

The journal has had 5 points in Ministry of Science and Higher Education parametric evaluation. § 8. 2) and § 12. 1. 2) 22.02.2019.

© The Authors 2020;

This article is published with open access at Licensee Open Journal Systems of Nicolaus Copernicus University in Torun, Poland provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license Share alike. (<http://creativecommons.org/licenses/by-nc-sa/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 25.05.2020. Revised: 30.05.2020. Accepted: 05.06.2020.

## Mental illness as a source of family stress

Katarzyna Tomaszewska<sup>1</sup>, Bożena Majchrowicz<sup>2</sup>, Alicja Klos<sup>1</sup>, Elżbieta Sobejko<sup>3</sup>

<sup>1</sup> State Higher School of Technology and Economics in Jarosław

<sup>2</sup> East European State Higher School in Przemyśl

<sup>3</sup> Collegium Masowiense Absolvent

**Abstract:** Mental illness has been a cause of concerns in society for centuries. To this day, although we have access to a wide range of information, many people stigmatize and isolate people suffering from this type of disorder. It is difficult to say what is the reason for this, the inability to act, ignorance or irrational fear. It is a fact that people with mental disorders arouse anxiety, aversion and even fear in us. This is why the sick themselves, as well as indirectly their loved ones, are often pushed to the margins of society, which is a source of stress they feel.

**Aim of the paper:** To show the problem of mental illness in the family and the extent to which it affects the stress experienced by its members.

**Material and methods:** The research was conducted on the area of Jarosław County among 103 family members of people diagnosed with mental illnesses. The research tool was an original questionnaire, which was conducted in the months from January to March 2019. The SPSS program was used for statistical calculations and all relationships are statistically significant when  $p \leq 0.05$ .

**Results and conclusions:** 66% feel stress due to a mental illness in their relative. Only 22.3% definitely denied this, and 9.7% were not sure of their feelings. The classification of the stress experienced was not statistically significantly different due to gender ( $p=0.27$ ), age ( $p=0.76$ ) and education of respondents ( $p=0.14$ ). Every occurrence of an illness is usually a traumatic experience for most family members or carers. People close to them are confronted with a

new, uncomfortable life situation, new challenges and responsibilities and therefore feel very confused, not knowing whether they can cope with such difficult challenges as care. The level of knowledge in families with mentally ill people about such diseases is low. This may be due to the reluctance of these people to delve into the subject on the basis of pushing the problem away.

**Keywords:** mental illness, family, stress.

## **Introduction**

The priority task of any well-functioning family is to acclimatize its members to changing external and internal conditions, so the appearance of stress factors in such a system can have a disorganizing and dysfunctional effect. The appearance of the disease is usually sudden and unexpected, the application of countermeasures is limited in such a situation, and then the proper functioning of the family is disturbed. Mental illness has been a cause for concern in society for centuries. To this day, although we have access to a wide range of information, many people stigmatize and isolate people suffering from this type of disorder. It is a fact that people with mental disorders arouse anxiety, dislike and even fear in us. Therefore, the sick themselves, as well as indirectly their loved ones, are often pushed to the margins of society, which is a source of stress they feel.<sup>1</sup>

In modern clinical psychiatry, the term "mental illness" is increasingly being replaced by the term mental disorder. In the Great Medical Dictionary, mental illness is defined as: "a collective term covering all psychotic-type disorders, i.e. those in which psychotic symptoms occur (hallucinations, delusions, severe mood disorders, emotions, etc.)".<sup>2</sup> As many studies have shown, people with chronic mental illnesses have great difficulties in functioning in society, especially those who lack the ability to make and withdraw from contacts with others. This is due to the attitudes and behaviors of the patients, which are not accepted by society, such as hygiene negligence, aggressive behavior, or lack of verbal contact. Social rejection eliminates ambitions, the desire to achieve success, to appear in a group, which combined with susceptibility to injury, reduced ability to solve social problems, further deepens the reluctance to engage in interpersonal contacts with the environment. This often even affects the family sphere and results in an increase in the feeling of loneliness and a significant decrease in life satisfaction. Society has been negatively affected by the mentally ill since the dawn of time and, despite the popularization of knowledge on the subject, this has not changed much.<sup>3</sup>

**The aim of this paper** is to show the problem of mental illness in the family and the extent to which it affects the stress experienced by its members.

