

A Comparative Study of Marital Coping Strategies in Spouses of Patients with schizophrenia and Alcohol Dependence Syndrome

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Abstract:

Background: Spouse's ability to adapt to stressful situations and problems in their relationships and their ability to cope up with stress varies. Aim: A Comparative study of marital coping strategies in spouses of patients with schizophrenia and alcohol dependence syndrome

Materials and Methods: It's a cross-sectional study used convenient sampling. The study conducted in Government hospital for mental care, Visakhapatnam. The study consisting of 60 participants, of which 30 participants are spouses of patients with schizophrenia, and 30 participants are spouses of patients with alcohol dependence syndrome. Study tools: A Semi-structured proforma for sociodemographic data and Marital Coping Scale to assess different coping strategies in spouses of alcohol dependence patients and schizophrenia. Statistical techniques used for analysis.

Results: The results showed a significant difference in support seeking and avoidance in spouses of schizophrenia and alcohol dependence syndrome.

Conclusion: Spouse's ability to adapt to stressful situations and problems in their relationships and their ability to cope up with stress varies.

Key Word: Schizophrenia, Alcohol dependence syndrome, marital coping scale, spouses

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I. Introduction

Spouse's ability to cope up with stressful situations and the ability to handle the threatening situation in their marriage varies. Coping consists of efforts, both action-oriented and intrapsychic, to handle internal and environmental needs. Coping can be referred to as cognitive, behavioural, and emotional ways that people use to manage stressful situations; thus, every individual adopts different coping strategies to handle their problems¹.

As per the "alcohol alliance policy," it is estimated that there are around 62.5 million alcohol users in India. So the impact of alcoholism on the family is so marked, especially on the wives². When there is distress, the individual adopts different ways of coping, so does the wives of alcohol dependence syndrome. It has been found that if their husbands become mentally ill, women are required to be the primary caregiver. So, they adopt different coping strategies to overcome the distress.

According to R. Chandrasekharan (1998) et al., it was found that spouses of alcohol dependence mostly used avoidance as coping strategy³. Other coping strategies used are assertion, sexual withdrawal, and discord. According to Hui Chien Ong (2016), spouses of schizophrenia mostly used emotional support and self-blame as coping strategies⁴.

This study is an attempt to identify the different marital coping strategies commonly used in spouses of patients with schizophrenia and alcohol dependence syndrome.

II. Aims and Objectives

To find out the different marital coping strategies among spouses of patients with schizophrenia and alcohol dependence syndrome. To find out different coping strategies in these spouses in relationship with sociodemographic variables. Hypothesis: There is no difference in marital coping strategies of spouses of schizophrenia and alcohol dependence syndrome.

III. Material And Methods

Study Design: Observational cross-sectional study.

Study Location: Government hospital for mental care, Visakhapatnam, Andhra Pradesh, India.

Study Duration: March 2019 to May 2019.

Sample size: 60 patients.

Subjects & selection method:

The study was conducted in the Government hospital for mental care, Visakhapatnam. This study consisting of 60 participants, of which 30 participants are spouses of patients with schizophrenia, and 30 participants are spouses of patient with alcohol dependence syndrome diagnosed according to ICD-10 criteria both from inpatient and outpatient department of government hospital for mental care. This study is a cross-sectional study and used convenient sampling method.

Inclusion criteria:

1. Participants who had given written informed consent.
2. Age from 20 - 50 years.
3. Spouses of schizophrenia patients and spouses of alcohol dependence syndrome.
4. Stable marital life.

Exclusion criteria:

1. Individuals with comorbid medical illness.
2. Individuals with intellectual disability
3. Individuals who are not given valid consent.

Procedure methodology

Operational procedure: Individuals who are fulfilling inclusion criteria were taken into study. These participants were enrolled after taking informed consent from them. The sample consisted of two groups. One is spouses of schizophrenia which includes 30 participants another group is spouses of alcohol dependence syndrome. Patients with schizophrenia and patients with alcohol dependence syndrome were diagnosed by ICD-10 criteria before their spouses were taken into the study.

