ARC Journal of Psychiatry
Volume 4, Issue 1, 2019, PP 28-37
www.arcjournals.org

Mental Patients' Expectations of Care and Support from their Family

Pralhad Adhikari[1*], Luna Acharya, MBBS[2]

[1]*Assistant Professor, Tri-Chandra Multiple Campus, Kathmandu, Nepal*

[2]*Central Department of Psychology, Kirtipur, Nepal*

***Corresponding Author:** ***Pralhad Adhikari**, Assistant Professor, Tri-Chandra Multiple Campus, Kathmandu, Nepal, **Email:** pralhad.adhikari@gmail.com*

Abstract: *What do mental patients want in care and support from their family? This research question stimulated this qualitative research. It has used investigator and data triangulation to collect data. First the data was collected from outpatient department of a governmental mental hospital in Lalitpur. After a year, the data were collected from psychiatry department of a private hospital in Kathmandu by another researcher. Both researchers used in-depth interview method. First phase of data collection used 13 participants by non-random convenience sampling. Second phase of data collection used 10 participants similarly. Both phases of data collection terminated after (theoretical) saturation. The lived experiences of mostly neurotic patients come from various districts of Nepal were collected and data were analysed thematically in phenomenological approach. Both phases of research can be summed up in several themes under two categories- present state of care and expected support from family. Mental patients got care in form of motivation, company and help with daily activities. They got negative behaviours like low or no interaction, negative facial expression, violence, relationship threat and lack of trust. Mental patients expect enough interaction, help with treatment, motivation, company, happy familial environment, warm face, need fulfilment, economic support and understanding. They also want their family to give some time alone without suspicion.*

Keywords: *Expressed emotion, care giving, mental illness, psychosis, neurosis*

1. INTRODUCTION

For a normal individual, family is an important component of life. It is more so for a mental patient. A bad family may be the source of mental illness. A good family may be a catalyst of cure. For mentally ill people, family is the primary caregiver. According to Schene, Wijngaarden, and Koeter (1998), when reciprocity is out of balance, normal care changes to caregiving. The care and support the family gives is characterized by no compensation (Ory, Yee, Tennstedt, & Schulz, 2000) but caregiving can be a primary source of stress (Goldberg-Arnold, Fristad, & Gavazzi, 1999), feelings of loss, grief (Schene et al., 1998), worry, anger, guilt, and shame (Townsend, Biegel, Ishler, Wieder, & Rini, 2006) along with emotional strain, financial burden and chances of mild depression or other minor psychiatric illnesses to family. Still, they need to support mental patients in various ways, especially financially (Townsend et al., 2006), emotionally and otherwise. Family's support and care for the mentally ill people are very important to normalize. The family has normative obligation to take care of mentally ill relatives (Horwitz, Reinhard, & Howell-White, 1996) and personal affection compels to look after them (Horwitz, 1993b). Most of the families take burden of the patients but factors like expressed emotions, neglect and irritated interactions may be undesirable to patients Families with higher expressed emotions are associated with higher relapse of illness (Goldberg-Arnold et al., 1999; Miklowitz, 2007).

Abnormalities might be contributed by the ill family circumstances. They might result from gross interpersonal relationships in the family (Sue, 2003, p. 21). E.g., a bullied child develops to be an adult with very low self-esteem. Systems model posits that mental disorder exists in relationships between individuals (Ponce, 2001, p. 203). So individual alone is not a patient, the whole family is. The research on family psychiatric caregiving with mentally ills' perspective is very new to the science of psychology and this research is one. Mental patients are the most qualified persons to talk about their perceptions, experiences (Noiseux et al., 2010) and expectations. Figure 1 shows the conceptual framework of study.

