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# Psychological Distress and Quality of Life in Male and Female Caregivers of Schizophrenics

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# **ABSTRACT**

Psychological Distress which is described as psychological discomfort. The symptoms can be described as sadness, distraction, anxiety, feeling depressed and in most severe case psychotic symptoms. Causes of psychological distress are many events happening daily in an individual's life such as, everyday stressors, severe stressors, traumatic events, medical illness and mental illness. It is defined as feeling of unease and feeling unstable and usually at a level that is effecting in daily activities such as, workplace, school, self-care etc. Quality of Life, can be defined as the pattern in which a person lives and carry out their daily activities. Properly functioning of all domains of life of an individual such as physical, emotional, and social domain of individual's life. It can also say an individual's overall well-being in their life is what quality of life is. The sample size taken for the study was 100 in total i.e. 50 for males and 50 for females. The variables undertaken in research were Quality of Life, Psychological Distress and Male and Female Caregivers. Hypotheses of study was i) there will be significant relationship between Psychological Distress & Quality of Life among Male and Female Caregivers of Schizophrenics. ii) There will be significant difference on the level of Psychological Distress among Male and Female Caregivers of Schizophrenics. iii) There will be significant difference among Quality of Life of Male and Female Caregivers of Schizophrenics. Whogol-bref and Kessler psychological distress (k10) tools were used in research. The findings of the study were: i) No relationship between Psychological Distress and Quality of Life among male caregivers of schizophrenic patients. ii) Similarly no relationship was found between psychological distress and quality of life among female caregivers. iii) No significant difference was found on the level of Quality of Life and Psychological Distress among male and female caregivers of Schizophrenic patients.

**Keywords:** Psychological Distress, Quality of Life, Schizophrenia, Male and Female Caregivers.

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The title of the study is *Psychological Distress and Quality of Life in Male and Female Caregivers of Schizophrenics*. We have seen many people roaming in our streets and acting very weirdly that is somewhat not acceptable to our society and while asking they didn't even know what we are talking about. What behavior? What actions? Nothing! But do you know what it is in reality? Why those few people behaving roaming around and behaving in such a manner and don't even aware of their acts? Well as a lay man its seems that person is mad (pagal) but going into its depth is very severe i.e. mental illness.

Mental illness covers various disorders but one of the most severe disorder come to mind when we think of mental illness is schizophrenia. It can occur in any individual i.e. any culture, caste, color, religion and from all walks of life. It has different symptoms that is characterized long before. The symptoms are hallucinations, delusions, manner of relating to others, sense of self. The hall mark of schizophrenia is loss of contact from reality. Whereas, the range of symptoms and severity varies from person to person.

# The clinical picture in schizophrenia-

Delusions: The word 'delusion' comes from the Latin verb *ludere*, which means 'to play'. In essence tricks are played on the mind. Delusions can be referred to as false beliefs and disturbance in thought process of an individual. However it's not necessary that all people with delusions have schizophrenia. Whereas, delusions are common in schizophrenia. People with delusions think that their actions, thoughts, and feelings are controlled by others. They connect themselves with various things such as television programs which is also called as *delusion of reference*.

Hallucination: the word 'hallucinations' is often jumbled by word illusion which basically means misperception of a stimulus that actually exists. Hallucinations can occur in any sensory modality such as auditory, visual, tactile, olfactory and gustatory. From these auditory hallucinations are most common to occur in patients with schizophrenia (hearing voices).visual hallucinations occur less frequent and tactile hallucinations are even rarer. Whereas, in some of the cases patients do react to their hallucinations such as listen to what voices say and react on that.

Psychological distress can be defined in multiple ways and its severity also varies from person to person. In general terms it can said as psychological discomfort. It can be experienced as sadness, distraction, anxiety, feeling depressed and in most severe case psychotic symptoms. It can be caused by many events happening daily in an individual's life such as, everyday stressors, severe stressors, traumatic events, medical illness and mental illness. it is defined as a sense of discomfort and feeling unsettled and usually at a level that is effecting in daily activities such as, workplace, school, self-care etc.

