Rehabilitation and Care Staff:
An Anthropological Analysis of Emotionally Disturbed Patients in Treatment Vicinity in Lahore, Pakistan

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Abstract:

This study is conducted to study the effect of staff behavior on the betterment of schizophrenic patients. Study is conducted in Fountain House Lahore which is a rehabilitation center for schizophrenic patients. Results show that mostly patients were satisfied with the behavior of staff and facilities given them. According to the observations staff is less to handle such great number of patients, which burdened the staff. Professional training is required to increase the efficiency and health facilities for the better prognosis of the patients.

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Introduction

Schizophrenia is known to be an acute mental illness that disturbs the normal day processing and participation of the patients in daily affairs. This mental illnesses epistemology according to Durand and Barlow (2006) draws its definitional roots as a combination of two Greek words for "skhizein" (split) and "phren" (mind) an associative splitting of the basic functions of the personality [1]. The awareness of this acute problem has not resulted in an over-night rather what is said that "there was great unawareness in relation to mental illness, especially schizophrenia" [2].

Anthropology is defined as a study of mankind along with his outer environment and his over time evolved survival strategies. The sub branch of Anthropology termed as Psychological Anthropology is the study of mental illnesses and problems. "The study of mental illness is an area of interest in psychological anthropology" [3].

Schizophrenia may also be called as the "cancer of mental illness" [4]. Normally it is observed that schizophrenia is mostly misinterpreted with multiple personality disorder whereas splitting of mind is totally different from multiple personality. It is the disease that split off the individual from reality, this split is either from reality or within the mind and patient thought that their feelings and thoughts and imaginations are placed in someone else or somewhere else. These thoughts distance them from reality and they split themselves off from reality by making their own world. Whereas, multiple personality is totally a different disorder in which person lives with at least two distinct personality traits within one individual [4]. "The concept of 'split mind' inspired

the incorrect use of term schizophrenia to mean split or multiple personality" [1]. Schizophrenia is NOT the same thing as multiple personality disorder. Schizophrenia literally means "split mind," not that it's a disease of split personalities, but that individuals suffering from the disease are often split off from reality.

Schizophrenia is a disorder with "many different faces" [5] because of its diversity in symptoms and outcomes shown by these patients. It has many faces due to the diversity in the behavior and symptoms that are not necessarily shown by all those, who have been diagnosed with this disorder. Symptoms and severity varies from person to person, Austrian with his understanding that is "symptoms vary from one person to another and may also vary at different stages of the illness" due to which schizophrenia is difficult to describe [4].

Schizophrenia has many faces: paranoid type, disorganized type, even catatonic type. The primary symptoms are: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms, like speaking without emotional tone or having very little energy or will to do anything. "It is a devastating psychotic disorder that may involve characteristic disturbance in thinking, perception, speech, emotions, and behavior" [1].

Schizophrenia is universal and the chances of occurrence are higher in adolescence. It is unique because it mostly occurs in young adults. Male/Female have an equal tendency of developing schizophrenia but onset is earlier in males as it in twenty's just after teen age whereas, in females it's in late twenty's. "Schizophrenia typically occurs during adolescence or early adulthood". It rarely occurs after the age of thirty [6].

Schizophrenia is further divided into four subtypes. Catatonic schizophrenia (alternate immobility and excited agitation) "odd mannerisms with their bodies and faces, including grimacing" [7], Hebephrenic schizophrenia (disorganization; silly and immature emotionality), "thinking

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disturbance and bizarre behavior represents disorganization"
[8], Paranoid schizophrenia (delusion of grandeur or
persecution) "involve delusions and hallucinations; speech and
motor and emotional behavior are relatively intact" [1],
Residual (bizarre thoughts and social withdrawal) 'display
"leftover" symptoms such as negative beliefs and unusual ideas
that are not fully delusional' Durand and Barlow they are in
"partial remission" Oltmanns and Emery [1, 9]. Those
individual who do not fit in these types are classified as having
an undifferentiated type of schizophrenia.

Catatonic schizophrenia is the most chronic condition of
schizophrenia. It is "relatively rare" as compare to other
subtypes of schizophrenia [10]. It is one of the most curious
symptoms in some individuals with schizophrenia; it involves
motor dysfunctions that range from wild agitation to
immobility. In catatonic schizophrenia "psychomotor
abnormalities predominate" [11] and the person lies between
extreme excitement and stupor condition. People suffering from
this type are in a miserable condition. They may show "waxy
flexibility of the limbs" or they remain in stupor condition for
days, weeks or sometimes months "adopt peculiar postures for
long periods" and are unable to control their movements.
Prognosis in catatonic schizophrenia is very low [11].

