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DEPRESSION AND EXPRESSION OF HOSTILTIY IN SCHIZOPHRENIA

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ABSTRACT

Background: Individuals with schizophrenia are considerably more likely to suffer from a number of co-morbid psychiatric disorders such as depression. Evidence reveals hostility and inapt management of feelings of hostility has been acknowledged as primary parts of symptomatology of schizophrenia. The present study is concerned with exploring knowledge about the relationship between depression and expression of hostility in schizophrenia. **Objectives:** To study the impact of depression and its relationship with expression of hostility, and to explore the intrapunitive and extrapunitive dimensions of hostility expressed by individuals with schizophrenia. **Methodology:** Thirty individuals with schizophrenia (ICD-10) were included using purposive sampling technique. The tools Hamilton Rating Scale for Depression and Extrapunitive- Intrapunitive Attitude scale were used to measure depression and expression of hostility respectively. **Results:** The mean age of the participants were 27.67 ± 5.785 SD and majority of the participants were female (53.33 %). The mean score for depression is 32.57 ± 8.140 indicating that all the subjects have severe level. Divided the sample into less (n=10) and high severe (n=20) based on standard mean and comparison shows high severe depressive group has significant level of criticism of others (U=53.33; p=0.09), and overall extrapunitive expression of hostility (U=49.40; p=0.024) when comparing with less severe group. Correlation analysis not revealed any significant relationship between hostility and depression. There is some demographic variables which seems to be related to the hostility. **Conclusion**: Individuals with schizophrenia coupled with high level of depression demonstrate extrapunitive expression of hostility and there is some impact of demographic variables on hostility.

Key Words: Depression, Extrapunitive,Intrapunitive and schizophrenia.

INTRODUCTION

Improved but not cured is the paradigm of the life long illness schizophrenia. The prevalenceof schizophrenia is probable to be 1% in the generalpopulation; itaffects the population irrespective of age, sex, race, and socio-economic status. Schizophrenia is characterized by positive symptoms (delusions and hallucinations), negative symptoms (poverty of speech, apathy, blunted affect) and disorganization (formal thought disorder). Disability results predominantly from negative symptoms and cognitive deficit. Ultimately, even without any treatment modality, the

sub-acute symptoms of schizophrenia generally resolve and this does not always mean that the individual will fully recover. Individuals with schizophrenia are considerably more likely than the general population to suffer from co-morbid psychiatric disorders such as depression.It is often difficult to distinguish between the negative symptoms of schizophrenia and the symptoms of a depressive illness. There are wide ranges of new generation antipsychotics used to treat other psychotic disorders peripheral of schizophrenia. Depression is common in schizophrenia, and often becomes evident as the acute episode subside (Stefanet al. 2002). The co-morbid depression is viewed as a covert reaction, on the other hand inapt management of feelings of hostility, and the associated inappropriate expression of it, has long as been acknowledged as overt reaction and primary parts of the symptomatology of schizophrenia. It is evident that individuals with schizophrenia in the community demonstrates a variety of intimidating overt behaviors described in literatures by terms such as violence, aggressiveness, assaultiveness, disruptiveness, threats, and irritability.When hostility is expressed by the affected individuals towards significant family members and others, or when the hostility is observable, considered as relapse or needs institutionalization.As discussed above the family members and the therapist may judge the affected individuals hushed behaviours as either co-morbid depression or negative symptoms of the illness itself and failed to recognize the inward expression of hostility. Expression of hostility of various types further worsen the course of schizophrenia (Krakowski et al. 1986), it dramatically affects communities (Safer 1987), and it is the first in the list of grievance and burdens identified by families of the mentally ill (Lefley 1987). In a follow up study of 24 patients diagnosed with schizophrenia compared with depressed patients. In the eighth week of treatment, they observed that schizophrenia patients demonstrated high Intropunitiveness and extra-punitiveness. They also observed that the shift in Intropunitiveness to extra-punitiveness in schizophrenics as compared to depressed patients (Tsiantis 1981).

