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Changes to psychosocial functioning as demonstrated by the patients diagnosed with schizophrenia covered by the psychiatric rehabilitation system

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Summary

Aim. The objective of the research was to compare the self-image characteristics, stress coping strategies and the intensification of anxiety in patients diagnosed with schizophrenia before and after the rehabilitation programme.

Material and methods. The examined group was made up of 32 patients exclusively with the medical diagnosis of schizophrenia, according to the ICD-10 criteria. The mean age of the patients was 35 years, the average time of illness was 12 years. The patients were examined twice (at the admission to the psychiatric rehabilitation department and at the discharge from the department) with the following psychological tests: the Adjective Check List, the Stress Coping Questionnaire and the Self-Analysis Form by Cattel. The socio-demographic data of the patients were determined on the basis of the Socio-demographic Questionnaire designed by the authors.

Results. Statistically significant differences were found as regards the characteristics of self-image, stress coping strategies and the intensity of anxiety in patients before and after psychiatric rehabilitation programme.

Conclusions. 1. Following the rehabilitation programme the examined group of patients have a lower level of fear and anxiety, a more positive self-image, higher self-esteem, they better cope with stress and tasks and are more willing to establish interpersonal relationships as compared to the situation prior to the rehabilitation programme. 2. Following the rehabilitation programme the examined patients, while in a stressful situation, less frequently isolate themselves, concentrate on suffering experienced by them and react with the sense of helplessness and hopelessness.

Key words: schizophrenia, psychiatric rehabilitation

Introduction

Good functioning of a person suffering from schizophrenia is a result of interaction of many factors, the most important of which are the type and course of the disease, methods of treatment, the patient's personality, his or her family environment and other people's attitudes towards the patient [1–3]. A role in overcoming the consequences of schizophrenia, which not only affect the prognosis, but also have an impact on the patient's and his or her family's functioning on the social, psychological, occupational and cognitive planes, is played, among other symptoms of the disease, by cognitive deficits, which make it difficult for patients to pursue their life plans and the goals associated with their social roles, as well as hindering their access to treatment and rehabilitation [4].

Contemporary psychiatric rehabilitation embraces many forms of therapeutic intervention, as well as family training programmes supplemented by a variety of environmental interventions [5]. Cechnicki [5] stresses the importance of complementarity of treatment and rehabilitation programmes, which should follow the principles of partnership, comprehensiveness, versatility of interventions, optimal stimulation, graded difficulty and repetition of actions. The aim of rehabilitation is to equip a mentally ill person with the ability to influence the course of his or her own disease, cope with its symptoms and prevent relapse, and to teach him or her the social and emotional skills necessary for living, learning and working successfully with minimal support from other people and institutions [5].

As part of psychiatric rehabilitation, patients are offered a variety of training programmes and forms of therapeutic intervention, whose task, among other things, is to allow patients to practise interpersonal skills and good communication skills, build a social network, teach patients how to cope with their illness, how to solve problems and how to cope with the tasks of everyday life, encourage patients to share in the responsibility for their treatment, and to improve the patients' cognitive performance [5]. The task of psychiatric rehabilitation is, then, to restore a disabled person's ability to participate in normal life, so that they can recover their lost functions as well as develop, as much as possible, their physical and mental capabilities [6].

A lot of researchers devote attention to the issues related to psychiatric rehabilitation including: social skills training [5, 7–15], the role of psychoeducation [16, 17], psychotherapy of patients diagnosed with schizophrenia [18–24], art therapy [25, 26], music therapy [27–29], movement therapy [30] and therapeutic camps [31–33]. Moreover, the subject of the analysis was also the impact of the above rehabilitation activities on: the changes to patients' behaviour [6, 34, 35], on their life quality and changes as regards self-concept [3, 36, 37], social functioning [38, 39], cognitive skills [40–43], stress coping [44, 45] and coping with the illness [46].

Aim

The aim of the research presented in the paper was to compare the characteristics of self-image, stress coping strategies and the intensification of anxiety in patients diagnosed with schizophrenia before and after the rehabilitation inpatient programme.

The study is an attempt to verify the following research hypothesis: Following the rehabilitation inpatient programme the patients have a more positive self-image, they show less intensified anxiety and use more rarely emotional stress coping strategies as compared to the situation before the rehabilitation programme.

