

MENTAL ILLNESS AND CAREGIVER BURDEN

DR.Tulika Pandey

Assistant .Prof. Psychology Dept. Sant Vinoba P.G. College Deoria,
Uttar Pradesh, India

ABSTRACT

The present study demonstrates the impact of mental illness on caregiver burden .I have taken schizophrenia as a chronic mental illness and tried to study its impact on caregiver burden..Caregiver Burden scale by Zarit (1980) has been used to measure the amount of burden perceived by caregiver. I have also studied the gender differences in caregiver burden.In the result it was found that as compared to males, females in the present study listed a greater experience of caregiver burden ..The 2*4 ANOVAs revealed that in comparison to males, females scored higher on caregiver burden scale (Mean= 61.64, and 74.26,F=88.009, P,<0.001).

Keywords: Mental illness, caregiver burden, schizophrenia

INTRODUCTION

Mental illness indicates those health conditions that involves a wide range of mental health conditions –disorders that affect all the three aspects of human being i.e. emotion, thinking and behavior. Some important mental disorders include depression, anxiety disorders, schizophrenia, eating disorders, and addictive disorders.The present study mainly focuses on schizophrenia as a mental illness. Schizophrenia is a long term mental disorder of a type involving a breakdown in the relation between thought, emotion, and behavior leading to faulty perception, inappropriate actions and feeling withdrawal from reality and personal relationships and a sense of fragmentation. Hallucinations and delusions are common symptoms in which person may hear voices or see visions that are not there, or experience unusual sensations on or in his/her body, and in delusions person may have a strange and steadfast beliefs such as they are being watched ,spied upon, or plotted against. Caregiver burden is defined as the strain or load borne by a person who cares for an elderly, chronically ill or disabled family member or other person. It is a multidimensional response to physical, psychological, emotional, social and financial stressors associated with the caregiving experience. Both the objective and subjective caregiver burdens warrant consideration. Objective burden refers to the caregiving task or activities .Subjective burden described how a caregiver feels about the caregiving role. It is important to recognize the relationship between the two may be incongruous. Caregiving for a schizophrenic patient involves more caregiver stress due to seriousness of symptoms, difficulties in the relationship with the patients, lack of support and stigma attached to the illness.

2. PROCEDURE

The sample consisted of 304 respondents living in Lucknow, Uttar Pradesh. Half of those were males, the other half females. They were further sub-divided into four groups on the basis of their age, 25-35 yrs, 36 to 45 yrs, 46 to

55yrs and 56 to 65 yrs..Only those male and females respondents were included in the sample who had education t at least intermediate, did not have any apparent physical disability, psychiatric illness or chronic illness, were married and were living with their spouses, and looking after their partner (either wife or husband) who has been diagnosed with schizophrenia..The present study utilized two classificatory variables and used caregiver burden as a psychological variable. The two classificatory variables of age and sex were used to divide respondents into eight groups. These variables were respondents sex, this variable led to two categories of male and female respondents (the well spouses) who were looking after their schizophrenic partners. And the other variable was respondent age, only those respondents were selected who were aged 25-65 years. and were further divided into four categories. Caregiver burden was used as psychological variable which indicates a tremendous amount of objective and subjective stress while caring for an ill partner. In the present study Caregiver Burden Scale by Zarit (1980) is used with suitable modifications to measure the caregiver burden. This scales consists of 22 items to b e responded on a similar 5 point scale ranging from ‘never’ as 1 to ‘always score as 5. The theoretical range of scores on the scale is from 22 to 120 with high score indicating higher caregiver burden and vice versa .For collecting the data personal face to face interviews were conducted .A verbal consent was taken from each respondent after taking him/her in confidence and informing the purpose of the study.

