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Unremitting Schizophrenia: A Study of Functioning of a Family and Social Support at Tertiary Centres, Telangana

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Abstract

The family is a fundamental unit that is responsible for maintaining the integrity of the individuals who make up the unit. Families provide emotional, social, and financial assistance to its members. A high functioning family assists its members in maintaining communication, emotional, and behavioral control, as well as problem solving and coping practices. A serious and chronic illness like schizophrenia puts a financial and emotional strain on the caregivers.

Aims and Objectives: The aim of this study was to determine whether patients with unremitting schizophrenia and their primary caregivers had different perspectives on family functioning and social support, and whether social support is linked to healthy functioning of the family.

Materials and Methods: A questionnaire-based, cross-sectional study. Fifty unremitting schizophrenics diagnosed by diagnostic and statistical manual (DSM)-5 criteria and their family members were interviewed. The family assessment device (FAD) was used to assess family functioning, and the multidimensional scale of perceived social support (MSPSS) was used to assess social support. Research was conducted at psychiatric outpatient department (OPD) of a tertiary care hospitals.

Results: Schizophrenic patients had more difficulty on problem solving as compared to their relatives, while no prominent differences were seen on the other dimensions of FAD in the two groups. Furthermore, schizophrenics saw friends as providing more social assistance than their family. All aspects of family functioning were linked to the Family support in schizophrenia patients.

Keywords: Family functioning; Schizophrenia; Social support; MSPSS; FAD.

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INTRODUCTION

The family is the fundamental unit responsible for maintaining the integrity of the individuals who make up the unit. Families assist their children emotionally, socially, and financially members. A well functioning family contributes to long term stability such as communicative, emotional, and behavioral dimensions. It also aids in problem solving and coping. A serious and disabling illness like schizophrenia has emotional and economic consequences. The function of the family in the progression of schizophrenia has received more

attention in the last three decades. The familial environment has been identified as a contributing element in the patient's relapse or rehabilitation.[1,2]

This paved the way for the idea of expressed emotions (EE), which refers to family members' attitudes toward the patient and has far reaching consequences for the disorder's course and prognosis.[3] As a result, family treatments have been developed in order to reduce the detrimental effects of caregivers on the patient's rehabilitation and recovery.[4,5]

A thorough and sympathetic understanding of family members on numerous aspects would help in determining the family's behavioral patterns and developing better therapy strategies.

As a result, rather than focusing on a single EE feature, families should be examined on the numerous dimensions proposed by the McMaster model of family functioning to get a more holistic picture.[6] Several studies have been conducted in India on the impact of schizophrenia on families and social support, but there is a paucity of literature on the various elements of family functioning as defined by the McMaster model.

Schizophrenics have a variety of needs, including social support, welfare benefits, illness education, and psychiatric distress. In addition, their relationships and careers are deteriorating, resulting in increased isolation and a loss of social support.[4] A patient's support system may include friends, residential or daycare providers, shelter operators, roommates, and others in addition to family. It's important to figure out where the patient gets his or her social support and this will ensure that the right kind of social support, encouragement, and treatment is provided. According to a research, family with a schizophrenia patient experiences decrease in social network and relations, which increases the family's vulnerability to stressors due to a lack of social support.[7]

The Indian patient has the advantage of being raised in a home that values social support, Because the majority of families are joint or nuclear, the primary support bears a lower load of emotional, social, and economic considerations.[8,9]

In psychiatric treatment, family functioning and social support are key elements. Due to their disorders, psychiatric patients' perceptions of their families may be distorted. Hence, it's critical to understand their perspectives on family functioning because it affects clinical outcomes.[10,11] It's also crucial to understand how each family member views family functioning, as studies have revealed a gap between patients' and their family members' perspectives of family functioning.[10,12,13]

AIM

The aim of this study was to determine whether schizophrenic patients and their primary caregivers had different perspectives on family functioning and social support, and whether social support is linked to healthy family functioning.

MATERIAL AND METHODS

Study Design And Sample

This study was approved by the institutional ethics committee. It was conducted in the psychiatric outpatient departments (OPD) of a mamata general hospital Khammam and Mamata Academy of Medical Sciences, Hyderabad. Patients and their relatives who visited the psychiatric outpatient department between January and April 2022 were given a description of the study and its implications, as well as signed informed consent to participate in the study. To collect information on demographic factors, length of disease, and treatment taking behavior, a semi structured proforma is used to collect socio demographic profile.

