

Effect of Supportive Psychotherapy on Daily Functioning of Individual with Schizophrenia

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ABSTRACT

Background: The term schizophrenia was introduced into the medical language at the beginning of 20th century by the Swiss psychiatrist Bleuler. It refers to a major mental disorder, or group of disorders, which involves a complex set of disturbances of thinking, perception, affect and social and interpersonal behaviour. **Aim:** The present study is to determine the “Effect of Supportive Psychotherapy on daily functioning of Individual with Schizophrenia for effective treatment, there is a need to provide data on supportive psychotherapy. **Methods:** A hospital based study conducted with 16 male inpatients were selected (8 patients for experimental and 8 for control group) according to inclusion and exclusion criteria. Assessment tools were used:-Socio-Demographic Data Sheet and Cognitive Symptoms Check list (CSC). Experimental group was given supportive psychotherapy for 06 weeks (12 individual sessions) individually and group basis. **Result and conclusion:** The study concluded that significant improvement on daily functioning of the individual with schizophrenia who received supportive psychotherapy session.

Keywords: Schizophrenia, Supportive Psychotherapy, Daily Functioning.

Schizophrenia is a psychiatric diagnosis that describes as a mental disorder characterized by abnormalities with difficulties in thinking, perception, disturbances in social and family adjustment with abnormal affect and behaviour, and adjustment in day to day personal life care. The word schizophrenia which translates roughly as “splitting of the mind” was coined by ‘Eugene Bleuler’ in 1908 and was describe as gross deterioration of function between personality, thinking, memory, and perception. Schizophrenia is often described in terms of positive and negative (deficit) symptoms. Positive symptoms include auditory hallucinations, delusions and other thought disorder, and negative symptoms induced withdrawal in social functioning, self care and interaction, attentional impairment, skills for expression own self are typically regarded as manifestations of psychosis. Diagnosis of schizophrenia is based on the self reported experiences of the person as well as abnormalities in behavior reported by the family members, friend or co-workers, followed by secondary signs observed by a

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psychiatrist, psychiatric social worker, clinical psychologist or a clinician in a clinical assessment. There is a list of criteria that must be met for someone to be diagnosed as schizophrenia. These depend on both the presence and duration of certain signs and symptoms. The schizophrenic individuals always shows a wide range of impairment in effective functioning and other hands some schizophrenic patients are highly deficient in the skills needed to solve daily living problems effectively.

Daily Functioning: Schizophrenia has been described as the most severe psychotic disorder, with a significant effect on the individual's daily or day to day life and functional capacity. Individual with schizophrenia are less employed and not interested to works full-time. Every day or daily functioning relates to the skills needed to function independently. Daily functioning is usually studied using outpatients with schizophrenia and healthy control groups. Cognitive deficits are an important predictor of declining everyday functioning (Evans et al., 2003, Kurtz et al., 2001, Patterson et al., 2001). Daily functioning refers to daily self-care activities within an individual's place of residence and outdoor environment. Negative symptoms of schizophrenia have been most often associated with decreased functioning in everyday life (Evans et al., 2003, Palmer et al., 2002, Patterson et al., 2001). Symptoms related to psychotic disorders may also complicate social functioning, that is the ability to function in society and with other people (San et al., 2007).

Supportive Psychotherapy: The concept of supportive psychotherapy was developed early in the twentieth century to describe a treatment approach with objective more limited then the objective of psychoanalysis. Supportive psychotherapy is a body of technique, such as advice, exhortation, education and encouragement, used to treat severely impaired patients. Wallerstein (1986) defines it as an ego-strengthening therapy which uses means other than interpretation or insight to help the patient suppress mental conflict and its attendant symptoms. Bloch (1996) stated that treatment of patients with "chronic psychiatric conditions for whom basic change is not seen as a realistic goal," and its aim is to sustain a patient who cannot independently manage his or her own life. Supportive psychotherapy is a dyadic treatment that uses direct measure to ameliorate symptoms and maintain, restore, or improve self-esteem, ego function and adaptive skills. To accomplish these objectives, treatment may involve examination of relationship, real or transference, and examination of both past and current pattern of emotional response or behaviour. To clarify, supportive psychotherapy is based on diagnostic evaluation, the therapist's actions are deliberate and are designed to achieve planned objective. The most impaired patient requires direct intervention aimed to improving ego function, day to day activities and self-esteem. Primarily expressive psychotherapy is not possible with these patients. The fact that a patient has the resources and psychological characteristic necessary for expressive therapy does not indicating (Hellerstein et al, 1994), it was pointed out that a strong model can be made for using the supportive psychotherapy. Elements of individual supportive psychotherapy include 1) strengthening the therapeutic alliance; 2) using direct measures to relieve symptoms and to minimize development of anxiety within the therapy; 3) focusing on self-esteem, adaptive skills, and psychological (or ego) functions (measures may include reassurance, encouragement, praise, advice, reframing, clarification, confrontation, education); 4) attention to negative aspects of the patient-therapist relationship when present, but not to positive transference; and 5) minimal interpretation of unconscious conflicts (Rockland, 1993).