---

<sup>1</sup> Białek K., Rodzina pod wpływem choroby jako stresora, [in:] „Państwo i Społeczeństwo” nr 4/2015.

<sup>2</sup> Pużyński S., *Choroba psychiczna – problemy z definicją oraz miejscem w diagnostyce i regulacjach prawnych*, [in:] „Psychiatria Polska”, Tom XLI nr 3, Instytut Psychiatrii i Neurologii w Warszawie 2007.

<sup>3</sup> Podogrodzka-Nieł M., Tyszkowska M., *Stygmatyzacja na drodze zdrowienia w chorobach psychicznych*, [in:] „Psychiatria Polska” 48(6)/2014.

## Material

The questionnaire study covered the families of patients staying in the hospital. The questionnaires were distributed to 125 people with a request to fill in and return them within 3 days of receipt. The investigator received 121 questionnaires within the specified time, of which 18 were rejected due to lack of relevant data (gender, age, degree of kinship, lack of answers to several questions from the questionnaire). In total, 103 questionnaires were qualified for statistical analysis. The surveyed persons were selected at random and included, mostly one of the family members of patients hospitalized in the wards of the Eugeniusz Brzeziński Regional Psychiatric Hospital in Żurawica and the non-public health care unit "MEDSPEC" of the Specialist Clinic in Przemyśl.

Women constituted 63.1% of the whole research group, the remaining respondents were men (36.9%). It can be assumed here that women visit relatives of mentally ill people more often due to a higher level of empathy. The majority of the respondents were people between 31 and 45 years old, representing 39.3% of the group, and between 46 and 60 years old, representing 31.5% of the group. The youngest persons, between 16 and 30 years of age were 16.9%, and the oldest, over 60 years of age -12.4%. 51.5% of the respondents were residents of small towns, 36.9% came from the countryside and the smallest group, because only 11.7% lived in a big city. that the largest group as much as 41.7% of the respondents declared secondary education. An equally large part of the respondents, as 32.0% had higher education, and only 13.6% had a vocational education. The least numerous group, only 11.7%, had the lowest basic education and only one person marked others by entering postgraduate studies. 45.6% of the patients were still related to the respondents. As much as 33.0% of psychiatric patients were children and 21.4% were spouses. 45.6% of the respondents indicated a different degree of kinship: brother/sister, father/mother cousin, uncle/uncle, nephew/sister, as well as the related persons: mother-in-law, sister-in-law and a complete stranger: neighbor, former girlfriend, fiancé.

## Methods

The survey was carried out using the diagnostic survey method, the technique was a questionnaire survey, the research tool was an original questionnaire. The questionnaire consisted of 16 open and closed questions and a tag. The SPSS program was used for statistical calculations. During the analysis between variables built on qualitative scales Chi-square test was used as well as Tau-b Kendall correlation (for two order variables with the same number of answers) and Tau-c Kendall correlation (for two order variables with different number of answers). Statistically significant relationship strength was also checked, which is normalized and takes values from 0 to 1. Results from 0 to 0.29 are treated as weak relationship, from 0.30 to 0.49 - moderate relationship, and from 0.5 to 1 - strong relationship. For the Chi-quadrant test, the compound strength measures used are Phi (for tables 2 out of 2) and V Kramer (for tables larger than 2 out of 2). All compounds are statistically significant when  $p \leq 0.05$ .

