REJECTION OF CHRONIC SCHIZOPHRENIC PATIENTS: SOME PRELIMINARY OBSERVATIONS FROM KERALA

L. SAM S. MANICKAM & R. SATHEESH CHANDRAN

ABSTRACT

A study was conducted on 57 relatives (34 male and 23 female) of 57 (32 male and 25 female) schizophrenic patients in Kerala. The rejection response was found to be related to gender of patients and relatives, being significantly higher in males. The test reliability alpha of the Patient Rejection Scale was found to be 0.93 and it is higher than English and German version of the scale. Compared to the German and New York sample, the present sample tend to have high rejection feeling.

Key words: Patients rejection, schizophrenia, gender differences, cross cultural

The perception of family members of the schizophrenic patients play a major role in the cause of the illness. Studies have shown that schizophrenic patients living with relatives who have high expressed emotions (EE) are more likely to relapse after the discharge from hospital when compared to those living in low EE families (Kuipers and Bebbington, 1988; Parker and Hadzi-Pavlovic, 1990). Leff et al. (1987) have found that in North India the relatives of schizophrenic patients had lower, EE which is considered as one of the major factors in explaining the outcome of patients. It has also been observed that families in India are much tolerant of deviant behaviour and are willing to take care of the ill member (Bhatti et al., 1980; Wig et al., 1987).

On the other hand, studies which were designed to measure the perception of relatives on different parameters related to illness have shown a different trend. Gopinath and Chaturvedi (1986) interviewing the significant relatives, identified several “distress” variables “...which are the subjective experiences of the family members as a reaction to patient’s behaviour” (p.345). Mubarak Ali and Bhatti (1988) have found that the burden perceived by the relatives due to chronic schizophrenia is same for both urban and rural families. Sharma and Kurien (1987) observed that the rejection of patients by relatives due to stigma of mental illness, to be one of the causes for the long stay of patients in mental hospitals. Ramanathan et al. (1982) documented the attitude of significant relatives towards female chronic schizophrenics and it was highly negative. Bailer et al. (1994) reported that a high rejecting attitude of schizophrenic patients by their family members is associated with symptoms and number of re-hospitalisation.

Effective rehabilitation requires that the family be made a collaborative partner in the overall treatment plan (Spaniol et al., 1992). Development of psycho educational and psychotherapeutic intervention programmes, which are tailor made to the needs of the patients and family, which are socio-culturally relevant, requires the knowledge of the perception of the
significant relatives of the chronic schizophrenic patients (Gopanith & Rao, 1994).

In order to assess the perception of relatives, different tools are used. The index of EE, the score combining those of critical comments, hostility and emotional over involvement of relatives is obtained from the Camberwell Family Interview, a standardised interview technique (Vaughn and Leff, 1976) and administration of this tool requires special training. Kreisman et al. (1979) developed a 11 item Patient Rejection Scale (PRS) to assess the self reported feelings of rejection of relatives towards the mental patients. The scale has construct validity and is found to be correlate with patient's report of how the family members treat them. Watzl et al. (1986) using German translated version found the rejection response of the German sample to be similar to that of the New York sample.

The present study aims the following: (i) to assess the response pattern of significant relatives of schizophrenic patients; (ii) to establish test reliability of the scale & (iii) to compare the rejection response of the present sample with the New York and German samples (Watzl et al., 1986).

MATERIAL AND METHOD

Sample: The sample was taken based on purposive sampling and consisted of significant relatives of 57 (32 male and 25 female) chronic schizophrenic patients who were diagnosed by the consultant psychiatrist at the Mental Health Centre Thiruvananthapuram, according to the ICD-10 guidelines. The 57 subjects (34 male and 23 female) included the following subgroups: father-20, mother-16, husband-2, wife - 2, brother-10, sister-5, and male cousin - 2. The subjects were interviewed when they attended the Mental Health Centre, Thiruvananthapuram, for follow up along with the patients. Only those relatives who were primarily responsible in the care of the index patient were included in the study. 33 subjects were from urban area and 24 were from rural area. 38 belonged to low socio economic class, 23 belonged to middle class and one came from upper socio economic level. Their age ranged 17 to 57 and the mean age was 32.4. There were 45 Hindus, 10 Christians and 2 Muslims.

Regarding the status of the patients, the duration of illness of all the patients was more than 5 years, and all were under medication. Thirty one of the patients were attending a day care centre and 26 were staying at their home, either with one or both the family members or a significant relative.

Tools: Patients Rejection Scale developed by Kreisman et al. (1979) was administered. The scale was translated into Malayalam, independently by one clinical psychologist, two psychiatric social workers, one psychiatrist and one language expert. All the five experts assembled together and minor discrepancies which occurred in the translation were corrected. The corrected version was given for English back translation to another group of 5 people, who were proficient both in Malayalam and English language and there were no major differences between the original and the back translated version. Therefore the final Malayalam version was administrated to the subjects.