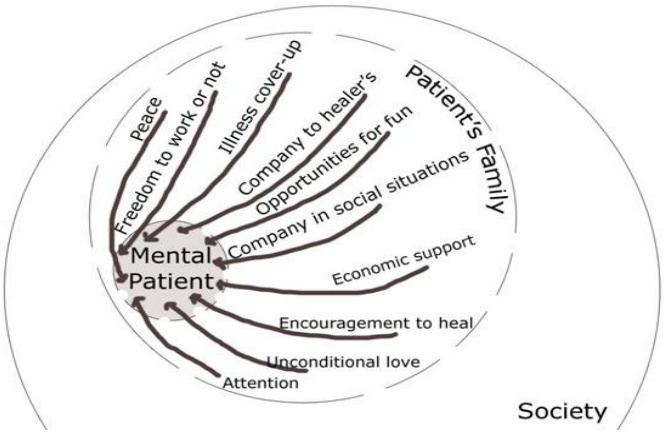

Figure 1. *Conceptual framework*

2. METHOD

Qualitative research design was used to carry the study out. Data and investigator triangulation were used to collect qualitative data by in-depth interview. Data were triangulated because the location and time of data collection were two fold. Non-random convenience sampling method was used. In the first phase of data collection, 13 participants took part. They were interviewed in outpatient department of a governmental mental health facility in Lalitpur. In the next phase, a private hospital's psychiatry department was chosen and 10 participants were interviewed in Kathmandu. (Theoretical) Saturation guided the stoppage of data collection in both phases. A checklist was developed and it was used as a loose guideline to interview the mental patients who could express their feelings and opinions easily. The interviews were unstructured. They lasted from 30 to 64 minutes.

The ethical approval of respective mental health facility was first granted and data collection was started. First rapport was established with participants. They were then informed about objectives of research and their role in it. Written consent was taken. The guardian (accompanying relative) of the mental patient was informed and his or her consent was taken too. Mental patients were interviewed in a quiet room of the hospital while their guardian sat beside. Interviews were recorded audio. The notes were taken. The interviews were transcribed in the evening of the day they were taken. One interview per day was the speed.

3. RESULTS

Mental patients of Kathmandu and other districts like Kavre, Sindhupalchok, Nuwakot, Lamjung, Bhaktapur and Makwanpur took part in research. Personality disorder, mood disorder, anxiety disorder, sleep disorder and psychosis were their problem. Even though the objective of research was to know what mental patients expected from family, the present state of behaviours has also been included because all patients compared their current state with expected state.

The data come from interview were subjected to thematic analysis. Data were coded two times. The coding tree was developed in the chart paper first. The codes were categorized into another chart paper. Again the coding and categorization were done in the loose sheets of paper after 20 days. They were compared. They turned out to be similar. The themes were derived finally. Many themes have emerged that can be categorized into two.

1) *Present condition of care*: It includes the past and present behaviors and expressions gotten by the people with mental illness from the family members.

2) *Expectation of support*: It consists of the expressions, help and behaviors that the people with mental illness hope to get from the family members in future.

3.1. Present Condition of Care

Some families are informed or understanding. They treat the mental patients well. Some are uneducated and intolerant towards the people with mental illness. They may not well-treat them. They may even deprive mental patients of basic needs. The following themes emerged under this broad category.

3.1.1. Positive Care and Support

a) Motivation (N=9)

People with mental illness feel their self-confidence is boosted while they are in the family. When the family members seem happy

and share the feelings, they also long to live more. The love family give acts like a real medicine. Relatives care. They telephone to enquire. This gives a sense of support and backing. When relationships get better than they were, the people with mental illness are really satisfied. 'Now the love I get from my husband is satisfactory', said a woman who was nearly divorced by a man before she gave birth to her baby.

There is a family of only two people with a mother and a daughter. The mother is ill and she feels intense pleasure to just grow her child because she has got a cause to live and grow. She thought of committing suicide but her friends stopped her from doing so pointing to the girl child. She forgets all the trauma when she is near and when she is busy upbringing her child. Similarly a man reports that his healthy wife is the basis of his living. The mere thought of his wife getting ill intimidates him.

The family members and relatives give suggestions which are helpful sometimes. They give encouragement that things will ultimately be better. They ask about the physical health. They ask, 'how are you? ' or "what is the condition?' They inspire, just encourage. They show the concerns pertinent to illness like they talk about finding better alternatives for treatment. They suggest to go to *dhami*'s or hospital.

"My husband suggests me to have medicine on time. 'You will heal', he says. He asserts that one's body is to be protected by oneself. My elder brother also said me, "Take the medicine on time". I used not to take medicine. Then I got sick again… My father would buy me noodles and biscuit after I got sick. I got sick and he took my care."[p21]

b) Alternative carer (N=4)

The people with mental illness, especially the women have two families. Mainly they belong to husband's house. That is their own house equally but as when they are dominated, slurred or neglected in their own house, substitute carers appear in the picture as posited by serial social support model(Horwitz, 1993a). Their maternal support gets activated.