Study tools

1. International classification of disease – 10 research criteria.
2. Semi-structured proforma: it is a self -designed proforma, and it is used to collect name, age, gender, educational status, area.
3. Marital coping scale: This scale developed by Dr. Swetha Singh (2013)¹. The scale consisted of 34 items, which are categorized under six dimensions. Each item of the scale rated by using 1 to 5 point scale (never, rarely, sometimes, Often, usually). Out of 38 items, 3 items are under the "support seeking" category, 2 items are under "self- blame" category, 12 items are under "aggression," and 8 items are under "stone walling" and 6 items under "positive approach." MCS was found to show a test – retest reliability of 0.87 and 0.91 for males and females respectively. The MCS was validated with M.L. Bowmann⁵. Male showed a coefficient of 0.82, and female showed 0.91 (significant at 0.01 level). The score obtained on items of each dimension are added separately, and the average scores for each of the six dimensions is calculated by division of total each dimension by no of items for that dimension.

The scores obtained on the six dimensions of marital coping can be interpreted on the basis of scale mean³. Each dimension has three qualitative categories i.e. Mean+1SD (representing high usage category) Mean – 1SD (representing moderate usage) and between Mean +1SD and Mean -1 SD (representing low usage).

Statistical analysis:

Statistical analysis of data was carried out using SPSS version 23.0. Comparison of demographic variables was done using chi-square test. Comparison of means of all variables was done using independent sample t test.

IV. Results

- Group 1 Spouses of schizophrenia
- Group 2 Spouses of alcohol dependence syndrome

TABLE 1: Comparison of mean age among groups

Variable	GROUP	N	Mean	Standard deviation	P value
AGE	GROUP 1	30	40.80	9.180	0.001
	GROUP 2	30	33.33	5.628	
	TOTAL	60	37.07	8.441	

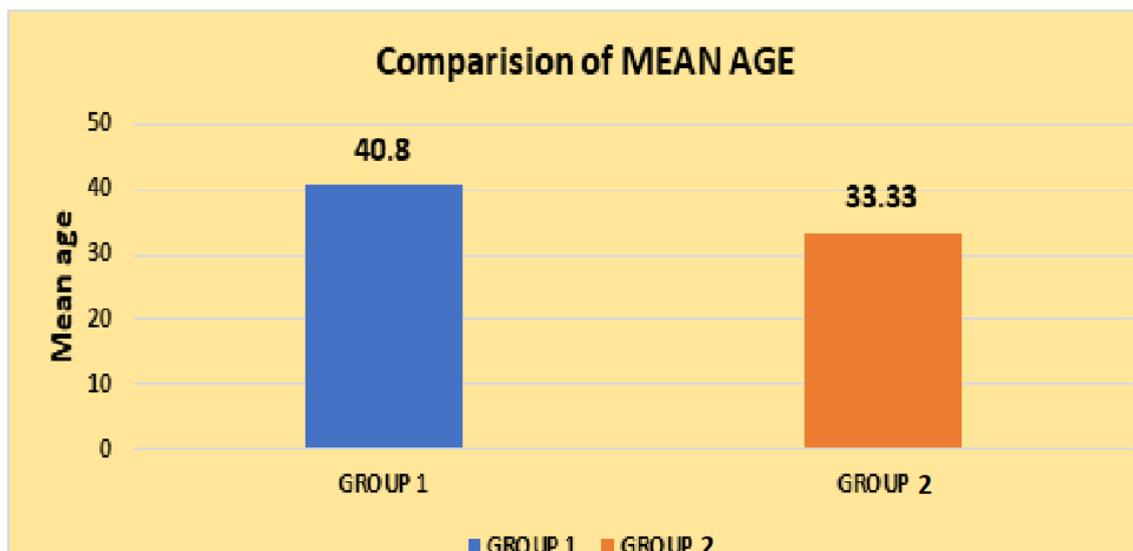


Figure1: Distribution of cases based on mean age of patient.

The mean age of group 1 is 40.8 with standard deviation of 9.18 and mean age of group 2 is 33.33 with standard deviation of 5.6 and the difference was statistically significant with p value 0.001.

Table: 2 Comparison of demographic characteristics among groups

Variable	Group 1	Group 2	Total	P value	
EDUCATION	Secondary education & below	20(66.7%)	26(86.7%)	46(76.7%)	0.06
	Higher education	10(33.3%)	4(13.3%)	14(23.3%)	
	Total	30(100%)	30(100%)	60(100%)	
PLACE	Rural	22(73.3%)	22(73.3%)	44(76.7%)	1.0
	Urban	8(26.7%)	8(26.7%)	16(26.7%)	
	Total	30(100%)	30(100%)	60(100%)	
AGE	<30years	4(13.3%)	13(43.3%)	17(28.3%)	0.02
	>30years	26(86.7%)	17(56.7%)	43(71.7%)	
	TOTAL	30(100%)	30(100%)	60(100%)	

