

Bearing through it: How caregivers of mentally ill kin can cope

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Carsten Wrosch is a professor in the Concordia University Department of Psychology and a member of the Centre for Research in Human Development. Credit: Concordia University

Caring for a family member with a mental illness can be a taxing experience marked by personal sacrifices and psychological problems.

A new study from Concordia University, AMI-Québec and the University of British Columbia has found family caregivers can experience high levels of stress, self-blame, substance abuse and [depressive symptoms](#) – unless they refocus their priorities and lighten their load.

"Being the principal caregiver to a mentally ill family member is a stressor that often creates high levels of burden and contributes to

depressive symptoms," says lead author Carsten Wrosch, a professor in the Concordia University Department of Psychology and a member of the Centre for Research in Human Development.

"Caring for a relative with a mental illness can be strenuous – such caregivers can even be more burdened than caregivers of dementia patients," Wrosch continues. "That said, even in this situation, caregivers can experience high levels of wellbeing if they adjust their goals and use effective coping strategies."

Published in the May issue of *Journal of Personality and Social Psychology*, the investigation followed family caregivers over a 17-month period and found those who reset priorities fared better. The research team expected that caregivers who are capable of adjusting important life goals (e.g., career, vacation, etc.) would cope better with caregiving stress and that this resilient process would protect their emotional wellbeing.

"We found participants who had an easier time abandoning goals blamed themselves less frequently for problems associated with caregiving and used alcohol or drugs less frequently to regulate their emotions," says co-author Ella Amir, a Concordia graduate and executive director at AMI-Québec, a grassroots organization committed to helping families manage the effects of [mental illness](#).

"Avoiding self-blame and substance use, in turn, was associated with less caregiver burden and depressive symptoms," continues Amir. "Being able to disengage from goals is protective against depressive symptoms, partly because it reduces the likelihood of coping through self-blame and substance use."

Caregivers can become overstretched

While pursuing new goals was found to provide purpose to [family caregivers](#), taking on novel pastimes could add to their strain.

"Caregivers can become stretched too thin if they pursue too many goals and that may distract them from addressing stress levels that elevate their burden," says Wrosch.

"Pursuing new goals it a double-edged sword," he adds. "It provides purpose, but also increases caregiving burden, since there are times when a family member's illness suddenly takes a turn for the worse. And stressors can crop up unexpectedly in other close relationships or in the workplace."

Of the 121 people who completed the study, most were about 60 years old and had cared for a relative for an average 16 years. What's more:

- 78 percent of [caregivers](#) were women and 22 percent were men;
- 57 percent had received an undergraduate degree or higher;
- 73 per cent were married or cohabitating with a partner;
- 41 per cent had relatives diagnosed with schizophrenia;
- 37 per cent had relatives diagnosed with a mood disorder;
- 22 per cent had relatives diagnosed with other mental health conditions such as obsessive compulsive disorder, attention-deficit/hyperactivity disorder.

More information: psycnet.apa.org/journals/psp/100/5/934

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