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The Lived Experiences of a Spouse of a Person with Alzheimer's Disease: A Qualitative Study of Caregiver Burden and Psychosocial Intervention

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Abstract

Introduction: This case study explores the impact of Psychosocial Intervention Module for Caregivers of Persons with Alzheimer's Disease (PIM-Care) on the life of Mrs. S, a 67-year-old woman who has been the primary caregiver for her husband diagnosed with Alzheimer's disease. The study aims to understand how the intervention affected her psychological well-being, stress levels, and overall quality of life.

Methodology: The study employed in-depth interviews and observation. Mrs. S participated in a structured psychosocial intervention program that included providing education, counseling, and stress management techniques over 10 sessions. Data was collected through pre- and post-intervention assessments.

Results: Before the intervention, Mrs. S reported high levels of stress, emotional exhaustion, and social isolation. The post-intervention assessments showed significant improvements in her psychological well-being, with a notable decrease in caregiver strain and improved social interactions. Mrs. S reported feeling more empowered and better equipped to handle her caregiving responsibilities. She also experienced an increase in her social support network, which further alleviated her stress.

Conclusion: The psychosocial intervention had a profound positive impact on Mrs. S's life, reducing her stress and improving her overall quality of life. These findings suggest that structured psychosocial support can be highly beneficial for caregivers of individuals with Alzheimer's disease, highlighting the need for accessible intervention programs.

Keywords: Alzheimer's disease, caregiver, psychosocial intervention, stress management, quality of life.

Introduction

Alzheimer's disease is a neurological disorder that worsens gradually over time, causing memory loss, a reduction in cognitive function, and difficulties carrying out daily tasks. Patients need more and more intensive care as their sickness progresses, and family members frequently come in to offer this support. But this job can also be very taxing on caregivers, negatively impacting their social, emotional, and physical health and ultimately degrading their own quality of life. This essay explores the complex example of Mrs. S, a 67-year-old lady who serves as her husband's primary caregiver after receiving an Alzheimer's diagnosis. It looks at how she changed after taking part in a structured program meant to help people who care for people with Alzheimer's disease.

This study aims to clarify how effectively these programs work in terms of increasing caregivers' comprehension, lessening their load and stress, and boosting their general wellbeing.

The primary cause of dementia, impacting millions of individuals globally, is Alzheimer's disease. It is typified by a progressive loss of thinking, reasoning, and memory among other cognitive abilities. As the illness worsens, people require greater care from others, which frequently puts a burden on family members who must take on the difficult task of providing care. There may be serious financial, physical, and emotional difficulties as a result of this obligation.

Caregivers of Alzheimer's patients may suffer high levels of stress and worry. Individuals could feel depressed, alone in social situations, and powerless. Physical health problems, such as weariness, disturbed sleep patterns, and weaker immune systems, can also result from the constant demands of parenting. The general health and quality of life of the caregiver may suffer as a result of the combined effects of these stressors.

The goal of psychosocial therapies is to offer caregivers the skills and resources they need to handle their caregiving duties more skillfully. These treatments include stress-reduction techniques, support groups, one-on-one counseling, and informative courses about Alzheimer's disease. Such interventions have been demonstrated to reduce caregiver stress, improve their capacity to care for others, and boost their mental health. This case study focuses on Mrs. S's experiences with knowledge, stress levels, caregiving obligations, and her overall quality of life in relation to the outcomes of a structured psychosocial intervention.

Objectives of the Study

- To investigate Mrs. S's actual experiences as a spouse and her husband's principal Alzheimer's disease caregiver.
- To evaluate the modifications in her stress levels, coping strategies, and overall quality of life subsequent to her involvement in a psychosocial intervention program.
- To assess how well the intervention worked in increasing her understanding of Alzheimer's disease and enhancing her self-care routines.

Methodology

The qualitative research design used in this study is ideal for examining subjective experiences and personal narratives. Mrs. S was chosen as the case study subject through the use of purposeful sampling. Participant observation, in-depth interviews, and a variety of assessments were used as data gathering techniques.

To gain a comprehensive understanding of Mrs. S's experiences as a caregiver, a phenomenological approach was selected. This method effectively conveys her feelings, difficulties, and change after the session.

