



## A Study on the Psycho-Social Problems Faced by the Spouses of Patients with Schizophrenia

### KEYWORDS

schizophrenia, emotional support, care provider, burden

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### ABSTRACT

*Caring for a spouse with a mental health problem is not static process since the needs of the care recipient alter as their condition changes. The role of the spouse as care giver can be more demanding and difficult if the care recipient's mental disorder is associated with the behavioural problems. It has now been realized that developing constructive working relationships with care givers and considering their needs, is an essential part of service provision for people with mental disorders who require and receive care from their spouses.*

Spouse plays a vital role in supporting family members who are sick, inform or disabled. There is no doubt that the families of those with mental disorders are affected by the condition of their near ones. Spouses not only provide practical help and personal care but also give emotional support to their partner with a mental disorder. Therefore the affected person is dependent on the care giver, and their well being is directly related to the nature and quality of the care provided by the care giver.

schizophrenia as " a group of disorders manifested by characteristic disturbances of thinking, mood and behaviour".

Schizophrenia are characterised in general by fundamental and characteristics distortion of thinking and perception and by an inappropriate affect. Delusion present may be bizarre. Hallucinations especially auditory are common. Mood is characteristically shallow and incongruous. Ambivalence may appear.

### THE ROLE OF SPOUSE AS CARE GIVERS

Researches on the impact of care giving shows that 1/3 to 1/2 of carers suffer significant psychological distress. Carers also experiences higher rates of mental ill health than the general population issues about duty, responsibility, adequacy and guilt.

Caring for a spouse with a mental health problem is not static process since the needs of the care recipient alter as their condition changes. The role of the spouse as care giver can be more demanding and difficult if the care recipient's mental disorder is associated with the behavioural problems. It has now been realized that developing constructive working relationships with care givers and considering their needs, is an essential part of service provision for people with mental disorders who require and receive care from their spouses.

### PSYCHO-SOCIAL PROBLEMS FACED BY THE SPOUSES OF SCHIZOPHRENIA PATIENTS:

**Psycho-social problems are of two types:**

- a. OBJECTIVE BURDEN
- b. SUBJECTIVE BURDEN

#### A. OBJECTIVE BURDEN:

Objective burden relates to the practical problems experienced by spouse such as the disruption of family relationships, constraints in social, leisure activities, financial difficulties, and negative impact on their own physical health.

#### B. SUBJECTIVE BURDEN:

Subjective burden describes the psychological reactions which relatives experience, e.g. a feeling of loss, sadness, anxiety and embarrassment in social situations, the stress of

copng with disturbing behaviour and the frustration caused by changing relationships. Grief may also be involved. This may be grief for the loss of the persons form a personality, achievements and contributions, as well as the loss of family lifestyle. This grief can lead to unconscious hostility and anger.

### THE IMPACT OF CARING ON SPOUSE OF SCHIZOPHRENIC PATIENT

Spouses provide assistance with activities of daily living, emotional support to the patient, and dealing with incontinence, feeding and mobility. Due to high burden and responsibilities, spouses experience poorer self reported health engaging in fewer health promotion actions than non care givers, and report lower life satisfaction. The impact of caring for schizophrenia and associated risk factors, are:

- High disability
- Very severe symptoms
- Poor support from professionals
- Poor support from social network
- Less practical social support
- Violence

### Impact of caring for schizophrenic patients are:

- Guilt
- Loss
- Helplessness
- Fear
- Vulnerability
- Cumulative feelings of defeat
- Anxiety
- Resentment
- Anger

The burden and depressive symptoms sustained by carers have been the two most widely studied care-giving outcomes. Reports indicate that depressive symptoms are twice more common among caregiver than non-caregivers. Spouse who have significantly depressed mood may be adversely affected in their ability to perform desirable health maintenance or self care behaviours in response to symptoms. Spouses experience more physical and mental distress than non care givers in the same age group. There is some evidence to suggest that a diagnosis of depression can be causally related to the care-giving situation.

### FACTORS ASSOCIATED WITH PSYCHOLOGICAL DISTRESS OF THE SPOUSE OF SCHIZOPHRENIC PATIENT

Risks for spouse psychological distress or depression are related to gender, age, health status, ethnic, and cultural affiliation, lack of social support, as well as certain other characteristics related to the spouse. Some of the patient factors

related to psychological distress in spouse are:

- Behavioural disturbances
- Functional impairments
- Physical impairments
- Fear that their spouse may attempt suicide

The frequency with which behavioural disturbances are manifested by the patient has been identified as the strongest predictor of spouse distress and place a significant role in the care givers decision to institutionalize the patient. The literature consistently demonstrates that the frequency of behavioural problems is a more reliable predictor of care giver burden and depression than are the functional and cognitive impairments of the individual. Spouse face unfamiliar and unpredictable situation which increases stress and anxiety. Anxiety may be increased by behavioural problems of patients who cannot be successfully managed on a consistent basis. Anxiety is associated with depression, stress, and physical ill health.

