A World Mental Health Day Feature

Adaptability and Cohesiveness among Rural Schizophrenic, Epileptic and Normal Families

A Comparative Study

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(See Also p. 234)

IT is well known when a person is affected with mental illness he or she is not treated in the same way as when one is affected with physical illness. Hence, this study was conducted to explore the adaptability and cohesiveness of families with schizophrenic and epileptic patients and was compared with normal families.

This study was conducted at the Rural Mental Health Centre, Sakalwara (an extension centre of NIMHANS). A sample of 30 families each were selected randomly among Schizophrenics, epileptics and Normals. A semistructure socio-demographic data sheet and family Adaptability and Cohesiveness Evaluation Scale were used to study the adaptability and cohesiveness of the family.

The respondents were in the age group of 21-60 years and 39 were Male and 51 were Female. Majority were belonging to the Hindu religion hailing from joint families and agriculture was their major occupation. The study revealed that normal families have more cohesiveness and adaptability compared to schizophrenic and epileptic families. Overall type of family indicated 93.3% of normal families are balanced to moderately balanced compared to 76% and 60% of Schizophrenic families and epileptic families respectively.

The findings were discussed in the light of previous studies and suggestions regarding service, training and research and its implication for psychiatric Nursing practice are highlighted.

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Introduction

Every human being is born and brought up in a family. It is an architect of an individual personality. A family prepares an individual to perform this multiplicity of roles which requires stable states of mind and good family environment. The role a particular person has to play in a family is meaningful only in relation to the other members of the family with whom one interacts. When a person is affected with a physical illness one cannot carry out A normal role. When a person is affected with mental illness he/she is not treated in the same way as when he is physically ill.

Mental illness has always been regarded in a special way by people from time immemorial. The mentally ill person behaves abnormally which will not be understood by others and may be mistaken for purposeful acting, and thereby forming a negative attitude towards the mentally ill. Certain interactions of the individual and family group which precipitates illness, moulds its course, shapes recovery or brings the risk of relapse. The role of family is crucial in maintenance of positive mental health.

Mental illness not only creates disturbances in the role functioning of the individual but also in the whole family system. The behaviour of the patient may become intolerable in case of schizophrenia and epilepsy, and patient becomes a source of burden and tension due to uncertainty regarding the precipitating attack. (see p. ???) Expenditure related to medical treatment and the chronic nature of illness, makes the family even more negative towards the patient.

Family has to bear the social stigma of having the patient. When a behaviour of the patient is definitely recognised as an illness the help of a professional is sought who tries to cure the illness, by studying into the history of the family environment. They realised that these patients come from a pathological family environment and even if the patient did improve with medication, he/she usually relapses after going back to the same family environment. This clearly indicates that not only does the patient need help but also his family.

Methodology

While working as a visiting community health nurse to manage the discharged psychiatric clients at home it was clear that patients who had cohesive and well adapted family members had better prognosis. Hence, the researcher felt the need to go deeper into the problem. As the schizophrenic and epileptic family

members were only being given pharmaco-therapeutic services and nothing else, it prompted the researcher to choose the rural setting for his study. Before planning family interventions one should thoroughly understand the family dynamics, hence it was decided to undertake a study of family cohesiveness and adaptability in the rural areas.

The study aims at exploring the two important dimensions of dynamics i.e. cohesiveness and adaptability of the families with schizophrenic and epileptic patients and compare it with normal family who do not have any of its members suffering from chronic illness.

Objectives

1. To focus on the personal and family constellation factors in rural areas.
2. To assess the differences in the cohesiveness and adaptability of the families in which one of the members is suffering from schizophrenia or epilepsy in rural areas.
3. To compare the adaptability and cohesiveness of schizophrenic families and epileptic families with normal families.

Hypotheses

1. Family adaptability is better in normal families compared to families with schizophrenics and epileptics
2. Family cohesiveness is better in normal families compared to families with schizophrenics and epileptics.
3. The normal families are more balanced type of families compared to schizophrenic and epileptic families.