Mrs. S, a 67-year-old retired school teacher with a Bachelor of Arts degree, was picked because she is her husband's principal caregiver as he suffers from Alzheimer's. Mrs. S spends 10-12 hours everyday on caregiving, leaving minimal time for herself.

Data Collection Methods

In-Depth Interviews

The main technique employed to investigate Mrs. S's individual experiences, viewpoints, emotional reactions, and difficulties providing care was conducting in-depth interviews. These interviews, which took place over a number of sessions, provided a comprehensive insight of her actual experience serving as the principal caregiver for an individual with Alzheimer's disease. Several important topics were covered in the interviews:

- Mrs. S's comprehension of Alzheimer's disease and the emotional impact her husband's illness had on her.
- The difficulties she had in providing care, such as loneliness, emotional fatigue, and the weight of providing care for 10–12 hours a day.

  Her emotional reactions and coping strategies, both prior to and following the psychological intervention.

It would have been challenging to fully capture her subjective experience and emotional environment using only quantitative measurements, but this method allowed for a detailed exploration of both. It is generally acknowledged that in-depth interviews are a useful method for comprehending the nuances of caregiving experiences, especially when examining the emotional and psychological effects of caring for a chronic illness (DiCicco-Bloom & Crabtree, 2006).

Observations

To offer an unbiased picture of Mrs. S's caregiving responsibilities and everyday interactions with her husband, observational data were also collected in addition to the interviews. This approach concentrated on how Mrs. S handled her husband's everyday demands and behavioral shifts. Her reactions, both physical and emotional, when doing caregiving duties including feeding and helping with personal hygiene and controlling his confusion. Any indications of stress, exhaustion, or annoyance that surfaced while providing treatment.

An evaluation of Mrs. S's caregiving competency and emotional resilience was made possible by the insightful observations that shed light on her in-the-moment caring actions and coping mechanisms. To better understand how caregivers engage with their loved ones and watch natural behavior especially when dealing with diseases like Alzheimer's disease this method is frequently utilized in qualitative research (Patton, 2015).

Assessments

Assessments were done both before and after the intervention to determine the psychological and emotional effects of caring for Mrs. S. The study measured changes in Mrs. S's stress levels, coping mechanisms, and quality of life by evaluating caregivers' pre- and post-intervention quality of life, burden associated with caregiving, and knowledge about Alzheimer's disease. These evaluations gave rise to a more methodical and quantifiable comprehension of how the intervention affected her experience as a caregiver.

Psychosocial Intervention

The one-month intervention consisted of 1.5 months of twice-weekly counseling sessions. The following were the intervention's main elements:

- An introduction to Alzheimer's illness
- Handling the stress of providing care
- Self-care techniques

