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Coping strategies of caregivers of psychiatric and cancer patients: A comparative study

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Abstract
The study is aimed at identifying and comparing the coping strategies of caregivers of psychiatric and cancer patients, and to find out the differences between the coping strategies, if any, among them. Two types of coping strategies among the caregivers of psychiatric (*N*=30) and cancer patients (*N*=30) are tested with the help of the Coping Strategies Scale. The sample consists of male and female caregivers, aged 18 years and above, recruited from hospitals in Kerala. The coping scale consists of five sub-variables grouped as approach and avoidance strategies. The data were analyzed using *t*-tests to compare the differences between the two groups of caregivers. The study concluded that the caregivers of psychiatric and cancer patients had different coping styles on the opposite dimensions of the scale.

Keywords: coping, caregivers, psychiatric patients, cancer patients, adjustment

Introduction
Caregiving and care receiving can occur at any point in one's life, and is typically associated with chronic illnesses or disabilities, which result in loss of independence and equilibrium. The caregiver is usually a relative of an ill person and the care being provided is usually continuous (the paid caregiver has a professional mind of service and their coping styles are different and that is not the concern of this study). They often have additional responsibilities in the family and many of the care recipients do not acknowledge or even recognize the assistance due to their mishap. The care is given because of emotional bonding, duty, guilt, or the lack of other available services in the community (Vaddadi, 1997) [12].

Individuals vary in their ability to cope with stressful events in life and therefore not every caregiver is able to rise above the challenges and meet the responsibilities expected of them. Sometimes the stress exceeds their capacity, and some may even reach a breaking point. Often, the emotions of the caregivers are neglected as the focus is always given to the patient. The burden of the caregiver is rarely acknowledged by others leading to an increase in their distress. Hence, they may develop their own means to cope with the miseries which at times can be maladaptive such as turning to alcohol and other substances for solace. Studies have suggested that the act of providing care and assistance to someone who has a long-standing mental or physical illness almost always has an impact on the life of the caregivers.

Despite the challenges faced by caregivers, some family members do report positive gains from caregiving such as learning new skills, being more sensitive to persons with disabilities, adding new meaning and purpose to one's life, and a sense of gratification. It changes their life, especially if they are juggling their career with other family responsibilities. In studies that compare caregivers with others, caregivers report poorer physical health and higher use of medication than others. A group of psychologists from Concordia University, Quebec and the University of British Columbia (2010) have found that caregivers can experience high levels of stress, self-blame, substance abuse, and depressive symptoms unless they refocus their priorities and lighten their load.

Caregivers of the mentally ill often face responsibilities such as keeping the care recipient safe, dealing with socially unacceptable behaviour, prompting the recipient to undertake personal hygiene, ensuring medication are taken on time, and educating family and friends. The relationship between the caregiver and care recipient may require continuous adaptation due to the fluctuations in the mindset of the recipient. One can only imagine the pressure on

the family members of a bipolar patient whose constant mood swings become a source of frustration. Caregivers of patients with a physical illness like cancer face a different set of stressors. Most people feel that being diagnosed with cancer is typically assumed to mean that death will follow shortly. Caregivers of such patients may face the reality that death of their loved one is a possibility. They are involved in monitoring pain and other symptoms, giving medication, dealing with the side effects of chemotherapy, providing help with positioning and managing other activities of daily living for the care recipient. These tasks are seen as stressful and take a toll on the caregiver's own health and wellbeing.

Lazarus and Folkman (1984) [7]. supported the view that even though stress is inevitable, it is the coping that makes a difference in adaptational outcomes. Coping consists of the cognition and behaviour that people use to assess or reduce stress and to moderate the tension that accompanies it (Billings, Cronkite & Moose, 1983). It follows that the relationship between coping and a stressful event represents a dynamic process. Caregivers adopt a number of coping strategies to deal with the stress of taking care of a mentally or physically ill family member.

By studying the coping strategies of caregivers of psychiatric and cancer patients, ample insight can be gained on whether they are using adaptive or maladaptive coping strategies. Use of maladaptive coping strategies is likely to cause psychological distress. It is highly essential to promote the wellbeing of caregivers because if their mental health is compromised, it is likely to affect the quality of care they provide to the care receiver.