"Others suggested him, immediate divorce is not a solution. After one and half months after I had taken shelter in mother's house, they approached us … My mother insisted that she would care me for 6 months and only return me to them after I recovered… "[p11]

For the woman who was beaten by in-laws just because her husband was crippled, the sons invited to Kathmandu to mingle. They are welcoming but she could not forsake her husband because of religious reasons. She is bound by her morality and hence is not reciprocating the cruelty to now-sickened old in-laws. She well-feeds them and every man or woman in the village is singing her praise now.

The sisters helped when the husband left a woman who then went to an intense state of anxiety and phobia. For a man who was hit by the hind board of a truck on head, wife only is the good carer. The others, the parents and sisters, do treat like he is pretending to be weak.

A woman who was left by husband contracted mental illness after the tragedy.

"Now everybody are literally helping me. Especially my father is helping me. There are sisters. They also invite me. But I myself do not go. They telephone also. They are worried that I am alone and may do self-harm. I have been trying to be normal."[p20]

c) Company (N=6)

Among all the interviewed, almost half of the people with mental illness come to hospital with their relatives. Mainly the spouses accompany them to the hospital. The sons come to hospital with the mothers or vice versa. The spouses are the nearest caregivers followed by the parents among whom mother is preferred. The wives remind the mentally ill husbands to have medicine. The mentally ill wives are helped by the husbands do household chores.

The sisters invite the woman parenting a daughter alone in the agony of being forsaken by a husband. But the woman feels not going on own. Some families are habituated to live with the mental illness of the family members and they treat them normally. This gives sense of fairness and equality.

Some mental patients visit relatives and friends and this makes them forget the illness. A man of 23 recalled that he felt like he was finer when he was living with his family. His wife asks if he is going to be okay by telephone.

d) Help with the daily chores(N=5)

The family members help to cook. The husband washes clothes when his mentally ill wife cannot. The wives help their husband in sanitation or bathing. The people with mental

illness are sleepy by the side effects of medicines. They have hard time working. So, they are served boiled water or tea by others. Helping family members assist in other menial chores also.

3.1.2. Negative Behaviors

a) Low or no interaction (N=6)

In some families, the mentally ill family members are ignored. The family members do not talk enough. The interaction that should be felt adequately in a home is not gotten. The husband enquires rarely about the illness of a wife. The family members talk rudely with the mentally ill persons.

There is a woman of 65 who stays idle in home all day long and wants to talk to her son and daughter- in-law in the evening but they come late. They never accompany her to hospital these days. They seldom talk. They even say to move out of house. The daughter- in- law maintains muting silence and it hurts. Since all is busy, she is neglected. She waits death. She thinks only death will erode her mental illness away.

A woman of 31 expresses her situation in this way:

"*Sometimes he (husband) enquires also. But he doesn't enquire or care about me enough. He asks me sometimes 'Have you had your food?'. But very rarely." [p11]*

b) Negative facial expression (N=3)

A husband is always suspected by her wife because he is a musician. He senses suspicion of high degree in her wife's face. This causes menace in his brain. The menace translates to the conflict. This conflict then makes him mad.

An old woman is made guilty by her daughter-in- law because she does not talk to her. The old woman feels guilty and ruminates thoughts like, "Did I do anything wrong?" The irritation can be felt on her son's face too by her. They feel burdened. They repeatedly say to move out of house. A newly married woman painfully says about irritation and boredom seen in the face of family,

"Previously, he (husband) was too much irritated. He showed extreme irritation and spoke rudely. Now things have changed. But in the recent past he showed a lot of negative expressions… I moved out of home because of intolerance. My husband was too irritated. I do not know why. So was my mother-in-law. They would be bored by me much. To be factual, they were irritated by my staying. Also by my eating and else. I then got more ill. I also started to get a feeling of reluctance to look at their face. They did not want to look at my face. They did such initially. And then I moved out of home on my own." [p11]

The mentally sick wife walked away from the house when the level of annoyance and boredom in her mother-in-law's and husband's face were at the peak. They were not tolerating her. They were avoiding to look at her face or have an eye contact. Even looking at the face was considered an act of offense at a point. She got lost for 11 days (for the family). They later realized she was important for the family. They searched her and brought back home. Only then the behavior from family members improved. Now husband's love is satisfactory.

