

Effect of Therapeutic Recreation on Negative Symptoms of Schizophrenia in Rehabilitation

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ABSTRACT

The negative symptoms of schizophrenia profoundly affect a sufferer's life and often cause frequent relapses. Therapeutic recreation is being used in various forms at rehabilitation centers. Its effectiveness of health oriented and goal-directed inclusion in psychiatric rehabilitation and community integration process is needed to be studied. The present study aims to investigate its effectiveness in psycho-social rehabilitative treatment of negative symptoms of schizophrenia. The data 40 in-patients has been collected through pre-test post-test control group design. The analysis concluded its significant efficacy in treatment and integration with other treatment interventions.

Keywords: Therapeutic recreation, Negative symptoms of schizophrenia

INTRODUCTION

The psychopathology enwrapping cognition, emotion, perception and behaviour which disruptively affect the daily living of an individual is classified as Schizophrenia among widely accepted mental disorder classification systems. The syndrome is extensively discussed about its diversity in etiology, course, manifestations, treatment response and rehabilitation needs (DSM-5, 2013). According to National Institute Mental Health, 7-8 persons (approx.) per thousand suffer with schizophrenia in their lifetime. The generalized epidemics postulates its onset in adolescence and early adulthood most of the time and its persistence throughout life (Sadock & Sadock, 2007). The suffering in this condition is not limited to a patient only, it spreads to the patient's caregivers too which often worsens due to lack of awareness and social ostracism (Gandotra et al., 2004).

Schizophrenia, as a syndrome, is classified with variety of symptoms majorly including hallucinations, delusions, thought distortions, anhedonia, alogia, apathy, avolition, affective flattening and disorganized behavior. Negative symptoms, generally, refer to absence or lack of normal behaviour such as indifference to environs, lack of motivation or target-oriented behaviour (apathy), minimal or lack of emotional response to circumstances and incidents (flat affect), poverty of speech or thought (alogia), disinterest in initiation and persevere in activities (avolition) and presumed lack of pleasure in pleasurable activities (anhedonia) (Barlow, 2012). These symptoms affect a sufferer's daily living to the extent where delayed complete or partial remission and frequent relapses become part of the illness course and progress, and recovery often seems next to impossible. Incessant psycho-social interventions for long-term are required to include in treatment of the disorder with prominent negative symptoms (Chien et al., 2013).

Psychosocial rehabilitation aims to improve a patient's functionality and quality of life through relearning, acquiring social skills and providing support for independent living and community integration (Blau et al., 2014). This rehabilitation process incorporates variety of therapeutic interventions. Therapeutic recreation is often opted as a part of daily routine in rehabilitation centers. The variety of activities included in this intervention is mostly playful and group inclusive. The intervention is intended to regain stability to health as well as to develop high-level of wellness among patients. Purposeful systematic application of recreational activities and careful evaluation of its impact on overt & covert behavior formulate its therapeutic role in rehabilitation process (Austin, 2015).

Recreational therapy promotes socially accepted behaviours in social interactions. It provides variety of methods and platforms to express one's feelings so that one could learn the pros & cons of every method and develop skills to improve quality of life. Gradual restoration in self-esteem can be achieved with trained therapist's inputs. A few studies concluded its significant impact on affective

disorders. However, its leisure oriented implementation in rehabilitation is still in process of recognition. The present study aims to investigate its therapeutic role in treatment of negative symptoms of schizophrenia and hypothesizing its positive impact on the symptoms.

METHODS and MATERIALS

The study occurred with pre-test post-test control group design. A sample of 40 patients, aged between 20years to 50 years and under in-patient treatment process for minimum 6 weeks in psychiatric rehabilitation center, was selected through accidental sampling, then equally divided into experimental and control groups randomly. The patients were observed & assessed (Scale for the Assessment of Negative Symptoms) with prominent negative symptoms. The psychotherapeutic treatment and psychopharmacological intervention with optimized doses has been continued with both the groups during the study. The experimental group has been introduced therapeutic recreation (independent variable), in 30 sessions of 40 minutes each, in addition to the pre-customized treatment plan of group individuals.

