



## STRESS AND COPING AMONG PATIENTS WITH SCHIZOPHRENIA

Senthil M

Department of Psychiatry, Post Graduate Institute of Medical Education and Research, Chandigarh

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### ABSTRACT

It is widely recognized that stress plays a key role in the pathophysiology of schizophrenia, little is known regarding the level of stress and kind of coping strategies used by patients with schizophrenia. This study was carried out with the aim to assess the stress and coping among patients with schizophrenia. The present study was conducted at Athma Mind Centre, Trichy. It was a cross sectional hospital based study. The sample comprised of 30 patients with schizophrenia, who has remitted from active psychopathology. The following tools were used for the current study: Socio-demographic data sheet and Stressful Life Events questionnaire developed by Dr. Latha Satish (1997) and coping checklist. The result shows that majority (60%) of the of patient with schizophrenia between the age group of 18-35 years, 56% of the patients were married, 36.7% of the patients were belonging to Hindu religion, majority 46.7% were studied up to primary, and majority of patients 60% were from rural background. The study finding shows that majority of the (56.7 %) of the respondents have experienced high level of stress. It is also said that the patients with schizophrenia used less coping or maladaptive coping in all the domains of coping checklist. The findings of the present study indicate that patients with schizophrenia experience high level of stress and poor coping skills, so they need to be given proper attention and psychosocial intervention to reduce their stress and increase their coping skills.

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### INTRODUCTION

Schizophrenia is perhaps the most dramatic and tragic manifestation of mental illness known to mankind. The consequences of the illness for the individual affected, his or her family, and society in general are devastating (Lewis, 2009).

Stress seems to be particularly harmful for those suffering from schizophrenia. The increased susceptibility to stress fits the current thinking that schizophrenia is fundamentally related to a combination of difficulty in filtering out what is happening in the outside world and misattribution of internal thoughts and feelings, along with an inability or lessened ability to interpret social cues, all of which make it difficult for individuals with schizophrenia to cope. This is backed up by research showing that patients with schizophrenia are more affected by stress physically as well as emotionally; for instance they show different changes in heart rate under stress and a greater overall risk of cardiovascular disease. Coping is an action directed at resolution or mitigation of a problematic situation. Lazarus and Folkman defined coping as the person's cognitive and behavioral efforts to manage internal and external demands on the person, which are appraised as exceeding the person's resources (Lazarus and Folkman, 1984). Although many studies investigate the ways psychotic patients cope with psychotic symptoms, less is known about

how they cope with stressors encountered in their everyday life (So and Wong, 2008). Maladaptive coping patterns in schizophrenia are of larger importance because they have been linked to symptom exacerbation and failure to sustain community tenure (Macdonald et al., 1998; Meyer, 2001). The current study aimed to explore the stress and patterns of coping among schizophrenic patients employed in the face of general day-to-day stressors.

### MATERIALS AND METHODS

The present study was conducted at Athma Mind Centre, Trichy. It was a cross sectional and hospital based study. The sample comprised of 30 patients with schizophrenia, who has remitted from active psychopathology. The following tools were used for the current study: Socio-demographic data sheet and Stressful Life Events questionnaire developed by Dr. Latha Satish (1997) and coping checklist.

### RESULTS

The result shows that majority (60%) of the of patient with schizophrenia between the age group of 18-35 years, 36.7% between 36-50 years, 3.3% 61 and above years. In terms of gender, the study revealed that 56% of the patients were male and 44% were female patients. In terms of marital status, 76% of the patients were married and 24% were unmarried patients.

**Table-1** Socio demographic variables of patients with schizophrenia

Variables	Frequency	Percentage
<b>age classification</b>		
18-35	18	60.0
36-50	11	36.7
61 and above	1	3.3
<b>Gender</b>		
Male	16	56.0
Female	14	44.0
<b>Marital status</b>		
Married	23	76.0
Unmarried	7	24.0
<b>Religion</b>		
Hindu	11	36.7
Christian	9	30.0
Muslim	10	33.3
<b>Educational Qualification</b>		
Primary	14	46.7
Secondary	7	23.3
High school	6	20.0
Higher secondary and above	3	10.0
<b>Domicile</b>		
Rural	18	60.0
Urban	12	40.0

In terms of religion the study sample shows that 36.7% of the patients were belonging to Hindu religion, and 33.3% were Muslim and 30% were belonging to Christian. The result also shows that majority 46.7% were studied up to primary, secondary were 23.3%, high school 20% and higher secondary and above 10%. The result suggests that the majority of patients 60% were from rural background and 40% of the patients from urban background.

**Table-2** stress among patients with schizophrenia with regard to various questions of stress

S. No	level of stress	No. of Respondents (n :30)	Percentage
1	Low	13	43.3
	High	17	56.7

The table (1) shows that 56.7 % of the respondents had experienced high level of stress, and 43.3 % of the respondents had experienced low level of stress.

