

# Coping Styles Among the Spouses of Patients With Psychotic Disorders

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**Abstract-**The present study was conducted to assess the types of coping styles among the spouses of patients with psychotic disorders like schizophrenia, schizophreniform disorder and schizoaffective disorder. One hundred and sixteen (116 out of which 58 male and 58 female) spouses of diagnosed patients as per the DSM IV TR criteria with psychotic disorders were selected through purposive sampling. The Coping Responses Inventory (CRI) by Moos (2002) (urdu version) translated by Mahmood and Sheraz (2012) was administered on each participant to measure the type of coping styles. t- test was used to find out statistical significance of data. The results showed that male spouses used more avoidance coping styles than female spouses as  $p < 0.01$ , female spouses used more approach coping styles than male spouses of as  $p < 0.01$  and highly educated spouses used more approach coping styles than less educated spouses as  $p < 0.01$ .

**Keywords-** Approach Coping Styles, Avoidance Coping Styles, Spouses, Psychotic Disorders,

## 1. INTRODUCTION

The present research was conducted to explore the types of coping styles among the spouses of patients with psychotic disorders like schizophrenia, schizophreniform disorder and schizoaffective disorder.

Psychosis is a state defined by a loss of contact with reality. It occurs in a number of psychotic disorders. The symptoms can be brief or may expand into significant periods of time with disability. The main symptoms of these disorders are delusions and hallucinations (Henry, 2004). Delusions are the false beliefs that significantly hinder an individual's ability to function. Hallucinations are the perceptions that occur in the absence of external stimuli. They can be visual, auditory, olfactory, tactile and taste. The major psychotic disorders are schizophrenia, schizophreniform disorder, schizoaffective disorder, brief psychotic disorder, delusional disorder and shared psychotic disorders (Comer, 2009).

Psychotic disorders have deep implications on the health and well-being not only of the patients but also of their spouses. Mental illness accounts for significant burden of disorders in low-income and middle income families. Individuals with psychotic disorders have typically been psychologically ill for many years and are incapable to fulfill their roles in society generally expected of individuals of their age and intellectual ability and most of

them are most likely to receive care giving from their spouses (Dixon et al. 2001).

Psychosis is not a diagnosis itself, but it can develop into more long-term and distressing illnesses such as schizophrenia and schizoaffective disorder (Fauman, 2002). It has traditionally incorporated assumptions of pervasive and constant impairment, resulting in a chronic course and poor outcome. It was assumed an individual was subsumed by and lost to the illness (Henry, 2004).

Care giving for psychological patients is usually offered by their spouses; thus, understanding the effects of psychological problems on marriage is particularly important. The psychotic disorders are very severe in nature and these disorders create impairments in patients' life. These disorders create a stressful and challenging environment for the spouses of psychological patients. Spouses who maintain positive feelings towards their life partners have a greater level of commitment and lower level of strain. Furthermore, spouses who experience feelings of powerlessness, hopelessness, lack of control and unpreparedness have higher levels of depression (Fingerman, Gallagher, Thompson, Lovett & Rose, 1996).

Coping is a special set of cognitions and actions that are activated by distressing events. The kind of coping style utilized by an individual varies and is determined by a variety of factors. Coping is not a single act but a collection of lots of acts and thoughts engendered by a complex set of demands that may stretch out over time (Lazarus, 1998).

Problem-focused coping styles, emotion-focused coping styles, approach coping styles and avoidance coping styles are the most well-known methods of classifying the ways that an individual adopts to cope with psychological threats or stressful events (Lazarus & Folkman, 1984).

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Coping strategies can be classified as being positive or negative. Some family members of psychiatric patients use positive coping strategies to manage their stressful situation, such as positive thinking and the utilization of appropriate social supports, which include family, friends and community (Letvak, 2002; Greeff, Vansteenwegen & Ide, 2006). Some families may also use negative coping strategies, such as the use of avoidance behaviors, negative thinking and substance abuse (Perkins, Winn, Murray, Murphy & Schmidt, 2004).

## 2. LITERATURE REVIEW

Hassan, Mohamed, Elnaser and Sayed (2011) examined the saddle and coping styles among the life partners of schizophrenic patients. The findings of their study showed that the level of saddle reported by the life partners of schizophrenic patients was high. The major coping styles used by the life partners of schizophrenic patients were self-controlling, constructive reappraisal and escape-avoidance.

