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Research Paper

A Thematic Study of Indian Caregivers of Individuals with Schizophrenia

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ABSTRACT

Background: Mental health challenges have seen a significant rise globally, necessitating the development of context-specific interventions. Understanding psychosocial dimensions and evidence-based strategies is vital in addressing these issues effectively. **Introduction:** With the growing recognition of the impact of psychological factors on overall well-being, there is a pressing need for systematic research that integrates clinical insights with empirical data. This study explores thematic study of Indian caregivers of individuals with schizophrenia to fill the gap in existing literature. **Methodology:** A mixed-method research design was employed, combining quantitative tools with qualitative interviews or thematic analysis. Data were collected from GR Medical Collage Gwalior participants selected through purposive sampling technique and analyzed using descriptive and qualitative methods. **Results:** The findings indicated that visible burdens lie deep-seated conflicts between striving and self-doubt, intense but ambivalent emotions, and a resilient thread of spiritual hope. These dimensions complicate monolithic notions of caregiver 'burden' and underscore the need for nuanced, culturally attuned care models.

Keywords: *caregivers, schizophrenia, Thematic Apperception Test, psychological distress, India*

Schizophrenia is a severe, long-term psychotic disorder marked by disturbances in cognition, perception, emotion, and behavior that typically emerge in late adolescence or early adulthood. In India, lifetime prevalence estimates hover near 0.4 %, translating to roughly five million affected individuals. Because specialized community services are scarce and inpatient treatment is costly, the responsibility for ongoing care falls primarily on family members. Over decades, Indian caregivers shoulder medication supervision, crisis management, and financial provision while also navigating stigma, fluctuating symptom trajectories, and fragile social networks.

The family-centered locus of care distinguishes the Indian context from many Western settings. Yet, most empirical work on caregiver burden adopts self-report scales developed in the West, risking the omission of culturally nuanced expressions of distress or coping. Projective measures such as the Thematic Apperception Test (TAT) offer an alternative

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window into implicit needs, motifs, and conflicts that structure lived experience. Rooted in Murray's need-press framework, the TAT invites participants to craft stories to ambiguous pictures, thereby revealing motivational themes otherwise inaccessible through direct questioning. Indian adaptations by Chaudhary (1972) and culture-specific coding manuals by Mehrotra embed local idioms, making the technique well suited to explore caregiver narratives.

Research on Indian caregivers of persons with schizophrenia consistently documents high levels of psychological distress, role strain, and disrupted family routines. Magliano et al. (1998) found that weaker social support doubled perceived burden, while Singh et al. (2016) linked affiliate stigma to diminished social functioning. Qualitative studies echo these quantitative findings yet also highlight spiritual practices, familial obligation (kartavya), and collective coping as salient meaning-making devices. A projective, thematic approach can integrate these overt and covert dimensions by examining not only what caregivers report but how they symbolically structure their worlds.

Accordingly, the present study investigates the motivational-emotional fabric of Indian caregivers via TAT narratives and situates these qualitative patterns alongside caregivers' self-rated psychological well-being. By triangulating inductive thematic analysis with descriptive statistics, the study seeks to deepen our understanding of (a) dominant needs, emotions, and defence mechanisms; (b) emergent themes that bind caregivers' stories; and (c) the intersections between narrative content and distress scores. Insights are expected to inform culturally anchored, caregiver-centred interventions that move beyond burden reduction to address underlying conflicts and coping resources. Liang et al. (2024) surveyed 401 Chinese caregivers and found that higher symptom severity, longer daily care hours and weaker social support predicted heavier burden, whereas shared-care arrangements buffered stress. Soni et al. (2024) conducted phenomenological interviews in North India, revealing themes of emotional burden, disrupted socio-occupational life and culturally informed coping (spiritual practices, informal networks). Mengistu et al. (2024) pooled data from 12 African studies and estimated a 61.7 % prevalence of clinically significant burden, highlighting the universality of caregiver strain across low-resource settings. Kumar et al. (2023) reported that 55 % of North-Indian caregivers experienced severe burden and that supernatural illness attributions heightened perceived stigma, underscoring the need for culturally sensitive psycho-education. Shiraishi & Reilly (2019) synthesised 23 qualitative studies and distilled both negative (trauma, conflict, resource loss) and positive (solidarity, personal growth) impacts of caregiving, indicating that interventions should mitigate burden while fostering growth.

