

## DO THE PSYCHIATRIC PATIENTS REJECT THEMSELVES?

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### SUMMARY

Five statements measuring social distance from and prejudice against the ex-mentally ill were read to 137 psychiatric patients and relatives from urban background. Their agreement and disagreement with the five statements was analysed and compared with controls from an orthopaedic clinic.

Maximum social distance was found on statements about establishing marital relationship with an ex-mental patient. The social distance was found less frequently in working in a mental hospital; sharing same house, falling in love and working with an ex-mental patient respectively. The psychiatric patients and their relatives are more rejecting than the controls.

Prejudice against the mentally ill has been studied extensively in the West (Cummings and Cummings, 1957; Kramer, 1956; Purdue Opinion Panel, 1959; Lemkau and Crocetti, 1962; Meyer, 1964; Lemkau, 1962; Rootman and Lafave, 1969; Elinson *et al.*, 1967; McLean, 1969; Edgerton and Bentz, 1969; Crocetti *et al.*, 1971). In India the study of public attitudes towards mental illness has been a phenomenon of the seventies. Verghese and Beig (1974) studied the public attitudes in the city of Vellore. Other studies have investigated the attitudes of certain social groups, e.g., college students and general practitioners (Sinha and Roy Kishore, 1973; Gautam, 1974). The Verghese and Beig (1974) study contained only one question which investigated prejudice measuring social distance from the mentally ill. Gautam (1974) included only one statement to investigate prejudice.

It was Bogardus (1925) who started studying ethnic prejudice by measuring social distance. People allow different degrees of social relationship depending on their prejudice, e.g., someone is allowed to

live in the same area but are not allowed to establish marital alliance. The statements (see appendix) have been widely utilized by Crocetti *et al.* (1971).

The present study is a major step towards measuring prejudice of psychiatric patients towards their own illness.

### OBJECTIVE

The purpose of our study was to study the prejudice against mental illness in psychiatric and non-psychiatric patients.

### MATERIALS AND METHODS

The study was undertaken at the psychiatric out-patient clinic of Nehru Hospital, Chandigarh, in 1972. The clinic is situated in a general hospital. Sixty-eight per cent of its patients are referred from other clinics in the same hospital.

### Sample :

Two hundred and twenty-six consecutive walk-in psychiatric patients were interviewed by one of the authors (A. S. I.) before they saw the psychiatrist. The significant relatives were interviewed in case

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of severely sick patients. Henceforth, "interviewee" will signify the patient as well as the relative. Forty-four orthopaedic out-patients served as control population. None of them had gross psychiatric illness as observed during the interviews.

#### Interviews :

One of the authors (A. S. I.) conducted preplanned interviews. Patients were rated on urban socio-economic scale developed by Kuppaswamy (1962). The directions, statements and answers measuring prejudice against the mentally ill were read aloud (see appendix). The answers chosen by the interviewees were recorded.

#### OBSERVATION

##### Psychiatric Population :

Of a total of 226 interviewees from psychiatric out-patient clinics, 137 belonged to urban background and formed the study sample for our paper. These urban interviewees consisted of 60.6% of patients and 39.4% of relatives. The diagnoses of Schizophrenia, Anxiety Neurosis, Depressive Neurosis and Hysterical Neurosis was given to 23, 29, 11 and 17 patients respectively. The remaining received other diagnoses. 38.7%, 30.7%, and 30.7% of the interviewees belonged to age groups of 15 to 29 years, 30 to 39 years and 40 and above respectively. Males constituted 70.1% while females were 29.9% of the group. The socio-economic class rating showed that 21.1% of the interviewees belonged to socio-economic classes I and II. Those who belonged to class III constituted 48.1% of the urban interviewees. 3.8% of the urban interviewees belonged to class four and five.

##### Control Sample :

Forty-four orthopaedic patients were randomly selected and interviewed similarly. The break-up and comparison with psychiatric patients revealed that both groups did not vary significantly

in their age, sex and religion. However, they differed significantly in their socio-economic status. The control population had a higher socio-economic status as compared to the psychiatric population.

#### Prejudice :

Table I summarizes the agreement and disagreement of patients with the five statements. The controls have been compared with the psychiatric patients in their agreement/disagreement with the five statements.

