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FAMILY ATTITUDE, PSYCHOLOGICAL WELL-BEING AND RESILIENCE AMONG FAMILY MEMBERS OF PERSON WITH SCHIZOPHRENIA

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Abstract

Background: family members may face various negative effect while living with a person having Schizophrenia and it's highly challenging to peruse a balance attitude towards the patient in course of time. Psychological wellbeing (PWB) is quite similar to other terms that refer to positive mental states, such as happiness or satisfaction, and in many ways, it is not necessary, or helpful to worry about fine distinctions between such terms. Resilience refers to the process during which an individual or family adapts after a crisis. **Aims:** The present study is a cross-sectional study to investigating the relationship between Family attitude, Psychological well-being and Resilience among family members of person with Schizophrenia. **Method:** The study involved 60 participants, who are the family members of persons with schizophrenia, after meeting the inclusion and exclusion criteria. A purposive sampling technique was used. After receiving their consent, they were requested to respond to Family Attitude Scale (FAS), Psychological well-being and Resilience scale along with the socio-demographic details form was filled by the participants. Correlational Analysis were used for the data. **Result:** The result of the study shows that there is a significant co-relation between the Family attitude, psychological well-being and resilience among the family members of person with schizophrenia. **Conclusion:** family attitude could influence the psychological wellbeing and resilience of caregivers of person having schizophrenia.

Keyword: schizophrenia, caregivers, psychological wellbeing, family attitude, resilience.

INTRODUCTION

Schizophrenia is a severe clinical disorder that affects all cultural and social classes and involves disturbances in the ill person's cognitive functioning, emotions, perceptions and other behavioural aspects. Schizophrenia has been diagnosed in 1% of the world's population[1]. There are major social and occupational dysfunctions in a person diagnosed with schizophrenia. These dysfunctions can cause social isolation and difficulty with being independent. Furthermore, this chronic illness' duration is usually lifelong, or it causes at least continuous difficulties for the diagnosed person over his/her life[1, 2.]

In order to understand how schizophrenia can cause crisis within the family, it is important to understand the diagnostic phenomenology including the symptoms and its manifestation. It is characterized by an array of symptoms, including delusions, hallucinations, disorganized speech or behavior, and impaired cognitive ability[3]. Living with a person with schizophrenia can be difficult to manage as families do not know how to deal with these unusual behavioural patterns. Although schizophrenia is diagnosed in individuals, the illness has an influence on the whole family[2]. In addition to placing a potential burden on the family, this mental illness can also cause stigmatisation of and

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discrimination against the family.With regard to the attitudes of relatives of patients with schizophrenia it should be noted that the social stigma attached to mental disorders contributes to feelings of frustration and anger. Families are forced to acknowledge the stark reality of having a member with schizophrenia and to deplore the loss of unfulfilled expectations. Moreover, as a result of the chronic stress associated with the task of caring, the family may experience a series of conflicts[4].In general, family caregivers have many responsibilities for taking care of these patients. In addition to managing unexpected behaviors of the patients,family members also have to help the patients in their daily activities. The psychological distress of family members can affect overall health status, including physical and psychological health. A higher level of burden is associated with high expressed emotion in the family. There have been various studies which reported that family members or caregiver's burden, family attitude resulted in the decrement in their psychological well-being and resilience[5].

Prevalence

Understanding the prevalence of schizophrenia has important implications for both health service planning and risk factor epidemiology.The condition is one of the major contributors to the global burden of disease.Generally, the prevalence of schizophrenia ranges from four to seven per 1,000 persons, depending on the type of prevalence estimate used. Countries from the developing world have a lower prevalence of schizophrenia. The incidence of schizophrenia is higher in urban than rural settings, this is not reflected in the overall prevalence data. The prevalence of schizophrenia is higher in migrants than native-born individuals[6].

Prevalence of schizophrenia in India

In India, where about 1.1 billion people reside, the prevalence of schizophrenia is about 3/1000 individuals. It is more common in men, and in terms of age of onset, men tend to be younger by an average of about five years than women when they develop schizophrenia. Schizophrenia is diagnosed 1.4 times more frequently in male then females, and typically appears earlier in men the peak ages of onset are 20-28 years for males and 26-32yearsfor females. Onset in child hood is much rarer as is onset in middle or old age. There are a number of factors that influence stigma in schizophrenia and important to understand them to successfully treat the illness. In India, where about 1.1 billion people reside, the prevalence of schizophrenia is about 3/1000 individuals[7].

