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## RESEARCH ARTICLE

# LIVED-IN EXPERIENCE OF COPING STRATEGIES AMONG SPOUSES OF MENTALLY ILL PATIENTS –A PHENOMENOLOGICAL APPROACH

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### ABSTRACT

**Aim:** To explore the Lived-in experience of coping strategies among spouses of mentally ill patients. **Design:** A qualitative phenomenological research design using reflexive thematic analysis. **Methods:** Phenomenological qualitative approach was adopted for this study. Ten spouses based on the predetermined criteria were selected using purposive sampling technique and the data were collected using interview guide with leading questions, which consists of 30 open ended questions. **Results:** Participants described their lived - in experience of coping strategies among spouses of mentally ill patients. Three distinct themes and different patterns emerged from the analysis. The themes and its patterns covered Behavior coping experiences, Family coping skills, Occupation coping experiences, Emotion coping experiences, Financial coping experiences, Partner related coping. **Conclusion:** The research findings identified the lived-in experience of coping strategies among spouses of mentally ill patients. Some spouses of mentally ill use positive coping strategies to manage their stressful situation, such as acceptance, religious coping and the utilization of appropriate social support which include family, friends and community. Few spouses use negative coping strategies such as the use of avoidance and impulsive decision. By exploration of the lived-in experience of coping strategies among spouses of mentally ill patients, the researcher found that this qualitative study can be a foundation stone to conduct further interventional studies for the people who are affected with spouses of mentally ill patients.

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## INTRODUCTION

Mental health is a condition of mental wellness that enables people to manage life's stressors, develop their potential, study and work effectively and give back to their communities. In order to maintain long-term fitness and happiness, one must also manage active conditions. It also emphasizes that preserving and restoring mental health is crucial individually and community at large (White, A, Felman, A & Melegrito, R. 2022). Mental illness is a physical illness of the brain that causes disturbances in thinking, behaviour, energy or emotion that make it difficult to cope with the ordinary demands of life. It can include genetics, brain chemistry. Untreated mental illness can contribute to higher medical expenses, poorer performance at school and work, fewer employment opportunities and increased risk of suicide (Holthaus. J. 2023). Psychosis is a set of symptoms characterized by a loss of awareness of reality as a result of an alteration in the way the brain processes information. A psychotic episode causes disturbances in a person's thoughts and perceptions, making it difficult for them to distinguish between what is real and what is not (American Psychiatric Association 2023). Schizophrenia is a severe chronic mental illness that has an impact on a person's ability to think, act, express emotions, perceive reality and interact with others. They experience issues at work, in relationships, at school and in society.

The symptoms of schizophrenia differ from person to person. They could appear to have lost touch with reality, feel scared and withdraw (Bhandari. S. 2022). Stress is the body's natural response to changes and demands. Change is inevitable which means each person will deal with stress at some point in their lives. Coping is the process of using behavioural and cognitive approaches to manage difficult or threatening situations and plays an integral role in maintaining the physical and mental wellbeing of an individual. Coping strategies include any conscious or unconscious decision which causes relief stressful situations (Davis, D, Newell, A. 2021). Living with a spouse with mental illness in marriage is quite difficult. Normally people like to talk about how their mental illness affects their family, especially their parents or the child. But it is a far more serious matter. Mental illness can negatively affect a person's marital life and make it reach a crisis level. People who are facing mental illness can have a negative impact on their spouses mental health. While experiencing these challenges, people can take a leap of faith and learn to maintain a healthy relationship (Macey. R. 2022). Coping techniques are methods for overcoming obstacles related to mental health in order to promote good mental health and wellness. There are numerous ways to cope to control their thoughts, feelings and actions, people might utilise their own unique coping mechanisms. Coping mechanisms are decisions and routines. Coping mechanisms aid in getting over obstacles and obtaining mental health and wellbeing (Peterson. J. 2023).

## BACKGROUND

Mental health illness are increasing worldwide. In 2019, one in every eight people or 970 million people around the world were living with a mental disorder, with anxiety and depressive disorders the most common. In 2020, the number of people living with anxiety and depressive disorders significantly increased because of the covid19 pandemic. Initial estimates show a 26% and 28% increase respectively for anxiety and major depressive disorders in just one year. While effective prevention and treatment options exist, most people with mental disorders do not have access to effective care. Many people also experience stigma, discrimination and violations of human rights (World health organization 2022).

## AIM

The aim of this study was to explore the lived-in experience of coping strategies among spouses of mentally ill patients.

## RESEARCH QUESTIONS

What are the coping strategies among spouses of mentally ill patients?

## METHODS AND METHODOLOGY

**Design:** Adopted a qualitative approach to explore the lived-in experience of coping strategies among spouses of mentally ill patients. Brief demographic data were gathered before in-depth interviews combining semi-structured and open-ended questions.

