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A STUDY OF ATTITUDES OF KEY RELATIVES OF SCHIZOPHRENIC PATIENTS*

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An attitude is a dispositional readiness to respond to certain situations, persons or objects in a consistent manner which has been learned and has become one's typical mode of response (Freeman, 1971). The strength of a person's attitude may vary. There are many studies which have measured the attitude of parents of schizophrenics by using questionnaires (Mark, 1953; Freeman & Grayson, 1955; Zuckerman *et al.*, 1958; Klebanoff, 1959; Horowitz and Lovell, 1960; Guertin, 1961; Sharp *et al.*, 1964; Farina and Holzberg, 1967; Sethi *et al.*, 1982). There are several clinically oriented studies which reveal that the attitude and behaviour of parents may influence the development of schizophrenia (Brown *et al.*, 1962; Rutter and Brown, 1966; Bell, 1968; Brown *et al.*, 1972; Vaughn & Leff, 1976; Berkowitz *et al.*, 1981). Brown *et al.*, (1962) carried out a planned study of the effect of schizophrenic's emotional relationship with his family on the course of his illness. It was observed that the degree of deterioration was significantly related to the amount of expressed emotion and hostility in the household. Brown and Rutter (1966) recorded the expression of both negative and positive feelings and used two types of scales. One was a simple account of the number of negative and positive statements and the second was an overall judgement based on total interview. The variables which were taken into account were critical comments about someone else in the home, dissatisfaction, hostility, warmth and emotional over-involvement. Brown *et al.* (1972) proved hypothesis that a high degree of expressed emotions (i.e. variables mentioned above) is an index of characteristics in the relatives which are likely to cause a florid relapse of symptoms independently of other factors such as length of history, type of symptoms or severity of previous behavioural disturbances.

The studies which have been reviewed above mainly deal with attitudes of relatives towards the genesis of schizophrenia. But the studies of Brown *et al.* (1962, 1972) Vaughn & Leff (1976) and Berkowitz *et al.* (1981) are the only clinically oriented studies in which the attitudes of key relatives affecting course and outcome of schizophrenia have been studied. For this reason we have selected variables from the studies of Brown *et al.* (1962 & 1972).

The present study aims to study the

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role of attitudes of key relatives towards the patient on the course of the schizophrenic illness.

MATERIAL AND METHODS

The measurement of the attitudes of Key Relative* towards the patient has been done with the use of 'Attitude Questionnaire' developed by Sethi *et al.* (1982). This Attitude Questionnaire (AQ) is based on the methodological backgrounds as taken by Brown *et al.* (1962 & 1972) in his studies. Five variables have been taken in account: —

(1) Number of critical comments
(2) Hostility
(3) Dissatisfaction
(4) Warmth
(5) Emotional Overinvolvement

For each variable six questions were assigned to measure the attitude of the respondent on a six point continuum of direct psychological enquiry with a view to elicit the response in 'Yes', 'NO' or 'Indefinite' from very high to very low intensity through a gradation.

Sample :

The sample consists of 45 Key Relatives* of 'Schizophrenic patients' who attended psychiatric department at K.G's. Medical College, Lucknow, and followed up for a 6 months. Each key relative of these patients was administered 'AQ' at the end of 6 months.

The outcome of these patients was assessed on an 'outcome schedule' especially designed for the present study. It measured the outcome in the area of 'clinical course' and 'Social functioning', by using a 3 point rating scale.

Clinical Course :

0= Complete or nearly complete recovery without any relapse. of 'psychotic symptoms'**, with or without residual personality change.

1= One or more relapses or acute exacerbation of 'psychotic symptoms'**, either with full remissions or with personality change.

2= Continuous psychotic illness.

Social Functioning :

0= No or little diminution of patient's efficiency or interference with everyday activities.

1= Illness interferes with subject's efficiency to a moderate extent, but is not incapacitating such as—subject neglects housework or cannot enjoy leisure activities or social relationship or finds work efficiency reduced. However, subject does not stop working or completely neglect household work.

2= Subject severely incapacitated by the illness : had to have at least 30 days off work during the past 6 months: was housebond for a fortnight or more and or was actively withdrawn from all social relationships.

For the analysis of present study, the patients who scored 'O' are taken as "Symptom Free' and "Socially Adjusted", whereas those patients who scored '1' or '2' are categorised as "Relapsed or Continuously Psychotic Patients" and "Moderately or Severely Social Incapacitated Patients".

OBSERVATIONS AND RESULTS

Table 2 shows the Means, Standard Deviations and 't' values in clini-

*Definition of Key Relative : The relative who has had direct face to face contact with the patient on a daily or almost daily basis over the last four weeks.

**Definition of Psychotic Symptom—(Episode)—Characterised by the emergence and presence of Acute exacerbation of symptoms that could be considered psychotic like hallucinations, delusions, chronic thought disorder, catatonia, marked depression, fear or elation, or bizarre behaviour suggestive of underlying psychosis.