Few studies have compared the coping strategies of caregivers of the mentally ill with caregivers of patients with a physical illness like cancer. By comparing the coping strategies of these two groups, it can be known whether these two groups of caregivers differ in their efforts to cope with stressors. Also, studies have shown that a dysfunctional coping strategy is linked to caregiver burden. Therefore, by identifying maladaptive coping strategies, it can be inferred whether the caregivers experience burden in their role. The study addresses the style of coping manifested by the caregivers of both groups of patients. The outcome of the study can help to prevent psychological distress due to mismatch of coping among caregivers. Thus the focus of this study is 'caring for the caregiver'. By considering the significance of the concepts explained above, the problem is framed to address the core issue related in health domain.

Coping

The term coping is defined as "a transactional process which changes over time and within its situational context" (Lazarus & Folkman, 1984) [7]. The impact of any stressful event is substantially influenced by how a person appraises it. Coping is therefore defined as the thoughts and behaviours used to manage internal and external demands which are appraised as stressful (Folkman & Moskowitz, 2004; Taylor & Stanton, 2007) [11].

Caregiver

A caregiver is an unpaid relative or friend of a disabled individual who helps that individual with his / her activities of daily living. The word unpaid is emphasized to distinguish it from the paid version of a caregiver who is often called a "personal care assistant".

Psychiatric patients

Psychiatry is the branch of medical science devoted to the study, diagnosis, treatment, and prevention of mental disorders. The mental disorders include various affective, behavioural, cognitive, and perceptual abnormalities. This literally means a 'medical treatment of the soul'. Individuals diagnosed with a psychiatric illness based on the diagnostic criteria of either DSM-V or ICD 10 are considered as psychiatric patients.

Cancer patients

Cancer, known medically as a malignant neoplasm, or carcinoma, is defined as an uncontrolled cellular growth that results from a dysfunction in DNA thus introducing an error in cellular programming that controls cell growth and replication. Individuals diagnosed with uncontrollable cell growths, forming malignant tumours which invade nearby parts of the body are called cancer patients.

Adjustment

Adjustment, in Psychology, is the behavioural process by which humans and other animals maintain equilibrium among their various needs or between their needs and the obstacles of their environment. A sequence of adjustments begins when a need is felt and ends when it is satisfied. In general, the adjustment process involves four stages: a need or motive in the form of a strong, persistent stimulus, the thwarting or non-fulfilment of a need, varied activity, or exploratory behaviour accompanied by problem-solving and some response that removes or at least reduces the initiating stimulus and completes adjustment.

Various coping strategies are employed for problem-solving and emotional regulation. Lazarus (1966) [6]. has argued that people usually combine problem- and emotion-focused coping strategies. Problem-focused strategies attempt some form of action directly targeted on dealing with the source of stress- an adaptation of the environment- whereas emotion-focused strategies attempt to attenuate the emotional experience associated with that stress- adaptation to the environment.

Hypothesis

There will be a significant difference between the coping strategies of caregivers of psychiatric and cancer patients

Method

Sample

A sample of 60, with 30 caregivers of psychiatric patients and 30 caregivers of cancer patients, aged 18 years and above was obtained using purposive sampling method. This method involves the deliberate selection of sample units that conform to some predetermined criteria. The predetermined inclusion criteria of the samples consist of caregivers who are immediate kin such as the wife or husband, son or daughter of the patients. Paid caregivers are not included in the study.

Variables

The major outcome variable of the study are the coping strategies used by the caregivers. It includes the following five sub-variables

1) **Behavioural-approach copings strategies:-** includes confronting; planning; taking impulsive decisions; suppressing competing activities; seeking social support (instrumental); self-control and negotiation.

2) **Cognitive-approach coping strategies;-** includes intellectualization; positive reinterpretation; cognitive reappraisal; and seeking social support for emotional reasons.
3) **Cognitive-behavioural approach coping strategies:-** includes a combination of the above mentioned behavioural and cognitive approach strategies.
4) **Behavioral-avoidance coping strategies:-** includes restraint coping; inhibition of action; turning towards religion; escaping; behavioural disengagement; acceptance; withdrawal; and feeling helpless.
5) **Cognitive-avoidance coping strategies:-** includes rationalization; distancing; cognitive restructuring; and resignation.

