

## WELL BEING AMONG THE SPOUSES OF THE PATIENTS OF DEPRESSION AND SPOUSES OF THE PATIENTS OF BPAD

*\*Dr. Suman Kumari, \*\*Dr. Arunima Gupta*

*\*Assistant Professor of Psychology, D.A.V. College for Girls, Yamuna Nagar*

*\*\*Professor of Psychology, M. D. University, Rohtak*

---

### Abstract

**Background:** On global level India is the nation where marriage is the base for a fully functional life to every individual for the progressive society. It is also believed that a successful married life is the key of happiness. But well being of a married individual deteriorates when the spouse gets affected by the psychological disorder. **Aims & Objective:** - To keep in mind, it is very important to investigate the well being of the spouses of the patients of severe psychiatric disorders. **Material and methods:** - To assess this, a sample of 90 normal spouses of depressive patients and 90 normal spouses of BPAD patients was selected and Well Being Manifestation Measure Scale (WBMMS) was administered. Mean, SD and t-test was computed to analyse the data. **Results:** - Results show that well being of the healthy spouses of the psychiatric patients affected due to the psychological illness of the partner. There is the significant difference of well being between the spouses of the patients of depression and the spouses of the patients of BPAD. **Conclusion:** - Due to the depression and BPAD the life satisfaction and worthiness of the spouses decreased especially when they play in role as caregiver for the psychiatric disorder patients. So, it can be concluded that there is the significant difference on well being of the spouses of the patients of depression and spouses of the patients of the spouses of BPAD.

**Keywords:** Depression, BPAD, Well Being, Healthy Spouses as Caregivers.

### Introduction

Generally well being is defined as a whole, where it involves constructive outcomes like- happiness, physical health, belongingness with the members of society and leading a fruitful life. Well being is a constructive outcome which is significant for individuals as well as for some areas of society as it relates to what individuals recognize that their lives are going great. Well being is when individuals ponder their lives, for example, the nature of their relationship, their positive feelings and acknowledgment of their potential or their general fulfilment with life. Christiansen and Baum (1997) defined well being as “a subjective sense of overall contentment thought to be defined by affective state and life satisfaction”. Diener and Diener (1996) defined “general well being as the subjective feelings of contentment, happiness, satisfaction with life experiences and of one’s role in the world of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry. Individuals living in disadvantaged circumstances tend to report lower well being than those living in more comfortable and ideal settings”. Gough et al (2007) defined well being “as what people are able to do and to be, and what they have actually been able to do and to be”. Thus well being consists of the existence of optimistic feelings and happiness, the nonexistence of pessimistic feelings, life satisfaction and positive performance. Subjective well-being is the “evaluation of one’s global life circumstances, reflecting a sense that one’s life is going well and one would not change much if one’s life could be lived over again” (Diener, Suh, Lucas & Smith 1999). Seligman (2011) opined that “well-being, or human flourishing, involves having important social relationships, meaning in life, and the achievement of personal goals”. Psychological well-being is generally defined as “some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudemonic perspective)” (Deci & Ryan 2008). As quoted by Huppert (2009) “psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively.”

Mental illness has become the big burden at worldwide level. Even only depression has become the leading cause for the unhealthy life and a cause of premature death or main illness at global level WHO (2005). Usually Psychological illness consider as a trouble to the relatives and caretaker that reported by the many investigations Baronet (1999), Rose (1996). The World Health Organization (WHO) states caregiver burden as “the emotional, physical, financial demands, and responsibilities of an individual’s illness that are placed on the family members, friends, or other individuals involved with the individual outside the health care system.” WHO Geneva (2005).

When spouses play the role as a caregiver, they face many challenges to maintain their personal well being as well as their married life. Sometimes, they found themselves in a very miserable state and felt detached. So, it is very important to take care of their personal well being and lead a happy and satisfied life.

## Aims & Objectives

1. To assess and compare the well being of the spouses of the patients of the depression and spouses of the patients of BPAD.

## Hypothesis

1. There would be a significant difference on well being of the spouses of the patients of depression and spouses of the patients of BPAD.