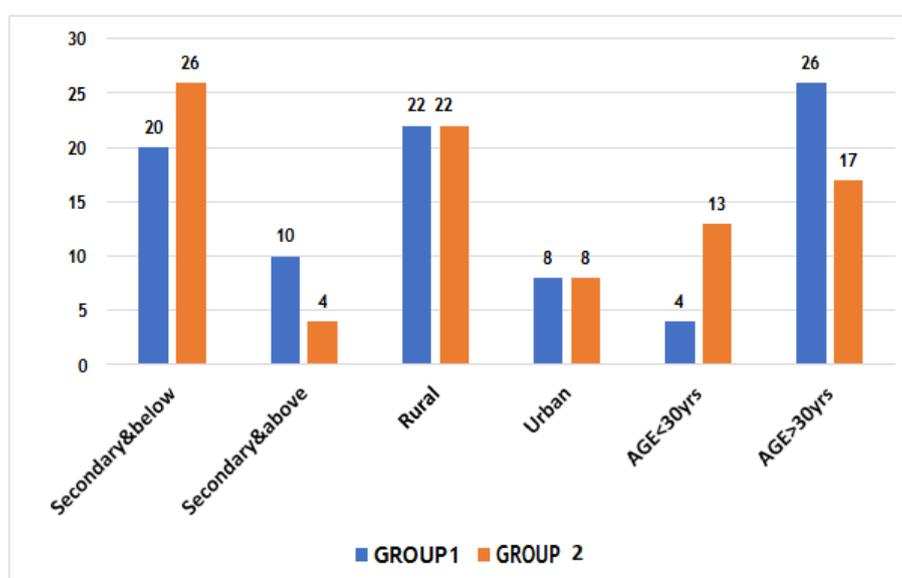


Figure2: Sociodemographic characteristics of the sample.

Majority of the respondents in the group 1 were from age group 30-50 years and in the group 2 were from 30-40 years. Most of the study sample (in both groups) educated up to secondary with a rural background.

TABLE:3 Comparison of mean scores of support seeking among groups

VARAIBLE	GROUP	N	Mean	Standard deviation	P value
SUPPORT SEEKING	GROUP 1	30	3.3657	0.96655	0.003
	GROUP 2	30	3.9993	0.56086	
	TOTAL	60	3.6825	0.84611	