## Results

The situation of the mentally ill person's immediate environment is extremely difficult. Family members of mentally ill people must accept the illness. The sooner this happens, the sooner they will be able to start working together in therapy. The first step is to start by learning about the mechanisms of the disease, which has affected one of the family members. 34.7% of the respondents live with their mentally ill relatives and 27.7% visit them regularly. Rare contacts are irregular visits, as declared by 17.8% of the respondents and close proximity to the patient - 16.8%. 45.6% of the respondents knew exactly what mental illness their relative suffers from, and 28.2% knew, but not exactly. In total this constituted 74.8% of all respondents. 24.3% admitted to total ignorance of the subject and one person did not give an answer. The subjective evaluation of knowledge about the diagnosed disease was not statistically significantly differentiated by gender ( $p=0.59$ ). There is no statistically significant relationship between the knowledge about the diagnosed disease in a relative and the education of the subjects ( $p=0.10$ ). When asked to give the specific disease for which their relative is being treated, the subjects listed the actual mental disorders, correctly naming them. (Fig. 1)

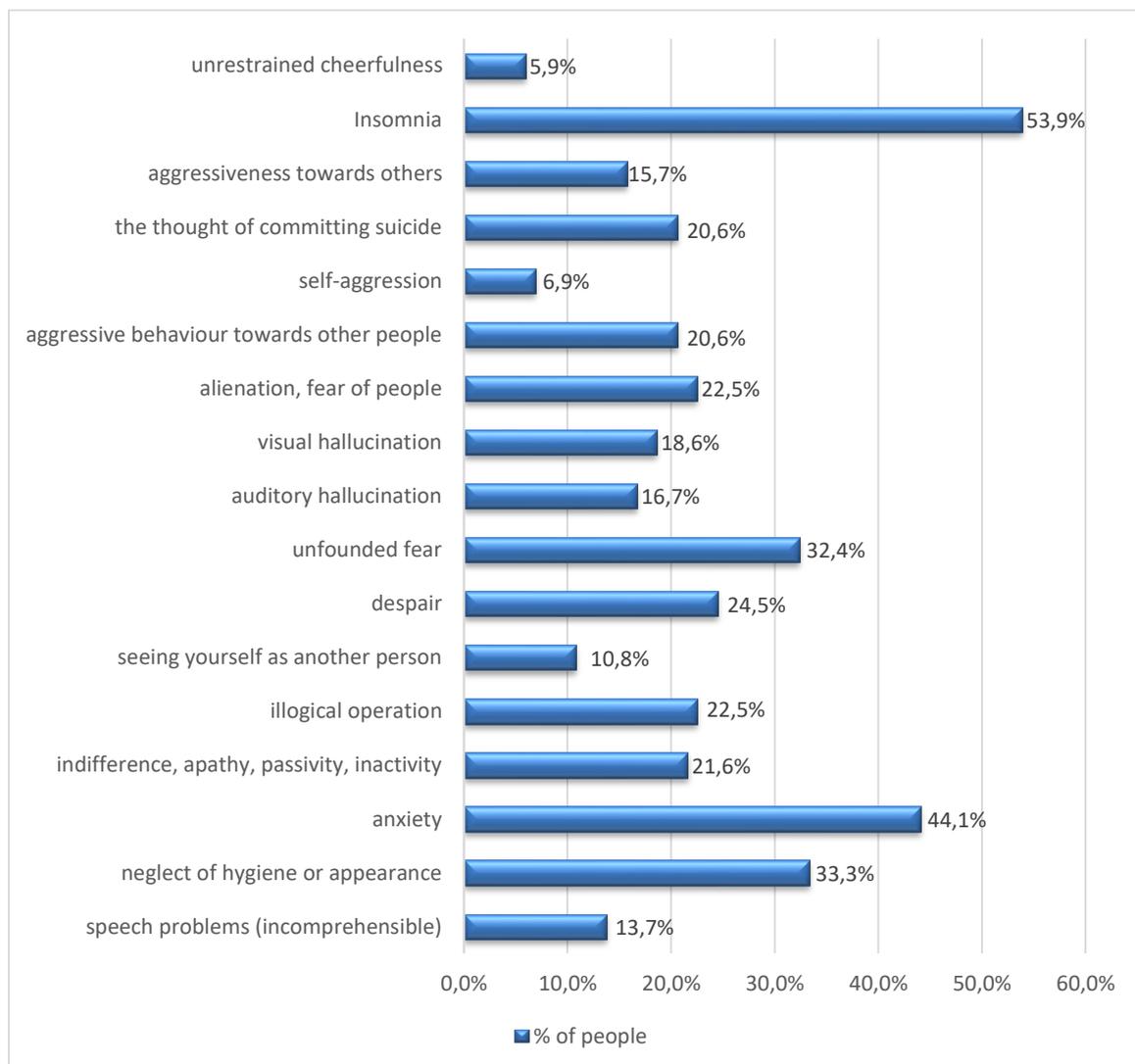


Fig. 1 Behavior characteristic of mental illness occurring in relatives (Source: own)

