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STRESS AND COPING IN FAMILIES, WHERE A PATIENT WITH MENTAL DISORDER LIVES

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Abstract. Family members of a mentally ill person deal with the reality, which changes depending on the dynamics of patient`s disease. Family burden associated with contact and living with patient with endogenous mental disorder generally leads to stress and significant emotional overstrain, which, according to the principle of feedback, negatively affects condition of the patient. Family members of patients, diagnosed with endogenous mental disorders, face challenging family situation, that demands maximum personality adaptation resources activation in order to ensure successful coping and resocialization of the patient.

The aim of this study was to analyze coping behavior and coping resources 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 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 tend to use maladaptive and relatively adaptive coping strategies, that might be a sign of exhaustion of their adaptation personality potential. Revealed communication coping

resources should be taken into consideration, while developing appropriate system of psychological support for families of patients with endogenous mental disorders.

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

Having a mentally ill family member as well as family interaction with mentally ill patient are connected with significant psychosocial burden and stress [10, p. 180]. Due to the lack of training, insufficient knowledge about the disease and disruption of family homeostasis caused by sudden changes in mental state of a patient, other family members often experience the so-called family burden. Objective negative effects of living and interacting with a mentally ill patient include decrease of health and quality of life of family members, disruption of family life, uncomfortable changes of usual daily routine, increased financial expenses, while subjective effects include feelings of grief, isolation, loss, anxiety, anger, guilt and frustration [8, p. 1,3]. Together, objective and subjective effects result in damage for physical, psychological, economical and emotional well-being of reference relatives [7, p. 114].

Providing family support to patients is an exceptionally challenging task, which might occur disturbing and affecting health and quality of life of relatives [4, p. 32]. This makes the problem of effective family adaptation more and more urgent. According to existing data, providing reference relatives of patients with schizophrenia and affective disorders with appropriate support (psychoeducation, psychological aid programs) can help improve their general health [3, p. 115].

The aim of our study was to define the basic descriptors of coping behavior (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 medical and psychological support for families where patients with endogenous mental disorders.

In order to achieve the goal, in compliance with the principles of bioethics and medical deontology and under the informed consent conditions, 243 reference

relatives (RR) of patients with paranoid schizophrenia (168 persons, RR1) and patients with affective disorders - bipolar disorder, recurrent depressive disorder (75 persons, RR2).

The inclusion criteria were: informed consent for psychological testing, absence of previous requests for psychiatric help, absence of craniocerebral injuries in the anamnesis, 1-2 degrees of kinship with the patient. 49 wives, 25 husbands, and 94 – one of the 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).

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 spheres 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 neglect, was performed using 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 adapting 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 and 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 control group, 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 as a whole.

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%; RRAFR 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 prevails (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%).

In the field of behavioral coping, relatively adaptive and non-adaptive coping strategies prevailed among the 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 the respondents of RR1 was manifested in the 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 a higher ability to perceive help and emotional support from significant others, which is 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 behavior 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 the development of appropriate adaptive or maladaptive behavioral style, based on processes of empathy, affiliation, psychological defense, locus of control and self-esteem of the individual.

In a situation where a mental disorder changes personal structure, psychoemotional 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. patients with EPR.

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 neglect".

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 ($p<0.001$).

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 of families, where a patient with EMD lives.

We also identified targets of interventions, which are aimed at the development of constructive forms of coping behavior and improving quality of interpersonal communication in families of patients with EMD.

The proposed system of interventions is aimed at forming an adequate attitude

of family members to the illness of a family member, increasing communicative competence due to development of empathy skills, effective communication and adaptive coping behavior, creating favorable conditions for the activation of communicative resources and increasing the adaptive potential of the family in general.

Psychological support system tasks:

1) development of realistic understanding of the causes, mechanisms of development, consequences of mental disease, understanding possibilities of treatment, prognosis, as well as 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) creation of conditions for 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) development of prerequisites for the formation of 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 socio-therapeutic 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 favorable 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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