TABLE 1. *Socio-demographic Variables of Schizophrenic Patients and their Key Relatives*

	Schizophrenic Patients (N=45)		Key Relatives (N=45)	
	N	%	N	%
Age (In years)				
16—20	10	22.2	5	11.1
21—25	12	26.7	7	15.6
26—30	11	24.4	4	8.9
30—35	5	11.1	3	6.7
36—40	4	8.9	3	6.7
41—45	3	6.7	8	17.8
above 45	—	—	15	33.3
Sex				
Male	32	71.1	32	71.1
Female	13	28.9	13	28.9
Residence				
Rural	15	33.3	13	28.9
Urban	30	66.7	32	71.1
Religion				
Hindu	32	71.1	32	71.1
Muslim	13	28.9	13	28.9

TABLE—2 : *CLINICAL COURSE*
Attitudes of family members as elicitated from key relatives (Mean, S. D's. and 't' values)

Variables	In Symptoms free patients (N=35) Mean	S.D.	In relapsed or continuously ill patients (N=10) Mean	S.D.	't'	p
1. Critical comments	−0.91	2.70	−0.2	2.39	0.73	N.S.
2. Hostility	−0.48	2.25	0.6	2.06	1.33	N.S.
3. Dissatisfaction	−0.94	2.99	0.1	3.45	0.92	N.S.
4. Warmth	1.97	2.34	2.4	2.87	0.48	N.S.
5. Emotional over-involvement	1.2	1.61	2.4	2.22	1.85	N.S.

cally 'Symptom Free Patients' and in 'Relapsed or Continuously psychotic patients' for five variables i. e. Critical Comments, Hostility, Dissatisfaction, Warmth and Emotional Over involvement. In the table, it can be observed that frequency of critical comments, hostility, dissatisfaction warmth and Emotional Over involvement is more in 'Relapsed or Continuously ill patients' (rating 1 or 2 on outcome scale) although statistically not significant.

Table 3. *Social Functioning : Attitude of family members as elicitated from key relatives (Mean, S. D.'s and 't' values)*

Variables	"Socially Adjusted patients" (N=30) Mean	S. D.	"Moderately or severely socially incapacitated patients" (N=15) Mean	S.D.	't'	p
1. Critical comments	−0.87	2.54	−0.53	2.88	0.42	N.S.
S. Hostility	0.33	2.06	0.6	2.22	0.41	N.S.
3. Dissatisfaction	−1.13	2.66	0.07	3.75	1.28	N.S.
4. Warmth	2.0	2.10	2.2	3.09	0.26	N.S.
5. Emotional over involvement	1.23	1.72	1.93	1.94	1.27	N.S.

Above table shows the Mean, Standard Deviations and 't' values in 'Socially Adjusted Schizophrenic Patients' and in 'Moderately or Severely Socially Incapacitated Patients' for five variables. In this table it can be observed that the frequency of Critical comments, Hostility, Dissatisfaction, Warmth and Emotional Over involvement is more marked in 'Moderately or Severely Socially Incapacitated Patients (patients having score '1' or '2' on outcome scale)'. The mean

difference in the two groups are not significant statistically for any variable.

DISCUSSION

Inspite of the new methods of treatment and care available, the schizophrenic patients are still liable to relapse with a recurrence of florid symptoms and great suffering can be caused to all concerned (Brown *et al.*, 1962). It has been observed that onset of florid symptoms is often preceded during the previous three weeks by a significant change in patient's social environment (Brown and Birley, 1968; Birley and Brown, 1970). In other studies the behavioural scientists have focussed on the influence of more persistent environmental factors such as emotions expressed towards the patient by the relatives with whom they are living (Brown and Rutter, 1966; Brown *et al*, 1972; Berkowitz *et al.*, 1981; Sethi *et al.*, 1982). Few workers have found that close emotional ties with parents or wives indicate a poor prognosis (Brown *et al.*, 1958; Brown, 1959; Brown *et al.*, 1972). Brown *et al.* (1962) examined the role of family in precipitating further breakdown. The concern with precipitating rather than predisposing factors can still lead to a greater understanding of the aetiology of the illness. In their study the degree of deterioration was significantly related to the amount of expressed emotion and hostility in the household.

Later Brown *et al.* (1972) in a sample of 101 patients with a new episode of schizophrenia used the measures developed by Rutter and Brown (1966). An overall index of emotional response of relatives was developed from the measures used, the most important factor being the number of critical comments made by the relative about the patient. The findings of previous study (Brown *et al.*, 1962) were confirmed as a significantly higher proportion of patients returning to a 'High emotional response home' relapsed in subsequent 9 months compared with those returning to a 'low emotional response home'. In our study the patients were followed up for a period of 6 months and the attitudes of 'key relatives' was observed. Although the findings are not statistically significant, there is a trend towards the relatives of the 'relapsed or continuously ill patients' expressing more critical comments, hostility, dissatisfaction, warmth and being emotionally overinvolved in comparison with the relatives of 'symptoms free patients .

When the patient's behaviour at discharge was controlled for, the relationship held true. Hence one can not argue that both relapse and relative's attitude are a consequence of the patient's degree of disturbance, it rather appears that the patient's relapse is somehow related to the relative's expressed emotions. Thus it provides an evidence that the way parents react to offspring with a known vulnerability to schizophrenia might affect the likelihood of their developing a further schizophrenic breakdown.

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