There are a total of 11 items, 5 positive and 6 negative items, in the scale. The response categories for each item are often, sometimes and never and is scored as 1,2 and 3 respectively. Reverse scoring is done for the negative items. Higher score indicated greater rejection.

Administration: The scale was administrated to the subjects when they accompanied their relative patients for follow-up to the outpatient Department of Mental Health Centre, Thiruvananthapuram. To the relatives of the patients attending the day care centre, it was administered when they visited the centre for periodic family group meetings. It took about 10 to 15 minutes for administration to each subject.
RESULTS

Rejection scores of relatives of chronic schizophrenic patients based on socio demographic variables are shown in Table 1. Scores based on the gender of the patients are also computed. Results show that the male subjects have higher rejection response when compared to the female subjects and it is significant at 0.01 level. But this difference was not observed when the mean scores of subjects of male patients were compared to that of the female patients. Analysis of variance was done with two way interaction between the gender of the relatives and gender of the patients. The F ratio obtained was 10.09, mean square 170.78, residual 16.89 (d.f.=1.54) and it is significant at 0.001 level.

Place of domicile and the relatives of patients who were attending and those who were not attending the day care centre did not differ in their rejection response. Correlation to age and patients rejection, using Pearson's r was found to be 0.32 and it is not significant. Similarly correlation to income level and rejection response was found to be 0.11 and it is also not significant.

With respect to the second objective of the study, the estimate of scale reliability coefficient alpha (Chronbach's) for the Malayalam version was found to be 0.93. Value obtained in the present sample is higher than those obtained for the English version (0.78 Kreisman et al., 1979) and the German version (0.72 Watzl et al., 1986). The corrected item - total correlations (Table 2) are also found to be higher when compared to those values obtained in the above mentioned studies except for item 1. The distribution of the family's rejection attitude in the New York, German and present sample are also shown in Table 2. The rank correlation between New York and Kerala sample are 0.007 (often), 0.21 (sometimes) and 0.03 (never). Similarly for German and Kerala sample, the correlation are 0.08 (often) 0.40 (sometimes) and 0.19 (never). None of the above correlation is significant.

DISCUSSION

Gender emerging as a significant variable in the rejection response may be due to several socio cultural factors. Thara and Joseph (1995) have found that the male patients to be more disabled than females at the end of ten years. They also found that the males to be more disabled in occupational functioning. Since the male patients were not performing their gender role functioning, the male relatives may have expressed more rejection feeling. Moreover, the role functions of females are ill defined and therefore less rejection by female relatives. On the other hand, a word of caution has been raised by Walker and Lewine (1993) on the gender difference observed in studies related to schizophrenic patients. They opined that the sex ratio of the population from which the sample is drawn and the sex ratio of the sample participating in the study has to be taken into account in order to avoid sampling bias. Therefore, the results of the present study may have to interpreted carefully. In addition the sample size is also too low, for generalisation of the finding.

Another significant finding is the lack of
association between the attendance at the day care centre and feeling of rejection. Though the study has not evaluated the extent of involvement of the relatives at the day care centre, it appears that relatives group meeting at the day care centre also need to focus on alleviating the negative attitudes.

A comparison of the frequency of responses shows that the present sample has higher rejection attitude to chronic schizophrenic patients than those population referred above. This finding has to be interpreted cautiously. In India, studies conducted in the Northern region have shown that the families have more tolerance towards their schizophrenic children and are willing to take care of them (Wig et al., 1987; Leff et al., 1987). But the question is whether the attitudes of rejection really gets transferred to the action component, or whether both are different in the present population studied. It is possible that, though the relatives hold negative perceptions, still they support and take care of them since it is the duty or dharma, which is culturally and religiously binding. It is also likely that the perception of relatives of patients in Kerala is different from the other states. The social and health indices of Kerala are quite different from other states in India. Therefore,
the family members may be holding a different attitude to the chronic schizophrenic compared to those living in other states in India. However, similar findings were reported by Ramanathan et al. (1982) in their study of forty female chronic schizophrenic patients, who were institutionalised for more than three years, in the neighbouring state of Tamil Nadu. They found only one relative who expressed willingness to take the index patient home. The authors commented “though our (Indian) social system provides better possibility of care to the chronically ill, our belief system continues to stigmatise them” (p.19).

The findings of the present study indicate that the rejection attitude and the behaviour of the relatives have to be assessed in order to plan out the rehabilitation programme. Rapid changes in life styles, shrinking social networks, establishment of nuclear family system and increasing financial strain, may all contribute to the rejection feeling (Gopinath & Rao, 1994). Knowledge of correlates of rejection feeling like the distressful symptoms (Gopinath & Chaturvedi, 1986) burden (Mubarak Ali & Bhatti, 1988) disability (Thara & Joseph, 1995) and patients report of rejection behaviour (if there is any) by the family would help the caretakers to plan out individualised treatment programme. Similarly, ensuring family participation during the treatment of illness may help change the attitude of the relatives to the patient (Verghese, 1988).

