

Coping among Family Members of Mentally Ill

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Abstract: When mental illness first strikes, family members may deny the person has a continuing illness. During the acute episode family members will be alarmed by what is happening to their loved one. When the episode is over and the family member returns home, everyone will feel a tremendous sense of relief. All involved want to put this painful time in the past and focus on the future. When a spouse falls mentally ill among many of its implications and consequences is the sense of loss of control over the situation. Although many goals are idiosyncratic, the ability to control one's life seems to be highly valued by most people. Mastery over one's life represents a key concern in some assessments of quality of life. The perception of the situation as one over which the individual has no control, however temporarily can be a cause of stress for the spouses involved. The present research "A study on coping style among family members of mentally ill" was an attempt to assess the level of coping styles among family members of mentally ill people.

Keywords: Mental Illness, Family, Copying

1. INTRODUCTION

Mental illness or psychiatric disorder, is a behavioural or mental pattern that causes significant distress or impairment of personal functioning. Such features may be persistent, relapsing and remitting, or occur as a single episode. Many disorders have been described, with signs and symptoms that vary widely between specific disorders. Such disorders may be diagnosed by a mental health professional.

The causes of mental disorders are often unclear. Theories may incorporate findings from a range of fields. Mental disorders are usually defined by a combination of how a person behaves, feels, perceives, or thinks. This may be associated with particular regions or functions of the brain, often in a social context. A mental disorder is one aspect of mental health. Cultural and religious beliefs, as well as social norms, should be taken into account when making a diagnosis. Services are based in psychiatric hospitals or in the community, and assessments are carried out by psychiatrists, psychologists, and clinical social workers, using various methods such as psychometric tests but often relying on observation and questioning. Treatments are provided by various mental health professionals. Psychotherapy and psychiatric medication are two major treatment options. Other treatments include social interventions, peer support, and self-help. In a minority of cases there might be involuntary detention or treatment. Prevention programs have been shown to reduce depression.

Impact of Mental Illness on Families

When mental illness first strikes, family members may deny the person has a continuing illness. During the acute episode family members will be alarmed by what is happening to their loved one. When the episode is over and the family member returns home, everyone will feel a tremendous sense of relief. All involved want to put this painful time in the past and focus on the future. Many times, particularly when the illness is a new phenomenon in the family, everyone may believe that since the person is now doing very well that symptomatic behaviour will never return. They may also look for other answers, hoping that the symptoms were caused by some other physical problem or external stressors that can be removed. For example, some families move thinking that a "fresh start" in a new environment will alleviate the problem.

Sometimes, even after some family members do understand the reality of the illness, others do not. Those who do accept the truth find that they must protect the ill person from those who do not and who blame and denigrate the ill person for unacceptable behaviour and lack of achievement. Obviously, this leads to tension within the family, and isolation and loss of meaningful relationships with those who are not supportive of the ill person. Even when all members of the family have the knowledge to deal with mental illness, the family is often reluctant to discuss their family member with others because they do not know how people will react. After all, myths and misconception surround mental illness.

Often families become worn out and discouraged dealing with a loved one who has a mental illness. Having gone down many dead-end streets in an attempt to find assistance, they may be hesitant to try another approach for fear of another failure. They may begin to feel unable to cope with living with an ill person who must be constantly cared for one of the greatest difficulties for families in accepting any life altering illness of a loved one is dealing with a changed future and expectations. The grief is particularly acute for families where a loved one has a mental illness. This illness impairs the person's ability to function and participate in the normal activities of daily life, and that impairment can be ongoing. Families struggle with accepting the realities of an illness that is treatable, but not curable. At this point the term coping and its several implications has to be taken into account in understanding the quality of life and wellbeing of the individual. Coping and one's repertoire of coping styles determine how well stress is managed to maintain the wellbeing.

Coping

Coping is the term that is much frequently used along with the term stress. No literature pertaining to stress will be complete without taking into understanding the concept of coping and its many faceted strategies and techniques involved in the process. Coping has been defined as the process of making external or internal demands that are perceived as taxing or exceeding a person's resources (Lazarus and Folkman, 1984). Coping is any effort that seeks to preserve reality. It involves only conscious efforts to deal with the stressful demands (Sehgal and Sharma, 1998). Many investigators have found that while the stress response may be influenced by numerous variables, appraisal of the stressors coupled with the individual's ability to cope with the challenge may represent particularly pertinent psychosocial factors in determining behavioral and biological outcome (Matheson and Anisman, 2003).