41.7% of the respondents claimed that mental illness is hereditary. A small group of 27.2% considered them as acquired and 30.1% did not know their etiology. The analysis did not show any statistically significant differentiation of the responses according to gender and age ( $p=0.24$ ) and education ( $p=0.18$ ). The respondents were not very sure about their knowledge of mental illness. Only 5.8% of the respondents assessed their level of knowledge in this subject as very good and 34.0% as good. As many as 35.9% had a dilemma in this matter and could not decide and 18.4% directly assessed their knowledge as low. One person did not answer.

Every occurrence of an illness is usually a traumatic experience for most family members or caregivers. People close to them are confronted with a new, uncomfortable life situation, new challenges and responsibilities and therefore feel very confused, not knowing whether they can cope with such difficult challenges as care. Family illness affects various types of bio-psycho-social problems, as it significantly reorganizes family matters, existing social, holiday, professional and social plans of carers.

66% of the respondents feel stress due to a mental illness in their relative. Only 22.3% definitely denied this, and 9.7% were not sure of their feelings. The classification of the stress experienced was not statistically significantly differentiated according to gender ( $p=0.27$ ), age ( $p=0.76$ ) and education of respondents ( $p=0.14$ ). Disease of a family member may be a cause of stress in other related persons, as it mainly affects a diverse emotional sphere. Mental illness in particular can cause not only compassion, grief or pity, but also fear that, due to its genetic condition, it may affect other family members. Such fear torments relatives and often has very severe consequences. It happens that people in families with mental illness have given up their dreams of studying, having a family or having children. They often live under great stress, thinking about the possibility of mental illness.

**Table 1. Self-assessment of respondents' level of perceived stress**

		frequency	percent	percent of valid	Cumulative percent
valid	very low	5	4,9	5,2	5,2
	low	23	22,3	24,0	29,2
	medium	47	45,6	49,0	78,1
	high	20	19,4	20,8	99,0
	very high	1	1,0	1,0	100,0
	total	96	93,2	100,0	
no data	systemic data gaps	7	6,8		
total		103	100,0		

Source: own.

The level of perceived stress is individual for each individual. Individuals with a strong psyche may feel that they are not nervous or stressed, but they may be wrong. The body catches stressors and perceives them as internal anxiety, feeling it in general, without any particular location. This anxiety may be located, for example, in the chest, the abdominal cavity, but also in the muscles. A person disregards such feelings, explaining them to himself by fatigue, but they can make the body desolate. 37.9% of the respondents are considered to be moderately resistant to stress, 23.3% are not very resistant and 9.7% are unable to assess their level of resistance. Few respondents declared extreme feelings: very high resistance - 7.8% and very low resistance - 4.9%.

As in the case of feeling, the feeling of resistance to stress can be very individual. There are people who can handle the stress themselves, and there are those who need help. Resistance to stress is the ability to use it in a positive way, by transforming it into energy for action. You can learn to respond to stressful situations in a specific way that will lead the mind to calm down enough to start looking for an appropriate solution. Because resistance to stress is variable, by learning techniques for coping with it, expressing emotions, or even improving your diet, we can increase our level of resistance. Supporting our loved ones will help. However, in a situation of mental illness occurring in the family, it is very difficult for its members, because the lack of prospects for a complete cure does not make it easier to train the mind and calm it down. There are various types of stress resistance improvement through training, psychotherapy and pharmacological treatment. However, the innate ability to cope with stress is the basis for fighting it.

In an open question about what it is for them that the most stressful thing about being/contacting a mentally ill person was the possibility to express their feelings on their own. The answers were grouped according to their general character. The first group included aggressive behavior towards people around them, brawls, drunkenness, complaints from neighbors and police interventions. Such answers were provided by the largest number of respondents. Aggression is defined as all kinds of phenomena associated with inflicting pain and harm on someone. Such actions can be impulsive or instrumental. Mentally ill people are often aggressive, both without any reason and when they try to persuade them to do something. The called police or paramedics often apply direct coercion against the aggressive patient, which is very unpleasant for the patient's family members. Aggressive behavior may also cause fear of the environment, and may be a concern of the closest family for their own health and life, as well as that of their neighbors, friends, passers-by, etc.

