Intervention on Marital Satisfaction for Wives of People with Schizophrenia

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Abstract: Schizophrenia is characterized by profound disruption in cognition, emotions and behavior. Family members as the primary caregiver for caring People with Schizophrenia (PWS). For PWS who have been married, their couple has significant role. The couple of PWS experiences stress that results in burden of caregiving. Wives of PWS have a higher burden than husbands of PWS. Burdened with an overabundance of caregiving influences the marital dissatisfaction. This study aimed to analyze whether the intervention is able to reduce the caregiving burden thereby increasing marital satisfaction for wives of PWS. The research method used was single-case research experimental method with A-B-A design. The respondents was 3 (three) wives of PWS. All respondents experienced the burden decreasing after participating the intervention. As their burden decreased, they experienced an increase in marital satisfaction. The results indicated that the intervention was able to reduce caregiving burden so that it improved marital satisfaction for wives of PWS.

1 INTRODUCTION

Schizophrenia is a severe disorder that can occur at approximately seven per thousand of the adults' population, mostly in age range of 15-35 years (World Health Organization [WHO], 2013). The average of 1% world population experience Schizophrenia with onset on the teenage or early adulthood phase. Schizophrenia is characterized by profound disruption in cognition, emotions and behavior. Symptoms are typically divided into positive and negative symptoms. The positive symptoms are those that appear to reflect an excess or distortion of normal function, such as hallucinations and delusions, whereas negative symptoms are those that appear to reflect a diminution or loss of normal function, such as apathy, unusual emotional response, non-socialize, reduced performance, and rarely speak (Maslim, 2001).

Caregiver plays the crucial role in supporting the recovery of people with mental illness. The care quality directly has effect on functioning of them (Raj, Shiri, and Jangam, 2019). Family has a significant role in caregiving for People with Schizophrenia (PWS) (Hailemariam, 2015). For PWS who have been married, their couple has significant role (Shah, Wadoo, & Latoo, 2010). The family member who become the caregiver for people with mental illness reported there are numerous challenges which affected to their life quality, such as absence from work, financial problem, experience a lot of negative emotion, lack of time to enjoy the life and social problem (Hailemariam, 2015).

Most of family members who take a role as caregiver of schizophrenia have the caregiver burden in severe level. None of them has normal level of caregiver burden (Hailemariam, 2015). Caregiver burden is defined as a multidimensional response to the negative appraisal and perceived stress due to the care of people with mental disorders (Kim, Chang, Rose, and Kim, 2012). It consists of two categories which are objective and subjective burden (Schene, Tessler, and Gamache, 1994). Objective burden is an observable effects on caregiving, such as financial problem, whereas subjective burden focuses on the psychological stresses that can be reflected by symptoms of anxieties, depression and low levels of subjective welfare (Idstad, Ask, and Tambs, 2010).

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Wives of PWS experience in both of burden categories (Idstad, et al., 2010). The most identified aspect is burden to wives of PWS that is "anxiety toward future". The dominated aspect which become the main attention is "accepting the sorrow and grief" (Rose, 2011). They feel confused in order to get interaction with PWS effectively (Mizuno, Takataya, Kamizawa, Sakai and Yamazaki, 2012; Rose, 2012). The wives of PWS express the negative emotions, such as helplessness due to multiple roles in family results in caregiving of husband, children education, financial (Pashapu, et al, 2014). They also experience the anxiety of her husband's behavior that will be inherited to their children (Mizuno, et al., 2012).

The burdened spouses affect to marital relationships such as extra marital affair and sexual problem. The wives of PWS express negative appraisal of caregiving and have negative perceptions toward their marital life (Pashapu, et al., 2014). Positive behavior is able to affects the marital satisfaction directly, that is the acceptance of spouse, whereas negative behavior is able to decreases the marital satisfaction, such as blaming and criticizing the spouse (Canel, 2013). More than that, lack of spouse's participation in marital relationship is the result of mental illness which decreasing the marital satisfaction (Diana, Sukarlan, and Pohan, 2012). Marital satisfaction indicated by commitment to continue the marriage, mutual respect, mutual support, and mutual trust, openness, accepts the partner conditions, doing activities together, expressing the emotion and low levels stress of marriage (Canel, 2013; Nimtz, 2011).

