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EFFECT OF SUPPORTIVE PSYCHOTHERAPY ON SUBJECTIVE WELL BEING AND QUALITY OF LIFE IN INDIVIDUALS WITH SCHIZOPHRENIA

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ABSTRACT

Schizophrenia is a disorder that affects 1% of the total human population with a relatively uniform distribution throughout the world. The present study is to determine the "Effect of Supportive Psychotherapy on Subjective Well Being and Quality of Life in Individuals with Schizophrenia". A hospital based study with 16 male schizophrenic inpatients were selected (8 patients for experimental and 8 for control group) according to inclusion and exclusion criteria. Assessment tools were used as Socio-Demographic Data Sheet, The Positive and Negative Syndrome Scale (PANSS), P.G.I. Quality of Life Scale, and P.G.I. General Well Being measure. Experimental group was received intervention of supportive psychotherapy for 06 weeks (12 individual sessions) on individual basis and group wise too. The study found that significant changes on subjective well being and quality of life after the intervention on experimental group as compared to control group patients. The supportive psychotherapy has the ability to improve the subjective well-being and quality of life among psychiatric patients.

KEYWORDS

Schizophrenia, Supportive Psychotherapy, Quality of Life, Well-Being.

INTRODUCTION

The term schizophrenia was coined by the Swiss psychiatrist 'Eugene Bleuler' at the turn of the twentieth century. It refers to a major psychiatric illness, or a group of disorders, with a diverse collection of thought, perception, affect, behavioral and cognitive abnormalities. Various studies have been conducted to determine the root cause, but the causes remain elusive and uncertain. So far, no civilization or culture on the planet has been spared. There is proof that this perplexing disease is a major public health concern (World Health Organization, 2009). In 1908, 'Eugene Bleuler' was describe the functional separation of personality, thought, memory, and perception in schizophrenic patients. Positive and negative (deficit) symptoms are frequently used to describe schizophrenia with psychopathologies. Dominated symptoms considered as positive symptoms i.e. thought disorder, different kinds of delusions, and auditory or visual hallucinations are common manifestations of psychosis. As well as negative symptoms are so-called because they are the opposite of positive symptoms viz. lack of motivation, appearance of blunt affect or flatted affect, impaired emotion, poor expression, inability to feel pleasure living like in other world or not interested in present surroundings.

Subjective Well Being

Well-being is described by psychologists as good emotional and mental wellbeing as foundations of a person's quality of life. The subjective evaluation of a person's current position in the world is referred to as well-being. Our sense of well-being is influenced by our pleasures and appreciation of life's blessings. Subjective well-being is described as a combination of positive affect and general life satisfaction (Diener, 1984). Psychological well-being, in this context, to how people used to measure their lives at the present and in the past; thus, these evaluations include people's emotional responses about the life events, moods, and decisions.

Quality of Life

Quality of life (QOL) is described by the World Health Organization as "an individual's perception of their place in life in relation to their goals, aspirations, standards, and concerns in the sense of the culture and value systems in which they live" (Saxena & Orley, 1997). Despite the fact that there is no generally accepted concept of quality of life, it is widely agreed that it includes that "access to resources and opportunities, fulfillment of life's tasks, level of functioning, and a sense of well-being or life satisfaction" make up quality of life (Attikisson, Cook, and Karno, 1992). The subjective satisfaction expressed or encountered by a person in his or her physical, mental, and social circumstance is referred to as quality of life. It is the patient's self-satisfaction in different domains of life as evaluated by the patient himself, not the physician's or therapist's evaluation of the patient's life.

Supportive Psychotherapy as an Intervention

Evidence shows that Supportive psychotherapy was the first psychotherapy technique used in the treatment of patients with serious psychological disorders. It is a substitutive type of care (Werman, 1984). It provides support to the patient, with psychological functions that he or she either lacks completely or has insufficiently. Recent studies show that in schizophrenia, emotionality is often normal or even elevated, particularly in response to stressful negative life events. The main role of supportive psychotherapy is to boost emotional stability as quickly as possible in the patient, along with symptom relief, so that he/she can able to perform better way in their life. A coordinated effort is made to improve existing defenses as well as to develop better "mechanisms of influence," with the aim of removing or reducing harmful external factors that serve as catalysts. It is a form of care for patients with "chronic mental health related disorders for whom simple improvement is not seen as a practical target. The goal of supportive psychotherapy is to keep a patient alive, who is unable to handle his or her own life (Bloch, 1979). The therapist serves as a mentor with supportive psychotherapy to providing the patient advice about how to deal with tough situations and instructing to learn specific skills and coping strategies.