Objectives of the Study

- To see the efficacy of Supportive Psychotherapy intervention package in daily functioning of Individuals with schizophrenia.

RESEARCH METHODOLOGY

Research Design and Sampling

The purpose of the study is to see the effect of supportive psychotherapy on individual with Schizophrenia and providing a clinical data for clinician. It is hypothesized with ‘there will be no significant effect of supportive psychotherapy on daily functioning between experimental group and control group’. Therefore, a hospital based study using pre-post design with experimental group and control group was planned by using purposive sampling method. A sample of 16 male inpatients was selected from RINPAS, Kanke, for the current study. Among the total numbers of patients, 08 were randomly assigned for supportive psychotherapy intervention package along with treatment as usual (Experimental group) and 08 of them was assigned for treatment as usual (Control group).

Inclusion Criteria for Study

1. Diagnosed case of Schizophrenia (as per ICD-10 DCR).
2. Educated minimum 5th class and above.
3. Age range within 20 to 50 years was selected for the study.
4. One year of minimum duration of illness.
5. Patients who were given written consent to participate in the study.

Exclusion Criteria for Study

1. Co-morbidity of any significant neurological, substance used or physical conditions.
2. History of Mental retardation.
3. Uncooperative patients.
4. History of electroconvulsive therapy (ECT) in last six months.

Tools Used For the Study

Socio-Demographic Data Sheet: It was a semi structured self prepared Performa for the study consist of all areas of socio-demographic details like age, domicile, education, occupation, monthly income, marital status, family type, duration of illness, severe physical condition etc.

Cognitive Symptoms Check List: The cognitive symptoms checklist (CSC) was develop to assist in the identification of problems in five basic cognitive areas. The CSC is easy for patient to understand and it provides valuable information about day to day problems. The checklist was designed to elicit information about difficulties in daily living that the patient may be experiencing as a result of impaired cognitive functioning in one or more of five areas. The original cognitive checklist was developed by O’Hara et al. (1993) to assist in the identification and treatment of problems in five basis cognitive areas i.e. attention and concentration, memory, visual processes by clinicians. Cognitive symptoms checklist Hindi translation was used for this study, Hindi translation and adaptation has been done at Ranchi Institute of Neuropsychiatry and Allied Sciences (RINPAS), Kanke, Ranchi by Singh et al, (2008).

Therapeutic Package

Therapeutic intervention package was planed and prepared by the expert therapist of RINPAS for the present study and future clinical treatment tool for the individuals with schizophrenia

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in inpatient setting. The module was based on models and framework of supportive psychotherapy. In present study therapeutic package includes: Psycho-education, Externalization of Interest, Suggestions with Skill Training, Reassurance and Inspirational group activities. Total Twelve sessions were planned and designed for the study each treatment session taken twice per week and time approximately one hour especially for session and feedback, and other two-three days of the week only supervised by the therapist at wards over a period of six weeks. Goal of the intervention package was supports ultimate development and independence in the patients with encouraged for the expression of emotion and basic daily activities.

Procedure of the Study

Patients were selected from different wards of RINPAS as per inclusion and exclusion criteria after that having informed written consent. They were divided equally into two groups control and experimental group. Both the groups were administered socio-demographic data sheet. After that rapport were established with them, then administered psychological tool (CSC) for pre assessment of their present functioning. After pre assessment experimental group was given supportive psychotherapy with treatment as usual, time duration maximum 01 hour twice in per week for 6 weeks individually and also selected patients involved in group activities which planned for them. Patients are engaged in different group and ward activity in groups according to choice of patient with help of ward staff. After successful completion of therapy session post assessment was done with the same psychological tool used in pre assessment (CSC) for both group experimental and control group and obtained data for conclusion of the assessment. After obtaining the data through the re-administration of the test, statistical analysis was done with Appropriate statistical method was applied by using SPSS 16.0 version. In their tests are used the Chi-square analysis for categorical variable and Mann Whitney U test for continuous variables were applied of pre and post assessment of experimental and control groups.

RESULT

Table-1: Comparison of Socio Demographic Variables between Experimental and Control Group

Variable		Group		df	X ²
		Experimental n=8, %	Control n=8,%		
Age	20-30 years	4(50%)	3(37.5%)	2	.476 ^{NS}
	31-40 years	3(37.5%)	3(37.5%)		
	41-50 years	1(12.5%)	2(25.0%)		
Duration of Illness	1-5 years	5(62.5%)	6(75.0)%	1	.291 ^{NS}
	6-10 years	3(37.5%)	2(25.0%)		
Education	5-10 th	6(75%)	6(75%)	2	4.000 ^{NS}
	Inter	0	2(25%)		
	Graduation	2(25%)	0		
Occupation	Pvt. job	1(12.5%)	0	3	2.400 ^{NS}
	Business	1(12.5%)	0		
	Farmer	4(50%)	6(75%)		
	Unemployed	2(25%)	2(25%)		
Marital status	Married	3(37.5%)	6(75%)	1	2.286 ^{NS}
	Unmarried	5(62.5%)	2(25%)		
Family type	Nuclear	0	3(37.5%)	1	3.692 ^{NS}
	Joint	8(100%)	5(62.5%)		
Monthly	3000	2(25%)	0	2	4.000 ^{NS}
	5000	2(25%)	0		

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Variable		Group		df	X ²
		Experimental n=8, %	Control n=8, %		
income	10000	2(25%)	0		
	30000	1(12.5%)	6(75%)		
	50000	1(12.5%)	2(25%)		
Domicile	Rural	3(37.5%)	6(75%)	2	4.000 ^{NS}
	Semi urban	2(25%)	2(25%)		
	Urban	3(37.5%)	0		

NS=not significant

Table-2: Comparison between Experimental and Control Group for Cognitive Symptoms Checklist (CSC).

