

Psycho-social Behavior of Selected Psychotic Cases in Ward 24 of the Armed Forces of the Philippines Medical Center

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Abstract—Stressors have a major influence upon mood, our sense of well-being, behavior, and health. Acute stress responses in young, healthy individuals may be adaptive and typically do not impose a health burden. This study aims to determine the psycho – social behavior of selected psychotic cases in ward 24 of the Armed Forces of the Philippines Medical Center. The contributory factors that led to the illness of the patients, the psycho-social behavior of the psychotic patients in terms of: attitude toward medication, socialization, counseling, athletics, personnel, and life in the hospital, the feelings of the mental patients, the problem of the mental patients, their manifestation of stress, the coping mechanisms and aspirations or future plans of the patients were given emphasis. Qualitative research through case study approach was utilized. Ten respondents were used as sample. Survey questionnaires, interviews, observations and focus group discussion were the instruments used. Results showed that contributory factors that led to the illness and admission of the patients to the hospital are disorganized behavioral, ineffectiveness, suicidal acts, loss of health and violent outburst. As to the attitudes of the patients, they agree on some factors of medication, socialization, counseling, and athletics.

Keywords— Stressors, AFPMC, Behavior, Quezon City, Stress.

I. INTRODUCTION

Stressors have a major influence upon mood, our sense of well-being, behavior, and health. Acute stress responses in young, healthy individuals may be adaptive and typically do not impose a health burden [1]. Psychosocial interventions have proven useful for treating stress-related disorders and may influence the course of chronic syndromes. Stress is a central concept for understanding both life and evolution [2]. All creatures face threats to homeostasis, which must be met with adaptive responses [3]. Our future as individuals and as a species depends on

our ability to adapt to potent stressors. Although we have chosen not to focus on these global threats in this paper, they do provide the backdrop for our consideration of the relationship between stress and health [4].

The remnants of the local insurgency operations and peace destabilization campaign were so devastating that the Philippines found itself rehabilitating for several years. The war had left damage on agricultural lands, bombed buildings and infrastructures, destroyed industries, beautiful spots crumpled to the ground and practically all that was prosperous and in abundance were turned to ashes. Unforgettable were Philippine soldiers who fought and died for the sake of freedom and who, until now may yet be suffering from the roars of cannons and guns.

Such was the after match of the last peace campaign of the government:

But wars seem not to cease. Internal conflicts in the Philippines soil come in the form of wars between Filipinos was destined to fight and keep on fighting for the cause of peace and order this time. And for this, our soldiers came home from war with the reverberation of the sounds of war still clinging their ears. Until now, they still suffer of war phobias and mental abnormalities [5]. Executive order No.1 660 prescribed the rules and regulations to carry into effect the provision of Republic Act No. 610, which mandates the separation from the service of a war veteran who may be considered to have service-connected pensionable disability or disabilities if he should be found to be suffering from any of the cited conditions in the Act.

Section 23 of Circular No. 1 of the Armed Forces of the Philippines, dated July 23, 1962 mandates the separation due to physical disability such as psychoses, psychoneuroses and personality disorders. Due to these disorders, the soldiers of Armed Forces of the Philippines may be separated from the service, but treated in ward 24 Armed Forces of the Philippines Medical Center as

embodied in Executive Order Number 660 signed by President Elpidio Quirino [6].

Objectives of the study:

The study focused on the psycho-social behavior of psychotic cases of the Armed Forces of the Philippines Medical Center (AFPMC) during the calendar year 2014-2015. These cases came from Ward 24 of the Armed Forces of the Philippines Medical Center and labeled as Psychiatric Ward. The contributory factors that led to the illness of the patients, the psycho-social behavior of the psychotic patients in terms of: attitude toward medication, socialization, counseling, athletics, personnel, and life in the hospital, the feelings of the mental patients, the problem of the mental patients, their manifestation of stress, the coping mechanisms and aspirations or future plans of the patients.

II. METHODOLOGY

The study adopted the qualitative research through case study method. It made use of the interview, record collection, survey questionnaire and the files of the Medical Center. Purposive sampling was used to select the respondents. There were 41 cases in Ward 24 admitted from January 2014 to June 2015. Only 10 of them were picked for the study. These selected 10 patients were those who have stayed in the ward for quite some time.

III. RESULTS AND FINDINGS

3.1. Contributory Factors that led to the illness of the patient

3.1.1 Case A

He is a previous smoker for 4 years with a ratio of 3-4 sticks per day which started at the age of 18 and stopped at 22 years old. The patient drinks alcoholic beverages occasionally, at least 1 bottle per occasion. His previous job was a military instructor at Training and Doctrines Command, Philippine Army at Fort Bonifacio and taught subjects related to engineering and first aid. His hobbies include basketball, volleyball and tennis. The patient stated that he was an average and active student when he was in elementary and high school. He joined some extra-curricular activities as well as school organizations. He stated that he has a good relationship with his teachers, friends, and classmates. He was an outgoing person with lots of friends, and claims that they described him as kind, generous and a loving person. Regarding his relationship with friends at the military, he stated that he also had a harmonious relationship with them, but still he has detractors who put him down.