At the most basic level, psychological wellbeing (PWB) is quite similar to other terms that refer to positive mental states, such as happiness or satisfaction, and in many ways, it is not necessary, or helpful to worry about fine distinctions between such terms. If I say that I'm happy, or very satisfied with my life you can be pretty sure that my psychological wellbeing is quite high.Psychological wellbeing has two important facets. The first of these refers to the extent to which people experience positive emotions and feelings of happiness. Sometimes this aspect of psychological wellbeing is referred to as subjective wellbeing[8].Theories about psychological wellbeing generally focus on understanding the structure of psychological wellbeing or the dynamics (i.e., the causes and consequences

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of PWB). The breakdown of psychological wellbeing into hedonic and eudaimonia components and Carol Ryff's model are widely accepted theories of the structure of PWB.

As far as the dynamics of PWB are concerned it's important to recognise that, to some extent, PWB is relatively stable and will have been influenced by both previous experience (including, for example, early upbringing) and underlying personality. Stressful experiences can predispose people to subsequent mood and anxiety disorders; but, on the other hand exposure to extremely traumatic events can help to build resilience and actually protect PWB[9]. For example, children exposed to moderately stressful events see better able to cope with subsequent stressors[10].

There is strong evidence to show that exposure to stressors over long periods of time will have a negative impact on PWB, so, although as mentioned above, short periods of adversity may be helpful in building resilience, long-term stress is not good for PWB. In turn, this lower level of PWB may well lead to serious illness, including cardiovascular disease, problems with blood sugar control, such as diabetes and immune system malfunctions. In summary, PWB theory proposes that everyday experiences can help to maintain a good level of PWB (if they are positive) or, if they are negative or reduce levels of PWB could lead to poor health outcomes[11].

Psychological well-being among family members of person with schizophrenia

Mental illness may cause a variety of psychosocial problems such as decreased psychological well-being for the patient's family members, as well as increased social distance for the patient and the family caring for the patient. The family members who care for relatives with mental illness report feeling stigmatized as a result of their association with the mentally ill. The family, as the primary caregiver, is susceptible to psychological problems and 76.7% of families exhibit negative symptoms and depression and influence the family's behaviour when treating patients at home. The family often induces irritation, due to its inability to cope with the burden, by blaming the patient and disregarding the patient's condition[12]. In a study conducted in Taiwan (2004) have revealed that there was a significant association between the positive symptoms score and the psychological well-being of caregivers of patient with schizophrenia[13]. Studies found that there was also a significant association between poor psychological well-being and short duration of illness. The findings indicated that family members are significantly distressed as a result of having a family member with schizophrenia[14].

Concept of Resilience

McCubbin and McCubbin define resilience asthe positive behavioural patterns and functional competence individuals and the family unit demonstrate under stressful or adverse circumstances, which determine the family's ability to recover by maintaining its integrity as a unit while insuring, and where necessary restoring, the well-being of family members and the family unit as a whole[15]. According to Walsh, family resilience as the ability to "withstand and rebound from disruptive life challenges"[16]. Hawley and DeHaanexplain that the concept of family resilience is used to describe how families are able to adapt and 'bounce back' after crises. Firstly, the family experiences a crisis and

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is able to return to their baseline functioning after such a stressful event. Secondly, resilience includes the process of 'bouncing back'. Lastly, the focus of resilience is on strengths rather than deficits or pathology[17].

Patterson describes two central aspects of family functioning that he refers to as protective factors, namely family cohesiveness, and flexibility in the family as a system. Both these processes have the same purpose, which is to achieve balance in the family. In addition to the family functioning processes (to enhance cohesiveness and flexibility) that create supportive relationships, communication is also a protective factor that families may use to make meaning[18]. He further describes that families are continuously trying to balance family demands and capabilities in order to adapt. A crisis can cause major changes in the structure and/or patterns of functioning in the family, and these patterns can either improve or not. Resilience is often related to this process of change[19].

