

# 1 Resilience and Quality of Life in Caregivers of Schizophrenia and 2 Bipolar Disorder Patients

3 Dr. Dweep Chand Singh<sup>1</sup> and Dr. Dweep Chand Singh<sup>2</sup>

4 <sup>1</sup> AIBHAS, AMITY UNIVERSITY UTTAR PRADESH, NOIDA, India.

5 *Received: 7 December 2013 Accepted: 1 January 2014 Published: 15 January 2014*

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## 7 **Abstract**

8 The present study was designed to explore the resilience amongst caregivers of individuals  
9 diagnosed with schizophrenia and bipolar disorder and also to examine whether resilience  
10 affects an individual's quality of life. For this purpose, a sample of 50 caregivers (25 from each  
11 group) residing with the patients, aged between 20-70 years was selected from psychiatry  
12 department of hospitals, and organizations and clinics dealing with the mentally ill persons  
13 located in Delhi / National Capital Region, India. Two standardized instruments, World  
14 Health Organization Quality of Life â???" BREF and the Connor-Davidson Resilience Scale  
15 were used for the study. Results indicated resilience to be same in both the groups of  
16 caregivers, i.e., there was no significant difference between resilience in caregivers of  
17 schizophrenic patients and bipolar disorder patients. There was a significant correlation  
18 between the quality of life and resilience in caregivers of individuals diagnosed with  
19 schizophrenia and bipolar disorder. The present study, however, did not compare the  
20 obtained results with a normal group of individuals to see if and how their quality of life and  
21 resilience differ from that of caregivers. The implication of this would be to work on a  
22 rehabilitation program that would focus on improving the financial factor and entertainment  
23 aspect of caregivers that would eventually maintain a good quality of life and in turn enhance  
24 their coping skills and resilience as well.

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26 **Index terms**— resilience, quality of life, caregivers, schizophrenia, bipolar disorder.

## 27 **1 Introduction**

28 Since time immemorial, mental disorders have affected the lives of individuals all over the world. Their treatment,  
29 cure and care have been of concern for the patient themselves, and also their caregivers, society and government.  
30 Humans live in a family setup and when one falls ill, it is the family members who are automatically assigned  
31 to take care of the patient during his illness. Additionally, as a result of de-institutionalization and the  
32 increasing shift of psychiatric care to the community, the role of family caregivers has gained importance  
33 (Kaushik and Bhatia, 2013). Hence, the responsibilities of the caregivers increase tremendously as they have  
34 to take care of the patient's medical, financial and social needs along with Author ?: Ex MPhil (Clinical  
35 Psychology) student at aibhas, amity university uttar pradesh, noida, India. Author ?: Assistant Professor-III  
36 of Clinical Psychology aibhas, amity university uttar pradesh, noida, India. e-mails: drdweepsingh@gmail.com,  
37 dweeps@hotmai.com their own personal needs. They, as family members feel a lot of burden and stress in  
38 managing the individual diagnosed with the disorder. There have been various studies to see the caregiver's  
39 burden and the resultant decrement in their resilience and quality of life (Marsh, Kersel, Havill, & Sleigh,  
40 1998; Burt et al, 2004; Saarni, 2010). Social support has been identified as possibly mediating the burden response  
41 (Brooks, Campsie, Symington, Beattie, & McKinlay 1987). Talsma (1995), in a cross-sectional study evaluated  
42 the theoretical model of resilience. She suggested that chronic strain was a risk factor that had a detrimental

## 8 DISCUSSION

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43 effect on an individual's resilience. Also, it was found that social support and behavioural ways such as physical  
44 activities mediated the impact of chronic strain. In India, Gururaj, Math, Reddy, and Chandrashekhar's study  
45 ??2008) highlighted that the family and economic burden were significantly higher in people with schizophrenia  
46 as compared to other mental disorders. Kaushik and Bhatia (2013) conducted a study on the burden and  
47 quality of life in spouses of patients with schizophrenia and bipolar disorder. The results indicated significant  
48 effects of gender and family type on spousal burden. The quality of life of spouses of people with mental illness  
49 proved to be somewhat lower than that of the general population. These studies provide us with insight into  
50 the caregiver's issues, however, there aren't enough researches examining Quality of life of and Resilience among  
51 caregivers of individuals diagnosed with psychotic illnesses such as schizophrenia and Bipolar Disorder. Moreover,  
52 a combination comparing these two variables (QOL and resilience) together and how it has an impact on the  
53 caregivers has not been attempted. Thus, the present research was undertaken to explore these aspects.

## 54 2 II.

### 55 3 Method

56 The aim of the study was to explore the resilience amongst caregivers of individuals diagnosed with schizophrenia  
57 and bipolar disorder and also to examine whether resilience affects an individual's quality of life. a) Sample  
58 1992/2007)). The data were collected from psychiatry department of hospitals, and organizations and clinics  
59 treating the mentally ill persons, located in Delhi / National Capital Region, India. Age range of participants  
60 was between 20-70 years of age and they were residing with the patient in the same household.

### 61 4 b) Design

62 The study used two groups between subject research designs wherein the two groups were caregivers of both the  
63 disorders.

### 64 5 c) Tools

65 The procedure for administering the research included taking their informed consent to be a participant in  
66 the study. Once they agreed, personal details and responses to questionnaires were obtained in an individual  
67 interview setting. The tools used were two standardized instruments: Connor Davidson Resilience Scale (CD-  
68 RISC) (Connor & Davidson, 2003) to measure the level of resilience in the caregivers and the World Health  
69 Organization Quality of Life -BREF (WHOQOL-BREF) (WHO, 1996) to assess the subjective perception of  
70 their quality of life.