Tools

Coping Strategies Scale

The major tool used for the study is the Coping Strategies Scale (Srivastava, 2001). It consisted of 50 items to be rated on a 5 point scale, describing five major coping strategies described above. To assess the coping efforts of the individuals, the five categories are treated separately. However, scores on the three categories of approach coping (i.e. behavioural, cognitive, and cognitive-behavioural) and two categories of avoidance (i.e. behavioural and cognitive) may be clubbed together to ascertain the extent to which the caregivers use approach or avoidance coping strategies.

Procedure

Data were collected from various hospitals situated in Kerala state after obtaining permission from the hospital administration. All data were collected directly from the participants one by one after a briefing. Objectives of the study were adequately explained to all the participants. Informed consent of all participants was secured. The participants were administered the Coping Strategies Scale with utmost care without disturbing the patients.

Statistical techniques: *t*-test is used for the analysis of data.

Results

Table 1: Mean, Standard Deviation, and t-value of the Coping Strategies among Caregivers of Psychiatric and Cancer Patients

Coping Strategy	Groups	N	Mean	SD	*t*-value	Sig.	Mean Difference
Behavioural Approach	Psychiatric Cancer	30 30	27.00 38.63	6.873 7.275	-6.366	.000	-11.633
Cognitive Approach	Psychiatric Cancer	30 30	10.83 13.73	4.145 4.315	-2.655	.010	-2.900
Cognitive-Behavioral Approach	Psychiatric Cancer	30 30	19.70 25.90	6.639 4.887	-4.119	.000	-6.200
Behavioural Avoidance	Psychiatric Cancer	30 30	26.13 17.43	7.262 6.806	4.788	.000	8.700
Cognitive Avoidance	Psychiatric Cancer	30 30	15.57 15.10	3.234 4.326	.473	.638	.467
Total Approach	Psychiatric Cancer	30 30	57.53 78.27	16.158 14.746	-5.191	.000	-20.733
Total Avoidance	Psychiatric Cancer	30 30	41.70 32.53	7.742 9.175	4.182	.000	9.167

Discussion

The mean scores for behavioural approach coping among psychiatric and cancer caregivers indicated that the behavioural approach coping is significantly different and showed that caregivers of cancer patients adopted a more behavioural approach coping than caregivers of psychiatric patients. This signifies that caregivers of cancer patients are likely to devote more time and efforts to meet the demands of the situation, change their priorities and time-distribution, request help from others, and try for long-term solutions by taking more pain and effort in their caregiving responsibilities. Since caregivers of psychiatric patients adopted less behavioural approach coping strategies, they are less likely to seek help from others, plan or confront the situation.

Caregivers of cancer patients used more cognitive approach coping strategies than caregivers of psychiatric patients. The mean difference and *t*-value showed that there is significant difference between the two groups at the 0.01 level. This indicated that caregivers of cancer patients are more likely to discuss their problems with others and seek emotional support from others. They are likely to rationalize the situation and consider logically why the situation should be so upsetting.

Caregivers of cancer patients are also higher in cognitive-behavioural approach coping strategies. Since the mean difference and t-value are of -6.200 and -4.119, respectively, it showed that the cognitive-behavioural approach coping strategy is significantly different between the two groups.

The total approach coping (behavioural, cognitive, and cognitive-behavioural) is higher for caregivers of cancer patients with a mean score of 78.27. The mean difference and *t*-value indicated that the two groups of caregivers significantly differ in their approach coping strategies. Caregivers of cancer patients cope with the stress of caregiving using an approach or confrontational coping, which included gathering information about the illness and taking direct action. The result implied that problem-focused or approach coping occurred when efforts are directed at solving or managing the problem that is causing distress. It includes strategies for gathering information, making decisions, planning, and resolving conflicts. This type of coping effort is usually directed at acquiring resources to help deal with the underlying problem and includes instrumental, situation-specific and task-oriented actions.