## Material and Methods

### Sample Design

A purposive sample of 90 healthy spouses of patients of depression and 90 healthy spouses of patients of BPAD was selected. The independent variables are psychological disorders i.e. depression and BPAD. Dependent variable is well being of the spouses of the patients of depression and BPAD.

### Tool

**Well Being Manifestation Measure Scale (WBMMS)** contains 25 items to test well being and has six subscales which are control of self and events, happiness, social involvement, self-esteem, mental balance and sociability. It is a five point scale. Higher scores indicate the high level of well being. The reliability of the full scale is 0.80 and range lies from the 0.64 to 0.78 of the subscale. 0.93 is Cronbach's alpha of the full scale and range of the subscales is 0.71 to 0.85.

### Procedure

After establishing a good rapport, required instructions were given to the healthy spouses as subjects individually. It was made sure that the participants had to know the correct way to respond on the test. After collecting the data, the scoring was done according to the norms. The data was tabulated and suitable statistical analysis was computed.

### Results and Discussion

To fulfil the purpose of the study a sample of 90 healthy spouses of patients of depression and 90 healthy spouses of patients BPAD was taken who came in the age range of 29 to 50 years. Current study was commenced to verify the significant difference on well being of the spouses of the patients of depression and the spouses of the patients of the BPAD. To analyse the results for the significance difference among the two groups t-test for the independent sample was assessed. The mean scores, standard deviation and t-test scores have been revealed in table 1.1.

**Table-1.1 is showing the results on wellbeing of the spouses of patients of depression and spouses of the patients of BPAD**

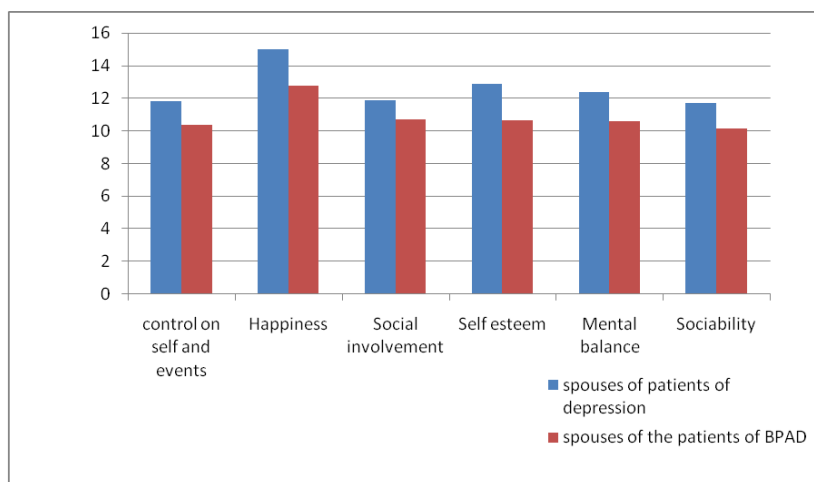
Subscale of WBMMS	Spouses of patients of depression		Spouses of the patients of BPAD		t- value
	Mean	SD	Mean	SD	
Control of self and events	11.82	3.53	10.37	2.81	3.06**
Happiness	14.99	4.33	12.77	2.84	4.06**
Social involvement	11.88	2.86	10.72	2.70	2.78**
Self esteem	12.87	2.88	10.64	2.74	5.28**
Mental balance	12.40	2.56	10.58	2.78	4.55**
Sociability	11.72	2.89	10.17	2.74	3.69**
Overall well being	75.68	16.01	65.24	13.22	4.76**

