

## HOSPITAL DEPENDENCY: AN EXISTING CONCEPT

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### SUMMARY

Chronically institutionalized patients demonstrate a behavioral pattern characterized by unwillingness to get discharged from the hospital and severe anxiety during such attempts leading to continued hospitalization. These patients usually have poor self-concept and low evaluation in getting employment, which requires vocational rehabilitation. To prevent this, mental health professionals should make active efforts to develop a favorable attitude of the chronic mentally ill patients towards their home.

**Key words:** chronic – institutionalization – hospital - dependence

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### INTRODUCTION

The “moral therapy” developed by Pinel and his contemporaries in the reformed asylums was fundamentally based on the principle of freedom of the trapped humanity of mentally ill patients (Fee & Brown 2006). Subsequently, deinstitutionalization movements and rehabilitation programs were encouraged with the objective of helping the patients to acquire the pattern and rhythm of living necessary for them to live in the community, rather than to fit into hospital rules or schedule (Tanioka et al. 2006). However, the real situation in chronic mentally ill patients is quite different. As described by Downing (1958), “many mental patients are not motivated to leave the hospital which contains them. By prolonged hospitalization, they become so dependent on the hospital that leaving causes severe anxiety. If discharged they act in such a way that they are returned back. In many instances, they react to the possibility of discharge or release with behavior that ensures their continued restraint.” This behavioral pattern in patients has been termed “hospital dependency”, which has many core elements common to substance dependence. This behavior warrants necessary psychosocial interventions, as it can turn out to be a huge burden on mental hospitals services and a tremendous waste of potential human resources.

### CASE REPORT

Index patient, Mr A, a 48-year-old, single unemployed male, from a joint family, with nil contributory family and personal history, a diagnosed case of schizophrenia has been hospitalized for more than 20 years. He was on olanzapine 5mg/day as maintenance treatment without having active psychotic symptoms in mental status examination though he had partial insight

into his illness. Considering remission of illness, several attempts were made to contact his guardians and discharge him home but there was no response from his family. When we discussed discharge from the hospital with the patient, he showed extreme reluctance and insisted on continuing his stay in the hospital. He would become apprehensive of living outside the hospital premises. Also, whenever he is taken outside the hospital for any purpose, he would report losing self confidence and express distress. In the ward, he would actively involve himself in all activities, helping the ward staff and other patients. He would regularly attend physical training programs as well as work in the occupational therapy department with little supervision. Though there had been a few instances in which he was agitated while interacting with violent patients, he otherwise would express his willingness to stay in the hospital for the rest of his life.

### DISCUSSION

The concept of “hospital dependence” has been mentioned previously by Downing (1958) and subsequently by Gordon and Groth (1961) to describe a few chronic mentally ill patients, who become completely dependent on the hospital environment and its services. They have intense anxiety and might display increased psychotic behavior when being released or discharged from the hospital. Possible explanations for such behavioral patterns in chronically hospitalized patients include: 1) primary relief from anxiety caused by instinctual impulses overwhelming the ego defenses; 2) secondary gains resulting from the socially-recognized sick role; and 3) the satisfaction of becoming an accepted member of a stable social system (Downing 1958). This concept is distinctly different from Munchausen’s syndrome, which is characterized

by intentionally fabricated, surreptitiously self-induced or exaggerated forms of numerous dramatic medical presentations aimed towards receiving medical care, features multiple hospitalizations, an evasive manner and eventually discharge, against medical advice mainly due to the feigned nature of symptoms being discovered (Bhatia et al. 1999). Hospital dependence has phenomenological similarities with other dependences in terms of a persistent desire to stay in hospital, discharge from hospital resulting in intense anxiety and their behavioral reaction that ensures their continued restraint in the hospital. Observers have suggested that the main reason for hospital dependence is the better food quality and facilities, and the more pleasant atmosphere of the hospital than the patient's home (Gordon & Groth 1961).

These patients usually have poor self-concept and low evaluation in getting employment, which needs to be treated through vocational rehabilitation (Gordon & Groth 1961). Fromm (1941) describes the situation as "the powerlessness and insecurity of the isolated individual in modern society who has become free from all bonds that once gave meaning and security to his life". The chronic mentally ill patients covertly wish security, concern and to be noticed in society (Gordon & Groth 1961). In another study (Geertshuis 1995) it has been reported that the hospital 'stayers' develop pessimistic attitudes towards their eventual life in the community.

Management of such cases is vexing. It has been suggested that the hospital should attempt to develop in a patient a favorable picture of a substitute for the original home such as a half-way home or foster-home

(Gordon & Groth 1961). Also, these patients have a favorable opinion of their ward nurse as compared to their mother or wife and of their ward doctor as compared with their parents. To rectify this, greater emphasis and earlier work with the patient's relatives is essential. Another alternative is to weaken the symbiotic relationship that is often established with their doctor and nurses. The mental health professional should therefore make active efforts to develop a favorable attitude of the chronic mentally ill patients towards their home, relatives and neighbours rather than simply aiming to achieve a small improvement in their psychopathology.

## REFERENCES

1. Bhatia MS, Jagawat T & Gupta C: *Munchausen's syndrome: a case report. Indian J Med Sci* 1999; 53: 77-80.
2. Downing J: *Chronic mental hospital dependency as a character defense. Psychiatr Q* 1958; 32: 489-99.
3. Fee E & Brown TM: *Freeing the insane. Am J Public Health* 2006; 96: 1743.
4. Fromm E: *Escape from freedom. New York: Farrar & Rinehart Inc., 1941.*
5. Geertshuis SA: *Psychiatric patients who remain in long stay hospitals. J Ment Health* 1995; 4: 519-30.
6. Gordon HL & Groth C: *Mental patients wanting to stay in the hospital. Attitudes. Arch Gen Psychiatry* 1961; 4: 124-30.
7. Tanioka T, Mano M, Takasaka Y, Tada T & Kawanishi C: *Challenge of psychiatric rehabilitation for patients with long-term hospitalizations using the Nirje's normalization principles as a valuation standard: two case studies. J Med Invest*; 53: 209-17.

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