His present condition started during the first week of February, 2015, when the patient started to experience hearing different voices stating to exhibit a sort of a mental illness. Other problems noted by his wife were difficulty in sleeping, loss of appetite, palpitations and easy fatigability. The patient, it all started when he just failed to notice the presence of Sgt. Bakay. From then on a gap between the two of them had formed. He has been hearing negative comments about him by his peers, like being boastful and other words in which he thought that Sgt. Bakay was planning to put him down. The reason maybe was because of being envious, since the patient was handling his own platoon then. From then on, the patient has been preoccupied with these thoughts and his work became affected because he started to manifest behavioral changes, like hatred which led him to the idea of killing Sgt. Bakay. His condition persisted which brought his family to bring him to Fort Bonifacio General Hospital (FBGH) and was admitted last February 17, 2015. Medications were given but after one week of stay at the hospital, the patient's condition remained the same. On March 30, 2015, he was brought to the Neuropsychiatry service of AFPMC for subsequent evaluation.

His mood was euthymic with appropriate affect. He was admitted having auditory hallucinations, denied visual hallucinations, (+) homicidal ideation, suicidal ideations and good memory. He is oriented to 3 spheres. Poor judgment and insight are his characteristics. His problems are auditory hallucinations, altered sleeping pattern, loss of appetite, and homicidal ideation. According to his wife, he could not sleep, cannot eat well, and is without appetite. According to the patient, he has hatred and irritability. He said "I know they are talking about me and destroying me. He acted queerly and has homicidal ideation and altered sleeping pattern plus loss of appetite. From the findings of the medical team he has schizophrenic form disorder.

3.1.2. Case B

The patient had experienced hospitalization due to a car accident he met while on a jeep and when he was sick with malaria. The patient had difficulty in sleeping and this is accompanied by auditory and visual hallucinations. He claimed that his work was disturbed because he was afraid going out of his house. His wife revealed that he was demoted last December 2014 in his rank as Master Sergeant to Staff Sergeant. He complained of being unable to sleep and cannot eat because he has no appetite. He has auditory hallucinations; the following were the diagnosis

and reasons for admission of the patient: Presence of at least one of the following symptoms indicating impaired reality testing (not culturally sanctioned) incoherence or marked loosening of association, delusion or hallucinations catatonic or disorganized behavior. Appearance or symptoms in A and B shortly after and apparently in response to one or more events that singly or together would be markedly stressful in similar circumstances in the person's culture. Absence of the prodromal symptoms or schizophrenia and failure to meet the criteria for schizotypal personality disorder before onset of disturbance. Duration of an episode of the disturbance from few hours to one month with eventual full terms to premorbid level of functioning. Not due to a psychotic mood disorder and it cannot be established that an organic factor initiated and maintained the disturbance.

3.1.3. Case C.

The patient's condition started 2 days prior to admission (PTA). After he went on duty for 2 days without taking any sleep according to him, he was on duty to protect his companion who got promoted, but after two consecutive days he left light the sadness and irritability. He also claimed hearing voices telling him to do things, but was not able to recall what it was. Because of this he was brought to the AFPMC NP service and was admitted. In September, 2014, he was admitted at NP service for 3 months. After he saw the enemy that was killed, he had the inability to sleep and became irritable. He was said to have "psychoneurotic Anxiety Reaction. He had norm productive speech with occasional laughing spells. He denies neither auditory nor visual hallucinations but claims" he wants to go to U.S.A. with grandiosity. And always saying "I am the President of the Philippines ...I will set you free." He denies any neither suicidal nor homicidal ideations. The patient is conscious, coherent, oriented to 3 spheres, he has poor judgment and insight, intact memory and fair intellect. He claims that has light headedness due to lack of sleep and he is irritable. He was admitted at NP service for three months after he saw their enemy that was killed. He claims he has inability to sleep and because irritable. He is a patient with Psychoneurotic Anxiety Reaction.

3.1.4. Case D

The patient developed watery nasal discharge. He suffered this and complained on some signs of pain. He experienced pain in swallowing upon admission. He is a non- smoker, occasionally alcoholic from 2-3 bottles of beer before as patient said. He was influenced by his

peers" to drink alcohol during his college days. He was then brought to AFPMC for evaluation and subsequently he has been admitted. He was then immediately admitted for mental observation with a diagnosis of Psychoneurotic Anxiety Reaction. On September 5, 2014 he was then brought to the hospital for the following complaints. He had auditory hallucination. At night he played chess by himself. He had difficulty in falling asleep and afraid of something as claimed by his mother. January 31, 2015, the patient has again experienced this illness and was admitted for the third time having the diagnosis of schizophrenic type. He has watery nasal discharge and had difficulty on falling asleep. Most often he complained of some pain and difficulty of swallowing, so he has a hard time eating and loses good eating habits. He cannot sleep and he is afraid. His illness is coming back He is a schizophrenic type, with psychoneurotic anxiety reaction. He was re- admitted on January 3, 2015.

3.1.5 Case F

On August 2014 the patient was noted to have blank stares. He claimed that he was hearing voices, "I saw strange persons" (described as ghost). The patient was admitted at AFPMC –NP service on May 2014 with a diagnosis unknown to the patient was discharged, improved with unrecalled home medications which were irregularly taken, the patient was apparently well with no episodes of hallucinations. He had irregular follow-ups. (Maintenance needs Thorazine 50 milligram tablet and at bed time). On April 1, 2014, the patient complained of difficulty of getting sleep. There was no other sign and symptoms noted. On April 7, 2014 the patient went AWOL because he claimed that he was accompanied to AFPMC- Orthopedic Service. On April 17, 2014, the patient sought consultation at AFPMC-NP service where an impression of Psychoneurotic Anxiety reaction was given. Chlorpromazine (Thorazine) 50 mg/tablet, 1 tablet at bed time other day affording slight relief was given.