There are extensive studies aimed at uncovering the pathophysiology of hostility, violence, aggressive and assaultive behavior in schizophrenia population. Punitive or hostile attitude is characterized by unfriendly or intimidating behaviors and feelings turned towards self or others. Baynes et.al 2000 studied the prevalence and relationship of the depressive syndrome in a population of chronic schizophrenia living in the community; thepatients were examined for the severity of schizophrenic symptoms and medication side-effects. Sixteen out of hundred and twenty patients had significant depressive symptoms. In this study depressive symptoms were significantly correlated with the hostility and suspiciousness.The present research is concerned primarily with exploring knowledge about the relationship between depression and various dimensions of punitive attitude in schizophrenia.

OBJECTIVES

To study the impact of depression and its relationship with expression of hostility, and to explore the intrapunitive and extrapunitive dimensions of hostility expressed by individuals with schizophrenia.

HYPOTHESIS

There will be relationship between depression and expression of hostility among individuals with schizophrenia.
The depressed individuals will beintrapunitive in expression of hostility

METHODOLOGY

For this hospital based cross-sectional study,thirty individuals in the age range of 20 to 45, diagnosed of schizophrenia by the psychiatrist,according to ICD-10 criteria and referred to our centerWe Are Not Alone- psychological testing and counselling centerfor assessment in Chennai, Tamil Nadu. Participants were included based on purposive sampling method. The participants with a history of head injury, trauma, fulfilling the criteria for schizoaffective disorder and other neurological conditions were excluded. Demographic details gathered, Hamilton Depression Psychiatric Rating scale (HDRS) was used to assess depression. Inter-rater reliability has been reported to be (0.80–0.98). The test–retest reliability for the HAM-D reported to be as high as 0.81. The Extrapunitive- Intrapunitive attitude scale (E-I Scale) consists of 51 items was used to assess the punitive attitude of the participants. The Extrapunitive scale was broken down into three sub-scales, Acting-out Hostility (AH), Delusional Hostility (DH), and Criticism of Others (CO). With regard to the Intropunitive scale, the sub-scales are delusional and non-delusional self-criticism items. Delusional Guilt scale (DG) and Self criticism scale (SC).(Foulds G.A 1960).

RESULTS

In order to achieve the objectives the obtained results were analyzed using SPSS- version 16. The results are presented in table 1 to 3. The table 1 shows the results of mean and sd obtained on the basis of gender. In the subsequent tables the comparison of variables and correlational findings were presented.

Table-1.

The mean age and standard deviation of the participants

Age	N	Mean	Std. Deviation
Female	16	28.38	6.021
Male	14	26.86	5.614

Table-1 shows the mean age of the participants. Among the participation the mean age of the female participants is 28.38 with a standard deviation of 6.021and the mean age of male participants is 26.86± 5.614.

Table-2.

Comparison of depression among female and male participants.

Variable	Group	N	Mean Rank	Mann Whitney U	Sig
Depression	Female	16	33.19	95.500	.492
	Male	14	31.86		

From the table number 2 it is evident that the mean rank obtained by the female subjects are 33.19 and the male subjects are male 31.86 with a Whitney U value of 95.500 which shows the mean rank difference between these values are not significant. So it has been concluded that from the obtained data we didn’t found any significant difference on depression between gender i.e., both gender have comparable depression.