Eaton, Davis, Hammond, Condon and McGee (2011) investigated the positive and negative coping styles among the family members of psychiatric patients. Forty- five family members of psychiatric patients were observed. The findings of their study showed that the family members of psychiatric patients were found to use more emotion-focused coping styles than problem-focused coping styles. They further reported that the most frequent coping styles used by the family members of psychiatric patients were communication, acceptance and avoidance coping styles.

Ali and Askari (2011) investigated the coping strategies among the male and female spouses of psychiatric patients. The findings of their study showed that female spouses used more emotion-focused coping strategies and male spouses used more task-focused coping strategies.

Doherty and Doherty (2010) investigated the coping styles among the life partners of patients with psychiatric illnesses. The findings of their study showed that majority of the life partners of patients with psychiatric illnesses were using avoidance coping styles.

Huang, Sun, Yen and Fu (2008) investigated the coping styles among the life partners of schizophrenic patients. The findings of their study showed that the psychological and social coping strategies were used by the life partners of schizophrenic patients. The psychological coping strategies were consisted on cognitive, behavioral and emotional coping styles and social coping strategies were consisted on spiritual, social and professional support.

### 2.1 Hypotheses of the study

In the current study the followings hypotheses are made:

- a. Male spouses of psychotic patients would use more avoidance coping styles as compared to female spouses of psychotic patients
- b. Female spouses of psychotic patients would use more approach coping styles as compared to male spouses of

psychotic patients

c. Highly educated spouses of psychotic patients would use more approach coping styles as compared to less educated spouses of psychotic patients.

## 3. METHODOLOGY

### 3.1 Participants

The sample of current study was consisted of one hundred and sixteen (116) spouses of diagnosed patients as per the dsm-iv tr criteria with psychotic disorders (e.g. schizophrenia, schizophreniform disorder and schizoaffective disorder) whose duration of illness was ranged from 1 to 5 years. The sample was further divided into (n=58) male spouses whose wives are suffering from any of the above mentioned psychotic disorders and (n=58) female spouses whose husbands are suffering from any of the above mentioned psychotic disorders. Spouses of diagnosed psychotic patients were selected from the different public and private hospitals of Lahore and Faisalabad. The age range of the participants was 30 to 45 years. The educational qualification of the participants was upto B.A/BSc.

### 3.2 Research Design

The comparative group design was used in the current study.

### 3.3 Sampling Strategy

Purposive sampling technique was used in the current study to collect the data.

### 3.4 Inclusion and Exclusion Criteria

One hundred and sixteen spouses of diagnosed patients as per the dsm iv tr criteria with schizophrenia, schizophreniform disorder and schizoaffective disorder whose duration of illness was ranged from 1 to 5 years were included in the sample. The spouses of psychotic patients whose age range was 30 to 45 years and education was from upto B.A/BSc were included in the sample. The psychotic patients that were suffering from any physical disease at the same time and the psychiatric patients that are suffering from any psychiatric disorder other than schizophrenia, schizophreniform disorder and schizoaffective disorder their spouses were not included in the study as sample. Below 30 years and above 45 years old spouses were not included in the sample. The spouses whose education was not between Middle and B.A/BSc were not included in the sample.

### 3.5 Operational definition of coping styles

Coping styles in the current study were operationally defined as the scores obtained through Coping Response Inventory by (Moos, 2002) (urdu version) translated by Mahmood and Sheraz (2012).

### 3.6 Instruments

Following instrument was used in this study to measure the variables.

### 3.7 The Coping Responses Inventory

The Coping Responses Inventory (CRI) by Moos (2002) is a brief self-report inventory identifies cognitive and behavioral responses the individual used to cope with a recent problem or stressful situation. The eight scales include approach coping styles (logical analysis, positive reappraisal, seeking guidance and support, and problem solving) and avoidance coping styles (cognitive avoidance, acceptance or resignation, seeking alternative rewards, and emotional discharge).

