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COMPARISON OF PERCEPTIONS IN TERMS OF FUNCTIONS AND FAMILY SUPPORT AMONG NORMAL INDIVIDUALS AND PATIENTS OF SCHIZOPHRENIA

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Abstract:
Objective: *To investigate the differences in perception between schizophrenic patients and their normal siblings in terms of functionality and family support.*
Design: *A cross-sectional study.*
Place and duration of the study: *In the Psychiatry Department, Mayo hospital Lahore for one year duration from July 2016 to July 2017.*
Subjects and methods: *300 normal siblings and 300 patients were included in the study. A semi-structured interview and multidimensional, Family Support Scale and Family Functioning Scale were used to check the variations. The data was analyzed statistically.*
Findings: *Expression, organization, family sociability, conflicts, idealization and democracy were the most important factors for family functioning (p <0.0004). Major variations were observed in the general family function perception and family support (p = 0.0002).*
Conclusions: *We believe if family and family functions of family members are taken differently by patients than family dynamics should be deepened in the treatment of schizophrenia.*
Key words: *Schizophrenia, Expression.*

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INTRODUCTION:

It is a multifunctional institution where the family has a system and a unit in society, where all mankind is fed by many interpersonal relationships. Therefore, in individual's personality the family an important role. The relationship between family and individual members determines health and disease tendency from childhood to old age at every part of life. The family is a strategic center for understanding relationships and human emotions that play an important role in both disease combat and positive health. It is the main support for the mentally ill, but sometimes the patient was not taking psychiatric treatment because of the existing family responsibilities. Schizophrenia is a disease that starts in early adolescence and frequently causes severe changes in the thoughts, perceptions and emotions of patients who produce severe social, business and psychological barriers that cut their more productive and creative life spans of a person. In the field of family studies on schizophrenia, the relationship between child and mother was important for research and many researchers have been involved. He also developed concepts based on family disturbances such as family disorder and disorder, emotional divorce, isolation, alienation, escape hunting, marital status, and marital tendency. Literature on schizophrenia over the years. Some analyzers have investigated the responsibilities on the families of schizophrenic patients, but some have examined how their normal family members or siblings think about their families and how they operate. The study points to a set of determinants of the cause of schizophrenia: it shares the actions of biochemical, genetic, psychological, social, family factors and neurological issues equally. Family factors often play a role in the pathogenesis of schizophrenia. This study focuses on a particular aspect of the family: families of patients with schizophrenia, how they operate and perceive family members and normal siblings. It also shows the variations between these perceptions.

MATERIALS AND METHODS:

this cross sectional study was held in the Psychiatry Department, Mayo hospital Lahore for one year duration from July 2016 to July 2017. 300 patients of schizophrenia were selected for study. These patients were seen together with a normal brother in the same hospital outpatient care setting.

Inclusion and exclusion criteria for patients:
1. Age range must be 21-60 years.
2. Diagnosis of schizophrenia should be made using DSM-IV criteria (APA, 1994) and should be continued for at least 1 year.
3. Not having any other medical disease or organic disorder.

4. The patient should not leave home for any reason in the last 3 months for 1 month or more.
Exclusion criteria for patients
1. Mental Regression
2. The acute phase of the disease or Active psychotic symptoms

Inclusion and exclusion criteria for normal Siblings:
1. The patient other siblings were evaluated.
2. Age range must be 21-60 years.
3. In the last 3 months, you should not miss your home for 1 month or more for any reason.
Exclusion criteria for normal siblings:
1. Normal mental mind.
2. Having any medical or psychiatric illness.

Semi-structured multidimensional interview: consists of personal data, socio-demographic profile and questions about the current disease history.

The Family Function Scale (FFS): used to check the different areas for perception of the family environment. It is a standard and complete scale that evaluates the family system. It contains 76 definitions of a sentence categorized into 15 fields (marked yes or no). The score of each field is the sum of the points of the relevant element according to the score of the related field. The total of 15 areas on scale with self-rating in 8 areas and does not score in 7 areas.

McMaster family evaluation tool (FAD): Beneficial to evaluate the general functioning of the family. It is a measure of 53 articles with proven validity and reliability. As a summary of the family function, the 12-item scale of general functioning was used. An average score of 2.0 or higher on the current scale of this 12-item scale is considered to be an indicator of unhealthy family functioning.

(FSS) Family support scale: a scale of seven elements to determine family support. The participants had to express their accordance with their families if they trust the financial support of their families and if their families were always there when they needed it. The answers were given to 4 (totally disagree) from 1 to 4 (totally disagree).

Statistical analysis: For statistical analysis Two groups were made. In Group A schizophrenia patients (N = 300) were included, while normal siblings in group B consisted (N = 300). Using the non-paired t-test or chi-square test in inappropriate cases Group differences were analyzed. The analysis was performed on the computer using a SPSS version 17.0.

RESULTS:
Demographic data of both groups did not show any significant differences between age, gender and education variables. Therefore, both groups show a good fit in this context (Table 1).

Table 1
Age, Sex & Education Data of Both Groups

Demographic Data		Patient Group (n = 300)	Siblings Group (n = 300)	p Value
Age groups	21-30 Yrs	117 (39%)	112 (37.33%)	X²
	31-40 Yrs	103 (34.33%)	115 (38.33%)	5.4763
	41-50 Yrs	58 (19.33%)	63 (21%)	df = 3
	51-60 Yrs	22 (7.33%)	10 (3.33%)	p = 0.673 NS
	Mean Age	31.66 years	32.33 years	
Sex	Male	207 (69%)	198 (66%)	X² 0.6153
	Female	93 (31%)	102 (34%)	p = 0.4328 NS
Education	Primary	23 (7.66%)	24 (8%)	X²
	Secondary	18 (6%)	28 (9.33%)	2.4338
	Graduates & above	259 (86.33%)	248 (82.66%)	p = 0.2961 NS

In terms of marital status and employment (Table 2), 2 groups showed the static variation. unemployed patients were more than normal siblings. Most patients were not married than their normal volunteers.

