

## **The Impact of Disorder of Consciousness on Family and Caregiver Burden**

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### **Abstract**

Delirium, also known as disorder of consciousness, is a commonly under recognized disorder which may occur due to severe brain damage.<sup>1</sup> It leads to a change in the state of consciousness of an individual, as well as a change in cognition which develops acutely.<sup>2</sup> Caregivers perceive the suffering and burden from patients with delirium, which can lead to psychological distress; this includes anxiety, depression, and various forms of physical illness. Families are impacted by patients with a consciousness disorder due to several biopsychosocial factors, and researchers have begun to explore the interaction between caregiver burden and family dynamics. Their findings suggest that family structure is not affected by traumatic brain injury causing delirium. Correlations of cohesion and flexibility with burden suggests that a traumatic event does not affect family structure. Distress can be controlled in family systems, posing hope for future generations of families impacted by psychological disorders.

## Caregiver and Family Dynamics Explored in Delirium

Delirium, also known as disorder of consciousness, is a commonly under recognized disorder which may occur due to severe brain damage.<sup>1</sup> It leads to a change in the state of consciousness of an individual, as well as a change in cognition which develops acutely.<sup>2</sup> Caregivers perceive the suffering and burden from patients with delirium, which can lead to psychological distress; this includes anxiety, depression, and various forms of physical illness. Families are impacted by patients with a consciousness disorder due to several biopsychosocial factors, and researchers have begun to explore the interaction between caregiver burden and family dynamics. They have recognized that it is necessary to use a new systematic clinical approach, in order to better understand how stress during critical moments pertains to family dynamics. The psychosocial well-being of family members can be affected through an adaptation process, by observing the way a family handles a crisis. In order to study the effects of caregiver adaptation to family crisis, researchers collected data from 35 caregivers of study subjects who had a minimal state of consciousness. They did this by having two psychologists who were responsible for administering the Olson's Adaptability and Family Cohesion Assessment Scale to assess family function, as well as the Novak's Burden Inventory Caregiver Scale to study family burden. The research showed that caregiver burden was correlated with family cohesion and adaptability, as well as with disengagement, rigidity, and enmeshment. These findings suggest that family structure is not affected by traumatic brain injury causing delirium. Higher levels of cohesion and flexibility were related with a high level of burden in family structure, suggesting that there is likely a form of stress management within the family. The correlation between high enmeshment and low burden suggests that a greater involvement from the family results in a greater difficulty in managing the burden of the patient. Normal and healthy values of communication and satisfaction, along with low levels of disorganization, allude to a balanced function within the structure of the family; this reflects their ability to listen, respect, and pay attention. Few studies have examined the attributes of family functioning in families of patients with brain injury, especially during rehabilitative training, which stresses the importance of examining how caregiver burden and familial dynamics are impacted by brain injury to an individual. Overall, correlations of cohesion and flexibility with burden suggests that a traumatic event does not affect family structure. Distress can be controlled in family systems, posing hope for future generations of families impacted by psychological disorders.

### References

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