He complained of occasional headaches. He did not know why he preferred to be alone and stared blankly. He lost appetite and was unable to sleep for four days. He became weak. The patient was said to have psycho-neurotic anxiety reaction with sleep disorder. The patient claimed that upon en route to join his new assignment, he met a lady, also a passenger of the same bus suspiciously to have magical power that led to have fear on her. From that instance the patient was unable to sleep and have several bouts of nightmare. Friends of the patient noticed that he frequently have blank stress. Persistence of the condition led comrades to pursue his admission at

AFPMC hence he was admitted. He was unable to sleep and have several nightmares. He was found to be suffering from Psychoneurotic Anxiety Reaction. Patient has paranoid episodes and frequently has blank stares.

3.1.6. Case G

The present condition apparently started; when he earned during his stint in Cambodia as part of the “peace keeping force” amounting to about P50, 000 which were all spent by his girlfriend (to whom he entrusted the money) for the needs of her family. And so about one month prior to admission, his companion started teasing the patient that the money he gave to his girlfriend (who’s now his wife in civil wedding) was given to another guy and that the child on her womb is not his child but that of the other guy. Since then, the patient was noted to be always quite, unable to sleep and to eat. The patient also claimed that he has got one episode (40° c) with chill which was received spontaneously without medicine. Anorexia and lack of sleep persisted until 25 days PTA when he had an argument with a subordinate resulting to a fist-fight in which he lost his position as the liaison officer. However, he claimed that the reason for the said incident was that the subordinate teased him about his wife which angered the patient. He was then noted to be acting suspiciously to everybody and with violent outbursts prompting them to bring him to South Com Hospital by ship. While on the way (on the ship- his companion had to bind him because of his violent outbursts and because the patient wanted to jump off the ship. They arrived at South Com Hospital where he was confined for unrecalled number of days. In the said hospital, he was noted to be violent destroying the door where he was confined, prompting them to restrain him and bind him to the bed. Then they were able to give IM injection twice a day with 2 other oral medicines, talum O.D. which eventually calmed the patient. The patient claimed that he didn’t know what transpired from the time of his fistfight with his companion up to the time he was at the hospital. He was then transferred to a Mental Hospital in Zamboanga where the patient was given another IM for unrecalled number of days until such a time when he was allowed to go in and out of the hospital which the patient took as an opportunity to escape going home by riding a bus. When asked why he escaped, he said that it was because the patients there in the hospital are sick in their heads while he has already improved and they might only aggravate his condition. He went to their home in Calamba, Misamis Occidental. But since relatives knew that he was still sick, they brought him to Calamba District MHARS

Hospital in Ozamis to which he obliged. He was diagnosed on the said hospital and found to have Post Traumatic Stress Disorder. He was given Serenace and Biperiden 1 tablet once a day and was discharged after 3 days on the patient’s request, apparently to work on his papers regarding his status in the military (Philippine Marines). He then went to Bulacan at his wife’s house (without bringing any clothing) and later to his cousin’s house in Metro Manila. His cousin noted that the patient, once used to joke all the time is now very quiet and was confident by the patient in his own words that he will be killed by his superior. His cousin also noted that the patient is always suspicious of the people to be watching him. This prompted his cousin to bring the patient to AFPMC and now subsequently admitted. He talks differently and has been silent at times. He cannot sleep and loses hope in life. When interviewed, the patient said, I have no appetite to eat. I cannot sleep. The condition as observed by this researcher has gone worse. He talks on anything and he has no direction in life. He is found to be suffering from psychoneurotic anxiety reaction. He was a patient in the Mental Health Hospital and he has the same condition of talking on many things. He acted very queerly and can become violent at certain times.

3.1.7. Case H

In 2013 the patient was previously hospitalized due to Hepatitis A for almost one month at Fort San Felipe Hospital, Cavite. In same year the patient met an encounter in a beer house that led him to be brought to the hospital because of bruises he had on his body. He was confined in Fort San Felipe Hospital n Cavite for almost three days. The patient was a previous smoker and stopped last 2012 but not thoroughly. He started to smoke at the age of 17 because of curiosity and late became his vice. He was an alcohol drinker of any brand, for him is the only way out or outlet wherein he express his feelings. The patient is an out-going type of person. The present condition of the patient started when his head hit at the swimming pool when he plunged into the water. The patient ignored it, when he went home he told his wife what happened to him. He slept during that night but didn’t wake up for almost one and half days. During that time his wife was too worried but he was not brought to the hospital. When the patient woke up he asked his wife what happened to him. From then on the patient experienced occasional headaches. Until one day he was not able to sleep at night and preferred to be alone. Sometimes he was on blank stares. Even though he

experienced such symptoms his daily activities were still done regularly.

The patient was noted to be preoccupied with his team “Combo Team”. He was noticed by his co-members that he was always on blank stares so the management of the team decided to give him rest. But his condition became worst when behavioral changes were noted. He mimicked the sounds of household pets (dog, cat) that led him to be brought to Sangley Point Hospital but was later evacuated in the AFPMC to prevent further advancement of illness and was subsequently admitted. He becomes weak and cannot sleep. He acts queerly by imitating the sounds of dogs and cats. As observed by the medical team and the researcher, he barks and says “meow” many times. He gets very weak and cannot sleep. He hears somebody commanding him. He disturbs people due to the sounds he makes. Often he shouts without any cause. He was found to be suffering from psycho-neurotic anxiety reaction and had been admitted twice in the hospital.

