

## PREVALENCE OF SYMPTOMS OF BIPOLAR DISORDER AMONG PHYSICALLY CHALLENGED CHILDREN

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### **Abstract:**

Bipolar disorder is a manic-depressive disorder or a mental illness characterized by episodes of an elevated mood known as mania, usually alternating with episodes of depression. During mania an individual feels abnormally happy, energetic, or excitable, but often makes poor decisions due to unrealistic ideas or poor regard of consequences. Manic and depressive episodes can impair the individual's ability to function in ordinary life. Children who are physically challenged experience the psychosocial effects of their inability hindering their normal behavior, personality and development. When these effects persist and begin to interfere with a child's ability to function in daily life, bipolar disorder could be the cause. The purpose of the study was to elicit the prevalence of symptoms of bipolar disorder among physically challenged children. A cross-sectional study was conducted and 80 respondents were selected from the school run by Amar Jyoti charitable trust, New Delhi. Purposive random sampling technique and a self-prepared questionnaire was used to collect the data. The data was analyzed by employing "t" ratio and ANOVA.

No significant association were found between independent variables (age, number of siblings, type of physical disability) and prevalence of symptoms of bipolar disorder among physically challenged children whereas significant association of gender (0.0051\*)with prevalence of symptoms of bipolar disorder among physically challenged children were found. The prevalence of symptoms of bipolar disorder is higher among boys as compared to girls; the reason could be because boys tend to engage in physical activity more than girls.

**Keywords:** Bipolar disorder • physically challenged children • prevalence.

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## 1. Introduction

Bipolar disorder is a medical disorder that impairs the brain's ability to sustain a calm, steady mood. People with bipolar disorder experience a variety of intense emotional states, including elation and grandiosity, explosiveness and irritability, and periods of extreme sadness and low energy that they cannot be easily controlled. Moods may shift abruptly many times per day, or they may persist for weeks, months, or even years and may seem inappropriate responses to actual circumstances and stresses. People with bipolar disorder experience unusually intense emotional states that occur in distinct periods called "mood episodes." Each mood episode represents a drastic change from a person's usual mood and behavior. An overly joyful or overexcited state is called a manic episode, and an extremely sad or hopeless state is called a depressive episode. Sometimes, a mood episode includes symptoms of both mania and depression. This is called a mixed state. The physically challenged often present with severe depressive symptoms. The loss of the function of part of one's body causes grief, fear of a changed life, sadness, crying and can result in complete denial of the facts and this denial may persevere for an extended period of time. The repression of these feelings depletes energy and can seriously affect motivation which in turn can affect the person's interest. Irritable moods, depression, feeling of worthlessness, mood swings, diminished interest, sadness, feeling of inferiority, stress, sensitive to rejection, separation anxiety, weak social relationships, elevated curricular activities, these all are psychosocial influences of being physically challenged, which, if persists for longer period leads to bipolar disorder.

## 2. Objectives

The aim and objective of the study is to elicit the prevalence of symptoms of bipolar disorder among physically challenged children.

## 3. Methodology

1. Research design is the specification of methods and procedure for acquiring the information needed. The research design for the present study was cross-sectional research design. Cross-sectional method was used because this method is extensive and can be used to collect data from a large sample at a particular point of time.

2. Sampling Design- The sample for the present study consisted of 80 respondents. The purposive random sampling technique used to select the sample from the selected area.
3. Type of research-The type of research is qualitative.
4. Method of Data Collection- As the study is Cross-sectional in nature; survey method was adopted to collect the information from the target population. A well-structured interview schedule was given to the subjects for their response. Interview schedule was used with great care so as to have minimum possible biasness. "English" version of the interview schedule was used.
5. Tools & techniques- To study the prevalence of symptoms of Bipolar disorder among physically challenged children; a checklist (Strongly Agree, Agree, Disagree and Strongly Disagree) was developed to get the response of the respondents.