The coefficient alpha values of the instrument for the eight scales ranged from .67 for logical analysis, .74 for positive reappraisal, .61 for seeking guidance and support, .68 for problem solving, .72 for cognitive avoidance, .64 for acceptance and resignation, .62 for emotional discharge. The eight scales are moderately inter correlated ( $r = .29$  for men &  $r = .25$  for women) (Moos, 1993). Individuals complete the self-report inventory, making answers on the answer sheet. The duration of filling the CRI form is 10 to 15 minutes. The carbonless bottom sheet contains a scoring grid for quick and easy calculation of raw scores. The back page of the answer sheet contains a profile for determining and plotting t-scores and examining patterns of coping. Scoring and profiling take almost 5 minutes.

In the current study translated urdu version of coping response inventory by Mahmood & Sheraz (2012) was used to assess the coping responses of the spouses of psychotic patients. The coefficient alpha value of the instrument was ( $r = .51$ ) significant at the 0.01 level (2-tailed).

### 3.8 Procedure

The current study was aimed to determine the types of coping styles among the spouses of psychotic patients e.g. schizophrenia, schizophreniform disorder and schizoaffective disorder. A sample of one hundred and sixteen spouses of diagnosed patients as per the dsm iv tr criteria with psychotic disorders whose duration of illness was ranged from 1 to 5 years and sixty male spouses whose wives were suffering from any psychotic disorders and sixty female spouses whose husbands were suffering from any psychotic disorders were selected from the different public and private hospitals of Lahore and Faisalabad through purposive sampling technique. The age range of participants was 30 to 45 years. The educational qualification of the participants was ranged upto B.A/BSc. The informed consent was designed from each participant according to ethics of research. Each participant was given a brief description about the research and was insured that their information will be kept confidential. The coping responses inventory (CRI) by Moos (2002) (urdu version) translated by Mahmood and Sheraz (2012) was administered on each participant to measure the types of coping styles among the spouses of patients with psychotic disorders. After the process of data collection, the data was interpreted with the help of scoring manual.

### 3.9 Statistical analysis

In the current study the t-test was used through SPSS window version 15.00 to compare the scores of male and female spouses on coping styles.

## 4. RESULTS

TABLE 1-Difference in avoidance coping styles among the spouses of psychotic patients. N=116

Spouses	Mean	SD	df	t	P-value
Male (n=58)	59.3103	2.28808	114	14.822	.000
Female (n=58)	51.7241	3.15557			

Results indicate that male spouses of psychotic patients used more avoidance coping styles as compared to female spouses of psychotic patients  $P < 0.01$ .

TABLE 2-Difference in approach coping styles among the spouses of psychotic patients. N=116

Spouses	Mean	SD	df	t	P-value
Male (n=58)	49.7069	2.54785	114	19.110	.000
Female (n=58)	57.9483	2.07256			

Results indicate that female spouses of psychotic patients used more approach coping styles as compared to male spouses of psychotic patients  $P < 0.01$ .

TABLE 3- Difference in approach coping styles among the highly educated and less educated spouses of psychotic patients. N=116

Spouses	Mean	SD	df	t	P-value
Highly edu (n=58)	55.0000	4.59596	114	2.738	.007
Less edu (n=58)	52.6552	4.62848			

Results indicate that highly educated spouses of psychotic patients used more approach coping styles as compared to less educated spouses of psychotic patients  $P < 0.01$ .

## 5. DISCUSSION

The present study examined the types coping styles employed by the spouses of patients with psychotic disorders like schizophrenia, schizophreniform disorder and schizoaffective disorder. Psychological illnesses intertwine a web of doubts, uncertainty and confusion around the family. Unintentionally, the individual with psychotic disorder can dominate the entire family through panic, helplessness and inability. Instability, separation, divorce and abandonment are common family outcomes observed in psychological illnesses. The spouses of psychotic patients develop different kinds of coping strategies to deal with the burden which include; finding a reasonable solution of the problem, looking for support from friends or other near ones or trying to avoid the situation by indulging in other activities like smoking or substance abuse. The spouses of psychotic patients experience higher level of burden when they have limited coping resources. Reduction in the perceived burden has been reported in the spouses who adapt less emotion focused coping strategies (Ohaeri & Fido, 2001).

Having some psychotic disorder is traumatic, not only for patients, but also for their spouses because of financial problems and lack of facilities. In Pakistan mostly individuals with a psychotic disorder frequently bound to stay at home with family members rather than in hospitals because their families preferred spiritual treatment to deal their psychological problems. The emotional distress among the spouses of psychotic patients affects their ability to cope with stress. Other negative implications among the spouses of psychotic patients include alcohol, substance abuse, aggressive behavior, criminal behavior and impaired quality of life (Knapp, 2001).