METHODOLOGY

Aim And Objective

The present study aim is to determine the "effect of supportive psychotherapy in schizophrenic patient to enhance the subjective well being and quality of life".

Hypothesis

· There will be no significant effect of supportive psychotherapy on positive and negative symptoms between experimental group and control group.
· There will be no significant effect of supportive psychotherapy on subjective well being between experimental group and control group.
· There will be no significant effect of supportive psychotherapy on quality of life between experimental group and control group.

Research Design and Sample

The present study is a hospital based study conducted at Ranchi Institute of Neuro- Psychiatry and Allied Sciences (RINPAS) Kanke, Ranchi. The Pre-Post research design with experimental and control group has been used. The purposive sampling technique was used for sample selection. A total of 16 schizophrenic patients were randomly selected from different wards as per inclusion and exclusion criteria

and equally divided into two groups (experimental and Control group). All selected patients were diagnosed cases of schizophrenia according to ICD-10 diagnostic criteria.

Research Tools

Socio-Demographic Data Sheet

A semi-structured Performa prepared by researcher for elicit the socio demographic differences between research samples. It was consist of all areas of socio-demographic details like age, domicile, education, employment, marital status, religion, sex etc.

The Positive And Negative Syndrome Scale (PANSS)

Scale was published in 1987 by Kay et al. It is widely used in the study for the quantification of positive and negative symptoms of schizophrenia and is also in frequent use to assess the efficiency of therapeutic measures used for the treatment of schizophrenic disorders. It is a 30 item rating instrument evaluating the presence/ absence and severity of positive, negative, and general psychopathology of schizophrenic disorder. All 30 items are rated on a 7 point scale. Alpha coefficient analysis indicated high internal reliability and homogeneity among items with coefficient rating from.73 to .83 for each of the scale.

P.G.I. Quality of Life Scale (PGI.QOL)

The P.G.I. Quality of Life Scale (revised) has items updated and simplified. This version's important and satisfactory things were used to create the final shape to assessed quality of life for Indian population. Inter rater reliability was .89 and validity is independent of socioeconomic status with 26 questions in five point rating scale. It was easily administered in Indian population (Moudgil et.al, 1986).

P.G.I Well Being Measure (WBM)

The scale was measure general well-being of an individual. Test is 20 questions and shows positive correlation with quality of life. Reliability of this test was measured by K.R 20 formula and focused to be .98 and validity was correlated with a number of different studies by Wig, Prasad and Verma (1974). The scale is in English but its Hindi version is also made, available by Moudigil et al. (1986).

Therapeutic Package

The therapeutic package and intervention module was prepared by researcher and supervised by the expert in the respective area. Therapeutic package included evidence based supportive psychotherapy technique with psycho-education technique, to improve quality of life and well-being among schizophrenic individuals. This intervention module for hospital based rehabilitation with six weeks of time duration for in-patients, a total numbers of 12 individual sessions for six weeks (twice in a week), approximately one hour for per session has been planned. The psycho-education was provided in group basis to all together experimental group patient, and the supportive psychotherapy sessions were provided in one to one (12 individual sessions).

PROCEDURE OF THE STUDY

Present study was a part of academic research work of author with all academic norms and ethical permission. The Patients were selected from different wards of RINPAS as per inclusion and exclusion criterions after having informed consent. They were equally divided into two groups as control and experimental group (08-08 patient in each group). Both the groups were administered socio demographic data sheet. After rapport establishment the researcher were administered psychological assessment tools as pre-assessment (PANNS, PGI.QOL, and WBM Scale) to assess their present functioning. After the pre assessment, experimental group was received supportive psychotherapy sessions with treatment as usual for 06 weeks as individually and group basis, and the control group was treated as usual.

Psycho-education sessions were conducted weekly with experimental group patients; they were engaged daily in ward with different ward activity according to choice of patient and supervised by the researchers with ward staffs. After successful completion of therapy session, post assessment was done with the same psychological tools which used for pre-assessment (PANNS, PGI.QOL and WBM Scale) on both group patients, and obtained data for result of the study. At the ending of the study, control group was also received same therapeutic intervention for ethical consideration. The statistical analysis of data was done with the help of computer software SPSS 16.0 version.

