

# CHAPTER

## VIII

# Orientation

In the chapter, 'Respondents,' we observed the number of symptoms apparent in the patient's behaviour. Here the attempt is to understand the level of orientation of the patient. The purpose of orientation is to find out the level of social awareness of the patient which is diagnostic as well. This will demonstrate the degree of deterioration in the social functioning of the individual patients, because orientation in schizophrenics by and large remains intact except for social deprivation or acute excitement. The schizophrenic symptoms like withdrawal and preoccupation no doubt do damage patient's relationship (considerably dependent upon orientation) to the external world, but it is the social deprivation which makes the things worse for the patient to establish and maintain relationship. Das (1979)<sup>1</sup> reports that these symptoms were more in New Admissions (one month), diminished to a great extent in the Recent Admissions (five months) but reappeared in long-stay

patients (two years' duration). This phenomenon seems to clearly establish the ill-effects (in terms of withdrawal and preoccupation) of prolonged hospitalisation. We can see if the data on orientation in the present work confirms this belief.

TABLE 8.01

Showing Patient's Knowledge of his Age and Date of Admission

N = 110

Items	No. of Patients	Percentage
Knows his age	58	52.72
Does not know his age	46	41.81
Knows his Date of Admission	47	42.72
Does not know his Date of Admission	56	50.90

In this Table (8.01) we observe that only 52.72% know their age and 42.72% know their date of admission. To understand this finding, one should consider the fact that almost every patient admitted in Central Institute of Psychiatry is interviewed initially by about 10 persons, who all ask his age, date of admission and history, etc. This seems to be considerably helping these patients to remember their age and date of admission.

A good number of patients (41.81% and 50.90%, respectively) appear to react to the indifference of the staff by self-neglect and taking a resigned attitude towards life. They hardly appear to harbour any hope for return to the community and to lead a life of a normal person. Lack of interest from the staff as well as from family, and an understimulating environment coupled with schizophrenic symptoms appear to enhance their apathy and lack of interest in the social life. And eventually, this causes them to show no concern either for when they came to the hospital or what is their age, etc. They perhaps harbour the idea that to remember these things is meaningless when they have to pass their lives in this very hospital. This becomes meaningful when we see that about 17% patients who have stayed in the hospital for little more than 18 years (Table 5.02) may pass their lives in this hospital.

Amongst the most important faculties of brain, memory is one. This plays a very significant role in the total adjustment of individual in the society. In psychiatric examination, too, memory is examined for remote, recent and immediate events. The Table 8.02, below, informs us on this aspect.

Contd.

TABLE 8.02

Showing Patients' Problems of Memory of  
Different Types

N = 110

<u>Items</u>	<u>No. of Patients</u>	<u>Percentage</u>
Remote events	31	28.18
Recent events	20	18.18
Immediate events	3	2.72
All events	12	10.90
Particular events	6	5.45
None	24	21.81

From this Table, one sees that 21.81% patients deny any type of memory loss. Patients who have poor recall for remote events, recent events and immediate events are 28.18%, 18.18% and 2.72%, respectively. There are 10.90% who show poor recall for all events. It seems, then, that it is these 10.90% patients who will pose problems for rehabilitation. This figure is near to the number of those patients who require therapeutic hospitalisation (discussed in Table 5.13).

Important for living is the immediate memory which appears to be damaged in only 2.72% cases. Recent memory is damaged in only 18.18% cases. If percentages of all events (10.90%), recent events (18.18%) and immediate

events (2.72%) are added, it comes to approximately 32%, the probable number of patients who are likely to have some problem in adjustment with their employers, community and also to some extent with their families. About two-third seem to pose no such problem as their memory is not deteriorated to the problemsome extent. Tables 8.03, 8.04, 8.05 and 8.06 demonstrate orientation of patients to place, time, events and persons.

TABLE 8.03

Showing Patients' Orientation to Place

N = 110

Item	Patients oriented	Percentage	Patients not oriented	Percentage
His own village	101	91.81	3	2.72
Locality of the hospital	90	81.81	13	11.81
His own district	92	83.63	11	10.00

Here, one sees that almost every one knows his village, but only 83.63% remember their district. 81.81 per cent know the locality of this hospital. These data, like other ones, help us to know how the chronic and long-stay patients behave. The patients who have forgotten their locality and district of their locality may be because of their mental condition, and the environment of the hospital which hardly

gives some opportunity to discuss about their home, etc. These are the patients who are totally "forgotten" by the staff and their relatives. Additionally, some more factors may be said to be responsible for it, i.e. hopelessness, loss of contact with outside world and loss of prospects outside the institution (Barton, 1966)<sup>2</sup>.