Based on Crisis Theory with ABC-X model developed by Hill, high burden in caregiving influence marital dissatisfaction (Madanian, Mansor, and Omar, 2012). Crisis Theory explains how couples react to stressful events. This models consists of stressful events (A), the ability of families to face stressful events (B), individual appraisal of stressful events (C), and combined as a determinant of the outcomes (X). Interaction of A-B-C can contribute to the condition of marriage (X). Lack of understanding about Schizophrenia, communication skills, problem solving, stress management, and lack of social support become factor (B). Burdened with an overabundance of caregiving as a result of individual appraisal of caregiving becomes factor (C). Interaction of factor A-B-C can influence the marital dissatisfaction (X). Providing interventions can change the factor (B) and (C), so that marital satisfaction may be increased (X).

Based on previous research and PWS wives' needs, the researchers compiled "*Bangkit Program"* as an intervention for wives of PWS. The researchers chose the name *"Bangkit Program"* because the word *'Bangkit'* in Bahasa Indonesia has several meanings, such as increasing awareness, changing the passivity towards a more active and motivating self to get starting a recovery process. The term itself was cover the whole process of recovery and giving motivational significance (Subandi, 2006). *"Bangkit Program"* consists of four (4) sessions: (1) Psychoeducation about Schizophrenia; (2) Effective Communication Skills Sessions; (3) Problem Solving Skills Session; and (4) Stress Management Sessions (in "*Bangkit Program"* named by being a Tough Spouse).

2 LITERATURE REVIEW

2.1 Caregiver Burden

Caregiver is a person who handle the responsibility toward person who has mental illness problem, therefore the caregiver is unable to have productivity for a long term. Caregiver burden has a narrow perspective comparing with family burden (Schene et al., 1994). Caregiver burden involves emotional loss due to process of caregiving, shameful feeling, and the severe burden, financial problem, role and lifestyle changing (Budd, Oles & Hughes, 1998). People who are struggling with severe mental illness, such as schizophrenia often bring out the high level of stress and perceived burden in caregiver (Sartorius, Leff, Lopez-Ibor, Maj, and Okasha, 2005).

Caregiver burden consists of two dimensions that are objective and subjective burden (Schene et al., 1994). Objective burden is able to be observed and measured by other people and consists measurable effects on household, such as routine depending which affected by caregiving, financial struggle, whereas subjective burden is apperception of people towards the effect of caring, such as guilty feeling and anxiety about future (Mantovani, et al.,2016; Schene et al., 1994).

2.2 Marital Satisfaction

Satisfaction identified as a level of a person to express happiness and satisfaction to couple (Harway, 2005). Marital satisfaction is how the couple's feeling toward her/himself, partner, and her/ his marriage subjectively and relatively

consistent (Bradbury, Fincham, & Beach, 2000). Marital satisfaction formed by the interaction quality between couples. Happiness toward her/ his relationship with partner, her/ his feeling toward the marriage, and the perception about marriage is a factor affecting phase of marriage satisfaction. The concept of marital satisfaction is unstable and changeable constructed. The changing of relationship quality and quantity are the main factor which able to decrease the phase of marital satisfaction (Canel, 2013). According to Oslon-Siggg & Oslon (2011) there are 10 aspects of marital satisfaction, they are communication, conflict resolution, couple's lifestyle and habit, financial management, spending leisure time together, affection and sexuality, friends and family, children and caregiving, role equality, religions.

2.3 Schizophrenia

Schizophrenia is severe disorder characterized by some symptoms which is related to severe disruption in life function (Sartorius, et al, 2005). The symptoms of schizophrenia disorder are disruption in several crucial aspect, such as mind, perception, intention, motoric behavioral, feeling or emotion, and life functioning. The symptoms of schizophrenia consists of 3 categories that are positive symptom, negative symptom, and disorganization. Positive symptom includes overwhelming and distortion, such as hallucination and dilution. Whereas, negative symptom consist of deficit behavioral, such as avolition, alogia, blunted affect, anhedonia, and asociality while disorganization is also known as formal thinking disorder refers to a problem in organization variety of thoughts and talking (Davison, Neale and Kring, 2004).

