ANNALES
UNIVERSITATIS MARIAE CURIE-SKŁODOWSKA
LUBLIN — POLONIA
VOL. LVII, N 1, 11 SECTIO D 2002

Interfaculty Chair and Department of Public Health, Medical University of Lublin
Neuropsychiatric Hospital in Lublin

DOROTA ŻOŁNIERCZUK-KIELISZEK, BARBARA ŻAK

Emotional responses of patients with schizophrenia to their illness. Attitudes of social environment towards schizophrenes

Schizophrenia is one of the most commonly occurring mental illnesses. The incidence of this disease in the adult population amounts to the level of 0.6-1.1% (2). Schizophrenia often causes substantial devastation of the patient's psyche, which manifests itself as inability to fulfil their social roles and disablement (4).

Traditionally, the primary reaction of society to the presence of the mentally ill was a tendency to isolate them, placing them outside the scope of social interest. This tendency was revealed, among other things, in building high and thick walls around mental asylums, as well as in social distance and creating negative stereotypes. In the modern times the idea of environmental psychiatry stands in opposition to such a tradition. According to the assumptions of the environmental psychiatry, both the formation processes of mental disorders, and the ones that counteract them, are influenced by many persons, groups and social institutions that can and should share their concern and responsibility for the patients (7).

The aim of this paper was to define the emotional responses of the patients to the fact that they have fallen ill, as well as to learn about the attitudes of their families and of more distant social environment towards them.

MATERIAL

The study was conducted on 84 patients with diagnosed schizophrenic psychosis, predominantly with paranoid schizophrenia. They were patients of the Neuropsychiatric Hospital in Lublin, both hospitalized and ambulant, treated in Mental Outpatient Clinic and, simultaneously, taken care of by Social Self-Help Home "Misericordia". All the examined

patients met the diagnostic criteria in accordance with ICD-10 for schizophrenic psychosis or schizophrenic disorder; all were in the period of symptomatic remission. The managing physician made the evaluation of the patients' condition. The study was carried out in the years 2000-2001.

The age of the examined persons varied from 19 to 62 years, arithmetic mean: 32.55; standard deviation: 9.01; median: 31. For the purposes of statistical analysis two age groups were distinguished: 19-30 years (47.6%) and 31-62 years (52.4%).

The duration of psychiatric treatment related to schizophrenia was contained in the range between less than a year to 33 years; arithmetic mean: 8.08; standard deviation 7.02; median: 6. In connection with statistical elaboration of the results the inquired patients were divided into two groups: psychiatrically treated for 5 years or less (47.6%) and those who were psychiatrically treated longer than 5 years (52.4%).

The number of hitherto psychiatric hospitalizations of the examined patients varied from 0 (3 patients were treated exclusively as outpatients) to 18; arithmetic mean: 4.31; standard deviation: 3.67; median: 3.

The examined group consisted of 52 men (61.9%) and 32 women (38.1%). 7.1% of the examined people had only elementary education, vocational – 35.7%, secondary – 45.2% and uncompleted and completed university education was reported by 11.9% of the patients. A mere 8.3% of the examined people – that is 7 – were married, the rest – 91.7% – were single people. 35.7% of the examined group of patients permanently resided in the country, 64.3% were permanent residents of cities and towns. Three fourths of the inquired patients received disability pensions. 16 patients (19.9%) were unemployed. Merely 2 people worked full-time, 4 (4.8%) were at school or studied at university in a full-time system, 2 of them (2.4%) studied in the evenings or in a part-time system.

METHODS

The distributed inquiry questionnaire technique was used here. The questionnaire consisted of 32 closed-type and cafeteria-type questions in total. The supplementary source of information were case records of the examined patients. The statistical analysis was performed by means of the Chi^2 independence test, assuming the significance level of 0.05. The SPSS for Windows statistical software package was used for this purpose. The results were analyzed in respect of gender, age, duration of psychiatric treatment of schizophrenia and permanent residence place of the examined subjects.