METHODOLOGY

Research Design

A convergent mixed-methods design was adopted. Quantitative data from the GHQ-12 were analysed descriptively, while qualitative data from TAT stories underwent inductive thematic analysis. Both strands were integrated during interpretation to yield a holistic view of caregiver experience.

Participants & Sampling

Using purposive sampling, 15 primary caregivers (12 men, 3 women) aged 20–60 years were recruited from the psychiatry out-patient department of Jaya Arogya Hospital, Gwalior. Inclusion criteria were: (a) co-residing with and providing daily care for a relative diagnosed with schizophrenia; (b) minimum 5th-grade education; (c) ability to read Hindi or English;

and (d) informed consent. Caregivers with severe physical illness or current psychiatric diagnosis were excluded.

Measures

- Indian adaptation of the Thematic Apperception Test (TAT; Chaudhary, 1972): eleven cards selected for adult norms.
- General Health Questionnaire-12 (GHQ-12; Goldberg & Williams, 1988): screening of non-psychotic distress, Likert scoring 0–36.
- Sociodemographic schedule developed for the study.

Procedure

Data collection occurred in a quiet counselling room. After briefing and consent, caregivers completed the sociodemographic sheet and GHQ-12. The TAT was then administered individually; participants were asked to tell stories with a beginning, middle, and end. Stories were transcribed verbatim in the language used (Hindi or English) and anonymised.

Scoring & Analysis

Analysis was conducted using Microsoft Excel. Descriptive statistics were used to document the sociodemographic and sample characteristics. The analysis of the TAT cards was done through the help of the Dr L.P. Mehrotra manual.

Ethical Considerations

Ethical clearance was obtained from the Institutional Ethics Committee, Amity University. Participants were free to withdraw at any time. Audio files were stored on encrypted drives and erased after transcription verification.

RESULTS

Socio-Demographic Profile

Table 1: Psychometric measures in the sample studied

Variable	Sample	Mean(μ)	Std. Deviation
Age	15	36.93	10.60

Table 1, the average age of caregivers of Individuals with Schizophrenia who were taken as subjects for the study was 36.93 with a dispersion of 10.60 from the normal.

Descriptive statistics for GHQ-12

Table 2: Descriptive statistics of the GHQ-12 scores of the sample

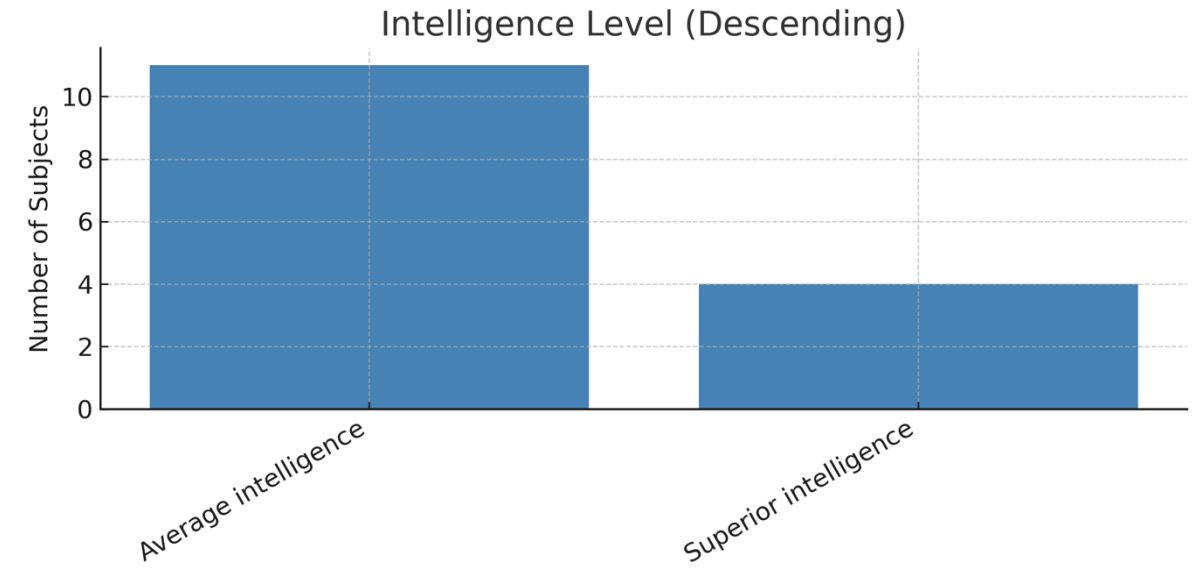
Variable	Sample	Mean(μ)	Std. Deviation
Score	15	8.87	3.02