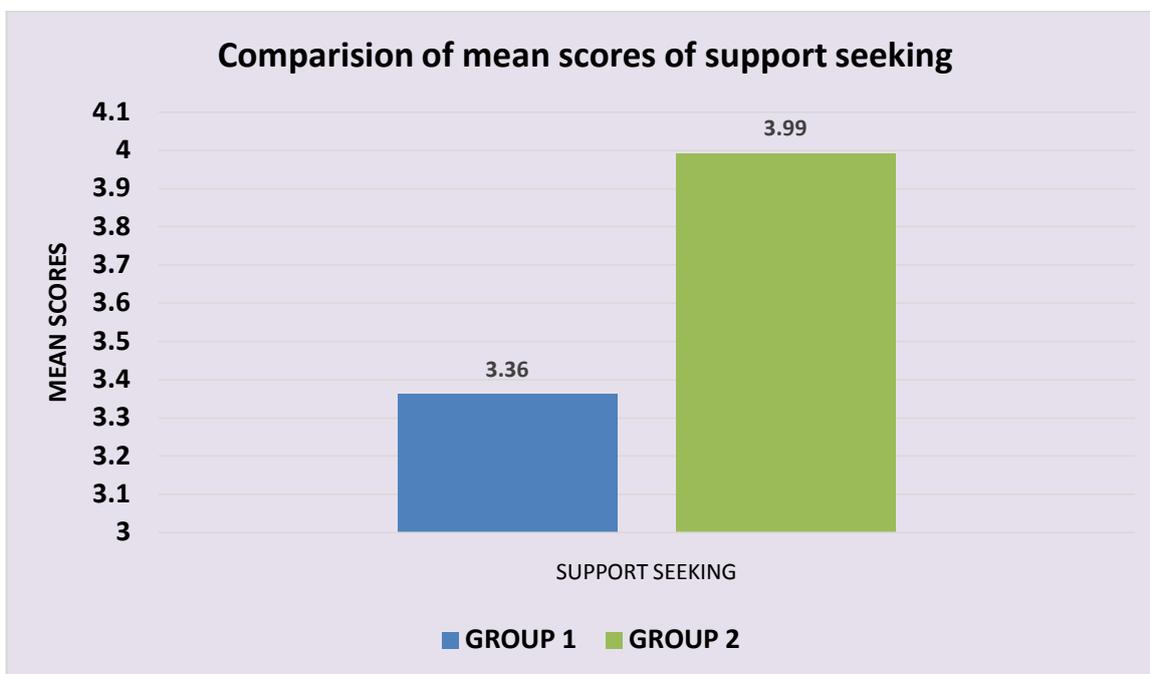


Figure3: Comparison of mean scores of support seeking

The mean scores of support seeking strategy in spouses of schizophrenia patients is 3.36 with standard deviation of 0.96 whereas the mean in spouses of patients with alcohol dependence syndrome is 3.99 with standard deviation of 0.56 and the difference was statistically significant with p value 0.003.

TABLE 4: Comparison of mean scores of aggression among groups

VARAIBLE	GROUP	N	Mean	Standard deviation	P value
AGRESSION	GROUP 1	30	2.3547	1.1087	0.05
	GROUP 2	30	2.7917	.44333	
	TOTAL	60	2.5732	.86566	

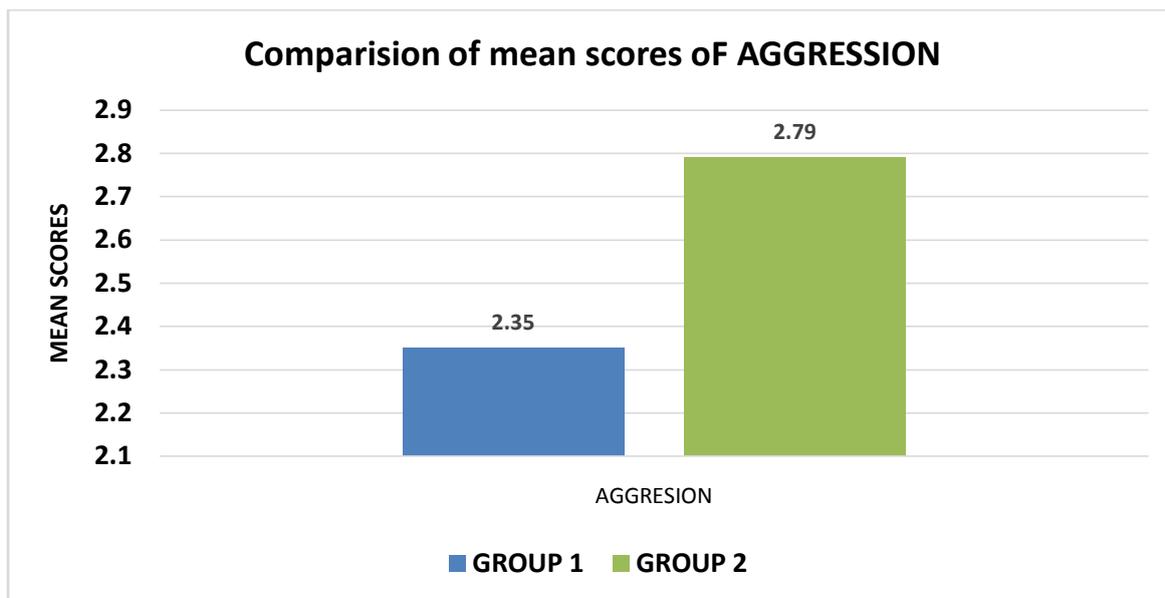


Figure4: Comparison of mean scores of aggression

The mean scores of aggression coping strategy in spouses of schizophrenia patients is 2.35 with standard deviation of 1.10 whereas the mean in spouses of patients with alcohol dependence syndrome is 2.79 with standard deviation of 0.44 and the difference was statistically significant with p value 0.05.

TABLE 5: Comparison of mean scores of avoidance among groups

VARIABLE	GROUP	N	Mean	Standard deviation	P value
AVOIDANCE	GROUP 1	30	2.76150	0.464816	0.01
	GROUP 2	30	2.39133	.605604	
	TOTAL	60	2.57642	.566836	

The mean scores of avoidance copingstrategy in spouses of schizophrenia patients is 2.76 with standard deviation of 0.46 whereas the mean in spouses of patients with alcohol dependence syndrome is 2.39 with standard deviation of 0.60 and the difference was statistically significant with p value 0.01.