Scale for the assessment of Negative Symptoms (SANS) was used to collect data. The scale was developed by Nancy Coover Andreason in 1983. It's a comprehensive assessment of 5 negative symptom manifestations, i.e., affective flattening or blunting, alogia, avolition/ apathy, anhedonia/ asociality and inattention, on 5-point scale. The collected data was analyzed through student t-test.

RESULT

The present study was conducted with 40 schizophrenic respondents under in-patient psychiatric rehabilitation treatment process. The sample consisted of 65% males and 35% females; 62.5% patients of 20-35 years' age group and 37.5% of 35-50 years' age group. The demographic data revealed that majority of patients were graduate, single, brought up in middle socio-economic urban family and chronic case of illness.

Table: t-test results of Post data

Group (Post Data)	N	Mean	SD	SED	df	t-value	Level of significance
Control Group	20	79.35	8.70	2.84	38	2.01	0.05
Experimental Group	20	73.65	9.24				

The results indicate significant difference in post data of both the groups. The control group was taking pre-customized treatment as planned by their treating team and the experimental group received therapeutic recreation in addition to their treatment process. The lower mean score of SANS of experimental group, as compared to control group, points out positive improvement differences.

DISCUSSION

The present study was aimed to investigate the effects of therapeutic recreation on negative symptoms of schizophrenia. Treatment plan incorporated the therapy to implement on experimental group while control group received treatment as planned by the treating team of rehabilitation center. The present study was focused on negative symptoms and evaluated the symptoms through SANS, though there was comprehensive evaluation measures included in the treatment plan made by the treating team of center. The data analysis indicates significant difference in improvement between both groups. Besides, the comprehensive evaluation by patients' treating team also positively suggests the therapeutic effect of the added intervention.

Persons suffering with psychopathological conditions like schizophrenia need a well designed rehabilitation program which is beneficial at personal level and facilitates community integration. A rehabilitation center is mostly equipped with treating team and scientific environment to deal with crisis situation or relapse and to boost recovery. However, the stay of a sufferer at the center, generally, occurs for quite short time and aims at immediate and short-term goals. During the stay, a patient often receives treatment with eclectic approach which holistically benefits in management of crisis situation and initiates recovery process. There is other important aspects we, generally, put into long-term goals which are quite difficult to care because of the duration of stay in center and routine contact with community where there is no control over triggering situations. Recreational therapy could be one of those interventions which are intended for general interaction, participation in group activities, comprehension & expression of feelings, self-efficacy, leisure, pleasure and health enhancement. Therapeutic recreation restores and maintains health by creating nonthreatening leisurely environment which allows positive interpersonal relationships and unique & valuable opportunities that may result in physical, social and psychological well-being (Stumbo et. al, 2011)

The observational reviews of treating team supported the intervention outcomes and postulated its positive impact on stress, physical functioning, cognitive activities, personal awareness and interpersonal communication. Patients of experimental group, as compared to other patients of the center, were also observed with increased readiness to accept and learn about illness in psycho-education sessions. Therapeutic recreation provided space for patients' choice and control over adaptation leading towards development of intrinsic motivation, self-esteem and enjoyment.

Therapist role of being empathetic & nonjudgmental promoted a positive, accepting, supportive and caring environment. The interdisciplinary treatment also provided an interventional base to implement recreational therapy. Finnell (1997), Pestle (1998) and Morris (1990) postulated the correlation of systematic rehabilitative environment with therapeutic recreation, its increased effectiveness over time and positive connection with vocational rehabilitation.

CONCLUSION

Therapeutic recreation is an effective intervention for negative symptoms of schizophrenia. It is efficient in restoration and maintenance of physical, social and psychological well-being with a unique ability of being used as leisure oriented activity as well as health oriented intervention. The rehabilitation and community integration process can easily incorporate the intervention in its eclectic approach.

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