- Handling the symptoms of Alzheimer's at home

Results

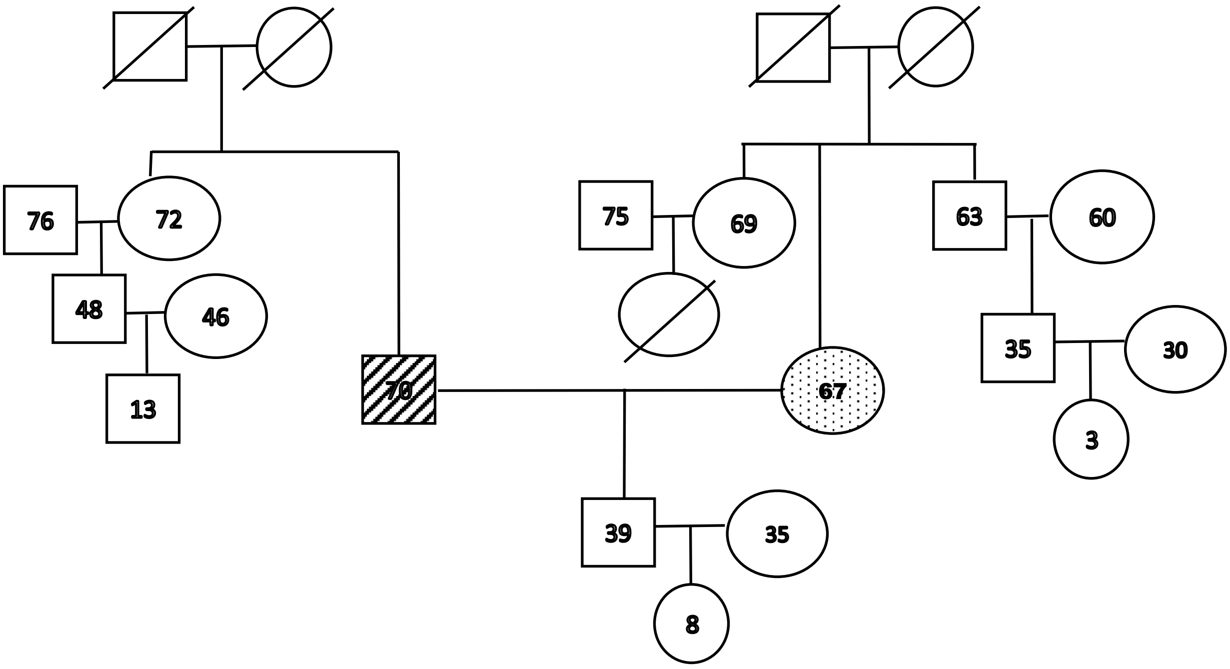
Case Study Overview

Mrs. S., a 67-year-old retired school teacher from a suburban Assamese community, completed her education up to graduation. She shares a home with her spouse, who has been diagnosed with mild to moderate Alzheimer's disease. For the past two years, the responder has been her husband's principal caregiver. She gives care for people doing daily tasks and essential activities for roughly ten to twelve hours a day.

Their six-year-old daughter and her husband reside in a city in Assam where their son works. It gets harder for them to visit their parents frequently because they are both employed. The parents claim that their son and daughter-in-law are encouraging.

Upon noticing behavioural problems such as disorientation, frequent forgetfulness, and irritability, the family members sought the opinion of a psychiatrist, who made the diagnosis of Alzheimer's disease.

Family Genogram



Index			
▨	**Patient**	◌	**Caregiver**
□	**Male**	⊠	**Expired Male**
○	**Female**	⊘	**Expired Female**

Pre-Intervention Results

Mrs. S demonstrated a number of serious indicators of caregiver distress before to enrolling in the psychosocial intervention program. These symptoms are characteristic of primary caregivers for people with Alzheimer's disease. These indicators show the mental and physical difficulties she dealt with while taking care of her spouse full-time.

Insufficient Understanding of Alzheimer's Disease

Prior to the intervention, one of the main difficulties Mrs. S had was her inadequate knowledge of Alzheimer's illness. Her understanding of the illness was limited, which made it challenging for her to understand and treat her husband's symptoms. Alzheimer's is a neurological disease that worsens over time and results in behavioral abnormalities, memory loss, disorientation, and a steady decline in cognitive abilities. The erratic behavior of her husband frequently left Mrs. S feeling overwhelmed, as she lacked a deeper understanding of the disease's stages and repercussions. She felt ill-prepared and unfit to manage the growing complexity of caregiving since she did not have enough knowledge. Due to her lack of expertise, Mrs. S experienced worry, anxiety, and uncertainty about how to give the right care.

High Stress and Burden

Taking care of a partner who has Alzheimer's is a physically and emotionally taxing task. Mrs. S gave her husband's demands her whole attention for ten to twelve hours a day; this included helping with eating, bathing, and controlling his unpredictable behavior. There was very little time for personal time or relaxation in this demanding caring schedule, which led to severe emotional weariness. She felt helpless because of the long-term demands of caregiving since she could not seem to find a way to balance her personal needs with the enormous burden of taking care of her spouse.

Feelings of loneliness stemming from being confined to her house because of her caring responsibilities limited her social connections and contributed to her elevated stress levels. Without a way to talk about her problems or ask for help, Mrs. S. felt alone and overwhelmed. She was so emotionally drained all the time that she became even more exhausted since she was too tired and unmotivated to do things other than provide care.

