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Social Adjustment Among Primary Caregivers Of Patients With Schizophrenia And Ocd

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Abstract

The current study aimed to determine the Impact of Social Adjustment among Primary Caregivers of Patients with Schizophrenia and OCD. A total of 240 **samples** have been selected by purpose random selection method, mostly from Anand, Nadiad, and Ahmedabad City of Gujarat state. The study **tool was the social adjustment inventory constructed by Dr. R.C. Deva (1990)** for the data collection. Data was analyzed through an 'F'– test. **The result** reveals that Primary caregivers of OCD patients have higher emotional adjustment as compared to primary caregivers of Schizophrenic patients. A significant difference was exposed between male and female primary caregivers of persons having schizophrenia and OCD on social adjustment subscale emotional adjustment. Rural caregivers of patients with schizophrenia and OCD were more emotionally adjusted as compared to urban caregivers. The interaction effect between the Category of primary caregivers and Gender was exposed as insignificant for social adjustment trait emotional adjustment. Rural primary caregivers of schizophrenia and OCD patients have greater symptoms of emotional adjustment than urban primary caregivers. Female primary caregivers of patients with schizophrenia and OCD have revealed better social adjustment in terms of social maturity. Rural caregivers of patients with schizophrenia and OCD were more socially matured than urban primary caregivers. Female primary caregivers of schizophrenia and OCD patients have better social maturity as compared to male primary caregivers. Rural primary caregivers of schizophrenia and OCD patients have greater social maturity than urban primary caregivers. Rural male primary caregivers of patients with schizophrenia and OCD were more socially mature as compared to urban male primary caregivers. Rural female primary caregivers of patients with schizophrenia and OCD had better social maturity in comparison to urban female primary caregivers. Primary caregivers of patients with OCD have displayed better social adjustment than patients with schizophrenia.

Key Words: Social Adjustment, Primary Caregivers, Schizophrenia, OCD

Introduction

Most people believe that mental disorders are rare and —happen to someone else." In fact, mental disorders are common and widespread. One in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450

million people currently suffer from such conditions, placing mental disorders among the leading causes of ill health and disability worldwide. Most families are not prepared to cope with learning their loved one has a mental illness. It can be physically and emotionally trying and can make us feel vulnerable to the opinions and judgments of others.

In psychology, adjustment is the ability to respond to the environment in an appropriate manner. This response is generally learned rather than instinctive. Adjustment also encompasses being aware of the correct time and place to behave and knowing when to act according to the circumstances and the culture of the society one lives in. Adult development and adjustment theories include the purpose in life concept, in which adjustment emphasizes a clear comprehension of life's purpose, directedness, and intentionality, which contributes to the feeling that life is meaningful.

Social adjustment is changing of social behavior during puberty of social change. Good question and some great feedback already setting up a Social adjustment involve learning to properly relate to an acquaintance, family, neighbors, friends, and intimate relationships. It involves understanding how to honor and respect those in authority, including parents, employers, or police. The status of adjustment is distinguished by the shift away from reliance on guardianship and the oversight of an adult in decision-making acts. Adjustment has different definitions across legal, social, religious, political, sexual, emotional, and intellectual contexts.

The age or qualities assigned for each of these contexts are tied to culturally-significant indicators of independence that often vary as a result of social sentiments. The concept of psychological adjustment has implications across both legal and social contexts, while a combination of political activism and scientific evidence continue to reshape and qualify its definition. Because of these factors, the notion and definition of adjustment and maladjustment are somewhat subjective. Jerome Bruner proposed the period of maladjustment as being a time for experimental play without serious consequences, where a young animal can spend a great deal of time observing the actions of skilled others in coordination with oversight by and activity with its mother.