TABLE I—A comparison of interviewees' agreement with five statements

Statement	Interviewees in percent		
	Agree	Disagree	Don't know
1. Should not marry			
C	69.7	30.3	0.0
P	75.2	22.6	2.6
2. Fall in love			
C	69.7	30.3	0.0
P	60.6	35.8	3.8
3. Share house			
C	81.8	18.2	0.0
P	62.0	38.0	0.0
4. Work with			
C	90.9	9.1	0.0
P	68.6	29.1	2.2
5. Work in Mental Hospitals :			
C	63.6	30.6	6.1
P	57.7	40.1	2.2

C=control (N=44), P=Psychiatric (N=137)

75.2% of psychiatric patients agreed with the statement denying marital alliance with an ex-mental patient. Only 22.6% psychiatric patients agreed to allow marital alliance with someone who has had mental illness in the past. 60.6% of psychiatric patients admitted possibility of falling in love with an ex-mentally ill person. The agreement to share house and work with someone who had mental illness

in the past was 62.0% and 68.6% respectively. Only 57.7% of the psychiatric patients agreed to work in a mental hospital (Table I).

#### Comparison with controls :

Orthopaedic patients formed the controls. The control population differed significantly from the psychiatric population in the distribution of socio-economic status classes. To control this significant variable in the comparison of psychiatric patients with orthopaedic patients, only socio-economic class I individuals from both groups were selected and compared in Table II. 28 psychiatric patients and 15 orthopaedic patients belonged to socio-economic class I.

The responses of the above mentioned interviewees have been compared in Table II.

TABLE II—A comparison of Socio-economic Class urban interviewees' agreement/dis-agreement with the five statements

Statements	Interviewees in percent			Significance
	Agree	Disagree		
1. Should not marry				
C	60.0	40.0		00.5
P	71.4	28.6		..
2. Fall in love ..				
C	86.7	13.3		
P	82.1	14.3		N.S.
3. Share house				
C	86.7	13.3		..
P	67.9	32.1		N.S.
4. Work with				
C	100.0	0.0		..
P	75.0	21.4		N.S.
5. Work in Mental Hospitals				
C	74.3	26.7		..
P	64.3	35.7		N.S.

C=Control (N=15), P=Psychiatric (N=28)

71.4% psychiatric patients as compared to 60% of controls agree with the statement that we should make it clear to our children that they should not select a marriage partner who has been treated for mental illness in the past. Similarly 82.1%, 67.9%, 75.0% and 64.3% psychiatric patients as compared to 86.7%, 86.7%, 100% and 73.3% of orthopaedic patients agree to fall in love, share house, work with an ex-mental patient and work in a mental hospital respectively. Psychiatric patients objected to marriage more than the orthopaedic patients. Less psychiatric patients agreed to share house, fall in love, work with ex-mental patients and work in a state hospital. This indicates that psychiatric patients have more prejudice towards "mental illness" than orthopaedic patients.

#### DISCUSSION

Our observations are that a considerable proportion of psychiatric and orthopaedic patients showed prejudice against the mentally ill. It could be also said that psychiatric patients are prejudiced against themselves. The maximum resistance was shown in establishing a marital alliance with an ex-mentally ill individual. In a similar study 75.3% of rural patients (Malhotra, 1976) as compared to 75.2% of our urban patients showed strong resistance towards the marital alliance. It seems that urban and rural psychiatric patients are equally opposed to selecting a marriage partner with a history of mental illness in the past. Verghese and Beig (1974) found that 65.3% of general public respondents objected to a marital alliance with the household of a mental patient. Comparing our data with Verghese and Beig's, it seems that psychiatric patients and their relatives are more prejudiced than the general population with regard to entering into marriage with an ex-mental patient. It seems that urbanites have less social distance from the mentally ill, than the rural population. Rural India

carries a stronger stigma against mentally ill.

The strong resistance to marry an ex-mental patient pervades all levels of socio-economic backgrounds (Malhotra *et al.*, 1976), both urban and rural. The rigid selection which goes into choosing a marriage partner for an arranged marriage will take into account the history of mental illness.