All patients who were clinically diagnosed as schizophrenia were selected for this study. This study includes 18 years of age and above participants who had follow up greater than 6 months. Patients who are acutely disturbed and unable to communicate were excluded. A systematic random sampling technique was employed for the selection of the study.

INSTRUMENT

Family Assessment Device

The FAD is a standardized family functioning assessment tool. Epstein (1983) devised a 60 items self reporting questionnaire based on the McMaster model of family functioning. The FAD assigns total score as well as seven subscales. Each FAD item (including reverse items) is graded on a four point scale, with higher scores indicating poorer or worse family functioning.

Assessment of Social Support

The MSPSS (Multidimensional scale of perceived social support), designed by G. D. Zimet, was

used to assess the individual's perception of social support.[17] It's a 12 items survey that assesses social support from family, friends, and significant others, as well as how each of these sources is perceived by respondents.

Statistical Analysis

For comparison of FAD and MSPSS mean scores between patients and their family members, T test was used to examine group differences.

The direction and amplitude of the relationship between several characteristics of FAD and social support from family were determined using Pearson's correlation coefficient. SPSS 11 for Windows was used to conduct all statistical analyses, with a significant level of P<0.05.

RESULTS

Characteristics of the Sample

The average age of the patient group was 32 ±12.61 years, according to the demographic structure of the sample. A total of 35 males (70%) and 15 women (30%) participated in the study. Thirty-five percent (70%) had completed secondary or higher education, whereas five percent (10%) were illiterates. Twenty-three of the participants (46%) were single, and 21 (43%) were unemployed. A total of forty patients (80%) remained in a nuclear family. The sickness could last anywhere from one year to twenty years. The average sickness lasted 4.28 years.

The relative group's average age was 39 ± 12.37 years. Women made up 68 percent of the total, while men made up 16 percent. Parents or spouses were the majority of primary caregivers. Twenty four (48%) were illiterates, while 21 (42%) had completed secondary or higher education. Only eight (16%) were single and forty (80%) were married. Twenty-four of them were employed (48 percent), while the remainders were unemployed. The majority of the participants (94%) were Hindu's.

COMPARISON OF FAMILY ASSESSMENT DEVICE SCORES

The FAD mean scores of patients and their family members are shown in Table 1. There was a significant difference in problem solving between the two groups, with schizophrenia patients having greater difficulties than their relatives. However, there was no statistically significant change in the other FAD dimensions.

Table 1: Family Assessment Device

Fad Subscales	Patient Group		Relatives Group		T Test	P Value
	Mean	Sd	Mean	Sd		
Roles	30.2	4.6	28.81	3.462	1.7072	0.0909
Problem Solving	13.9	3.3	12.24	2.51	2.831	0.0056**
Communication	22.5	3.34	21.11	4.98	1.6391	0.1044
Affective Involvement	13.7	2.94	13.5	13.5	0.1024	0.9187
Behaviour Control	23.8	2.35	23.68	22.89	0.036	0.9707
Affective Responsiveness	13.5	2.7	13.9	2.8	0.727	0.468
General Functioning	29	4.49	28.6	28.6	0.097	0.922

P<0.05;P<0.01*

Comparison of Perceived social Support Scores on a Multidimensional Scale

Table 2 shows the MSPSS mean scores of patients and their family members. The schizophrenia patients perceived their friends as providing more social support than their family, which was a significant difference. In terms of how both groups viewed social assistance from family and significant others, there was no significant difference.

Table 2: Social Support by Mspss

Mspss Subscales	Patient Group		Relatives Group		T Test	P Value
	Mean	Sd	Mean	Sd		
Support From Family	12.2	5.68	11.2	4.16	1.0043	0.3177
Support From Friends	29.1	9.2	25.1	9.1	2.1858	0.0312**
Support From Significant Others	2.96	1.22	2.7	1.2	1.074	0.2853

*P<0.05; MSPSS: multidimensional scale of perceived social support

FAD scores and social support of patients. Table 3 shows the Pearson's correlation coefficient (r) between FAD scores and MSPSS ratings for social support from patients' family. In the schizophrenia group, perceived family social support was linked to all dimensions of family functioning.