3. RESULTS AND DISCUSSION

The results obtained from basic statistics and ANOVA are presented in table 1.1 .Each of these tables has three parts, A,B, and C ,containing means and SDs, summary ANOVA, and graphical depiction of mean scores for psychological variable. Since the present study focused on mental illness and spousal caregiving., an attempt is next made to assess the caregiver burden experienced by the well spouses. Table 1.1 contains data regarding the caregiver burden. Part B of this table shows significant main effect of sex compared to male, female caregivers experienced more caregiver burden (Mean=61.64, and 74.26,F=88.009, P<0.001).Age differences were however not significant. The four means ranged only from 66.86 to 67.80.The interaction effect of age and sex is also not significant (F=1.14,P>.05).

Tables-1.1.Caregiver Burden

A. Means and SDS

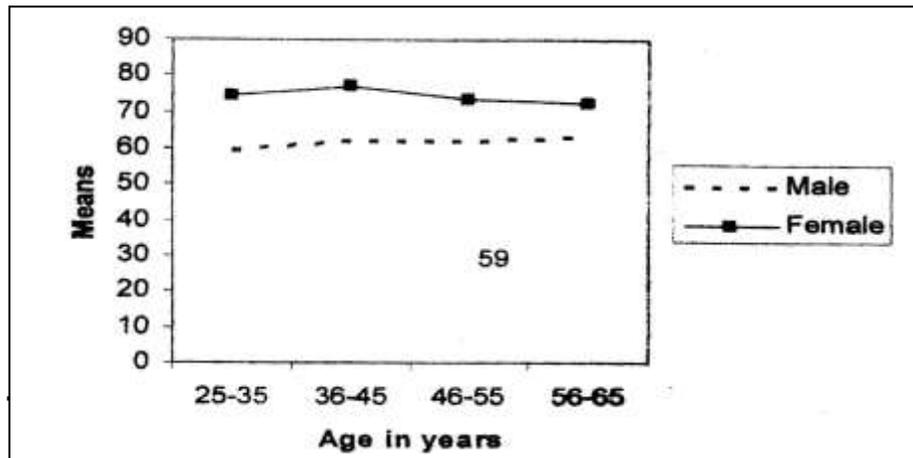
Age		Male	Female	Total
25-35 years	M	59.34	74.37	66.86
	SD	13.87	9.87	14.15
36-45 years	M	62.03	76.92	69.47
	SD	10.64	10.84	13.04
46-55 years	M	62.08	73.53	67.80
	SD	10.49	9.68	11.56
56-65 years	M	63.11	72.21	67.66

	SD	15.32	11.87	14.36
Total	M	61.64	74.26	67.94
	SD	12.70	10.64	13.29

B. Summary ANOVA

Source of Variation	SS	Df	MS	F	P
Age	275.6579	3	91.88	0.66	0.572
Sex	12101.07	1	12101.07	88.009	<0.001
Age x sex	469.1711	3	156.39	1.14	0.334

C. Graphical Presentations means



One of the concepts that seem to play a central role within the caregiver situation is “caregiver burden,” which refers to negative feelings and work load that may be experienced when giving care (e.g., Vitaliano, Young and Russo 1991). Studies have consistently reported that partners, in comparison to other informal caregivers, are more likely to experience caregiver burden (Cantor 1983). Become ill themselves (George and Gwyther 1986) and experience higher rates of psychiatric symptoms than other types of caregivers (Schulz, Visintainer, and Williamson 1990). Because partners are less likely than other informal caregivers to receive assistance (Horowitz 1985), they may be identified as the most vulnerable group of caregivers. More recent studies have stressed that experiences of caregiving should be studied as a multidimensional construct, referring to physical, psychological, financial, and/or social experiences to specific care demands (Given et al. 1992; Siegel et al. 1991). Keeping such challenges in mind the study was designed to focus on caregiver burden among spouses caring for their schizophrenic partners. Thus the first hypothesis which stated that ‘in comparison to males, females experience higher caregiver burden’ is supported by these findings.

