



Life Satisfaction and Psychological Wellbeing Among Primary Caregivers Of Patient Suffering From Somatoform Disorder

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Abstract

This study was based on life satisfaction and psychological well-being among primary caregivers (family members, friends, or relatives) of patients suffering from somatoform disorder. Males and females have been taken to assess the life satisfaction and psychological well-being. The subjects were 60 family caregivers of the patients of somatoform disorder from Ludhiana. Life Satisfaction Scale by Professor Hardeo Ojha (Bhagalpur) was used which has 20 statements was used. To measure the psychological wellbeing of family caregivers, Psychological Well-being Scale by Dr Devendra Singh Sisodia & Ms. Pooja Choudhary was used. Result revealed that there is no gender difference in between family caregivers of patient with somatoform disorder. And found positive correlation in between psychological wellbeing and life satisfaction. The present study's conclusions show the similar finding with previous research, provide strong evidence for a clear relation between psychological well-being and life satisfaction. In the light of current social and health related problems among caregivers, life satisfaction and psychological well-being seems to be a particularly important and relevant topic. It is important to understand how individuals can cope with such stresses while sustaining a sense of psychological well-being.

DOI Number: 10.14704/Nq.2022.20.17.Nq88004

Neuroquantology 2022; 20(17):18-22

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Introduction

Somatoform disorder is a condition in which a person complains about physical problem but there is no pathological distress in the form of physical symptoms. Therefore, they had to be attended multiple diagnostic unnecessary investigations (Chadda & Bhatia, 1990) and most of the time misdiagnosed as having physical sickness (Chinneimawi, Nagarajan, & Menon, 2021). This illness creates obstacles in front of the patient as well as their family members. It may also disturb their daily activities which may leads to disabilities.

Innumerable ups and downs occurred in the life of the patient as well as their caregivers throughout the treatment process. The primary caregiver, who takes care of any relative who is mentally suffering, then the mental and physical health of the primary caregiver also gets

affected. Apart from such effects, various other spheres also get affected such as daily routine, household duties, leisure time, socio-economic condition, relationships, job or business etc. Few more factors need to be explored such as caregiver's attitude or emotional reactions while taking care of patients and distress among family members (Reine et. al., 2003). Many researchers had reported the consequences and issues faced by family caregivers of patients with mental disorder especially schizophrenia (Jagannathan, et. al., 2014; Koujalgi, & Patil, 2013; Narasipuram, & Kasimahanti, 2012). But there are very few studies available among family caregivers of somatoform disorder, as most of the studies based on caregiver burden.

Family Caregivers

Family caregivers in this study refers to a family member, close relative or roommate who lived

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Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.



with patient for more than 6 months and support the patient to fulfil his or her daily routine activities, health care, and socialization. In this situation, family caregivers' psychological well-being may have disturbed during caring of the patient. According to Elliot and Pezent (2008), caregivers developed complications such as pressure sores and experiencing declines in functioning abilities. Sometimes, caregivers suffer from depression, poor health, and distress, i.e., disturbed psychological well-being which may lead to abuse towards the patient.

Psychological Well-being

As per the current study, psychological wellbeing is subsumed of dimensions such as self-acceptance, maintaining an upright positive relation with others, environmental mastery, personal growth, and a sense of definite purpose in life. Ryff (2014, 2018, 2019) intended to construct a psychological well-being scale by dint of positive human functioning which underlines the above-mentioned dimensions.

Positive psychology encourages the research scholars to focus on psychological wellbeing. According to Weiss et. al. (2016) and Oprea et. al. (2018), psychological well-being is considered in terms of pleasant or unpleasant sensations which is highly associated with positive affect and life satisfaction. According to Henn et. al. (2016), who focused on subjective experiences of well-being, suggests that it is specifically connected to happiness, life satisfaction and positive affect. On the other hand, Diaz et. al., (2015), Berzonsky and Ciecuch, (2016), Disabato et. al., (2016), and Urquilo et. al., (2016), considered psychological well-being as connected with a process of self-realisation through which a person develops gradually with time.