Material

Examined group

The examined group consisted of 32 patients diagnosed exclusively with the medical diagnosis of schizophrenia according to ICD-10. The mean age of the examined patients was 35 years (57 years at the maximum, 20 years at the minimum, SD = 8.92), the average period of illness duration was 12 years and the average number of hospitalisations (with the exception of psychiatric rehabilitation departments) was 5. The mean number of hospitalisations at psychiatric rehabilitation departments of the examined patients was 2. In terms of education, 9 individuals had higher education, 18 people upper secondary school education and 5 – basic vocational education. The total of 22 patients lived in urban areas, whereas 10 – in the rural areas. As regards marital status, 27 individuals were single and 5 were married. Out of that number 5 patients lived on their own, 25 patients lived with their parents and 2 with their spouses. The person indicated by the patients as the one from whom they got support in their illness were: the parents for 5 respondents, siblings – for 7 people, not family related persons for 10 patients. The source of income was: the salary – for 3 patients, disability pension – for 24 respondents, family – for 2 people and 3 patients informed about "other" sources of income.

The examined patients participated in the inpatient rehabilitation programme at the department of psychiatric rehabilitation of the Mieczysław Kaczyński Neuropsychiatric Hospital in Lublin. The patients underwent a rehabilitation programme at the all day department for the period of three months and the activities were organised in open groups. All examined patients participated in the following types of training: problem solving training, psychotherapy, medication training, relaxation, art therapy, good manners training, budget training, psychoeducation, work therapy, hygiene training, practical training, cooking training, literary and music classes, social skills training, training with the hospital chaplain, conversation skills training, excursions, bibliotherapy, health education classes, psychogymnastics, sport classes and therapeutic community meetings.

Methods

The patients were examined twice (at the admission to the psychiatric rehabilitation department and at the discharge from hospital) using the following psychological tests: the Adjective Check List by Gough and Heilbrun in the Polish version designed by Płużek [47], the Stress Coping Questionnaire by Janke, Erdmann and Boucsein in the Polish version designed by Januszewska [48] and the Self-Analysis Form by Cattell in the Polish version by Hirszl [49]. The socio-demographic data of the patients were determined on the basis of the Socio-demographic Questionnaire designed by the authors.

Results

In order to verify the research hypothesis during the first stage the Student's t-test was used for dependent groups to compare the mean results obtained in the Adjective Check List (by Gough and Heilbrun) scales by the patients before and after the inpatient rehabilitation programme (Table 1).

Table 1. **Comparison of the mean results obtained by obtained in the Adjective Check List (by Gough and Heilbrun) scales by the patients before and after the inpatient rehabilitation programme**

ACL scales	Results at admission		Results at discharge		t-test	
	M	SD	M	SD	t	p
No-Ckd (total number of adjectives checked)	39.72	7.23	39.09	9.34	0.48	ns
Fav (favourable)	40.50	11.03	45.38	9.75	-3.58	0.001
Unfav (unfavourable)	54.88	12.24	48.47	8.11	3.75	0.001
Com (communality)	35.72	9.05	38.19	9.93	-1.47	ns
Ach (achievement)	42.41	12.63	47.09	7.95	-3.05	0.005
Dom (dominance)	38.97	12.62	44.56	10.13	-3.79	0.001
End (endurance)	45.59	12.41	52.31	10.51	-4.63	0.001
Ord (order)	48.47	11.26	53.91	9.89	-2.99	0.005
Int (intraception)	43.94	10.30	48.44	7.74	-3.13	0.004
Nur (nurturance)	46.09	7.84	51.13	6.11	-3.70	0.001
Aff (affiliation)	44.66	12.10	49.97	12.23	-2.93	0.006
Het (heterosexuality)	38.06	15.01	44.94	9.73	-3.43	0.002
Exh (exhibition)	42.63	11.06	46.00	10.66	-2.06	0.050
Aut (autonomy)	47.38	5.76	46.31	6.88	0.86	ns
Agg (aggression)	42.63	9.22	43.38	5.88	-0.48	ns
Cha (change)	40.25	10.39	39.31	5.49	0.54	ns