Male and female patients above the age of 15, residing in the rural areas along with family members for more than two years and who have been diagnosed as Schizophrenic/Epileptic, with the duration of the illness for atleast two years have been studied.

The families who were selected for the study were individually interviewed with the use of the following tools: 1. Socio-demographic Data Sheet. 2. Family Adaptability and Cohesiveness Evaluation Scale (FACES II).

Results

The data collected were subjected to Chi-Square Test, 'T' test, Analysis of Variance. The Analysis showed the age range of the subjects from 21-60 years, out of which 39 were men and 51 were female, 65 were in joint family and 25 were from nuclear family.

Table 1

Comparison of Total Scores Related to Cohesiveness

Sl No.	Groups	Mean	S.D.	Inference
1.	Schizophrenia	62.7000	12.8609	F=5.613
2.	Epilepsy	56.4333	16.6043	df=2.87
3.	Normal	68.3000	11.1360	P 0.01

Table 1 shows that the normal family has more cohesiveness (Mean 68.3) followed by schizophrenic family and epileptic family (Means 62.7 and 56.4) respectively. There is statistical difference in mean score. Duncan multiple comparison procedure shows that there is a significant difference, especially between epileptic families and normal families.

Table 2

Comparison of Total Scores Related to Adaptability

Sl No.	Groups	Mean	S.D.	Inference
1.	Schizophrenia	47.5667	7.2478	F=4.153
2.	Epilepsy	46.4333	8.2908	df=2.87
3.	Normal	51.3333	4.6188	P 0.01

The adaptability of the family is shown in table 2. The normal family with a mean of 51.3 shows high adaptability followed by schizophrenic family and epileptic families. (Mean 47.5 and 46.4 respectively). There is statistically significant difference at 0.01 level. Duncan multiple comparison procedure shows differences between schizophrenic family and normal family as well as between epileptic family and normal family.

Discussion

The present study was confined to the patients who seek the services of rural mental health centre and its extension clinics, mainly for the treatment of schizophrenia and epilepsy. It was felt that unless we compare Schizophrenic families and epileptic families with normal families it would be difficult to arrive at the dysfunctions existing in the families and to formulate suitable intervention strategies. The socio-demographic data revealed that 40% of the Schizophrenic patients were between 32 to 40 years, 56% of the epileptic patients were in the range of 21 to 30 years, and normal population was in the range of 51 to 60%. The statistical analysis shows significant difference at 0.001 level. Findings of this study goes well with age range of usual development of Schizophrenic and epileptic disorder.

It is important to know from the study that most of the patients were married in all the three groups. As the

study mainly focuses on cohesion and adaptability existing in the family, this finding goes well with the aim of the study. In the present study majority of the patients are living in the joint family in Schizophrenia and normal groups. Studies related to family prove that the socialization and adaptability is more among the patients living in the joint family compared to nuclear families wherein the problems/crises are worked out together as a family unit.

In the present study the hypothesis 'Family cohesiveness is better in normal families compared to families with Schizophrenics and Epilepties is proved to be correct. The overall cohesiveness is found to be more among normal families, followed by Schizophrenic families and epileptic families. The statistical analysis shows significant difference at 0.01 level.

The difference between normal family and Schizophrenic family is not much in the present study. (Mean score 68.3 and 62.7 respectively). This can be attributed to the fact that the rural family has more social support within the family and from the community. Chronic Schizophrenics who are involved in meaningful activities to some extent are being well accepted as a member of the family. The community treats the patient as a helpless person and supports the family whenever they are distressed. Loss of the patient's income to the family may not be a major factor for lack of cohesiveness: 56% compared to 68% of normal families. The stigma attached to the illness, the disability due to uncontrolled seizures, misconceptions about epilepsy (such as the illness is contagious) leads to decreased we feeling, togetherness, not involving the patients in major decisions, in family rituals and get togethers resulting in the lack of cohesiveness among the family members.

The hypothesis, 'Family adaptability is better in normal families compared to families with Schizophrenics and epileptics', is also proved in the present study.

