© Journal of the Indian Academy of Applied Psychology,
July 2007, Vol. 33, No.2, 189-194.

Spousal Burden of Care in Schizophrenia

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Numerous studies have explored the existence of burden among primary caregivers and family members of schizophrenic patients. There were little convincing evidence to support the relationship between socio-demographic characteristics of the patients and family burden. The index study was designed to investigate the effects of socio-demographic variables on spousal burden of schizophrenic patients. 70 spouses of chronic schizophrenic patients were drawn from OPD of Institute of Mental Health and Hospital, Agra. Burden Assessment Schedule (Thara, Padmavati, Kumar & Srinivasan) was individually administered on each spouse. The results indicated significant effects of gender and family type on spousal burden.

Keywords: Family burden, Schizophrenia, Spousal burden, Burden Assessment Schedule

Most key relatives of schizophrenic patients frequently report emotional, social, physical and financial burden associated with caring process of their patients. Numerous studies have explored the existence of burden among primary caregivers and family members of schizophrenic patients (Jenkins & Schumacher, 1999; Mors, Sorenson, & Therkildsen, 1992; Chakraborty, Raju, Kulhara, Avasthi, & Verma, 1992). Burden of care in schizophrenia correlates with patients illness variables (Dyck, Short, & Vitaliano., 1999; Salleh, 1994; Pai & Kapur, 1982; Raj, Kulhara, & Avasthi, 1991; Chakraborty et al., 1995), availability of caregivers resources as well as coping skills (Biegel et al., 1994; Magliano et al., 2000; Dyck et al., 1999). The relationship of burden and socio-demographic variables have also been studied. Martin-Yellowe (1992) found that rural families of the schizophrenic patients experienced significantly more financial burden than urban families. Stress level was higher among the family members of male patients (Mors et al., 1992). The relatives of male patients with schizophrenia reported social deficits for male patients than the family members of female patients (Jenkins & Schumacher, 1999).

In a study Trivedi, Dalal, Kalra, et al. (2003) found that the parents and siblings of schizophrenic patients experienced more burden in comparison to spouses. They also stated that young relatives and those having the age range of above 45 experienced more burden than the middle age group relatives. There is a positive correlation of family burden and duration of illness (Vohra, Garg, & Gaur, 2002). Jenkins and Schumacher (1999) contended that not only the patients gender but also the gender of the caregivers must be considered. There were little convincing evidence to support the relationship between socio-demographic characteristics of the patients and burden on family members. The index study was designed to assess the effects of socio-demographic variables on spousal burden.

Method

Sample:

The study was conducted at Institute of Mental Health and Hospital, Agra. 70 spouses – 35 male and 35 female, of schizophrenic patients who currently met ICD-10 diagnostic criteria participated in the study. The spouses who were not co-operative, did not give consent or had history of psychotic illness or systemic illness were not included. The spouses who are living with the patients were taken up for the study. They were asked how long they have been staying with the patients. The duration of spousal exposure was determined on the basis of the onset and their stay with the patients. The sample characteristics are displayed in table-1:

Table-1: Sample Characteristics

Characteristics		Male	Female
Patients Age (in years)		33.23 ±8.27	40.20 ±4.74
Age of Spouses in years)		37.26 ±7.21	36.54 ±5.70
Education	Illiterate	31.43% (11)	60% (21)
	Literate	68.57% (24)	40% (14)
Family Type	Nuclear	45.71% (16)	71.42% (26)
	Joint	54.29% (19)	28.58% (09)
Domicile	Rural	42.86% (15)	37.15% (13)
	Urban	57.14% (20)	62.85% (22)
Duration of exposure to spousal illness (in years)		6.00±5.12	8.49±5.58

Tools:

Case History Record: The demographic and clinical characteristics of the patients and spouses were derived from the case history records which is a routine and mandatory procedure for the patients seeking consultation at the Institute.

Burden Assessment Schedule (Thara et al, 1998) was administered on the spouses. BAS is a most frequently used tool to assess the burden of care of psychiatric patients in India. It measures burden in nine areas: (a) Spouse related (b) Physical and mental health (c) external support (d) caregiver's routine (e) support of patient (f) taking responsibility (g) other relations (h) patients' behavior (i) caregivers' strategy. There are 40 items rated on three point scale. The reliability is .80. The validity ranges from .71-.80.

Procedure:

The prospective patients were identified in consultation with consultant psychiatrists. The spouses of the patients were oriented towards the purpose and significance of the study. Their suitability of inclusion was determined on the basis of inclusion and exclusion criteria. The Burden Assessment Schedule was administered on the spouses.