Persons with mental illness also can sense others' emotions. They are actually more sensitive to how they are treated. Very negative expressions on family members' face are felt quicker. The relatives get angry or appear irritated. They sometimes turn to physical punishment also. The neglect is also sensed considerably.

Sometimes illness ignorance is felt badly. Not understanding the situation of mentally ill is a problem. The family members may treat as if there is nothing unusual in having mental illness when the sufferers may be wanting more attention realistically. When the people with mental illness desire, they should be given special treatment. Otherwise, this can exacerbate their disorder. The mistrust targeted to the ill people stings like nothing. The suspicion is not a good thing.

"*But whatever negative she (wife) tells enters our brain. Enters. It becomes a load too. Why blame the things not done? Why mistrust of this extent! Inside the family also. We sense that. That is why the illness thrives."[p15]*

c) Violence (N=7)

Many mentally ill members face domestic violence in the form of physical or verbal abuse.

"*They do not much care. They quite do not understand. If requested anything, they rebuke instead. My father and mother reprimand me labeling 'diseased'. They do not label me much, but my sisters do not care much" [p19]*

The rebuke is the common pain. Some families rebuke repeatedly just for being sick. At some point of the illness of mental nature, all people with mental illness have faced abuse of some nature. They may even be beaten. Screaming at the people with mental illness is common. The people beating and pinching their ill relatives have been reported by patients visiting mental hospital. Depriving of food or clothes or other requirements can be considered violence too. Mental patients are slapped and forcibly dragged to the place they are supposed to go.

"When husband is not strong everybody subjects you to slight, when sons are very young. In the past neither I got to eat nor to clothe from the family. Now I feel like not seeing their (in-laws') faces… My husband was weak. Others beat me up because I was tilling 'adhiya' and they had been jealous… Now I curse them, 'Due to you, I am living the life of a mentally sick person."[p13]

The family members with mental illness are bothered by much complaints. When the relationship takes a bitter turn, and when the mentally ill persons are even called names, they are helpless. They get sad and are frustrated more. This makes them anxious and they may resort to (counter) violence. The physically robust sick husbands may curse and even beat their wives. The ill persons do not want to be addressed by stigma adjectives. It hurts when they are called mad. nut, crazy or lunatic.

"Other people label so bad to these people who have such medicine. It hurts. My husband never says this, but my children utter these labels and it hurts. My brothers label sometimes. Probably, this [disease] won't be lifelong"[p22]

d) Relationship threat (N=4)

The threats of divorce, cursing to death or ordering to move out of house or total ignorance are some forms. A wife was nearly divorced by the husband when her illness had become unbearable to him and his mother. The husband had been irritated to the degree that he once told to doctor that he was ready to go to jail rather than live with that wife. Then the wife had no desire to stay in house.

"These days, they seem positive and happy. So-so. But in past, he nearly divorced me. In front of doctor, he said that. Doctors asked, "what will the society say?". He replied, "What will they? Maybe they will imprison me to some jail". He is 'pandit' by profession. While he said that I went with my mother in her home to stay there for two months."[p11]

Intolerance from family to the old woman who has to sit idly all day has been excruciating. A woman who was severely beaten by her in-laws had contracted mental illness due to the injury in her head. They isolated her from the family when they knew that she had got mental illness also. Similarly, another old woman also is not cared a bit by her son (and his wife). She takes care of grandchildren but they neglect and isolate her as if she does not belong to the family. They even order her to move out of the house. The family members are overlooking the help she (did and) is doing to the family.

The mentally ill people themselves feel inferior. They fall prey to the perceived stigma and avoid themselves from the ceremonies and social gatherings. They also do not go to the relatives' even when invited. *Self-stigmatization* is a process in which mentally ill persons come to perceive themselves as socially unacceptable. They start to put themselves in the stereotypes of lowly, which prevails in the community. This is the reason why they like to put the illness covered and socially withdraw.

e) Stressors (N=7)

The people of mental illness mention *'tension'* as the major stressor for them. The family give them 'tension' and they feel their illness worsens. For a guy who has left the family behind in village, they give the monetary tensions.

"*I can generally work now. Some days, if family gives tension slightly, the illness gets worse. Nonetheless I take the medicine regularly. I have never missed… When I was in home I would be given little tension because they pressurized to buy land… After marriage the tension slightly increases. Wife gives tensions of other nature" [p12]*

For a 12th grader boy, the parents give the tensions of study. For others, this tension or stress comes in the form of complaints, whines, nagging, labeling and suspicions.