Table-3.
Relationship between severity of depression and dimensions of hostility

	HDRS		AH		DH		CO		SC		IP	
	r	Sig. (2-tailed)	r	Sig. (2-tailed)	r	Sig. (2-tailed)	r	Sig. (2-tailed)	r	Sig. (2-tailed)	r	Sig. (2-tailed)
HDRS	**1.000**	.										
AH	**0.231**	**0.219**										
DH	**0.280**	**0.134**	**0.408**	**0.025***								
CO	**0.364**	**0.048**		**0.000**	**0.551**	**0.002****						
SC	**0.400**	**0.028***	**0.570**	**0.001****	**0.374**	**0.042***	**0.420**	**0.021***				
IP	**0.354**	**0.055**		**0.003**	**0.405**	**0.026***	**0.398**	**0.029***	**0.971**	**0.000**		
EP	**0.357**	**0.053**	**0.863**	**0.000**	**0.721**	**0.000**	**0.913**	**0.000**	**0.564**	**0.001****	**0.535**	**0.002**

*Correlation is significant at the 0.05 level (2 tailed)
**Correlation is significant at the 0.01 level (2 tailed)

We divided the subjects as less and more severe schizophrenics with depression using standard mean. Standard mean has been derived by applying the standard score formulae for 'z' score. The table 3 shows that there exists a relationship between depression and Self Criticism ($r=0.400$; $p \leq 0.05$) the reason may be in general depression leads to guilt and which further encompass the stage of self-critical attitude and there are no empirical studies uncovering this particular relationship between depression and self-critical attitude.

Also the current studyobtained certain within domain correlation which shows the internal reliability between domains of the tool used to measure the intrapunitive and extrapunitive hostility scale.

Based on the available history and information it is very evident that theindividuals diagnosed with schizophrenia are having signs of depression are tend to hide their feelings within. Extrapunitive and intrapunitive hostility is one such area which has been uncovered among these. We hypothesized that those who are depressed may hide their hostility, which is known as intrapunitive hostility, but on the contrary and available limited literature, we found that those have high degree of depression shows extra punitive style of hostility. One probable reason may be the overwhelmed with the surroundings and internal feeling finally projected out towards others. The study included only a small number of subjects. That may a reason for this contradicting finding

and hence lacks generalization. Inclusion of large number of sample with a more controlled research design may yield a different and interesting finding.

To conclude as per the study findings those who are depressed may have hostility which is turned toward external aspects; the present study result is corroborated with the findings of (Tsiantis 1981) as discussed earlier i.e. More controlled studies are required to generalize the results.

CONCLUSION

Individuals with schizophrenia coupled with high level of depression demonstrate extrapunitive expression of hostility and there is some impact of demographic variables on hostility.

REFERENCES

Baynes, D., Mulholland, C., Cooper, S.J., Montgomery, R.C., Mac Flynn, G., Lynch., et al. (2000). Depressive symptoms in stable chronic schizophrenia: prevalence and relationship to psychopathology and treatment.*Schizophrenia research*.45, 47-56

Battels, S.J, Drake, E.R., Wallach, M.A., & Freeman, D.H. (1991). Characteristic Hostility in Schizophrenic Outpatients. *Schizophrenia Bulletin*, 17, 163-171 Retrieved from http://schizophreniabulletin.oxfordjournals.org/

Foulds, G.A,Caine, T. M, Creasy, M. A. (1960)Aspects of Extra- and Intro-Punitive Expression in Mental Illness.*British Journal of Psychiatry, 106, 599-610*

Hamilton,M. (1960). A rating scale for depression, Journal of Neurology, and Psychiatry23: 56-62

Krakowski, M., Volavka, J.,and Brizer, K. (1986). Psychopathology and violence: A review of the literature. *Comprehensive Psychiatry*, 27, 131-148

Lefley, H.P., and Hatfield, A.B., (1987). Behavioral manifestations of mental illness. Families of the Mentally III: *Coping and Adaptation.* New York: Guilford Press.

Stefan, M., Travis,M.,& Murray, M. R. (2002).An Atlas of Schizophrenia. The Parthenon Publishing Group. New York

Safer, D.J. (1987). Substance abuse by young adult chronic patients. *Hospital and Community Psychiatry,* 38,511-514

Tsiantis, J., Blackburn, I.M., Lyketsos, G.C. (1981). Changes in the hostility of schizophrenic patients during treatment.*British Journal of Medical Psychology*,54, 251-8. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed