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ADAPTATION POTENTIAL AND DESCRIPTORS OF RESILIENCE IN FAMILIES, WHERE A PATIENT WITH ENDOGENOUS MENTAL DISORDER LIVES

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Abstract

Family members of a mentally ill person have to deal with reality, which is being constantly changed by the dynamics of patient`s mental disorder. Family burden associated with living with patient who has been diagnosed with endogenous mental disorder, as well as necessity for providing care for the patient, inevitably lead to psychosocial stress and emotional overstrain, which, according to the principle of feedback, negatively affects condition of the patient. Family members of patients with endogenous mental disorders (schizophrenia, affective disorders), face challenging family situation, that demands maximum personality adaptation resources and resilience in order to reach successful coping of the family and resocialization of the patient.

The aim of this study was to analyze some descriptors of resilience in reference relatives of patients with endogenous mental disorders in context of their psychosocial functioning. 168 relatives of patients with paranoid schizophrenia and 75 relatives of patients with affective disorders (bipolar disorder, recurrent depressive disorder) were included into study. Control group was represented by 55 mentally healthy individuals.

Coping behavior and communicative coping resources were estimated with the use of psychological testing tools.

Study of coping behavior indicators revealed following patterns: family members of patients with paranoid schizophrenia and affective disorders are likely to use maladaptive and relatively adaptive coping strategies, that might be a sign of exhaustion of their adaptation personality potential. Revealed tendencies in levels of communication coping resources should be taken into consideration, while implementing complex system of psychological support for families of patients with schizophrenia and affective disorders.

Keywords: endogenous mental disorder, family burden, adaptation potential, coping strategies, coping resources, resilience.

Resilience refers to both the process and the outcome of successfully adapting to difficult or challenging life experiences (APA, 2021). It's having cognitive, emotional, and behavioral flexibility in order to adjust to both internal and external demands. A number of factors contribute to how well people can adapt to stress, predominant among them are subjective perception, quality of communication resources, specific coping strategies. Psychological research proves that the resources and skills associated with more positive adaptation and greater resilience can be cultivated and practiced (11, p. 15)

Family interaction with a mentally ill family member and providing necessary family caregiving are connected with significant psychosocial stress for family members [10, p. 180]. Due to the lack of training, insufficient information about the disease and changes of family homeostasis, caused by mental state of a patient, other family members often experience the so-called family burden. Family burden includes objective negative effects of living and interacting with a mentally ill patient (decrease of health and quality of life of family members, disruption of family life, uncomfortable changes of daily routine, increased financial expenses) and subjective effects (feelings of grief, isolation, loss, anxiety, anger, guilt and frustration) [8, p. 1,3]. Together, objective and subjective effects threaten physical, psychological, economical and emotional well-being of family caregivers [7, p. 114].

Providing family support and care to patients is a challenging task, which might occur disturbing and affecting health and quality of life of family caregivers [4, p. 32]. This makes the problem of effective family adaptation more and more urgent. According to existing data, providing relatives of patients with schizo-

phrenia and affective disorders with appropriate psychological support (psychoeducation, psychological aid programs) can help improve their general health and prevent unfavorable consequences of family burden [3, p. 115].

Creating a supportive psychosocial environment in which patients with schizophrenia and affective disorders, with the support of their family caregivers, can cherish their own recovery is critical for treatment of these disorders. Indeed, it may be a crucial prerequisite for all the other treatment interventions to be effective. The supportive environment is a broad concept that includes various social and judicial context factors. Currently, however, many people with endogenous mental disorders are not in a sufficiently favorable psychosocial environment. Although the importance of environment for people with mental disorders has been recognized long ago, systematic modification or change of their psychosocial environment has only been formalized in recent years.

The aim of our study was to define the basic descriptors of resilience (coping strategies and coping resources) in reference relatives of patients with endogenous mental disorders (EMD), which is important for the development of a complex system of psychological support for families where patients with endogenous mental disorders live.

In order to achieve the goal, in compliance with the principles of bioethics and medical deontology, under the informed consent conditions, 243 reference relatives (RR) of patients with paranoid schizophrenia (168 persons, RR1) and 75 reference relatives of patients with affective disorders - bipolar disorder, recurrent depressive disorder (75 persons, RR2) were included into study.

The inclusion criteria were: informed consent for psychological testing, absence of previous requests for psychiatric aid, no craniocerebral injuries in the anamnesis. In total 49 wives, 25 husbands, and 94 parents of patients with paranoid schizophrenia were included in the RR1. 20 wives, 25 husbands, and 30 – one of the parents of patients with affective disorders were included to the RR2.

The age of the respondents was from 26 to 63 years (average age: "wife" 37.5 ± 0.8 years, "husband" 42.3 ± 0.9, and "one of the parents" 60.3 ± 3.7 years). Most of the relatives (64.5%) had a sufficient educational level (secondary and higher education), 55.1% had a permanent job. 70.4% of the respondents of RR1 and RR2 reported the material and household condition as satisfactory, and 23.1% pointed to the unsatisfactory financial condition of the family, which changed after the diagnosis of a mental disorder in the family.