Table 2, the average score of caregivers of Individuals with Schizophrenia who were taken as subjects for the study was 8.87 with a dispersion of 3.02 from the normal.

Descriptive Statistics for TAT

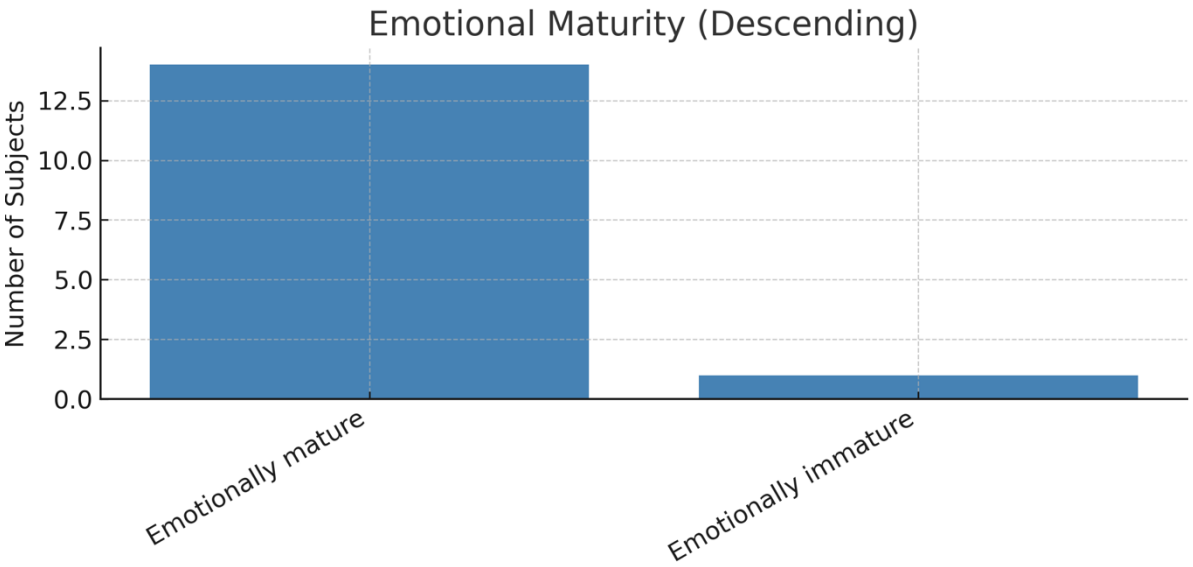
The scoring of each card was done using the Manual by Dr. L.P. Mehrotra. The scoring for 2 of the domains (Needs and Emotions) were done on a five-point scale based on their intensity, duration and frequency.