Unhealthy Coping Mechanisms

Mrs. S demonstrated a variety of maladaptive coping strategies prior to the intervention, which are frequently seen in those who provide care for people with Alzheimer's disease. These maladaptive behaviors, which had their roots in emotional exhaustion and inadequate supervision, comprised:

Despite the difficulties posed by her husband's Alzheimer's progression, Mrs. S frequently held herself responsible for her incapacity to adequately manage his illness. Caregivers frequently experience self-blame as a psychological reaction, especially when they believe they are falling short of social or personal standards for caregiving. She felt even more helpless and emotionally exhausted as a result of her internalized guilt. Studies have indicated that caregivers who place responsibility on themselves have increased stress and a deterioration in their mental well-being (Schulz & Martire, 2004).

Mrs. S regularly emotionally withdrew from her caring duties, a coping mechanism known as behavioral disengagement. This meant staying out of emotionally taxing situations, which increased her stress levels while providing care. She acknowledged that she occasionally experienced emotional detachment, but she believed that this was the only way she could handle the demanding nature of caring for others. Nevertheless, behavioral disengagement is detrimental because it keeps caregivers from addressing the underlying issues, which exacerbates the stress (Vitaliano et al., 2003).

Mrs. S also employed denial as an unhealthy coping mechanism prior to the intervention. She found it difficult to acknowledge the seriousness of her husband's illness and the fact that Alzheimer's progresses over time. She avoided dealing with the emotional effects of his disease by downplaying the truth of his cognitive deterioration. Although denial can provide a momentary sense of relief from discomfort, it frequently leads to poor planning for future caring issues and delayed decision-making (Oken, Fonareva, & Wahbeh, 2010).

Her capacity to manage her own well-being and her husband's care was hampered by these unhealthy coping techniques, which also increased her emotional anguish and caregiver load. The goal of the study was to give Mrs. S healthier coping skills to handle the continuous responsibilities of caregiving by addressing these coping mechanisms through the psychosocial intervention.

Poor Quality of Life

Mrs. S's general quality of life suffered greatly as a result of her taxing caregiving duties. She was unable to partake in past interests, such reading, socializing, or taking up hobbies, due to her lack of time for herself. She was constantly neglected in her personal life, which left her exhausted both physically and mentally. Her sense of fulfillment and joy in life were decreased by this imbalance between self-care and providing care for others.

Her continual tiredness and stress had an effect on her health as well. The psychological impact resulted in irregular sleep cycles, exhaustion, and an overall feeling of exhaustion. Mrs. S's quality of life gradually declined due to a mix of emotional exhaustion, social isolation, and unhealthy coping techniques. She felt stuck in a never-ending cycle of caring for others and had no idea when it would end.

Post-Intervention Findings

The psychosocial intervention provided Mrs. S with critical tools and information to manage her caregiving role more effectively and to promote her own well-being. With biweekly sessions, she saw several significant changes in her comprehension of Alzheimer's illness, stress levels, coping strategies, self-care, and general quality of life over the course of the month.

Knowledge Enhancement

Mrs. S's increased knowledge of Alzheimer's illness was one of the intervention's most important results. Her poor understanding of the ailment prior to the training made it challenging for her to appropriately manage her husband's symptoms. She was given comprehensive information regarding the symptoms, the course of Alzheimer's disease, and the difficulties that come with each stage of the illness during the intervention.

Mrs. S was better able to predict her husband's behavioral shifts and cognitive impairment because to her increased knowledge. She became more adept at handling challenging circumstances by learning how to deal with his bewilderment and memory lapses, for example, which helped her reply more composedly and with less anger. Her increased knowledge about Alzheimer's allowed her to manage caring with greater assurance, which ultimately reduced her feeling of powerlessness. Instead of being overwhelmed by the unpredictable nature of her husband's symptoms, this gave her the confidence to manage his illness proactively.

Stress Reduction

The stress levels of Mrs. S were significantly affected by the intervention. Prior to the program, the majority of her time and energy were focused on providing care, which led to ongoing stress and emotional tiredness. Mrs. S learned a variety of coping mechanisms intended to reduce caregiver stress during the session.