The family's ability to be resilient is not only related to their internal qualities, but also to the risks and opportunities in their social systems within their ecological context. These constructs are also described by Walsh in the family resilience framework[16], as well as by McCubbin and McCubbin[15] in the Resiliency Model of Family Stress, Adjustment and Adaptation[19].A basic view of this framework is that, when adversity strikes or the family experiences a crisis, the whole family are affected by such an event. Instead of isolating the individual member of the family, the focus when using this framework is on the family as a whole. The purpose is then to find the strengths of the family, enhance the family's best qualities and thereby reduce dysfunction. As a result, key family processes (as explained by Walsh) may help the family as a unit, as well as each member individually, to adapt after a stressful event. By identifying resources and ways to adapt, Walsh explains that the family may be enabled to meet future challenges more successfully[16].

Resilience among family members of person with schizophrenia

The presence of schizophrenic patients in a family is a source of stress and affects the family's systems. While caring for schizophrenic patients, families experience stressful situations. They need resilience skills, the ability to survive, rise above, and become better at managing perceived stress. A study results showed that families achieve resiliency through five stages: surviving their existing situation, changing family structure, trying to accept the family member, looking for positive meaning, and providing support to others in the family. The families' ability to find positive meaning is the turning point for families when building resiliency. Families become rational, have self-confidence, rise from stressful situations, and develop positive behaviours. Subsequent research, focused on a family-based resilience model of nursing, is important to improve the treatment of patients with schizophrenia[12]. A study conducted on "Relationship of Family Resilience with Relapse in People with Schizophrenia", concluded that the family resilience can reduce relapse in people with Schizophrenia. Family efforts in increasing family resilience include a positive outlook, having social and economic resources, and expressing stable emotions in solving a problem[20]. To examine the experiences of offsprings of a parent having schizophrenia and their resilience, a study was conducted and found that growing up with a parent having mental illness can have negative impact on offsprings[21].

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Family attitude

In India, families represent as the key resource persons and primary caregiver of patients with schizophrenia. It has been estimated across studies that 30-85% of adults with schizophrenia have a family member as a caregiver. The changes after getting illness in patients can cause a lot of anxiety, worry, or guilt to the family members which can lead to further relapse. Most of the Schizophrenic patients are managed at home by their caregivers and are followed up for maintenance of treatment and assessment. However, factors like family attitude might influence the outcome of treatment If caregivers do not have adequate knowledge and support, positive attitude, adequate skill in taking care of patient at home, they might not be able to take up the responsibilities of caring for the ill persons, thus leading to relapse or readmission and high expressed emotions. A change of attitude can affect the homecare or can provide the patient with physical and mental comfort[22].

The attitude of the primary caregivers toward the patient may vary based on the symptoms of schizophrenia. Assessing their attitude in the form of expressed emotion may help to understand their perception during the care of patients with negative symptoms of schizophrenia[23].

A study done in 2011, revealed significant differences between the components in relation to caregiver age, with older caregivers showing the most negative attitude. There were also significant differences related to the number of years the caregiver had lived with the patient: the longer they had lived with the patient the worse the caregivers' attitude was on cognitive and affective components. Parents showed a significantly worse attitude than did other relatives[24].A study on relatives showed that empathy in the relative is an independent predictor of social functioning in people with schizophrenia. Different attitudinal dimensions of family attitudes might show different relationships with the social and clinical outcomes in this disorder[25].A 2-year follow-up prospective study suggested in a multivariate analysis, the association between poor empathic attitude and relapse was maintained. Statistical control of the relatives' critical attitude showed that each kind of attitude predicts relapse independently[26].

Rationale

However, the deep understanding can lead to grabbing the attention of functionality of subject in a positive way. Though researchers are exploring various dimensions to look forward still there is a need of understanding all the above three variables taken together i.e., attitude, psychological well-being & resilience, especially in the population of Odisha where there is a marked lack of awareness about Schizophrenia.

Method

The present study is a hospital based cross-sectional design. The aim of this study was to assess family attitude, psychological well-being and resilience among the family members of person with schizophrenia.

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Objectives

The study was to determine the relationship between family attitude, resilience and psychological well-being among family members of person with schizophrenia.