The key to human innovation through the use of symbols and tools, therefore, is-interpretive imitation that is "practiced, perfected, and varied in play " through extensive exploration of the limits on one's ability to interact with the world. Evolutionary psychologists have also hypothesized that cognitive maladjustment may serve an adaptive purpose as a protective barrier for children against their own under-developed meta-cognition and judgment. This vulnerability may put them in harm's way. For youth today, the steadily extending period of 'play' and schooling into the 21st century comes from the increasing complexity of our world and its technologies, which also demand an increasing intricacy of skill and a more exhaustive set of per-requisite abilities. Many of the adolescent behavioral and emotional problems may arise as children cope with the increased demands placed on them. These demands have become increasingly abstracted from the work and expectations of adulthood.

American psychologist Colman has named the modern age as “Tension Age.” Man thinks’ himself modern, but he lives under tensions and worries. He is surrounded by hurry and worry. People working in various fields suffer from frustrations and conflict due to the lack of knowledge regarding the adjustment. Today’s man feels anxiety and restlessness, and gloominess. Explaining modern man’s psychological problems, Aricfrom says, “Man does not know how to behave with and how to pass the time meaningfully”. Aristotle has truly said, “Man’s real existence does not depend on exerting a sense of possession on the plenty of material things”.

According to Rabindranath Tagore, a sense of possession suggest man’s greatest limitation. Ultimately it harms man’s physical and mental health. Real happiness lies in contentedness, peace, and enjoyment. It is very much essential to study the ‘Psychology of Adjustment’. Man is a society. He is an integral part of society. To live in the society, he has to adjust with others in society. It is also necessary for him to live peacefully. Tulsidas has said that we should live in society and establish cordial relations to attain mental peace and achievement. The present study has been done with the purpose of knowing about the social adjustment of Under Graduate and Post graduate students in relation to their gender.

A mental disorder, also called a mental illness or psychiatric disorder, is a behavioral or mental pattern that causes significant distress or impairment of personal functioning. Mental disorders are usually defined by a combination of how a person behaves, feels, perceives, or thinks. The burden of mental disorders continues to grow with significant impacts on health and major social, human rights, and economic consequences in all countries of the world.

Schizophrenia: Caregivers and Stigma

The stigma of Schizophrenia is a barrier to those trying to rehabilitate themselves. It is also a very real problem for their families. Therefore, those involved with Schizophrenia are concerned about dozens of misconceptions about the illness. Schizophrenia is a disease that is not well understood and is greatly feared. People confuse Schizophrenia with a split personality or multiple personality. They believe that people with Schizophrenia are violent and dangerous. A limited number are, of course, but media publicity about particularly frightening and bizarre crimes of violence committed by people with mental disorders has left the public with the impression that most persons with Schizophrenia are violent. This is not true. The majority are not. However, wide differences in the effect that Schizophrenia has on different people and the difficulty in understanding the actions of someone in a deeply psychotic state, whose thinking is thoroughly confused, reinforce the public’s concern. Many believe that Schizophrenia is the result of bad parenting and childhood trauma. Some religious groups hold the view that illness is one of God’s punishments.

Obsessive-compulsive disorder

Obsessive-compulsive disorder (OCD) is an anxiety disorder in which time people have recurring, unwanted thoughts, ideas, or sensations (obsessions) that make them feel driven to do something repetitively (compulsions). The repetitive behaviors, such as hand washing, checking on things, or cleaning, can significantly interfere with a person's daily activities and social interactions.
Obsessive-compulsive disorder is a psychological problem rarely diagnosed because of the poor insight about the disease and the strong social stigma attached with mental problems. Rapoport (1990) states, "Obsessive-compulsive disorder remains one of the least understood, least diagnosed, and most disabling of the anxiety disorders." The worldwide prevalence of obsessive-compulsive disorder (OCD) is approximately 2% of the general population. Symptoms of OCD include fear of contamination by dirt or germs; constant checking; repetitive, intrusive thoughts of a somatic, aggressive, or sexual nature; extreme slowness; and an inordinate concern with orderliness and symmetry. The most common complication of OCD is depression (Sasson, 1997).
Obsessive-compulsive disorder (OCD) usually begins in adolescence or early adulthood but may begin in childhood. Obsessive-compulsive disorder starts in childhood; it is more common in boys than girls. The usual time of onset is later for females than males, so the disorder is equally common among adult men and women (Rasmussen and Eisen, 1993). Depression is very commonly associated with obsessive-compulsive disorder. It is estimated that at least half of the patients with obsessive-compulsive disorder have major depressive episodes, while many others have mild depression. Without treatment, obsessive-compulsive disorder usually follows a chronic course, and some individuals may get seriously disabled by this illness.

