

# THE ROLE OF RESILIENCE AND COPING STRATEGIES IN DIFFERENT PSYCHIATRIC DISEASES: A COMPARISON AMONG SCHIZOPHRENIC SPECTRUM, DEPRESSION AND PERSONALITY DISORDERS

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## Abstract

**Objectives:** To better understand the relationship between resilience, coping skills and clinical features in diseases like depression, personality disorders and psychosis in a psychiatry ward for acute patients.

**Materials:** We conducted a cohort prospective study involving 87 out of 338 in-patients admitted in our psychiatry ward, from 1<sup>st</sup> June 2015 to 31<sup>st</sup> March 2016. Patients were recruited if they had one of the following diagnoses: schizophrenia spectrum and other psychotic disorder (n = 25); depressive disorder (n = 27), and personality disorder (n = 35). Socio-demographic factors, clinical features, comorbidity and medications of the sample were gathered. Patients' assessment included the following: Resilience Scale for Adult (RSA), Clinical Global Impression scale (CGI) and an abbreviated version of the COPE Inventory (Brief-COPE). Statistical analysis was performed with SPSS. Significance was set for  $p < 0.05$ .

**Results:** In patients with schizophrenia spectrum disorders we found a direct correlation between years of illness and the Brief Cope sub-scale "use of emotional support", and an indirect correlation between years of illness and the Brief Cope "divert attention" sub-scale. Patients with a diagnosis of depression, we found an inverse correlation between years of illness and the Brief Cope subscale "positive restructuring".

**Conclusions:** It is likely that different levels of resilience and coping are evident in a chronic context and are important in the prevention of acute phases of psychiatric disorders. The RSA and Brief Cope differences we found seem to suggest that resilience is more prone to vary in disorders like depression and schizophrenia spectrum disorders, rather than in personality disorders.

**Key words:** resilience, schizophrenia, depression, personality disorders

## Introduction

Resilience is a topic of interest in several disciplines and in the psychiatric field it is defined as the ability to recover from perceived adverse or changing situations, through a dynamic process of adaptation. This process is influenced by personal characteristics, family and social resources, and is expressed by positive coping, control and integration skills<sup>1</sup>.

Some researchers have approached resilience as an individual construct<sup>2</sup>, while others as an epiphenomenon of an adaptive temperament<sup>3</sup>. In some studies coping skills<sup>4</sup>, intended as lasting personal resources,

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which are considered a constitutive element of resilience, would have the function of protecting the individual against a wide range of future adversity.

Other studies have suggested that resilience could be seen as synonymous with reduced vulnerability<sup>5</sup>, or as the ability to adapt to adversity<sup>6</sup> or also as the ability to develop strategies for “coping”<sup>7</sup>.

In recent years the research in mental health focused on the impact of resilience and coping skills on the patients’ actual level of functioning and clinical outcomes<sup>8</sup>. Today it is well known that resilience has an inverse relation with depression<sup>4</sup> and preventative treatment approaches may be focused on it. Furthermore, low levels of resilience are related to an increased number of depressive episodes in euthymic patients with Bipolar Disorder (BD)<sup>9</sup>. Many resilience factors, such as emotional-focused coping skills, internal locus of control, family cohesion and social support, are positively associated with better outcomes in treatment for PTSD, obsessive-compulsive disorder and other Post-Traumatic Stress Disorder<sup>10 11</sup>. For patients affected by schizophrenia spectrum disorders, high resilience levels are linked with less severe positive symptoms, general psychopathological symptoms, depression, and hopelessness. Improvement in social skills and occupational functioning are well-known recovery factors in these patients<sup>12</sup>. High levels of resilience, positive achievement experiences and positive interpersonal relationships during childhood or adolescence were significantly associated with remission for many personality disorders<sup>13</sup>. However, the specific role of resilience in disorders like depression, personality disorders and psychosis is not fully understood; as suggested by the literature it may contribute to the determinism of illnesses’ onset, duration, severity, frequency of the relapses, treatment compliance and effectiveness<sup>14</sup>. Furthermore, the literature about the assessment of patient’s resilience in acute psychiatric care is still scant, and its implications for treatment in this setting should be better understood.

## Objective

The aim of this study is to assess the relationship between resilience, coping skills and clinical features in patients admitted to the psychiatric ward of the “Maggiore della Carità” General Hospital in Novara (Italy), subdivided according to diagnosis in the 3 groups: patients with schizophrenia spectrum and other psy-

chotic disorders, patients with depressive disorders and patients with personality disorders.

## Materials e methods

We conducted a retrospective cohort study. We recruited inpatients admitted in our psychiatric ward from the 1<sup>st</sup> June 2015 to the 31<sup>st</sup> March 2016. Inclusion criteria were:

- diagnosis of schizophrenia spectrum and other psychotic disorders, depressive disorders and personality disorders according to DSM-IV-TR diagnostic criteria;
- age > 18-years;
- proper understanding of Italian language;
- willingness to give written informed consent.

Patients with mental retardation, dementia or acute drugs intoxication were excluded from the study.