Hypothesis

There will be no significant correlation between family attitude, resilience and psychological wellbeing among family members of person with schizophrenia.

Tools

A self-structured Performa which contains information regarding socio-demographic variables like age, gender, religion, educational qualification, marital status, domicile and occupation and clinical details like diagnosis, age of onset, total duration of illness etc. as used to measureSocio-demographic profile. Family Attitude Scale (Kavanagh et al., 2008). Psychological Well-Being scale (Ryff et al., 2007) and Bharathiar University Resilience Scale (BURS) were used.

Procedure

This study was conducted at Mental Health Institute (COE), S.C.B Medical College and Hospital, Cuttack. Sixty family members of person with Schizophrenia were participated through purposive sampling upon meeting the various inclusion and exclusion criteria. The confidentiality of the information was assured following which the assessment tools-Family attitude scale (FAS), Psychological well-being and Brief Resilience Scale were administered. Then the data obtained from the assessment tool was recorded and accordingly quantitative evaluation of the data was carried out for the purpose of results. Then, the data were tabulated, coded, and analyzed by using SPSS 20.0.Statistics in the IBM Statistical Package of Social Science (SPSS- 20.0) software were used for the analysis of the data. Sociodemographic variables such as gender, age, marital status, occupation, education, domicile, family type and socio-economic status were evaluated by using descriptive statistics like mean and percentage of the participants.

RESULTS

The results of the study have been presented based on the objectives to determine the relationship between family attitude, resilience and psychological wellbeing among family members of person with schizophrenia.

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Table 1: Analysis of socio-demographic variables

Sl.no.	Variables		Number/ Frequency	Percentage (%)
1	Gender	Male	26	43.3
		Female	34	56.7
2	Age	20-29	20	33.3
		30-39	21	35.0
		40-39	7	11.7
		50-60	12	20.0
3	Marital status	Married	42	70.0
		Unmarried	18	30.0
4	Occupation	Employed	30	50.0
		Unemployed	7	11.7
		Other	23	38.3
5	Education	Uneducated	15	25.0
		Primary	23	38.3
		Secondary	12	20.0
		Higher	10	16.7
6	Domicile	Rural	46	76.7
		Urban	14	23.3
7	Family type	Nuclear	33	55.0
		Joint	27	45.0
8	Socio-economic status	Lower	13	21.7
		Middle	42	70.0
		Higher	5	8.3

Table-1 shows that a total of 60 participants of family members of persons with schizophrenia were included. The table indicates that out of 60 participants 43.3% were male and 56.7% were female where 33.3%, 35.0%, 11.7%, and 20.0% and were in the age group of (20-29) years, (30-39) years, (40-49) years, (50-60) years respectively. It shows that 70.0% of participants were married and 30.0% were unmarried. The highest percentage of people were employed i.e., 50.0%, 11.7ss% were unemployed and 38.3% were doing other work. The above table shows that 25.0% participants were uneducated and other participants were educated i.e., primary level (38.3%), secondary level (20.0%), higher education (16.7%). Also, it shows that most of the participants (76.7%) belong from rural area where as less participants (23.3%) belong from urban area. And highest percentage of the participants were belonging from nuclear family and other were from joint family i.e., 55.0%, 45.0% respectively. Highest, no. of participants were from the middle socio-economic status i.e., 70.0%, 8.3% of participants were from the higher socio-economic status and 21.7% of participants were from lower socio-economic status.