Review of Literature

Shyam Sundar, Arumugham (2014) studied "augmentation strategies in obsessive-compulsive disorder" around 40-60 patients with obsessive-compulsive disorder do not show adequate response to selective serotonin reuptake inhibitors (SSRIS). Augmentation strategies are recommended in people who show partial response to SSRIS. In this evidence for augmentation strategies. The available evidence is predominantly based on small-scale randomized controlled trials and ease series, open label trials and ease series antipsychotic augment ion, especially Risperidone haloperidol aripirazole and cognitive behavior therapy have shown the best evidence ondansetron; meantime, riluzole, clomipramine transcranial magnetic stimulation over supplementary motor area show some preliminary evidence ablative neurosurgery or deep brain in carefully selected treatment-refractory patients.

Y.C. Janardhan, Rao, Naren P. (2010) published a study in the Indian journal Psychiatry, An Overview of Indian Research in Obsessive-compulsive Disorder .obsessive compulsive disorder (OCD) was considered a relatively rare disorder until about two decades ago. Since then, considerable advance has been made in under of OCD, including that epidemiology, clinical features, comorbidity, biology, and treatment. In the last decade,

there has also been a test in a group of related disorders called obsessive-compulsive spectrum disorders. There is substantiation research from India on various aspects of OCD, particularly from the invitational institute of mental health and Neurosciences, Bangalore.

Ganguly KK, Chadda, RK (2009), conducted in Pondicherry, evaluated the coping styles adopted by caregivers of schizophrenia patients. 44 patients (20 men and 24 women) and some number of caregivers were included in this study. 71% of caregivers used resignation strategies, 79% failed to maintain social contact, and 60% did not seek information about their illness. Only 1/3 of the caregivers attempted active social involvement of the patients, coercion, and avoidance strategies.

Objectives:

The specific objectives were as follows

1) To assess and compare Social adjustment between primary caregivers of patients suffering from schizophrenia and obsessive compulsive disorder.
2) To assess and compare Social adjustment with reference to gender of primary caregivers of patients suffering from schizophrenia and obsessive compulsive disorder.
3) To assess and compare Social adjustment with reference to Locality of primary caregivers of patients suffering from schizophrenia and obsessive compulsive disorder.

Hypotheses:

1) There is no significant mean difference between primary caregivers of patients suffering from schizophrenia and OCD with reference to dimensions of social adjustment.
2) There is no significant mean difference between male and female primary caregivers of patients suffering from schizophrenia and OCD with reference to dimensions of social adjustment.
3) There is no significant mean difference between urban and rural primary caregivers of patients suffering from schizophrenia and OCD with reference to dimensions of social adjustment.
4) There is no significant interaction effect between category and gender of primary caregivers of patients suffering from schizophrenia and OCD with reference to dimensions of social adjustment.
5) There is no significant interaction effect between category and locality of primary caregivers of patients suffering from schizophrenia and OCD with reference to dimensions of social adjustment.
6) There is no significant interaction effect between gender and locality of primary caregivers of patients suffering from schizophrenia and OCD with reference to dimensions of social adjustment.

7) There is no significant interaction effect between category, gender and locality of primary caregivers of patients suffering from schizophrenia and OCD with reference to dimensions of social adjustment.

Methodology

Variables:

Independent Variables:
There Are three independent variables in the study, first one is the (A) Category of primary caregivers, and it has two levels (A1) Schizophrenia and (A2) OCD. Second independent variable is (B) Gender; it has also two levels (B1) Male and (B2) Female, and the third is C) Locality, C1) Urban, and C2) Rural.