Quality of life can be defined the pattern in which a person lives and carry out their daily activities. Properly functioning of all domains of life of an individual such as physical, emotional, and social domain of individual's life. We can also say an individual's overall well-being in their life is what quality of life is. By this it has few domains of being to keep a check on person's quality of life. Being domain i.e. "who one is?"

The very first domain covers an individual's physical being i.e. one should be physically sound and fit, which includes physical health, personal hygiene, nutrition, exercise, grooming, clothing, and physical appearance. The second domain includes psychological being which includes a person's psychological health i.e. an individual's thoughts, feelings, emotions, adjustment and evaluations to self and self-control. The third is spiritual being which includes a person's values, personal standard of conduct, spiritual beliefs which may or may not be associated with any religion.

# IMPACT OF CAREGIVING ON CAREGIVER'S PSYCHOLOGICAL DISTRESS AND QUALITY OF LIFE

Informal caregivers experience negative changes in their quality of life and psychological distress. Evidence suggest that physical, emotional and economic distress affect negatively caregiver's QOL as a result of a number of unfulfilled needs such as, restoration of patient functioning in family and social roles, economic burden, lack of spare time, among other factors. Caregivers of patients with schizophrenia experience increased levels of psychological distress. Living with a schizophrenic patient can put considerable burden on primary caregiver which leads to psychological distress among those caregivers such as economic, social and emotional demands.

Objectives of the research is i) to measure the level of Psychological Distress (anxiety and depression) of Male and Female Caregivers of Schizophrenics. ii)To study the Quality of Life of Male and Female Caregivers of Schizophrenics.

# REVIEW OF LITERATURE

A review of literature gives the researcher an understanding of the previous work that has been done. It enables us to know the means of getting to the frontiers of the field of the problem under study. Until one has learnt what others have done and what still remains to be done in the area, one cannot develop a research project that could contribute to furthering knowledge in the field.

ElangovanAravindRaj, SahanaShiri, Kavita V Jangam (2016). Worked on Subjective burden, psychological distress, and perceived social support among caregivers of persons with schizophrenia. The result shows that negative symptoms of patients, sub domains of burden (burden on well-being, marital burden, burden on relations, and burden due to perceived

severity) were the predictors of subjective burden. Burden on well-being and respondent's age were predictors of psychological distress. Inclusive treatment services would enhance the quality of life of the caregivers and would help them in ensuring long-term care for the patients with schizophrenia.

SanjibaniPanigrahi, Rajendra Kumar Acharya, Mukesh K Patel, Kalpesh V Chandrani, (2014) researched on Quality of life in caregivers of patients with schizophrenia and its correlation with severity of illness. Our study suggests that quality of life is moderately low in caregivers of schizophrenia patients. Quality of life of parents is poorer as compared to caregivers in other relationships. Quality of life of caregivers is inversely related to severity of illness. This study suggests that taking care of caregivers is quite important to improve their overall quality of life. Some of the methodological limitations of the present work need to be mentioned here. The major limitation of this study is its cross-sectional nature. We have studied the quality of life only during the acute phase of the illness. As schizophrenia tends to be chronic with many remissions and relapses we can't comment on the overall quality of life of the caregivers.

Syed Tahir H Shah, Syed Mohammad Sultan, Mohammad Faisal, Muhammad Irfan (2013). Researched on Psychological distress among caregivers of patients with schizophrenia. Psychological distress is present in majority of the caregivers of patients with schizophrenia. There is statistically significant association between age of the caregiver and psychological distress, while gender, educational status, marital status, occupational status, duration of care and relation with the patient are not associated with psychological distress.

Charalampos Mitsonis, Eleni Voussoura, Nikolaos Dimopoulos, Vassiliki Psarra, Evangelia Kararizou, Eleni Latzouraki, Iannis Zervas, Maria-Nefeli Katsanou (2012). Factors associated caregiver psychological distress in chronic schizophrenia. with Caregivers of patients with schizophrenia experience increased levels of psychological distress. This study investigated the impact of caring for patients with chronic schizophrenia on the mental healthstatus of the caregivers and described the relationshipbetween various socio-demographic and clinical characteristics and caregiving psychological distress. The study suggests that clinical of schizophrenia influence distress levels in caregivers of patients with chronic schizophrenia. The stronger predictors of distress appear to be female caregiver's gender, duration of illness as well as positive and negative symptomatology.