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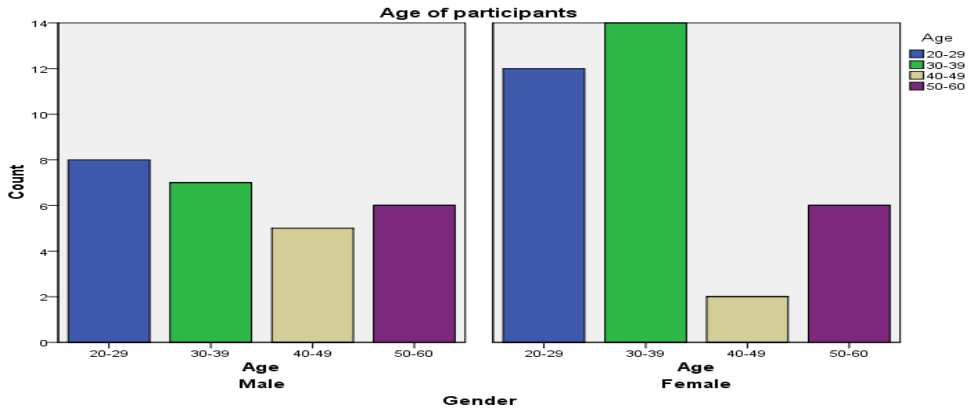
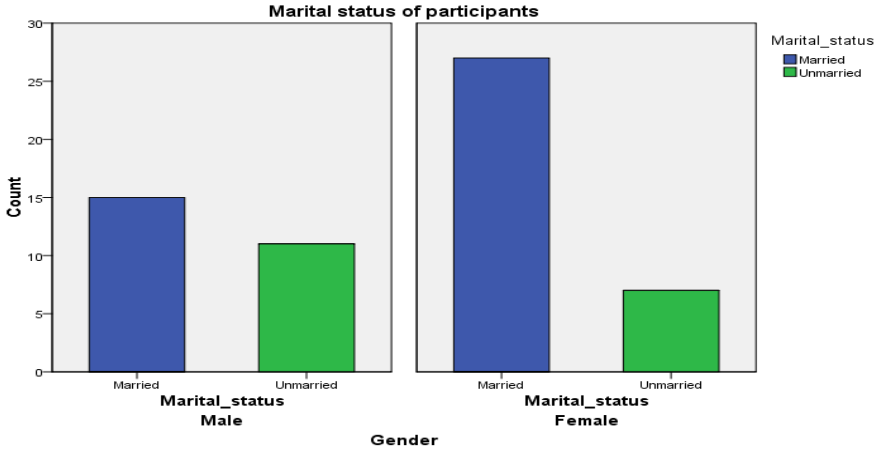
Figure 1: Representation of age group of both male and female



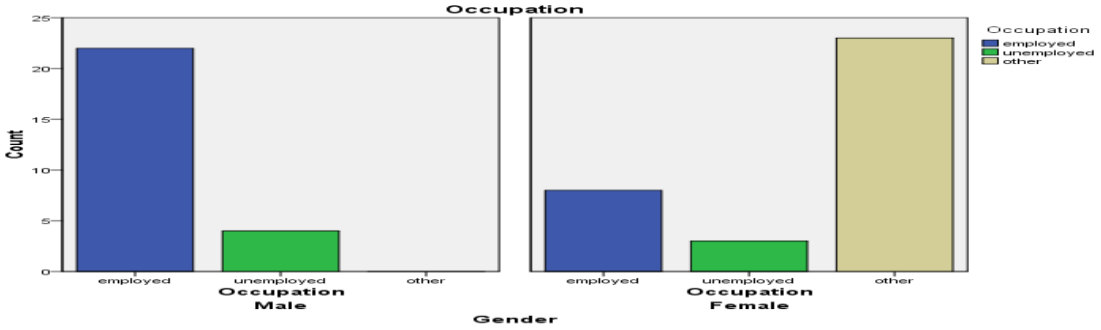
The above graph represents the difference between the age groups of 20-29 yrs., 30-39yrs., 40-49yrs., 50-60yrs of the both gender, male and female participants.

Figure 2: Representation of marital status of participants



The above graph represents the marital status of both male and female participants.

Figure 3: Representation of occupation participants



The above graph represents the occupation of both male and female participants.