"*While we (husbands) return to home in the evening, after whole day of work at office, when many issues come up like 'where are you from?', "what did you do?", when many negative thoughts come up, there cannot be anything except conflict. From that conflict comes an illness such as mental illness. Then aches the*

head. Dizziness follows. You do not long to speak anymore. Then you are more afraid after the illness worsens. When there is quarrel, you can't have direct eye contact. You bow then. You speak thus. "[p15]

The old people with mental illness do not have money to even buy medicine. The family may be financially uncooperative in other regards also and this lack of help acts as a stressor. For some, poverty is a problem. The weak family foundation makes sense while the cost of medicine is considered; it is expensive.

The heartbreak and break-ups are also the major stressors.

"*My former wife totally deceived me. She took my everything and ran away. Initially, I was totally lost. Later I recovered a bit." [p14]*

f) Lack of trust (N=10)

The family members of the persons with mental illness have low level of confidence on them, and vice versa. The mentally ill people have also the desire to grow. Due to the effect of the medicine they are drowsy and clumsy. The family think that they are pretending to be ill every while and cheating out of indolence. Since the physical symptoms are rarely manifested, the family members find it very difficult to believe them. Nonetheless, if the family could understand this fact and tap into the real passion of the mentally ill persons and create a situation of employment they might earn a lot of money.

"Had I not had the disease, I also had had the desire to do good definitely. My dream (of running agriculture firm) couldn't come true. I would go to the foreign country perhaps. I would do something for my children …. The family is not helpful in my imagination. The family did not let me do what I had planned for employment. My wife targeted the naked anger on me." [P23]

3.2. Expectations of Support from the Family

a) Enough interaction (N=8)

The members having mental illness want adequate communication, contact and concern from the other members of family. The people with mental illness want to be asked more. They have need for affiliation and feeling important. So they expect to be enquired more frequently and continuously. There should be the consultation in the family and with the doctor about the mental illness. They also try to find hopeful advices on matters regarding what they should and should not do or eat. The family members should be conscientious and should counsel them properly.

Sometimes just being around the relatives can make forget the plight and pain of the sickness. Behaving well and acting positively also does good. The family members should show concern about the career, future plan, thoughts or daily activities of the people with mental illness. Their imagination and dreams about future may be irrational or unrealistic. They should be heard and actively addressed wherever possible. The plans about the occupation should be discussed too. They should share the moments of happiness and sadness.

b) Treatment help (N=12)

The people with mental disorders want their family to search the treatment options or alternatives. They should take them to hospital. The people with mental illness expect to be given the treatment and medication in time. They expect the family members to 'warm and give hot water' to them in times of illness. This literal translation of '*pani tata-era dine'* may mean the people with mental illness want minimum care and attention while they are incapacitated. An educated boy opines that he would take the mother to counselling if his mother gets mentally ill.

The people with mental illness also want to be looked after affectionately. They want to be reminded or given medicine timely. Forgetting to have medicine can worsen the situation.

c) Encouragement to heal (N=10)

Increasing courage is a thing the ill people expect from family members. They expect to be done positive things and not given the *tensions*. The sayings like, 'you will get better', and 'things will eventually be okay' act like soft medicine. An epileptic patient laments that he is not getting enough support from the family and imagines things would be different if they helped.

"*My sisters do neglect. They treat as if I do possess no illness. They show no concern. If they showed kindness, things would be better, I think. They disregard, do not give a damn. I am here… They do not show any interest to my condition."[p19]*

d) Company for social support (N=5)

The family are expected to give the members with mental illness company, especially in

social occasions. They expect to be walked around. They also hope to be taken somewhere to visit occasionally. They expect that the family members should accompany them to hospital. A man hit on head by the hind board of truck suggests that the people with mental illness should not be allowed to do the risky jobs alone for their safety. An epileptic person said,

"And much help is needed in the family. Love and affection are needed. Everybody should care us. When they already know we have such illness, others but us should be sent to jungles when you have to climb trees or fight the precipice. They cut grasses from trees. It is better if you are sent a friend along. Sometimes to make cattle drink water there is a pool below our house, we are not to be sent alone." [p19]

They also expect the illness to be made a secret as also found by Barke, Nyarko, and Klecha (2011) and they hope it to be healed secretly because the rumours about the illness does only bad. The society stigmatizes and ostracizes the people with mental illness. They expect full support from the family. The family members should always be in good relation with them.