2. RESEARCH METHODOLOGY

Objectives:

To study the social demographic details of the respondents

To assess the coping levels among family members of mentally ill patients

Research Design

For the purpose of the study, descriptive design was selected. This study describes the coping styles among the family members of mentally ill.

Universe and Sample Size

The universe of this study is the care givers of psychiatric patients from the Ansar Mental Hospital, Perumbilavu, Kerala state. During data collection 72 patients were admitted from this the researcher selected 60 accompanied family members as the sample size for the study. The sampling technique adopted by the researcher was purposive sampling.

Tools used for Data Collection

Researcher opted questionnaire as the tool for collecting data which contains 67 questions in 2 parts. They are: Personal profile in this questionnaire includes age, sex, religion, education, type of family and socioeconomic status of the respondents. Coping Styles Questionnaire (CSQ) includes the question to measure their different coping styles.

Analysis of Data

The collected data was analyzed by using SPSS (Statistical Package for Social Science).

3. RESULT AND DISCUSSION

Respondents Level of Coping

Coping	No of Respondents	Percentage
Very High	16	26.7%
High	14	23.3%
Moderate	18	30%
Low	12	20%
Total	60	100%

30% respondents have moderate level of coping, 26.7% respondents have very high level of coping, 23.3% respondents have high level of coping and 20% respondents have low level of coping. It reveals that respondents have moderate level of coping skills to manage their mentally ill family member.

Correlation between Age and Coping

		Correlations	
		Age	VAR00001
Age	Pearson Correlation	.016	.106
	Sig. (2-tailed)	.902	.902
	N	60	60
	Pearson Correlation	.016	.106
	Sig. (2-tailed)	.902	.902
	N	60	60

There is no relationship between Age and Coping of respondents at 0.05 level of significance.

T- Test between Gender and Coping

	Levene's Test for Equality of Variances	t-Test for equality of means	
	T	Df	Sig (2-tailed)
equal variances assumed			
equal variances not assumed	-.469	58	.641
	-.469	45.596	.644

There is no relationship between Gender and Coping of the respondents at 0.05 level of significance.

Anova between Religion and Coping Styles

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Hindu	23	93.0435	11.29955	2.35612	88.1572	97.9298	76.00	127.00
Muslim	30	93.8333	11.80907	2.15603	89.4238	98.2429	74.00	128.00
Christian	7	104.1429	16.24221	6.13898	89.1213	119.1644	80.00	130.00
Total	60	94.7333	12.45040	1.60734	91.5171	97.9496	74.00	130.00

ANOVA

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	709.753	2	354.877	2.398	.100
Within Groups	8435.980	57	148.000		
Total	9145.733	59			

There is no relationship between Religion and Coping of the respondents at 0.05 level of significance.

Major findings of personal profile of the respondents

❖ Majority of respondents (55%) of respondents are in the age group between 41-60. Most of respondents (61.7%) are Males. Majority of respondents believed in Muslim Religion. 53.3% respondents are completed SSLC. Majority of respondents that is 58.3% are from Nuclear family. Most of respondents (63.3) are from Middle class family. 30% respondents have moderate level of coping.

Findings of level of Coping

❖ Majority (30%) of the respondents coping is in Moderate level. It reveals that family members have stress to take care of their mentally ill other family members.

Other Analysis Result

❖ There is no relation between Age, Gender and Religion of the respondents and coping of the respondents. It infers that physical, mental and financial aspects also matters to take care of the mentally ill family members.

❖ CONCLUSION

Severe mental illness which is stressful not only for patients but also for Family members. Family caregivers of persons with a severe mental illness suffer from significant stresses, experience moderately high levels of burden, and often receive inadequate assistance from mental health professionals. Effective family functioning in families with mental illness may be influenced by a variety of psychosocial factors coping, psychological distress and caregiver burden, social support, caregiver resiliency and depression, and client behavioral problems as they are related to families and mental illness. Family psychological distress and patient behavioral problems are important factors in family functioning. The researcher concluded that very less number of family members of mentally ill are using various types of coping styles to overcome their problems. Others may be either ignore or not getting time to think of purposeful coping skills to reduce stress while taking care of mentally ill family member.

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