SOCIAL SUPPORT SYSTEM AND FAMILY BURDEN DUE TO CHRONIC SCHIZOPHRENIA IN RURAL AND URBAN BACKGROUND

R. MUBARAK ALI
RANBIR S. BHATTI

SUMMARY

The present study discusses the possible relationship between the Family Burden as experienced by the family members of chronic schizophrenic patients and Social Support System as perceived by the patients and compares these two between rural and urban backgrounds. Thirty patients each from rural and urban areas were selected. Subjects were administered the Alan Vax et al (1986) Social Support Appraisal and Pai et al (1981) Interview Schedule for assessing Burden on the family of psychiatric patient. The rural and urban families were found to have experienced equal burden and also perceived equal Social Support System. The study finds no relationship between Family Burden and Social Support System. After discussion suggestions for future studies are offered.

Introduction

The introduction of the family as a subject of study to understand the response to mental illness started in the early 1950's when the theoretical interest in deviance and social control (Parsons, 1951) and social perception (Bruner et al 1954) provided a conceptual framework for social scientists who had become concerned with the mentally disordered patient and his family. Since then it has been mentioned by several workers (Grad and Sainsbury 1963), Rosenthal (1970), Grunebaum et al (1978) that mental illness is a burden for the families and they have attempted to study the various difficulties expressed by the families of mentally ill. Some other workers (Hoening and Hamilton 1969), Grad and Sainsbury (1963), Pai and Kapur (1981) have attempted to go a step further to study the factors influencing the burden due to mental illness. Burden due to schizophrenia specifically has attracted the attention of many researchers like Goldman (1980), Carstair et al (1985), Gibbons et al (1984), Schulz et al (1982), Gopinath et al (1985), Johnstone et al (1981) and Kendles et al (1985).

In recent years, the topic of social support has attracted considerable interest from those engaged in the study of psychiatric disorders. The area has been well reviewed by many authors (Anderson et al 1984), Billings et al (1982) and Turner (1981) who have identified a positive relationship between the mental illness and social support system.

The results of numerous studies have indicated that schizophrenic patients are poorly adjusted to the demands of community living than non-schizophrenic individuals (Hogarty and Katz 1971). A number of investigations have found that the frequency of their interactions were extremely low (Schoeler et al 1960) which affects their social networks (Tolsdorf 1976) and Gopinath et al (1985).
In India so far, very few studies have been conducted in the areas of family burden and social support system of the schizophrenic families. But they have not gone to the level of studying the family burden and social support and their relationship with a place of living in terms of rural and urban backgrounds. Hence, an attempt has been made to study the relationship between the family burden, social support system and the domicile.

For the present study, the following hypotheses were formulated:

1) Burden due to chronic schizophrenic illness is experienced greater by the urban families compared to rural families.

2) Perceived Social Support for the chronic schizophrenics in rural areas is better when compared to urban areas, and

3) Perceived Social Support and the Family Burden due to chronic schizophrenia are inversely related.

Material and Methods

The universe considered for the present study was the out-patient department of the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore wherein the samples were selected from all the adult units during the out-patient days between February 1988 and April, 1988. Thirty patients each from the rural and urban area were selected. Efforts were made to see that both the groups were matched on important demographic variables like age, sex, occupation and religion in order to avoid probable influence of any variable.

Following were the selection criteria for the subjects:

1) All subtypes of schizophrenia as mentioned in the section 295 of ICD-9,

2) Duration of illness of more than 2 years, and

3) Diagnosis made by a psychiatric consultant.

The Social Support Appraisal (SS-A) developed by Alan Vaux et al (1986) and the Interview Schedule for assessing the burden on the family of a psychiatric patient developed by Pai et al (1981) were selected for the assessment of the perceived Social Support System and Family Burden due to schizophrenia. The English version and Kannada adaptation were used according to patients language. The Social Support Appraisal was administered on the patients and the Interview Schedule for Assessment of Family Burden was administered on one of the key family members of the patient.

Results

The socio-demographic variables of the samples were compared between rural and urban. Except in the area of educational qualification of the patients, in all the other areas, the difference was not statistically significant.

Table 1

| Source     | Rural Sample Size | Burden Rural | Mean | SD  | t-value | Infer- |
|------------|-------------------|--------------|------|-----|---------|--------|
| Family     |                   |              |      |     |         | ence   |
| Rural      | 30                | 352          | 11.73| 3.6853| 0.3948  | NS     |
| Urban      | 30                | 339          | 11.30| 4.6915| 0.3948  | NS     |

Table 1 shows that irrespective of the domicile difference, families experience equal degree of burden due to chronic schizophrenic illness.