RESULTS

The moment the examined patients became aware of having fallen ill with mental disease, their predominant feelings were: fear and anxiety (48.8%) and sorrow (40.5%). 39.9% of the patients did not want to believe that it is them who were affected by mental illness, 35.7% declared a sense of wrong, and 21.4% felt protest and anger because of the diagnosis.

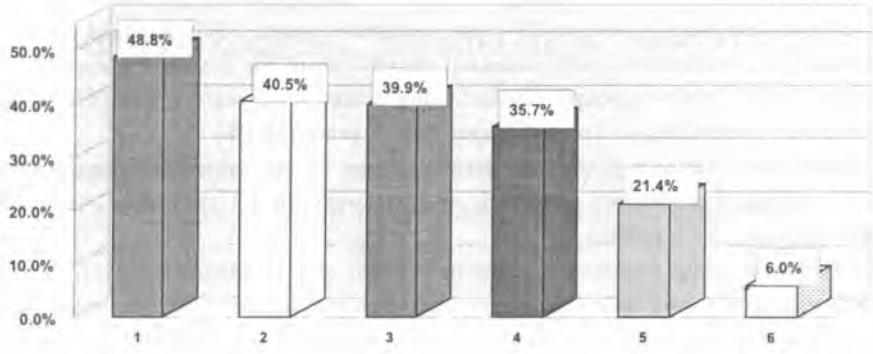

Fig. 1. Feelings of the examined people at the moment of becoming aware of having fallen ill with mental disease; 1) fear, anxiety 2) sorrow 3) negation 4) sense of wrong 5) protest, anger 6) sense of being someone special, the chosen one

Men and patients who were psychiatrically treated for more than 5 years significantly more frequently revealed the feeling of disbelief the moment they got to know the diagnosis ($p<0.05$). Clearly more often the patients residing permanently in towns showed the feeling of protest and anger and a sense of wrong, although this dependence is not statistically significant. 6% of the inquired persons reported the sense of being privileged, exceptional because of their mental illness, including one patient who received the fact of having fallen ill with mental disease as a grace given by God. One person accepted the fact of having fallen ill with mental disease from the beginning, one person experienced the feeling of astonishment, and one was disheartened.

At the present time more than half of the patients (53.6%) accepted their illness, submitted themselves to their fate. 47.6% of the inquired people felt less valuable because of their condition. 34.5% of patients still felt sad because of their illness, and 23.8% were anxious and fearful. The sense of uniqueness, of being the chosen one because of the illness was reported by 7.1%, and 10.7% declared other feelings, i.e. optimism, good mood (2.4%), sense of guilt, helplessness (1.2%), anger, sense of wrong (1.2%), increase of their Catholic faith (1.2%), the sense of "getting through to the other side of life" (1.2%).

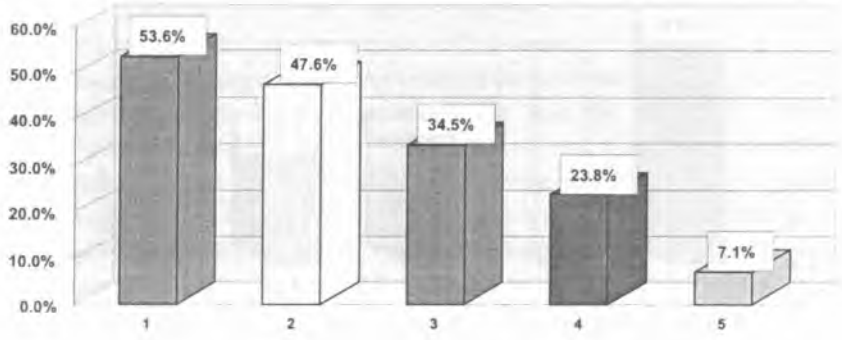

Fig. 2. Feelings of the examined patients at the present moment;
1) acceptance of the illness, 2) feeling less valuable, 3) sorrow,
4) fear, anxiety, 5) sense of being someone special, the chosen one

The feeling of sorrow in connection with the illness was reported about twice more often by men and patients from the older age group, but this dependence is not of statistically significant nature.