Previous studies had measured social distance against the mentally ill in general population. We studied the same attitudes in psychiatric patients and compared them with non-psychiatric patients. An attitude of strong rejection on the part of psychiatric patients reveals rejection of themselves. The prejudice against any illness leads to either denial of the illness or rejection of the patient. The relatives abandon mentally ill in mental hospitals never to come back. The rehabilitation suffers. The patron of prejudice, denial, rejection and abandonment of tuberculosis, leprosy, venereal diseases has lessened over the centuries by effective treatment and recovery. The optimism in the prognosis of these diseases prevents the family and social breakdown of the patient.

It is hoped that with improved treatment, management and public education the prejudice against the mentally ill will diminish.

Our study alerts the mental health profession that the psychiatric patients and their relatives should be educated about the causation and outcome of mental illness. It is hoped that education will counteract the ill effects of prejudice.

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#### REFERENCES

- BOGARDUS, E. S. (1925). Measuring Social Distance. *Journal of Applied Sociology*, 9, 299.
- CROCETTI, G. M., SIASSI, I. AND SPIRO, H. R. (1971). Unpublished work. Mimeographed, Department of Psychiatry, Rutgers Medical School, New Jersey: Piscataway.
- CUMMINGS, E. AND CUMMINGS, J. (1957). *Closed Ranks*. Cambridge: Harvard University Press.
- EDGERTON, W. J. AND BENTZ, W. K. (1969). Attitudes and Opinions of Rural People about Mental illness and Program Services. *Am. J. Publ. Health*, 470.
- ELISON, J., PADILLA, E. AND PERKINS, M. (1967). *Public Image of Mental Health Service*. New York: Mental Health Materials Center.
- GAUTAM, R. P. (1974). General Practitioner's Attitudes towards Mental Illness, *Indian J. Psychiat.*, 16, 238.
- KRAMER, R. J. (1956). A measure of Community Attitudes Towards Mental Illness. Unpublished Master's Essay. University of Michigan School of Social Work, Ann Arbor, Michigan.
- KUPPUSWAMY, B. (1962). *Manual of Socio-economic scale (Urban)*. Manasyan, Delhi.
- LEMKAU, M. (1962). Professional and Public Attitudes Regarding the care of Mental Patients in Carroll County Maryland. Senior Honours Thesis in Sociology at Western Maryland College, Mimeographed.
- LEMKAU, P. V. AND CROCETTI, G. M. (1962). An Urban Population's Opinions and knowledge About Mental Illness. *Am. J. Psychiat.*, 118, 692.
- MACLEAN, V. (1969). Community Attitudes to Mental Illness in Edinburgh. *Brit. J. Prev. and Social Med.*, 23, 45.
- MALHOTRA, H. K., INAM, A. S., CHOPRA, H. D. (1976). Prejudice against Mentally Ill among Rural Psychiatric Patients. Unpublished data.
- MEYER, J. K. (1964). Attitudes Towards Mental Illness in a Maryland Community. *Public Health Report*, 79, 769.
- PHILLIPS, D. L. (1963). A possible Consequence of Seeking Help for Mental Disorder. *Am. Social Rev.*, 18, 863.
- PURDUE OPINION PANEL, (1959). Youth's Attitudes Towards Mental Illness, Purdue University, Report of Pool 56, Lafayette Indiana, Division of Educational Referents.
- ROOTMAN, A. AND LAFAYE, P. (1968). Ethnic Community. *Psychiatric Quarterly*, 41, 211.
- SINHA, L. N. K. AND ROY KISHORE, G. S. (1973). A study of College Students towards Mental Illness and Mentally Ill Persons, *Ind. J. of Appl. Psychol.*, 10, 40.
- VERGHESE, A. AND BEJO, A. (1974). Public Attitudes towards Mental Illness—The Vellore Study. *Indian J. Psychiat.*, 16, 18.

**APPENDIX**

Directions : Following five statements about the mentally ill are considered true by some and false by others. What is your opinion about them?

1. We should make it clear to our children that they should not select a marriage partner who has been treated for mental illness in the past.

	Score
Agree	0
Disagree	1

2. It is possible to fall in love with a person who had mental illness in the past.

	Score
Agree	1
Disagree	0

3. I would not mind sharing the same house with a person who has had mental illness in the past.

	Score
Agree	1
Disagree	0

4. I would not hesitate to work with a colleague who has had treatment for mental illness.

	Score
Agree	1
Disagree	0

5. I would not hesitate to work in a mental hospital provided the income were good.

	Score
Agree	1
Disagree	0