The second group included behaviors that hinder the functioning of the sick person in the family, as well as the family as a whole - in society. They concerned mainly unpredictable behaviors in general, but also specific ones, such as taking loans, squandering money, abandonment of duties towards the family, which causes anxiety about the future, difficult personal contact, neglect of personal hygiene, lack of trust and opinion of outsiders. These behaviors destabilize family life and have a destructive impact on individual family members. The greatest influence of this type of behavior has on children of all ages. This is often reflected not only in their everyday life, but also in decisions made for the future, such as choosing a school, planning a relationship, family etc.

The third group consisted of a set of annoying behaviors characteristic of mental illnesses, such as apathy, helplessness, lack of contact, unwillingness to eat, visual and auditory hallucinations, delusions, bulimic behavior. Such behaviors may not only hinder the functioning of the family, but also cause anxiety in its members.

In group four, there were feelings of grief caused by the disease on the relationship, feelings, family and life together. They touched a very intimate sphere of partner feelings, two people who were unexpectedly affected by the illness or destroyed their life plans. The feeling and helplessness remained. These people most often had problems with the inability to behave in some situations in contact with the sick person, lack of understanding of each other, fear of the coming tomorrow, waiting for the improvement of health, ignorance of how to help, fear of the future, anxiety about a loved one or "uncertainty whether a person who used to be smiling will fully return to mental strength if he wants to and the illness limits him". Usually, in a civil partnership, the appearance of a mental illness does not mean the end of a feeling that unites two people. Love between them lasts, but in one of the partners it is disturbed by the disease. A healthy person with a lasting feeling has a very difficult task, because the treatment of mental illness is extremely complicated and demanding. Watching the sick partner in taking medication, taking medical checks, attending therapy requires a great deal of self-denial and discipline.

The stressful feelings of mentally ill people in the family described above reflect the enormity of the problem. Behavior of the sick person disturbs more or less the order of everyday life and turns it into a constant fight against growing problems. The most common headaches in the test subjects in a stressful situation related to mental illness of a person close to the test subjects are headaches - 20.8%, insomnia -16.8%, pressure jumps - 11.9% and palpitations - 10.6%. Rare symptoms occurring in this group are muscular tension - 9.3%, gastrointestinal problems - 8.4%, excessive sweating - 8.4%, breathing difficulties - 5.3%, apathy - 3.5% skin problems - 2.7% and in two cases - aggression - 1.9%. The most uncomfortable thing is that you are in a lost position, because most mental illnesses can be cured, but not cured. 42% of respondents cope with stress by meeting friends, 30.7% listen to music, while 29.5% watch TV or use a computer. Unfortunately, as much as 21.6% reach for stimulants, such as cigarettes, and even alcohol and 22.0% "eat stress". Only 13.6% of the respondents play some kind of sport. 40% of the respondents take psychotropic drugs, while 33.3% attend therapy. Only 6.7% are assisted by homeopathic drugs.

Doctors often offer psychotropic medication to people with chronic, including psychiatric relatives, because continuous exposure to stress can also cause serious somatic or even mental disorders. The symptoms of these disorders take the form of physical ailments which hinder the functioning of an individual on a daily basis, disrupt his or her work, and make it impossible for him or her to perform their household activities properly. Stomach or headaches, nausea, ending in torso, constipation, spine or joint pains may exclude the person who experiences them from everyday life, both private and professional, and significantly affect the ability to take care of the sick person. Pharmacological support can sometimes be the only effective way to help families with mental illness.

