



# An explorative study on coping flexibility with behavioral approach system-activating stimuli: A comparison of people with and without bipolar disorder



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## ABSTRACT

Life events play a significant role in affecting mood symptoms of people with bipolar disorder (BD). However, we lack empirical data about the associations among disorder, mood state, behavioral activation system (BAS) sensitivity, and psychosocial functioning level. Thus, the present study aimed to identify the role of coping flexibility with BAS activating stimuli in relation to mood states among a sample of individuals with BD ( $n = 90$ ) and a healthy control group ( $n = 90$ ). Through multiple regressions, the moderating role of coping flexibility was determined. Findings showed that coping flexibility had an additional value in predicting mood states beyond BAS sensitivity and psychosocial functioning level. Specifically, perceived controllability was considerably important for the BD group, whereas fit index was crucial in the controls. In addition, a moderation analysis showed that perceived controllability alleviated the effects of BD diagnosis, BAS sensitivity, and psychosocial functioning level on mood states. Theoretically, this study helps integrate the concept of coping flexibility into the BAS dysregulation theory as it applies to BD. The practical implication for enhancing mindfulness practice is also discussed.

## 1. Introduction

Research on the impact of life events on the symptom expression and the timing and severity of mood episodes of bipolar disorder (BD) is very promising. A growing body of evidence has shown that life events relating to negative or goal-striving dimensions increase the risk of episode recurrence, predict chronicity, and impede recovery in people with BD (Alloy et al., 2005; Dienes et al., 2006; Johnson, 2005a; Johnson et al., 2008a; Kemner et al., 2015; Kessing et al., 2004; Nusslock et al., 2007; Tsuchiya et al., 2003). However, there is a lack of research examining the significance of different kinds of life event for different components of coping among people with BD.

### 1.1. Coping with BAS-relevant life events

The negative and positive aspects of life events have been extensively studied (Johnson, 2005a; Johnson et al., 2008a; Johnson et al., 2016). Life events can be put in context through the Behavioral

Approach System (BAS) dysregulation theory (Alloy and Abramson, 2010; Urosevic et al., 2010), which divides them into BAS-activating or BAS-deactivating types (Alloy and Abramson, 2010). The polarity-specific nature of life events can lead to manic/hypomanic or depressive mood symptoms through excessive BAS activation or deactivation, respectively (Johnson, 2005a; Johnson et al., 2008a; Johnson et al., 2016; Nusslock et al., 2007).

Due to impaired BAS, individuals with BD are hypersensitive to cues signaling an opportunity for reward and those signifying failure and loss of reward (Urosevic et al., 2010). Research has demonstrated the pertinent mechanism (Alloy et al., 2009; Depue and Iacono, 1989; Harmon-Jones et al., 2002; Johnson, 2005b; Johnson and Carver, 2006; Johnson et al., 2008a; Nusslock et al., 2007; Urosevic et al., 2008; Wright et al., 2009). When vulnerable individuals experience events relevant to BAS activation—such as the offer of a reward, encouragement of goal striving and attainment, provocation of anger—their hypersensitive BAS becomes excessively activated when they get an opportunity for active coping. Such a situation potentially leads to (hypo)

*Abbreviations:* PF, problem-focused; EF, emotion-focused; AA, behavioral-activation/emotion-amplifying; DD, behavioral-deactivation/emotion-diminishing; ISS, internal state scale; ACT, activation; WB, well-being

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manic symptoms. Alternatively, in response to BAS-deactivating life events, such as imminent failure, loss, or nonattainment of goals, a hypersensitive BAS is excessively deactivated, leading to a shutdown of BAS without an opportunity for active coping. Such a situation potentially leads to depressive symptoms. However, poor emotion regulation is signified in the response to BAS-relevant contextual cues (Urosevic et al., 2008). If such sensitivity is deemed to be related to a biological vulnerability, improving the ability to cope with life events is desirable, and the fit and adaptability of coping are critical to understanding how individuals with BD are likely to cope with different life events.

### 1.2. Coping flexibility

To depict coping more completely, Cheng (2001,2003) conceptualized coping flexibility as: 1) variability in cognitive appraisal (perceived controllability) and coping patterns across different situations; and 2) the ability to achieve a good fit between coping strategies and situational demands. Effective coping involving a good fit indicates a good match between the nature of coping strategies and the characteristics of the situation. Typically, problem-focused coping is assumed to be adaptive in controllable situations, whereas emotion-focused coping in uncontrollable situations (Lazarus, 1999; Roubinov et al., 2015). However, emotion-focused coping can sometimes be linked to controllable stressors (Mah et al., 2008), and problem-focused coping is also suggested to deal with uncontrollable situations (Danielsen et al., 2013). Research has shown, however, that using problem-focused coping in controllable life events may not benefit individuals with BD during a manic phase (Urosevic et al., 2008), because it would further increase BAS activation and thus could easily exacerbate (hypo)manic symptoms. Using emotion-focused coping in facing uncontrollable life events may also cause harm to individuals with BD during a depressive phase (Wright et al., 2009), as it would further reduce their volition to manage their mood state.

