

Social Behavior Aspect of Mental Disorder Patients as Perceived by Caregivers

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Importance of Problem

Mental disorder is a disorder in mental development that results in patients having thinking disorders, highly-abnormal emotional response, communication, perception of reality, and behaviors to the point that they become hindrance to the satisfaction of basic needs in life. Most will show initial symptoms in teenage or early adolescence. The progression of illness is gradual; 80% of patients will become chronic patients (Baker, 1989) with symptoms of thinking disorders, e.g. delusion of self-importance (Manosh Lotrakul and Pramote Sukanit, 2542), of abnormal or missing body organs (Suwattana Areepak, 2524), paranoid, etc. Displaying behaviors are distorted from normal, with strange, invasive characteristics; or probably unfriendly, aggressive, abusive behaviors (Sompop Ruengtrakul, 2536), inflicting injuries on oneself or others, damaging properties, performing unconstructive activities, e.g. masturbation in public places, etc. (Sompop Ruengtrakul, 2536; Moller & Morphy, 2001). Emotional displays are often found that patients are irritable, quick-tempered, with unpredictable behaviors, e.g. shouting in public places (Ip & MacKenzie, 1989). On social interaction abilities, patients will exhibit signs of indolence, becoming more subdued (Yodsoy Wivekwan, 2543), self-isolation, omission of sleep, omission of house-works or regular works (Tulapa Bubpasanka, 2545). On communication, patients are prone to mumbling, talking to oneself (Yodsoy Wivekwan, 2543), or delusion-induced false talks (Tungpunkorn, 2000). Sometimes patients will reject or secretly dispose of medication (Rachanee Oupasen, 2541); and once the patients have been affected with psychosis, few do recover to normal (Armstrong, 1993), requiring long periods of remedial

treatment, and frequent repeated admittance in hospital (Kaplan & Sadock, 1998), due to occasional recurrence of symptoms. Moreover, the effect of psychosis also alter the ability to care for oneself in daily lives, e.g. omission of bath, tooth-brushing, or taking insufficiently-clean baths ((Rachanee Oupasen, 2541; Tungpunkorn, 2000), wearing old, ragged clothes, or clothes that were ransacked from others, which are not fitting to sight; and sometimes may even walk outside without wearing any cloth at all Rachanee Oupasen, 2541). Deficiencies in these social behaviors in patients represent burdens on the family and society, or cause patients to be unhappy and cannot live normal life in society (National Expert Council on Mental Health, Ministry of Public Health, (Nd):7).

Therefore, a study on the social behavior aspect of mental disorder patients as perceived by caregivers will provide information to explain desirable and undesirable social behaviors of patients and the main elements of social behavior aspect that can be used as basic information in the development of assessment model for social behaviors in mental disorder patients, in order that patients receive proper psycho-social rehabilitation afterward.

Research Objective

1. To study desirable and undesirable social behaviors of mental disorder patients, as perceived by caregivers with diverse bio-social and background characteristics and acceptance of patients' behaviors.
2. To study the main elements of desirable and undesirable social behavior aspects of mental disorder patients in each diagnosis group.

Study Variables

1. Independent variables, consisting of
 - 1.1. Bio-social and background characteristics of psychiatric patients' caregivers, i.e. sex, age, status, education level, occupation, income, relationship with patient,

duration of care-giving, and acceptance of patients' behaviors.

- 1.2. Bio-social and background characteristics of psychiatric patients, i.e. sex, age, status, education level, and history of psychiatric illness in relatives.
- 1.3. Circumstance of psychiatric illness, i.e. diagnosis, duration of treatment, hospitalization, follow-up treatment, positive symptoms, and negative symptoms.
2. Dependent variable, i.e. desirable and undesirable social behaviors of mental disorder patients.