table continued on the next page

Suc (succorance)	57.16	10.98	53.47	10.20	2.24	0.030
Aba (abasement)	59.50	12.19	55.19	10.42	2.92	0.010
Def (deference)	55.06	6.87	55.84	5.75	-0.52	ns
Crs (counselling readiness)	54.13	11.19	51.38	9.31	2.07	ns
S-Cn (self-control)	53.75	6.78	54.50	6.45	-0.54	ns
S-Cfd (self-confidence)	39.84	12.39	44.91	10.51	-3.08	0.004
P-adj (personal adjustment)	43.94	7.48	49.38	8.28	-4.10	0.001
Iss (ideal self)	44.41	10.94	49.34	9.29	-2.99	0.005
Cps (creative personality)	42.06	7.00	45.72	6.25	-2.86	0.007
Mls (military leader)	41.06	7.74	46.97	8.14	-4.73	0.001
Mas (masculine)	44.28	8.88	46.84	8.06	-2.15	0.040
Fem (feminine)	46.94	8.01	49.84	7.76	-2.05	0.050
Cp (critical parent)	33.38	7.06	33.28	10.25	0.05	ns
Np (nurturing parent)	44.41	9.99	51.25	10.16	-4.11	0.001
A (adult)	42.38	9.22	48.09	10.46	-3.39	0.002
Fc (free child)	40.38	11.48	44.34	9.19	-2.81	0.009
Ac (adapted child)	56.94	10.90	51.59	10.05	3.62	0.001

M – mean; SD – standard deviation; t – Student's t-test value; p – level of significance, ns – not significant

Following the rehabilitation programme the patients who participated in it achieved significantly higher results in the ACL scales: the number of positive adjectives used to describe oneself, the need for achievement, dominance, endurance, order, intraception, nurturance, affiliation, heterosexuality, exhibition, self-confidence, personal adjustment, ideal self, military leader, creative personality, masculinity, femininity, nurturing parent, adult and free child, and significantly lower results in the scales: the number of negative adjectives checked, succorance, abasement and adapted child as compared to the results scored by the patients prior to the rehabilitation programme at the department.

The obtained results inform that following the rehabilitation programme the examined patients are characterised by a significantly higher self-esteem, lesser hostility and a greater self-confidence and a greater trust in others, better insight into the motives of own behaviour and that of other people, more intensified need for nurturance, cooperation, making friends, close interpersonal relationships, attracting other people's attention, acting a group leader, more tolerance and spontaneity as well as better adaptation to the changing conditions as compared to the situation before rehabilitation. Following the rehabilitation programme the patients participating in the study assessed themselves as more hard-working, more motivated to accomplish their goals, more ambitious, persistent in the execution of their tasks, creative, using their potentials,

more responsible, independent, better coping with stress and everyday tasks and less abasing themselves.

To sum up the above results it can be said that following the psychiatric rehabilitation there is a great improvement in patients both in the sense of social functioning, social competence, their skills to cope with everyday tasks and the respondents show a more positive, self-accepting attitude.

Afterwards, using the Student's t-test a comparison was made for dependent groups of the mean results obtained in the scales of the Stress Coping Questionnaire (KRS) by the patients before and after completing the rehabilitation programme (Table 2).

Table 2. **Comparison of the mean results obtained on the scales of the Coping with Stress Questionnaire (KRS) by the patients before and after the rehabilitation programme**