Research has shown that those who consistently use a problem-focused or approach coping style reported fewer symptoms of depression. In comparison, those who used a more avoidant or emotion-focused style reported more symptoms (Geffken *et al.*, 2006) [5]. Approach coping can be effective in reducing burden and is negatively correlated with depression (Mosher & Prelow, 2007) [8]. Higher scores in approach coping strategies indicate efficient coping efforts. The results implied that cancer caregivers have more adaptive coping strategies for dealing with caregiver responsibilities.

The mean scores for behavioural avoidance coping among psychiatric and cancer caregivers indicated that the

behavioural avoidance coping is significantly different between groups at the 0.01 level and implied that caregivers of psychiatric patients were found to use more avoidance coping strategies which included inhibition of action, turning towards religion, physically withdrawing from caregiving responsibilities, and trying to ignore the situation.

However, there was no significant difference in the use of cognitive avoidance coping between the caregivers of cancer and psychiatric patients. So it may be inferred that both groups tend to resign and disengage themselves emotionally from their responsibilities. This is partially supported by the study conducted by Carver and Scheier (1994) [2], which identified cognitive avoidance coping strategies like disengagement and denial among family caregivers.

The mean scores for total avoidance coping (behavioural and cognitive avoidance) were found to be 41.70 and 32.53 for caregivers of psychiatric and cancer patients, respectively. The mean difference and *t*-value for avoidance coping were 9.167 and 4.182, respectively. There is a significant difference in the use of avoidance coping strategies among the two groups.

Caregivers of psychiatric patients used less approach coping strategies and more avoidance coping strategies when compared to caregivers of cancer patients. This may be due to the stigma, which is still associated with mental illness. This is consistent with the findings of Dyck, Shart, and Vitaliano (1999) [3] which found that the stigma experienced by caregivers of mentally ill patients caused caregivers to retreat from their social support role and adopt avoidant coping mechanism in order to fend off anticipated social rejection. This assumption was supported by studies conducted by Perlick *et al*. (2007) [9] which found that caregiver's perceptions of stigma reduces their coping effectiveness and thereby affects their mental health. Stigma and discrimination associated with mental illness is the most critical barrier to overcome in the community (WHO, 2001). Therefore, it is extremely essential to promote rigorous awareness about mental illness in an effort to reduce the stigma associated with it.

Conclusion

Approach coping strategies such as behavioural and cognitive approach were higher for caregivers of cancer patients when compared to caregivers of psychiatric patients. Avoidance coping strategies were higher for caregivers of psychiatric patients when compared to caregivers of cancer patients.

Implications of the study

Spreading awareness about mental illness can greatly reduce the stigma that is still prevalent, especially among less-educated people. This, in turn, will improve the coping strategies of caregivers as they will be more likely to seek social support. The findings from this study are vital in planning interventions and family counselling sessions that focus on the mental health of the caregiver as well.

Limitations of the study

Although the present study sheds light on the coping strategies adopted by caregivers of psychiatric and cancer patients, caution must be exercised while making generalizations owing to the limitations of the study. First, due to the cross-sectional nature of the study, it is difficult to assess whether coping strategies change over time. Second, as the severity of the illness of the patients was not assessed (e.g. stage of cancer), it is possible that coping strategies of the caregivers differ depending on the level of disability of the patient, thereby making generalizations difficult. Therefore, future research should take into considerations the limitations of the present study.

Suggestions for further research

Family caregivers are an important resource for the health care system. Hence improving their quality of life is highly essential. Studies are needed that compare caregiving experiences across different illness scenarios. Commonalities, as well as differences in stressors and health consequences, need to be identified using qualitative research methods such as interviews to identify the intricacies of caregiving. Research on caregiver burden, which is linked to coping strategies needs to be expanded upon. Longitudinal studies would further help establish causal linkages between significant predictors and numerous variables such as family coping, social support, and caregiver depression. Research on nursing interventions that specifically enhance daily coping, adaptation, caregiver health status, and quality of life of caregivers is the need of the hour.

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