RESEARCH SAMPLES :

According to the purpose of the present study, a total of of 240 samples have been selected by purpose random selection method, mostly from Anand, Nadiad, and Ahmedabad City of Gujarat state.

RESEARCH TOOLS:

Social adjustment inventory: This social adjustment inventory is constructed by Dr. R.C. Deva (1990). This inventory has been constructed for the Hindi-knowing subjects of North India. It includes items for the assessment of emotional as well as social adjustment. There are also 15 filler items. These items have been designed to yield a "Test Dishonesty" score. Thurstone's "Equal Appearing Intervals" technique was employed for scaling the items. Quartile deviations of the distributions of ratings given to each statement were employed as measures of statement ambiguity. The inventory has no time limit, but it is expected that on average, a person would need 45 minutes to complete the inventory. The test- retest reliability after a period of two months was 0.91. The validity of the two scales has come out to be 0.81 and 0.79, respectively.

PROCEDURE OF DATA COLLECTION:

According to the purpose of the present study for data collection, the investigator explained the purpose of the study to the subjects. These to 240 primary caregivers were taken as a sample from different areas of Anand, Nadiyad, and Ahemdabad City. The entire inventory-filling procedure was explained to them fully and clearly. The instructions given on the questionnaire, were explained to them. It was also made clear to them that their scores would be kept secret. It was checked that the names of the subjects left any questions unanswered or that no subject encircled both the answers given against the question.

Result and Discussion:

Table Showing Summary of ANOVA Results for various factors of Social adjustment

Source of variations	EA	SM	SA
A	273.58**	3.89^{NS}	136.27**
B	32.93**	189.69**	214.51**
C	110.29**	404.02**	512.87**
A X B	.02^{NS}	60.08**	40.92**
A X C	92.99**	7.11*	12.92**
B X C	2.48^{NS}	16.97**	18.45**
A X B X C	17.88**	2.02^{NS}	1.87^{NS}

***Significant at 0.05 level, ** Significant at 0.01 level, ^{NS}means Not Significant**

Key Words for Independent Variables: **A**: Category of primary caregivers, **B**: Gender, **C**: Locality, **A X B**: Category of primary caregivers & Gender, **A X C**: Category of primary caregivers & Locality, **B X C**: Gender &Locality, **A X B X C**: Category of primary caregivers, Gender, & Locality.
Key Words for Dependent Variables: **EA**- Emotional adjustment, **SM-** Social Maturity, **SA-** Social adjustment

Findings with reference to Social adjustment

1. Category of primary caregivers: Significant difference was observed between primary caregivers of patients suffering from schizophrenia and OCD with reference to social adjustment component emotional adjustment.

❖ Primary caregivers of OCD patients have higher emotional adjustment as compared to primary caregivers of Schizophrenic patients. Primary caregivers of schizophrenic patients have poor emotional adjustment whereas OCD patients' caregivers have average level emotional adjustment.

2. Gender: The significant difference was exposed between male and female primary caregivers of persons having schizophrenia and OCD on social adjustment subscale emotional adjustment.

❖ Female primary caregivers of patients with schizophrenia and OCD have revealed better social adjustment in terms of their emotional adjustment.

3. Locality: The significant difference was displayed between urban and rural primary caregivers of patients with schizophrenia and OCD for social adjustment trait emotional adjustment.

❖ Rural caregivers of patients with schizophrenia and OCD were more emotionally adjusted as compared to urban caregivers.

4. The interaction effect between Category of primary caregivers and Gender was exposed insignificant for social adjustment trait emotional adjustment.
5. The significant interaction effect was demonstrated between Category of primary caregivers and Locality of primary caregivers with reference to social adjustment factor emotional adjustment.

❖ Rural primary caregivers of schizophrenia and OCD patients have greater symptoms of emotional adjustment than the urban primary caregivers.