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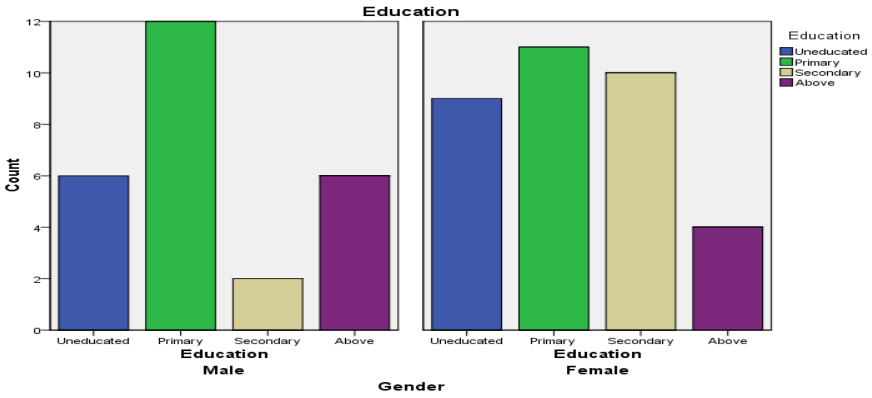
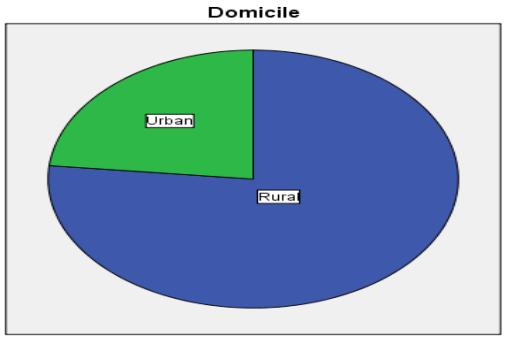
Figure 4: Representation of education of participants



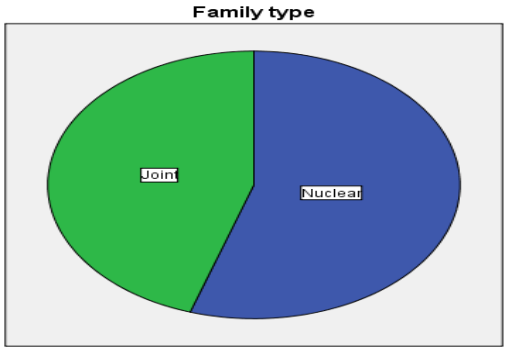
The above graph shows that the education level i.e., uneducated, primary, secondary and higher studies.

Figure 5: Representation of domicile



The above pie chart represents the domicile area of the participants from where they were belonging.

Figure-6: Representation of family type



The above graph represents the participants of different family structures i.e., from nuclear and joint family structure.

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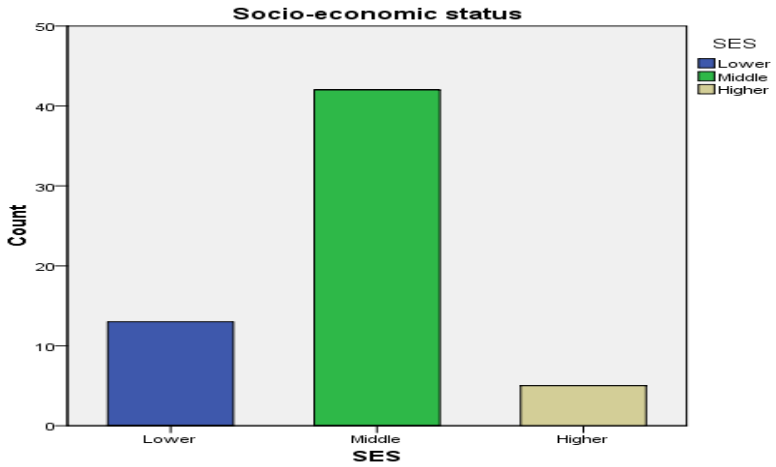
Figure 7: Representation of socio-economic status



The above graph represents the socioeconomic status of the participants.

Table 2: Correlation analysis of Family attitude and psychological wellbeing

Variables		Psychological Wellbeing
Family Attitude	R	-.544*
	p-value	.026

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

*. Correlation is significant at the 0.05 level (2-tailed).

The table indicates that there was significant negative relationship between family attitude and psychological wellbeing. A negative correlation, r= -.544 at p<0.05 was found between the family attitude and psychological wellbeing.

Table 3: Correlation analysis of Family attitude and Resilience

Variables		Resilience
Family Attitude	R	-.481**
	p-value	.000

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

*. Correlation is significant at the 0.05 level (2-tailed).

A correlation analysis was carried out to found out the relationship between family attitude and resilience of family members of persons with schizophrenia. The table indicate that there was significant negative relationship between family attitude and resilience. A negative correlation, r= -.481 at p<0.01 was found between the family attitude and resilience.