3.1.8. Case I

He worked as a marine soldier at the Philippine Navy Marines but was transferred to Pampanga before his admission. He is a non-smoker but an occasional drinker. His present condition started when he called up his family from Pampanga before he wanted to go back home. A day after he was noticed to have some behavioral changes accompanied by flight of ideas and loss of appetite. He was then transferred to Manila Naval Hospital and was referred to NP at OPS. He was hysterical while at the hospital. Diazepam 5 mg was injected and he was advised to be evaluated to AFPMC. He said he has problems and an informant indicated he usually has blank stares. At the hospital, he complained of chest pains. He became an ineffective individual with behavioral changes, hysterical and with blank stares. He is found to have psychoneurotic anxiety reaction.

3.1.9. Case J

The condition of the patient started 2 weeks when the patient went home to Zambales for his weekend break. He was noted to have difficulty in sleeping by his wife. He kept on reading his lecture notes as he went to schooling before his weekend break. He said he was pressured to read to catch up and he memorized his lecture notes. While doing so, he admitted to be hearing machine-like sounds. (As if there are roaring sounds which does not make me sleep. As if it is the sound of a hand tractor). According to the patient, he could only sleep 2 hours at night due to the sounds that he hears. After 5 days he tried

to kill himself by hanging. He was saved by his family. When asked why he did that he said, (As if someone convinced me to do that). One time he read about a ghost and he thought he was also a ghost. According to him he hears someone and he hears sounds as if it is a hand tractor. From an informant, he says he talks alone. He had behavioral changes and suicidal acts. He was found to have psychoneurotic anxiety reaction.

3.2. Attitudes of the Patients toward Certain Factors

3.2.1. Case A

Case A agreed that medication puts him at ease and that it relieves tensions. However, he is uncertain to the following: Medicine is good for my ailments; I like to take medicine; Medicine cannot cure me and medication disturbs my activities. According to Case A when interviewed, he admitted and said that: Whenever I feel different I am given the medicine from the medical staff, I feel at ease. He agreed that he likes to be happy; it is nice to have many friends and going to parties takes away worries. He is uncertain to the following: Attending parties is expensive and I prefer to be with friends. He disagreed that he does not want to talk with people and he is alone all the time. When the researcher conducted the interview, the patient declared that there are many people all the time and he cannot stay alone and be quiet. People keep on coming to the ward visiting them. He agreed that people who counsel them are good and counseling relieves him. He is uncertain to the following: There is no need for counseling; we know our problems better than the counselors and counseling should be given often. People in the hospital have expertise in counseling psychotic patients. They are good because they want these patients to get well and go back to their families and be effective people.

He agreed that athletics strengthens the body. However, he is uncertain to the following: Games and sports are worthwhile; Athletics makes me tired, sportsmanship is developed in sports and friends are acquired in sports. He likes basketball as his sport that's why he claimed that it strengthens his body. He agreed to the following: The doctors are very competent; the nursing staff is very effective and the service staff treats patients well. The patients, although with certain illnesses, can determine the qualities and capabilities of the medical team in the hospital. It is good that this team has the proper way of treating their patients, or else the patients will grow worse if they don't. He agreed that there is no place like home but the hospital is his second home. He is uncertain that staying in the hospital is boring; staying in the hospital makes him sad and

depressed and he feels secure when he sees doctors and nurses. He disagreed that the hospital is hell to him and he likes to stay in the hospital longer. The patient does not like to stay in the hospital for a long period of time although he claims that the place is not hell to him.

3.2.2. Case B

Case B agreed to the following: Medicine is good for my ailments; I like to take medicine; medication puts me at ease and it relieves tension, the patient himself knows what medication can do to him. He feels at ease whenever he is given the proper medicine during the time that he has the ailment. However, the patient disagreed to the following: Medicine cannot cure me and medication disturbs my activities. He agreed to the following: I like to be happy. It is nice to have many friends; Going to parties takes away worries; Attending parties is expensive; I prefer to be with friends and I am alone most of the time. He disagreed to the statement; I do not want to talk to people. The findings reveal that Case B is sociable. He finds that socialization is a positive factor in his life. He agreed to the statements: People who counsel us are good; counseling relieves me and counseling should be given often. He disagreed to the following: There is no need for counseling and we know our problems better than the counselors. The findings reveal that patient B has a good attitude toward counseling especially when he claimed that it relieves him. Talking to someone is indeed relieving when there is pain or problems.

He agreed to all the statements on athletics which are: Games and sports are worthwhile; athletics makes me tired; Athletics strengthens my body; sportsmanship is developed in sports and friends are acquired in sports. He has a good attitude toward sports. He knows the benefits acquired by one who indulges in sports. He agreed to all the following statements: The doctors are very competent; the nursing staff is very effective and the service staff treats patients well. The findings reveal that the AFPMC has a medical team appreciated by the patients being treated there. Confidence of the patients on the medical team has a good psychological effect. He agreed that staying in the hospital is boring; that he feels secure when he sees doctors and nurses; that there is no place like home and that he likes to stay in the hospital longer. He disagreed that the hospital is hell to him and that staying in the hospital makes him sad and depressed. He wants staying in the hospital because as stated earlier he has a positive attitude toward the medical team and he feels relieved when he sees them.