Disorganized schizophrenia is the subtype of
schizophrenia in which people show disorganized speech,
behavior and flat affects. They have irrelevant talks and have
no connection in their sentences while talking. They laugh or
cry at inappropriate time or occasion and in a silly way.
"Laughing in a silly way at the wrong times" [7]. Person with
this type of schizophrenia have no or flat effects and show no
facial expressions. "Disruption in their speech and behavior;
show flat or inappropriate affect" [7]. They have emotionless
face while talking and their response cannot be judged by their
face. This subtype of schizophrenia was previously known as
"hebephrenic" [12] schizophrenia.

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Paranoid schizophrenia is the type of schizophrenia includes hallucinations "experiencing a sensation in the absence of an external stimulus" [11] and delusions "misinterpretation of reality" [1] but their cognitive skills and affects are relatively unimpaired. In paranoid schizophrenia the most promising delusions are delusion of grandiosity and delusion of persecution. "Prominent symptoms in the paranoid type are systematic delusions with persecutory or grandiose content" [9]. In delusion of grandiosity people think they are famous and important. In delusion of persecution person becomes suspicious about his family, friends and other people that they are going to hurt him. Common delusion in the people with schizophrenia is that others are "out to get them" [1]. In auditory hallucination person start hearing voices and in visual hallucination people tend to visualize individuals, scenarios that do not exist in reality. Usually auditory and visual hallucinations are reported by the patients who lie in this subtype of schizophrenia.

Residual schizophrenia is the subtype of schizophrenia which shows the symptoms of social withdrawal, bizarre thoughts, inactivity and flat affect, conversation with a person suffering from residual schizophrenia is frustrating. People suffering from residual type of schizophrenia have had at least one episode of schizophrenia but no longer show major symptoms of schizophrenia. "Patients who no longer meet the criteria for active phase symptoms but nevertheless demonstrate continued signs of negative symptoms" [9]. Prognosis in residual schizophrenia is better in relation to other subtypes "better functioning before and after episode of schizophrenia than people diagnosed with other subtypes" [13] because it includes mild symptoms "no longer manifest major symptoms" [1] of schizophrenia. This type of the disorder is considered as " [4].

Undifferentiated type of schizophrenia includes people who are diagnosed having schizophrenia but do not fall in any

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specific subtype "display prominent psychotic symptoms and either meet the criteria for several subtypes" Oltmanns and Emery (2012) like they may show delusional thoughts, flat affect, and negative beliefs but at the same time showing symptoms of disorganized speech [9]. "Major symptoms of schizophrenia but do not meet the criteria for paranoid, disorganized, or catatonic types" [1].

Material and Methods

Study is conducted in Fountain House Lahore. Research was started in the month of October, 2013 and end in February, 2014. Data is driven through socio-economic census forms and interview guides from a selective sample of 100 respondents. For ethical consideration of research every respondent was fully informed about the research objective before to start the interview. Then after taking their verbal consent data gathered. SPSS was utilized for data entry and analysis.

RESULTS and DISCUSSION

Table # 1

Question	Response	Total (n=100)
Friendly staff behavior	Yes	85
	No	15
Cooperative behavior of the staff	Yes	84
	No	16
Sympathetic staff behavior	Yes	56
	No	44
Taking pity upon patients	Yes	35
	No	65
Carelessness of the staff	Yes	25
	No	75
Strict behavior of staff faced by the patients	Yes	29
	No	71

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**Table # 2: Betterment of the patient according to the psychologists
(n=100)**

Gender	Stable	Un-stable
Male	57	13
Female	20	10

As concluded by the research 85 patients agreed that staff
behavior was indeed friendly, whereas only 15 patients
disagreed about the behavior of staff being friendly. Staff
behavior is very casual and open with the patients as they enjoy
music therapy and sing songs. They sit together make jokes and
tittles tattle together. Few reluctant patients feels that staff is
not friendly and force them out of their comfort zone. Results
further explored that demands of patients were fulfilled as
agreed by majority of 84 patients, whereas 16 patients
struggled hard for their demands such as telephonic
conversation with their family.

The research concluded about the staff to be cooperative.
Majority responded that staff is very cooperative as
psychologist make sure that they have telephonic conversation
with their family once in a week. Further staff arranges
different activities for patients. Positive reinforcement is given
for their active participation as token (chocolates and sweets)
and those who were more towards betterment and wanted to
leave, they may be discharged on basis of performance and
behavior.

According to many authors "operant conditioning
paradigm facilitates the learning of the relationship among
events in the environment. This type of learning enables us to
develop working ideas about the world that allow us to make
appropriate judgments." Positive reinforcement and
punishment are the types of operant conditioning which plays a
vital role in shaping the behavior of a person [14, 15].