RESULT AND DISCUSSION

Following the method of consolidation and coding, the socio-demographic data obtained from the study of sixteen patients was subjected to statistical analysis. The experimental and control groups were compared on major socio-demographic variables, and it was discovered that there was no substantial difference between them on age, education, occupation, domicile, and marital status. All the patients in both groups were male and Hindus.

Table–1: Comparison Between Experimental And Control Group For PANNS.

Variable	Experimental Group (MEAN±SD)			Control Group (MEAN±SD)			Mann Whitney			
	Pre	Post	Diff. (pre-post)	Pre	Post	Diff. (pre-post)	Mean Rank		U	Z
							Exp.	Con.		
Pos. scale	3.750 ±.866	1.750 ±1.035	2.00 ±.755	5.125 ±.834	4.125 ±8.34	1.000 ±.534	11.25	5.75	10.00	2.513 **
Neg. Scale	4.375 ±.916	3.875 ±.834	.500 ±.534	4.625 ±.744	4.500 ±.755	.125 ±.353	10.00	7.00	20.00	1.567 NS
Psy. Patho.	4.750 ±1.281	1.625 ±.517	3.125 ± 1.125	4.875 ±.640	3.125 ±1.25	1.750 ±1.035	11.06	5.94	11.50	2.264 *

NS=not significant, *=Significant at .05 level, **= Significant at.01 level

Table 1 shows the comparison between experimental and control group for positive and negative syndrome scale. Mean difference in experimental group was positive scale=2.00, negative scale= .50 and 3.125 for psychopathology scale. In control group mean difference on positive scale = 1, negative scale = .125 and 1.75 for psychopathology scale. However significant difference was found on positive symptoms scale at both group U value= 10.00, Z value is 2.513 which is significant at .01 level. In psychopathology scale U value= 11.50, Z value is 2.263 which is Significant at .05 level. Which suggest that supportive psychotherapy intervention is significantly help to patient in reducing their positive symptoms. No significant difference was found on negative symptoms scale Obtained U value= 20.00, Z value=1.567. The individual suffering from schizophrenia have significantly impaired social, occupational and personal skills. The impairment in social, occupational and personal area significantly impact their daily living, quality of life, well being and over all functioning of the individual. Despite they May development in the area of pharmacological treatment which has shown as promising result in symptom reduction, relapse rate and over all better patient care. But still number of treatment in question of schizophrenia need to be answered as improvement in social and occupational functioning. There is very little data in favors of narcoleptics, which is one of the best predictors of current functioning and long-term outcome in schizophrenia. The psychosocial approaches have been developing to improve the quality of life adjustment and many more cares of the individuals suffering from schizophrenia.

Assertive community treatment supportive employment, cognitive remediation and social skill training has mainly being used to improve the specific skills for the person suffering schizophrenia. The result of the present study promising to same thought where it has in found that the supportive psychotherapy was significantly effective on positive symptoms and other psychopathology of schizophrenia cases who have received the supportive psychotherapy on the other side person suffering with schizophrenia were on treatment as usual and not given the supportive psychotherapy intervention were not found as better there counterpart.

In the area of negative symptoms scale this difference was not significant. The mean value of experimental group is suggested to a definite better gain in negative symptoms too of the person who has received supportive psychotherapy in comparison to them who has not received.

The findings of the present study in the line of 'Alan' and 'Susie' (2008) who reported that long term psycho dynamically informed, supportive psychotherapy is valuable approach for working with individual for whom after intervention are in affective.

Table–2: Comparison Between Experimental And Control Group For Well Being Measure.