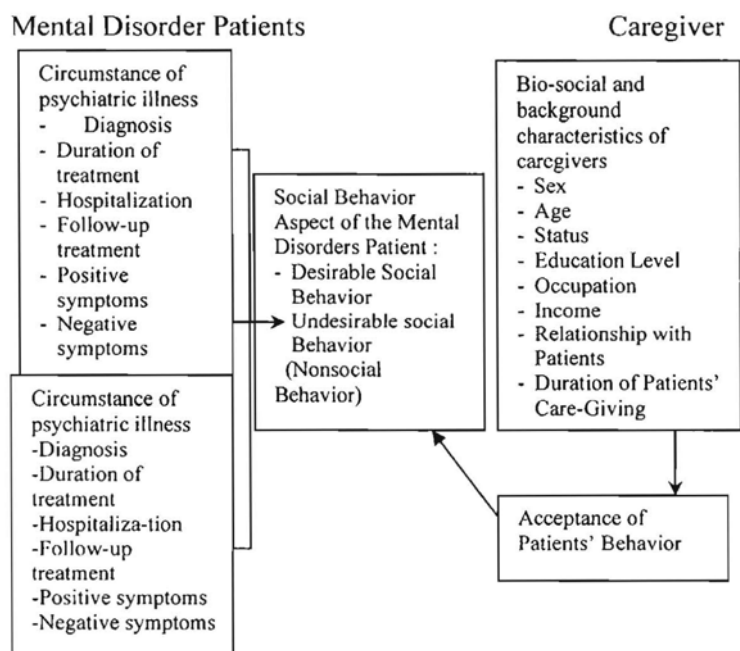
Definition of Terms

1. **Mental disorder patient** refers to a person who has been diagnosed with psychosis in accordance with the International Statistical Classification of Diseases and Related Health Problems: 10th Revision, and lives with family members.
2. **Social behaviors of mental disorder patients** refers to the various actions of mental disorder patients arising from interaction with others in the society to satisfy their living needs, both desirable and undesirable social behaviors.
3. **Perception of psychiatric patients' caregivers** refers to how caregivers/family members of mental disorder patients sense and assess social behaviors of patients who are their family members, as per details in the Questionnaire on Social Behavior Aspect of Mental Disorder Patients that the researcher has developed.

Conceptual Framework of the Research

This research aims to study social behaviors of mental disorder patients as perceived by caregivers. By which, social behaviors of mental disorder patients refers to the actions of mental disorder patients arising from interaction with others in the society to satisfy their living needs –both socially desirable and undesirable behaviors. The research utilizes as study guideline the theoretical

concepts of Hurlock (1978), which categorized social behaviors into 2 patterns, i.e. Social behavior pattern, comprising Desire for Acceptance, Leadership, Conformity, Imitation, Cooperation, Generosity, Sympathy, Consideration, Dependency, and Attachment, and non-social behavior pattern, comprising Competition, Negativism, Aggression, Quarrelling, and Sexual Antagonism; and Bio-social and background characteristics of psychiatric patients, including the circumstances of psychiatric illness that affect the display of social behaviors in mental disorder patients. Description of social behavior aspect of mental disorder patients is to be measured by the perception of caregivers, by studying Bio-social and background characteristics of caregivers, e.g. sex, age, status, education level, occupation, income, relationship with patient, duration of care-giving, and acceptance of patients' behaviors etc. Relationship among the various variables can be summarized as shown:-



Research Hypothesis

1. Patients with different backgrounds have different social behaviors.
2. Patients with different illness circumstances have different social behaviors.
3. Patients accepted by caregivers have different behaviors from patients not accepted by caregivers.
4. The variables of background, illness circumstance and acceptance by caregivers jointly yield a more accurate prediction of patient behaviors than each variable individually.

Research Methodology

Population

The population in this research is male and females caregivers of psychiatric patients of Srithanya Hospital during the study period.

Selection of Sample

The sample is psychiatric patients' caregivers with the following qualifications:

1. Over 15 years of age, regardless of sex, status, occupation, education level, and income.
2. In the capacity of psychiatric patients' caretaking for more than 6 months continuously.
3. Be able to communicate in Thai.
4. Voluntary and cooperative in the research.

Measuring Instruments Used in the Research

Instrument used for data-collection in this study is the questionnaire developed by the researcher, comprising 4 parts:-

Part 1: Assessment of Caregivers' background, consisting of fill-in-the-blank and selection questions i.e. sex, age, status, education level, occupation, income, relationship with patient, and duration of care-giving.

Part 2: Assessment of Patients' background, consisting of fill-in-the-blank and selection questions i.e. sex, age, status, education level, occupation, income, and history of psychiatric illness in relatives.

Part 3: Assessment of Illness Circumstance, consisting of fill-in-the-blank and selection questions i.e. diagnosis, duration of treatment, hospitalization, follow-up treatment, positive symptoms, and negative symptoms.

Part 4: Assessment of Perception on Social Behaviors in Patients, a Summated Rating Scale measuring instrument. The scoring criteria being that for positive messages, respondents receive a 6 to a 1, from "Totally True" to "Totally False"; and reverse scores for negative messages.

Development of Measuring Instrument

Development of the instrument to measure research variables follows these steps:

1. Develop operational definitions using Critical Incident technique, and analyze content of data obtained.
2. Develop preliminary questions from content analysis, categorizing the questions in accordance with theoretical concepts on social behaviors of Hurlock (1978:237)

3. Verify validity of the questionnaire obtained from 2, before using for data-collection from sample.

Statistics Used In Data Analysis

1. Examination of individuals' basic qualifications, analyzed with basic statistics, e.g. frequency, percentage, Mean, Standard Deviation.
2. Analysis of variance by one-way ANOVA, to test hypothesis 1 to 3. If statistical significance difference is found at .05 level, Sheffe's method will be performed to test difference of each variable's mean by pairs, one at a time.
3. Multiple Regression Analysis, to test hypothesis 4.

Expected Benefits

Result of the study will reveal the main elements of desirable and undesirable social behaviors of mental disorder patients, especially details of undesirable social behaviors, e.g. negativism, aggression, quarrelling, etc. that are acceptable to caretakers and those behaviors that need to be changed. Information obtained from this study will be used as basic information in the development of assessment model for social behaviors in mental disorder patients afterward.

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