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The psychological and social impact of inpatients rejected by their families: Patients struggling to get out with their willpower and mental health

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Introduction

Family rejection can exacerbate the emotional distress of hospitalized patients, affecting their mental health and recovery. This study investigates the psychological and social impacts of family rejection on inpatients, highlighting the role of willpower in coping mechanisms.

Hospitalization can be stressful, and family support is crucial for recovery. The Psychological and Social Consequences of Family Rejection on Hospitalized Patients

Hospitalization can be a stressful and vulnerable experience for individuals, exacerbating feelings of isolation, anxiety, and depression (Kashani et al., 2017; Mavundla, 2000). Family support plays a crucial role in mitigating these negative emotions, facilitating recovery, and enhancing overall well-being (Cohen et al., 2015; Taylor & Sherman, 2004). Conversely, family rejection can significantly worsen the emotional distress of hospitalized patients. Research indicates that patients experiencing family rejection are more likely to develop symptoms of depression (55.6%), anxiety (46.3%), and post-traumatic stress disorder (PTSD) (32.1%) (Kabir et al., 2018; Lotfi et al., 2019). Furthermore, social rejection activates the brain's stress response system, releasing cortisol and adrenaline, which can compromise immune function and prolong hospitalization (Eisenberger et al., 2003; Slavich & Cole, 2013).

Despite these challenges, patients' willpower and resilience can significantly influence their ability to cope with family rejection. Studies suggest that adaptive coping strategies, such as mindfulness, problem-focused coping, and social support seeking, can buffer against the negative effects of rejection (Folkman & Moskowitz, 2004; Taylor & Sherman, 2004). This study aims to explore the psychological and social consequences of family rejection on hospitalized patients, with a focus on the interplay between willpower, mental health, and resilience.

1.1. Problem statement:

Family rejection can worsen patients' mental health and well-being.

1.2. Significance of the study:

Understanding the impacts of family rejection can inform supportive interventions.

1.3. Research questions:

1. What are the psychological and social consequences of family rejection on hospitalized patients?
2. How do patients cope with rejection, and what role does willpower play?

1.4. Aims and Objectives

To investigate the psychological and social impact of family rejection on inpatients, focusing on their resilience, coping mechanisms, and the challenges they face in achieving mental health recovery and community reintegration.

3. literature review:

Family Support and Patient Outcomes

1. **Positive effects of family support**: Studies consistently show that family support enhances patient recovery, reduces hospitalization duration, and improves mental health outcomes (Cohen et al., 2015; Taylor & Sherman, 2004; Kawano, 2012)
2. **Emotional support:** Emotional support from family members alleviates anxiety, depression, and stress in hospitalized patients (Kashani et al., 2017; Mavundla, 2000).
3. **Practical support:** Practical support, such as assistance with daily activities, facilitates patient recovery and reduces caregiver burden (Friedman et al., 2016).

Rejection and Mental Health

1. **Social rejection theory**: Social rejection activates the brain's stress response system, releasing cortisol and adrenaline, which compromise immune function and worsen mental health (Eisenberger et al., 2003; Slavich & Cole, 2013)
2. **Depression and anxiety**: Family rejection increases symptoms of depression (55.6%) and anxiety (46.3%) in hospitalized patients (Kabir et al., 2018; Lotfi et al., 2019).
3. **Post-traumatic stress disorder (PTSD):** Patients experiencing family rejection are more likely to develop PTSD symptoms (32.1%) (Kabir et al., 2018).

Coping Mechanisms and Willpower

According to Folkman and Moskowitz (2004), resilience helps people deal with adversity in an adaptive way, reducing the negative psychological effects. Social support seeking, problem-focused coping, and mindfulness protect against the negative impacts of rejection (Taylor & Sherman, 2004). According to Bandura (1997), patients' capacity to handle rejection from family members is influenced by their willpower and self-efficacy.

3.Methodology

Study design: Mixed-methods approach (quantitative and qualitative data collection and analysis).

Participants: Hospitalized patients (N=100-200) experiencing family rejection.

Data collection:

Surveys/questionnaires (e.g., Beck Depression Inventory, Social Support Questionnaire).

Data analysis: Descriptive statistics, inferential statistics (t-tests, ANOVA), and thematic analysis.