One of the most important skills she acquired was the ability to divide difficult jobs into smaller, more doable ones. She felt less stressed about the ongoing caregiving duties as a result. She also included relaxation methods into her routine, like mindfulness and deep breathing exercises, which helped her stay composed under pressure.

Mrs. S stated that she felt much less stressed after using these approaches since she could now manage the emotional burden of caring for others. The intervention also emphasized the value of establishing boundaries and taking quick breaks, both of which helped her stress level noticeably decrease. All in all, the intervention assisted her in regaining emotional equilibrium and creating a more positive coping mechanism for the demands of caregiving.

Improved Self-Care

The psychosocial intervention included a crucial component that prioritized self-care, an area that Mrs. S had mainly disregarded before to the program. She didn't have time for herself because she was always attending to her husband's demands before the intervention.

Mrs. S learned the value of taking care of herself in addition to her caregiving responsibilities thanks to the intervention. She started introducing little but significant self-care rituals into her everyday schedule. These included taking quick pauses during the day to relax, pursue interests, or just spend some quiet time. In order to decompress and feel more refreshed, Mrs. S also began engaging in relaxation techniques like yoga and meditation.

Mrs. S was able to prioritize her well-being without feeling guilty because to this mental shift. She was able to refuel by carving out time for herself, which helped her be a more patient and successful parent. Mrs. S's life saw a major improvement when her self-care routine improved and she was able to strike a better balance between taking care of others and spending time for herself.

Healthy Coping Strategies

Mrs. S adopted both emotion-focused and problem-focused coping mechanisms after the psychosocial intervention, which helped her adopt healthier and more productive coping mechanisms. These adaptable techniques significantly enhanced her general well-being and enabled her to handle the difficulties of parenting in a more sustainable manner.

Instead of trying to change the stressful circumstance itself, emotion-focused coping techniques focus on controlling the emotional reactions to it. In order to treat Mrs. S's emotional tiredness and improve her capacity to handle the psychological demands of caregiving, these measures were essential.

Mrs. S showed significant changes, one of which was her growing acceptance of her husband's illness. Instead of rejecting the fact that his Alzheimer's disease was progressing, she started to embrace the difficulties and unpredictable nature of his symptoms. She stopped putting as much effort into denying or evading the truth of her role as caregiver, which lessened some of the emotional strain. Acceptance is a key coping approach in caregiving, since it allows caregivers to focus their attention on addressing daily obstacles rather than feeling overwhelmed by the circumstance (Schulz & Martire, 2004).

Mrs. S was also encouraged by the intervention to ask her friends, family, and the community for emotional assistance. By giving caregivers a safe place to vent their frustrations, worries, and fears, emotional support acts as a stress reliever. Mrs. S saw a considerable decrease in her feelings of emotional discomfort and loneliness after learning the importance of sharing her caregiving experiences through counseling and peer support sessions (Roth et al., 2015).

Approaches to problem-focused coping try to modify or control the current issue in order to directly address the cause of stress. For Mrs. S to feel in charge of her caregiving duties again, this coping mechanism was crucial.

The ability of Mrs. S to better plan and arrange her caring responsibilities was one of the most noticeable improvements following the intervention. Her sense of overwhelm before the intervention was exacerbated by her lack of preparation. Following the intervention, she started planning her day, allocating certain periods for caring responsibilities and taking pauses for self-care. Planning well helped her manage her husband's requirements more effectively and gave her a stronger sense of control, which in turn helped her feel less stressed (Pinquart & Sörensen, 2006).

Mrs. S's greater willingness to use instrumental support—that is, asking for assistance with caregiving duties that are practical—was another noteworthy development. This involved using community resources, assigning some tasks to family members, and, when needed, relying on outside help. Mrs. S was able to lessen the amount of care she had to give and free up more time for personal interests and self-care by learning to ask for and accept help. Effective problem-focused coping requires instrumental support, which has been demonstrated to enhance caregiver well-being and the caliber of care given to dementia patients (Vitaliano et al., 2003).

