marital satisfaction among married individuals with bipolar disorder, evidenced by a strong positive correlation ($r = 0.416$, $p < 0.01$). Notably, gender disparities significantly influenced coping styles: women predominantly relied on emotion-focused strategies (e.g., seeking emotional support), which heightened vulnerability to relational stress, whereas men favoured avoidant or problem-focused approaches, risking emotional disengagement during conflict. Despite negligible associations between perceived stress and relational or coping outcomes, a pronounced gender disparity emerged: women reported substantially higher couple satisfaction ($d = 0.91$),

likely tied to their prioritization of emotional intimacy, while men's lower satisfaction may reflect societal norms suppressing emotional expression. The chronic stressors of bipolar disorder further complicated marital

dynamics, underscoring the need for gender-specific interventions. Though stress and coping differences were statistically trivial, the findings advocate for **tailored therapies, such as dyadic coping programs that blend emotional validation for women with collaborative problem-solving for men, to alleviate marital strain.** Future research should explore cultural and longitudinal dimensions to refine interventions tailored to bipolar populations.

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