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Among 100, 65 patients concluded that staff members just performed their duty and show no pity upon them because they were performing their duties and are just concerned to what they are paid for. But 35 patients felt that staff felt pity for their condition and situation they were passing through.

Some respondents say that staff shows compassion with them. While the other respondents claimed that the staff remains unconcerned and inattentive. 56 members felt staff was sympathetic with them because patients were away from their family and alone here, secondly because of their mental illness. While 44 patients felt no emotional attachment showed by the staff as staff was too busy and have to deal with a lot of things.

Most of the participants were satisfied with the sympathetic behavior of staff and the positive attitude has been observed. But half of the participants were not satisfied with the behavior of the staff as they claimed that the staff behavior is inattentive, incautious and negligent. Staff was not careless according to 75 patients whereas 25 patients disagreed with this statement.

Participants in minority reported that staff is careless because they have no insight of their mental illness whereas majority of the participants claimed that staff is careful because they have and realizes that staff behavior is for the "improvement of their mental health" [16]. Similarly 71 patients have no complain from staff behavior as being strict whereas 29 members feel that they were being treated rudely or humiliated by the staff.

Some participants reported that the staff is strict and rigid while the others claimed that the staff is soft spoken, kind and sympathetic. The lazy patients does not like if the psychologists advice them to do work to bring them back to normal life like a normal person. According to the results of table 2, 77 members were stable, 57 males and 20 females. 23 patients were un-stable 13 males and 10 females.

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According to psychologists view majority of the participants were stable whereas very few were considered as unstable. Criteria of stability and un-stability depended upon patient's behavior, degree of attention required, and medical attention. Those who were hyper, irritating, and talkative and require more attention were considered as un-stable. The staff in the female ward was females who had extreme work load, which increased the conflicts among the patients and the staff. More females were considered unstable due to the given conditions. There is no "standard regarding discharge criteria for the patient with a psychiatric" issue [17]. Discharge and readmission based on family decision, sometimes staff is involved along with the family in decision making.

Negative feedback has its own reasons. Firstly patients have irritating behavior which forced them to lose care taker's temper. Secondly patients argue about telephonic conversation. In this complain, the family members do not attend the call from Fountain House number because patient pressurize to take them back home. Other complaint of being ignored, but they misbehave with the caretakers and other members.

Positive feedback leads to show the compromising behavior of the patients as they know they have to live here with these people hence staff is not interfering in their matter. Those who are lazy were not asked to do anything. They get food and other necessities of survival without doing anything.

The staff of the Fountain House was not enough for the ascending number of patients. Furthermore psychologists have a lot of burden because they have to conduct group therapy; individual therapy and paper work like file maintenance and daily report of patient's stability. Most of the times internees visit and they share the work load of the psychologists by conducting individual, group therapy and even file work.

Caretakers take cares the diet of the patient by advising them to take their meal accordingly, as some of the patients suffering from diarrhea, food poisoning and fever. They take

cares their physical appearance as well; like patients have to take bath, cut their nails, change their clothes etc. Caretakers pay special attention to the medicine schedule of the patients.

Care takers sometimes become verbally abusive due to pressure of work and patients irritating behavior. They have to face pressure from the psychologist as well. They have to complete the work immediately within the given time. Within short time they have to manage a lot of things. Those who have been working for years, they have found many patients with the same disease. It may be possible that they have lost their interest due to this monotonous routine.

Due to lack of knowledge and professional training care takers are unable to deal with the emergency situations. New admission of a patient is avoided in the evening due to the un availability of Professional staff. . Mostly incidents like patient jumped from stairs, fight between patients, health problem occurs in the evening because there were only attendants no psychiatrist and psychologist in the house. Care givers were appointed without any educational preparation and professional training in psychiatric patients care, but were given three months training after appointment as a care giver in Fountain House. "Non-psychiatric physicians commonly perceived themselves as lacking knowledge, skills and expertise to provide appropriate care and treatment to psychiatric patients [18-21].

Due to large number of patient's attendants, psychologists and psychiatrists are unable to give special attention to every patient. Patients are far from their families and feel lonely, they miss their family and wanted to have telephonic conversation daily which is not possible to treat each patient individually and it is difficult for them to understand the situation, they keep on asking their psychologist to contact their family. Continuous demanding behavior from the members irritates the psychologists due to which they become abusive and sometimes even shout and ignore them. Sometimes

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other patients have to face "aggression and violence" from the staff as the result of their mood swings due to misbehave of other patients [22]. Psychiatrist visit the territory once in a week and it is not possible for them to give attention to each patient individually.

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