6. The significant interaction effect was not obtained between Gender and Locality of primary caregivers of persons suffering from mental disorders on social adjustment dimension emotional adjustment.
7. A significant interaction effect was shown among Category of primary caregivers, Gender and Locality of primary caregivers of patients with schizophrenia and OCD for social adjustment dimension emotional adjustment. All the groups have different approach towards emotional adjustment.
8. Category of primary caregivers: Significant difference was not highlighted between primary caregivers of patients suffering from schizophrenia and OCD with reference to social adjustment trait social maturity. Both the group of caregivers have by and large equal social maturity.
9. Gender: The significant difference was disclosed between male and female primary caregivers of individuals having schizophrenia and OCD on social adjustment subarea social maturity.

❖ Female primary caregivers of patients with schizophrenia and OCD have revealed better social adjustment in terms of social maturity.

10. Locality: The significant difference was displayed between urban and rural primary caregivers of patients with schizophrenia and OCD for social adjustment trait social maturity.

❖ Rural caregivers of patients with schizophrenia and OCD were more socially matured than the urban primary caregivers.

11. The interaction effect between Category of primary caregivers and Gender was observed significant for social adjustment area social maturity.

❖ Female primary caregivers of schizophrenia and OCD patients have better social maturity as compared to the male primary caregivers.

12. The significant interaction effect was confirmed between Category of primary caregivers and Locality of primary caregivers with reference to social adjustment factor social maturity.

❖ Rural primary caregivers of schizophrenia and OCD patients have greater level of social maturity than the urban primary caregivers.

13. The significant interaction effect was existed between Gender and Locality of primary caregivers of persons suffering from mental disorders on social adjustment dimension social maturity.

❖ Rural male primary caregivers of patients with schizophrenia and OCD were more socially matured as compared to urban male primary caregivers.

❖ Rural female primary caregivers of patients with schizophrenia and OCD had better social maturity in comparison of urban female primary caregivers.

14. An insignificant interaction effect was reported among Category of primary caregivers, Gender and Locality of primary caregivers of patients with schizophrenia and OCD for social adjustment dimension social maturity. All the groups have similar approach towards social maturity.

15. Category of primary caregivers: There was significant difference reported between primary caregivers of patients suffering from schizophrenia and OCD with reference to social adjustment.

❖ Primary caregivers of patients with OCD have displayed better social adjustment than the patients with schizophrenia.

16. Gender: The significant difference was exposed between male and female primary caregivers of peoples with schizophrenia and OCD on social adjustment.

❖ Female primary caregivers of patients with schizophrenia and OCD have better social adjustment as compared to male primary caregivers.

17. Locality: The significant difference was highlighted between urban and rural primary caregivers of patients with schizophrenia and OCD for social adjustment.

❖ Rural caregivers of patients with schizophrenia and OCD were more socially adjusted than the urban primary caregivers.

18. The interaction effect between Category of primary caregivers and Gender was shown significant for social adjustment.

❖ Female primary caregivers of schizophrenia and OCD patients have a better approach towards social adjustment than male caregivers of schizophrenia and OCD patients.

19. The significant interaction effect was confirmed between Category of primary caregivers and Locality of primary caregivers with reference to social adjustment.

❖ Rural primary caregivers of schizophrenia and OCD patients have greater level of social maturity than the urban primary caregivers of schizophrenia and OCD patients.

20. The significant interaction effect was observed between Gender and Locality of primary caregivers of persons suffering from mental disorders on social adjustment dimension social maturity.

❖ Rural male primary caregivers of patients with schizophrenia and OCD were more socially adjusted in comparison of urban male primary caregivers.

❖ Rural female primary caregivers of patients with schizophrenia and OCD have shown higher characteristics of social adjustment than the urban female primary caregivers.

The significant interaction effect was not reported among Category of primary caregivers, Gender and Locality of primary caregivers of patients with schizophrenia and OCD for social adjustment. All the groups have similar approach towards social adjustment

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