Spouses have reported great anxiety due to fear that their relative may attempt suicide. Spouse with both physical and cognitive impairments have higher scores for objective burden of caring than those caring for people with either type of impairment alone. In contrast, scores for limitations on their on leaves were higher among women caring for people with cognitive impairment.

Among care-givers with depressive symptoms, 19% used antidepressants, 23% anti anxiety drugs, and 2% sedative hypnotics. African-American caregivers were less likely than whites to be taking antidepressants. There are more than 20 instruments that could be used as outcome measurers with mental health spouse and have good psychometric properties. They can measurers:

- Spouse's well-being
- The experience of spouses
- Spouses needs for professional support.

The caregiver burden scale and the sense of coherence scale seemed to be highly useful for identifying spouses at risk of stress, the pattern of burden, and coping strategies. Nurses can help spouses to identify their negative experiences about care-giving and can help them reflect upon their coping strategies to find balance in their situation. Risk groups of care givers may be identified, especially those with low perceived health and sense of coherence, for early interventions to reduce burden.

## REVIEW OF LITERATURE

In the year 1995 Bellard et al 'coping styles and intervention to reduce psychological distress in carers'. In that study he demonstrates that a higher level carer's education regarding dementia increases carer's feelings of competency. This is more likely to reduce their expectations of dependents ability. Care givers who maintain positive feelings towards their relative have a greater level of commitment to caring and a lower level of perceived strain. Furthermore, carers who experience feelings of powerlessness, lack of control and unpreparedness have higher levels of depression. The most effective treatments in depression of carers appear to be a combination of education and emotional support.

## RESEARCH METHODOLOGY

### RESEARCH DESIGN

The researcher adopted descriptive research design, which includes fact finding investigation with adequate interpretation of facts about the problems. The study tries to identify various aspects of problems. The researcher adopted the descriptive design for describing the objective of the study.

### SAMPLING PROCEDURE

A sample design is a definite plane for obtaining a sample from a given population. The researcher adopted purposive sampling method. 60 respondents were selected by the researcher by using purposive sampling method. Universe of the study is sitalaxmi hospital in Coimbatore. Interview sched-

ule method was used to collect the data. The well structured questionnaire consists of age, sex, educational qualification and other relevant questions related to psycho-social problems of spouse of schizophrenia patients.

## FINDINGS

- Most of the respondents (38%) belong to the age group of above 50.
- More than half of the respondents are male.
- Most of the respondents (32%) have studied up to high school.
- Most of the respondents (40%) have private job.
- 42% of the respondents come under the income level of 10,000 to 50,000.
- More than half of the respondents (55%) have only one bread winner.
- More than half of the respondents (52%) are from the semi-urban area.
- 100% of the respondents belong to nuclear type of family.
- 52% of the respondents are free from drug addiction
- More than half of the respondents (60%) sometimes affected with lack of concentration from their work.
- More than half of the respondents (58%) agreed that they loss their interest in their daily activities.
- 55% of the respondents felt that they are isolated.
- 17% of the respondent felt like committing suicide since them observing the suffering of patient.
- Half of the respondents (52%) sometimes get frustrated easily due to the care provided to the patient.
- 47% of the respondents are felt that their self esteem is becoming poor day by day when providing care to the patient.
- More than half of the respondents (59%) frequently get irritated.
- 48% of the respondents sometimes have decrease in weight.
- Majority of the respondents (87%) have sleep disturbances due to the care provided to the patient.
- More than half of the respondents (53%) sometimes have loose in appetite.
- Most of the respondents (61%) sometimes suffer from fatigue.
- 62% of the respondents did not have any disturbances in their marital life.
- 45% of the respondents are sometimes losing their self confidence.
- More than half of the respondents (64%) are sometimes having headache or other physical problems.
- More than half of the respondents agreed that their current health status is fair
- More than half of the respondents agreed that they cannot be happy like other persons.
- Half of the respondents are did not like to share their problem with other persons.
- 38% of the respondents strongly agreed that they felt lack in concentration in their work place.
- More than half of the respondents are sometimes felt that they are socially withdrawn themselves.
- Half of the respondents felt that the illness of their spouse has affected their family income.
- More than half of the respondents did not adopt any religious measurers to cure the patient.

### Relationship with the patient:

- Majority of the respondents provide sufficient care to the patient.
- More than half of the respondents sometimes satisfied the needs of the patient.
- Half of the respondents provide adequate love and affection to the patient.
- Half of the respondents felt that the patient is satisfied with the care provided by them.
- More than half of the respondents sometimes provide full emotional support to the patient.
- 48% of the respondents did not felt any lack of support from other family members or relatives.

**CONCLUSION**

Spouses face mental ill health as a direct consequence of their caring role and experience higher rates of mental ill health than the general population. This leads to negative effects on the quality of life of the carer and the standard of care delivered. Efforts to identify and treat caregiver psychological distress will need to be multidisciplinary, require con-

sideration of the cultural context of the patient and caregiver, and focus on multiple risk factors simultaneously. The findings of the review underline the importance for early identification of spouses, effective spouse support, and health promotion, monitoring high-risk groups, and timing appropriate interventions.