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DOES MARITAL BLISS LOWER THE CAREGIVING BURDEN

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ABSTRACT

Indians share a mutual value culture considering which they regard care giving as a reflection of the cultural code of interdependency and reciprocity. Thus, not just the dearth of beds in a mental hospital or community care services but also strong family ties and innate felt responsibility for loved ones ingrained in the Indian culture made family members the crucial spokes wheel of therapeutic purpose. Carers often ignore their physical and emotional health while struggling to balance work and family alongside caregiving. Not only for the wellbeing of self but also for a healthy recovery of the patient is it important for the caregiver to maintain his /her emotional and physical health. The changing social milieu in India such as urbanization and the nuclear family is placing a significant burden on family members. In this paper, an attempt has been made to analyze the challenges faced with respect to the marital status of the caregivers. The sample size of the study was 228, with 142 females and 86 males. The caregivers (of patients diagnosed by mental health professionals) were interviewed in a structured format by the researcher using Behavior and Symptom Identification Scale-32. Results revealed that there was no significant difference with respect to the marital status of the caregivers.

KEYWORDS: *Caregiver, Marital Status, Mental Health*

Article History

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INTRODUCTION

A mental disorder is categorized according to the substantial clinical disturbance in a person's cognition, emotions, or behavior which emulates a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Significant suffering or infirmity in social, occupational or other important undertakings may commonly get allied with mental disorders. A response which is culturally approved and expectable like that to a common stressor or loss, such as a natural calamity, cannot be considered as a mental illness. If a conflict or deviance is a resultant of dysfunction in person, socially deviant activity conflicts like political, religious, or sexual that are mainly between the person and the society are not to be considered as mental disorders.

The diagnosis of mental illness should have clinical efficacy that assists the mental health personnel in better prognosis, treatment plans, and potential treatment results of the patients. Nevertheless, a need for treatment does not arise based on the mere diagnosis of a disorder. Making a clinical decision for treatment, which itself is a complex process, involves various stages: making a note of the symptom intensity, symptom salience (e.g., the presence of suicidal ideation), mental distress associated with the symptom(s), disability related to symptoms, risks and benefits of treatments available,

and other factors (e.g., psychiatric symptoms complicating other illness) etc. Clinicians may thus come across patients whose symptoms do not fully meet the criteria for a disorder but clearly validate a need for treatment. Nonetheless, by not displaying all the required symptoms for the diagnosis of a said disorder does not put a patient in a situation wherein he/she is devoid of utmost care.

Care or empathy is a natural biological process. The feeling is elicited by perception and soon surges, engulfing the brain and body with subjective feelings and behaviors' (and oxytocin and opioids). Caring, like sprint racing, takes time to master; it is not something that one can do all the time. One will literally breakdown in a short span of time if she/he gushes into caring every time one sees a person in need; the limbic system cannot handle the constant stimulation as we expect of it. This happens because we blur the biology of empathy with care which is more like a thought, flitting effortlessly through the mind.

Caregiver

A person assuming the responsibility of fulfilling the physical and psychological demands of a patient dependent on him/her may be called as a caregiver. Psychiatric patients who require constant assistance and supervision in activities often place a major load on their caregivers, thereby placing the latter at great risk for mental and physical health problems. 'Caregiver burden' may be defined as the physical, emotional and financial tax of providing care. As the illness advances, it transmits a great amount of weight on the carer who does the caregiving. The liability of caregiving is an essential feature for prognosis as the burden is reported to be an important cause for negative caregiving consequences.

Caregiving of persons with mental illness is challenging as sometimes it is demanding and at other times, it is fulfilling to caregivers. No one will work harder for health and well-being than family.

In India, family members are the caregivers for persons with mental illness as there are extremely limited alternative facilities and family members are preferred for caring. The changing social milieu in India such as urbanization and the nuclear family is placing a significant burden on family members.

Theoretical Construct

Grad and Sainsbury, as early as in the 1960s, first acknowledged the burden that the caregivers endure while caring for mentally ill patients residing at home. When a carer exceeds his/her exhaustion level, he/she may face consequences like depression, anxiety, fatigue, etc. Earlier studies have found that carers when asked to describe their burden, classified it in various domains of health, family functioning, social isolation, financial problems and the like. Many studies done on community worth mentioning have found that 18-47% of caregivers end up with depression. It has also been found that while caring for a person with a psychiatric illness is related to a higher level of stress than caring for a functional impaired person due to chronic medical illness. Authors also opine that caregiving burden is not associated with the duration of illness but varies with age, gender, and educational status. In a previous study, it was found that lack of social support and severity of a disorder play an important role in affecting the amount of burden.

