Influence of Family Motivation on Stigma of Schizophrenic Patients

Qu Yanling[1], Ma Juan[2]

1.Shaanxi University of Chinese Medicine, Xianyang, Shaanxi, 712000, China

2.Shaanxi University of Chinese Medicine, Xianyang, Shaanxi, 712000, China

Abstract: The study used questionnaire method to evaluate the dynamic characteristics of families and stigma of schizophrenic patients. And there were significant differences in first-episode age (P1 = 0.018) and times of hospitalization between inpatients and community schizophrenics (P2 = 0.00). So reducing the number of hospitalizations and having community rehabilitation would be helpful to reduce the stigma of schizophrenia. In clinical practice, guiding and improving the family atmosphere of patients and enhancing the degree of family members' personalization can also reduce the sense of shame.

1. Introduction

In this paper, the motivation of families and stigma of schizophrenic patients would be studied to provide the reference for the clinical improvement of stigma and rehabilitation.

1.1 Research Objects

1.1.1 Inclusion Criteria

Firstly, schizophrenia was diagnosed according to ICD-10. Secondly, the patients should at least have educated in junior high schools. Thirdly, they were hospitalized for more than 3 months, with stable mental symptoms and PANSS score < 60.

1.1.2 Convenience Sampling

The registered patients in community rehabilitation in Xingning District of Nanning and the inpatients in Nanning psychological hospital were enrolled in the order of convenient sampling. And 300 schizophrenic patients meeting the inclusion criteria were selected. A total of 600 questionnaires was distributed and 440 valid questionnaires were collected, with a recovery rate of 73.3%. Among them, 163 sets were recovered in the inpatient department and 277 sets in the community, with the recovery rates of 54.3% and 92.3% respectively.

1.2 Methodology

1.2.1 Methods of Questionnaire

This study adopts the questionnaire method. The questionnaire contains self-made demographic scale, self rating scale of systematic family dynamics (SSFD) and the stigma scale for mental illness (SSMI-C). And demographic data would be measured by self-made demographic scale, including age, hospitalization times and other general data. While SSFD was used to evaluate the characteristics of family dynamics in patients with schizophrenia. It was graded from 1 (full compliance) to 5 (non-compliance). Also it is divided into four dimensions, including family atmosphere, personalization, the system logic and the disease concept. Both reliability and validity would meet the requirements of psychometrics and could be used in dynamics survey of families. The stigma of patients with mental illness was assessed by SSMI-C. It is a self scale of rating with 28 items. The higher the scores are, the stronger the stigma is.

1.2.2 Statistical Analysis

After checking the original data, SPSS 17.0 statistical software was used for analysis. The counting data expressed as percentage (%), while measurement data showed as mean ± standard deviation (x±s). And T-test was used to compare before and after test, while the qualitative data were compared by multiple linear regression analysis, with $P < 0.05$ as the difference was statistically significant. Pearson correlation analysis was used to explore the total score of family system dynamics and social support and the score of related factors. The difference was statistically significant ($P < 0.05$).

2. Results

2.1 Inpatients and Community Schizophrenics

There were significant differences in the first-episode age and hospitalization times (P1 = 0.018), (P2 = 0.00) as shown in Table 1.

Table 1 Demographic Data Of Patients

Items	Source of subjects	N	Mean value	SD	t	P
Age of first onset	Communities	277	25.39	8.13	-2.359	0.017*
	Wards	163	27.28	8.17		
Course of disease	Communities	277	19.34	8.69	1.042	0.293
	Wards	163	18.35	10.11		
Age	Communities	277	44.75	8.82	-0.717	0.467
	Wards	163	45.42	9.47		
Number of previous hospitalizations	Communities	277	2.04	4.67	-3.761	0.000**
	Wards	163	3.39	2.74		

Note: * means $P < 0.05$, the difference was significant, while ** means there was a statistically significant difference between the two groups. ($P < 0.01$).

2.2 Inpatients and Community Schizophrenics

In the total scale and subscale score of stigma (P1 = 0. 000; P1 = 0; P2=0.002; P3=0.001; P4=0.000), there are significant differences in the total family motivation score and disease concept factor (P5 = 0. 012; P6=0.006), as shown in Table 2.

Table 2 the Scores Of Ssfd Scale and Ssmi-C Scale

Factors	Source of subjects	N	Mean value	SD	t	P
SSFD score	Communities	277	61.23	13.30	3.82	0
	Wards	163	55.40	16.59		
Discrimination	Communities	277	25.53	7.01	3.16	0.002
	Wards	163	23.03	8.69		
Illness Disguised	Communities	277	15.22	4.12	3.38	0.001
	Wards	163	13.81	4.16		
Positive Effects	Communities	277	20.29	4.19	4.03	0
	Wards	163	18.36	5.11		
SSMI-C score	Communities	277	77.25	9.06	2.51	0.012
	Wards	163	74.85	10.04		
Family Atmosphere	Communities	277	28.03	5.26	1.31	0.188
	Wards	163	27.21	5.62		
Individualization	Communities	277	21.11	3.63	1.51	0.129
	Wards	163	20.51	4.47		
System Logic	Communities	277	14.49	3.03	0.82	0.406
	Wards	163	14.23	3.35		
Concept of Disease	Communities	277	13.41	2.45	2.81	0.006
	Wards	163	12.61	3.04		

2.3 All Factors of Stigma in Patients with Schizophrenia

All of them were moderately correlated with family atmosphere and personality factors in the dynamics scale, as shown in Table 3.

