THE STUDY OF EFFICACY OF FAMILY WARD TREATMENT IN HYSTERIA IN COMPARISON WITH THE OPEN WARD AND THE OUTPATIENT TREATMENT

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SUMMARY

A comparative study of the efficacy of treatment of hysterical patients is made among three groups of patients—patients treated in family wards, open wards and out-patients. The number of patients is fifteen in each group and they are matched for age, sex, per capita income, duration of illness and type of illness. Significant differences among three groups on certain parameters like personality have been eliminated. The results are discussed.

The concept of illness is in the process of changing, especially that of psychiatric illnesses. The people concerned with treating mental illnesses are taking the holistic approach and are recognizing that psychiatric illnesses are caused by various genetic, constitutional, intrapsychic and interpersonal factors. Family, which is the individual's immediate social environment, often plays a greater part in the causation, precipitation and perpetuation of mental illness. There exists a psychological equilibrium (homeostasis) in the families and the families tend to maintain this (Jackson, 1957). The homeostasis is maintained often through the pathological interactions such as scapegoating (Ackerman, 1958). A sick person indicates a sick family and the family should be treated as a unit (Bowen, 1961). If the therapy is centered around the individual patient, because of the see-saw relationship that exists in the family, the other person might fall sick (Howells, 1968). The influence of the family is more on neurotic illness (Grot Jahn, 1960). Having recognised the importance of family, Adolf Meyer in 19th century emphasized on the involvement of the family in diagnosis, treatment and rehabilitation. Ackerman and Howells started family therapy, Wertheim (1975) considers family unit therapy.

More and more involvement of the family in therapy led on to the idea of family ward therapy where selected relatives of the patient are permitted to stay in the ward along with the patient. The experiment began with the admission of children along with the mother. Douglas (1956) reported that mothers with post partum psychotic reactions improved further when they were admitted with their children. Main and Weiss (1964) support this.

Cote et al. (1954) used the relatives in the care of the mentally ill because of the financial stringency. Bowen (1961) admitted the family members along with the schizophrenic patients. The family took the main responsibility in the care of the patients and handled them through the period of calmness and crisis. This gives confidence to the members of the family in the management of the patients and prevents over dependency on the hospital resources, which precludes the development of their own

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resources. Midelfort (1962) has also used the members of families of acutely schizophrenic patients as companions, attendants, and nurses for patients. Abroms et al. (1971) admitted the family members of 100 index patients (which included all varieties of cases). They made each member define his problem, state his own goal for hospitalization and outline the methods to reach this goal. All these people found good results. They are of the opinion that pathological interaction is so much ingrained in certain families, that session of an hour or two per week is like chipping away a little piece at a time similar to the treatment of malignancy.

A mental hospital 'in tents' as outdoor hospital in Amritsar started by Vidyasagar (1971) is a milestone in the development of family ward therapy in India. As the admission of the patients to the mental hospital involved lot of legal formalities and prolonged the duration of stay even after the recovery, Vidyasagar found family ward therapy as an alternative method. The patients lived with the relatives during treatment and they recovered faster. This method reduced the anxiety in relatives regarding patient's mental illness, and they helped spread information about the mental health in the community.

Workers in Christian Medical College, Vellore, workers in NIMHANS, Bangalore all have found that family ward therapy is superior to the therapy in closed wards or open wards. It is unusually economical and duration of stay is less (Verghese, 1971; Narayanan, 1974; Channabasavanna, 1977).

All these previous workers have taken psychotic or mixed group in the family ward for their study. No work has been done in the neurotic group even though the influence of the family is more on the neurotic illness. An individual's neurosis may be a complementary neurosis involving his marriage and his family (Grot John, 1960). Among neurotics, hysterical patients are the commonest type of neurotic patients who get admitted in the family ward of our institution. Hence, it was aimed to study the efficacy of family ward treatment in hysteria in comparison with the open ward and outpatient treatment.

**MATERIAL AND METHOD**

A total of 45 patients were studied. 15 subjects for the experimental group were selected on the following criteria:

1. Aged between 15—50.
2. Diagnosed as hysteria as per ICD—8 by the consultants.
3. The patient reported to the hospital for the first time and had not been treated by the psychiatrist earlier.
4. Duration of illness—less than 6 months.
5. Family had a significant influence over the illness, either in causation, precipitation, perpetuation or in relapse.

After selecting 15 patients according to the above criteria for admission and treatment in the family ward, 15 subjects were collected from open ward and outpatients separately. Thus there were three groups of patients. Group I—patients treated in family wards, Group II—patients treated in open wards, Group III—patients treated as outpatients. The three groups were matched for age, sex, duration of illness, type of illness (whether conversion reaction or dissociation reaction), per capita income. For each case a proforma was filled up which covered—

1. Sample characteristics—age, sex, type of illness, duration of illness and per capita income.
2. Occupation, education.
3. Marital status—single/married.
4. The family record—urban/rural, nuclear/joint, family size.
5. Presenting symptoms with the duration.
(6) Personality of the patient tested by using Eysenck’s Personality Inventory Form A, and Hysteroid Obsessoid Questionnaire.