The care giving burden of patients with psychiatric illness is not only the main prognostic factor but also a critical determinant for negative caring outcomes.

Evidence proposes that relatives of a psychiatrically ill patient experience significant stress in coping with the former. Feelings of loss and grief, as experienced, confront the caregivers with uncertainty and emotions of shame, guilt, and anger. Just like the patients, they too feel stigmatized and socially isolated. Their lives gets unsettled by providing

excessive care than would be normal for someone of patient's age. Normal care changes to caregiving when there is a dis-balance observed in interchange between one family member and others. Caring may prove to be stressful both psychologically and financially along with the current family role.

The terms 'caregiver duties' (the involvement and responsibility of caregivers) have been differentiated from 'caregiver burden' (the consequence that care giving activities have for families) by Horowitz and Reinhard. Treudley defines burden as the result for those in near contact with a severely sick psychiatric patient. The prolonged sickness of a relative is considered as an objective stressor which, because of the care giving tasks, results in tension for the carer. Earlier known as family or caregiving burden, the consequences for a patient's relatives have been studied for more than four decades.

Mental diseases bring with it a variety of penalties for both individual concerned and also for the family, more specifically the main carer. With no standard definition of care giving in existence, there is a general agreement that it encompasses the provision of unusual care, over and above the boundaries of what is normal or usual in family relationships, and generally includes substantial outflow of time, energy, and money over potentially long periods of time involving tasks that may be cold or uncomfortable and could be psychologically stressful and/or physically exhausting (Schulz &Martire, 2004). Caregiver burden is defined as a significant amount of tension and difficulties encountered by the caregiver or family member of mentally sick people and include a series of psychological, emotional, social, physical, and financial problems (Magliano, Fiorillo, DeRosa, Malangone, &Maj, 2005). Despite having cultural differences, family caregiving burden for mental disorders is of global concern experienced worldwide.

More often than not it is the spouse that ends up becoming the primary caregiver for patients with mental illness.

With reference to Indian society, the caregiving is generally done by the family, either by parents or the spouse. When in a marital relationship, the caregiving burden very naturally comes over to the spouse and if a woman, she is viewed as a natural carer, one bound morally due to religious and cultural prospects to perform this role.

METHOD

Sample

The present research was undertaken with the aim of studying the effects of Marital Status on the quality of life of caregivers of patients with psychiatric and mental illness. The sample size of the study was 228, with 142 females and 86 males. The caregivers (of patients diagnosed by mental health professionals) were interviewed in a structured format by the researcher using Behavior and Symptom Identification Scale-32. The interview took place in various settings like a psychiatric clinic, mental health institute, child neuro-care center, mental hospital, psychological setup, etc. mainly in the cities of Ahmedabad and Bhuj, Gujarat. Caregivers from different sectors of societies volunteered to participate in the research. In this paper, therefore, an attempt has been made to assess the quality of life of the care-giver when (a) married (b) single (c) widow (d) widower.

Descriptives Challenges

Table 1: Mean Descriptive Values

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Married	216	1.17	.955	.065	1.04	1.29	0	4
Single	2	0.00	.000	.000	.00	.00	0	0
Widow	6	1.83	1.169	.477	.61	3.060	0	3
Widower	4	1.25	.500	.250	.45	2.05	1	2
Total	**228**	**1.18**	**.959**	**.064**	**1.05**	**1.30**	**0**	**4**

The total sample n=228 of which most of the caregivers are married (216), widows 6, widower 4 and single 2. Looking at the mean value at 1.83 (highest) widows are the ones suffering from most challenges. Handling the patients with mental health challenges singlehandedly widows are faced with lots of hardships and troubles. They have to manage everything on their own and most of the widows would probably be in advanced age, hence it becomes all the more difficult for them to manage the patient as well as the household o their own. The same can be said about the widowers too since the challenges are similar for them.

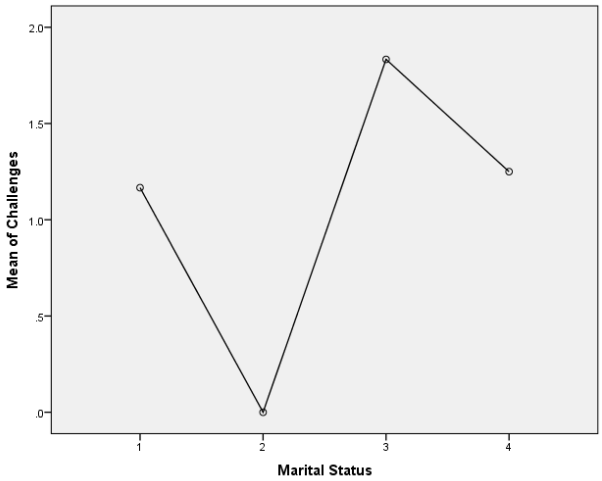

Figure 1: Mean Value of Marital Status

Graphical Interpretation

The above graph shows that the highest mean value belongs to the third group which is of widows which interprets that widows face maximum challenges (mean = 1.8) in their quality of life as opposite to single people having the lowest mean.