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.		
CSC total	160.20 ±24.83	107.12 ±22.203	53.12 ±8.339	176.13 ±34.909	164.88 ±33.301	11.25 ±6.453	12.50	4.50	.000	3.368**
Attention Concentration.	31.0 ±6.071	20.75 ±5.921	10.25 ±4.334	31.75 ±7.796	30.12 ±8.166	1.62 ±2.263	12.44	4.56	.500	3.345**
Executive Functioning	37.75 ±8.048	25.75 ±9.377	12.0 ±4.629	44.37 ±8.227	41.25 ±7.324	3.12 ±2.587	12.38	4.62	1.000	3.275**
Memory	31.75 ±8.048	21.37 ±7.595	10.37 ±3.029	39.0 ±10.474	36.50 ±10.488	2.50 ±2.070	12.50	4.50	.000	3.383**
Visual Possessing	29.0 ±6.391	19.75 ±6.181	9.25 ±2.314	27.62 ±11.903	27.37 ±10.308	.25 ±2.815	12.50	4.50	.000	3.376**
Language	30.12 ±7.880	19.50 ±3.916	10.62 ±3.916	33.75 ±8.617	30.50 ±5.879	2.87 ±2.948	12.06	4.94	3.500	3.002**

*= Significant at .05 level, **= Significant at .01 level

DISCUSSION

The result presented on Table 1, it was seen that there were no significant difference found between experimental and control group on age, education, marital status, occupation, monthly income, family type, domicile and duration of illness of individuals suffering from schizophrenia. In the area of daily functioning experimental and control group has significant difference in scores of pre and post assessment in experimental and control group as indicated by the result presented on Table 2, shows the comparison between experimental and control group for scores obtained on cognitive symptoms checklist (CSC). The significant difference was found on CSC scores of experimental group and control group, Obtained Z value is 3.368 and P<.01 for CSC total scores, Z value= 3.345 and P<.01 for attention and concentration, Z= 3.275 and P<.01 for executive functioning, Z= 3.383 and P<.01 for memory, Z= 3.376 and P<.01 for visual processing, Z value is 3.002 and P<.01 for language where all the cognitive symptoms checklist values are significant at .01 level. Mean difference of experimental group was obtained 53.12 in cognitive symptoms check list total score value, 10.25 for attention and concentration, 12.0 for executive functioning, 10.37 for memory, 9.25 visual processing and 10.62 for language which values are high from control group values CSC total= 11.25, attention and concentration=1.62, executive functioning=3.12, memory=2.50, visual processing= .25, language= 2.87. Which suggest that supportive psychotherapy intervention is significantly helpful in patient to improving their daily functioning. Findings of the present study supported by Glynn et al (2002) who reported that although skills training are a validated psychosocial treatment for schizophrenia,

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generalization of the skills to everyday life has not been optimal. This study evaluated a behaviorally oriented method of augmenting clinic-based skills training in the community with the aim of improving opportunities, encouragement, and reinforcement for inpatients to use their skills in their natural environment. A wide range of outpatients with schizophrenia demonstrated substantial learning of illness management and social skills in the clinic. When clinic-based skills training was augmented by in vivo training and consultation, transfer of the skills to everyday life was enhanced. These benefits were established regardless of the medications prescribed. A Meta analysis by Lincoln, Wilhelm and Nestoriuc (2007) reveals that Effectiveness of psycho-education for relapse, symptoms, knowledge, adherence and functioning in psychotic disorders for schizophrenia and other psychotic disorders is widely adopted. Supportive psychotherapy established has a treatment alliance that supports the patient re-compensation. 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 individuals for after intervention are in affective. The present study on effect of supportive psychotherapy on individual with schizophrenia clearly indicates supportive psychotherapy could work well for improving daily functioning or everyday basic living activities. There for treatment with pharmacological and psychosocial intervention the patient could be exposed to supportive psychotherapy as an intervention for improving overall daily functioning of the patient resulting in better life quality.

Limitations of the study: There were some limitations of the present study which are being described as the duration of the intervention was very less and long term follow up was not done. This study was carried upon a small sample. Only male patients were included in the study.

Future Direction: In future study the duration of the intervention period should be more and carried upon a larger sample to get a generalized data by which populations of patients suffering from schizophrenia are more benefitted. Female patients and Outdoor patients should also be taken so that actual efficacy on overall population suffering with schizophrenia can be confirmed.

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Conflict of Interest

The authors carefully declare this paper to bear not conflict of interests

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