Quality of Life Improvement

Mrs. S's improved overall quality of life was one of the biggest improvements seen following the intervention. She felt more competent of handling her tasks and less emotionally overwhelmed after learning to strike a balance between self-care and providing care. The combination of reduced stress, healthier coping techniques, and an increased awareness of Alzheimer’s disease helped Mrs. S reclaim a sense of control over her life.

Mrs. S was able to rediscover her joyous activities due to her improved stress management skills and her refocused attention on self-care. Her mental well-being significantly improved as a result of these little moments of personal pleasure, which could include relaxing, spending time with family, or pursuing hobbies.

Mrs. S felt less constrained by her duty providing care after the session. She expressed feeling more hopeful and positive about her abilities to care for her husband without sacrificing her own well-being. She gained from this improvement in her quality of life, and it also helped her caregiving since it allowed her to take on her position with more compassion and patience.

The psychological intervention significantly improved Mrs. S's quality of life. Her better self-care routines, decreased stress levels, increased understanding of Alzheimer's disease, adoption of good coping mechanisms, and general improvement in quality of life show how successful focused treatments can be in assisting caregivers. The results of this post-intervention study emphasize how crucial organized support programs are in assisting caregivers in overcoming the many difficulties that come with taking care of a loved one who has Alzheimer's disease.

Discussion

The findings of this study, which focused on Mrs. S's actual experiences caring for her husband who had Alzheimer's, offer important new understandings into the intricate dynamics of caregiving. The post-intervention increases in knowledge, coping mechanisms, self-care, and stress management demonstrate how important psychosocial interventions are to improving the wellbeing of caregivers. In this section, these findings will be explored in connection to existing literature and research on caregiver burden and the effectiveness of psychosocial therapies for Alzheimer's disease caregivers.

Knowledge Enhancement and Caregiver Empowerment

Following the intervention, Mrs. S's understanding of Alzheimer's disease increased, demonstrating the important role that education plays in empowering carers. Numerous studies have demonstrated that caregivers for people with Alzheimer's frequently lack enough understanding about the illness, which exacerbates emotions of uncertainty and powerlessness (Gaugler et al., 2011). Caretakers can lessen the uncertainty and distress that come with providing care for their loved ones by having a better awareness of Alzheimer's disease, including its symptoms, course, and management strategies (Brodaty & Arasaratnam, 2012).

Mrs. S's confidence and competence increased as a result of the intervention, which also helped her acquire specialized caring techniques and comprehend the medical elements of Alzheimer's. This is in line with research conducted by Mittelman et al. (2007), which discovered that educational interventions greatly lower caregiver anxiety and enhance their capacity to control the patient's behavior. These results are consistent with Mrs. S's experience, indicating that raising caregivers' level of awareness is crucial to lessening the emotional and psychological strain they bear.

Stress Reduction Through Coping Techniques

It is possible to credit Mrs. S's notable decrease in stress after the intervention to the coping mechanisms taught in the psychosocial program. Due to the lengthy hours of care, mental discomfort, and social isolation that caregivers for people with Alzheimer's disease frequently experience, caregiver stress is one of the most frequently mentioned problems among those who provide care (Pinquart & Sörensen, 2006). In the instance of Mrs. S, providing care for 10–12 hours a day left her emotionally spent and cut off from her social circles.

Research has shown that teaching caregivers appropriate coping methods, such as mindfulness, relaxation techniques, and task management, can considerably reduce stress levels (Boots et al., 2014). These results are reflected in Mrs. S's usage of these strategies to manage her emotional reactions and divide up difficult jobs. The intervention's emphasis on teaching her the value of self-care and breaks is in line with research by Chiu et al. (2013), who discovered that even little periods of respite can have a major positive impact on caregivers' mental health. The value of treatments that give caregivers useful tools to manage the psychological toll of caregiving is highlighted by Mrs. S's stress reduction.

Improved Self-Care and Caregiver Resilience

Mrs. S ignored self-care prior to the intervention, which is a frequent issue among caregivers who put their loved ones' needs ahead of their own (Schulz & Martire, 2004). Burnout and emotional tiredness are common outcomes of caregivers sacrificing their own health because they are so preoccupied with providing care. Mrs. S's viewpoint was successfully altered by the psychosocial intervention, enabling her to successfully include self-care activities into her daily routine. These activities included taking breaks, relaxing techniques, and hobbies.