Aadil Jan Shah, Ovais Wadoo and Javed Latoo (2010) researched on Psychological Distress in Carers of People with Mental Disorders. The recent literature on carers' burden in mental disorders is reviewed. Families bear the major responsibility for such care. Carers face mental ill health as a direct consequence of their caring role and experience higher rates of mental ill health than the general population. The production of burden in carers is a complex process and is related to gender, age, health status, ethnic and cultural affiliation, lack of social support, coping

style, in addition to the stressors of the disorder itself. Carers appear to suffer from at least moderate levels of psychological symptomatology. The behavioural problems associated with mental disorders further increase the stress levels of carers. The findings from the review afford a comprehensive understanding of the care-giving situation with its outcomes, and its practical application in devising effective support strategies for family carers.

#### **METHOD**

#### Aim

• To assess the Psychological Distress and Quality of Life in Male and Female Caregivers of Schizophrenics.

## **Objectives**

- 1. To measure the level of Psychological Distress (anxiety and depression) of Male and Female Caregivers of Schizophrenics.
- 2. To study the Quality of Life of Male and Female Caregivers of Schizophrenics.

# Hypotheses

- 1. There will be significant relationship between Psychological Distress & Quality of Life among Male and Female Caregivers of Schizophrenics.
- 2. There will be significant difference on the level of Psychological Distress among Male and Female Caregivers of Schizophrenics.
- 3. There will be significant difference among Quality of Life of Male and Female Caregivers of Schizophrenics.

#### **Variables**

- Quality of Life,
- Psychological Distress and
- Male and Female Caregivers.

#### Sample

GENDER	AGE(IN YEARS)	SAMPLE	TOTAL	
MALE	25-50	50	50	
FEMALE	25-50	50	50	
100				

#### Tools Used

**WHOQOL-BREF** is an abbreviated version of WHOQOL-100 developed by WHO which assess quality of life of an individual. The questionnaire in English based consisting of 26 items which covers fours domains of QOL such as, *Physical health* (Activities of daily living, Dependence on medicinal substances and medical aids, Energy and fatigue, Mobility, Pain and

discomfort, Sleep and rest, Work Capacity) Psychological (Bodily image and appearance, Negative feelings, Positive feelings, Self-esteem, Spirituality / Religion /Personal beliefs, Thinking, learning, memory and concentration) Social relationships (Personal relationships, Social support, Sexual activity) Environment (Financial resources, Freedom, physical safety and security, Health and social care: accessibility and quality, Home environment, Opportunities for acquiring new information and skills, Participation in and opportunities for recreation / leisure activities, Physical environment (pollution / noise / traffic / climate), Transport).

**KESSLER PSYCHOLOGICAL DISTRESS (K10)** is a 10 item questionnaire scale developed by R.C.KESSELER to assess distress level of a person. The items of the scale is based upon anxiety and depressive symptoms which a person has experienced in last 30 days. It is self-report measure scale.

# RESULTS AND DISCUSSION

Table 1 Correlation scores between Psychological Distress and Quality of Life in male caregivers of Schizophrenics.

MALE	N	MEAN	r	p
PSYCHOLOGICAL		26.86		
DISTRESS	50			
			0.11	Insig.
QUALITY OF LIFE		70.48		

Table 2 Indicate correlation scores between psychological distress and quality of life in female caregivers of schizophrenic patients.

FEMALE	N	MEAN	r	p
PSYCHOLOGICAL		33.16		
DISTRESS				Insig.
	50		-0.04	
QUALITY OF LIFE		69.62		

Table 3 Mean and t-scores of male and female caregivers of Schizophrenia for Quality of Life.

<b>Quality of life</b>	N	MEAN	SD	t-score	р
MALE	50	70.48	6.86		
				0.56	
FEMALE	50	69.62	8.14		Insig.