Table 2 shows the absence of any significant difference in the perception of the social support system by the rural and urban chronic schizophrenic patients.
Table 2  
Social Support System – Rural Vs Urban

| Source   | Domicile | Total score | Sample size | Mean   | SD    | 't' value | df=28 | Inference |
|----------|----------|-------------|-------------|--------|-------|-----------|-------|-----------|
| Friends  | Rural    | 532         | 30          | 17.73  | 4.7192| -1.7335   |       | NS        |
|          | Urban    | 469         | 30          | 15.63  | 4.6645| -1.7335   |       | NS        |
| Family   | Rural    | 466         | 30          | 15.53  | 3.7759| 0.2575    |       | NS        |
|          | Urban    | 458         | 30          | 15.27  | 4.0423| 0.2575    |       | NS        |
| Others   | Rural    | 470         | 30          | 15.67  | 4.0371| 0.4576    |       | NS        |
|          | Urban    | 455         | 30          | 15.17  | 4.418 | 0.4576    |       | NS        |

Table 3  
Family Burden Vs. Social Support System

| Sl. No. | Correlation | Inference |
|---------|-------------|-----------|
| 1. Rural Family Burden Vs. Social Support System | 0.1647 | NS |
| 2. Urban Family Burden Vs. Social Support System | -0.0448 | NS |

Since the correlation scores of Table 3 showed one positive and one negative value, some relationship between them were anticipated. Hence, they were subjected to student ‘t’ test. The ‘t’ value was 0.7753 for a degree of freedom of 58 which was not significant. Hence, it was clear that there was no significant relationship between the Family Burden and Social System.

Discussion

Family Burden

There seems to be a common notion that the Family Burden experienced due to chronic schizophrenia by rural family is lesser when compared to urban families. This kind of notion is mainly due to two factors. One, that, the degree of expectation even after treatment of a schizophrenic patient is quite low in the rural area. Secondly, even when the patient is having mild degree of active symptoms, patient is involved in some kind of work in the fields. It is well documented by Nancy Waxler (1979) in her work in Sri Lanka. But the current study reveals that both the rural and urban families experiencing equal burden due to chronic schizophrenia. Another interesting finding was that, on item analysis of the Family Burden Scale, it was observed that, baring few areas like Burden due to loss of income to any other member of the family due to patient’s illness, Burden experienced by patient’s family due to loans taken or savings spent due to patient’s illness, Burden due to patient not going to work, school, college, etc., and Burden due to patient’s behaviours like becoming violent, breaking things, etc., disrupting family activities, the rural families expressed more burden when compared to urban. Though the overall Family Burden due to schizophrenia did not vary among the rural and urban families, but, Burden is felt equally due to schizophrenia in both the groups as it is reported by many authors Goldman (1980), Carstair et al (1985), Gibbons et al (1984), Schulz et al (1982), Gopinath et al (1985), Johnstone et al (1981) and Kendles et al (1985).

Social Support System

The present study indicates that there is no difference between the perceptions of Social Support System by the rural and urban chronic schizophrenic patient. Here, the patient’s subjective ‘feelings’ have been analysed. The patient who
suffers with chronic schizophrenic illness which causes difficulties in socializing with others. This in turn creates a feeling of inability or inadequacy. These feelings should be given more importance than the existing components of Social Support. That is, the individual may have all the potentials of Social Support resources, but it depends on his perception of these resources as available. This perception may decide his psychological well-being and utility level of the resources of Social Support. Thus schizophrenic’s subjective appraisal of his support does not vary due to domicile. Hence, the pure subjective feeling which is unaffected by the environment has to be considered while working with schizophrenics instead of their background or domicile. However, the general observation that schizophrenic patients both from rural and urban areas perceive poor Social Support System is consistent with most of the studies which have reported poor Social Support System of schizophrenics Tolsdorf (1976), and Gopinath et al (1985).

**Family Burden Vs. Social Support System**

The present investigation did not establish any relationship between Family Burden and Social Support System in rural and urban families. Based on the observations of the present study, we can refute the common notion that burden is less in the families of rural patients. Similarly the lack of variation in the quality of Social Support System in rural and urban patients demonstrate that the Social Support System in the rural area is no way perceived differently than a patient from the urban background.

**Conclusion**

One important aspect of management of chronic schizophrenia is rehabilitation. For planning the rehabilitation, the knowledge of Family Burden and Social Support System are the major parameters.