The family should give peace and happiness. They expect family members to create good ambience. Such ambience should be free of tension or stressors. They hope to have their environment good. For this the family may have to fulfil what they want.

"Even though I have been living with my daughter only, I have been visiting relatives and mingling with them. I have been making myself forget… If everybody is around and behaves well, then… (nearly weeps)."[p20]

e) Personal Space (N=6)

People with mental illness have increased level of sensitivity and irritability. They hence want more personal space and private time. They should be given a chance to remain alone for some while. They should not be forced much to go where they do not want to go. The persons with psychiatric disorders demand that they be given the right to choose to work or not.

"They (relatives) say, 'Take medicine. Do not take tension. I wish my husband said, "If you can, do the work. Otherwise lie down and take rest."[p21]

f) Happy family environment (N=9)

The persons with mental illness want happy or lovely environment. In some family there is strife. They expect peaceful environment to smile. They need to be treated with respect. They want to be supported properly so they can remain glad most of the time. They should be let live freely. The family should understand the state and behave accordingly. They expect enough help. The things that frighten them should not be done to them. They want not to be given miseries. They should be given pleasure and happiness. They want to be discussed what is preferable to them.

"Feelings of mentally ill persons are to be understood. Mind's matters are to be known. Family should make happy. If love is given, it is enough."[p16]

Most of the interviewees express the opinion in negative sentences. They expect not to be given 'tensions', if anything. They say that would be enough for getting better.

"In many families, a person has to suffer many tensions. How much they do, it goes unnoticed. Much work and hard work are not taken notice of. In some families, they beat and torture. There are quarrels and fights. If such happens, you happen to have tensions. When tension is in excess and you can't bear it, this thing happens"[p19]

The family members should consider safety of the persons with mental illness. They also hope to be involved in activities that orient them to fun and entertainment. Keeping the illness in focus, disturbing activities are to be avoided.

They should be given the environment full of love as one participant said:

"The lovely environment should be there. It should be helpful. The family ought to support financially. They should not be subjected to slight. They should make me eat medicine. May the government help! The society should not treat with disrespect." [p23]

g) Warm face (N=6)

People with mental illness expect to be treated and behaved well by the family members. They should show concern, rather than neglect. Family should love and give affection. Family members should not behave rudely and wear an angry face. This means they should wear a lovely and smiling face.

"They don't talk to me. I feel guilty and remorse then. 'Nothing have I done; why do they not talk to me?', I keep thinking. I feel guilty and they do not try to understand me and what bothers me

most is their not talking and disregarding me… [If I were healthy], I would behave perfectly well. It means cooking and feeding, taking care, taking care of sanitation-bathing and washing clothes, making him or her walk around, asking 'what will you have', speaking sweetly and modestly, giving to drink tea if so asked, giving food in the morning and evening." [p01]

h) Motives fulfillment (N=7)

The needs are to be fulfilled. The basic needs and need of medicine are natural. Other necessities also should be fulfilled if they are affordable. If the necessities within the capability of family are not fulfilled, the mentally ill patients may put themselves in downward social comparison and feel inferior. This problem comes in the teenagers mainly. Unmet over-ambitions are often the cause of mental illness in adults and young adults. If unaffordable demands are made, they should be convinced that they are not affordable. An old woman complained that she was not given money to buy medicine even though she possesses a house in metropolis. Family should feed properly. They should take care to see if they are putting on clean clothes. They should tend and nourish. They should also give the expenses. They also ought to do the religious duties like the *dash-daan*, *swasti-shanti* and *jap*. In the state of their incapacity, there is greater need for belonging.

"The sick people should be loved more. The weak people also need help and company. On top of that, you should not make them sad. You should not give them tensions. If that happens it furthermore worsens in them. That is why." [p15]

Family should care tenderly and should never beat the individuals of these kind. They should not give bad behavior and should not dominate or disregard.