The 3 groups of patients included: 25 patients with schizophrenia spectrum and other psychotic disorders; 27 patients with depressive disorders; 35 patients with personality disorders.

Socio-demographic factors, clinical features, comorbidity and medications of the sample were gathered from clinical charts. Patients’ assessment included the following:

- The Resilience Scale for Adults (RSA): a self-report questionnaire consisting of 33 5-point-Likert-scale items. The purpose of this measure is to examine five intrapersonal and extrapersonal prospective factor presumed to facilitate psychosocial adaptation: personal strength, social competence, structural style, family cohesion, social resources<sup>15</sup>.
- The Brief-COPE scale (Brief-COPE): This scale assesses a broad scope of coping behaviour among adults. The scale is rated by a 4-point Likert scale and comprises 28 items and 14 dimensions: self distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioural disengagement, venting, positive reframing, planning, humour, acceptance, religion and self-blame<sup>16</sup>.
- Clinical Global Impression scale (CGI): a commonly used measure of symptoms severity, treatment efficacy and treatment responses in patients with mental disorders. It consists in 3-item observer-rated measurement: illness severity, global improvement and therapeutic response<sup>17</sup>.

Statistical analysis was performed using IBM SPSS Statistics for Windows, Version 21.0 (Armonk, NY: IBM Corporation). Categorical variables were ana-

**Table I.** Social-demographic and clinical features of the sample.

Diagnosis		Depression	Personality Disorder	Schizophrenia spectrum	p value
Characteristic of the sample					
Mean age (year)		51.63	40.7	44.3	0.01
Patients with children		70.40%	42.90%	28.00%	0.004
Family history of psychiatric illness		14.80%	5.70%	60.00%	< 0.010
Occupational status	Unemployed	29.60%	34.30%	28.00%	0.002
	Worker	29.70%	45.70%	32.00%	
	Student	11.10%	8.60%	12.00%	
	Invalid	0.00%	2.90%	28.00%	
	Retired	29.60%	5.70%	0.00%	
	Domestic worker	0.00%	2.90%	0.00%	
Duration of illness (years)		7.5	5.9	12.4	< 0.010
Self-injury acts		92.60%	77.10%	44.00%	< 0.010
Harmful acts		7.40%	40.00%	32.00%	0.009

lyzed with the  $\chi$ -square test, while continuous variables were analysed with parametric and nonparametric statistics and post-hoc (Tukey). Significance was set for  $p < 0.05$ .

## Results

Patients' main socio-demographic and clinical features are summarized in Table I.

The level of resilience did not differ in the three patients groups. No significant statistical correlation was found among resilience degree and socio-demographic features including: gender, working situation, educational level, presence/absence of psychiatric or physical co-morbidities. Pearson correlations highlighted an inverse correlation between years of illness and the Brief Cope subscale "positive restructuring" ( $p < 0.05$ ) in patients with depression. Furthermore, in schizophrenic patients, we found an inverse correlation between years of illness and the score of the Brief-COPE "divert attention" subscale ( $p < 0.05$ ) in patients with the schizophrenia spectrum disorder. A direct correlation was found between years of illness and the score on the subscale "use of emotional support" of the Brief-COPE ( $p < 0.05$ ) in patients with the schizophrenia spectrum disease. We found that a family history of psychiatric illness is far more frequent in patients affected by schizophrenia spectrum disorders (60%) than in those affected by depressive (14.8%) and personality disorders (5.7%) ( $p < 0.05$ ).

## Discussion and conclusion

We suggest some hypotheses to explain these results, which are partially in conflict with the literature data describing a relationship between resilience, coping skills and personality traits<sup>18</sup>. First of all, patients were tested during hospitalization (a stressful event); also, they were observed only for a short period. Probably the different levels of resilience are evident in a chronic context and are important in the prevention of acute stages of disease. In fact, the inverse correlation between positive restructuring and duration of illness in depressed patients suggests that emotional and cognitive coping strategies are likely influenced by the chronicity of this mental illness. Also the correlation between divert attention and years of illness in schizophrenic patients can be explained in the same way. For these patients, the psychopharmacological and psychotherapeutic therapies should begin as soon as possible to avoid the complications due to exacerbation and chronicity of the disorders.

In addition, the significant differences in the RSA and Brief-COPE described before, show that resilience is more likely to vary in diseases such as depression and schizophrenia spectrum disorder than in personality disorders. This can be explained by the intrinsic differences between these diseases; personality disorders seems to be more deeply linked to the nature of the patient structure instead the other two, that have a more fluctuating course.

## Take home messages for psychiatric care

- The assessment of patients' resilience and coping skills is fundamental: different levels of resilience are evident in a chronic context and are important in the prevention of acute phases of psychiatric disorders
- The significant differences in the Resilience Scale for Adults (RSA) and Brief-COPE we found show that resilience is more likely to vary in disorders such as depression and schizophrenia spectrum disorder rather than in personality disorders
- Emotional and cognitive coping strategies are influenced by the chronicity of Depressive disorders and Schizophrenia spectrum disorders

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