Coping with Stress Questionnaire scales	Results at admission		Results at discharge		t-test	
	M	SD	M	SD	t	p
Belittling	12.66	4.02	12.94	4.19	-0.35	ns
Comparison to others	9.56	3.34	11.16	4.54	-2.19	0.040
Defence against fault	11.84	3.42	12.06	3.56	-0.31	ns
Diverting attention	11.81	3.25	11.34	4.48	0.59	ns
Alternative satisfaction	11.97	4.17	11.94	3.13	0.04	ns
Seeking self-affirmation	12.53	3.33	12.31	4.28	0.32	ns
Attempt to control the situation	13.66	3.78	13.19	4.22	0.68	ns
Attempt to control one's reactions	14.47	3.19	14.09	3.20	0.61	ns
Positive self-instruction	13.34	3.72	13.69	3.78	-0.52	ns
Seeking social support	13.22	4.31	12.28	5.21	1.11	ns
Avoiding tendency	13.88	2.65	13.69	3.04	0.33	ns
Escaping tendency	13.41	3.62	12.59	5.16	0.87	ns
Isolation from other people	10.06	4.71	7.97	4.25	3.46	0.002
Further preoccupation in thoughts	14.19	4.09	13.09	4.42	1.42	ns
Resignation	12.22	3.38	10.41	3.30	3.10	0.004
Self-pity	11.44	3.78	9.50	4.68	2.42	0.021
Self-blaming	12.44	3.65	11.16	3.87	1.73	ns
Aggression	7.13	3.73	6.16	3.86	1.32	ns
Dependence	4.59	3.06	4.66	3.30	-0.12	ns

M – mean; SD – standard deviation; t – Student's t-test value; p – level of significance, ns – not significant

After the rehabilitation programme the patients obtained significantly lower results in the Coping with Stress Questionnaire (KRS) scales: Isolation from other

people, Resignation and Self-pity and significantly higher results in the scale Comparison to others. The results show that following the rehabilitation programme the examined individuals, while in a stressful situation, significantly less frequently avoid contacts with other people, react with the sense of sadness, hopelessness, pessimism and concentrate on the experienced suffering and significantly less often express the opinion that they have an aptitude for coping with a difficult situation better as compared to others.

The last stage of the study involved a comparison, using the Student's t-test for the dependent groups, of the mean results obtained in Cattell's Self-Analysis Form before and after the rehabilitation programme (Table 3).

Table 3. **Comparison of the mean results obtained in Cattell's Self Analysis Form by the patients before and after the rehabilitation programme**

Personality Questionnaire scales	Results at admission		Results at discharge		t-test	
	M	SD	M	SD	t	p
Q_3 - (low self esteem)	6.94	3.18	6.06	2.55	1.58	ns
C - (neurotism)	4.75	2.27	4.56	1.78	0.48	ns
L + (suspiciousness)	3.41	1.48	2.66	1.86	2.17	0.040
O + (sense of guilt)	13.34	3.60	11.75	3.41	2.72	0.011
Q_4 + (high tension)	10.63	4.34	8.06	4.49	3.62	0.001
Open anxiety	18.16	7.02	13.88	7.01	4.50	0.001
Hidden anxiety	17.50	6.31	15.72	5.11	1.83	ns
General anxiety	38.25	12.18	32.25	11.24	3.84	0.001

M – mean; SD – standard deviation; t – Student's t-test value; p – level of significance, ns – not significant

After the rehabilitation programme the examined patients obtained significantly lower results in Cattell's Self Analysis scales: General Anxiety, Open Anxiety as well as Suspiciousness, Sense of Guilt and High Internal Tension as compared to the situation prior the rehabilitation programme. These results inform that following the rehabilitation programme the examined patients show a significantly lower intensity of fear and anxiety (mainly open anxiety of which the respondent is aware) as compared to the situation prior to the programme, they are characterised by a significantly lower suspiciousness, distrust, hostility towards other people, less intensified sense of guilt, loneliness and lower sense of inadequacy, inferiority and a lower level of self-aggression and shyness in interpersonal interactions and a greater self-confidence level.

Recapitulation and discussion

The obtained results of statistical analyses fully confirmed the research hypothesis formulated in the study. The results obtained by the authors of the study indicate that

following the rehabilitation programme the examined group of patients have a more positive self-image, they show a lower anxiety level and they less frequently use destructive stress coping strategies as compared to the time prior to the rehabilitation programme.

As compared to the results obtained during the examination at admission to hospital, the patients, during the examination at discharge, are characterised by a higher self-esteem, better adaptation, higher motivation to achieve success, they are more hard-working and more focussed on the accomplishment of goals, they have a stronger sense of duty and are more conscientious, they put more emphasis on the ordering, organisation and planning of their activities, they better understand themselves and other people, they are characterised by greater social boldness, empathy, need for nurturance, cooperation, establishing open, cordial interpersonal relationships characterised by respect to other people. They have more trust in their capabilities and achievements as well as a more positive attitude to life, they are more creative, sensitive in the aesthetic sense, they are more focussed on fulfilling duties and obligations and more ambitious, firm, persevering and persistent in achieving their objectives. They are characterised by more self-discipline, responsibility, ambition as well as spontaneity. At the same time the results obtained by the examined group of patients show that following the rehabilitation programme the patients show a lesser need for succorance, they are more independent and relatively free from self-doubt, in a smaller degree they criticise and abase themselves, they can better cope with stress and tasks and have more tolerance to frustration.