3.2.3. Case C

Case C agreed that medicine is good for the ailments that he likes to take medicine and medication puts him at ease. However, he disagreed that medicine cannot cure him and medication disturbs his activities. The patient knows that medicine is good for sickness and ailments since he feels at ease when he is given medication.

He agreed to all the statements toward socialization but disagreed that he does not want to be with people. He wants to be happy and have many friends. He wants going to parties since this gives him the opportunity to acquire friends and meet people.

He has agreed that people who counsel them are good and counseling relieves him. He is uncertain whether there is no need for counseling and that he knows his problems better than counselors and that counseling should be given often. The uncertainty of Case C on the above findings shows that he has not yet seen or experienced much the effects of counseling on him.

He only checked 2 statements where he agreed and those are: sportsmanship is developed in sports and friends are acquired in sports. The findings reveal that Patient C has not much indulgent in sports, since he cannot make choices or decisions on the statements. In this item he did not check anything whether he agrees, or disagrees with the statement.

He agreed that staying in the hospital is boring and there is no place like home but the hospital is his second home. He is uncertain whether staying in the hospital makes him sad or depressed and whether he feels secure when the medical staff is around. He disagreed that the hospital is hell to him and that he likes to stay in the hospital longer. The findings reveal that patient C has different attitudes toward his life in the hospital. The hospital maybe a good place for patients yet the life inside may be boring for them.

3.2.4. Case D

Case D agreed that medicine is good for his ailments and he likes to take medicine; that medicine puts him at ease and it relieves tensions. He disagreed that medicine cannot cure him and medication disturb his activities.

He expressed his agreement on the following: I like to be happy; It is nice to have many friends; going to parties takes away worries and I prefer to be with friends.

He disagreed in: attending parties is expensive; I do not want to talk to people and I am alone most of the time. He agreed that: people who counsel are good; counseling relieves me, we know our problems better than the counselors and counseling should be given often. He

disagreed that there is no need for counseling. He agreed that: games and sports are worthwhile; athletics makes me tired, athletics strengthens my body; sportsmanship is developed in sports and friends are acquired in sports. He agreed that doctors are very competent. The nurses are very efficient and the service staff treats patients well. He had varied attitudes as to life in the hospital. He agreed that there is no place like home and he is secured when he sees doctors and nurses. He disagreed that the hospital is hell to him and that staying in the hospital makes him sad and depressed.

The findings of the study on the attitudes of Case D is that he mostly agreed on the items presented to him as regards medication, socialization, counseling, athletics, personnel and life in the hospital. He was not uncertain to anything however there were a very few factors where he disagreed. Case D is found to know what is good to him and what does not benefit him. This shows that the patient thinks well at certain times when his illness is not at its height.

3.2.5. Case E

Case E checked the column “agree” for all the attitudes in medication, socialization, counseling, athletics, personnel and life in the hospital. The findings show that patient E was not uncertain or does not disagree to the attitudes presented. He was firm in his decision to agree on the statements, or maybe he refused to think that was why he checked the statements.

The researcher interviewed the patient to inquire the services of the personnel in the ward and he said, all doctors and personnel in the ward are very good to me.

3.2.6. Case F

Case F has agreed to practically all the statements presented with the exception of 4 statements where he disagreed and these are: medication disturbs my activities; I do not want to talk to people; there is no need for counseling and I like to stay in the hospital longer.

The findings show that Case F agreed to all the positive statement on medication, socialization, counseling, athletics, personnel and life in the hospital. He disagreed on all the negative statements which show that he can discern what is good and what is not good. The findings imply further that Case F can still think normally at times when his illness is not on its height.

3.2.7. Case G

Case G checked only seven statements on attitudes and these are: He was uncertain as to whether medicine is

good for his ailment and as to whether medicine cannot cure he and that doctor are very competent. He agreed on the following: I like to be happy; People who counsel us are good; Games and sports are worthwhile; and staying in the hospital is boring.

As to the case of patient G his uncertainty on medication sprang on the fact that he was taking medicine but he does not get well, so that he really cannot decide whether the medicine he takes can cure him. And in addition to his uncertainty, he cannot decide whether the doctors are competent due to the reasons given.

On the statements where he agreed, he knows that he wants to be happy; that people who counsel are good that games and sports are worthwhile and his staying in the hospital is boring. Case G picked only a few statements reflecting his attitudes unlike the other patients who opt to give opinion on all the statements.

3.2.8. Case H

Case H checked on nine statements where he showed his agreement on the following attitudes: Medicine is good for my ailments; I like to take medicine; I like to be happy; I prefer to be with friends; People who counsel us are good; Games and sports are worthwhile; athletics strengthens my body; The doctors are very competent and staying in the hospital is boring.

He did not indicate uncertainty or disagreement on the statements but he only checked the statements where he agreed. This is a different finding. The patient did not bother to show where he was uncertain and where he disagrees. Therefore, we can say that Case H expresses his ideas where there is positivity or agreement. This is a sign of positivity.