3 RESEARCH METHOD

3.1 Respondent

Three wives were involved as respondent in this (JM, NN, and SR). Researchers recruited them through various institutions in Yogyakarta-Indoensia, such as Community Health Centers (*Puskesmas)* in Sleman-Yogyakarta, Indonesian Schizophrenia Caring Community *(Komunitas Peduli Skizofrenia Indonesia)*, Puri Nirmala Hospital, and Regional General Hospital Grhasia. The inclusion criteria of the study are: (1) Being the primary spouse for her husband who suffered schizophrenia; (2) Live together with her husband who had Schizophrenia; (3) Speak in Bahasa Indonesian fluently; (4) Write and read well. Here is the identities of survey respondents: fraud habit.

Table 1: Respondent's Background.

Factors	Respondent JM	Respondent NN	Respondent SR
Age	54 years old	55 years old	43 years old
Education	Elementary School	Bachelor	Junior High School
Etnic	Java	Java	Java
Number of Child(ren)	1 child	3 children	2 children
Occupation	Farmer	Housewife	Labor
Month income	< Rp 1.000.000	> Rp 2.500.000	< Rp 1.000.000
Duration of Caring	17 years	5 years	18 years
Present Husband's Job	farmer	Pansion	Jobless

3.2 Design and Data Analysis

This study used an experimental method to a single case (Single-Case Research Design) aimed to test the effect of an intervention by comparing the different conditions on the same respondents periodically (Kazdin, 1982). Single-Case Research Designs used are A-B-A design.

The data was obtained for this study were analyzed using descriptive and quantitative analysis by using visual inspection based on score calculation of burden and marital satisfaction. This visual analysis aimed to evaluate the consistency of *"Bangkit Program"* effect by comparing multiple conditions (A-B-A). It is presented in graphs. Descriptive analysis was obtained from observations, interviews, and daily report book during the research process. It aimed to get an overview of in-depth study on the effect of each respondent.

3.3 Measurement

The instruments used in this study were: (1) Burden Scale modified from Rismarini (2013); (2) Marital Satisfaction Scale (Fowers & Olson, 1993) which has been modified; (3) Daily report book consists of the events and feelings description of the respondents from day to day and 25 items of

caregiving burden based on three aspects of Zarit, Reever & Bach-Peterson Theory (Utami, 2011) and it is intended as a self-monitoring; (4) *"Bangkit Program"* Modules: and (5) Booklet containing materials of *"Bangkit Program"*.

3.4 Experimental Procedures

Before presenting *"Bangkit Program"*, researchers conducted a trial module by two steps: (1) Professional judgment by psychologists about the module content; and (2) trial module of "*Bangkit Program"* for a wife of PWS who has the same criteria as the study respondents. Enforcement of trial module was intended that *"Bangkit Program"* implementation will be run in accordance with *"Bangkit Program"* module procedures. After conducting trial module, researchers made some revisions so that when the entire research the procedure of *"Bangkit Program"* can be applied fully.

After conducting module trial, then researcher carried out the research through three (3) phases, namely baseline 1 phase (A_1), the intervention phase (B) and baseline 2 phase (A_2). In the baseline 1 phase (A_1) researchers did not provide any treatment to the respondent. Respondents were asked to complete a daily diary on this phase. After that, researchers checked the daily report book, interviewed and observed the respondent. In the end of baseline 1 phase (A_1), researchers asked respondents to fill out a pre-test of burden scale and marital satisfaction scale.

Researchers provide *"Bangkit Program"* in intervention phase (B). *"Bangkit Program"* materials was delivered by a pschyologist as facilitator in *"Bangkit Program"* training. During the intervention phase (B), the respondents were asked to fill in daily report book every day. Then in the end of *"Bangkit Program"* training, respondents were asked to fill out a post-test of marital satisfaction scale and burden scale. While Baseline 2 Phase (A_2) is for withdrawing *"Bangkit Program"* intervention. Respondents were also asked to complete daily report book. In the end of baseline 2 phase (A_2), researchers provided follow-up test of burden scale and marital satisfaction scale to respondents.

4 RESULT

4.1 Burden Level based on Daily Report Book

Three respondents' caregiving burden decreased. Figure 1, Figure 2, and Figure 3 is the score obtained by the respondents' burden based on daily report book:

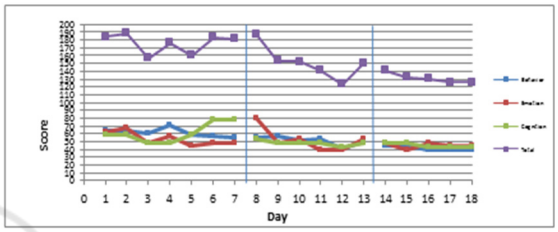

Figure 1: Burden Score of Respondent JM.