Analysis of family relationships showed that adequate relationships was declared by 19.5% of RR1 and 28.6% of RR2, while 46.2% in RR1 and 26.4% of interviewed family members in RR2 reported about conflict and emotionally unstable family relationships. Control group (CG) included 55 mentally healthy people (35 women and 20 men), without any mentally ill patients in their families and who have never sought help from a psychiatrist.

Research methods: clinical-anamnestic, socio-demographic, clinical-psychopathological, psychometric, statistical. Psychological Method for Diagnostics of Coping Mechanisms (E. Heim) was used to diagnose the leading coping strategies of RR of patients with EMD. Test allows to investigate 26 situation-specific coping options, divided according to the three main domains of mental activity into cognitive, emotional and behavioral coping-strategies, among which adaptive, non-adaptive and relatively adaptive coping options are selected. Level of constructiveness of coping strategies depends on the significance and context of stressful situation.

Evaluation of personal communicative resources (CR) - empathy, affiliation, sensitivity to neglection, was performed with the use of the adapted method of measuring emotional empathy by A. Mehrabian.

In psychology, coping is understood as a process of managing difficult circumstances, focusing efforts on solving personal and interpersonal problems, and striving to minimize, reduce or withstand stress or conflict [1, p. 200-215]. Coping strategies can be defined as individual actions when solving difficult situations with the aim of adaptation to existing circumstances [5, p. 240]. In modern psychology, there are different classifications of coping strategies. E. Heim proposed to distinguish emotional, cognitive and behavioral coping strategies, which describe behaviors that can be adaptive, relatively adaptive or maladaptive.

Adaptive variants of coping behavior in various areas include cooperation with significant or more experienced people, seeking support in the closest social environment, willingness to provide such support to beloved ones, analysis of difficulties and ways to overcome them, increasing self-esteem and self-control, deep awareness of one's own value as a person, protest against difficulties, an optimistic assessment of one's own resources and ability to overcome difficulties.

Maladaptive variants of coping behavior are associated with refusal to overcome difficulties and solve problems due to disbelief in one's own strengths and intellectual resources, deliberate underestimation of the significance of problems, avoiding thoughts about troubles, states of hopelessness, humility, anger, blaming oneself and others, self-isolation.

Relatively adaptive variants of behavioral coping strategies are manifested in the desire for temporary distancing from solving problems with the help of alcohol, drugs, immersion in favorite activities, travelling, satisfying one's desires etc.

In the cognitive domain, relatively adaptive options are associated with assessing difficulties in comparison with others, giving special meaning to solving problems, religious forms of thinking, faith in God, and perseverance in faith ("God is with me") when faced with difficult situations. In the emotional sphere, variants of relatively adaptive coping strategies involve relieving tension caused by problems through emotional response, passive cooperation - behavior aimed at eliminating stress associated with problems by delegating responsibility for solving difficulties to other people.

According to the results of the study, in the structure of coping behavior of RR of patients with EMD, in

comparison with individuals of the CG, non-adaptive and relatively adaptive variants of coping strategies prevail, which creates significant obstacles for successful social and psychological adaptation of both individual family members and harmonious family functioning of the family in general. These features are important predictors of adaptation potential and resilience of family members in families, where a patient with EMD lives.

The study showed that, in comparison with the control group, RR of patients with schizophrenia and affective disorders, among cognitive coping strategies, use relatively adaptive (RR1 26.1%; RR2 25.4%; CG 16.4%) and non-adaptive variants (RR1 28.0%; RR2 17.5%; CG 14.5%) more often compared to CG – in particular, ignoring (RR1 5.6%; RR2 7.6%; CG 1.8%), confusion (RR1 5.6 %; RR2 3.6%; CG 1.8%), relativity (RR1 9.5%; RR2 8.9%; CG 3.6%). At the same time, part of the respondents of RR1 and RR2 retain the ability for adaptive cognitive coping (RR1 45.9%; RR2 57.1%; CG 69.1%), which is a favorable basis for the implementation of psychological interventions.

Among emotional coping strategies, the adaptive strategy of protest (RR1 16.1%; RR2 14.1%; CG 20.0%) and relatively adaptive strategies – obedience (RR1 14.9%; RR2 10.7%; CG 1.8%), suppression of emotions (RR1 12.5%; RR2 9.3%; CG 5.5%) and self-blame (RR1 11.3%; RR2 9.3%; CG 5.5%) prevail.

In domain of behavioral coping, relatively adaptive and non-adaptive coping strategies prevailed among respondents of RR1 and RR2, in particular, in RR1 - compensation (RR1 20.8%; RR2 12.0%; CG 18.2%) and constructive activity (RR1 14.3 %; RR2 10.7%; CG 9.1%); and in the respondents of RR1 - active avoidance (RR1 7.1%; RR2 14.7%; CG 0%) and withdrawal (RR1 5.4%; RR2 13.3%; CG 0%).