**Study setting and recruitment:** In this study, the sample size consists of 10 spouses of mentally ill patients admitted in Sneka Mind Care Center, Thirunelveli District. The investigator adopted purposive sampling technique to select the 10 spouses of mentally ill patients. Inclusion criteria included Spouses of mentally ill patient with schizophrenia, Male and female between 25-50 years of age, spouses those who are willing to participate in study. Exclusion criteria included spouses those who were not willing to grant interview.

**Data collection:** A brief self introduction about the researcher and detailed explanation regarding the purpose of the study were given to the spouses of mentally ill patients. The researcher obtained written informed consent from the participants and they were reassured the confidentiality of the responses. Strict ethical principles were followed throughout the process of data collection. The method adopted for the data collection was in - depth interview method. Information was generated individually from all the participants. The researcher conducted in - depth interview by using interview guide along with hand notes were taken. The researcher asked 30 open ended questions. The participants revealed their information through story telling method and also the audio call recorder was used to record the information. The researcher had approached the participants in hospital based on their convenience of all the 10 spouses of mentally ill patients had given appointments for the researcher for their next meeting. Each meeting would last for about 1hour -1hour 30 minutes. The interview continued until the experience was fully described and that was confirmed till the last piece of information, the participants could share with the researcher and thus the data saturation was obtained. The researcher achieved saturation of data with maximum of six times with the participants.

**Ethical considerations:** The study was conducted after obtaining ethical approval from the institutional ethics committee of St. Xavier's Catholic College of Nursing (Reference Number 4478/ NC/2011). Anonymity was assured using codes in the analysis and reporting stages. Data were stored in password-protected files on the servers.

**Data analysis:** After data collection, the researcher read, listened to the data carefully twice and transcribed the data in English. This was confirmed by peer review method. The researcher avoided premature analysis by immediately analyzing the early interview. The researcher contacted all the participants for clarification of the information. The researcher has maintained files, codes and retrieved data in a system for analysis of the data. The researcher has adopted Colaizzi's method for data analysis.

## FINDINGS

**Participant Description:** The investigator recruited participants from Sneka Mind Care Center, Thirunelveli District. According to age, 1 (10 %) were between 20-30 years, 6 (60%) were between 31-40 years, and 3 (30%) were between 41-50 years. According to gender 10 (100%) in female. According to education 2 (20%) were non formal education, 4 (40%) were school education, 3(30%) under graduate and 1 (10%) were post graduate. According to occupation 4 (40%) were home maker, 5 (50%) were sedentary worker, 1 (10%) were moderate worker. According to 4 (40%) belong to rural and 6 (60%) urban. According to family monthly income 2 (20%) were rupees 5,000 - 10,000, 5 (50%) were rupees 10,001 - 20,000, 3 (30%) were rupees 20,001 -30,000. According to type of working area 10 (100%) in private. According to duration of marital stay 1 (10%) were 1-5 years, 4 (40%) were 6-10 years, 4 (40%) were 10 -15 years, and 1 (10%) were above 15years. According to family history of mentally ill 2 (20%) were yes, 8 (80%) were no. According to comorbid illness 3 (30%) were yes, 7 (70%) were no. According to support system 3 (30%) were friends, 5 (50%) were family members, 2 (20%) were religious leaders.

**Themes and Patterns:** The investigator identified three themes and their related patterns across interview data from spouses of mentally ill patients.

### BEHAVIOUR COPING

#### Adaptive stress coping Skills

##### Meditation

**P1:** "When I am angry , I exhale deeply and feel a little more at ease".

**P8:** "I don't have the habit of meditating".

##### Supportive system

**P1:** "In our family my husband's sister bought something for my kids".

**P5:** "Our family supported us financially till my mother-in-law was alive".

##### Positive reframing

**P1:** "I came and made few changes after understanding his situation".

##### Acceptance

**P2:** "Since marriage, I have been facing issues with my husband. Does a woman who has two children get divorce? What to do, we should just accept this as our fate".

**P5:** "I tolerate and live with him because we have two children. What to do? It's all my fate".

##### Religious cope

**P1:** "Only prayer can offer. So, I plead god to give me the courage thus I can unwind".

**P8:** "He worked in Jamaat. He never violates any rules in Kuran as he does not beat woman and children".

## Maladaptive stress coping skills

### Avoidance

**P9:** "My husband did not win their favour. Due to the cruelty he committed, it has been 20–25 years since the day he abandoned his wife for a short period of time after their wedding. He had no regard for anyone, not even his family".

### Impulsive decision

**P1:** "He occasionally runs here and there. I took him to the room at home, where I could lock him up. As I locked him in the room, he shouted loudly. Whatever things I got at my hands, I threw it".

