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Interpersonal Difficulties among Schizophrenic Patients

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Abstract: **Interpersonal difficulties characterize schizophrenic patients at all stages of their illness. These difficulties involve difficulties related to controlling and manipulating others, difficulties that are related to suspicion and distrust of others, and an inability to experience empathy for the needs of others, difficulties expressing affection and love toward others, difficulties maintaining long-term relationships, and trouble forgiving others, difficulties initiating social interactions, feeling anxious interacting with others, and having problems expressing emotions with others, difficulties being assertive with others and difficulties taking on roles of authority. Assessing the interpersonal difficulties among schizophrenic patients was carried out at EL-Abbasyia Hospital of Mental Health in the middle area of Cairo Governorate (Egypt) within a convenient sample of 34 hospitalized patients with schizophrenia.**

Keywords: **Interpersonal Difficulties, Inventory of Interpersonal Problems, IIP-C, Mental Health Nursing, Schizophrenia.**

I. INTRODUCTION

Schizophrenia spectrum disorders are evident in literature as far as pharaonic Egypt. It was firstly prescribed by Kraepelin in 1887 as "dementia praecox" and was renamed by Bleuler in 1911 as schizophrenia (Vella & Pai, 2015).This organic and psychotic disorder is among the world's 10 top causes of long term disabilities. It is not only chronic, debilitating or heterogeneous, but also it is devastating and complex major mental disorder effecting 1% of the population worldwide and has been the focus of scientific integration for more than a century (La Toya, 2016).Sullivan's proposed that in patient with schizophrenia interpersonal traumas cause fragmentation and high degree of anxiety which interferes with the desire for connectedness early in life. Significant others don't allow for the relationship necessary for adequate identity development early in life of the patient as they relate with neglecting, over construction or disturbance making a long history of need frustrating and precarious interpersonal experiences (Perez-Rodriguez, Derish, Palomares, Kaur, Cuesta-Diaz, & Lis, 2018).Interpersonal difficulties involve difficulties related to controlling and manipulating others, difficulties that are related to suspicion and distrust of others, and an inability to experience empathy for the needs of others, difficulties expressing affection and love toward others, difficulties maintaining long-term relationships, and trouble forgiving others, difficulties initiating social interactions, feel anxious interacting with others, and have problems expressing emotions with others, difficulties being assertive with others and difficulties taking on roles of authority (Horowitz, Alden, Wiggins et al, 2000). According to Peplau (1997), nursing is the profession that focuses on helping patients to gain intellectual and interpersonal competencies beyond that which they have at the point of illness. This is through the assessment of the patient's interpersonal world and gearing nursing practices to evolve such competencies through nurse-patient interactions. Nursing is an educative instrument, a maturing force, that aims to promote forward movement of personality in the direction of creative, constructive, productive, personal and community living. It is therefore that interpersonal training programs might be expected to provide

a variety of benefits. They are designed to teach new skills and improve overall interpersonal functioning. All of this is accomplished through goal setting, instruction, rehearsal, corrective feedback, and practice homework assignments (Hooley, 2010).

II. SUBJECTS AND METHOD

This study carried out a descriptive explanatory design at EL- Abbasyia Hospital of Mental Health in the middle area of Cairo Governorate (Egypt). A convenient sample of 34 hospitalized patients with schizophrenia was recruited for the conduction of the current study fulfilling the following inclusion criteria; being aged ≥20, being diagnosed with schizophrenia, being oriented to time, place and persons, being capable of verbal communication. The exclusion criteria included; the presence of ongoing medical or neurobiological condition that would interfere with the patient's ability to communicate and current or a history of drug or substance abuse other than nicotine.

Tools for Data collection:

An interview questionnaire sheet was developed by the researcher based on literature review consisted of: (1): Socio-demographic Data Questionnaire: Patient's age, gender, educational level, marital status, occupation and duration of hospitalization. (2): The Inventory of Interpersonal Problems-Circumplex (IIP-C; Alden, et al., 1990): which is a 64 item instrument derived from the 127 item Inventory of Interpersonal Problems. Two types of items are included in the measure: interpersonal behaviors that are "hard for you to do" and interpersonal behaviors that "you do too much." Each item is rated on a 5-point Likert-type scale with anchors of "not at all" (1) and "extremely" (5). The tool was adopted and translated into Arabic.