Family adaptability comprises assertiveness, leadership, discipline, negotiations, roles and rules of the family. The overall score in relation to adaptability shows there is a significant difference. Higher score (Mean 51.3) was found among normal families compared to 47.5 and 46.4 among schizophrenic and epileptic families.

In a normal family, due to normal interaction, acceptable way of interpersonal relationship leads to discipline among the family members and family rules are developed under the leadership of the head of the family and in turn the rules are allocated to all the family members. Whenever family faces any problem the entire family works towards solving the problem by negotiations and assertiveness, but it is not the case in families where there is an epileptic or schizophrenic. There is a clear-cut difference in the adaptability between schizophrenic and normal families as well as between epileptic and normal families. The study revealed that 14 families fall into connected cohesiveness among schizophrenic families compared to 11 families in the group of disengaged. 18 families fall in the categories of very connected type of family with regard to cohesion.

Two families fall under the category of flexible to structured type of family compared to twenty-nine families which fall into the type of structured in rigid type of family in the adaptability dimension. Only 18 families among the epileptic group fall under the structured to rigid type of family.

The third hypothesis, 'normal families are more balanced type of families compared to schizophrenic and epileptic families', was also proved in the present study. Eighteen families from the normal group fall under the category of balanced type of family followed by 10 families as moderately balanced. In the case of schizophrenic family group, 23 families fall under the category of moderately balanced to balanced type of family. Whereas a family in each falls under the group of extreme, moderately balanced and balanced. With regard to epileptic group though there is a difference between normal and schizophrenic group the difference is not much.

This finding shows that in the normal families the leadership, discipline, negotiations, roles and rules, emotional bonding, decision making and other dimensions of family cohesion are appropriately functioning. Whereas in Schizophrenia and Epilepsy, groups due to problems in the interaction, decreased capacity of handling the crisis, inability to solve and face the problems and uncertainity of patients' behaviours leads to constant tension, and imbalance in the family routines and functions. Whenever a problem arises in a normal family the entire family, because of their cohesiveness and the capacity to adapt, tries to bring about a balance in the family function.

Due to constant strain and stress faced by the other two groups and also due to lack of cohesiveness and adaptability, it finds itself difficult to bring a balance in the family after undergoing crisis of stressed. This leads to increased lack of cooperation and understanding among the family members. Due to this there will be increased expressed emotion which may result in relapse or increase of symptoms.

The present study throws light in some important aspects of cohesion and adaptability which will help the practitioners, teachers and researchers do develop more ideas on this respective areas at the same time the present study gives way to further research studies.

The main findings of the study are as follows :

1. The normal family has more cohesiveness compared to schizophrenic and epileptic families. There is statistical significant difference. Duncan multiple comparison procedure shows the difference between epileptic

and normal families. Item analysis shows significant difference in the area of interest and recreation, family boundaries, decision making and time.

2. The normal family has more adaptability compared to schizophrenic and epileptic families. 96% of normal families fall under structured to rigid type of adaptability. Item analysis indicates significant difference in the area of assertiveness, discipline, negotiation and rules.

3. The overall type of family indicates 93.3% of normal families are balanced to moderately balanced compared to 76% and 60% of schizophrenic families and epileptic families respectively.

Conclusion and Recommendation

The above findings compel us to formulate measures to bring about better understanding of the problem, and the patient among the family members. A comprehensive family assessment and intervention programme need to be considered for improving the family life. Family counselling services by mental health professionals/psychiatric nurses to be started at rural clinics with comprehensive rehabilitation programmes, who can help them by highlighting the importance of emotional support, leisure pursuits, friendships, social relations, etc.

The measures must be adopted for training of the personnel, who can help in providing effective family counselling. Further research can be done on the interaction patterns of rural families, keeping in mind the present day problems, and bring out package programmes to enumerate the problems to the families of schizophrenies and epileptics which would help in bringing about better understanding, cohesiveness and adaptability among the family members. Better adaptability, adjustments among the family members always brings about prosperity and happiness and family goals can be achieved. Which in turn will help in building a prosperous nation.

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