(Single =.1) widower (1.25) Married (1.15)

However, since of the total population of 228 only, there were only 2 singles so it cannot be said with confidence whether singles are happy or not. Most of the caregivers were married. The happiness quotient for widows was very less which points to the fact that widows in India are in need of much support for themselves so as to provide proper care to the mentally ill patients.

- H0: There is no significant difference between the variances of life challenges over marital status.

- H1: There is a significant difference between the variances of life challenges over marital status.

ANOVA Challenges

Table 2: Between/ Within Groups Mean

	Sum of Squares	DF	Mean Square	F	Sig.
Between Groups	5.399	3	1.800	1.980	.118
Within Groups	203.583	224	.909		
Total	**208.982**	**227**			

Interpretation

Here the significance value is.018. The p-value is smaller than the level of significance. Hence, the null hypothesis is rejected. This says there is a significant variance between the life challenges over marital status. This is also indicated by the mean table where people of different marital status are facing diverse challenges, wherein widows are the ones with the most challenges followed by widowers. This could be attributed to their status wherein they are forced to manage their lives without their spouses. They do not get much support from others and they are forced to take care of the mentally ill person all by themselves.

In the Indian social structure, the spouses invariably tend to become the primary caregivers which make them face multiple challenges and hardships. The data too is a reflection of the same wherein widows tend to face the maximum challenges in terms of caregiving whether it is for the spouse, sibling or child. She is left all alone without much support which makes it difficult for her to strike a balance between her own priorities and needs of the mentally ill patients. Indian family as a social institution is renowned for the emotional and physical support that it provides for its extended members; but many a time but it fails to respond to the needs of women, especially for the ones in difficult circumstances like widows. Whether they live in developed or developing countries, irrespective of culture, religion, ethnicity, they face discrimination worldwide.

The mean for the widower (1.25) points to the fact that single males too are facing lots of hardships after the death of their wives when they are left alone

Marital Class specific happiness value is calculated by taking the mean score:

Table:3: Mean Values

Marital Status	Mean Happiness Value
Married	5.8
Single	7
Widow	4.6
Widower	5

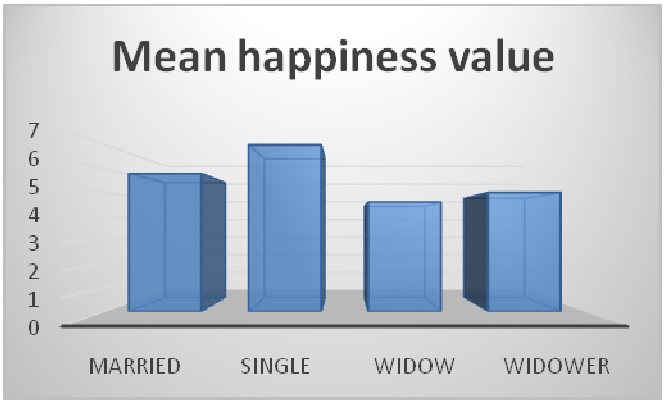

Figure 2: Happiness Value

Interpretation

The above chart says that the mean happiness value for singles is the highest which is 7 is and the lowest value is for widows which are 4.6. This interprets that respondents who are single are the happiest among all classes. This could be attributed to the fact that Widows, a widower and married people with family may be having a lot of other responsibilities besides care giving, such as children, in-laws, and other household jobs. Since singles do not really have so much of family responsibilities they could probably experience lesser stress and be happier.

In the era of globalization, industrialization, and socioeconomic changes, Indian communities are in transition. These factors are causing significant challenges to family caregivers in India. It is really important for the mental health professionals to identify the needs of the family caregivers, and address them appropriately to reduce their burden. Hence, the time has come to improve our consideration and research in this area, for better understanding as well as to take a positive step towards effective and coordinated integration of family caregivers in the treatment of patients with psychiatric disorders. Family interventions should focus on expanding knowledge and skills training of caregivers along with task sharing and resource management for the holistic management of their patients.

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