Tool validity

It was ascertained by three expertises in the Mental Health and Psychiatric nursing department. They were from different academic categories, i.e., professor and assistant professor. To ascertain relevance, clarity and completeness of the tools, experts elicited responses, which were either agree or disagree for the face validity and content reliability. Necessary Modifications were done according to the experts' opinions.

Reliability Analysis

The reliability of the tool was assessed through measuring their internal consistency by Cronbach Alpha Coefficient test and its value was (0.697).

Pilot Study

A pilot study was carried out after the adaptation of the tools and before starting the data collection. It was conducted on (10%) of the expected sample size to test the clarity, feasibility and applicability of the study tools.

Field Work:

The researcher met with the patient's rights committee at EL Abbasyia Hospital of Mental Health in order to recruit patients for participation in the study according inclusion and exclusion criteria. Individuals interview were conducted with the patients before their inclusion in the research to ensure that they were eligible to take part in the study. It takes 30-35 minutes for each subject to ensure that patient's mental and educational capabilities don't interfere with the patient's response. Written informed consents were obtained from each patient. Then, sociodemographic data questionnaire and IIP-C is collected through verbal communication to ensure that patient feel more at ease with answering the questions as most of them are illiterate and not able to fill the tools by themselves.

Results:

Part I: socio-demographic characteristic and studied patients.

Table (1) shows that, the mean age o of the studied patients was 46.88+12.26. The majority of patients lied within the age group category (41-50 yrs). The majority of patients were females with percentage of (64.7%). Regarding marital status, the majority of patients were never married with percentage of (55.9%) while regarding educational level, the percentage of patients who can read and write was the highest.

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Part II: Interpersonal Difficulties level**.**

Table (2) shows that the overall IIP-C reviled high interpersonal difficulties. The most difficulties were related to subscales; LM (Overly Nurturant), JK (Exploitable), NO (Intrusive) and HI (Nonassertive) while BC (Vindictive) DE (Cold), FG (Socially Avoidant) and PA (Domineering) show moderate difficulties.

IIP-C may measure general interpersonal pattern of change, deficit in interpersonal functioning in person with schizophrenic disorder could be an integral birth of a schizophrenic psychotic episode itself, secondary effects of schizophrenic psychotic symptomatology or vulnerability or potent rating factors that are antecedent to schizophrenic episode and may influence their development (Salsman, 2006). Previous research also has found that schizophrenic patients who are aware of their interpersonal difficulties also tended to underestimate the severity of these problems. On the other hand, socially withdrawn individual though not diagnosed with schizophrenia often reported elevated levels of interpersonal distress, despite not having much interpersonal contact (Sparks, McDonald, Lino, O'Donnell& Green, 2010).

Discussion:

