

Social Support and Coping as Predictors of Wellbeing in Spouses of Schizophrenic Patients.

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Abstract

Schizophrenia is a major psychiatric illness which causes burden and has adverse impact on the lives including wellbeing of the caring family members. In the present study, we explored to what extent social support and coping mechanisms are associated with wellbeing in the spouses of schizophrenic patients. 82 spouses of schizophrenic patients were drawn from Institute of Mental Health and Hospital, Agra. PGI Wellbeing Scale, Social Support Questionnaire and Coping Checklist were administered on the spouses. The results revealed that social support and distraction positive coping mechanism are positively associated with wellbeing; whereas denial coping mechanism is negatively associated with the wellbeing in spouses of persons with schizophrenia.

Key Words: Caregivers of schizophrenia, Wellbeing, Coping Mechanisms, Families of Schizophrenic Patients.

Schizophrenia is a severe mental illness and the impairment caused by schizophrenia limits their ability to remain independent in various domains of psychosocial functioning. Therefore, they require long-term support and care. Family members of patients with schizophrenia have significant roles in the care of their patients and suffer from significant stress^{6,16,25}. In a study Saunders²⁹ reported that family members experience moderately high levels of burden and often receive inadequate assistance from mental health professionals. The burden experienced by them negatively affect them and reduce their well being¹⁴. It is also reported that patients' symptoms have a negative impact on their care givers' health¹¹.

Care-giving is associated with a decline in social support, increased isolation and withdrawal⁷. Family members require increased family support in the early stages of the illness²³. Social support helps people stay mentally healthy in stressful situations²² and protects people in various pathological states⁸.

Social support buffers against stressful life events, leading to treatment adherence and faster

recovery. Perception of adequate social support is associated with several psychological benefits, including increased self-esteem, feeling of empowerment, functioning optimally, quality of life and recovery, while the absence of social support appears to be related to greater psychiatric symptoms, poorer perception of overall health and reduced potential for full community integration²³. Being integrated into social networks and receiving high levels of social support are important for mental health and well-being particularly for women which in turn improves quality of life, promote mental health and help to cope with the situation².

Coping regulates stressful emotions and alters the distress environment. Several strategies such as cognitive distraction, seeking emotional support, emotional regulation and cognitive restructuring are helpful in effective coping. The ways of coping are influenced by relatives' perceptions of the situation with patients. Some family members use positive coping strategy to help manage their situation, such as positive thinking and the utilization of appropriate social support while some families use negative coping strategies such

as avoidance behaviors, negative thinking and substance abuse³⁰.

Johnson¹³ found that passive coping style is associated with a high level of burden, and problem solving coping styles related to lower levels of burden in caregivers. Lakiska, et al²¹. showed that caregivers used emotional and practical strategies to cope with participant's negative symptoms and difficult behaviors and experienced more worries about these problems in mental health care, so as to assess and reduce it for the wellbeing of both caregivers and mentally ill.

Emotion-focused coping can take a range of forms such as seeking social support, and acceptance and venting of emotions⁵. Although emotion-focused coping styles are quite varied, they all seek to lessen the negative emotions associated with the stressor, thus emotion-focused coping is an action-oriented coping¹. Problem-focused coping appears to be the most adaptive coping style as it is associated with reduced psychological distress while avoidant coping appears to be the most maladaptive as it is associated with increased distress³. Avoidant coping is also associated with increased psychological distress in non clinical populations such as the general population³². Wijndaele et al³². showed that problem-focused coping is the most effective in reducing psychological distress in the general population. Coping strategies of denial and problem solving, strength of religious belief and perceived burden were significant predictors of wellbeing²⁷.

It is important to promote and maintain wellbeing of the caregivers of the persons with serious psychiatric illness. This will not only improve their quality of life but also help in better management of their patients. There can be a range of variables which might

contribute to the wellbeing of the family members of the psychiatric patients, such as nature, severity and duration of psychopathology, availability of financial and social resources, response to treatment, occupational functioning of the patients, personality of the caregivers, and psychological resources of the caregivers.

Objective:

The present study aimed at delineating the role of social support and coping mechanisms in wellbeing of the spouses of chronic schizophrenic patients.

Method:

Setting:

The study was conducted at Institute of Mental Health and Hospital, Agra

Sample:

82 spouses (41 Males and 41 Females) of chronic schizophrenic patients were drawn from Family Ward of the Institute. Informed consent was obtained from the spouses after briefly describing the nature and purpose of the study. The following inclusion and exclusion criteria were adopted while selecting the participants.

Inclusion/ Exclusion criterion for patient:

1. The patient who met ICD-10 diagnostic criteria of schizophrenia
2. The duration of continuous schizophrenic illness was more than two years
3. Absence of associated major medical illness in the patient.

- Patients with history of significant head injury with loss of consciousness or history of seizures were excluded.

Inclusion/ Exclusion criterion for spouse:

- Spouses having history of any major psychiatric and medical illness, substance abuse except nicotine and caffeine, sub-normality of intelligence were excluded.
- Only those spouses who were willing and agreed to give informed consent were included.
- The spouses with at least two years continuous exposure to spousal schizophrenic illness were included.

Tools: Following tools were administered on each spouse:

Socio-demographic data sheet: A data sheet was developed to record the demographic and clinical variables.

- PGI Wellbeing Scale:** This scale is developed by Verma & Verma³¹. This is a 20 item scale and the subjects are required to tick mark the items applicable on them as they feel 'these days and in the past one month'. The total number of items ticked by the participants make the total number of wellbeing score. Thus, the range of scores on the scale is 0 to 20. The split-half reliability index by using Kudar-Richardson formula is reported to be 0.98 and test-retest reliability index is reported to be 0.91
- Social Supports Questionnaires:** SSQ was developed by Nehra, Kulhara and Verma²⁴. It has 18 items rated on a 4 point scale (4-1). Item no 2 4 8 9 11 12 18 are positively worded and score as such but item no 1 3 5 6 7 10 13 14 15 16 and 17 are negatively worded and have to scored in the reverse order (1-4). The total score indicates the amount of social support perceived by the individual .Higher score indicates more social support.