## 71 6 III.

### 72 7 Results

73 Fifty caregivers divided either as male and female, or their service to the groups of the mentally ill (schizophrenia  
74 and bipolar disorder). Groups were comparable (no significant difference between groups). Pertaining to the  
75 difference in resilience of the two groups of caregivers, the resilience was found to be almost same in both the  
76 groups of caregivers (Schizophrenia and Bipolar Disorder) (Table no. 1). Correlation was significant ( $r = 0.55$ ,  
77  $p = 0.01$ ) between quality of life and resilience amongst caregivers of schizophrenia and bipolar disorder patients  
78 (Table ??o. 2). It seems that Quality of Life enhances resilience of the caregivers of mentally ill people or  
79 vice-versa. However, we cannot determine a cause and effect relationship between the two variables, i.e., quality  
80 of life and resilience.

### 81 8 Discussion

82 Resilience of caregivers of individuals with schizophrenia was not significantly different from that of caregivers of  
83 individuals with bipolar disorder ( $t = 1.40$ ,  $p = 0.17$ ). Family members who reside with individuals diagnosed with  
84 a mental disorder, both schizophrenia and bipolar disorder being put on the same pedestal, face caring problems  
85 and stigma. Thus, the quality of life in caregivers of the two groups remains relatively similar. Additionally, both  
86 schizophrenia and bipolar are relatively chronic in nature of progress, consequently it may reduce the perceived  
87 stress on their caregivers over time as they may adjust to the behaviour patterns and changes in the patients  
88 over the years, perhaps becoming more resilient individuals as a result of habituation.

89 Correlation between Quality of life and resilience of caregivers of both the groups can be explained in terms of  
90 the common factors shared. Both quality of life and resilience are complex concepts influencing and influenced by  
91 multi-dimensions in caregivers including their burden, stress level, personality characteristics, family environment,  
92 social adjustment, and availability of economic resources as summarized from the following studies on the two  
93 variables. Results of the study conducted by Urizar, Maldonado & Castillo (2009) suggested that the caregiver's  
94 QOL was negatively influenced by emotional, physical and economic suffering as a result of a number of unfulfilled  
95 needs such as lack of spare time, restitution of patient functioning in family and social roles among other factors.  
96 Decreased QOL may be associated with burden on caregivers, lack of social support, and course of the disease  
97 and family relationships problems. In addition, QOL is said to be affected by caregivers' economic burden

98 in developing countries. Awadalla, Ohaeri, Salih & Tawfiq (2005) found that the caregivers' inner strengths,  
99 extended family support, positive appreciation of the patients are resources for enhancing the caregiver roles.

100 As far as resilience is concerned, support from friends and family has been found to be helpful in reducing  
101 or controlling the inconvenience caused to the caregivers (Brooks et. al., 1987). Families are automatically  
102 secluded from social support systems, just like patients themselves. In order to have good family adaptation, it is  
103 immensely important to have friends to provide encouragement and support that will help to enhance resilience  
104 (Kosciulek and Pichette, 1996). The well-being of caregivers was found to be predisposed by awareness of their  
105 situation; opinions of the family's adaptability; individuals' view of themselves as caregiver; good health; and a  
106 good bond with the care-recipient (Berg-Weger, Rubio & Tebb 2001). Thus, from the above discussion it can be  
107 said that resilience and quality of life in caregivers affect each other.

108 V.

## 109 **9 Conclusions**

110 To summarize it can be stated this study has added to the understanding of the level of resilience in caregivers  
111 of different chronic mental disorders and the relationship between resilience and QOL of caregivers of psychiatric  
112 patients. In short:

113 1. Quality of life and resilience of caregivers of individuals with schizophrenia and bipolar disorder seem to  
114 be related with each other. 2. Resilience appears to be same in both the groups of caregivers, i.e., there was  
115 no significant difference between resilience in caregivers of Schizophrenic patients and Bipolar Disorder patients.  
116 VI.

## 117 **10 Implications**

118 When chronic patients are taken care of in a formal set up like hospitals, clinics, nursing homes or NGO's, along  
119 with the consultation for medical purposes and welfare of the patient, focus may also be put on improving the  
120 quality of life and resilience of caregivers so that their coping with the continuing stress can be handled in a  
121 better manner. Although, it was not analyzed, most of the participants (caregivers) expressed the view that  
122 they experienced financial constraints in looking after their wards, and that they did not get leisure time for  
123 themselves. In order to provide aid to the caregivers, certain entertainment and learning skills can be imparted.  
124 These would include providing social support and interaction via recreational activities such as a picnic, etc  
125 and at the same time teaching skills to the caregivers to improve their monetary funds. The basic idea, may  
126 be thought of now is a rehabilitation program not just for the patients, but the caregivers as well so that their  
127 quality of life is improved and consequently their coping skills and resilience becomes better.

## 128 **11 VII.**

## 129 **12 Limitation**

130 A drawback of the present study is that it did not compare the Quality of life and resilience of the caregivers of  
131 both the groups (schizophrenics and bipolar disorder patients) with that of the general population.

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Caregivers of Schizophrenia		Resilience			
n = 25		Caregivers of Bipolar disorder n =	25	t	p
Mean	SD	Mean		SD	
70.80	11.96	65.08		16.64	1.40 0.17

Figure 1: Table 1 :

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**2**

All Caregivers of individuals diagnosed with Schizophrenia and Bipolar Disorder

Quality of life, Mean	n = 50 SD	Resilience, Mean	n = 50 SD	r	p
98.28		15.30	67.94	0.55	0.01

IV.

Figure 2: Table 2 :

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