3.2.9. Case I

The statements on attitudes toward medication, socialization, counseling, athletics, personnel, and life in the hospital. Case I checked 12 statements where he agreed and one statement where he disagreed. He agreed on the following: Medicine is good for my ailments; I like to take medicine; I like to be happy; It is nice to have many friends; I prefer to be with friends; people who counsel us are good; Counseling relieves; Games and sports are worthwhile; sportsmanship is developed in sports; The doctors are very competent; The nursing staff is efficient and the service staff treats patients well. He disagreed on the statement: medicine cannot cure me. Case I picked only the statements where he would agree. He did not comment on life on life in the hospital. This patient may not comment on his present state in the

hospital, hence he did not check any of the attitudes presented

3.2.10. Case J

Case J agreed on the following: Medicine is good for my ailment; I like to take medicine and it relieves tensions. He agreed on: I like to be happy; it is nice to have many friends; I prefer to be with friends. He was uncertain on the following: Going to parties takes away worries; attending parties is expensive.

The following statement was agreed upon by patient J: People who counsel us are good and counseling relieves me. He was uncertain on the following statements: We know our problems better than the counselors; counseling should be given often. He disagreed to the statements there is no need for counseling.

Case J finds the hospital a good place. It is not boring to him and it is not considered hell. He does not find himself depressed and sad. This means he has been adjusted to the place where he finds hope for his getting well. He said: "It is where I get well I must be here."

3.3. Feelings of the Patients

Always a feeling of Case A is that he hopes to get well soon. Sometimes he is happy in the hospital and sometimes he feels lonely. However, he claims he gets angry easily and becomes nervous every time the doctor comes. In the case of patient A, he experiences both happiness and sadness. When the researcher interviewed this patient, he claimed this: When I meet my friends in the hospital I am happy but I become sad when I realize my situation. Sometimes Case A is ashamed, angry and hurt, shy, uneasy, worried, frightened and nervous. However, he was never guilty and foolish, never scared, never put down, defended, rejected and blue.

As to Case B, sometimes feels happiness in the hospital, hopes to get well soon and feels lonely often. However, he never gets angry easily and never feels nervous when the doctor visits him. He is used to being treated; hence he is at ease with the doctor. Case B is sometimes ashamed, frustrated, shy, put down, low, defeated, rejected and blue and sometimes has self-pity but in many instances he was never guilty and foolish, never anxious and never hopeless, depressed, humiliated and helpless.

Case C, he never found happiness in the hospital. He dislikes life in the Medical Center. He thinks of his job and his family, so he is sad in the hospital. He was sometimes self-conscious, angry, nervous, low and helpless but he never was guilty, put down, defeated, rejected and blue.

Case D always felt happy in the hospital and he always felt that he will get well soon. He has the right attitude and feelings while being in a medical center. Sometimes he gets angry easily. This is expected of a mentally ill person. Never did he feel lonely and never was he nervous when the doctor comes.

Case D is already at ease in the hospital and he likes the presence of the doctor. He was sometimes ashamed, mad, anxious, lonely and sad but never defeated and rejected.

Case E has glad feelings and that is he feels always that he will get well soon. He thinks of his family and his job and he wants a normal life again. He has some projections in life and has considerations for his family. But he is sometimes self-conscious, furious, worried, blue and depressed.

Case F is sometimes happy in the hospital, hopes to get well soon, feels lonely often, and gets angry easily. He was never nervous when the doctor comes. He feels ordinary life in the hospital- which means he hopes to get well soon and there are times when he feels sad. A sick person easily gets angry and that is Case F. He sometimes feels ashamed, mad, anxious, lonely and sad but never distrustful, paranoid, jittery and jumpy.

Case G did not check on any of the items under feelings of being glad. It was noticed by the researcher that in the questionnaire which was given to him to be answered he checked only a few statements. The researcher was quick to notice this, so he interviewed the patient who was then very quiet and he asked what the matter was.

Case H is sometimes happy in the hospital. It was noticed by the researcher that very few checks in the questionnaire but checked only one as to feelings,

Case I expressed he wants to get well soon. The researcher conducted an interview with this patient and gathered some details. He had a very low take home pay because of a loan. From the interview the researcher gathered the following from case I:

Case J checked only one statement under glad feelings and that is: I am happy in the hospital sometimes. This shows that case J also experiences sadness in the hospital. In the interview which the researcher conducted, Case J said:

3.4. Problems of the Psychotic Patients

Case A indicated as not serious the following: inability to have fun, self-consciousness, feeling of inferiority, lack of confidence, daydreaming and unwholesome fears.

Case B indicated only 3 problems which he considered as not serious and these are: irritableness, being jealous and he can't earn because he is in the hospital. All the rest of the

listed problems were indicated as not a problem by Case B.

Case C checked on problems which he considered as not serious and these are: inability to have fun self-consciousness, feelings of inferiority, lack of confidence, day dreaming and unwholesome fear. He checked the following as not a problem irresponsible lack of interest in doing anything he can't earn because he is in the hospital, cannot be with his family and have no work assurance.

Case D has some serious problems and these are: wholesome fears, desire to be noticed, hyperactive, hot tempered, nervous and afraid. These finding shows that case D suffers from serious problems that say aggravate his mental disorder. The medical staff must continuously counsel his and tell him not to think so much of the problem so that he will feel relaxed and calm.

Case E has every serious problems on personality, behavior patterns, social and emotional and other problems and these are; feelings of inferiority, lack of interest in doing anything, hyperactive, afraid, critical, can't earn because I'm the hospital, can't be with family, have no work assurance, superiors do not visit me, superior look down on me and hospital facilities are not enough.

