

Clinical Expressive Symptoms and Socio-Occupational Functioning among Person with Schizophrenia

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A B S T R A C T

Introduction: Schizophrenia is characterized by admixture of multiple symptoms which may involve varied zones of psychiatric function ranging from language, motor activity, reasoning, emotion to perception, which reduces individual's capacity and abilities. The present study is aimed to describe the clinical expressive symptoms and socio-occupational functioning among male and female patients.

Method and materials: The study includes 50 male and 50 female patients with schizophrenia on purposive sampling technique. Data was gathered using socio-demographic data sheet, Socio-occupational functional scale and Positive and Negative Syndrome Scale.

Results: The findings showed that whenever negative symptoms, positive symptoms and general psychopathology increased then socio-occupational functioning decreased. It supported negative relation between these factors.

Conclusion: There is need to create the general awareness about the psychiatric disorder specially schizophrenia disorder so that they can be identified at the earliest and patient get treatment before the severity of symptoms increases.

Keywords: Schizophrenia, socio-occupational functioning, positive symptoms, negative symptoms.

INTRODUCTION

Over the years, clinician and researches in schizophrenia have posited that symptoms and social functioning are intertwined (Glynn, 1998).⁶ Social functioning of an individual gets affected due to their symptomatic behavior. Social functioning impairment is a hallmark of schizophrenia. Schizophrenia affects across the age groups and is a chronic, severe and disabling psychiatric disorder. People with the disorder may hear voices which are not heard by normal individual. They become suspicious that other people are reading their minds, controlling their thoughts, or plotting to harm them. Therefore they remain entangled in these believes so that they lose their contact with reality. Schizophrenic patients can be garrulous and have wayward and unrealistic talk, also can be found sedentary for hours without talking.

These symptoms hinder the persons daily activities like bathing, grooming and dressing, therefore they are not able to maintain their personal hygiene. This can disturb people with the illness and can make them aloof and agitated.

As they become fearful of other people they do not ask for help and remain in their own created cocoon, this

may affect their social interaction with others and the surroundings. The care givers and the society at large is also affected by schizophrenia and people inflicted with it are not able to give proper justice to the jobs they are assigned and become dependent on others to finish off those tasks.

The symptoms in the diagnostic systems establish the diagnosis of schizophrenia. Schizophrenia is divided into positive symptoms and negative symptoms (Sadock et al., 2007).¹⁵ Positive symptoms include hallucinations, delusions and unorganized behavior (hebephrenia) that such patients experience that normal individual do not, whereas negative symptoms are characterized by the deterioration of normal level of functioning. Negative symptoms in schizophrenia consist of flattened affect (e.g. blunted emotions), avolition (lack of initiative), anhedonia (loss of pleasurable feelings), and social withdrawal (Sadock et al., 2007).¹⁵ These symptoms deprive the patient's motivation and energy to participate in social activity or to enjoy interactions with others, and due to these symptoms patient lead a pathological life.

Social functioning can be defined as the ability to fulfill the responsibilities and demand of requirements, maintain inter-personal relationship and take care of

him and other. Due to schizophrenia, as it is a chronic mental disorder, social functioning of an individual goes hampered. Schizophrenia is a severe, persistent and chronic psychiatric illness that results in gross burden and disability for the affected subjects, their care givers and the society. Coping with the society and its stress is one of the most debilitating aspects of the disorder that limits functioning.

Social disability, in particular, is one of the most crippling aspects of the disorder that dramatically limits functioning of the individuals and creates problem for the individual as well as everybody in his social sphere. The symptoms of psychosis come under the realm of 'positive symptoms' whereas the psycho-pathological manifestations that causes the subjects socio-occupational debilitation is grouped as 'negative symptoms'.

The symptoms of psychosis have been subsumed under the concept of "positive symptoms", whereas the psychopathological manifestations that underlie socio-occupational decline have been grouped as "negative symptoms". Schizophrenic patients suffer a broad range of social deficits which interfere with their ability to function in the social surroundings (Wallace et al.,1986).¹⁹ Even with symptomatic impairment the disability resulting from impaired social functioning can be both severe and chronic (Antony and Liberman, 1986).¹¹

Research during in the 20th Century has supported the conceptualization of schizophrenia not only as a disorder of psychosis, but also a disorder of social functioning. Early longitudinal studies of schizophrenia have consistently shown that such individuals often have prolonged periods of social dysfunction that are characterized by social withdrawal, a lack of close social relationships, and poor social skill, at both onset and years after the development of the illness.