## Discussion

Care of a relative of a mentally ill person has the strongest impact on the psyche of the person who takes care of it, because the enormity and complexity of overlapping stress in the form of negative feelings, such as anxiety, tension or anxiety, leads to serious strain<sup>4</sup>. It therefore happens quite often that the caregiver ends up getting depressed, which has a significant impact on his or her general wellbeing, but also on family relations, relations with the sick person and, consequently, the quality of life of the whole family<sup>5</sup>. Research has shown that greater involvement in caring for a sick family member is required of women, which can result in significant physical strain and conflicts<sup>6</sup>. A study of 310 carers of people with mental illness in Jordan, carried out using the Arabic version of the Perceived Stress Scale 10-Item questionnaire (PSS-10), found a significant difference in PSS-10 levels among family carers according to gender. Women caring for patients reported significantly higher stress levels than male carers, while the highest stress levels ( $p < 0.001$ ) were reported by relatives of people with schizophrenia<sup>7</sup>. The present study does not show the relationship between gender and the relationship to sick relatives, the frequency of visits or the level of stress experienced. In a further study with 54 family members who provided care to mentally ill patients in a medium-sized city in São Paulo (Spain). The group consisted of 63.0% of women, of which 40.7% of carers were parents, mostly mothers (27.8%). The results of the survey showed high (46.3%) or very high (40.7%) level of stress experienced by the respondents<sup>8</sup>. The research presented in this study showed that more than half of the respondents (66%) felt stress due to a mental illness occurring in their relative. The classification of the stress experienced was not statistically significantly differentiated according to gender, age and education of the respondents. The burden of caring for a mentally ill patient is considerable in different patient groups. Research results suggest that information and support provided by professionals can alleviate the burden on the carer, but they use it occasionally<sup>9</sup>.

The available literature lacks research results on the relationship between the level of knowledge about mental illnesses and the degree of kinship with the sick person, however, there are voices that the closest relatives (parents, siblings, children) more often believe that the mental illness that affected their relative is curable. In this study, studies published by CBOS in 2005 showed that more than half of the respondents (58%) saw a chance to recover in their relatives of the mentally ill<sup>10</sup>. Similar results were obtained by Gzdocha and Kurpas in a study on a 21-person group consisting of young people aged 20 to 40 years. The question is

---

<sup>4</sup>Wancata J., Krautgartner M., Berner J. et al., *The carers' needs assessment for dementia (CNA-D): development, validity and reliability*, Int. Psychogeriatr. 2005; 17: 393–406.

<sup>5</sup>Kaczmarek M. et al., *Ocena jakości życia opiekunów osób z chorobą Alzheimera*, „Gerontologia Polska” tom 18, nr 2/2010: 86-94.

<sup>6</sup>Osuchowska-Kościjańska A., Charzyńska K., Chądzyńska M., Drożdżyńska A., Kasperek-Zimowska B., Bednarek A., Sawicka M.: *Poczucie koherencji i sposoby radzenia sobie ze stresem w relacji z bratem lub siostrą u zdrowego rodzeństwa osób chorych psychicznie*, W: Psychiatr. Pol. 2014; 48(2): 371–382.

<sup>7</sup>Masa'Deh, R., *Perceived Stress in Family Caregivers of Individuals With Mental Illness*, „Journal of Psychosocial Nursing and Mental Health Services”, 2017; 55(6): 30-35.

<sup>8</sup>Wciórka B., Wciórka J. *Sondaż opinii publicznej: społeczny obraz chorób psychicznych i osób chorych psychicznie w roku 2005*, [w:] „Postępy Psychiatrii i Neurologii” 15 (4)/2006, s. 255-267.

<sup>9</sup>Jungbauer J., Bishkopf J., Angermeyer M.C., *Stress of family caregivers of psychiatric patients. Developmental trends, concepts and results of research*, W: PsychiatrPrax. 2001 Apr; 28(3): 105-14.

<sup>10</sup>Wciórka B., Wciórka J., *Polacy wobec chorób psychicznych i osób chorych psychicznie. Komunikat z badań*, CBOS, Warszawa 2005.

it possible to cure a mental illness? 76.2% of the respondents answered affirmatively.<sup>11</sup> In this study, we have obtained different results, only 17.5% of respondents believed in the cure of mental illnesses, the remaining 41.7% denied this possibility, while the remaining ones, representing 40.8% of the total surveyed group, could not give any answer. The opinion was statistically significantly independent of gender, age and education of the respondents.