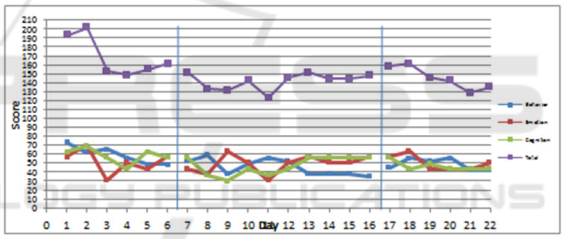

Figure 2: Burden Score of Respondent NN.

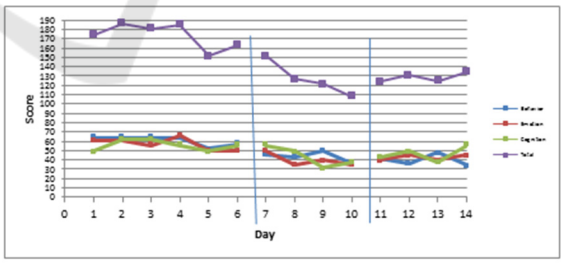

Figure 3: Burden Score of Respondent SR.

Based on mean of burden of respondent JM (Figure 4), NN (Figure 5), and SR (Figure 6), all of them experienced a decrease in burden at intervention phase (B) and baseline 2 phase (A_2) as compared to baseline 1 (A_1).

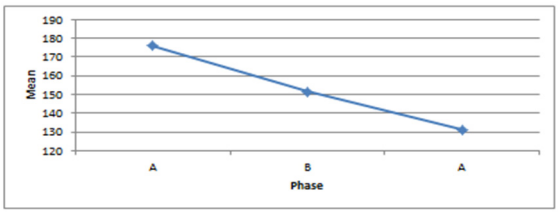

Figure 4: Mean of Burden of Respondent JM.

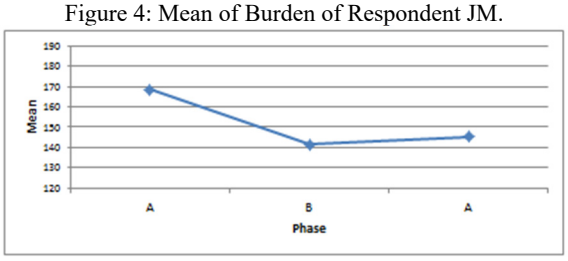

Figure 5: Mean of Burden of Respondent NN.

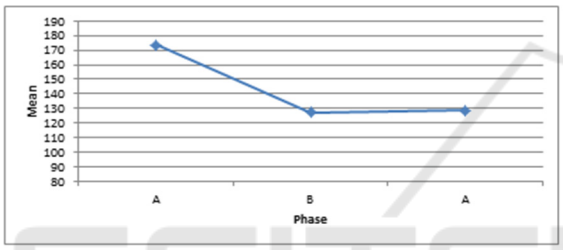

Figure 6: Mean of Burden of Respondent SR.

Mean of burden of respondent JM in baseline 1 phase (A_1) was $\bar{X}$ = 175.82 (SD = 12.26), intervention phase (B) was $\bar{X}$ = 151, 46 (SD = 21.28) and baseline phase 2 phase (A_2) was $\bar{X}$ = 131.06 (SD = 2.62). Respondent NN had mean of burden in baseline 1 phase (A_1) was $\bar{X}$ = 168.78 (SD = 22.5), intervention phase (B) was $\bar{X}$ = 141.53 (SD = 9.48), and baseline 2 phase (A_2) was $\bar{X}$ = 145.31 (SD = 12.96). Respondent SR had mean of burden in baseline 1 phase (A_1) was $\bar{X}$ = 173.35 (SD = 13.53), intervention phase (B) was $\bar{X}$ = 127.09 (SD = 17.9), and baseline 2 phase (A_2) was $\bar{X}$ = 128.7 (SD = 4.91).

4.2 Burden and Marital Satisfaction

According to mean of burden on daily report book and Burden Scale indicated that respondent JM experienced decreasing burden level, both at post-test and follow-up test. The decrease in burden levels was followed by an increase in marital satisfaction scores of respondents JM. The increase in marital satisfaction scores in post-test by 15 points, whereas at follow-up by 22 points from pre-test scores (Figure 7). It indicated that "*Bangkit Program"* could reduce the caregiving burden, so that marital satisfaction increased. The effect of "*Bangkit Program"* persisted until the follow-up period.