Table 3 Correlation Analysis Of Each Factor between Ssfd and Ssmi-C

Variable	Family Atmosphere	Individualization	System Logic	Concept of Disease	Discrimination	Illness Disguised	Positive Effects
Family Atmosphere	1						
Individualization	0.653**	1					
System Logic	-0.331	-0.382	1				
Concept of Disease	0.516**	0.519**	-0.423	1			
Discrimination	0.441**	0.509**	0.166**	0.283**	1		
Illness Disguised	0.466**	0.520**	0.147**	0.228**	0.750**	1	
Positive Effects	0.414**	0.456**	0.108	0.266**	0.655**	0.625**	1

Note: When the confidence of * * is 0.01, the correlation is significant.

3. Discussion

Remission of symptoms of schizophrenic patients will promote the recovery of social function. In this project, 300 questionnaires were distributed to schizophrenic patients in stable period in ward and community. However, the recovery rate of effective questionnaires in ward was far lower than that in community. The questions of scrapping papers were focused on random answers and the response rate of questions was less than 50%, while the quality of inpatients is far lower than that of community patients.

The survey shows that the times of admission and stigma of psychiatric patients in Xingning District are significantly higher than those in community rehabilitation. Repeated hospitalization treatment will lead to the decline of family members' mental health status, lack of problem-solving

skills, and the environment of long-term hospitalization is easier for patients to label themselves as "all patients in the hospital are different from those outside", which affects the concept of disease. Therefore, from the family and individual level, reducing the number of hospitalizations, staying in the community as far as possible for rehabilitation, so that patients can regain the sense of controlling of disease and life, can reduce the stigma of patients and families. Schizophrenia patients have a high degree of internalized stigma. And internalized stigma reduces cognitive self-efficacy and strongly affects self-esteem. Some studies have found that the more positive the coping style is, the weaker the sense of shame is. It means to enhance the degree of individuation of patients and families, and face life in a positive way, which can reduce the stigma of patients and families.

This study also shows that the higher the stigma, the more rigid the family atmosphere. The family environment of patients with mental illness has the characteristics of low parent density and entertainment. The dull family atmosphere makes patients unable to express their feelings. At the same time, the construction of emotional expression is a reliable predictor of global relapse of mental illness. Compared with low emotional expression, high emotional expression increases the probability of relapse by 95%. The excessive intervention of emotional expression in family interaction aggravates the stigma of illness. We should deal with the internalized sense of shame and enhance hope and social support. The pleasure of family atmosphere is helpful to the expression of family members, to obtain positive coping style, to form a benign interaction, and to reduce the sense of shame.

References

[1] Guo Y,Qu S,Qin H(2018). Study of the relationship between self-stigma and subjective quality of life for individuals with chronic schizophrenia in the community[J]. Gen Psychiatr.vol.31,no.3,pp:e100037.

[2] Wong YLI,Kong D,Tu L,et al(2018). "My bitterness is deeper than the ocean" :understanding internalized stigma from the perspectives of persons with schizophrenia and their family caregivers[J]. International Journal of Mental Health Systems,vol.12,no.1,pp:14.

[3] El Gharbi I,Chhoumi M(2019),Mechri A. Symptomatic remission and its relationship to social functioning in Tunisian out-patients with schizophrenia[J]. Encephale,vol.45,no.1,pp:15-21.

[4] Li BJ,Liu P,Chu Z,et al(2017). Social isolation induces schizophrenia-like behavior potentially associated with HINT1,NMDA receptor 1,and dopamine receptor 2[J]. Neuroreport,vol.28,no.8,pp:462-469.

[5] Li J,Huang YG,Ran MS,et al(2018). Community-based comprehensive intervention for people with schizophrenia in Guangzhou,China :Effects on clinical symptoms,social functioning,internalized stigma and discrimination[J]. Asian J Psychiatr.no.34,pp:21-30.

[6] Yildirim T,Kavak BF(2020). The relationship between internalized stigma and loneliness in patients with schizophrenia[J]. Perspect Psychiatr Care,vol.56,no.1,pp:168-174.

[7] Krendl AC(2020),Pescosolido BA. Countries and Cultural Differences in the Stigma of Mental Illness :The East–West Divide.vol.51,no.2,pp:149-167.