The results obtained in this study showed that only 45.6% of the respondents knew exactly what kind of mental illness their relative suffers from, but the subjective evaluation of knowledge about the diagnosed disease was not statistically significantly different due to gender, sex and education of the respondents. When evaluating their knowledge of mental illnesses, only 5.8% of the respondents thought it was very good and 34.0% thought it was good. Subjective evaluation of knowledge about mental illnesses was not statistically significantly differentiated by gender, age and education.

## Results

1. People with mentally ill relatives feel stress regardless of gender or age.
2. The level of knowledge about the disease is low among people from families where they are mentally ill.
3. People from families where they are mentally ill have occasional help from specialists to reduce stress.
4. The burden on people caring for mentally ill relatives is very high. The awareness that the disease is in many cases severe and incurable, and can be hereditary, causes these people to often close in on themselves with problems.

To sum up, it must be admitted that the care of mentally ill people falls entirely on their families. There is a lack of adequate education and support in this area, and they themselves have to deal with many problems, including psychological assistance and education in dealing with the sick. In the age of technological and communication civilization, it is necessary to consider the organization of support for both mentally ill people and their carers.

---

<sup>11</sup>Gzocha P., Kurpas D., *Chorzy psychicznie w odbiorze społecznym – wyniki badania pilotażowego*, [in]: „Family Medicine&PrimaryCareReview” 2011, 13, 2: 147–150.

## References

1. Białek K., Rodzina pod wpływem choroby jako stresora, Państwo i Społeczeństwo nr 4/2015.
2. Gzocha P., Kurpas D., Chorzy psychicznie w odbiorze społecznym – wyniki badania pilotażowego, *Family Medicine & Primary Care Review* 2011, 13, 2: 147–150.
3. Jungbauer J., Bischof J., Angermeyer M.C., Stress of family caregivers of psychiatric patients. Developmental trends, concepts and results of research, *Psychiatr Prax.* 2001 Apr; 28(3):105-14.
4. Kaczmarek M., Durda M., Skrzypczak M., Szwed. A., Ocena jakości życia opiekunów osób z chorobą Alzheimera, *Gerontologia Polska* tom 18, nr 2/2010: 86-94.
5. Masa'Deh, R., Perceived Stress in Family Caregivers of Individuals With Mental Illness, *Journal of Psychosocial Nursing and Mental Health Services*, 2017; 55(6):30-35.
6. Osuchowska-Kościjańska A. Charzyńska K., Chądzyńska M., Drożdżyńska A, Kasperek-Zimowska B., Bednarek A., Sawicka M., Poczucie koherencji i sposoby radzenia sobie ze stresem w relacji z bratem lub siostrą u zdrowego rodzeństwa osób chorych psychicznie, *Psychiatr. Pol.* 2014; 48(2): 371–382.
7. Podogrodzka-Niell M., Tyszkowska M., Stygmatyzacja na drodze zdrowienia w chorobach psychicznych, *Psychiatria Polska* 48(6)/2014.
8. Pużyński S., Choroba psychiczna – problemy z definicją oraz miejscem w diagnostyce i regulacjach prawnych, *Psychiatria Polska*, Tom XLI nr 3, Instytut Psychiatrii i Neurologii w Warszawie 2007.
9. Ordinance of the Minister of Health of 28 June 2012 on the manner of applying and documenting the use of direct coercion and assessing its justification. *Journal of Laws* 2012, item 740.
10. Wancata J., Krautgartner M., Berner J., Alexandrowicz R., Unger A., Kaiser G., Marquart B., Weiss M.: The carers' needs assessment for dementia (CNA-D): development, validity and reliability, *Int. Psychogeriatr.* 2005; 17: 393–406.
11. Wciórka B, Wciórka J., Polacy wobec chorób psychicznych i osób chorych psychicznie. Komunikat z badań, CBOS, Warszawa 2005.
12. Wciórka B, Wciórka J., Sondaż opinii publicznej: społeczny obraz chorób psychicznych i osób chorych psychicznie w roku 2005, *Postępy Psychiatrii i Neurologii* 15 (4)/2006, 255-267.