"They are not understanding my situation. I have my own agonies. She did not understand … I have been given slight. I do not have money for medicine. My wife tortures me… Since I could not earn money, my wife did such … If wife loves me, my half of illness will go away, I am sure."[p23]

There are specific needs of mental patients. They want the needs of warm water, tea, food, clothes, etc. to be fulfilled. Family should give nutrients besides medicine. For the mentally ill persons in rich family also, there is dearth of money.

"Give medicine on time; put it away from the person and give in appropriate dose. The children must not find the medicine. This medicine can have detrimental impacts. Even the rich person must be getting torture and non-cooperation. So the government should help the mentally ill with medicine." [p23]

i) Understanding (N=11)

Almost all of mentally sick persons complain that the family members do not understand their state and illness. They want the family members to understand them and their desire to be alone sometimes, to be surrounded at other times. They also want them to understand that they are not lazy by birth. They are not cheaters of work. The laziness results by side effects of medicine. They love to work but constraints make it impossible to do the work as the normal people do. If the persons with mental illness are rebuked or cursed much, not tolerated at all and done the bad behaviors to the extreme, they may resort to bad deeds like suicide, fleeing from the house or violence to the family members.

A man of 30 has been treated lightly and even cursed by the wife almost every day.

"I am the victim of 'mental'. They give the torture. They did not understand my pain. They conclude that I am pushy. But my agony is known to me myself. I am subjected to slight. My wife treats me disrespectfully. She didn't love me. She did not understand. I tried to make her understand. I could not. That happened. She did not understand … I said her, 'There is treatment for this disease. Please do not nag. Sleepiness does not leave me alone. In this case, I should add dose. While the medicine is added, I sleep till late in the morning.' When I say this also, she does not understand. While this happens, 'son of crazy' she says, and such rubbish, and I feel sad. And I think not talking is okay. Then I remain silent." [p23]

His wife took issue of domestic violence to court and is struggling to live alone.

4. Discussion

There is a remarkable gap between the mental patients' expectation and the real behavior they are getting in most of the cases. The family members need to know their mentally ill relative more to care better. Even diverse families organize and reshape their world inventively or peculiarly to care and support members with mental illness (Park, 2012), they need to know

about particular mental illness, state of mental illness in their relative who is psychologically abnormal and the appropriate ways to behave them. For this, they need to talk to the patient him/herself. They also need to talk to psychiatrists or psychologists to know the appropriate ways of taking their care. This research has shown that the mental patients need some time alone also. It is a precarious job to maintain the balance of care, over-care, and leaving alone. There is a thin line between care and neglect. Family caregiving for mental patients is more stressful job than other types of caregiving. Nevertheless, family is the only resort for patients. Hence, family should care and support their mentally ill member being informed well and protecting self from being psychologically abnormal. For example, if family members know that abnormality is defined by a set of symptoms like inappropriate affects, behaviors or thoughts in social context, impairment or distress, interference with personal and occupational functioning and danger to oneself and others (Nolen-Hoeksema, 2011, p. 5), they will not mess around in denial. Mentally disordered people seek warm face, happy family environment, economic support and encouragement to heal. They want to be understood and given compassion (Sjöblom, Pejlert, & Asplund, 2005), indeed. Poverty is a main problem of Nepalese society. Because of labor-dominated occupations, family care might have been inadequate. Government should step in, at least to afford the treatment costs for now.

The conceptual framework presented in figure 1 needs little modification. If mental patients are given better support and care by family, they recover quicker. If the family neglects or misbehaves mental patients, their mental health worsens. These hypotheses are formed based on findings of this research and illustrated in figure 2. They can be tested quantitatively in future researches.