Table 3: Correlation between Family Assessment Device and Social Support Subscales of Schizophrenic group

Fad	Mspss Social Support From Friends	
	r	p
Roles	-0.3446	0.01
Problem Solving	0.34	0.013
Communication	-0.29	0.03
Affective Involvement	-0.29	0.03
Behavior Control	-0.37	0.006
Affective Responsiveness	-0.47	0.002
General Functioning	-0.38	0.0006

*P<0.05; MSPSS: Multidimensional scale of perceived social support

There were highly significant associations between behavior control, affective responsiveness, and general functioning. Thus supporting the idea that, regardless of the severity of schizophrenia, if the family's social support is higher, the family will operate better.

DISCUSSION

The caregivers were mostly mothers or wives of the patients, while the patient sample was mostly male. In comparison to their illiterate caretakers, the majority of the schizophrenics had secondary education or higher. Only five schizophrenia patients (10%) were determined to be illiterates, indicating that they had completed their education.

This study looked on the family functioning of unrelenting schizophrenics and compared it to the caretakers. When compared to their relatives, schizophrenics were found to have a lower problem solving ability. Koyama et al. observed similar results.[13] In patients with schizophrenia, Addington et al. discovered a link between neurocognitive performance and interpersonal problem solving abilities.[18]

Psychotic patients' cognitive deficiencies may also contribute to an unfavorable assessment of their family's problem-solving abilities. In comparison to their caretakers, the schizophrenic group perceived a decreased ability of the family to perform behavior's to satisfy the instrumental and affective needs of other family members (roles), transmit clear and directive verbal messages (communication), show interest and care for one another (affective involvement), and maintain the standard of discipline. In affective reactions of appropriate quality, however, the caregivers observed more dysfunction than the patients; however this result only missed the significance test. Schizophrenics have difficulties with family functioning as a result of their illness, as the patient's view of family functioning could reflect the characteristics of their disorders. According to studies, family functioning differs depending on whether the patient has schizophrenia, depression, or bipolar illness.[13]

There were no significant variations in the level of perceived social support obtained from family or significant others in both groups. In comparison to their caregivers, schizophrenia patients perceived more support from their friends. This could be related to the social structure, in which neighbors and family friends become nearly family members as a result of greater social connections during cultural activities and celebrations. To preserve its proper functioning, the family burdened by mental illness needs emotional, financial, and instrumental help. Researchers have discovered that families with schizophrenic members are more likely to experience network contraction and condensation, as well as dissatisfaction with the social support they receive.[1,7]

In contrast to the findings above, the patients in our study found more support from their friends despite their condition.

In schizophrenics, social support was also found to be substantially connected with family functioning. All aspects of family functioning are significantly linked to social assistance supplied by relatives. The findings of our investigation agree with those of Yu- Kit Sun and Cheung.[19] As a result, increasing family functioning would entail the creation of

informal supportive networks for families as well as the expansion of natural social networks. Support and extensive family intervention are required for the patients and their families.

A supportive style of multiple family group therapy is another intervention option.[20] In India; social support is an important element of the culture, as family, friends, and others frequently offer emotional and financial support during times of crisis or illness. People in India have a strong sense of community and typically come together in times of distress. As a result, there should be little difference in how patients and caregivers perceive social support. A disease like schizophrenia, on the other hand, is bound to affect the family, causing emotional and financial strain, and as a result, the primary support group may experience burnout while dealing with their schizophrenia symptoms. All of this would affect the level of social support provided as well as other aspects of family functioning.

CONCLUSIONS

Except for problem solving, the perspectives of schizophrenic patients and their family members were nearly identical in this study. The schizophrenia patients valued social support from friends more and all aspects of family functioning were related to social support from family in the patient group. This demonstrates the importance of assessing family functioning as viewed by schizophrenic patients, as a schizophrenic patient's perceptions of his or her family environment frequently predict relapse and/or re-hospitalization.[10]

Some limitations exist in the study. The convenient sampling was done and sample size was small. A comparison of caretakers' parents and spouses would also shed light on the disparity in perceptions between family members and the patient population. Larger, more controlled research would undoubtedly provide more light on the difficulties raised above.

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