The treatment provided was similar for all the three groups except that one group (Group I) stayed in the family ward, Group II in the Open ward and the third consisted of subjects treated in the outpatients. It consisted of:

(1) Drugs for autonomic disturbances,
(2) Supportive psychotherapy for the individual for one hour thrice weekly,
(3) Family counselling for one hour, twice a week,
(4) Pentathol abreaction if necessary
(5) Multiple family group therapy—5 days a week for one hour,

The treatment lasted for 3 weeks—

Assessment of response was, rated by utilizing:

(1) Hamilton’s anxiety rating scale,
(2) Hamilton’s depression scale,
(3) Hysteria symptom rating scale prepared for the study (Appendix)
(4) Katz and Lyerly's social behaviour inventories—forms R₂ & R₃
(5) Visual analogue scale.

The tests were administered 4 times (before starting therapy, at the end of treatment, one month after the completion of treatment), and four months after the completion of treatment.

RESULT AND DISCUSSION

There was no significant difference between the three groups in the following parameters—urban/rural, nuclear/joint families, E.P.I. and HOQ scores. Thus, these factors influencing the response to treatment have been eliminated.

The family ward patients have shown faster recovery rate in earlier weeks as measured by Hamilton’s anxiety rating scale and Hysteria symptom rating scale. The results were analysed by using analysis of covariance and analysis of variance technique for the scores obtained on Hamilton’s Anxiety rating scale, Hamilton’s Depression Rating Scale, Hysterical Symptom rating scale, Social Functioning scale and visual analogue scale. The scores were compared between 1st testing with 2nd, 3rd and 4th testing for all the three groups separately. The results are given in Tables I to V.

In the family ward group of patients there were number of illiterates (27% in Group I, 13% in Group II, and 7% in a greater Group III). Renne et al. (1956), Hollingshead and Redlich (1958), Slipp et al. (1974) emphasize on the socio-economic variables (which include education, occupation and income) in determining the re-entry into the treatment. Dinitz et al. (1961) say “Good post hospital performance appears to be related to relatively high educational attainment and socio-economic status.”

| TABLE I—Max Hamilton’s Anxiety Rating Scale—Analysis of Co-variance. One way Classification Initial Score (X) F/U Score (Y) |
|---|---|---|---|
| Gr. | X | Y | Adj. Y |
| Between | I | 19.80 | 6.87 | 6.18 |
| 1st and 2nd testing | II | 22.33 | 6.87 | 6.67 |
| III | 13.27 | 5.93 | 8.63 |
| F=2.42 d.f.=2,41, 215 |

| Between | I | 19.8 | 6.27 | 5.57 |
| 1st & 3rd testing | II | 22.33 | 8.87 | 6.87 |
| III | 13.27 | 3.40 | 6.09 |
| F=0.73 d.f.=2,41, NS. |

| Between | I | 19.89 | 5.60 | 4.90 |
| 1st and 4th testing | II | 22.33 | 5.60 | 3.60 |
| III | 13.27 | 4.10 | 6.79 |
| F=0.27, d.f.=2,41, N.S. |

The mean adjusted score between 1st and 2nd testing is less in Gr. I patients than that for patients in Gr. II and Gr. III. This shows that response to treatment is better in F. W. at least initially. However this difference is not of statistical significance.
TABLE II—Max Hamilton's Depression Scale

| Gr. | X   | Y   | Adj. Y |
|-----|-----|-----|--------|
| I   | 6.46| 1.46| 2.24   |
| II  | 10.60| 5.40| 4.22   |
| III | 7.26| 2.40| 2.00   |

F=1.78, d.f.=2,41, N.S.

The Difference between the 3 groups is not significant.

TABLE III—Hysterical Symptoms Rating Scale

| Gr. | X   | Y   | Adj. Y |
|-----|-----|-----|--------|
| I   | 17.80| 3.53| 3.45   |
| II  | 21.13| 7.90| 6.73   |
| III | 13.67| 5.27| 6.42   |

F=6.79, d.f.=2,41, p<0.05

In case of family ward patients, the relatives who stayed with the patient answered the test. Always the same relative has answered the test.

The difference between the 3 groups is not significant.

Visual Analogue Scale

Between 1st and 2nd testing, 1st and 3rd testing, and 1st and 4th testing—all the regressions are not significant. Hence analysis of variance for each of the follow ups and initial data was done.

Initial F=0.73, d.f.=2,42 N.S.
I F/U F=0.09 d.f.=2,42 N.S.
II F=0.20 d.f.=2,42 N.S.
III F=0.10 d.f.=2,42 N.S.

In addition to a larger number of illiterates, the family ward group had more of married people (60% in Group I, 46% in Group II, and 40% in Group III); a larger number of family members, (40% in Group I, 20% in Group II, 26% in Group III). All these factors are associated with the poor response to therapy and slow recovery rate.

In spite of the above mentioned handicaps which have negative influence over the therapy, the family ward group showed faster recovery rate in Hamilton's Anxiety.
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Rating Scale and Hysteria symptom rating scale. This proves that family ward treatment is superior to the treatment in open ward and outpatients as far as the hysterical patients are concerned. As the sample size is small, the results show just the trend of response and it cannot be generalised.