TABLE 6: Comparison of mean scores of stone walling among groups

VARIABLE	GROUP	N	Mean	Standard deviation	P value
STONE WALLING	GROUP 1	30	3.1567	1.11435	0.07
	GROUP 2	30	2.6917	.88891	
	TOTAL	60	2.9242	1.02651	

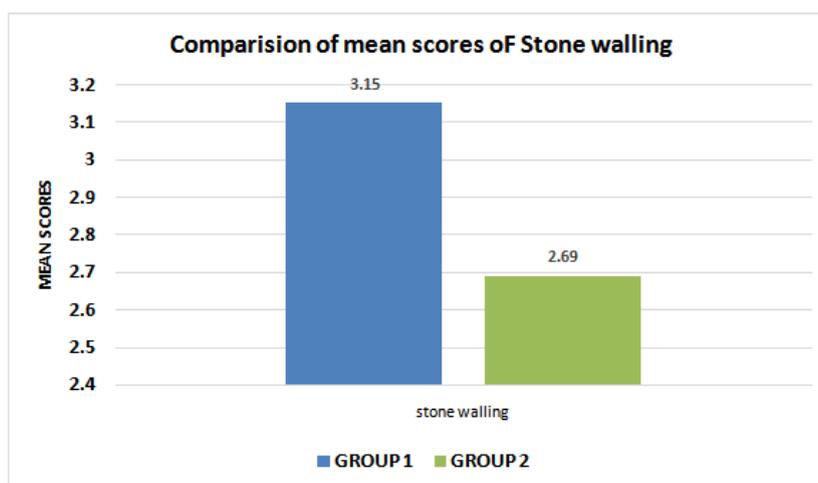


Figure 5: Comparison of mean scores of stone walling among groups

The mean scores of stone walling coping strategy in spouses of schizophrenia patients is 3.15 with standard deviation of 1.1 whereas the mean in spouses of patients with alcohol dependence syndrome is 2.69 with standard deviation of 0.88 but the difference was statistically not significant.

Avoidance and stone walling were common coping strategies in spouse of schizophrenia and both were found to be statistically significant compared to spouses of alcohol dependence syndrome.

TABLE 7: Comparison of mean scores of self-blaming among groups

VARAIBLE	GROUP	N	Mean	Standard deviation	P value
SELF BLAMING	GROUP 1	30	1.483	0.9143	0.28
	GROUP 2	30	1.267	0.5979	
	TOTAL	60	1.375	0.7736	

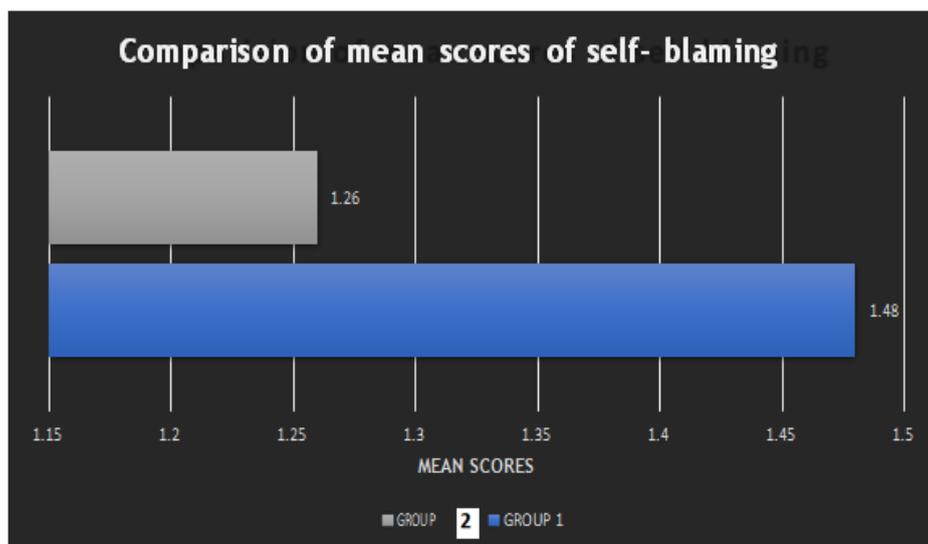


Figure 6: comparison of mean scores of self-blaming

The mean scores of self - blaming coping strategy in spouses of schizophrenia patients is 1.48 with standard deviation of 0.91 whereas the mean in spouses of patients with alcohol dependence syndrome is 1.26 with standard deviation of 0.59 but the difference was statistically not significant.