Mental illness of the inquired patients was known from various sources first of all to their closest relatives or family (96.7%), besides: acquaintances, neighbours (45.2%), friends (40.5%), less frequently – more distant relatives (37.5%), the family doctor (25%), work place doctor (6%), employer (3.6%). Men informed their acquaintances and neighbours of their illness significantly more frequently than women ($p<0.02$), while patients residing permanently in town significantly more often shared this information with their friends ($p<0.02$). More distant relatives of the patients living in the country were informed about their mental illness three times less frequently than the more distant relatives of patients living permanently in town ($p<0.01$).

The predominant emotional reactions of the patients' nearest relations to the news of the illness were: sympathy (54.8%) and acceptance of the fact (50%). The members of their nearest family also showed sorrow (32.1%), fear, uncertainty about the future (27.4%) and indifference (17.9%).

Less frequent responses were anger, hostility (7.1%), sense of guilt (7.1%) and contempt (2.4%). One of the patients confessed that his mother had been in such a deep anguish because of his mental illness, that, in his opinion, this caused her cerebral stroke.

The acceptance of mental illness was more frequently observed in the case of patients aged 19-30 years than in the case of older people (62.5%, $p<0.05$), while the families of patients residing permanently in the country more often demonstrated sorrow because of the mental illness of their members (42.6%, $p<0.01$).

Outside the closest family circle, i.e. among their friends, more distant relations, acquaintances and colleagues, the patients experienced such emotional responses as: acceptance of the fact of mental illness (35.7%) and sympathy (21.4%), but also indiffer-

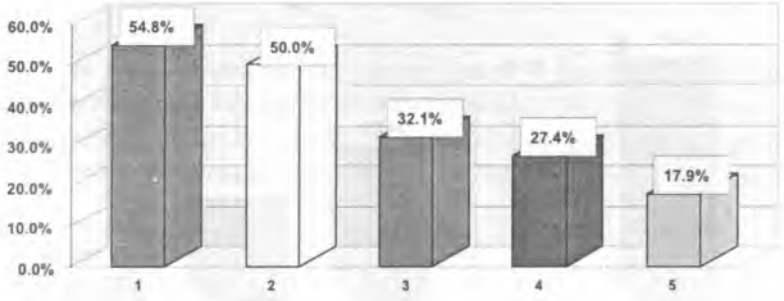

Fig. 3. Emotional response from the nearest family; 1) sympathy, 2) acceptance of the illness, 3) sorrow, 4) fear uncertainty, 5) indifference

ence (27.4%), avoiding the subject of illness (19%), or rejection of the ill, avoiding contact with them (11.9%), anger, hostility (7.1%), contempt (3.6%).

The patients residing permanently in cities and towns reported the acceptance of their mental illness by more distant members of their social environment more than twice more often (44.4%, $p < 0.05$).

About two thirds of the patients (61.9%) noticed changes in the behavior of the members of their families, in connection with their illness. They involved taking the ill person's duties over by the remaining members of their families (32.1%), avoiding conflicts (23.8%), avoiding the subject of illness (21.4%), debarring them from taking important decisions, aiming at subordinating them to others (21.4%). Less frequently reported changes were: rejection of the ill person, avoiding contacts (8.3%), intensification of conflicts in the family (2.4%), lack of interest in the ill person's life (2.4%), disregarding the ill by certain members of the family (1.2%), overprotectiveness of their parents (1.2%).

The patients who lived permanently in the country significantly more often did not notice any changes in the behaviour of their relatives in connection with their illness ($p<0.05$).

The changes in behaviour, which involved avoiding the subject of mental illness in conversations occurred significantly more frequently in the families of younger patients (32.5%, $p<0.02$), and avoiding conflicts appeared more frequently in the families of patients who permanently resided in cities and towns (31.5%, $p<0.05$). Men reported avoiding conversations about their illness and relieving them of their duties by other members of the family less frequently than women, but the latter dependence is not statistically significant.