### 3.1 Questionnaire

S.No.	SYMPTOMS
1	Sadness
2	Frequent crying
3	Loneliness
4	Decrease in interest
5	Talked less
6	Bothered by thoughts
7	Unrealistic highs in self-esteem
8	Extreme irritability
9	Overly happy
10	Hopeless
11	Withdrawal from friends and activities
12	Lack of enthusiasm
13	Extreme sensitivity to rejection and failure
14	Frequent physical complaints
15	Easily distracted
16	Overly restless
17	Problem in concentration
18	Disliking by people
19	Interrupts on others
20	Rapid mood swings
21	Exaggerated ideas about self
22	Easily excitable
23	Display abruptly
24	Argues with adults

25	Relentlessly pursues own needs
26	Blame others for his/her mistakes
27	Easily angered in response to limit setting
28	Explosive temper
29	Aggressive behavior towards others
30	Destroy property intentionally
31	Uses foul language in anger
32	Makes threat to others or self
33	Worthlessness
34	Obsession with reaching goals
35	Feeling of being the best
36	Easily provoked
37	Separation anxiety
38	Insomnia
39	Hypersomnia
40	Anti-social behavior
41	Unreasonable fear
42	Poor self-image

For the analysis the data the following steps were followed:

- A) Coding – A coding plan was developed in which code numbers were given to every question and its responses and then tabulated on the coding sheet.
- B) Tabulation- The coded data was transferred from the coding sheet to comprehensive tables to give a clear picture of the findings.
- C) Statistical Analysis- The descriptive statistic applied was t-test and ANOVA.

#### 4. Results and Discussion

**Table 1** Association of independent variable age with prevalence of symptoms of bipolar disorder among physically challenged children.

S.No	Age (years)	n	Mean	S.D	t	P-value
1	6-9	40	21.05	3.587	1.069	0.649
2	9-12	40	21.88	3.306		
Significance level at 0.05						

The above table reveals that  $t$  (calculated) value is less than  $t$  (table) value hence, there is no significant association between age and symptoms of bipolar disorder among physically challenged children, and therefore the null hypothesis has been accepted.

(NOTE: The value of “ $t$ ” can be both positive as well as negative, however we consider “ $t$ ” to be positive and hence we use  $|t|$ ).

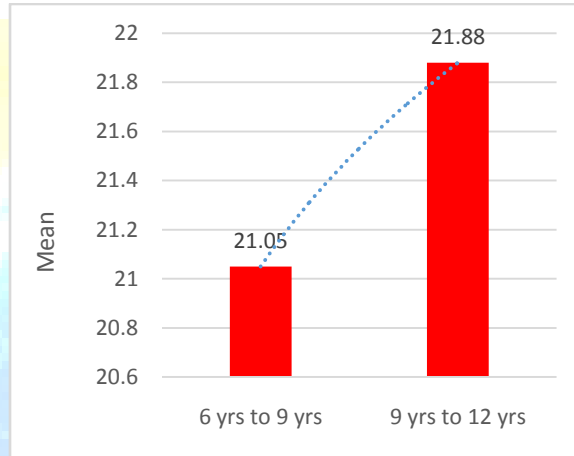


Fig. 1: Comparison between the two age groups.

It can be seen from the above chart that the mean of the age group 9-12 years is comparatively higher. This can be backed by a research (Hancock & Cobb) that shows that Bipolar Disorder is more prevalent during the early stages of adolescence as compared to childhood.

**Table 2** Association of independent variable gender with prevalence of symptoms of bipolar disorder among physically challenged children.

S.No	Gender	n	Mean	S.D	$ t $	P-value
1	Girls	40	21.00	3.769	1.201	0.0051
2	Boys	40	21.93	3.083		
Significance level at 0.05						

The above table reveals that  $t$  (calculated) value is more than  $t$  (table) value hence, there is a significant association between gender and symptoms of bipolar disorder among physically challenged children, and therefore the null hypothesis has been rejected. The reason could be that boys tend to engage in physical activity more than girls, therefore physically challenged boys feel the consequence of their incapability more which might lead to more psychological problems in them.

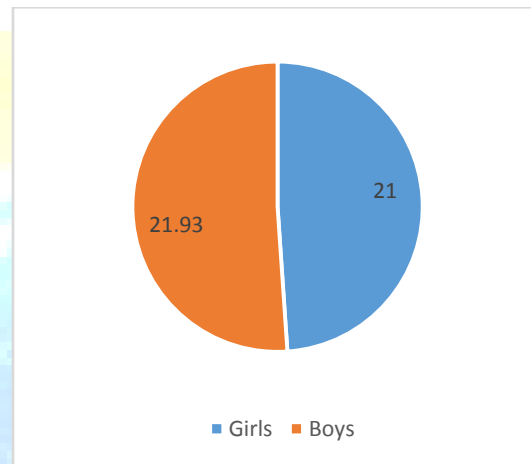


Fig.2 Pie chart showing the means of both the genders.