\*p<0.05, \*\*p<0.01

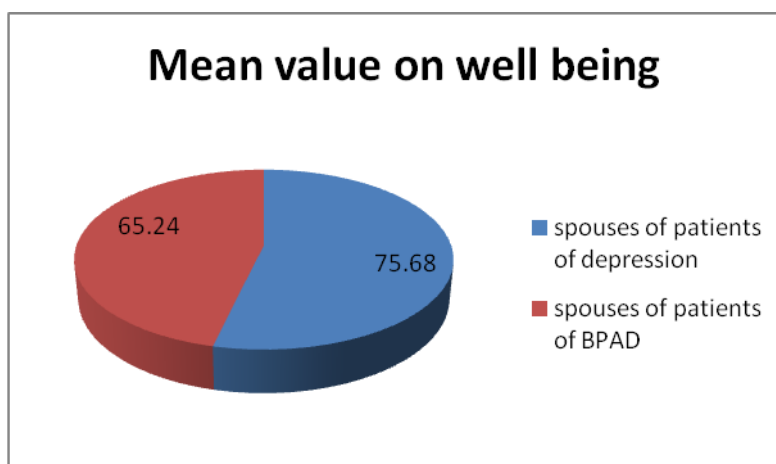
The above table indicate the mean, SD and t- value of the spouses of the patients of depression and BPAD on the different areas on well being. On the first area i.e. control of self and events show the mean value of the spouse of patients of depression is 11.82 and mean value of the spouses of patients of BPAD is 10.37 which depicts that the spouses of depression patients are more able to control on themselves and on situation also. On the another area of well being which is happiness the mean value of the spouses of the patients of depression is 14.99 and the mean value of the spouses of the patient of BPAD is 12.77. It can be consider that spouses of the patients of depression are happier than the spouses of the patients of BPAD.

On the third area i.e. social involvement depict 11.88 mean values of the spouses of the patients of depression and 10.72 mean values of the spouses of the patients of BPAD. On self esteem the mean value of the spouses of the patients of depression is 12.87 and mean value of the spouses of the patients of BPAD is 10.64 which indicate high self esteem of the spouses of the patients of depression as compare to the spouses of the patients of BPAD. On mental balance the mean value of the spouses of the patients of depression is 12.40 and 10.58 mean value was calculated of the spouses of the patients of BPAD. 11.72 mean values was calculated on the area of sociability of the spouses of the patients of depression

and 10.17 mean value was calculated of the spouses of the patients of BPAD. It indicates that the spouses of the patients of depression somewhere, are more social as compare to the spouses of the patients of BPAD. The overall mean value of the spouses of the patients of depression is 75.68 and mean value of the spouses of the patients of BPAD is 65.24. It shows the high well being of the spouses of the patients of depression as compare to the spouses of the patients of BPAD.



**Figure 1.1 shows the mean difference among the spouses of the patients of depression and spouses of the patients of BPAD**



**Figure: - 1.2 is showing the overall mean value on well being of the spouses of the patients of depression and mean value of the spouses of the patients of BPAD**

The results depict that there is the significant difference on subscale of WBMMS i.e. control on self and events of the spouses of patients of depression and the spouses of the patients of BPAD. It shows that the spouses of patient of BPAD have the less control on self and events as compare to the spouses of the patients of depression. Franks, Hong, Pierce and Ketterer (2002) "Patients' positive self-rating of health and also spouses' rating that concurred with their own self-rating was related to greater well-being among patients". On happiness which is the 2<sup>nd</sup> subscale of WBMMS also shows the significant difference at 0.01. Hayes, Wakefield, Andresen et al (2010) "Spouses experienced decreased quality of life, reported significant burden, experienced marital strain, and some reported depression and anxiety". Happiness is more stable of the spouses of the patients of the depression than the spouses of the patients of BPAD.

On the subscale, social involvement shows that t-value is significant at 0.01 level where it can be said that social participation was less of the spouses of the patients of BPAD as compare to the spouses of the patients of depression. Ranjan, Srivastava and Kiran (2015) "Quality of life and marital adjustment were found better in spouses of schizophrenic patients than the spouses of person with bipolar disorder". The next subscale is self esteem and results represent that spouses of the patients of depression able to maintain their self esteem where spouses of patients of BPAD shows low self esteem, which means that somewhere being a caregiver spouses doubt themselves and do not able to show self confidence because of the burden of the partner who has get affected by the psychological disorder.

Mental balance i.e. the fifth subscale of WBMMS is depicting the significant difference on 0.01 levels. Results show that the spouses of the patients of depression have good mental balance and able to express their emotions in more balanced

way in comparison to the spouses of the patients of BPAD. On sociability, there is also significant difference on 0.01 levels of the spouses of the patients of depression and spouses of the patients of BPAD. Spouses of patients of depression are able to sustain their social relationship where spouses of the patients of BPAD are less retained family and social activities. Vibha, Saddichha, Khan and Akhtar (2013) "The patients with schizophrenia had poor quality of life as well as marital satisfaction as compared to other group of patients".