Reduced ability to perceive social support among respondents of RR1 manifested in reluctance to use the coping strategy of seeking help (RR1 13.7%; RR2 18.7%; CG 18.2%). On the other hand, RR2 respondents showed higher ability to perceive help and emotional support from significant others, which manifested in the use of coping strategies of appeal and passive cooperation (RR1 12.5%; RR2 14.7%; CG 12.7%). Thus, as a result of the research, certain correlations of coping behaviors of respondents of RR1 and RR2 were revealed.

Features of coping behavior shown in this study are an important predictor of communication disorders in families where a family member has schizophrenia or affective disorder and should be considered when developing plan for appropriate psychological interventions.

Communicative coping resources (CR) are the basis, thanks to which a family member is able not only to overcome problematic situations, but also to adapt in microsocial environment in general. Psychological resources ensure development of appropriate adaptive or maladaptive behavioral style, based on processes of empathy, affiliation, psychological defence, locus of control and self-esteem of the individual.

In a situation where a mental disorder changes personal structure, psycho-emotional state and behavioral patterns of a mentally ill family member, significantly complicating adequate interpersonal communication both in family circle and in social environment in general, the problem of researching communicative coping resources of RR is relevant. Studies of "empathic" and "affiliative" tendencies, "sensitivity to neglection" in respondents of the main groups are presented in Table 1.

Table 1

Level of personal communicative coping resources in reference relatives of patients with endogenous mental disorders (point, M±m)

Coping resources	Groups of respondents	
	RR1 and RR2 n=243	CG n=55
Empathy	9,2±0,11**	18,7±0,31
Affiliation	8,3±0,87**	13,4±0,12
Sensitivity to neglection	12,6±0,53**	7,8±0,13

Note: * - indicators are statistically significant (P<0.05); ** - (P<0.001)

Statistically significant differences between the CR indicators of family members of patients with EMD and respondents of CG were found on the subscales "empathy", "affiliation" and "sensitivity to neglection". Empathic and affiliative tendencies were significantly lower in the RR1 and RR2 groups, while indicators of "sensitivity to neglect" were significantly higher in the RR of EMD patients compared to the indicators of CG respondents (p<0.001).

The study of communicative CR in RR groups demonstrated that empathic tendencies in RR of patients with EPR had average values of manifestations (score 14.4±0.9 points, 84.7% of the maximum severity of the symptom, range of fluctuations 6-17 points); indicators of affiliation in the RR ranged from 6 to 20 points, the average score was 12.1±0.3 points (expression from the maximum of 60.5%). Indicators of sensitivity to neglection were in the range from 6 to 12 points, and the average score was 8.5±0.2 points, expressiveness from the maximum value was 70.8%.

Described indicators of CR in the RR of patients with EMD reflect, in our opinion, the psycho-emotional state predicted by the situation (mental disorder in a beloved one). At the same time, it is necessary to mention the fact that a sufficient level of development of affiliative and empathic tendencies contributes to the implementation of constructive behavioral strategies in solving stressful family situations.

Based on the analysis of the obtained data, we developed a theoretical justification and proposed the

tasks for psychological interventions for family members in families, where a patient with EMD lives. We also identified targets of psychological interventions, which are aimed at the development of constructive forms of coping behavior and improving quality of interpersonal communication in the families of patients with EMD.

The proposed system of interventions is aimed at building an adequate attitude of family members to the mental disease of a family member, increasing communicative competence due to development of empathy skills, effective communication and adaptive coping behavior, creating favorable conditions for activation of communicative resources and increasing the adaptation potential of the family in general.

Psychological support system tasks:

1)development of realistic understanding of causes, mechanisms of development, consequences of mental disease, understanding possibilities of treatment, prognosis, importance of the social and therapeutic environment for the social adaptation of the patient and prevention of stigmatization;

2)formation of the anticipation ability to predict the consequences of one's behavior, understand manifestations of verbal and non-verbal communication, orient oneself in the general picture of interpersonal interaction;

3)mastering skills of constructive coping behavior in conditions of stress caused by mental illness in a close family member;

4)expanding the range of emotional response and development of reflection in the process of interpersonal interaction;

5)creation of conditions for the formation of adequate interpersonal interaction in the family;

6)developing prerequisites for enhancing value attitudes aimed at preserving health and activating personal adaptation potential in family members.

Thus, on the basis of an in-depth study of some descriptors of coping behavior of reference relatives of patients with endogenous mental disorders in context of understanding the importance of the family as a sociotherapeutic environment, we identified the targets and tasks of an integrative system of psychological interventions aimed at normalizing the psycho-emotional state, development of adaptive forms of behavior of reference relatives of patients with endogenous mental illnesses, increasing their empathic and affiliative resource, creating favourable conditions for activation of personal resources and adaptation potential of patients with endogenous mental disorders and their relatives.

The prospect of further research in this field is the development, implementation and evaluation of the effectiveness of appropriate psychological support programs for family members of patients with endogenous mental disorders.

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