The findings correspond to the opinion of Sawicka and Meder [34] according to whom psychiatric rehabilitation prevents patients' isolation and helps them in better functioning in the society as well as to the views of Ciałkowska et al. [12] who point out an advantageous role of psychiatric rehabilitation in the development of social skills in patients, the acquisition of interpersonal skills allowing them to establish and maintain interpersonal relationships as well as to look after themselves in a better way. The findings obtained by the authors of this study show a positive impact of psychiatric rehabilitation on self-image characteristics, on self-esteem of the examined group of patients, their social competence as well as stress coping and anxiety coping strategies and strategies for everyday coping, but they did not support the results obtained by Kasperek et al. [36], who express the opinion that the very self-concept does not undergo quick changes as a result of psychiatric rehabilitation. These authors [36] did not find changes in the self-image of the patients who completed a four-months rehabilitation programme.

The results obtained by the examined group of patients indicate that following the rehabilitation programme they less frequently use destructive ways of stress coping such as: isolation, resignation, self-pity and they more often express the views regarding skills to cope with a difficult situation as compared to the period prior to the rehabilitation programme. The presented findings correspond to the opinion expressed by Pietrzyk and Lizińczyk [46] who claim that following rehabilitation one can see cognitive, behavioural and emotional efforts made by the patients while coping with everyday life. In their opinion [46] rehabilitation allows patients to make

thinking realistic, to decrease social isolation, to take responsibility for the quality of solutions to current problems, to look for positive meanings of what they experience on a daily basis and not to deny but face problems. Problem solving trainings are of particular importance in a situation when, as Wiedl and Schotner [50] put it, schizophrenia patients use specific stress coping mechanisms such as: avoiding difficult situations in order to prevent undesirable consequences, isolating themselves, showing helplessness, submission, using psychoactive substances, which do not lead to solving the problem.

During the examination at discharge from hospital the patients obtained significantly lower results as regards open and general anxiety examined using Cattell's Self-Analysis Form. Moreover, following the rehabilitation programme, the examined patients are characterised by lower suspiciousness and distrust in relation to other people, less intensified fear and anxiety, less intensified self-dissatisfaction and lower internal tension, lower jealousy level, lower insecurity, they are less prone to feeling guilty, they more seldom show self-aggression and less frequently experience loneliness and sadness. The authors' findings correspond to those obtained by Konieczyńska et al. [51, 52] who stress that psychiatric rehabilitation significantly reduces the sense of loneliness, the sense of guilt, isolation, tension and suspiciousness. The same as Borkowska et al. [13] they indicate a positive influence of rehabilitation activities to improve the patients' mood, self-confidence and interactions with other people.

Of great significance is the comment by a female patient participating in the psychiatric rehabilitation programme. She summed up its significance in the following way:

"Rehabilitation is a way to help fight the nightmares of the past, bounce back from the bottom of despair bordering with self-annihilation. It helps reach the origin of illness, untie painful personality knots that we often fail to see. It helps us see the reality in its beauty that is not easy and also, which is difficult, see the beauty in ourselves and be able to express it artistically: by words or by the work of hands. It is at that moment that we might be surprised by the strength of the expression of the contents, form and imagination so that the illness did not become a gap in the biography (…)"

Conclusions

1. Following the rehabilitation inpatient programme the examined group of patients have a lower level of fear and anxiety, a more positive self-image, higher self-esteem, they better cope with stress and tasks and are more willing to establish interpersonal relationships as compared to the situation prior to the rehabilitation programme.
2. Following the rehabilitation programme the examined patients, while in a stressful situation, less frequently isolate themselves, concentrate on suffering experienced by them and react with the sense of helplessness and hopelessness.

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