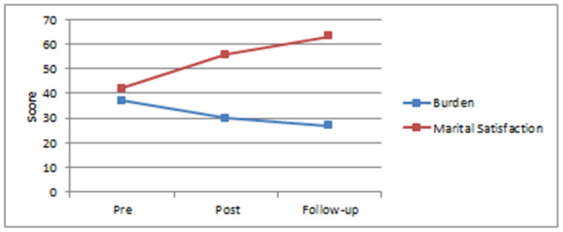

Figure 7: Burden and Marital Satisfaction of Respondent JM.

Based on Burden Scale, respondent NN's burden scores decreased during post-test by 11 points and follow-up by 12 points. The decrease in burden score influenced marital satisfaction scores (Figure 8). The marital satisfaction scores increased consistently from post-test to follow-up test. Marital satisfaction score increased singnificantly by 17 points at post-test, while at follow-up increased by 18 points. Thus, "*Bangkit Program"* could reduce the caregiving burden, so that marital satisfaction increased in respondent NN. The effects of "*Bangkit Program"* persisted in respondent NN.

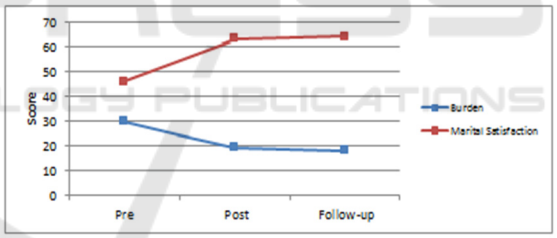

Figure 8: Burden and Marital Satisfaction of Respondent NN.

The decrease caregiving burden score and the increase marital satisfaction were not only experienced by respondent JM and NN, but also respondent SR. Based on respondent SR's Burden Scale, its scores significantly decrease in post-test by 14 points and follow-up test by 15 points. The decrease in caregiving burden was followed by an increase in marital satisfaction scores. According to post-test measurement, respondent SR had increased by 6 points. Similarly, the follow-up measurement of marital satisfaction increased significantly by 17 points.

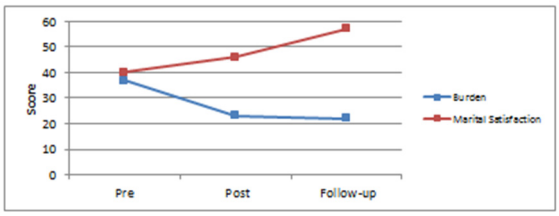

Figure 9: Burden and Marital Satisfaction of Respondent SR.

Based on the visual analysis of 3 (three) respondents above, it could be concluded that "*Bangkit Program"* could reduce the caregiving burden, so that marital satisfaction increased on wives of PWS. "*Bangkit Program"* had long-term effects in all respondents.

4.3 Effectiveness of "Bangkit Program" Intervention

- Respondent JM
  Before getting "*Bangkit Program"* intervention, respondent JM believed that her husband got a disease because of being spelled by her stepmother, so that she did not seek medical treatment for him. After getting an explanation of Schizophrenia in Session 1: psychoeducation, he had begun to realize that her husband was having psychiatric disorders because the schizophrenia symptoms are exactly the same as that of her husband. At the end of the first session, she intended to seek immediate medical treatment for her husband. Based on Figure 1, respondent JM's emotion aspect scores increased when the first session (on day 8). It is caused by a deep concern about the future husband, feeling sad, guilty, and ashamed.

  Respondent JM had another benefit of "*Bangkit Program",* that is ability to communicate with neighbors. She began to explain about schizophrenia to neighborhood, so that they were able to understand the circumstances of her husband and not isolate him from society. By understanding of schizophrenia and communication skills with the neighborhood around, appearing behavioral changes in the society, such as they paid attention to respondent JM and her husband condition, offer transportation assistance when respondent JM intended to bring her husband to the hospital, and got no fear anymore to interact with JM's husband.
- Respondent NN
  Before getting "*Bangkit Program"*, respondent NN often overlook her condition and very focused on her husband's condition so that he left a lot of outside activities. After the "*Bangkit Program"* intervention, respondent NN realized that she also needs entertainments and activities that can make her happy. Previously NN pinched her husband when she asked him to take a bath, eating, or sleeping. This condition happens because NN felt annoyed, tired and impatient with her husband's behavior. Instead, after joining "*Bangkit Program"* she realized that her behavior like that couldn't support the recovery for her husband. Nowadays if she have started feel tired, upset, or disappointed, she will practice the relaxation that has been taught at each session of "*Bangkit Program".*