Hypothesis # 1: Male spouses of psychotic patients would use more avoidance coping styles as compared to female spouses of psychotic patients.

This hypothesis is supported by results and is significant at  $p < .01$  level. It is clear by table # 1 that on the coping responses inventory the male spouses of psychotic patients used more avoidance coping styles than the female spouses of psychotic patients. The obtained results are in line with the findings of Chakrabarti and Gill (2002). The findings of their study showed that the male caregivers of schizophrenic patients used more avoidance coping styles than female caregivers of schizophrenic patients and they were more involved in smoking, drinking, taking pills etc. This study is supported the results of the current research because the findings of current research is showing that the

male spouses of psychotic patients used more avoidance coping styles than the female spouses of psychotic patients.

The findings of Goossen, Wijngaarden, Klein and Achterberg (2008) are in line with the findings of current study. They studied the coping strategies among the life partners of psychological patients. The findings of their study showed that males used more avoidance coping strategies than females. The findings of this study also supported the results of current research. Cultural beliefs may also play a significant role in shaping coping strategies among the spouses of patients with psychotic disorders. Pakistani society is the male dominating society. In Pakistan mostly male used avoidance coping styles because they want to avoid the stressful situation. Male spouses of psychotic patients who used avoidance coping styles, they overestimate the danger of the illness of their psychologically ill spouses or underestimate their own coping abilities.

Hypothesis # 2: Female spouses of psychotic patients would use more approach coping styles as compared to male spouses of psychotic patients.

This hypothesis is supported by results and is significant at  $p < .01$  level. It is clear by table # 2 that on the coping responses inventory the female spouses of psychotic patients used more approach coping styles than the male spouses of psychotic patients. The obtained results are in line with the findings of Cherkil (2010). He found that the female spouses of psychologically ill people used approach coping styles than male spouses of psychologically ill people and these coping styles lower the level of stress among them and improve their sense of wellbeing. Female spouses of psychological patients used approach coping strategies to reduce the level of stress and manage the intensity of the pessimistic and distressing emotions. These coping strategies help the spouses of psychological patients to feel better and decrease the level of depression in them (Stanton, Kirk, Cameron, & Danoff-Burg, 2000).

The findings of Kumar, Rani and Mohanty (2010) showed that female spouses of schizophrenic patients were found to use emotion focused coping style. In Pakistan the probable reasons for these findings are that female spouses used more positive coping strategies because they used to share information with other persons about their thoughts and feelings. In Pakistan the wives are the primary caregivers of their husbands if they become mentally or physically ill. Females are more involved in care giving activities such as cooking, helping with eating, putting clothes or shoes, medical care etc, all were done in higher

frequency than by male caregivers. So these activities motivate them to adopt positive coping strategies.

Hypothesis # 3: Highly educated spouses of psychotic patients would use more approach coping styles as compared to less educated spouses of psychotic patients. This hypothesis is supported by results and is significant at  $p < .01$  level. It is clear by table # 3 that on the coping responses inventory the highly educated spouses of psychotic patients used more approach coping styles than less educated spouses of psychotic patients. The obtained results are in line with the findings of Juvang, Lambert and Lambert (2007). They found that the educational level of the spouses of schizophrenic patients lower down their level of burden and educated spouses were found to deal stressful life events effectively. In Pakistan, the probable reasons for these findings are that the educated spouses have more awareness about the psychological problems of their mentally ill spouses. They also have knowledge that which coping strategy will remain best for them to cope with the stressful situation.

## 6. CONCLUSION

The findings of the present investigation suggested that male spouses of psychotic patients used more avoidance coping styles as compared to female spouses of psychotic patients, female spouses of psychotic patients used more approach coping styles as compared to male spouses of psychotic patients and highly educated spouses of psychotic patients used more approach coping styles than less educated spouses of psychotic patients.

### 6.1 Limitation and Suggestions

The sample can be large then it will be more representative and the results can be generalized to the whole population. The results are not generalizable to other situations such as the spouses of other physical illnesses, as the study has been conducted on stable spouses of patients with psychotic disorders. This current research covered some demographic variables like gender and education. Other demographic variables like income, family status and duration of illness can be studied.

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