DISCUSSION

At the moment of becoming aware of having fallen ill with mental disease, the predominant feelings of the inquired patients were: fear, anxiety (48.8%) and sorrow (40.5%). 39.9% of the patients did not want to believe that it is them who were affected by mental disease, 35.7% declared the sense of wrong, and 21.4% were angry and protested against the diagnosis. Also in the group of patients hospitalized because of paranoid schizophrenia, studied by Śpila (5), fear accompanied the sufferers in each phase of their illness. Fear occurs in paranoid schizophrenics in premorbid period, in the early phase of the disease, where it can be the only or predominating symptom, in the period of acute psychotic symptoms, and during remission period, when it most frequently occurs in the form of social fear. In the first phase of the disease the current psychopathological symptoms are the direct source of anxiety experiences. At the further stage, in the chronic phase, the awareness of being mentally ill, possibility of exacerbation /deterioration/, ineffectiveness of treatment, may be a factor evoking anxiety and feeling of threat. High level of social fear may be a factor of social isolation, which is a common problem in these patients.

The study of the level of anxiety about their own future revealed that it was higher in patients suffering from paranoid schizophrenia in comparison with healthy persons (5). A method of reducing the experienced fear may be excess religiousness. Religion gives sense to the patient's suffering, soothes anxiety and sense of helplessness, among others, because of repetitive nature of the rites, strong dogmatic support and a great amount of hope (1).

At present more than half of the patients (53%) alleged having accepted their illness, submitted to fate. 47.6% of the inquired persons felt inferior for the reason of their illness, 34.5% of patients still felt sad because of it, and 23.8% felt fearful or anxious. According to Hintze et al. (3), who accomplished the program for preventing the recurrences of schizophrenia in patients of psychiatric ward and outpatient clinic in the Warsaw Institute of Psychiatry and Neurology, schizophrenics often manifest difficulties connected with interpersonal contacts. These are frequently: isolation from others, fear of rejection, being held up to ridicule, discredit and humiliation, low self-evaluation – "I have nothing to offer".

Mental illness of the examined patients was known from many sources first of all to their nearest relatives (97.6%), besides: acquaintances, neighbours (45.2%), friends (40.5%), less often – more distant relatives (35.7%), family doctor (25%), workplace doctor (6%), employer (3.6%). Distant relatives of patients who permanently reside in the country were informed about the disease significantly less frequently. It may be related to the mental illness stigma, which is stronger in the rural environment, and there it leaves its mark not only on the sufferers, but also on their families. That is why the inhabitants of rural areas are inclined to keep the illness of their relative secret.

The predominant emotional responses of the patients' nearest relatives to the news of their mental illness were: sympathy (54.8%) and acceptance of the fact (50%). Members of the patient's closest family circle also manifested sorrow (32.1%), anxiety, uncertainty about the future (24.7%), and indifference. According to Tomczyk, the psychotic decompensation of one of the family members evokes fear and leads to problems in other members of the same family, who, therefore, also need help. If the illness lasts long, it is often a very heavy burden for the family, so psychological help and support should be also given to the relatives of the patient suffering from schizophrenia.

In their environment outside the closest family circle the patients experienced such emotional responses as: acceptance of the fact of mental illness (35.7%) and sympathy (21.4%), but also indifference (27.4%), avoiding the subject of illness (19%), or rejection of the ill person, avoiding contacts (11.9%), anger, hostility (7.1%), contempt (3.6%). Similar results were obtained by Wciórka et al. (7) in the study of attitudes towards the mentally ill on a representative random trial of the adult population of Poland in 1996. Kindly and sympathetic attitude towards the mentally ill was at that time expressed by 74% of adult Poles, 18% were indifferent, and only 5% were prejudiced against them. The feeling of being accepted by their social circle may be a mechanism of defense, which could help the sufferers of schizophrenia put up with their illness and function properly in their environment.

CONCLUSIONS

1. The predominant feelings in schizophrenics at the moment of becoming aware of having fallen ill with mental disease were fear (anxiety) and sorrow.

2. The passage of time caused change in emotional responses to mental illness. At the moment of study the predominant feelings were the acceptance of illness and the sense of inferiority because of it.

