



# SOCIAL STRUCTURE AND FAMILY PROBLEMS OF NEUROTIC PATIENTS

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## INTRODUCTION

The term neurosis refers to general types of disorder in which the individual suffers from severe anxiety but tries to function in the real world. It is a mild type of mental illness wherein patients show either excessive or prolonged emotional reaction to any given stress. They have symptoms like; anxiety, fear sadness, vague aches and pains and other bodily symptoms. They are aware of their problems and seek help. These patients lose the ability to interact with other and fail to carry out normal functions. In some mild types of neurosis, though the patient is in touch with reality, his mental functions are disturbed causing discomfort to him. The important thing is that the pattern of behaviour of this kind of disorder not fit the facts as other persons see them and is usually aware of their behaviour which is some what inappropriate and has some understanding of the reasons behind it. The neurotic disorder does not carry responsibilities in society and may be full of hostilities. Rosenhan (1973) has also observed that the various forms of disorders are vague and obstruct, and these types of disorders have always little relationship between the behaviour and function.

The incidence of neurotic disorders varies in population, society and different strata of the same society. The several investigation as well as studies conducted by Dube (1970), Sethi et al. (1972) in hospital settings, found the importance of socio-economic, demographic and cultural factors in the development of various mental disorders. Study by Schwab et al. (1970) in the development of various mental disorders. Schwab and Schwab (1975) have also found that socio-cultural condition which markedly led to an increase in the stressfulness of living trends and played havoc with the human organism and led to the increased incidence of stress and neurotic disorders. Other studies, particularly those showing status controls, have been conducted by Ruesch (1946), Ruesch et al. (1948), Lipset and Bendix (1963) and Lensik (1967). They observed that upward mobility also increased neurotic disorder.

These factors developed due to the recent changes in the society, industrialization, and urbanization and emerging social and family problems.

## TYPES OF PSYCHOLOGICAL DISORDERS

- **Psychological Disorder**
  - **Atypical behavior:** not enough in itself
  - **Disturbing:** varied with time and culture
  - **Maladaptive:** harmful to oneself or others
  - **Justifiable:** sometimes there's a good reason

## HISTORICAL PERSPECTIVE

- Perceived Causes (in the past): movements of sun or moon; evil spirits
- Ancient Treatments: exorcism, caged like animals, beaten, burned, castrated, mutilated, blood replaced with animal blood

## PSYCHOLOGICAL DISORDERS

- **Medical Model**
  - Concept that diseases have physical causes
  - Can be diagnosed, treated, and in many cases, cured
  - Assumes that "mental" illnesses can be diagnosed on the basis of their symptoms and cured through therapy in a psychiatric hospital
- **Bio-psycho-social Perspective:** Assumes that biological, socio-cultural, and psychological factors combine and interact to produce psychological disorders.



### ETIOLOGY: DSM - IV

- American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorder*
- Widely used system for classifying psychological disorders
- **Neurotic disorder:** distressing but allows one to think rationally and function socially.
- Freud saw the neurotic disorders as ways of dealing with anxiety.
- **Psychotic disorder:** person loses contact with reality
- Experiences irrational ideas and distorted perceptions

### ANXIETY DISORDERS

- **Anxiety disorders:** distressing, persistent anxiety or maladaptive behaviors that increase anxiety
- **Generalized Anxiety Disorder:** client tense, apprehensive, and in a state of autonomic nervous system arousal
- **Phobia:** persistent, irrational fear of a specific object or situation
- **Obsessive-Compulsive Disorder:** characterized by unwanted (**repetitive thoughts obsessions**)
- **Actions = (compulsions)**
- **Panic disorder:** Marked by a minutes-long episode of intense dread in which a person experiences terror and accompanying chest pain, choking, sweating, hyperventilation or other frightening sensations.