Variable	Experimental Group (MEAN±SD)			Control Group (MEAN±SD)			Mann Whitney			
	Pre	Post	Diff. (Pre.-post.)	Pre	Post	Diff. (pre-post)	Mean rank Exp.	Mean rank Con.	U	Z
WBM	6.75 ±1.752	14.37 ±1.509	7.62 ±2.065	8.50 ±3.964	9.87 ±3.044	1.37 ±1.407	4.50	12.50	.000	3.373 **

NS=not significant, *=Significant at .05 level, **= Significant at.01 level

Result presented on table no. 2 is showed that the experimental and control group has significant difference in scores of pre and post assessment in experimental and control group for General Wellbeing. Significant difference was found on general well being measure; Z value is 3.373 which is significant at .01 levels. The mean difference on experimental group was 7.26 and 1.37 in control group which suggest that supportive psychotherapy intervention is significantly helpful in individual with schizophrenia to improve their subjective well being. As indicated by Skantze et al. (1992) that, standard of living reflects the objective dimension of how well the basic needs of life are met, while quality of life is the patient's own subjective view of well-being and satisfaction with his life. Sixty-one schizophrenic out-patients completed self-report inventories and participated in interviews about quality of life and standard of living. It is established fact that psychosocial measures not only in have compliance but also augment symptomatic and functional recovery in schizophrenia. The finding of the present study supported by Penn et al (2005) and Szmidla and Leff (2006) who reported that psycho-educational intervention have shown consist effect on the improving the condition of cases with schizophrenia.

Table-3: Comparison Between Experimental And Control Group For Quality Of Life.

Variable	Experimental Group (MEAN±SD)			Control Group (MEAN±SD)			Mann Whitney			
	Pre	Post	Diff. (Pre-Post)	Pre	Post	Diff. (Pre-Post)	Mean rank Exp.	Mean rank Con.	U	Z
QOL	56.12 ±10.521	64.02 ±9.411	7.62 ±2.065	54.87 ±9.078	55.37 ±8.830	.50 ±1.309	5.50	11.50	8.000	2.537 **

NS=not significant, *=Significant at .05 level, **= Significant at.01 level

In the area of quality of life experimental and control group has significant difference in scores of pre and post assessment in experimental and control group as indicated by Table 3 shows the comparison between experimental and control group for quality of life. The result presented in table shows significant difference on quality of life. Obtained U value= 8.000, Z value is 2.537 which is significant at .01 level. Obtained mean difference was obtained 7.62 for experimental group and .50 for control group these results suggest that supportive psychotherapy intervention is significantly helpful in patient for improving their quality of life. Findings of present study is in supported of Pitkänen et al. (2012) whose study was to estimate the effectiveness of patient education methods on quality of life and functional impairment of patients with schizophrenia results Patients' global quality of life improved and functional disability decreased significantly in all education groups. The findings of present study too supports the feasibility of implementing the supportive psychotherapy module (psycho-education, social skill training, inspirational group meeting, activity scheduling, suggestions and reassurance) in inpatient settings such a program may be beneficial for patient with significant improvement in functional and symptomatic impairments and better quality of life. Due course of time, the concept of schizophrenia has gradually being changed. Advance in neuroscience has potentiality to claim that genesis of schizophrenia laying in various neurotransmitters. But advent of many advance pharmacological agents from typical to atypical antipsychotic could not be helpful to manage the problem of schizophrenia and many others deficits caused by this illness. The non compliance of the medicine is a great challenge for mental health professional. The rates of medication non compliance may be as high as 75% of patient with schizophrenia and may increase over time. The reason for non compliance may be uncomfortable side effect and monotony of compulsion is taking medicine for longer time. The non compliance is common in all illness long term treatment is required. Research condition supportive psychotherapy plays a vital role. The supportive psychotherapy helps an individual in establishing a comfortable treatment routine as well as trust in the therapist and treatment, fostering a sufficient acceptance of illness to allow comparison to treatment, discovering and supporting areas of ego strength and also monitoring closely for relapse. The findings of present study also reveal the significant impact of supportive psychotherapy in different areas of person with schizophrenia and were on treatment as usual as their counter parts who have not received the supportive psychotherapy intervention.

CONCLUSION

Presently, mental health related problems rising day by day among all age group individuals which are affecting in a various way and damaging human's well being, quality of life and life satisfaction. Schizophrenia is a major psychiatric illness has being not only affected individual's personal life, rather also damaging whole family functioning, over loading for financial bourdon regarding treatment and affect social status. This study is found that supportive psychotherapy as an intervention program has ability to improved subjective well being and quality of life in patients who suffering from schizophrenia. It has also improvement in daily functioning, to maintain work efficiency among the patient, as well as to reduce positive symptoms and general psychopathology of the individual with schizophrenia.

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CONFLICT OF INTEREST:

There is no conflict of interest between the authors.

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