Figure 1 Frequency distribution of intelligence level in the sample studied



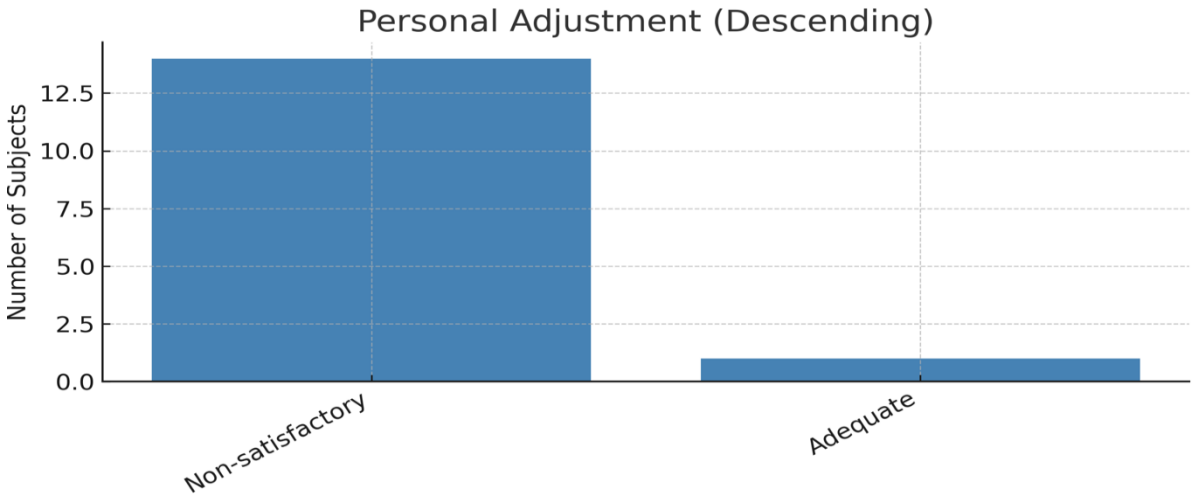
The above figure shows that average intelligence holds 11 of 15 subjects (73 %) in the sample, while superior intelligence accounts for 4 (27 %). The distribution suggests that, although a quarter of the group stand out cognitively, the majority fall within the broad average range.

Figure 2 Frequency distribution of emotional maturity in the sample studied



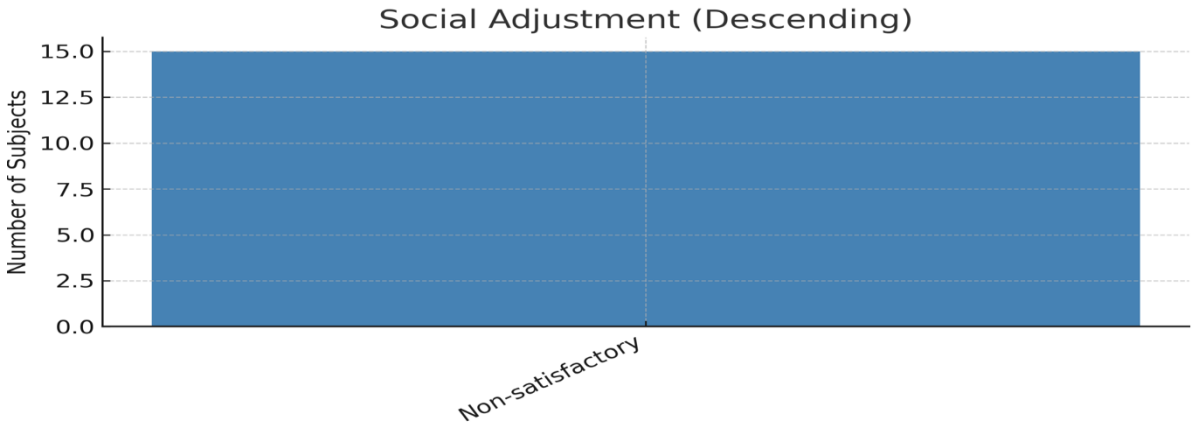
The above figure shows that an overwhelming 93 % (14 subjects of the sample) are emotionally mature and 1 subject (7 %) in the emotionally immature according to the results.