The above table (2) shows that 56.7% of the respondent has low level of positive thinking, and 43.3 percentage of the respondent has high level of positive thinking. About 70% of the respondents have the high level of negative thinking, and 30 % of the respondents have low level of negative thinking. In terms of problem solving, majority 60 % of the respondents was poor in problem solving. In terms of distraction, majority 73.3 % of the respondents had low level of distraction, and 26.7% of the respondent had high level of distraction. About 63.3%of the respondents had high level of magical thinking, and 36.7% of the respondent had low level of magical thinking. In terms of avoidance as coping mechanism, which was used by the respondent about 90% of the respondent had problem. On religious and help seeking, about 53.3% of the respondent has the low level of religious and help seeking, and 46.7% of the respondent has the high level of religious and help seeking. Majority 66.7% of the respondents had high

level of external attribution, and 33.3 % of the respondents had low level of external attribution.

**Table-2** Coping behaviour among patients with schizophrenia with regard to various dimensions of coping behaviour

S. No	LOW – HIGH	No. of Respondents (n :30)	percentage
1	<b>Positive thinking</b>		
	High	13	43.3
2	Low	17	56.7
	<b>Negative thinking</b>		
3	High	21	70.0
	Low	9	30.0
4	<b>Problem solving</b>		
	High	12	40.0
5	Low	18	60.0
	<b>Distraction</b>		
6	High	8	26.7
	Low	22	73.3
7	<b>Magical thinking</b>		
	High	19	63.3
8	Low	11	36.7
	<b>Avoidance</b>		
9	High	3	10.0
	Low	27	90.0
10	<b>Religious</b>		
	High	14	46.7
11	Low	16	53.3
	<b>Help seeking</b>		
12	High	14	46.7
	Low	16	53.3
13	<b>External attribution</b>		
	High	20	66.7
14	Low	10	33.3

**DISCUSSION**

The result shows that majority (60%) of the of patient with schizophrenia between the age group of 18-35 years, 36.7% between 36-50 years, 3.3% 61 and above years. In terms of gender, the study revealed that 56% of the patients were male and 44% were female patients. In terms of marital status, 76% of the patients were married and 24% were unmarried patients. In terms of religion the study sample shows that 36.7% of the patients were belonging to Hindu religion, and 33.3% were Muslim and 30% were belonging to Christian. The result also shows that majority 46.7% were studied up to primary, secondary were 23.3%, high school 20% and higher secondary and above 10%. The result also indicates that the majority of patients 60% were from rural background and 40% of the patients from urban background. This study result matched previous study done by Eman (2011) found that out of 70 patients 40 (57.1%) were male, most of them were married at certain point in their lives, the majority were unemployed, housewives, retired or student with satisfactory income. 46 (65.7%) of them completed less than 10 years school education, 56 (80%) of patients were part of extended families, the majority coming from rural areas.

The study finding shows that majority of the (56.7 %) of the respondents have experienced high level of stress. It is also said that the patients with schizophrenia used less coping or maladaptive coping like, low cognitive positive, negative thinking, poor problem solving, low level of distraction, increased magical thinking and low level of avoidance response, poor in religious coping and help seeking, high level external attribution coping behavior found, which increase psychological distress. Sometimes they are ill equipped to cope with either the difficulties or opportunities they face.

## CONCLUSION

The findings of the present study indicate that of patients with schizophrenia experiencing high level of stress and poor coping skills, so they need to be given proper attention and psychosocial intervention to reduce their stress and increase their coping skills. The finding of this study urges the mental health care professionals to actively work with the patients with schizophrenia to decide suitable psychosocial intervention strategies to address their problems associated with illness.

## References

1. Lazarus, R.S., Folkman, S. (1984). Stress, Appraisal and Coping. Springer, New York
2. So, S.H.W., Wong, C.W., 2008. Experience and coping with auditory hallucinations in first-episode psychosis: relationship with stress coping. Hong Kong J. Psychiatry. 18, 115–121.
3. Macdonald, E.M., Pica, S., Macdonald, S., Hayes, R.L., Baglioni, A.J. (1998). Stress and coping in early psychosis. *British Journal of Psychiatry*, 172 (Suppl. 33), 12.
4. Meyer, B., (2001). Coping with severe mental illness: relations of the brief COPE with symptoms, functioning, and well-being. *J. Psychopathol. Behav. Assess.* 23, 265–277.
5. Lewis, S., Escalona, P.R., Keith, S.J. (2009). Phenomenology of schizophrenia. In: Sadock BJ, Sadock VA, Ruiz P, editors. *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*. 9th ed. Philadelphia: Lippincott Williams and Wilkins; p. 1433.
6. Eman, A., and Moty., S (2011). Coping with stress and quality of life in schizophrenic patients, *Asian Journal of Psychiatry* 4 (2011) 51–54.