In the past decade, the coping flexibility model has been applied to normal populations and people with a medical illness, and samples have usually involved university students, working adults, patients with severe acute respiratory syndrome, or patients with functional dyspepsia (Cheng, 2001,2003; Cheng et al., 1999,2000,2004,2012). The model has yet to be applied to people with mental health concerns. As an individual's decision-making process can be influenced by his or her affective state (Forgas and Eich, 2013), the fluctuating mood of BD may affect appraisal or coping responses during the transactional process. Thus, the goodness of fit concept in coping flexibility may be applied differently to people with and without BD. Coping strategies relating to the behavioral dimension (i.e., behavioral deactivation and activation) and the emotional dimension (i.e., emotion diminishing and amplifying) have also been proposed. Behavioral-activation coping shares similar components with problem-focused coping, while emotion-diminishing coping shares corresponding elements with emotion-focused coping. However, the usual application of coping (Lazarus, 1999) may not be appropriate for people with BD who are dealing with fluctuating mood states (Edge et al., 2013; Lam and Wong, 1997; Lam et al., 2001; Wong and Lam, 1999). Further research is needed to clarify the use of different kinds of coping strategies for people with and without BD. Furthermore, it is pertinent to test the possible moderating effect of coping between BD diagnosis and mood states.

### 1.3. BAS sensitivity level and psychosocial functioning level

Due to the traits of BAS hypersensitivity and poor emotion regulation (Gray, 1994; Nusslock et al., 2009; Urosevic et al., 2008), people with BD may be prone to poor coping, in terms of over- or under-responsiveness, with respect to reward-relevant environmental cues. Alternatively, impairment in psychosocial function can be treated as a risk factor for affective symptoms in BD (Gitlin et al., 1995; Nolen et al.,

2004; Weinstock and Miller, 2008,2010). Research has shown that coping mitigates the effect of psychosocial functional impairment on subsequent mood symptoms (Morris et al., 2005; Yang, 2006). It seems that coping may have additional value beyond BAS sensitivity level or psychosocial functioning level in explaining mood states. Therefore, it warrants further investigation by incorporating these two essential elements, which is the intention of the present study.

### 1.4. Hypothesis

The present study aimed to examine the relationships between different components of coping flexibility (in terms of controllability appraisal and different coping strategies), BAS-relevant stimuli and mood states by taking BAS sensitivity and psychosocial functioning levels into consideration, in people with and without BD. Due to limited resources, only BAS-activating stimuli were presented in measuring coping flexibility and emphasis was on positive mood states. Through a cross-sectional design, it was hypothesized that coping flexibility has an additional value over BAS sensitivity level or psychosocial functional level in explaining mood states. Specifically, the fit index may be more applicable for people in the healthy control group. Further identification of the moderating role of other components of coping flexibility was explored.

## 2. Methods

### 2.1. Participants and procedures

Participants were 90 individuals diagnosed with BD I or II and 90 healthy controls who were fluent in Chinese and aged 18–65 with primary education level or above. They were recruited using convenience sampling from a list of psychiatric outpatients at a regional hospital in Hong Kong and from the wider community, respectively. Diagnoses of BD I or II were confirmed by attending psychiatrists using the Structured Clinical Interview for DSM-IV Axis I disorders (First et al., 1996). Individuals with BD had to have been in a state of full remission for more than two months according to the recommendations of the International Society of Bipolar Disorders task force (Tohen et al., 2009), that is, symptomatic remission signaled by a score lower than 5 on the Young Mania Rating Scale (Young et al., 1978) and lower than 7 on the Hamilton Rating Scale for Depression (Hamilton, 1967). Exclusion criteria included a comorbid diagnosis of schizophrenia, schizoaffective disorders, substance misuse, organic brain syndromes, or intellectual disability. Ethical approval was obtained from the Institutional Review Board of The University of Hong Kong and the Hong Kong West Cluster of the Hospital Authority (UW13-176).

Potential participants meeting the inclusion criteria were approached individually. Their baseline pre-event affective symptoms, BAS sensitivity, and psychosocial functioning levels were assessed after receipt of a signed consent form. Subsequently, they were shown video clips depicting two compulsory and two elective BAS-activating life events. Perceived controllability and corresponding coping strategies for each of these life event scenarios were reported. Finally, the participants' overall post-event mood states were assessed. Each participant was offered a coupon worth HK\$20 (or US\$2.50) for taking part in the study.

### 2.2. Measures

#### 2.2.1. Coping flexibility

Coping flexibility was measured by means of the Coping Flexibility Questionnaire (Cheng, 2001,2003), which attempts to capture simultaneous person-situation transactional processes. Life event scenarios were developed for use in measuring appraisal and coping responses. For this, a focus group was formed comprising four people with a history of BD. The focus group discussed, agreed on, and

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