TABLE 8.04

Showing Patients' Orientation to Time

N = 110

Item	Patients oriented	Percentage	Patients not oriented	Percentage
Current Day & Date	64	58.18	41	37.27
Current month & Year	69	62.72	35	31.81

We see that only 58.18% (Table 8.04) are oriented to current day and date, and 62.72% are oriented to month. This difference between the two percentages is quite logical. Logical because day and date change every 24 hours whereas month and year change after long intervals. So, it is natural to remember month and year more than the current day and date. It is no exaggeration to say that even the normals, many a times, do not remember current date and day. If this is so, how can we expect our chronic long-stay hospitalised patients to remember the current day and date, specially

when the mental hospital's wards (even many of the wards of the present hospital) have no calendars and lack watches and clocks in working order. Busson (1967)<sup>5</sup> rightly depllores lack of clocks, mirrors, calendars and unchanging daily routine in the hospital wards, though this hospital setting of the present work, continuously tries to remove these lackings.

Similarly, we find from Table 8.05 that only 21.92% are in know of the current socio-political events. It may be mentioned here that the hospital subscribes to 11 daily newspapers and 15 periodicals. There is enough leisure available to the patients. In spite of this only 25 patients (21.92%) appear to be availing of this facility. This appears to be related to (1) their indifference, a characteristic of their premorbid personality, (2) the primary symptoms, and (3) the secondary symptoms developed out of prolonged hospitalisation, e.g. apathy, loss of interest, over-conformity, lack of concern for future, over-dependency and a tendency to resist change, etc.

TABLE 8.05

Showing Orientation to Events

N = 110

<u>Items</u>	<u>Patients oriented</u>	<u>Percentage</u>	<u>Patients not oriented</u>	<u>Percentage</u>
Socio-political event	25	21.92	80	72.72

In ascertaining the patients' orientation to person, one sees (Table 8.06) that 58.18% know the attendants' names, 50% know the ward nurses' names and 49.09% know the ward-doctors' names. The percentage for different categories is quite logical because it is the ward-boys who have maximum interaction with patients, followed by nurses and doctors. Interestingly, a good number (36% to 44%) do not know the attendants and nurses by name. This can be attributed to the factors of chronic institutional reaction (Miller, 1961)<sup>4</sup> reinforced by impersonal atmosphere of the hospital, monotonous routine and bossism of the hospital staff (Barton, 1966)<sup>2</sup>, and tendency of withdrawal characteristic of the schizophrenics.

TABLE 8.06

Showing Orientation to Persons

N = 110

Items	Patients oriented	Percentage	Patients not oriented	Percentage
Ward attendants	64	58.18	40	36.36
Ward sisters	55	50.00	49	44.54
Ward doctor and Superintendent	54	49.09	49	44.54

From the table given below, we can see how far patients are in know of the various important activities and facilities.

etc. supposed to break the monotony of hospitalisation and work as an adjunct to the treatment efforts.

TABLE 8.07

Showing Orientation to Facilities in Hospital

N = 110

Items	Patients oriented	Percentage	Patients not oriented	Percentage
Long-drive and shopping	46	41.81	56	50.90
Writing letters	62	56.36	40	36.36
Music classes	35	31.81	68	61.81
Religious classes	25	22.72	77	70.00

Patients numbering 56.36% are aware of the facility of writing letters, 41.81% know of long-drive and shopping, 31.81% know of music classes and only 22.72% know of religious classes held by the Hindu priest every week. It appears from these data that the activities which are important to them get noticed by more patients. Recreational facilities (Table 9.09) like music and religious classes are also not attended to by large number of patients. Going out either on shopping or long-drive appears to be a priced activity.

Information on writing letters has reached to the maximum number of patients (56.36%) because of the

correspondence between family members and their patients in the hospital. This is more or less in consonance with the finding in Table 7.05, where we have observed that more than 53% respond to the letters. Another conclusion one draws from this table is that a high percentage of patients are not aware of the hospital's important therapeutic adjuncts. Why?, the reasons are the same which Wing (1968)<sup>5</sup> and Goffman (1968)<sup>6</sup> have respectively described as 'secondary handicaps' and 'characteristics of total institution.' These handicaps, it seems, continue to accumulate as the patients stay longer.

The scores of the patients on the RATING SCALE is presented in Table 8.08.

TABLE 8.08

Showing Patients' Total Orientation Scores according to the RATING SCALE

Category	No. of Patients	Percentage
Poor (4-6)	16	14.54
Fair (7-9)	22	20.00
Good (10-12)	72	65.45
Total:	110	100%

The patients who score poorly on orientation are 14.54% in comparison to patients (65.45%) who score high

on the rating scale. Thus, in this area of behaviour, we find more patients who are disoriented to time, place, persons, etc., when we compare it with the number of those patients (6.36%) in Table 5.13, who usually show more psychotic symptoms. This, then, leads one to conclude that probably this phenomenon is more because of the dehumanisation process and institutional career (Vail, 1966)<sup>7</sup> set in and perpetuated by the long periods of hospitalisation. No doubt, the poor orientation will cause some problem in the implementation of rehabilitation plans; how far it will affect this rehabilitation process can be seen only when the plan is executed.

We then, see that hospitalisation has affected in some cases the patients' orientation to his time, place and person, so much so that he does not remember his age, date of admission, current day and year, etc. About one-third have problems of memory which goes on getting poor and poorer in absence of any exercise.

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REFERENCES

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