TABLE 8: Comparison of mean scores of positive approach

Variable	GROUP	N	Mean	Standard deviation	P value
POSITIVE APPRAOCH	GROUP 1	30	3.9757	.36275	0.47
	GROUP 2	30	3.9007	.44704	
	TOTAL	60	3.9382	.40539	

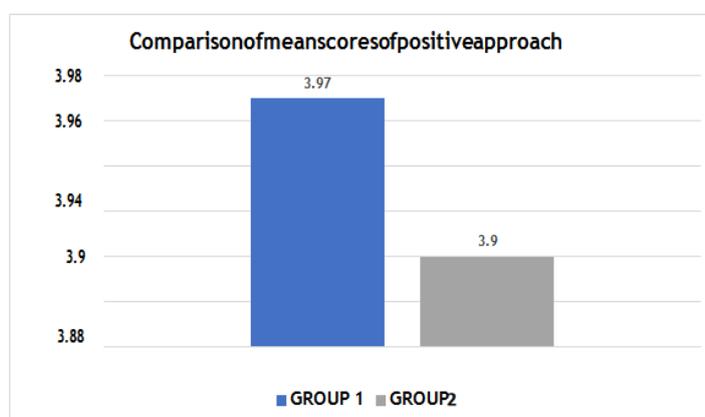


Figure 7: Comparison of mean scores of positive approach among groups

The mean scores of positive approach coping strategy in spouses of schizophrenia patients is 3.97 with standard deviation of 0.36 whereas the mean in spouses of patients with alcohol dependence syndrome is 3.9 with standard deviation of 0.44 but the difference was statistically not significant.

Results showed a significant difference in support seeking and avoidance and aggression in spouses of alcohol dependence syndrome and spouses of schizophrenia. There is no significant difference noted between spouses of alcohol dependence syndrome and schizophrenia patients on other coping mechanisms like stone walling, positive approach and self-blame.

V. Discussion

The goal of coping strategies is to strengthen or to maintain family resources, reduce the source of stressors, negative emotions and achieve a balance in family functioning. (Mc.Cubin et al.)⁶. In this study, there is no absolute score, but what coping strategies were used a lot and what coping strategies used a little were observed. In the present study, support seeking has emerged as the strongest marital coping strategy among the spouses of both patients with alcohol dependence syndrome and schizophrenia and self-blame as the weakest coping strategy in both groups, whereas the findings in other studies show different coping strategies to be common in spouses of alcoholics i.e., avoidance and seeking spiritual support in spouses of schizophrenia patients.

SUPPORT SEEKING: As a coping behavior was found to occur in a relatively higher frequency by spouses of both groups. This may be explained by the fact that, in Indian culture, where the support from the community is mainly derived from family and relatives. This is a positive coping strategy that should be positively encouraged. This can not be generalized, as we are actually assessing the spouses who are seeking help.

AVOIDANCE AND STONE WALLING: This is a problem focused coping strategy that is commonly used by the spouses of schizophrenia compared to spouses of alcohol dependence syndrome. If one of the partners has schizophrenia as it is a chronic illness so other partner has to take all responsibilities⁷. So they try to be emotionally calm and avoid physical and conversational contacts in order to avoid stressful situations.

POSITIVE APPROACH: In this study there is no significant difference in this coping strategy. Mostly both groups used this coping strategy commonly. As it is a problem focused coping strategy in order to reach some solution, spouses of patients with alcohol dependent syndrome and schizophrenia used this coping strategy frequently.

SELF BLAMING: In this study, spouses of schizophrenia patients used self-blame frequently as coping strategy compared to spouses of alcoholics. These findings are concordant with the study results of Shyretrekhaj et al. This may be explained as in this culture spouses being primary caregivers and the poor knowledge of illness leads to one to have this coping strategy blaming oneself for being the guilty party responsible for failure (Kumar et al).

AGGRESSION: In this study, spouses of schizophrenia did not show aggression as a frequent coping strategy compared to spouses of patients with alcohol dependence syndrome⁸. The reason may be because the illness is chronic and spouses become accustomed to the illness, and in India one partner becomes mentally ill the other partner takes the whole responsibility. The spouses look after their partner and show more emotional involvement rather than aggression.

LIMITATIONS:

The sample size is small. The sample contains only female spouses of patients with alcohol dependence syndrome.

Convenience sampling method.

VI. Conclusion

Support seeking and aggression were observed in higher frequency in the spouses of alcohol dependence syndrome. Avoidance and stonewalling were common coping strategies in spouses of schizophrenia.

FUTURE DIRECTIONS: It is important to study the marital coping strategies in a large sample such that the results can be generalized.

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