The present study aimed to assess and examine the correlation among social functioning, positive symptoms, negative symptoms and general psychopathology in the group of persons with schizophrenia. Socio-Demographic and Clinical Data Sheet was used for socio-demographic details like age, sex, domicile, education, employment, marital status etc. Positive and Negative Syndrome Scale (PANSS) (Kay et al., 1987)⁷ was applied to evaluate the presence/absence and severity of positive, negative and general psychopathology of schizophrenia and Socio-occupational Functioning Scale (SOFS) (Saraswat et al., 2005)¹⁶ was applied to assess the individual's level of social and occupational functioning. SPSS 16 version was used for analysis.

MATERIAL AND METHODS

The sample consisted of hundred patients both male and female patients (50 male and 50 female patients) selected as clinically diagnosed patients with chronic schizophrenia as per ICD- 10 DCR with at least one year

of duration of illness, who were able to communicate in Hindi and in the age range of 25- 45 years. This study was conducted at Ranchi Institute of Neuro- Psychiatry and Allied Sciences, Ranchi. Non-probability purposive sampling technique was used for the study. The sample was selected from the admitted patients as per the criteria.

RESULTS

In the present study total sample of hundred patients were included (Table-1). Sixty percent of patients were in the age range of 25-35years and remaining 40% patients lies in the age range of 36-45 years. In education level, 12% were found in illiterate group, 48% were educated up to primary level, 31% were educated up to secondary level and 5% were graduate. P.G and above were found to be 4%.In occupation, 23% were farmer, 4% were from business class, 8% were housewife, those involved in private job were 26% and labour class were 29% of the total population. In family type, 39% patients come from nuclear family and 61% belongs to joint family. The reason for more patients coming from joint family might be that most of the patients comes from rural background where joint family is predominant. In category level, 15% were belonged to general class, 33% were from OBC, 12%

Variables	Group	
Age range	25-35 years	60 (60%)
	36-45 years	40 (40%)
Education	Illiterate	12 (12%)
	Primary	48 (48%)
	Secondary	31 (31%)
	Graduation	5 (5%)
	PG and above	4 (4%)
Occupation	Farmer	23 (23%)
	Business	14 (14%)
	House wife	8 (8%)
	Private job	26 (26%)
	Labour	29 (29%)
Family type	Nuclear	39 (39%)
	Joint	61 (61%)
Category	General	15 (15%)
	OBC	33 (33%)
	SC	12 (12%)
	ST	40 (40%)
Marital status	Unmarried	5 (5%)
	Married	55 (55%)
	Widow	22 (22%)
	Separated	18 (18%)
Domicile	Rural	70 (70%)
	Semirural	19 (19%)
	Urban	11 (11%)
Religion	Hindu	51 (51%)
	Muslim	14 (14%)
	Christian	10 (10%)
	Sarna	25 (25%)

Table-1: Sociodemographic details

belongs to SC and 40% belongs to ST class. In marital status, 5% were unmarried, 55% were married, 22% were widow and 18% were separated. In domicile, 70% belongs to rural areas, 19% were from semi urban, and only 11% comes from urban area of Jharkhand and other states of India. In religion, 51% were Hindu patients, 17% were Muslim, 10% were Christian and 25% were Sarna.

Table- 2 shows correlation among different variables. To calculate the correlation Pearson's correlation coefficient (r) was used. After analysis positive correlation was found between age and duration of illness. Negative relation is found between socio- occupational functioning and positive and negative symptoms of schizophrenia. Also in positive and negative symptoms of schizophrenia negative relation is found, in negative symptoms and in general psychopathology there is negative relation.

DISCUSSION

The present study was to examine clinical expressive factors associated with socio-occupational functioning in schizophrenia. It reveals that there is gross relationship between positive symptoms, negative symptoms, general psychopathology with socio occupational functioning of an individual with schizophrenia. The present study revealed that whenever negative, positive symptoms and general psychopathology increased, socio occupational functioning decreased and vice-versa, showing negative relation between the above factors.

Deficits in social functioning are more prominent in schizophrenia than in most other major psychiatric disorders. Ample research has repeatedly reported that almost 75% percent of individuals with schizophrenia show social impairments over one year (Mueser et al. 1991).¹⁴ Subjects with schizophrenia trying to merge with the main stream of the society contributes their overall functional outcome and ability to live in the community. Chronic schizophrenia patients have presented with modest worsening of day-to-day functioning. Negative symptoms in general are strong predictors of a poorer prognosis, poorer social outcome, and poorer quality of life. (Kirkpatrick B et al, 2006).⁸

In present study, increase in positive symptoms brought

decrease in socio-occupational functioning. The study of Kumar (2008)⁹ also showed significant negative correlation of social functioning with positive symptoms. Due to preoccupied hallucinations and delusions of such patients, their whole attention is diverted towards their own psychotic behavior leading to non-execution of any voluntary brain functions. Andrea et al. (2012)¹ also reported that positive symptoms did correlate with one measure of attention, working memory, and executive functioning and thus it was evident that these poor functioning lead to poor socio-occupational functioning as well.