Table 2
Employment & Marital Status of Both Groups

Demographic Data		Patient Group (n = 300)	Siblings Group (n = 300)	p Value
Employment	Employed	84 (28%)	223 (74.33%)	X² 128.876
	Unemployed	216 (72%)	77 (25.66%)	p= 0.0001*
Marital Status	Married	88 (29.33%)	245 (81.66%)	X²
	Single	189 (63%)	52 (17.33%)	167.28
	Divorced	23 (7.66%)	03 (1%)	p= 0.0001*

* Significant   Chi Square test used in the assessment.

The most of patients had 4-6 family members and stated that various interpersonal processes and systems of thought were valid in the family. In our group Paranoid schizophrenia was very common.   (Table 3).

Types of Schizophrenia (as per DSM – IV)

Type of Schizophrenia	(N = 300) (%)
Paranoid	165 (55%)
Catatonic	33 (11%)
Disorganized	36 (12%)
Undifferentiated	66 (22%)

When evaluating the (FFS) Family Function Scale scores, it was observed that lower scores on all scales were observed in patients than the normal volunteers(Table 4).

Perceptions of Family Functioning

Item	Mean Scores Patient group (n = 300)	Siblings Group (n = 300)	t value	p Value
Cohesion	1.63 ± 0.53	1.86 ± 0.46	2.1154	0.0369*
Expressiveness	1.72 ± 0.62	2.14 ± 0.43	9.6414	0.0001*
Conflicts	1.68 ± 0.93	2.47 ± 0.87	10.7446	0.0001*
Cultural	2.16 ± 0.83	2.23 ± 0.96	0.9554	0.3398
Recreational	2.24 ± 0.46	2.18 ± 0.67	1.0656	0.2870
Religiosity	2.86 ± 1.06	2.78 ± 1.03	0.9375	0.3489
Organization	1.93 ± 0.78	2.65 ± 0.89	10.5378	0.0001*
Sociability	1.78 ± 0.99	2.72 ± 1.22	10.3627	0.0001*
External Control	2.06 ± 0.67	2.13 ± 0.72	1.2382	0.2182
Idealization	1.36 ± 0.27	1.67 ± 0.38	6.6881	0.0002*
Disengagement	2.28 ± 0.89	2.43 ± 0.88	2.0758	0.0383*
Democracy	1.43 ± 0.89	2.08 ± 0.86	6.9987	0.0001*
Authoritarian	1.89 ± 0.86	2.04 ± 0.56	2.5316	0.0116*
Laissez-faire Style	1.67 ± 0.83	2.27 ± 0.86	7.1010	0.0001*
Enmeshment	2.08 ± 0.74	2.19 ± 1.18	1.3679	0.1719
Global Scores	29.62 ± 3.61	36.8 ± 4.71	22.4243	0.0001*

* Significant.   Unpaired t test used in the assessment.

These scores differ significantly in most of the items (p <0.0005). While evaluating the mean scores of the (FAD, Table 5), it was observed that patients reported unhealthy family functions compared to their normal volunteers (p = 0.0001).

Scores on Family Assessment Device

Data	Patient Group (n = 300)	Siblings Group (n = 300)	p Value
Scores on the Family Assessment Device	2.1 ± 0.6	1.7 ± 0.7	t = 7.5147 p = 0.0001*

* Significant.   Unpaired t test used in the assessment.

In the evaluation of the FSS scores (Table 6), schizophrenia patients found less family support for them than their normal siblings (p = 0.0001).

Scores on Family Support Scale

Data	Patient Group (n = 300)	Siblings Group (n = 300)	p Value
Scores on the Family Support Scale	13.6 ± 5.8	18.3 ± 5.9	t = 9.8395 p = 0.0001*

* Significant.   Unpaired t test used in the assessment.

DISCUSSION:

Families with schizophrenia are generally believed to be dysfunctional when compared to other family members. Low family sociability, ie the degree of social interaction between family members and their coexistence, together with the lack of coexistence, that is, the degree of connections between family members perceived by schizophrenics. It was observed in previous studies. Schizophrenic patients often perceive their families as a situation where insecurity and dependence lead to a low self-esteem and self-concept with a negative assessment of the family environment. This is consistent with previous studies in which schizophrenia patients perceive incomplete family functions and perceive the family as responsible for their illness. It was observed that schizophrenia patients considered their family members as oppressive rather than supporting them in most family studies. As mentioned above, schizophrenia patients usually have rejection, alienation and isolation, and inadequate auto structure. The use of projection as an important defense mechanism often creates a negative perception about their families. The demographic profile (martial status, work performance) and schizophrenia subtypes in our study were consistent with the broad definitions in the literature. In our opinion, this increases the internal and external validity of our study. However, there are some limitations to be considered when reviewing our findings. This study was limited to 300 patients and participants in a psychiatric center. In order to reproduce these findings, more comprehensive and representative studies are required in various cultures

and in various centers. A longitudinal study will have more performance in areas such as design, family functioning and support.

CONCLUSION:

We concluded that schizophrenia patients differ in their perceptions of functionality and family support compared to their normal siblings.

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