**P7:** "I called his brother and asked him to tie his hands and feet".

## FAMILY COPING SKILLS

### House hold activity

**P5:** "I get up early in the morning, I prepare tea for my husband. Then I start to cook rice and cut vegetables simultaneously, I used to cook idly or dosa everyday according to my husband's wish".

**P10:** "I would get out of bed in the morning, clean the yard take a bath and began to work in the kitchen".

### Children

**P1:** "I have two Children. At first my kids were enrolled in the matriculation school now, I switched over them into the public school".

**P8:** "My children are studying in government school".

### Husband

**P1:** "I have to take care of him like child. He spoke to himself. He appears to be quite suspicious".

**P7:** "My husband did not go to work regularly and there was not a peaceful atmosphere at home".

## OCCUPATION COPING

### Job related coping skills

#### Task completion

**P2:** "I can ask for a loan at the place where I work. Anyway I can't pay back".

**P7:** "I worked for overtime, take a lot of day offs and the people at work support me at that time".

#### Personal control

##### 1. Self motivation

**P3:** "He is unaware that now I am employed by another institution".

##### 2. Co-workers motivation

**P4:** "I have a companion at the office. I would tell her about every worry I had. I have a friend in my church as well".

#### Job satisfaction

**P1:** "Throughout the day I work. I could not find peace in my working place. He doesn't know that I am working in hospital. He is aware that I am working in the office. He made phone calls at that time, he heard the word 'patient'".

**P5:** "My husband comes there often and fights with the watchman. Nowadays the watchman does not allow my husband inside. My husband scolds my co-workers and I as I have the illegal relationship with them".

## Professional development

**P8:** "I am a B.Com graduate now I am pursuing my M.Com if I completed my B.Ed too then I could become a teacher in school".

## EMOTIONAL COPING SKILLS

### Discrimination

### Family events

**P1:** "He does not participate in family functions. Many people do not invite us if they invite, I will attend the function and present the gift to the close relatives. I do not spend time there immediately I return back to my home. I do not take him with me".

### Social events

**P1:** "If I go somewhere with him it is difficult to manage him. In functions, he talked to himself. Everyone gives a weird look towards us. Family and society keep us apart. Psychologically I was affected".

### Self efficacy

**P1:** "I feel stress. I have to create future for kids. Often I have headaches when my head aches, I want to lie down so occasionally pushed him away. The morning becomes tense because of him. Being alone is always challenging for us. This is my life. My suffering is severe. I felt isolated. We are alone".

### Self control

**P1:** "When things are tough, I weep a lot. I cry nonstop and it makes me to feel better. I occasionally lock myself in a room and cry a lot".

### Self esteem

**P1:** "Everyone has faith in me".

**P4:** "My children might face problems during their marriage because of their father's health condition. Therefore, we keep my husband's health as secret so that no one will be aware of it".

### Distraction

**P1:** "I sew garments when I am alone in home. When I feel down, I make a little top with a band and embellish it. I do something like plant a sapling in the garden. All the crops will be placed next to a bag that I fill with a small amount of dirt. I tuck the garment beneath the blanket. The tomato plant will grow. I used to watering plants. I listen to music or to some sort of inspirational speech".

**P10:** "I want to look after him. He shows up for work on a regular basis. When I felt stressed, I watched something on my cell phone. Otherwise, I spent the evening on the terrace. I unwind myself by spending some time observing the flora on the terrace. I then descend since I have nothing to report. This makes me feel calm".

## FINANCIAL COPING SKILLS

### Financial struggle

**P2:** "Family members are ready to help us, if we ask for help. But my family does not like going to church. If I go there anymore, they do not help me here. I could not go to the church because of this behaviour of my family. If I ask for urgent help only family members help us".

**P4:** "I borrow money from my neighbours to meet my children's school expenses. Sometimes my kids ask snacks, so I borrow money from others to buy it".

### Financial stress

**P1:** “We have to arrange a monthly rent payment in order to rent the house. Every piece of jewellery is in a pawn shop, so to pay interest for it. It is a little complicated, but I manage everything when I go to work”.

**P10:** “nobody provide financial assistance”.

### Financial anxiety

**P2:** “It is hectic to manage the day to day needs. How expensive the groceries and the vegetables for our daily usage?”

**P5:** “I unable to prepare tasty food for my children. I am using ration rice for our meals. I cannot offer meat and fish to my children. I cannot offer them new dresses or cakes for their birthday. What can I do? I am the breadwinner of my family”.

### Financial depression

**P1:** “My kids ask for something but I don’t have enough money. There is a great deal of stress and we feel ill. Even though he wishes to earn money for his kids, now he is unable to fulfill their requirements”.

**P5:** “I cannot get money from others. Because they know my situation very well and they are sure that I cannot repay the amount. This time I asked money from my manager. He assured me that he would give some money. I am very much worried about this”.