This adjustment is in line with research showing that maintaining caregivers' mental and physical health depends on self-care (Oken et al., 2010). Caregivers who take time for themselves grow stronger and more capable of managing the strains involved in providing care. Mrs. S's experience supports the findings of Roth et al. (2015), who contend that caregivers who practice self-care are less likely to burn out and are better equipped to deliver care. The intervention's focus on self-care highlights how important it is as a buffer against emotional discomfort and caregiver exhaustion.

Adoption of Healthy Coping Strategies

The transition of Mrs. S's caregiving experience from unhealthy to healthy coping mechanisms was one of the most notable post-intervention adjustments. Mrs. S had resorted to emotional eating and social disengagement before to the intervention, which are behaviors frequently seen in caregivers who feel overburdened by their responsibilities (Vitaliano et al., 2003). She was taught to healthier alternatives during the intervention's therapy sessions, like journaling, mindfulness, and reaching out for social support, all of which helped her deal with her emotional stress in a more productive way.

This change is in line with research that emphasizes the value of creating flexible coping mechanisms to lessen the strain on caregivers (Pearlin et al., 1990). Specifically, mindfulness has been demonstrated to dramatically lower stress and enhance emotional control in caregivers (Li et al., 2020). Mrs. S was able to adopt a more resilient and balanced attitude to her duties by learning to limit her rumination about caregiving issues and concentrate on the here and now. Seeking social support also relieved her feelings of isolation, reflecting study by Gallagher-Thompson et al. (2010), which revealed that caregivers who engage in social activities experience less loneliness and emotional distress.

Quality of Life Improvement

The enhancement of Mrs. S's general quality of life was the psychosocial intervention's most important result. Mrs. S felt less burdened by her caring position and more in control of her life as a result of enhanced self-care routines, coping methods that were healthier, stress reduction, and increased knowledge. This change in her emotional well-being also had a favorable impact on her caregiving abilities, as she reported feeling more capable and less burdened by her obligations.

This result is consistent with studies that demonstrate how psychosocial interventions enhance the emotional, physical, and social aspects of caregivers' experiences to improve their quality of life (Gitlin et al., 2003). Research has repeatedly shown that caregivers' quality of life improves and their ability to handle the responsibilities of caregiving increases when they are provided with the resources to manage stress, take care of themselves, and seek help (Molinuevo et al., 2018). The experience of Mrs. S emphasizes how crucial it is to offer caregivers full support programs in order to develop both their personal and caregiving capacities.

Conclusion

The results of this case study of Mrs. S's experience providing care demonstrate the significant influence that psychosocial treatments can have on those who provide care for people with Alzheimer's disease. The knowledge, stress management, self-care, coping mechanisms, and quality of life gains that follow the intervention are consistent with previous studies on caregiver load and intervention efficacy. This instance illustrates how offering caregivers useful resources and emotional support can greatly reduce the difficulties involved in caregiving, improving the caregiver's well-being as well as the standard of care given.

There is a pressing need for structured support programs like the one Mrs. S attended as the aging population increases the need for caring, particularly for people with Alzheimer's disease. The development and implementation of treatments that meet the diverse requirements of caregivers should be the main focus of future research and healthcare policies. This will help to ensure that caregivers are prepared to fulfill their responsibilities without compromising their own health and well-being.

An extensive examination of Mrs. S's lived experiences as a spouse taking care of her husband who has Alzheimer's disease is provided by this qualitative study. Significant advantages of the psychosocial intervention included less stress, more self-care, and better coping mechanisms. These results provide credence to the use of such therapies for caregivers in an effort to lessen the detrimental effects of long-term caregiving.

Limitations

Although this study offers insightful information, its conclusions are limited in their applicability because they are based on a single case study. This should be further explored in future studies by including more caregivers and looking at the long-term impacts of psychological therapies.

Suggestions for Further Investigation

Subsequent research endeavors may delve into the effects of diverse intervention kinds on various caregiver demographic categories. Longitudinal research may also help to clarify the long-term advantages of psychosocial support for caregivers.

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