Figure 3 Frequency distribution of personal adjustment in the sample studied



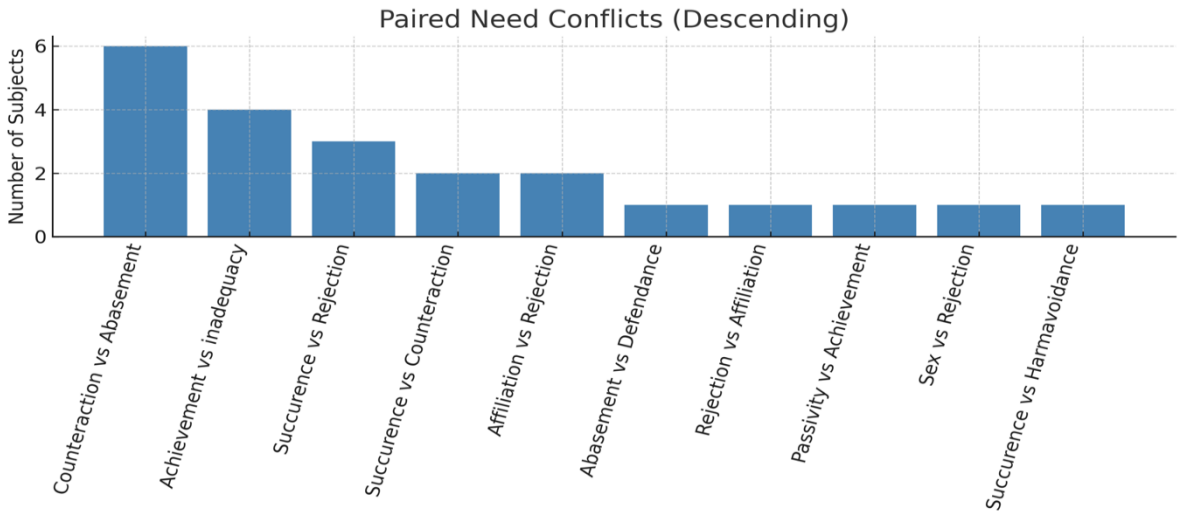
The above figure shows 14 subjects (93 %) in the non-satisfactory column of personal adjustment and a solitary 7 % in adequate personal adjustment.

Figure 4 Frequency distribution of social adjustment in the sample studied



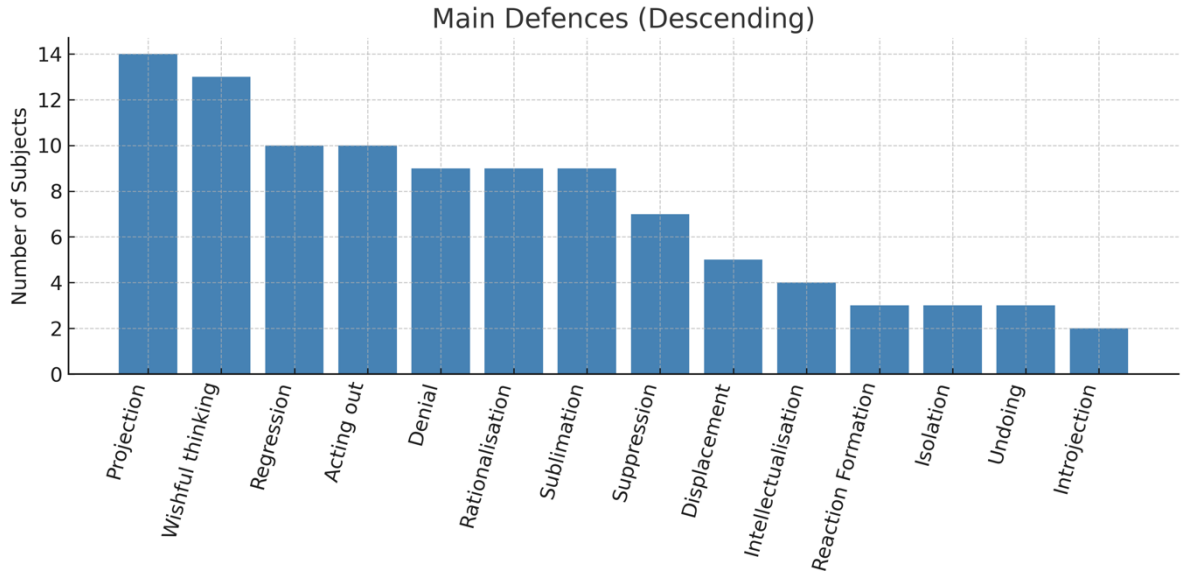
The above figure shows that 100 % of the sample has their social functioning as non-satisfactory.