Based on the present observations, Family Burden and Social Support System of the patient does not vary from rural and urban area. However, it is felt that due to the sample size, the present study may have failed to demonstrate variation with regard to Family Burden and Social Support System between the patients from rural and urban areas. Probably, a study with a larger sample size may yield more authentic observations.

**Acknowledgement**

The authors would like to thank the Department of Bio-statistics for its assistance in the analysis of data and the Department of Psychiatry which helped in the data collection.

**References**

ANDERSON, M.C., GERARD HOUGHTON, TRAUDY BAYER & ROBERTA NEEDLEMAN (1984), Expressed Emotions and social networks of parents of schizophrenic patients, British Journal of Psychiatry, 144, 247-255.

BILLINGS, A.G. & MOOS, R.H. (1982), Stressful life events and symptoms: A longitudinal model, Health Psychology, 1, 99-104.

BRUNER, J. & TAGURI, R. (1954), The perception of people, In Lindzey, G. (Ed.) Handbook of Social Psychology, Cambridge, Addison-Wesley, 634-654.

CARSTAIRS, G., EARLY, D., ROLLIN, H. & WING, J. (1985), Informing relatives about schizophrenia, Bulletin of the Royal College of Psychiatrists, 9, 59-60.

GIBBONS, J., HORN, S., POWELL, J. & GIBBONS, J. (1984). Schizophrenic patients and their families: A survey in a psychiatric service based on a DGH unit, British Journal of Psychiatry, 144, 70-77.

GOLDSMITH, H. (1980). The post-hospital mental patient and family therapy: Prospects and populations, Journal of Marital and Family Therapy, 6, 447-452.
GOPINATH, P.S., CHATURVEDI, S.K., MURALI, T., SALEEM, S., SARMUKADAM, S. & RADHAKRISHNAN, V.K. (1985), Work performance of schizophrenic day boarders in an occupational therapy centre, Indian Journal of Psychiatry, 27(3), 207-212.

GRAD & SAINSBURY, P. (1963), Mental illness and the family. The Lancet I, 544-547.

GRAUNEBAUM, H., COHLER, B., KAUFFMAN, C. & GALLANT, D. (1978), Children of depressed and schizophrenic mothers. Child Psychiatry and Human Development, 8(4), 219-225.

HOENING, J. & HAMILTON, M. (1969), The desegregation of the mentally ill. Routledge and Kegan Paul, Ltd., London.

HOGARTY, G.E. & KATZ. (1971), Norms of adjustment and social behaviour. Archives of General Psychiatry, 25, 470-480.

JOHNSTONE, E.C., OWENS, D.G.C., AVIVA GOLD, TIMOTHY, J.C. & MACMILLAN, J.F. (1984), Schizophrenic patients discharged from hospital. A follow-up study. British Journal of Psychiatry, 145, 586-590.

KENDLES, S.K., MASTerson, c.c., DAVIS, K.L. (1985), Psychiatric illness in first degree relatives of patients with paranoid psychosis, schizophrenia and medical illness. British Journal of Psychiatry, 147, 524-531.

PAI, S. & KAPUR, R.L. (1981), Burden on the family of a psychiatric patient: development of an interview schedule. British Journal of Psychiatry, 138, 332-338.

PARSONS, T. (1951), The social system. Glencoe Ill, The Free Press.

PATRICIA, M.S., CHARLES SCHULZ, S., ELEANOR DIBBLE, STEVEN, D., DANIEL, P., VAN KAMMEN & ELLIOT, S.G. (1982), Patient and family attitudes about schizophrenia: Implications for genetic counselling. Schizophrenia Bulletin, 8(3), 504-513.

ROSENTHAL, D. (1970), Genetic Theory and Abnormal Behaviour. N., McGraw Hill, New York.

SCHOOLER, C., & SPOHN, H.E. (1960), Social interaction on a ward of chronic schizophrenia. International Journal of Social Psychiatry, 6, 115-121.

TOLSDORF, C. (1976), Social networks, support and coping: An exploratory study. Family Process, 15, 407-417.

TURNER, R.J. (1983), Social support and psychological distress. In Kaplan, H.B. (Ed.) Psychological Stress: Trends in Theory and Practice. New York, Academic Press.

WAXLER, N.E. (1979), Is outcome of schizophrenia better in non-industrial society - the case of Sri Lanka. The Journal of Nervous and Mental Disease, 167, 148-157.