**Table 3** Association of independent variable number of siblings with prevalence of symptoms of bipolar disorder among physically challenged children.

S.No	No. of Siblings	n	Mean	S.D	F-value	P-value
1	0	20	20.75	3.596	0.760	0.520
2	1	20	21.05	3.329		
3	2	20	21.85	3.329		
4	2+	20	22.20	3.518		

Significance level at 0.05

The above table reveals that F (calculated) is less than F(table) value, hence, no significant association were found between number of siblings and symptoms of bipolar disorder among physically challenged children, and therefore null hypothesis has been accepted.

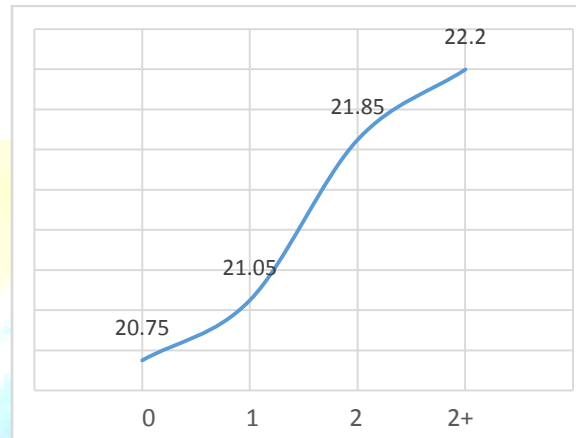


Fig.3 Plot showing the increasing mean with the increasing number of siblings.

It can be seen from the above fig. that statistically the mean of physically challenged children having more than two siblings is higher as compared to the ones with fewer siblings. This could be because of the distributed parental care given to each child.

**Table 4** Association of independent variable type of physical disability with prevalence of symptoms of bipolar disorder among physically challenged children.

S.No	Type of Physical Disability	n	Mean	S.D	F(cal)	P-value
1	V	20	20.20	4.008	1.854	0.145
2	H	20	22.45	2.502		
3	H*	20	21.05	3.720		
4	M	20	21.95	3.767		
V-Visual, H-Hearing, H*- Handicapped, M-Mental						
Significance level at 0.05						

The above table reveals that  $F(\text{calculated})$  is less than  $F(\text{table})$  value, hence, no significant association were found between number of siblings and symptoms of bipolar disorder among physically challenged children and therefore the null hypothesis has been accepted, but statistically it is found that the prevalence of symptoms of bipolar disorder is slightly more in 'Hearing' as compared to the other three types of physical disability. The reason could be because physically challenged children with hearing impairment are both deaf as well as dumb, hence they find it much more difficult to communicate and interact with in the society as compared to other types of disability.

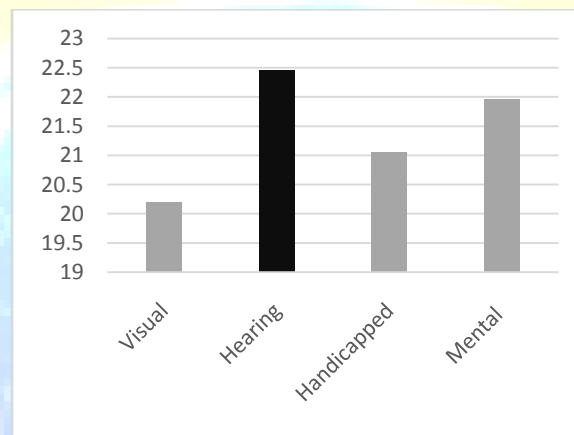


Fig 4. Plot indicating that the mean of children with hearing disability is highest among all.

## 5. Conclusion

From the research and analysis done, the following conclusions can be made: there is no significant difference within age, number of siblings and type of physical disability with respect to the prevalence of symptoms of bipolar disorder among physically challenged children. However, it is found that prevalence of symptoms of bipolar disorder is higher among boys as compared to girls. It can thus be concluded that prevalence of symptoms of bipolar disorder is significantly associated with gender.

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