- Coping Checklist:** The checklist is developed by Rao et al²⁸. This is a 70 item scale, in a Yes/No format. It covers a wide range of cognitive, behavioral and emotional responses that are used to handle stress. There are seven subscales: problem solving, denial, positive distraction, negative distraction, acceptance, religion/ faith and social support seeking. The test retest reliability for a one month period is 0.74 and the internal consistency for the full scale is 0.86

Results:

Table-1: Sample Characteristics		
Variables	Groups	n
<i>Gender</i>	<i>Male</i>	41
	<i>Female</i>	41
<i>Domicile</i>	<i>Rural</i>	36
	<i>Urban</i>	46
<i>SES</i>	<i>Low</i>	32
	<i>Middle</i>	50
<i>F/H of Psychiatric Illness</i>	<i>Yes</i>	21
	<i>No</i>	61
<i>Age of Spouses</i>		38.74±10.54
<i>Patients' Age</i>		38.17±10.25
<i>Duration of Exposure to Spousal Illness (in years)</i>		8.23±5.53

Table-2: Mean and S.D of Clinical Measures

Measures	Mean
PGI Well-being Scores	8.69
Social Support Questionnaire	38.5
Problem Solving -Coping	5.89
Emotion Focused - Distraction Positive Coping	4.04
Emotion Focused - Distraction Negative Coping	1.74
Acceptance	6.20
Religion/Faith	4.89
Denial	4.20
Problem & Emotion Focused	2.68

Regression Analysis:

Regression Analysis was done to estimate the contribution of Social Support and Coping Mechanisms in wellbeing of spouses of chronic schizophrenic patients. Total Scores on PGI Well-being Scale were entered as dependent variable and following were processed as predictor variables: Total Scores on Social Support Questionnaire; Scores on various coping mechanisms tapped by Coping Checklist: Problem Solving –Coping, Emotion Focused - Distraction Positive Coping, Emotion Focused - Distraction Negative Coping, Acceptance, Religion/Faith, Denial, Problem & Emotion Focused.

- The results of regression analysis revealed that these predictors were significantly associated with well-being in spouses of chronic schizophrenic patients having an R² of 0.71 which is significant at .001 level.

- The Beta co-efficient and significance level of each individual predictor variables are summarized in following table:

Table-3: Summary of Significant Predictor Variables

Predictor Variables	Standardized Coefficients (Beta)	t
Social Support	.49	4.70
Problem Solving -Coping	.02	.27
Emotion Focused - Distraction Positive Coping	.22	2.88
Emotion Focused - Distraction Negative Coping	-.00	-.08
Acceptance	-.05	-.52
Religion/Faith	-.03	-.50
Denial	-.29	-3.12
Problem & Emotion Focused	.12	1.68

Table-3 suggests that following individual predictor variables are significantly associated with wellbeing in spouses of chronic schizophrenic patients – (a) social support (b) Emotion Focused - Distraction Positive Coping (c) Denial

Discussion:

The results of the study revealed that both social support and coping mechanisms are significantly associated with wellbeing in spouses of chronic schizophrenic patients. In the coping mechanisms, only two coping mechanisms (a) distraction positive and (b) denial are associated with wellbeing.

The spouses of chronic schizophrenic patients experience considerable burden of care^{17,18,19} which negatively affect their emotional life. Burden of care is significantly associated with anxiety, regression and guilt in the spouses of chronic schizophrenic patients¹⁸. The most common negative consequences directly related to the ill relative were the

primary caregiver's emotional problems, the disturbance in the primary caregiver's performance of work, and the disruption in the lives of other adults in the household²⁶. Family responses to having a family member with schizophrenia include: burden, fear and embarrassment about illness signs and symptoms, uncertainty about course of the disease, lack of social support and stigma⁴.

The burden of care has an adverse impact on the lives of caring family members of persons with schizophrenia. The caregivers of patients with schizophrenia have poor psychological wellbeing⁶. There is a high negative correlation between burden of care and wellbeing in caregivers¹². The inverse relationship between wellbeing and burden would suggest that the factors that mitigate burden can improve the wellbeing and the factors leading to greater burden would proportionately reduce the wellbeing.

Social support is a recognized variable that serve as the buffer against the stress and burden. Burden of care has a negative correlation with social support¹⁵. Since the social support reduces the burden of care it is expected to contribute positively to the wellbeing of the caregivers. The results of the present study also support this proposition as there is a positive correlation between social support and wellbeing in spouses of the persons with schizophrenia.

The coping mechanism of denial has an adverse impact on the wellbeing of the spouses. There is a negative correlation between wellbeing and denial coping mechanism. Ram Mohan²⁷ also observed significant association of Denial with wellbeing in relatives of schizophrenia. This warrants for specific exploration of denial mechanism in the spouses of the persons with schizophrenia so that the reasons of denial can be understood and addressed. During psycho-education of the spouses and family members, it will be necessary to deal

with unhealthy patterns of coping and enhance adaptive coping mechanisms such as distraction positive which will not only reduce their distress but also would promote the wellbeing.

Conclusion:

Social Support and coping mechanisms are significantly associated with well-being in spouses of chronic schizophrenic patients. Psychosocial intervention aimed at consolidation of coping mechanisms and reduction of denial may be used for enhancing well-being in spouses of schizophrenic patients.

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