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Table 4: Correlation analysis of psychological wellbeing and Resilience

Variables	Resilience	
Psychological wellbeing	R	.532**
	p-value	.000

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

*. Correlation is significant at the 0.05 level (2-tailed).

A correlation analysis was carried out to found out the relationship between psychological wellbeing and resilience of family members of persons with schizophrenia. The table indicates that there was significant positive relationship between psychological wellbeing and resilience. A strong positive correlation, r= .532 at p<0.01 was found between the psychological wellbeing and resilience.

Table 5: Correlation analysis of family attitude and subscales (domains) of psychological wellbeing

Variables	Family attitude	
	R	p-value
Autonomy	-.129*	.032
Environmental mastery	-.248*	.047
Personal growth	-.232*	.035
Positive relations with others	-.138*	.029
Purpose in life	-.185	.158
Self- acceptance	-.063	.635

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

The above table-5, correlation analysis was carried out to find out the relationship between family attitude with the subscale (domains) of psychological wellbeing which are autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. There was a significant negative relationship of family attitude with the subscale (domains) of psychological wellbeing i.e., autonomy, environmental mastery, personal growth, Positive relations with others. No significant relationship of family attitude with the subscale (domains) of psychological wellbeing of purpose in life and self-acceptance. A negative correlation was found between family attitude and autonomy (r= -.129 at p= 0.05), family attitude and environmental mastery (r= -.248 at p= 0.05), family attitude and personal growth (r= -.232 at p= 0.05), family attitude and positive relations with others (r= -.138 at p= 0.05).

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Table 6: Correlation analysis of resilience and subscales (domains) of psychological wellbeing

Variables	Resilience	
	R	p-value
Autonomy	.480**	.000
Environmental mastery	.530**	.000
Personal growth	.513**	.000
Positive relations with others	.410**	.001
Purpose in life	.454**	.000
Self- acceptance	.439**	.000

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

*. Correlation is significant at the 0.05 level (2-tailed).

The above table-6, correlation analysis was carried out to find out the relationship between resilience with the subscale (domains) of psychological wellbeing which are autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. There was a significant relationship of resilience with the subscale (domains) of psychological wellbeing i.e., autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. A positive correlation was found between resilience and autonomy (r= .480 at p= 0.01), resilience and environmental mastery (r= .530 at p= 0.01), resilience and personal growth (r= .513 at p= 0.01), resilience and positive relations with others (r= .410 at p= 0.01), resilience and purpose in life (r= .454 at p= 0.01), resilience and self-acceptance (r= .439 at p= 0.01).

Table 7: Correlation analysis of Family attitude, psychological wellbeing and resilience

Scale	Resilience	Psychological Well being	Family Attitude
Resilience		.319*	-.602**
Psychological Well being	.319*		-.284*
Family Attitude	-.602**	-.284*	

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

The table indicates that there was a significant association found in between family attitude, psychological wellbeing and resilience i.e., r= .319 at p<0.05 was found between the psychological wellbeing and resilience, r =-.602** at p<0.01 in between family attitude and resilience, r=-.284 at p<0.05 in between family attitude and psychological wellbeing.

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DISCUSSION

The main purpose of this study was to assess the relationship between family attitude, psychological wellbeing and resilience among family members of person with schizophrenia. In this present study a total of 60 participants of family members of persons with schizophrenia were participated from which 43.3% were male and 56.7% were female. where 33.3%, 35.0%, 11.7%, 20.0% and were in the age group of (20-29) years, (30-39) years, (40-49) years, (50-60) years respectively. It shows that 70.0% of participants were married and 30.0% were unmarried. The highest percentage of people were employed i.e., 50.0%, 11.7% were unemployed and 38.3% were doing other work. The above table shows that 25.0% participants were uneducated and other participants were educated up to primary level (38.3%), secondary level (20.0%), and higher education (16.7%). Also, it shows that most of the participants (76.7%) belong from rural area where as less participants (23.3%) belong from urban area. Highest percentage of the participants were belonging from nuclear family and other were from joint family i.e., 55.0%, 45.0% respectively. Highest, no. of participants was from the middle socio-economic status i.e., 70.0%, 8.3% of participants were from the higher socio-economic status and 21.7% of participants were from lower socio-economic status. The present study indicates that there was significant negative relationship between family attitude and psychological wellbeing. A negative correlation was found between the family attitude and psychological wellbeing. However, co-relation analysis was carried out to find out the relationship between family attitude with the subscale (domains) of psychological wellbeing which are autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. There was a significant negative relationship of family attitude with the subscale (domains) of psychological wellbeing i.e., autonomy, environmental mastery, personal growth, Positive relations with others. No significant relationship of family attitude with the subscale (domains) of psychological wellbeing of purpose in life and self-acceptance. A negative correlation was found between family attitude and autonomy (r= -.129 at p= 0.05), family attitude and environmental mastery (r= -.248 at p= 0.05), family attitude and personal growth (r= -.232 at p= 0.05), family attitude and positive relations with others (r= -.138 at p= 0.05).