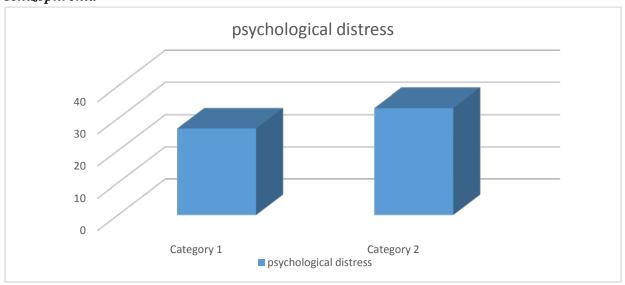
Graph 1 shows Mean scores of male and female caregivers of Schizophrenia for Quality of Life



Table 4 Mean and t-scores of male and female caregiver's of Schizophrenia for Psychological Distress

Psychological distress	N	MEAN	SD	t-score	P
MALE	50	26.86	3.76		Insig.
FEMALE	50	33.16	5.04	1.57	

Graph 2 shows the mean scores of caregivers (male and female) on psychological distress of schizophrenia



#### RESULTS AND DISCUSSION

The findings of the study indicate that there is no relationship between Psychological Distress and Quality of Life among male caregivers of schizophrenic patients. Similarly no relationship was found between psychological distress and quality of life among female caregivers. No significant difference was found on the level of Quality of Life and Psychological Distress among male and female caregivers of Schizophrenic patients.

Relationship was studied among quality of life and psychological distress in male caregivers the correlation was found to be (0.11) which is insignificant, indicating no relationship between psychological distress and quality of life of male caregivers of schizophrenics. It is described that few psychological factors such as Self-Esteem and Self-Efficacy and other environmental factors for example social support, financial issues and education are the factors that play major role in process of coping with Psychological Distress. Studies from India evaluated that caregivers apply both adaptive and maladaptive coping strategies for instance, consulting doctor, seeking practical help, social support and talking to friends and family members. (Sandeep Grover, Pradyuma and Subho Chakrabarti)

Relationship was studied among Psychological Distress and Quality of Life in Female Caregivers of Schizophrenic patients the correlation was found to be (-0.04) which is insignificant, indicating no relationship between Psychological Distress and Quality of Life of Female Caregivers of Schizophrenics. It is stated that family interventions also work greatly on cognitive and behavioral tendencies which reduce the burden of care among caregivers in Alzheimer's disease based on the research and has positive impact on patient's behavior too. (Alison Marriott, Catherine Donaldson, Nicholas Tarrier, Alistair Burns)

The difference was calculated for Quality of Life for male and Female Caregivers for which t value (0.56) was found to be insignificant which shows that there is no difference on the level of Quality of Life among Male and Female Caregivers of Schizophrenic patients. Studies showed that caregivers who are younger in age and lower education level have more difficulties in handling negative symptoms. As well as they are more dissatisfied as compared to adult caregivers whereas, characteristics of caregivers also display a strong association with caregivers quality of life.(Daniel Fu Keung Wong, Augus Yuk Kit Lam, SauKam Chan and Shuk Fan Chan)

Psychological Distress among Male and Female Caregivers was studied t value (1.57) was found to be insignificant which shows that there is no difference on the level of psychological distress among Male and Female Caregivers of Schizophrenic patients. In research it is evaluated that there is no deviation found in above mentioned variable between both genders. Men and women are equally endangered to the stressors. Whereas roles also plays vital role in determining the level of distress male and female undergo from for instance, male caregivers

focuses on family attachment and females focus on negative evaluation such as dependence and concerns about patients future. Hence, level of distress is quite similar between both the genders (Baronet)

In present study three hypothesis were formulated out of which none of the hypothesis was proved. All hypotheses got rejected as no relationship was found among Psychological Distress and Quality of Life among Male and Female Caregivers of Schizophrenic patients. Similarly no significant difference was found on the level of Psychological Distress and Quality of Life among male and female caregiver's schizophrenic patients.

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## Conflict of Interests

The author declared no conflict of interests.

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