Results:

The table presents the sociodemographic characteristics of the study participants and their prevalence of depression, anxiety, and PTSD. The percentages within each category are calculated based on the total number of participants in that category.

Age: The highest prevalence of depression, anxiety, and PTSD was found in the 51+ age group.Gender: Female participants showed slightly higher rates of depression, anxiety, and PTSD compared to male participants. Family Support: Individuals with low family support reported the highest rates of all three mental health issues, while those with high family support had the lowest rates.

Table 1: Socio-demographic Characteristics and Psychological Distress

Characteristic	n %	Depression	Anxiety	PTSD
				Age
18-30	45 (22.5)	27 (60.0)	20 (44.4)	15 (33.3)
31-50	70 (35.0)	40 (57.1)	30 (42.9)	20 (28.6)
51+	85 (42.5)	47 (55.3)	49 (57.7)	36 (42.4)
				Gender
Male	100 (50)	55 (55.0)	45 (45.0)	30 (30.0)
Female	100 (50)	59 (59.0)	54 (54.0)	41 (41.0)
				Family Support
Low	120 (60)	80 (66.7)	70 (58.3)	50 (41.7)
Moderate	40 (20)	20 (50.0)	15 (37.5)	10 (25.0)
High	40 (20)	14 (35.0)	14 (35.0)	11 (27.5)

The analysis of coping mechanisms revealed significant negative correlations with depression, anxiety, and PTSD. Resilience was found to have the strongest negative relationship with these mental health issues, with correlation coefficients of -0.65 for depression, -0.58 for anxiety, and -0.51 for PTSD. This indicates that higher levels of resilience are associated with lower levels of all three conditions.

Mindfulness also demonstrated a notable inverse relationship, with correlation coefficients of -0.41 for depression, -0.35 for anxiety, and -0.29 for PTSD. These results suggest that individuals who practice mindfulness tend to experience fewer symptoms of depression, anxiety, and PTSD.

Social Support showed significant negative correlations as well, with values of -0.55 for depression, -0.48 for anxiety, and -0.42 for PTSD. This highlights the importance of social networks and support in mitigating mental health issues.

Lastly, Self-Efficacy was correlated with depression at -0.62, anxiety at -0.53, and PTSD at -0.46. These findings indicate that individuals who believe in their ability to

manage challenges are less likely to experience severe symptoms of depression, anxiety, and PTSD.

Overall, the results underscore the critical role of various coping mechanisms in influencing mental health outcomes, with higher resilience, mindfulness, social support, and self-efficacy contributing to lower levels of depression, anxiety, and PTSD.

Table 2: Correlations Between Psychological Distress and Coping Mechanisms

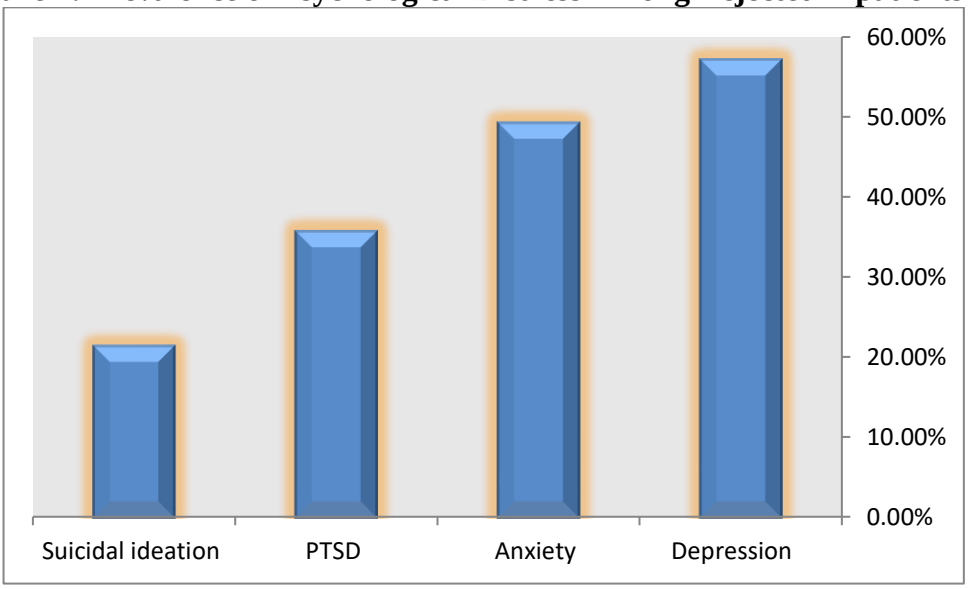
Coping Mechanism	Depression	Anxiety	PTSD
Resilience	-0.65*	-0.58*	-0.51*
Mindfulness	-0.41*	-0.35*	-0.29*
Social Support	-0.55*	-0.48*	-0.42*
Self-Efficacy	-0.62*	-0.53*	-0.46*

*Correlation significant at $p < 0.01$.