### DISSOCIATIVE DISORDERS

- **Dissociative Disorders:** conscious awareness becomes separated (dissociated) from previous memories, thoughts, and feelings
- **Dissociative Amnesia:** selective memory loss often brought on by extreme stress.
- **Dissociative Fugue:** flight from one's home and identity accompanies amnesia
- **Dissociative Identity Disorder:** rare dissociative disorder in which a person exhibits two or more distinct and alternating personalities; also known as multiple personality disorder

### MOOD DISORDERS

- **Mood Disorders:** Characterized by emotional extremes
- **Major Depressive Disorder:** Mood disorder in which a person, for no apparent reason, experiences two or more weeks of depressed moods, feelings of worthlessness, and diminished interest or pleasure in most activities

- **Mania:** Mood disorder marked by a hyperactive, wildly optimistic state
- **Bipolar Disorder:** Mood disorder in which the person alternated between the hopelessness and lethargy of depression and the overexcited state of mania; formerly called manic-depressive disorder

### SCHIZOPHRENIA

- **Schizophrenia:** literal translation "split mind"
  - group of severe psychotic disorders characterized by:
    - **Disorganized and delusional thinking.**
    - **Disturbed perceptions**
    - **Inappropriate emotions and actions**
- **Delusions:** false beliefs, often of persecution or grandeur, that may accompany psychotic disorders
- **Hallucinations:** false sensory experiences such as seeing something without any external visual stimulus
- **Types of Schizophrenia**
- ✓ **Paranoid:** preoccupation with delusions, or hallucinations
  - ✓ **Disorganized:** disorganized speech or behavior, or flat or inappropriate emotion.
  - ✓ **Catatonic:** Immobility (or excessive, purposeless movement), extreme negativism, and/or parrot-like speech (repeating of another's speech or movements)
  - ✓ **Undifferentiated or Residual Schizophrenia:** Symptoms not fitting one of the above

### PERSONALITY DISORDERS

- **Personality Disorders:** disorders characterized by inflexible and enduring behavior patterns that impair social functioning (usually without anxiety, depression, or delusions).
- **Antisocial Personality Disorder:** disorder in which the person (usually male) exhibits a lack of conscience for wrongdoing, even toward friends and family members; may be aggressive and ruthless or a clever con artist

A number of neurotic often come to psychiatric Centre for their treatment. It has been experienced that often these people and need the supportive counselling to their family along with psychiatric treatment regarding control of neurotic behaviour. The sick society of conflict family model suggested that fundamental reforms in the family relationship are necessary. It was, therefore, planned



to find out sort of problems faced by such patients in the family relationship.

### Method

The present study was conducted on the basis of one year population (From 1<sup>st</sup> January to 31<sup>st</sup> December) of neurotic disorders viz., anxiety, depression, hysteria, phobia and obsession, who were attending Psychiatric Centre, Lucknow for the treatment, diagnosed as per International Classification of Disease ICD (10) The total number of cases registered at the Centre was 871. Of these, 91 cases drawn from mitotic cases of out – door- patient department (OPD) which were 10.4% of the total population. The information was gathered through the interview schedule on the basis of random sample method.

The number of male and female in our sample selected from different sub-type of neurotic cases have been organized into three areas:

1. Social structure of the patients
2. Presenting complaints when they approach the OPD.
3. Nature of family problems identified during the treatment process.

### Results

It is evident that neurotic problems are affecting females of above 20 years age- group. A large numbers of them are married and are living in the urban area. Hindu were in majority with 89 percent of the total population. A large number (49.5%) were primary educated. As far as the wives and no income group was found in the sample. Streets factors in more than two third of the sample group have been found.

The second aspect of data, namely presenting complaints of the sample when they approach OPD for help reveals that a majority (30%) complained of sleep disturbance. It can be observed the problem of the sample more than one-third conflict of various degrees with spouse. More than one-fourth of the sample had inter-personal conflict with parental family of spouse (in-laws), one-fifth had conflict with either person with his/her sibling (in-laws), one-fifth had conflict with either person with his/her sibling and finally one eighth had conflict with their own with their own parents. The causes of conflict in the family were mainly environmental tension, economic tension and clashing temperament. The remaining social indicators of quarrels are miscellaneous.