Earlier studies of young caregivers of male patients have shown presences of high level of anxiety and depression in them as compare to young caregivers of female patients. A possible reason may be that the illnesses were more severe in males, therefore higher suicidal rates, more negative symptoms and more hospitalization were noted in their female caregivers. Female schizophrenics are less frequently hospitalized; appear more responsive to neuroleptic medication and have more benign life time diseases course. Another factor related to schizophrenia is gender of the patient. Greater burden is associated with patients who are male and, younger in age (Martyns - Yellowe, 1992; Roychouduri et al., 1995), and who have poorer levels of functioning. Families often experience more financial strain when they have a male member with a chronic illness in a family rather than a female family member. Level of anxiety is also very high in the caregiver of younger male patients as compared to the caregivers of older male patient.

Previous studies also provide support to such a finding. They show that women report higher levels of burden and psychological distress associated with care giving (Zarit, 1982); have lower morale (Gillhooly, 1984); higher depression score on the MMPI (Fitting and Rabins, 1986) and report more negative symptoms/feelings. Men on the other hand, are less likely to acknowledge burden, lack of competence or symptoms of distress (Horowitz, 1992). In the research on care giving to spouses, there is also evidence that wives suffer greater. Deterioration in relationships than men (Stoller 1992), Women who took care ill partner reported greater stress. Overall, the research suggests that women caregivers suffer more distress than men (Barusch and Spaid) 1989; Young and Kahana, 1989; Zarit and Zarit 1982; Todd and Zarit, 1986). Caregiving has more negative effects for women than men perhaps because women are more vulnerable to the stresses of other in their networks, as they experience their identities to be more relationally contingent (Abel, 1990; Gilligan, 1982; Gilligan et al., 1991; Kessler and McLeod, 1984).

Female caregiver perceived a more negative impact on loss of physical strength as compared to male caregivers. Although male caregivers' self-esteem did not change over time, female caregivers reported a definite lowering of self-esteem over time. Differences in social roles, in the range of competing roles, and in role commitment may account for the observed distinctive patterns between female and male caregivers (Kramer and Kipins 1995). Also, differences in emotional attentiveness, in coping styles, and in occupying caregiving tasks may explain the observed gender differences (Rose-Rego, Strauss, and Smith 1988). As female caregivers are usually socialized to be more attentive to their emotions, they are more likely to report negative effects of caregiving. Also women have been found to use more emotion-focused coping strategies, which are associated with higher reported levels of negative health outcomes (Miller and Cafasso 1992). Moreover, female caregivers traditionally are likely to perform more personal care and household chores, which may be more time-consuming, demanding, and ongoing resulting in greater work overload than created by the traditional male tasks (Rose-Rego et al. 1998). Finding of the present study thus give support to the importance of making a basic distinction between female and male caregivers. When the caregiver is wife to the patient, It is well recognized in the literature that spousal interactions differ in kind and extent from those characterizing child-parent relationship [s. Wives are also now more to be in the work force than before (Denton et al., 1990) which result in and increased burden from handling both employment and caregiving responsibilities.

CONCLUSION

The present study was designed to center around chronic illness and spousal caregiving in the society. Data were collected from respondents cross classified by sex and age. Beside exploring age and gender related differences, the present study made an attempt to identify predictors of caregivers burden.

Discussion with respondents generated that in comparison to male caregivers, female caregivers more often identified the situation in a negative way and were less involved in social activities. In the present study gender differences were found in the context of caregiver burden. Female caregivers felt more caregiver burden than male caregivers. The present study did not find any age related differences. This study thus showed that caregiving in a spousal relationship is a crucial issue worthy for further investigation.

The study also contributed to the area by incorporating both male and female samples who were looking after their ill partners (either wife or husband) who have been diagnosed with schizophrenia. The male and the female caregivers were compared to explore. Most of the previous studies have excluded male samples because caregiving obscures the fact that women do most of the caregiving work. Gender norms that prescribe nurturing and domestic roles for women naturally assign women the responsibility for caring for sick family members at home. Often the analysis of the data is not done separately for the two sexes. The present study filled such a gap.

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