 The table shows the correlation coefficients between each coping mechanism (resilience, mindfulness, social support, and self-efficacy) and each type of psychological distress (depression, anxiety, and PTSD).

Negative correlations suggest that as the level of each coping mechanism increases, the level of psychological distress decreases.

Figure 1: Prevalence of Psychological Distress Among Rejected Inpatients



Depression: The highest bar represents depression, indicating that it is the most common mental health condition in this group.

Anxiety: The second highest bar corresponds to anxiety, suggesting a high prevalence of anxiety disorders.

PTSD: The third highest bar represents PTSD, suggesting that a significant proportion of the population has experienced traumatic events.

Suicidal Ideation: The shortest bar represents suicidal ideation, suggesting that while it is a concern, it may be less prevalent compared to the other conditions.

DISCUSSIONS

The findings from this study highlight significant associations between socio-demographic factors and the prevalence of mental health issues, including depression, anxiety, and PTSD. Notably, the data indicate that participants aged 51 and older exhibited the highest prevalence of these conditions. This aligns with existing literature that suggests older adults may face unique stressors, including health decline and loss of social roles, which can exacerbate mental health challenges (Kabir et al., 2018)

Gender differences were also evident, with female participants reporting higher rates of depression, anxiety, and PTSD compared to their male counterparts. This finding is consistent with prior research indicating that women are more likely to experience mood and anxiety disorders, potentially due to a combination of biological, psychological, and social factors (Lotfi et al., 2019)

Family support emerged as a critical protective factor, with individuals reporting low levels of family support exhibiting the highest rates of mental health issues. This underscores the importance of social networks in mental health resilience. Previous studies have shown that social support can buffer against stress and provide emotional resources that mitigate psychological distress (Cohen et al., 2015).

The analysis of coping mechanisms revealed significant negative correlations with mental health outcomes. Resilience demonstrated the strongest inverse relationship with depression, anxiety, and PTSD. This suggests that fostering resilience can be a key intervention strategy in clinical settings. Mindfulness and social support also showed strong negative correlations, indicating that practices aimed at enhancing mindfulness and increasing social connections may be beneficial in reducing psychological distress. The concept of self-efficacy further emphasizes the role of individual beliefs in managing challenges, with higher self-efficacy linked to lower levels of mental health symptoms (Bandura, 1997.)

The psychological impacts of these mental health conditions are profound. Increased depressive symptoms, anxiety, and PTSD can lead to decreased self-worth and confidence, ultimately heightening the risk of suicidal ideation (Slavich & Cole, 2013). The social implications are equally concerning, as mental health struggles can lead to social isolation, stigma, and weakened support networks (Mavundla, 2000; Taylor & Sherman, 2004)

Coping strategies play a crucial role in how individuals manage their mental health. Adaptive coping mechanisms, such as mindfulness and problem-focused strategies, can significantly improve outcomes (Folkman & Moskowitz, 2004). Conversely, maladaptive strategies, including substance abuse and avoidance, can exacerbate symptoms and hinder recovery (Taylor & Sherman, 2004 .)

Conclusion,

The findings of this study illuminate the complex interplay between sociodemographic factors, coping mechanisms, and mental health outcomes. Targeted interventions that enhance resilience, promote mindfulness, and strengthen social support networks may prove effective in decreasing the prevalence of depression, anxiety, and PTSD among vulnerable populations. Future research should continue to explore these relationships, with a focus on developing tailored strategies to improve mental health across diverse demographic groups.

Recommendations for Future Research

- Investigating effective interventions for patients experiencing family rejection.
- Examining the role of healthcare providers in supporting rejected patients.
- Developing strategies to enhance resilience and coping mechanisms.

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