Figure 5 Frequency distribution of significant conflict in the sample studied



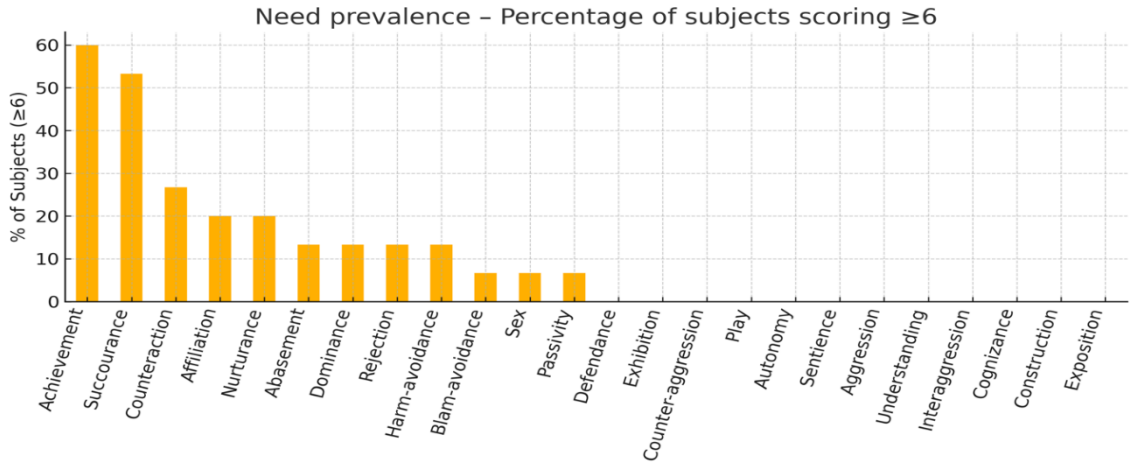
The above figure shows that Counteraction vs Abasement was present in (6 subjects, 40 %) which shows many vacillate between proving themselves and feeling inferior. Achievement vs Inadequacy (4, 27 %) and Succourance vs Rejection (3, 20 %) follow.

Figure 6 Frequency distribution of Main Defences used by the sample studied



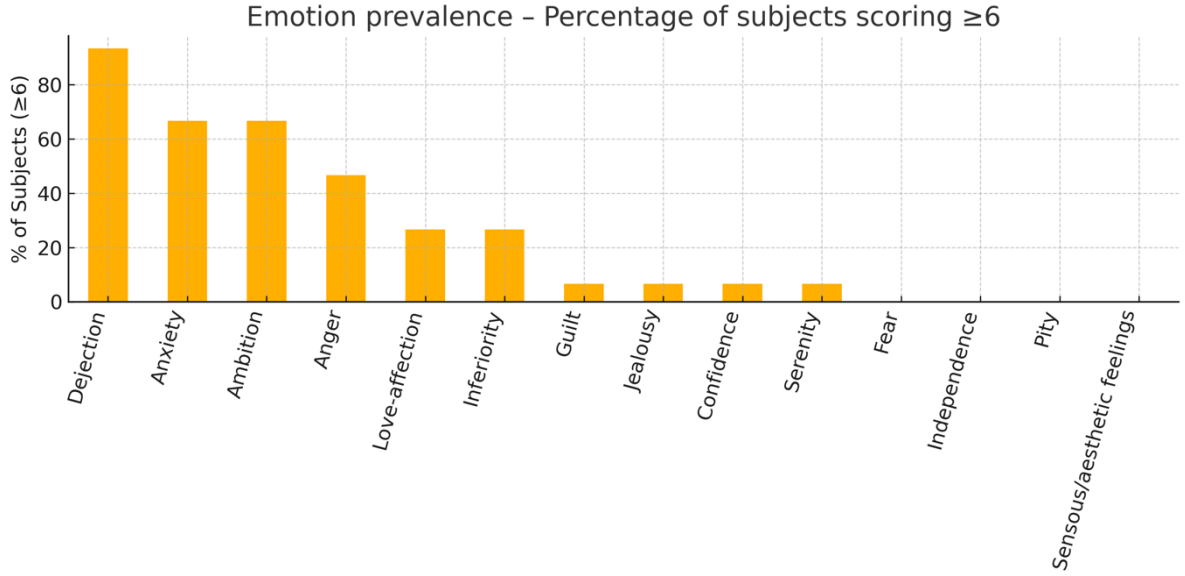
The above figure shows the Main defences used by the sample indicating that Projection is used the most at 93 %**,** followed by Wishful thinking (87 %), Regression and Acting out (67 % each), and a mid-tier of Denial, Rationalisation and Sublimation (60 %).