REFERENCES

Bhatti, R.S., Janakiramaiah, N. & Channabasavanna, S.M. (1980) Family psychiatric ward treatment in India. *Family Process*, 19, 193-200.

Bailer, J., Rist, F., Braver, W. & Rey, E. (1984) The patient rejection scale : correlation with symptoms, social disability and number of rehospitalisations. *European Archives of Psychiatry*, 24, 175-183.

Gopinath, P.S. & Chaturvedi, S.K. (1988) Measurement of distressful psychotic symptoms perceived by the family : Preliminary findings. *Indian Journal of Psychiatry*, 28, 343-345.

Gopinath, P.S. & Rao, K. (1994) Rehabilitation in psychiatry : An overview. *Indian Journal of Psychiatry*, 36, 49-60.

Kreisman, D.E., Simmons, S.J. & Joy, V.D. (1979) Rejecting the patient : Preliminary validation of a self-report scale. *Schizophrenia Bulletin*, 5, 220-222.

Kuipers, L. & Bebbington, P. (1988) Expressed emotion research in schizophrenia : Theoretical and clinical implications. *Psychological Medicine*, 18, 899-903.

Left, J.P., Wig, N.N., Ghosh, A., Bedi, H., Menon, D.K., Kuipers, L., Korten, A., Ernberg, G., Day, R., Sartorius, N. & Jablensky, A. (1987) Expressed emotion and schizophrenia in North India III : Influence of relative’s expressed emotion on the course of schizophrenia in Chandigarh. *British Journal of Psychiatry*, 151, 168-173.

Mubarak Ali, R. & Bhatti, R.S. (1988) Social support system and family burden due to chronic schizophrenia in rural and urban background. *Indian Journal of Psychiatry*, 30, 349-354.

Parker, G. & Hadzi-Pavlovic, D. (1990) Expressed emotion as a predictor of schizophrenia relapse. An analysis of aggregated data. *Psychological Medicine*, 20, 961-965.

Ramanathan, S., Ramanaiah, T.B.B.S.V. & Kumar, P. (1982) Attitude of family members towards female chronic schizophrenics. *Rehabilitation in Asia*, 21, 17-20.

Rosen, A., Hadzi-Pavlovic, D. & Parker, G. (1989) The Life Skills Profile : A measure assessing function and disability in schizophrenia. *Schizophrenia Bulletin*, 15, 325-337.

Sharma, S.D. & Kurien, C. (1987) The length of stay of psychiatric inpatients. *Indian Journal of Psychiatry*, 29, 315-323.

Spaniol, L., Zipple, A.M. & Lockwood, D. (1992) The role of family in psychiatric rehabilitation. *Schizophrenia Bulletin*, 18, 341-348.

Thara, R. & Joseph, A.A. (1995) Gender differences in symptoms and course of schizophrenia.
REJECTION OF CHRONIC SCHIZOPHRENIC PATIENTS

Indian Journal of Psychiatry, 37, 124-128.

Vaughn, C. & Leff, J. (1976) The influence of family and social factors on the course of psychiatric illness. British Journal of Psychiatry, 129, 125-137.

Vergese, A. (1988) Family participation in mental health care - the Vellore experiment. Indian Journal of Psychiatry, 30, 117, 121.

Walker, E.F. & Lewine, R.J. (1993) Sampling bias in studies of gender and schizophrenia. Schizophrenia Bulletin, 19, 1-7.

Watzl, H., Rist, F. & Cohen, R. (1986) The Patient Rejection Scale : Cross Cultural Consistency. Schizophrenia Bulletin, 12, 236-239.

Wig, N.N., Menon, D.K., Bedi, H., Leff, J., Kuipers, L., Ghosh, A., Day, R., Korten, A., Ernberg, G., Sartorius, N. & Jablensky, A. (1987) Expressed emotion and schizophrenia in North India II. Distribution of expressed emotion components among relatives of schizophrenia patients in Aarhus and Chandigarh. British Journal of Psychiatry, 151, 160-165.

L. SAM S. MANICKAM,* M.A., M. Phil. (M & SP), Ph.D., Director & Chief Consultant Clinical Psychologist. Centre for Applied Psychological Studies. Bait Shalom, Thirupuram, Thiruvananthapuram 695 133. R. SATHEESH CHANDRAN, MSW, Assistant Director, SOMA (Social Organisation for Mental Health Action) P.O. Box 6116, Thiruvananthapuram 695 041.

*Correspondence