3. The sufferers of schizophrenia experienced mainly sympathy, acceptance of the illness and indifference in their environment outside the family circle.

REFERENCES

1. Czuma K et al.: Religia, a chory na schizofrenię. Postępy Psychiatrii i Neurologii, 2, 375, 1993.
2. Gruszczyński W. et al.: Funkcjonowanie zawodowe chorych na schizofrenię. Badania nad Schizofrenią, 1, 189, 1998.
3. Hintze B. et al: Zapobieganie nawrotom schizofrenii – program i wstępne doświadczenia. Wiadomości Psychiatryczne, 2, 149, 1999.
4. Jarema M. et al.: Subiektywna ocena farmakoterapii i jakości życia w schizofrenii. Postępy Psychiatrii i Neurologii, 9, 137, 2000.
5. Śpila B.: Natężenie lęku i jego dynamika w schizofrenii paranoidalnej, 1, 505, 1998
6. Tomczyk U.: Terapia rodzin pacjentów chorych na schizofrenię. Psychiatria Polska, 33,15, 1999.
7. Wciórka B, Wciórka J.: Choroby psychiczne – społeczny stereotyp i dystans. Postępy Psychiatrii i Neurologii, 5, 323, 1996.

2001.05.15

SUMMARY

The aim of this paper was to define emotional responses of the patients with diagnosed schizophrenic psychosis to their illness. It was also intended to recognize the attitudes of patients' families and more distant social environment towards them. The study was conducted on 84 patients of the Neuropsychiatric Hospital, both hospitalized and ambulant, treated in Mental Outpatient Clinic and, simultaneously, taken care of by Social Self-Help Home "Misericordia". All the examined patients met the diagnostic criteria in accordance with ICD-10 for schizophrenic psychosis or schizophrenic disorder; all were in the period of symptomatic remission. The study was carried out in the years 2000-2001, using the distributed inquiry questionnaire technique. The supplementary source of information was case records of the examined patients.

The predominant feelings of schizophrenics at the moment of becoming aware of having fallen ill with mental disease were fear (anxiety) and sorrow. The passage of time caused changes in emotional responses to mental illness. At the moment of the study the predominant feelings were the acceptance of illness and the sense of inferiority because of it. The sufferers of schizophrenia experienced mainly sympathy, acceptance of the illness and indifference in the environment outside the family circle.

Reakcje uczuciowe chorych na schizofrenię wobec swojej choroby. Postawy otoczenia społecznego wobec schizofreników

Celem pracy było określenie reakcji uczuciowych pacjentów z rozpoznaną psychozą z kręgu schizofrenii wobec swojej choroby. Zamierzano też poznać postawy rodzin i dalszego otoczenia społecznego wobec chorych. Badaniem objęto 84 pacjentów Szpitala Neuropsychiatrycznego w Lublinie, zarówno hospitalizowanych na Psychiatrycznym Oddziale Rehabilitacji, jak i leczonych ambulatoryjnie w Poradni Zdrowia Psychicznego oraz korzystających równocześnie ze Środowiskowego Domu Samopomocy „Misericordia". Wszyscy badani chorzy spełniali kryteria diagnostyczne według ICD-10 dla psychozy schizofrenicznej lub zaburzenia schizoafektywnego, wszyscy byli w okresie remisji objawowej. Badanie przeprowadzono w latach 2000-2001, wykorzystując technikę ankiety rozdawanej. Uzupełniającym źródłem informacji były historie chorób badanych pacjentów.

Dominującymi uczuciami u schizofreników w momencie uświadomienia sobie zachorowania na chorobę psychiczną były lęk i smutek. Upływ czasu wpłynął na zmianę reakcji uczuciowych wobec choroby psychicznej. W chwili badania przeważały akceptacja choroby i poczucie mniejszej wartości z jej powodu. Chorzy na schizofrenię spotkali się przede wszystkim ze współczuciem i akceptacją swojej choroby ze strony najbliższej rodziny oraz z akceptacją choroby i obojętnością w dalszym otoczeniu społecznym.