  NN stated that she accepted her husband's condition sincerely, but she felt sadness, disappointment, and helplessness. In follow-up session of "*Bangkit Program"* respondent NN reported that her feeling right now is getting better, just before she could not noticed her husband's improvement because of her sadness and helplessness. Nowadays no matter how small the change is shown by her husband, responden NN appreciates it, such as her husband is able to eat the cake without respondent NN's help, laughing while watching comedy on television, and so on.
- Respondent SR
  SR Respondents showed some positive behavior change in caregiving after getting "*Bangkit Program"*. Based on observations and interviews in baseline 1 phase, respondent SR often do not care and avoid her husband. Otherwise, after getting "*Bangkit Program"* intervention, respondent SR gave caring and communicate effectively to her husband. In addition, respondent SR also began to make a joke with her husband after she got "*Bangkit Program"* intervention. These conditions indicated that by decreasing caregiving burden, respondent SR get better interaction with her husband (PWS), so that marital satisfaction increased.

5 DISCUSSION

This study uses a single case design, so that the causal correlation between intervention and behavior change can be explained deeper. Respondents have

different characteristic based on education, duration of caring, and economic conditions. In addition, these differences among respondents can enrich the wealth of knowledge.

All three respondents who involved in study showed sadness and sorrow accept experienced. This condition should be a concern in the intervention process. That is dominant aspect that should be the center of attention for researchers that receive sadness and grief. It shows the attitude of despair and helplessness wrapped in words that can be accepted by society (Rose, 2011).

The experience most occurred in PWS couple focuses on finance, future, exhausted, isolated, and workload beyond (Mizuno, et al., 2012). Respondent NN has slightly on financial problem because her husband has retirement benefits that can fulfill the needs of the family. Nonetheless respondent NN felt isolated, tired, and have a high workload, whom taking care of the husband, such as help eating, drinking, defecating and, bathing her husband. Whereas, the burden experienced by respondent JM and SR is greater in financial problems. They did not need to take care of her husband (PWS) as done by NN because their husbands are already independent. But the difficulty in financial situation made them frustrated and tired, to be worked hard to meet the needs of family, while their husband's physical condition were good but do not able to help the family finances. These conditions made negative feelings in both respondent JM and SR against her husband, such as angry, upset, and disappointed.

For wives of PWS, social support plays a very important role to reduce the caregiving burden (Robinson, Rodhers, & Butterworth, 2008). It is also experienced by all respondents. When they were able to ask the help from others, it made opportunities for their husbands (PWS) to get support from various parties. Communication skill, seek help from others and problem solving were taught in the "*Bangkit Program"* to the respondents of this study can decrease the caregiving burden.

The burden experienced by all respondents causes decreased marital satisfaction (Fitzpatrick & Haase, 2010; Madanian, et al., 2013). When the respondents' burden decreased, they made positive interactions and acceptance of a husband. It resulted in increased marital satisfaction. Higher stress and burden level, then lower marital satisfaction (Canel, 2013). Therefore, all respondents who received the intervention "*Bangkit Program"* got marital satisfaction increased significantly due to the decreasing caregiver burden.

6 CONCLUSION

Based on the results of this study indicate that all three respondents whose caregiving burden had decreased significantly after interventions of "*Bangkit Program"*. As the burden decrease, the marital satisfaction increased. There is no differences in reduction of burden based on the duration of taking care, economic status and level of education. Thus, "*Bangkit Program"* can be applied to wives of PWS with various levels of education, economic status, and duration of care for the reduction the caregiving burden. Hypothesis of this study is accepted that "*Bangkit Program"* can reduce the caregiving burden so that marital satisfaction increased.

Based on the implementation of this study, the research put forward several recommendations for further research, they are: (1) additional media other than the booklet can help respondents understand the material better, such as using video; (2) "*Bangkit Program"* materials delivering can be adjusted to respondents understanding level; (3) Module of psycho-education sessions can be conducted in two sessions, so that the respondent can dig deeper knowledge about schizophrenia and had a longer time to reveal the experiences (sharing) during the accompaniment process.

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