## PARTNER RELATED COPING

### Aggressive behavior

**P2:** “He wandered here and there. He continues his prescribed medications now he intakes food properly. He bathes daily. But he still doubts me. If I am not at his eyesight, he will keep looking for me”.

**P10:** “Ninety year old man lived in that residence. Even now, he disparages that man. The man did not even move. He just sits in the enclosed space. My husband claims that I have a poor rapport with him. He is more senior than my grandfather. I made two attempts to commit suicide by jumping into the well. He speaks so cruelly”.

### Defaulters

**P3:** “After visiting the hospital for the first time, he took medications for two months. After taking the medication, he felt better. After feeling better, he stopped taking the medicines. We did not know anything about it, so we didn’t really care either”.

**P4:** “He does not take his medication, as usual. To force him to swallow the tablet in any way, I would put it inside a banana”.

### Social issues

**P1:** “One day he went for shopping while one person yelled at us. As he had a clash with the staff, he claims that he already paid it back but the staff refused it. The neighbors complain when he entered the home. I feel bad for him”.

### Sense of intimacy

**P6:** “He is fine, when he was normal we went out to the beach and enjoyed a lot and the tour we went on was such a wonderful experience. Nowadays we avoid going out because of his illness”.

**P7:** “We had a little talk and feel something when we talk at night. I got depressed. We have no time to talk a lot on Saturdays. I talk to him about his work and he spends time with me. If he is sensitive, I will motivate him. There was no problem. He has no reason to be like this. We had a long journey. We travelled by train and all that time is good. After this problem, I cannot go anywhere outside”.

### Sexual harassment

**P8:** “He speaks happily with me and our children. He is obsessed with sex but I don’t have the interest I avoid after knowing about his

condition we didn’t have sex for last two months. While my baby is six months old, I stayed with my mother there he came and told that I went with someone that is why I got vaginal infection this tempts my mother so she shouted at him”.

## DISCUSSION

The study aimed to explore the behaviour coping among spouses of mentally ill patients. Behaviour coping experiences like adaptive stress coping skills and maladaptive stress coping skills. Adaptive coping skills are yoga, physical activity, meditation, supportive system, positive reframing, acceptance, prayer. Maladaptive stress coping skills are avoidance and impulsive decision. Family coping experiences like family coping skills. Family coping skills are house hold activity and the tasks to take care of her children and husband. Occupational coping experiences like Job related coping skills are task completion, personal control, self motivation, co-workers motivation, job satisfaction, professional development. Emotion coping experiences like Emotional coping skills are discrimination in family events and Social events, self efficacy, self control, self esteem. Financial coping experiences like Financial coping skills are Financial struggle, Financial stress, Financial anxiety, Financial depression. Partner related coping are Partner related coping are aggressive behaviour, defaulters, social issues, sense of intimacy, sexual harassment.

### The study findings were supported by the following studies,

**Azman, A, Singh, P, Sulaiman, J. (2017)** conducted a study on the caregiver coping on the mentally ill. A qualitative research design was used. To identifying and analyzing the coping strategies adopted by the family caregivers in dealing with their mentally ill family members. 15 spouses of mentally ill patients were selected. The face to face semi structured interview was conducted for data collected. Coping strategies used by the family caregivers, including religious coping, emotional coping, acceptance, leisure activities and the use of traditional healing to help them cope with their mentally ill members. The family caregivers should engage themselves in social support groups to learn about and obtain the positive coping strategies used by caregivers. They should get appropriate training from the mental health professionals in order to enhance the care giver coping skills.

### Limitation

- The researcher had difficulty getting cooperation from the participants for the interview.
- There were few qualitative studies done on exploring the experience of coping strategies among spouses.

## CONCLUSION

Coping differs from one spouses to another for a variety of reasons. However, the effects of age, duration of illness, marital status on the coping styles of spouses and on the recovery of persons with mental illness are important factors to be considered. Some spouses of mentally ill use positive coping strategies to manage their stressful situation, such as acceptance, religious coping and the utilization of appropriate social support which include family, friends and community. Few spouses use negative coping strategies such as the use of avoidance, impulsive decision. Stigma as one of the biggest social challenges affecting spouses caring for patients with mental illness. Family functioning has been affected by caring for patients with mental illness. The patient has many needs which must be fulfilled by the spouses at the same time that they must engage in daily tasks to earn an income. This increases the overall stress to the spouses. The findings suggest that various interventions should be applied to the spouses to reduce their stress. There is a need to improve mental health services. Mental health professionals should plan programs that support spouses and patients in clinical and community settings.

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**Conflict of Interest statement:** The author / researcher declare no conflict of interest.

**Ethical Statement:** The study was conducted after obtaining ethical approval from the institutional ethics committee of St.Xavier's Catholic College of Nursing (Reference number 4478/ NC/2011).

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