Results and Discussion

Table-2: Effects of Gender on Spousal Burden N = 35 in each category

Areas of Burden	Gender	Mean	SD	t-values
BAS Total Scores	M	84.40	10.37	3.48**
	F	92.62	9.37	
Spouse Related	M	10.45	1.33	1.46
	F	10.94	1.43	
Physical & Mental Health	M	13.25	3.20	1.56
	F	14.34	2.55	
External Support	M	9.14	2.18	4.43**
	F	11.68	2.59	
Caregivers Routine	M	8.05	1.64	2.08*
	F	8.82	1.44	
Support of Patient	M	6.57	1.21	1.94*
	F	7.08	.98	
Taking Responsibility	M	9.54	1.72	.84
	F	9.20	1.69	
Other Relations	M	6.25	1.40	.70
	F	6.48	1.31	
Patients Behaviour	M	8.28	1.58	2.38*
	F	9.25	1.82	
Caregivers Strategy	M	8.88	1.64	2.04*
	F	9.62	1.39	

**p < 0.01; * p < 0.05 . M = Male, F = Female

The gender effects are evident on total burden and in following areas–external support, caregivers routine, support of patient, patients behavior and caregivers strategy. Females experienced greater burden (table-2). The result is in expected direction. Morse et al. (1992), Mishra et al. (2005) also reported that if the patient is male, family stress levels are likely to be significantly higher. Typically, female spouses feel more anxious, tired, frustrated, isolated and greater workload. Besides full domestic responsibilities, the illness in husbands places extra financial, caring, treatment and social responsibilities on female spouses which add to their burden.

The analysis of the areas of burden further revealed that the gender of spouses contributed significantly to the burden in following areas – external support, caregivers routine, support of patient, patients behavior and caregivers strategy. The burden is higher in females in all these areas. Females get lesser external support. In another study, Kumar et al. (2005) observed that the female spouses of schizophrenic patients primarily use projection as the defense mechanisms. The use of projection is expected to increase interpersonal conflict because of which the female spouses might find it difficult to get optimum external support. The routine of female spouses gets adversely affected. They find no time to care for their own health, develop sleep disturbances and feel dissatisfied the way ill spouse looks after themselves. The female spouses get significantly lesser support from their spouses. They face financial difficulties and try to engage themselves in work to earn and support the family.

The patients behavior also causes significantly higher burden in female spouses. The caring spouses feel that there is no solution. The patient's unpredictable behavior and disturbances at home cause marked burden in the spouses. In the area of caregivers strategy the female spouses experience greater burden. Female spouses feel that they have done more than enough to improve the situation and seek temporary separation.

Table 3: Effects of Family Type on Spousal Burden. N = 42(Nuclear), 28(Joint)

Areas of Burden	Family Type	Mean	SD	t-values
BAS Total Scores	N	88.78	8.81	.25
	J	88.10	13.09	
Spouse Related	N	10.40	1.190	2.22*
	J	11.14	1.58	
Physical & Mental Health	N	13.66	2.55	.46
	J	14.00	3.45	
External Support	N	10.97	2.15	2.18*
	J	9.57	3.22	
Caregivers Routine	N	8.23	1.57	1.33
	J	8.75	1.57	
Support of Patient	N	6.90	1.05	.68
	J	6.71	1.24	
Taking Responsibility	N	9.42	1.41	.34
	J	9.28	2.08	
Other Relations	N	6.26	1.25	.82
	J	6.53	1.50	
Patients Behaviour	N	8.69	1.75	.46
	J	8.89	1.79	
Caregivers Strategy	N	9.59	1.23	2.29*
	J	8.75	1.85	

*$p < 0.05$. N = Nuclear, J = Joint

The family type significantly affects spousal burden in following areas – spouse related, external support and caregivers strategy. The joint family system is found to contribute significantly to the burden in the area of spouse related. Nuclear family system causes more burden in the areas of external support and caregivers strategy. In nuclear family system the caring spouses get lesser support from others. Generally, in the initials stages of the crisis many persons come forward to extend support to the ill member and the family. The continuation of illness gradually imposes restrictions on the interpersonal relationship of the family with other members of the society. Also it becomes very difficult for outsiders to continue to extend support to any other family.

Table 4: Effects of Duration of Exposure to Illness on Spousal Burden N = 34 (less than 5 years) 36 (above 5 years)

Areas of Burden	Exposure to Spousal Illness	Mean	SD	t-values
BAS Total Scores	< 5 years	89.61	11.11	.84
	> 5 years	87.47	10.24	
Spouse Related	< 5 years	10.67	1.51	.13
	> 5 years	10.72	1.30	
Physical & Mental Health	< 5 years	14.08	2.78	.79
	> 5 years	13.52	3.06	
External Support	< 5 years	10.64	2.72	.69
	> 5 years	10.19	2.70	
Caregivers Routine	< 5 years	8.76	1.65	1.67
	> 5 years	8.13	1.47	
Support of Patient	< 5 years	6.97	1.11	1.02
	> 5 years	6.69	1.14	
Taking Responsibility	< 5 years	9.32	1.60	.22
	> 5 years	9.41	1.81	
Other Relations	< 5 years	6.38	1.30	.06
	> 5 years	6.36	1.41	
Patients Behaviour	< 5 years	8.88	1.57	.50
	> 5 years	8.66	1.94	
Caregivers Strategy	< 5 years	9.35	1.66	.49
	> 5 years	9.16	1.46	

No significant effects are observed for duration of exposure on spousal burden (table-4).

Conclusion

The results of the index study indicates significantly greater burden in female spouses. The family system particularly nuclear family adds to the burden in some areas. The passage of time does not affect spousal burden. The results should contribute in family education and management of schizophrenic patients. The specific areas on which particular attention is required are – spouse related, external support, caregiver's routine and caregiver's strategy.

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Received: August 22, 2006
Accepted: April 30, 2007

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