In the present study shows that there is a negative significant correlation between family attitude and resilience which indicate that decrease level of family attitude, define higher level of resilience and increase/higher level of family attitude indicate lower level of resilience. This finding resembles the study by Power et. al, that the positive expressed emotion contributes to resilience in parents with mental disorder and indicated a significant correlation between expressed emotion and resilience[27]. Lök N, Bademli K. who reported that the better resilience of the relative are correlated with a low expressed emotion experienced by the caregiver, while poor resilience is associated with high level of expressed emotion experienced by the relatives, suggesting that better resilience helps relatives to improve and appraise their experience better[28]. A correlation analysis was carried out to found out the relationship between psychological wellbeing and resilience of family members of persons with schizophrenia which indicates that there was significant positive relationship between psychological wellbeing and resilience. This

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finding resembles the study “Resilience moderates the association between stigma and psychological distress among family caregivers of patients with schizophrenia” done by Chen et al., who found a strong relationship between psychological wellbeing and resilience of caregiver of person with schizophrenia[13]. Similarly, studies done by Karimiradet. al, are found a positive association between resilience and psychological wellbeing[29]. The above, correlation analysis suggested thatthe relationship between resilience with the subscale (domains) of psychological wellbeing which are autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. There was a significant relationship of resilience with the subscale (domains) of psychological wellbeing i.e., autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. A positive correlation was found between resilience and autonomy (r= .480 at p= 0.01), resilience and environmental mastery (r= .530 at p= 0.01), resilience and personal growth (r= .513 at p= 0.01), resilience and positive relations with others (r= .410 at p= 0.01), resilience and purpose in life (r= .454 at p= 0.01), resilience and self-acceptance (r= .439 at p= 0.01).Also, the finding of the studies done by Fraser & Pakenham[30], Vaughan et. al,[31]supportthe finding of present study that psychological wellbeing focuses on resilience of the caregivers. Giles & McLaughlin identified resilience and benefit finding as accounting for significant amounts of variance in positive health and mediating the impact of caregiving in young caregivers, where benefit finding seems to be related to social recognition of the caregiving role and to family support[32]. Similarly, Yang et. al, conducted a study and their findings support my finding that the mediate effect of social support and resilience on the relationship between stress and life satisfaction were significant among people with substance use disorder. Persons with low tension levels can maintain higher social support than others, which enhance their resilience[33].

CONCLUSION

This study concludes that there is negative correlation between family attitude and psychological well-being among the family members of persons with schizophrenia, which indicates the higher level of expressed emotion leads to low level of psychological well-being among the family members of persons with schizophrenia and vice versa. Also, negative relationship of family attitude with the subscale (domains) of psychological wellbeing i.e., autonomy, environmental mastery, personal growth, Positive relations with others, which means family members of person with schizophrenia with high levels of expressed emotion tend to perceive their psychological wellbeing as lower, and that mental suffering being was associated with autonomy, environmental mastery, personal growth, Positive relations with others and making it harder for the relative to have a positive attitude towards the patient. The study also found that there is a positive correlation between resilience with the subscales (domains) of psychological well-being i.e., autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance among the family members of person with schizophrenia, which indicates that high level of psychological well-being leads to high level of resilience and vice versa. The result of this study found that there is a negative relationship family attitude and resilience among the family members of person with

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schizophrenia, which means low level of expressed emotion indicates high level of resilience.

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