Case F has all the problems on personality, behavior patterns, social and emotional and other problems but these are not serious. And he checked 6 listed problems as not a problem at all. He looks into himself as having the "not serious problems." These may be natural to a psychotic patient. But it could have been better if he does not see himself as having all the problems cropped in his very self. The medical team should be on the alert of giving the necessary treatment by way of counseling or giving other means to forget what the patients think are problems. The patients can be kept busy and productive as the case maybe. More programs or socialization can be conducted for the mental patients to forget their simple problems.

Case G checked on 2 problems which are not serious and these are: inability to have fun and restlessness. For him, the rest of the items in the questionnaire are not a problem. For Case G he considers his life as simple still. And when he was interviewed by the researcher he seemed to be calm and reserved. He said, this is my fate. I must get well.

The problems of case H are very serious, and these are self-consciousness, a personality problem; restlessness, a behavior; nervousness, an emotional problem and he can't be with his family. These are the four problems which, to

Case H are very serious. As to personality problems, Case I considered irresponsibility as serious and lack of interest in doing anything as not serious and daydreaming as not a problem, as to behavior patterns, to considered boisterousness as a serious problem and restless and as not serious problems. Case J did not check anything in the questionnaire as to problems. It might be a case of laziness or he might be suffering something.

3.5. Manifestations of Stress of the Psychotic Patients

Patient A indicated his manifestation of stress to be sometimes met and these are: headaches, loss of appetite, nervousness, interference in sleep, frequent urination and bowel movement, wanting to cry and shout, loss of interest, feeling of exhaustion and violent behavior. Case B considered the interference in his sleep as a manifestation of stress. This was the only item which he checked in the list under sometimes. He checked all the other items as never manifestations of stress in his life. The findings show that Case B has very minimal stress manifestation. At least he can do many things when he is not feeling bad like reading something. When interviewed by this researcher he was asked what contributed to his problem and he said :(When I had a case due to cowardice in Bataan).

Patient C; he checked headaches and nervousness as the stress met only sometime and 2 stresses never felt by him and these are: wanting to cry and shout and violent behavior. Headaches and nervousness are typical stress manifestation of psychotic patients. They have headaches because they are thinking of something and this is mostly on problems and they are nervous because they fear as if someone will kill them. This researcher did not wise the opportunity to interview the researcher and asked why he has these manifestations. Sometimes and he said ,(I don't know sir, why it is like that. I just have nervousness and headache.)

As to Case D, he has always headaches, nervousness, and frequent urination and bowel movement. Case D suffers now and then pain in the head and frequent urination and bowel movement which shows that he fears something these are signs of fears and uneasiness. Sometimes his manifestations of stress are loss of appetite, interference in sleep, wanting cry and about and violent behavior.

Case e showed signs in the questionnaire that he answers only few questions or checks only a few answers.

As to manifestations of stress Case E checked only 2 which he experience always and these are: less of interest and violent behavior. Case E looks at the world differently, when interviewed by the researcher, he

declared the following: I am no longer having interest in anything. Sometimes I think of something bad.

The stress manifestations of case F are not only sometimes and these are: headaches, loss of appetite, nervousness, interference in sleep, frequent urination and bowel movement and loss of interest. Although met only sometimes, Case F has so many stresses. From the interview the researcher gathered that Case F suffered hypertension for 4 years and this was a contributory factor to his mental condition.

Case G checked only two stress manifestations and that is loss of appetite and nervousness which are met by the patient only sometimes. This shows Case G has many hours or days with any stress manifestation. In this case he just stays on his bed and sleep. He is observed to be lingering around the hospital, and many times walking and observing things. He is silent and does not show signs of violence.

As to Case H, he indicated only one manifestation of stress and that is less of appetite. Cases H experience this only sometimes and not always. Looking into the case of patient H, it can be deduced that he is not suffering stressors and that his life is not some stressful, however, he is still a psychotic patient and this should be cured so that he can lead a normal life with his family.

Patient I checked only 2 manifestations of stress which he meets only sometimes and these are: loss of appetite and interference in sleep. He checked on stress manifestations which he never meets and these are: headaches, indigestion, frequent urination and bowel movement, wanting to cry and shout, loss of interest, feeling of exhaustion and violent behavior,

As to manifestation of stress, Case J indicated only one and that is interference of sleep met only sometimes. Case J has interference of sleep and at night he sometimes can't sleep at all. If he does not sleep he thinks of many, many things and he said, as if there is no end to the things which he thinks about. When interviewed by the researcher and asked what he does when he is not doing anything, he said he reads magazines and views the T.V. By viewing the T.V he said he gets news nationally and internationally.

3.6. Coping Mechanisms

As a coping mechanism always done by case A is to pray to God. It is noteworthy to observe that most mental patients go to churches to pray to God. This is an advice given them by relatives and counselors, since it is believed by all that only God can make miracles and these

psychotic patients believe that they can be cured by constantly praying to God.

Case B indicated his coping mechanism which he sometimes do and these are: praying to God and going to sleep and keeping quiet to meditate. What he never does are: rationalize the behavior of others, try to seek the behavior of others and keep quiet and meditate

Case C indicated 3 coping mechanisms: 2 are always done namely: pray to God and go to sleep; sometimes Case C rationalizes the behavior of others. In the case of Case C he does not forget to pray to God always. This is very good coping mechanism. God helps those who think of Him and those who help themselves.

Case D has 3 coping mechanisms which he always resort to and these are: pray to God, rationalize the behavior of others and keep quiet and medicate. Praying to God as the others do is also a coping mechanism of case D. But he sometimes just go to sleep and try to seek the help of others.