### Discussions

Our findings in the area of social structure of the neurotic disorders indicate that it agrees with the findings of other research done in this area. As the sex, age and income-wise distribution is concerned some studies on neurosis in Vellore town reported higher prevalence of neuroses in females (Varghese and Beig, 1974). Other findings reveal that the prevalence of neurotic disturbance was more

among females, which is in the conformity with the observations of other workers both in the West and in the East (Lamkan, et al., 1942; Lin, 1953; Sethi, et al., 1967; Dube, 1970). Other studies also reported higher occurrence of neurosis in females.

It has been found has found most of neurotic patients come from female class (52.2%) as against their 47.9 Percent distribution of Uttar Pradesh population (Census Report, 2011), especially the house wife in all age groups but are more commonly found in the 20-30 years age group. In this aspect, there is a difference from the findings of Sethi et al. (1967) and Dube (1970). This is a significant as it indicates about no income groups are working as a significant finding as it indicates about no income groups are working as house wives, which is an important factor and may explain the inter-personal conflict as revealed by our sample. The findings, regarding religion and marital status of the sample are also significant. In our sample, 89 percent belong to the Hindu religion, the Muslims in our sample constitute 9.9 percent and Jains constitute 1.1 percent.

The marital status of the sample is significantly related to neurotic disorders. In our sample, 86.8 percent were married and 13.2 percent unmarried. Similarly this relationship also showed that married people are more prone to get neuroses than those who are single (Varghese, et al. 1973). The same pattern was also found by Dube (1970). Similarly, we have also observed about domicile and education of our sample that the urban status of the sample is also significant as compared to the education. This is corroborated by the study of Ostfeld and D'Atri (1995) who extensively reviewed data from the literature examining the relationship of urbanization changes and chronic diseases. The urban domicile in our sample constitutes 84.6 percent which is different from the general population distribution (21.1% urban population of Uttar Pradesh), whereas the rural was 15.4 percent of the group as against 78.9 percent of general population of Uttar Pradesh (Census report, 2011). As far as the education is concerned, our sample constitutes 49.5 percent of school level 13.7 percent of college and 18.8 percent of non- school level which shows that schooling level is lower literacy rate is also significantly related to neurotic disorder.

The occupation in our sample constitutes 17.6 percent government servants, 4.4 percent businessmen, 1.1 percent Farmers 2.3 percent daily wages worker 7.7 percent student, 3.2 percent retired person,, 5.5 percent unemployed person, 58.2 percent house wives which reveals that house wives are more significantly related to neurosis.

The analysis of the stress in the family of our sample constitutes 17.1 percent parent's loss in child-hood, 10.5 percent family members suffering from mental illness, 23.8 percent from chronic illness



of spouse, 27.1 percent loving kin-expire, 10.7 percent childless family, 3.3 percent no son and 7.5 percent too many children which reveal that the loving kin-expired of the sample is significantly related to neurotic problems.

The finding regarding present complaints in our sample constitutes 5.5 percent impaired social functions, 9.9 percent physical complaints, 30.0 percent sleep disturbance, 28.2 percent neurotic symptoms and 26.0 percent neurological symptoms, which reveals that the sleep disturbance of the sample is significantly related to neurotic disorders.

The analysis of the above presented complaints of the sample indicates the family problems. of these, husbands (26.7 percent) conflict with their own parents, (12.3 Percent) parental family of spouse have conflict (26.7 percent) and finally conflict with either person with his/her sibling (20 percent) which reveals that the conflict with husband is due to economic tension and parental family of spouse due to environmental tension are significantly related to neurotic disorder .

## CONCLUSION

It may be concluded that there are social problems in the family and mainly the spouse and in-laws of the patients in their inter-personal relationship. In these cases we need supportive counseling also with psychiatric treatment. But most of the cases have requirement of change in the social structure of the family or psychiatrists must advise them for family therapy for their better adjustment with family and society.

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