There is the significant difference on overall well being of the spouses of the patients of depression and the spouses of the patients of BPAD at 0.01 level. It can be said that hypothesis has proved as there is significant difference on well being. Spouses of the patient of depression give a picture the well being is high as compare to the spouses of the patients of BPAD. Windsor, Ryan and Smith (2009) "Individuals' self-rated health, control, and relationship closeness were associated with higher well-being. Spouses' self-rated health and control beliefs were consistently and positively associated with individuals' well-being". Undoubtedly it can be said that spouses of the patients of depression shows high well being and the spouses of the patients of BPAD show low level of well being.

### Findings

Overall findings indicate that spouses of the patients of BPAD pretended low degree of well being in contrast to the spouses of the patients of depression. Spouses of patients of BPAD show lack of interest in social activities and low self esteem as compare to the patients of depression. No doubt that spouse of the patients of depression revealed the high level of well being but it can't be ignored that due the psychological disorder there exists the difference on well being and shows the low degree of happiness and low level of worthiness in their lives.

### Conclusion

It can be concluded that there is considerable difference on well being of the spouses of the patients of depression and the spouses of the patients of BPAD. So, it is very important to take step forward for maintaining the well being and quality of life of the spouses of the patients of psychiatric disorders.

### References

1. Baronet A.M. (1999). Factors associated with caregiver burden in mental illness: A critical review of the research literature. *Clinical psychological Review*, 819-841.
2. Christiansen, C. & Baum, C. (1997). *Enabling Function and Well-being* (2nd edition). New Jersey: Slack.
3. Diener, E. & Diener, C. (1996). Most people are happy. *Psychological Science*, 7(3), 181-185.
4. Diener, E., Suh, E., Lucas, R. & Smith, H. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125, 276-302.
5. Franks, M. M., Hong, T. B., Pierce, L. S. & Ketterer, M. W. (2002). The association of patients' psychosocial well-being with self and spouse ratings of patient health. *Family Relations*, 51(1), 22-27.
6. Gough, I., McGregor, J. A. & Camfield, C. (2017). *Well-being in Developing Countries: From Theory to Research*. UK: Cambridge University Press.
7. Hayes, J., Wakefield, B., Andresen, E. M., Jeffrey Scherrer, J., Traylor, L., Wiegmann, P., Demark, T. & De Souza, C. (2010). Identification of domains and measures for assessment battery to examine well-being of spouses of OIF/OEF veterans with PTSD. *Journal of Rehabilitation Research and Development*, 47(9), 825-840.
8. Ranjan, L. K., Srivastava, P. & Kiran, M. (2015). Marital adjustment and quality of life among spouses of persons with schizophrenia and bipolar affective disorder. *International Multidisciplinary Research Journal Golden Research Thoughts*, 5(1), 1-8.
9. Rose L.E. (1996). Families of psychiatric patients: A critical review and future research directions. *Achieve Psychiatric Nursing*, 10, 67-76.
10. Seligman, M. E. P. (2011). *Flourish: A Visionary New Understanding of Happiness and Well-being*. New York: Free Press.
11. Vibha, P., Saddichha, S., Khan, N. & Akhtar, S. (2013). Quality of life and marital adjustment in remitted psychiatric illness: An exploratory study in a rural setting. *Journal of Nervous and Mental Disease*, 201(4), 334-338.
12. Windsor, T. D., Ryan, L. H. & Smith, J. (2009). Individual well-being in middle and older adulthood: Do spousal beliefs matter? *Journal of Gerontology: Psychological Sciences*, 64B(5), 586-596.
13. World Health Organization (2005). *Mental health: facing the challenges, building solutions*. Copenhagen: World Health Organization, Europe.
14. World Health Organization (2005). *A Glossary of Terms for Community Health Care and Services*. WHO Centre for Health Development. Geneva.