Similarly, in the present study negative correlation between negative symptoms and socio-occupational functioning was also found which is also supported by numerous studies. Negative symptoms (blunted affect, alogia, asociality, avolition and anhedonia) are termed as a key element of schizophrenia (Makinen et al., 2008).¹² Studies have also suggested that negative symptoms are present in the prodromal phase, during psychosis and after the remission of positive symptoms (Mason et al. 2004; Throup et al., 2005).^{13,28} Kirkpatrick et al. (2006)⁸ have found negative symptoms to be strong predictors of a poor prognosis, poorer social outcome and poor quality of life and thus they constitute a distinct and important therapeutic domain. Makinen et al. (2008)¹² have also found that about one in three schizophrenia patients suffer from significant negative symptoms and in these patients, negative symptoms constitute a key element of overall symptoms, the day-to-day functioning and activities, affecting their quality of life and their ability to manage without significant outside help. Fervaha et al. (2014)⁴ conducted a study on 1427 patients with schizophrenia and stated that primary negative symptoms (when the symptoms are associated with the disorder itself) significantly contribute to the functional impairment seen in people with schizophrenia. Changes in negative symptoms further predicted worsening of activities in the everyday living domain. Kumar (2008)⁹ showed significant negative correlation of social functioning with negative symptoms in patients.

Further, Erol et al. (2009)³ conducted a study on social

	Age	Family income	Age of onset	DOI	DOT	SOF	Positive symptoms	Negative symptoms	General psychopathology
Age	1								
Family income	-0.75	1							
Age of onset	.819''	-0.92	1						
DOI	.330	.024	-.175	1					
DOT	.398''	-.002	-.028	.731''	1				
SOF	.077	-.134	.031	.113	.062	1			
Positive symptoms	.075	.159	.070	.009	-.084	-.355''	1		
Total Negative Symptoms	.014	.030	-.073	.123	.014	-.022	-.207'	1	
General Psychopathology	.069	.235	.058	.018	.017	-.286''	.355	-.043	1

Table-2 Correlation Table

functioning in schizophrenia and found that negative symptoms were the important predictor of social functioning. When patient is going through the negative symptoms they get totally withdrawn within themselves and have no interest in their surroundings or even in their own body, creating an emptiness in their life, remaining like a log in a corner. This all leads to poor hygiene, poor interaction, poor work performance summing up to a poor sociooccupational functioning. In some areas, symptoms that are negative and those leading to depression influenced real world performance while not relating to functional capacity or neuropsychological performance. The findings of the present study is also supported by Kumar (2008)⁹ who conducted a study on schizophrenia patients and found that significant negative correlation of social functioning with general psychopathology in patients. Socio occupational functioning decreases because patient get more involved in their somatic concerns, mannerism, unusual thought contents and many other cognitive psychopathology.

Gradual worsening of day-to-day functioning is commonly found in people with schizophrenia and those with a history of greater chronicity and severity of illness seems to be more affected. These influences seem to be expressed through worsening in the ability to perform everyday functional skills, everyday living domains, as well as worsening in performance based measures of everyday functioning and social competence predicted worsening in real world functioning. This is also similar to the findings of Srinivasan and Tirupati (2005)¹⁷ who examined the correlation between work functioning cognition as well as between clinical and demographic variables and measures of social functioning among 88 patients with schizophrenia from urban society of India. Negative symptoms predicted employment status, and poor social functioning predicted poor work performance.

In this study we saw that the higher the score in the three domains of positive, general psychopathology and negative symptoms the greater the role impairment, regardless of sex. We found that the higher the positive syndrome total score, the greater the impairment in social role performance. These findings makes the discussion imperative due to their possible impact of positive symptomatology on social role. In general, deficits in social skills pave the way before the illness onset, persistent psychotic state shows progressive deterioration leading to impairments in social functioning which are significant. The deterioration in social functioning leads to worsening of the patient's condition where his personal life, family life, social life and all his surroundings get affected.

CONCLUSION

To conclude, the present study describes the socio-occupational functioning of schizophrenia patients in clinical settings. It has been found that all the three

dimensions of schizophrenia that is positive symptoms, negative symptoms and general psychopathology affect the individuals socio-occupational functioning. The social functioning of persons with schizophrenia mostly gets affected in this disorder which has been showed in previous researches and has been confirmed in this study also. The study also revealed that adaptive living skills, social appropriateness and interpersonal skills also deteriorated due to the three dimensional symptoms of schizophrenia.

Therefore, there is need to create the general awareness about the psychiatric disorder specially schizophrenia disorder, its core symptoms as positive symptoms, negative symptoms and general psychopathology in public so that they can be identified at the earliest and patient get treatment before the severity of symptoms increases. So the role of social worker is very important in this aspect to create a general awareness in public as schizophrenia is a psychiatric disorder which requires immediate attention.

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