Life Satisfaction

One of the complex terms is life satisfaction. Sometimes people used it interchangeably with happiness, but both are two different concepts. As we are talking about life satisfaction, research shows that when individuals make conclusions about life satisfaction, hedonic stability (i.e., the ratio of positive/pleasant emotions to negative/ unpleasant emotions

experienced) helps as an important source of information (Schimmack, Oishi, & Diener, 2002; Schimmack, Radhakrishnan, Oishi, Dzokoto, & Ahadi, 2002; Schwarz & Strack, 1991; Suh, Diener, Oishi, & Triandis, 1998). Moreover, experimental evidence has shown that positive and negative experiences have a causal effect on satisfaction judgments (Schwarz & Clore, 1983). Such findings are encouraging of an affect-as-information perspective (e.g., Schwarz & Clore, 2007), suggesting that people rely on their emotional experiences to form judgments of how satisfied they are with their lives. So, we can say that life satisfaction is the overall assessment of one's life in a particular time duration from negative to positive with its major components, related to feelings, emotions, and attitudes.

Some research has found that life satisfaction is highly correlated with health-related factors such as chronic illness, sleep problems, pain, obesity, smoking, anxiety, and physical activity (Strine, Chapman, Balluz, Moriarty, & Mokdad, 2008). The correlation may go in both directions, but it's clear that life satisfaction and psychological wellbeing are positively correlated.

Family Caregivers with poor psychological wellbeing

An essential role plays by family caregivers in caring for patients with mental illness, but the demands and strains of caregivers while caring for the patient, reduce their capabilities to cope with this situation and often leads to multiple problems faced by caregivers and patient such as compromise levels of adjustment, financial burden, poor psychological wellbeing by family caregivers.

RESEARCH METHODOLOGY

Objectives

- a) To investigate life satisfaction and psychological wellbeing among family caregivers of patients suffering from somatoform disorder.
- b) To investigate gender difference in life satisfaction and psychological wellbeing among family caregivers of patients suffering from somatoform disorder.
- c) To investigate relationship between life satisfaction and psychological well-being



among family caregivers of patients suffering from somatoform disorder.

Hypotheses

- a) There will be gender differences in life satisfaction among family caregivers of patients suffering from somatoform disorder.
- b) There will be gender differences in psychological wellbeing among family caregivers of patients suffering from somatoform disorder.
- c) There will be significant relationship between life satisfaction and psychological wellbeing among family caregivers of patients suffering from somatoform disorder.

Sample

Sixty family caregivers of patients with somatoform disorder were sampled from Ludhiana, Punjab, India.

Inclusion Criteria: The caregiver's patients should be diagnosed with somatoform disorder with more than 6 months and caregiver should be the primary (family member or roommate) caregiver and he or she should be able to read questionnaires in English.

Procedure

After identifying the family caregivers, they were contacted by a research interviewer who invited them to participate in the study. After taking the consent of the caregivers by ensuring the confidentiality of the data, self-report questionnaires were administered and completed by them. In addition, structured interview was also conducted to collect demographical information including caregiver age, gender, race, annual household income, religious affiliation, and the caregiver and level of education.

Measures

Psychological Well-being Scale: To assess the psychological well-being of family caregivers, Psychological Well-being Scale by Dr Devendra Singh Sisodia & Ms. Pooja Choudhary was used. It has 50 statements and each statement have five response categories, viz..., strongly agree, agree, undecided, disagree, and strongly disagree.

Life Satisfaction Scale: To study the life satisfaction, Life Satisfaction Scale by Professor Hardeo Ojha (Bhagalpur) was used which has 20 statements and each statement have five response categories, i.e., strongly agree, agree, undecided, disagree and strongly disagree.

Data Analysis

The obtained scores of all the participants were analysed through statistical techniques including mean, standard deviation, t-test, and correlation. Data was analysed by using the Statistical Package for the Social Sciences (SPSS).

Results And Discussion

Out of sixty family caregivers, thirty (50%) family caregivers were male and thirty (50%) family caregivers were females. Most of the family caregivers were married. The mean age of male family caregivers was 35.7, (SD. 7.39), whereas the mean age of female family caregivers was 34.16, (SD. 6.89). Most of the family caregivers were employed (n=52, 86.66%) and lived in urban area (Ludhiana city).

Overall mean of family caregivers in life satisfaction was 65.12 and SD was 7.18. In psychological wellbeing, overall mean of family caregivers was 149 and SD was 18.82 as shown in the table 1 below.

Table 1: Represents overall Mean and SD scores of family caregivers on life satisfaction and psychological wellbeing.

	LIFE SATISFACTION	PSYCHOLOGICAL WELLBEING	
Total	Mean	65.1167	149.0000
	N	60	60
	Std. Deviation	7.17834	18.82209

The table 2 represents t-test scores of family caregivers of patients suffering from somatoform disorder. The mean value of male family caregivers was 65.80 and standard deviation was 8.00. On the other hand, mean value of female family caregivers was 64.43 and standard deviation was 6.32. The t value (0.73>0.05) was not significant at 0.05 level which suggests that the hypothesis "There will be gender differences in life satisfaction among family caregivers of patients suffering from somatoform disorders" not supported. Therefore, there are no gender differences exist on life satisfaction among family caregivers of the patient suffering from somatoform disorder.