As in the case of patient E he has three coping mechanisms which he always do and these are; going to sleep, rationalize that behavior of others and try to seek the help of others.

Praying to God is always a coping mechanism of case F. Sometimes he has the following ways to cope with stress: going to sleep, rationalize the behavior of others; keep quiet and meditate and vent anger to others. Case F has a lot of coping mechanism. Although done only sometimes still Case F can have a way of a means of meeting stressful situations. To vent anger to others is not a good way of meeting stress as this really might put one to trouble. Keeping quiet may be even better.

Case G. checked an only one coping mechanism and that is praying to God. This is the only one which Case G indicated and the research, knowing fully well that Case F answered the questionnaire by checking only one or two of the items, it show that patient G. selects only one item to answer a question and this item is placed under always or sometimes.

The coping mechanism of Case H is only one and checked under the column sometimes. This coping mechanism is praying to God. Case H does not always pray; he sometimes prays only. The findings show that case H has this only to do when under stress or afflicted with pain. It is a good way coping with a problem since God is always there when we need him.

Case I has 3 coping mechanisms to meet stress or mental pain and these are: always praying to God and

Always going to sleep, sometimes case I tries to seek the help of others.

Case J has only one coping mechanism which is always doing and that is he prays to God. Praying to God relieves one from pain especially when specially when done fervently well.

3.7. Attitude of the Patients toward Certain Factors

They agree that medicine is good for their ailments; they take medicine; medication puts them at ease and it relieves tension. They are uncertain that medication disturbs their activities. They disagree that Medicine cannot cure them. They agree that they like to be happy it is nice to have many friends and going to parties take away worries. They are uncertain that attending parties is expensive they prefer to be with friends; they are alone most of their time. They disagreed that they do not want to talk to people. They agree that people who counsel them are good; counseling relieve them. They know their problems better than counselors and counseling should be given often. They disagree that there is no need of counseling.

They agree that games and sports are worthwhile; athletics makes them tired and friends are acquired in sports. While they are undecided that athletics strengthen their body and the services staff treats the patient. They agree that the nursing staff is very efficient. While they are undecided that the doctors are very competent and the service staff treats the patient well.

3.8. Life in the Hospital

They agree that staying in the hospital is boring and they feel secure when they see doctors and nurses. While undecided that the hospital is hell to them; staying in the hospital makes them sad and depresses and there is no place like home but the hospital is their second home. They disagree that they like to stay in the hospital longer.

3.9. Feelings of the Patient

They always hope that they will get well soon. Sometimes the patients are happy in the hospital; they feel lonely often and they got nervous every time the doctor comes. They never get angry easily. They never have a guilt and foolish. The patients are sometimes angry, hurt and furious. They never frustrated, resentful arrogant. The patients are sometimes shy, uneasy and worried. They never frightened, scared, nervous, distrustful, paranoid, jittery and jumpy. Sometimes the patients are; put down and low. But they never defeated rejected and blue. It appears that the feelings of sadness are never hopeless, depressed, self-pity, humiliated and helpless.

3.10. Problems of the Psychotic Patients

They are not serious on self-consciousness, feelings of inferiority and lack of confidence. Not a problem on easily frustrated; lack of interest in doing anything; irresponsible; daydreaming and unwholesome fear. Not a problem on the: desire to be noticed, disruptive, inattentive, lack of interest. Not serious are: restless, boisterous, hyperactive and uncooperative.

Not a problem of the patients is: hot-tempered, jealous, nervous, afraid and critical. Not serious is being irritable. Not serious are: they can't earn because they are with their family; they have no work assurance; their superiors do not visit them; they afraid of complete disability discharge and the hospital facilities are not enough. Not a problem are ; their former co-soldiers do not respect them anymore; Their family does not visit them often ; The community where they came from talks against; The food is not sufficient; communications is difficult and activities are limited.

3.11. Manifestation of stress

The manifestation of stress all were found to be never, although there were frequencies noted on headaches loss of appetite, nervous interference in sleep, indigestion, frequent urination and bowel movement, wanting to cry and shout; loss of interest feeling of exhaustion and violent behavior.

3.12. Coping Mechanism

Found to be always a coping mechanism is praying to God. Although there were other coping mechanism that they experience like go to sleep; rationalize the behavior of others; Try to seek the help of others; Keep quiet and meditate and want any anger on others.

3.13. The Future Plans of the Patients

Seven would return to their mother unit. Two will put up a small scale business. There will look for a new job. Four will stay with their family. Three will invest money for business. Two will work in the farm. Three will buy a jeep for business purposes. Three will build a house. One will get marry.

IV. CONCLUSION

The mental patients are matured, mostly married, high school graduates, majority are Roman Catholics; with rank mostly as sergeants, with very few dependents; having low salaries, with different military occupational specialty, with unit assignments in the Philippine Army, Navy and Philippine Navy and Philippine Air Force. Mostly with a length of service of 10 years and above;

basketball being their favorite hobby/sports; with Military Merit Medal as the highest military award; with varied designation in their unit. Sleeplessness and loss of appetite as cause of disability.

Contributory factors that led to the illness and admission of the patients to the hospital include: disorganized behavioral, ineffectiveness, suicidal acts, loss of health and violent outburst.

As to the attitudes of the patients, they agree on some factors of medication, socialization, counseling, and athletics. They are uncertain on certain factors in personnel and life in the hospital.

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