Figure 7 Frequency Distribution of Needs amongst the population sample with score



The above figure represents the dominant needs of the sample (n=15). It is observed that 60% of subjects score ≥ 6 on Achievement, 53% of subjects scored ≥ 6 on Succourance. Roughly a quarter strive to overcome obstacles (Counteraction, 27 %). It was further observed that Affiliation and Nurturance engage one fifth of the group (20 % each).
Aggression, Dominance, Play are present in only 13 %, and needs like Rejection, Sex, Abasement, Sentience or Passivity are virtually absent.

Figure 8 ***Frequency Distribution of Emotions amongst the population sample with score***



The above figure represents the dominant emotions of the sample (n=15). It is observed that Dejection is present in 93 % of subjects, 67 % have anxiety and nearly half show elevated Anger and Ambition (each 47 %). Love-affection appears in 33 %, while Confidence, Serenity and Fear cluster around 27 %. Other emotions such as Inferiority (20 %), Pity (13 %), and guilt, jealousy or aesthetic sentiment (≤ 7 %) surface only sporadically.

This study set out to illuminate the implicit motivational-emotional world of Indian caregivers by juxtaposing projective narratives with a brief distress screener. The thematic analysis revealed two central motifs—spiritual hope and overwhelming emotions—that dovetail with extant Indian literature yet add depth by unpacking how these forces animate everyday meaning-making. Religious sentiment appeared not merely as passive resignation but as an active container for contradictory affects; caregivers positioned God or temple rituals as co-regulators of distress, echoing Soni et al.'s observation that faith rituals function as culturally sanctioned coping. Overwhelming emotions—particularly dejection, anxiety, and anger—pervaded 93 % of narratives and aligned with GHQ-12 scores indicative of moderate morbidity. Crucially, projective content suggested that negative affect was often externalised via projection, the most common defence (93 %). This defensive style may protect fragile ego boundaries in the short run yet inadvertently sustain family conflict, resonating with high expressed-emotion research that links critical interactions to relapse. Interventions that nurture mentalisation and self-soothing skills could therefore reduce the need for projection and foster healthier communication.

Needs profiles showed a dominance of Achievement and Succourance, revealing caregivers' dual desire to excel in their role and to receive support. The frequent conflict dyad Counteraction ↔ Abasement captures a pendulation between asserting agency and feeling inferior—an oscillation also noted by Saunders & Byrne (2002) in US samples. Such motivational tug-of-wars may underpin the chronic fatigue and self-doubt reported qualitatively. Clinicians can harness this insight by framing psycho-education as a mastery task that simultaneously offers legitimised succourance (e.g., peer-support groups).

Narratives further exposed interpersonal ruptures: mothers clashing with sons, spouses resentful of each other, peers depicted as uncaring. These storylines mirror Singh et al.'s

findings on affiliate stigma eroding social functioning. Caregivers' longing for harmonious relations suggests that family-centred interventions should include conflict-resolution modules and opportunities for positive joint activities that rebuild affiliation.

Finally, the convergent design allowed quantitative context. Caregivers with GHQ-12 scores above 12 produced stories saturated with hopeless endings and fatalistic metaphors, whereas those below the cut-off more often invoked problem-solving endings. This association lends empirical weight to the clinical impression that narrative tone may serve as a heuristic for hidden distress, justifying routine narrative exploration in caregiver assessments.

Taken together, the findings advance scholarship in three ways: (1) they validate projective testing as a culturally sensitive adjunct to caregiver research; (2) they demonstrate the dynamic interplay between overt distress and covert motivational struggles; and (3) they highlight the pragmatic importance of integrating spiritual resources, mentalisation training, and social-support enhancement in caregiver-centred programmes.

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Conflict of Interest
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