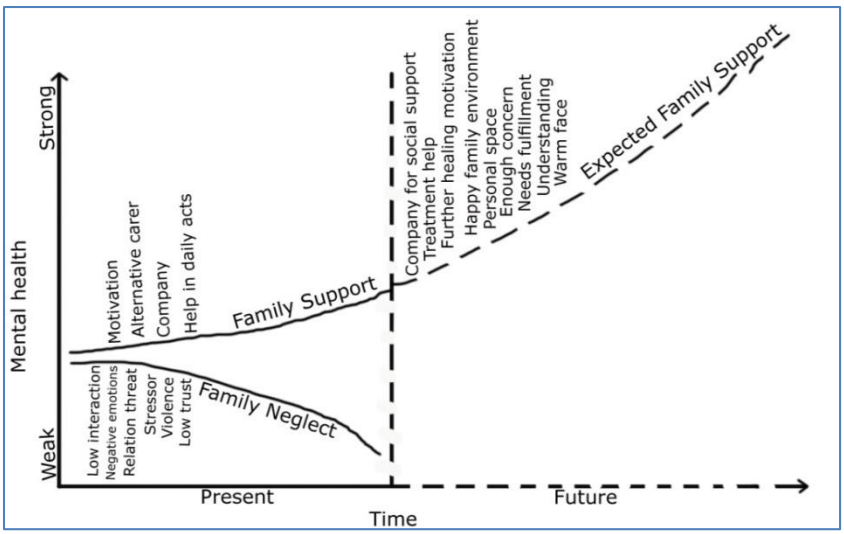

Figure 2. *Model: Family role in mental patient's care*

REFERENCES

[1] Barke, A., Nyarko, S., & Klecha, D. (2011). The stigma of mental illness in Southern Ghana: attitudes of the urban population and patients' views. Soc Psychiatry Psychiatr Epidemiol, 46, 1191–1202.

[2] Goldberg-Arnold, J. S., Fristad, M. A., & Gavazzi, S. M. (1999). Family Psycho education: Giving Caregivers What They Want and Need. Family Relations, 48(4), 411-417.

[3] Horwitz, A. V. (1993a). Adult Siblings as Sources of Social Support for the Seriously Mentally Ill: A Test of the Serial Model Journal of Marriage and Family, 55(3), 623-632.

[4] Horwitz, A. V. (1993b). Siblings as Caregivers for the Seriously Mentally Ill. The Milbank Quarterly, 71(2), 323-339.

[5] Horwitz, A. V., Reinhard, S. C., & Howell-White, S. (1996). Caregiving as Reciprocal Exchange in Families with Seriously Mentally Ill Members. Journal of Health and Social Behavior, 37(2), 149-162.

[6] Miklowitz, D. J. (2007). The Role of the Family in the Course and Treatment of Bipolar Disorder. Current Directions in Psychological Science, 16(4), 192-196. doi: 10.2307/ 20183195

[7] Noiseux, S., St-Cyr, D. T., Corin, E., St-Hilaire, P.-L., Morissette, R., Leclerc, C., . . . Gagnier, F. (2010). The process of recovery of people with mental illness: The perspectives of patients, family members and care providers: Part 1. BMC Health Services Research, 10(161). doi: 10.1186/1472-6963-10-161

[8] Nolen-Hoeksema, S. (2011). Abnormal Psychology (5th ed.). New York, NY: McGraw-Hill.

[9] Ory, M. G., Yee, J. L., Tennstedt, S. L., & Schulz, R. (2000). The Extent and Impact of Dementia Care: Unique Challenges Experienced by Family Caregivers In R. Schulz (Ed.), Handbook on Dementia Caregiving: Evidence-Based Interventions for Family Caregivers (pp. 1-33). New York: Springer.

[10] Park, M. (2012). Filial piety and parental responsibility: an interpretive phenomenological study of family caregiving for a person with mental illness among Korean immigrants. BMC Nursing, 11(28). doi: 10.1186/1472-6955-11-28

[11] Ponce, D. E. (2001). The Adolescent. In W.-S. Tseng & J. Streltzer (Eds.), Culture and psychotherapy: a guide to clinical practice. Washington, DC: American Psychiatric Press.

[12] Schene, A. H., Wijngaarden, B. v., & Koeter, M. W. J. (1998). Family Caregiving in Schizophrenia: Domains and Distress. Schizophrenia Bulletin, 24(4), 609-618.

[13] Sjöblom, L.-M., Pejlert, A., & Asplund, K. (2005). Nurses' view of the family in psychiatric care. Journal of Clinical Nursing, 14(5), 562-569(568).

[14] Sue, D. W. (2003). Psychological Treatment of Ethnic Minority Populations. Washington: Association of Black Psychologists.

[15] Townsend, A. L., Biegel, D. E., Ishler, K. J., Wieder, B., & Rini, A. (2006). Families of Persons with Substance Use and Mental Disorders: A Literature Review and Conceptual Framework. Family Relations, 55(4), 473-486. doi: 10.2307/40005342

Citation: *Pralhad Adhikari, Luna Acharya. Mental Patients' Expectations of Care and Support from their Family. ARC Journal of Psychiatry. 2019; 4(1):28-37*