Table 2: Represents difference between male and female Mean, SD and t scores of family caregivers on life satisfaction.

Particulars	Mean	S.D.	t. value	P. Value (0.05) two tail	Remark
Male subject score n=30	65.80	8.00	0.73	0.46	Not Significant
Female subject score n=30	64.43	6.32			
Total subject score n=60	65.11	7.17			

The findings of the present study were supported by the research study conducted by Chui and Wong, (2016), which suggests that there was no gender difference in the average level of life satisfaction. Contradictory finding by Goldbeck et al. (2007) reported a lower life satisfaction in females as compared to males, this being matching with some other studies on gender effects (Moksnes & Espnes 2013), a branch of other research and literature argues no differences in the level of subjective wellbeing throughout gender (Casas et al. 2007; Froh et al. 2009; Huebner et al. 2004). One more contradictory finding was noticed in the study by Ju, Kim, Kim, and Lee (2022), family caregivers reported lower life satisfaction. These findings suggest the importance of focusing on caregiver’s different needs and conditions when implementing coping strategies when caring for patients.

Table 3 represents the t scores, means and standard deviation on psychological wellbeing among family caregivers of patient suffering from somatoform disorder. The mean value of male family caregivers was 151.03 and standard deviation was 20.47. On the other hand, mean value of female family caregivers was 146.96 and standard deviation was 17.12. The t value (0.83>0.05) was not significant at 0.05 level which means the hypothesis “There will be gender differences in psychological wellbeing among family caregivers of patients suffering from somatoform disorder” is not accepted and there is no gender difference on psychological wellbeing among family caregivers of patients suffering from somatoform disorder.

Table 3: Represents difference between male and female Mean, SD and t scores of family caregivers on Psychological Wellbeing.

Particulars	Mean	S.D.	t. value	P. Value (0.05) two tail	Remark
Male subject score n=30	151.03	20.47	0.83	0.40	Not Significant
Female subject score n=30	146.96	17.12			
Total subject score n=60	149.00	18.82			

In the support of present study, Sharma, Chakarbaty, and Grover (2016), there were no significant gender difference in any of the areas of psychological morbidity. Contradictory finding was reported by Gómez-Baya, Lucia-Casademunt, and Salinas-Pérez (2018), that women reported lower psychological wellbeing as compared to men.

Table 4 represents the correlation between life satisfaction and psychological well-being among family caregivers of patients suffering from somatoform disorder. Findings suggests a positive (r= 0.604) correlation between life satisfaction and psychological wellbeing.

Table 4: Indicates Correlation between life satisfaction and psychological well-being among family caregivers of patients suffering from somatoform disorder

Correlations

		LIFE SATISFACTION	PSYCHOLOGICAL WELLBEING
LIFE SATISFACTION	Pearson Correlation	1	.604**
	Sig. (2-tailed)		.000
	N	60	60
PSYCHOLOGICAL WELLBEING	Pearson Correlation	.604**	1
	Sig. (2-tailed)	.000	
	N	60	60

** Correlation is significant at the 0.01 level (2-tailed).

Similar finding was reported by Zika and Chamberlain (1992), there is a substantial and consistent relation between meaning in life and psychological wellbeing. This association is sustained using several different meaning measures and relating them to several different well-being components, both at a higher-order and a lower-order level of generality. The associations are replicated with only minor variations in two demographically different samples. Although Reker et al. (1987) have reported the relation between life satisfaction and psychological well-being to vary for samples of different ages, this may have been due to the way meaning was measured in their study.

CONCLUSION

The findings from the present study, somewhere similar with previous researches, provide strong evidence for a clear relation between psychological well-being and life satisfaction. In the light of current social and health related problems among caregivers, life satisfaction and psychological well-being seems to be a particularly important and relevant topic. Conditions such as financial burden, physical burden, daily routine activities of the



patient and also dependence on caregivers which creates dependence burden on family caregivers lead many caregivers to question issues of meaning in life and life satisfaction in their lives. It is important to understand how individuals can cope with such stresses while sustaining a sense of psychological well-being. Research into the role of life meaning can make a valuable contribution towards our understanding of the factors which influence the mental health process.

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