The IIP-C inventory is locating eight specific interpersonal difficulties based on their angle lotion in the two dimensional circumplex spaces. Starting from the dominant pole of the agency dimension and moving center clock wise the octant and corresponding scale. Concerning total PA domineering subscale in the intervention group and control reflect moderate difficulties. In its problematic form, dominance turns into difficulties related to controlling, manipulating, being aggressive toward and trying to change others. High scores on the PA (Domineering) subscale report this related difficulties. On the contrary, in a study sought to clarify how dependency traits may be related to neurocognition and clinical symptoms of schizophrenia, multiple regression analyses demonstrated that greater neurocognitive deficits predicted greater dependency needs. However, there is no relationship was found between symptoms and the level of dependency needs (Lysaker, Wickett, Lancaster, Campbell & Davis, 2004). BC Vinditive subscale which is located at 135 of the circumplex. It reported difficulties that are related to suspicion and distrust of others and inability to experience empathy for the needs of others i.e. it report paranoid ideation symptoms. Some schizophrenia researchers have suggested that the heightened negative emotions experienced by people with schizophrenia may result from failure to down-regulate negative emotions, indicating an explanatory role for emotion regulation and empathetic deficit schizophrenia.DE Cold which is located at 180 on the circumplex. High scores report difficulties in expressing affection and love towards others, difficulties maintaining large term relationship and troubles in forgiving others. According to Collins (2003) coldness represents the other end of the affiliations continuum and includes individuals who tend not to be warm Cooperative or nurturing. Individuals usually describe themselves as lacking warmth being unkind and unsympathetic i.e. "a lone wolf". Meanwhile, Leary observed with hostility to be involved in coldness communicated through subtitle attitude of punishment discipline and provoking guilt rather than overly destructive acts i.e there is correlation between being cold and hostile. The 4th subscale of IIP-C. It is located at 225 on the circumplex and is labeled FG (socially avoidant). People who score highly on this subscales, reports difficulties initiating social interactions feel anxious interacting with others and often have problems expressing emotions with others. Sullivan views the basic function of interaction that all interpersonal behavior is guided by the purpose of avoiding anxiety or developing self-esteem. The challenges that schizophrenia patients experience when it comes to relating to and understanding the social world likely limit the extent to which they can develop supportive interpersonal relationships. They don't pick up on the kind of social hint that all obvious to most people. They also tend to be emotionally unexpressive and hard for others to read. The preference of schizophrenia for limited amount of social contact (Wallace, 1984). NO subscale, which is located at 45 on the circumplex. It is the eight subscale of IIP-C and is labeled NO (intrusive). People who score highly on this subscale report the problem with attention-seeking inappropriate self-disclosure and difficulties spending time alone. Prior studies suggest that while individuals with schizophrenia experience more severe levels of loneliness, their experience of loneliness may be associated with similar cognitive biases and downstream effects on emotional and physical health as found in the general population. Specifically, loneliness in schizophrenia is associated with negative interpersonal expectations. Loneliness was associated with a broader range of clinical and positive psychological characteristics, including age of schizophrenia onset, mental well-being, perceived stress, optimism, resilience, and happiness (Eglit, Palmer, Martin, Tu & Jeste , 2018).

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Table (1): Frequency distribution of studied patients as regards their demographic characteristics (N=34).

Item		N	%
Age group	**20-30 yrs.**	2	5.9
	31-40 yrs.	9	26.5
	41-50 yrs.	15	44.1
	51-65 yrs.	8	23.5
	Mean ± SD	46.88±12.26	
Gender	**Male**	22	64.7
	Female	12	35.3
Marital Status	**Never married**	19	55.9
	Married	4	11.8
	Divorced	9	26.5
	Widowed	2	5.9
Educational	**Illiterate**	7	20.6
Level	**Can read and write**	10	29.4
	High school	9	26.5
	University	8	23.5

Table (2): IIP-C interpersonal difficulties level (N=34).

IIP-C subscale	Mean	Std.
PA (Domineering)	3.09	.69
BC (Vindictive)	2.67	.82
DE (Cold)	2.84	1.15
FG (Socially Avoidant)	3.01	1.27
HI (Nonassertive)	3.41	1.10
JK (Exploitable)	3.54	.82
LM (Overly Nurturant)	3.58	.84
NO (Intrusive)	3.52	.92
Total IIP-C	3.43	.70

III. CONCLUSION

Based on the findings of the present study, it can be concluded that: shows that the overall IIP-C reviled high interpersonal difficulties. The most difficulties were related to subscales; LM (Overly Nurturant), JK (Exploitable), NO (Intrusive) and HI (Nonassertive) while BC (Vindictive) DE (Cold), FG (Socially Avoidant) and PA (Domineering) show moderate difficulties. It is recommended to conduct health education intervention to reduce interpersonal difficulties level among patients with schizophrenia. The developed intervention should be implemented on a wider scale and longer time in the study settings and in similar ones to confirm its positive effects and improvement. Future programs should include the Psychiatric nurses teaching them how to deal with schizophrenic patients regarding their individuality to improve interpersonal skills in inpatient words to support what the psychoeducational interpersonal intervention teach patients.

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