If the factors which have negative influence over the therapy (education, family size, number of married/unmarried people) are controlled and matched between the groups, probably family ward group might continue the same rate of improvement which is shown in the initial period. This needs further investigations.

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Hysteria Symptom Rating Scale

Please read the following statement carefully. After reading each statement you have to put a circle round either ‘false’ or ‘true’ depending upon which is the correct answer for you. On occasions when you have marked ‘true’ you then have to indicate how much this upsets you by encircling the word which best explains this.

| Statement                                                                 | False/True | Unbearably/a lot/a bit |
|---------------------------------------------------------------------------|------------|------------------------|
| 1. These days I have been getting frequent headaches—If true, this has upset me un                   | False/True | Unbearably/a lot/a bit |
| 2. These days I have been getting frequent difficulty in breathing—If true, this has upset me unbear       | False/True | Unbearably/a lot/a bit |
| 3. These days I have been getting frequent loss of appetite—If true, this has upset me unbar          | False/True | Unbearably/a lot/a bit |
| 4. These days I have been getting frequent loss of consciousness—If true, this has upset me unbear       | False/True | Unbearably/a lot/a bit |
| 5. These days I have been getting frequent attacks of fits—If true, this has upset me unbear            | False/True | Unbearably/a lot/a bit |
| 6. These days I have been getting frequent difficulty in seeing things—If true, this has upset me unab       | False/True | Unbearably/a lot/a bit |
| 7. These days I have been getting frequent chest pain—If true, this has upset me unbear             | False/True | Unbearably/a lot/a bit |
| 8. These days I have been getting frequent abdominal pain—If true, this has upset me unab              | False/True | Unbearably/a lot/a bit |
| 9. These days I have been getting frequent pain all over the body—If true, this has upset me unab          | False/True | Unbearably/a lot/a bit |
| 10. These days I have been getting frequent tremors—If true, this has upset me unab                   | False/True | Unbearably/a lot/a bit |
| 11. These days, I have been getting frequent uncontrollable movements—If true, this has upset me unab       | False/True | Unbearably/a lot/a bit |
| 12. These days I have been getting frequent weakness in arms and legs—If true, this has upset me unab        | False/True | Unbearably/a lot/a bit |
| 13. These days I have been getting frequent loss of sensation/numbness—If true, this has upset me unab         | False/True | Unbearably/a lot/a bit |
| 14. These days I have been getting frequent pins and needles in the body—If true, this has upset me unab         | False/True | Unbearably/a lot/a bit |
| 15. These days I have been getting frequent loss of hearing—If true, this has upset me unab           | False/True | Unbearably/a lot/a bit |
| 16. These days I have been frequently unable to produce voice—If true, this has upset me unab            | False/True | Unbearably/a lot/a bit |
| 17. These days I have been frequently Unable to speak—If this is true, this has upset me unab           | False/True | Unbearably/a lot/a bit |
| 18. These days I have been getting frequent hiccough—If true, this has upset me unab                   | False/True | Unbearably/a lot/a bit |
| 19. These days I have been getting frequent belching—If true, this has upset me unab                    | False/True | Unbearably/a lot/a bit |
| 20. These days I have been getting frequent indigestion—If true, this has upset me unab               | False/True | Unbearably/a lot/a bit |
| 21. These days I have been getting frequent constipation—If true, this has upset me unab               | False/True | Unbearably/a lot/a bit |
| 22. These days I have been getting frequent nausea, vomiting—If true, this has upset me unab         | False/True | Unbearably/a lot/a bit |
| 23. These days I have been getting frequent stiffness of limbs—If true, this has upset me unab       | False/True | Unbearably/a lot/a bit |
24. These days I have been getting frequent difficulty in swallowing —If true, this has upset me unbearably/a lot/a bit .. False/True + ++ +++
25. These days I have been getting frequent loss of memory—If true, this has upset me unbearably/a lot/a bit .. False/True + ++ +++
26. These days I have been getting frequent walking in sleep—If true, this has upset me unbearably/a lot/a bit .. False/True + ++ +++
27. These days I have been getting frequent altered consciousness—If true, this has upset me unbearably/a lot/a bit .. False/True + ++ +++
28. These days I have been getting frequent wandering off with altered consciousness. If true, this has upset me unbearably/a lot/a bit .. False/True + ++ +++
29. These days I have been getting frequent Possessed by devils, gods and goddesses—If true, this has upset me unbearably/a lot/a bit False/True + ++ +++
30. These days I have been getting frequent poor concentration—If true, this has upset me unbearably/a lot/a bit .. False/True + ++ +++
31. These days I have been getting frequent poor memory—If true, this has upset me unbearably/a lot/a bit .. False/True + ++ +++
32. These days I have been getting frequent—Any other complaints. If true, this has upset me unbearably/a lot/a bit .. False/True + ++ +++

Now please check that you have circled false or true for every statement and when 'true' was marked that one of these three choices is also circled.