

Schizophrenia in family

Lolita Nikolova

Argosy University, Salt Lake City, Utah

MF6030 Psychopathology and Assessment

Professor: Faline Christensen, PhD LFMT

8/19/09

Supporting website:

http://www.iianthropology.org/psychology_visible_invisible_human_world_schizophrenia_family.html

Abstract

This paper explores the role of family in treating affected by schizophrenia people. According to DMS-IV-RT, there are five types of schizophrenia: Paranoid, disorganized, catatonic, undifferentiated and residual. Its treatment depends equally on both factors – medications and social environment and behavior. Schizophrenia has been treated as a psychotic disorder but obviously it encompasses the whole brain or such parts of the brain that may completely destroy the consciousness. Then, the “schyzo-gene” has the same character for the whole brain or for specific parts of the brain as cancer.

The development of the improvement of the medications is in direction to try to learn more about the etiology of the decease, to effect both positive and negative syndromes and to have less side effects.

The social environment of the ill person includes the family members, the out-of-family contacts, the hospital environments, the doctor’s personality, the experience of the therapist, etc. Since resocialization and active life is essential for the schizophrenic people, the family members could be active but they need to be educated and trained during the different periods of the development of decease.

The role of the family members is vital every day in the life of the schizophrenic person. It is essential in all three phases – promordal, psychotic and post-psychotic. It includes to keeping normal relationship to being active in the difficult time of hospitalization of the ill person.

Schizophrenia in family

Introduction

Schizophrenia is one of the most severe human deceases and disorders. It has begun to be more successfully treated with medications just since 1950s, but without great opportunities of preventing relapse. Although medications are mandatory, the research especially since the last 30 years has shown that family work is essential for slowing of the process of relapse and for improvement of the general psychological condition of the people with schizophrenia (Kingdon & Turkington 2004: 30; Smith et al. 2007). However, the problem is not easy and I will try to explain why in this research paper.

First the main characteristics of schizophrenia will be summarized and then and problems of etiology, epidomilogy and effective treatment during the different stages of the decease with be discussed. It will be pointed out that the etic approach to the schizophrenia is different from the emic approach, so to understand better how to treat this severe disorder the research should be complex and empathic including an integration of the medical analysis with therapists' analyses and the family members of schizophrenics. We also will maintain that the family members should equally attend psychotherapy in order to help most effectively their loves ones.

Schizophrenia: types and etiology

DMS –IV-RT (2000: 299-317) gives the main types of schizophrenia according to the American research: Paranoid, disorganized, catatonic, undifferentiated and residual. This decease in invertible way affects and deteriorates most essential human functions such as perception, memory, attention, cognition, and emotion (Jafri & Calhoun, online).

Most of the explanations of the schizophrenia are limited since they have been based on the presumption that the cause of schizophrenia can be either located in one part of the brain, or

that there is a difference between mind and brain. Schizophrenia has been treated as a psychotic disorder but since the people who do not take medications can lose their mind permanently and there are although rare cases when the medications cannot help, obviously it encompasses the whole brain or such parts of the brain that completely destroy the consciousness. While psyche relates perhaps primary to emotions, in case of schizophrenia the emotions just stimulate the decease. We may insist that the “schyzo-gene” has the same character for the whole brain or for specific parts of the brain as cancer (cp. Bebbington et al. 2007: 224). Then, it is a psycho-brain decease. The difficulties of isolating the specific gene are due to these bi-aspect characteristics that may mean that the gene has a specific nature encoded in the emotions of the people. Usually the schizophrenic people are over-sensitive. Also, the onset of psychotic relates to over-stress, falling in love and other emotional conditions. Last but not least, the agitation behavior from the period of crisis contrasts to the normal or over-calm behavior in the post-psychotic periods. In other words, emotion and physical conditions interact and create and unique decease. We need to keep in mind that there were no medications for schizophrenia and during the thousand and millions years of human evolution there were so many crossings of ill and healthy people that in fact every person in the world in fact may has been effected by this decease. Such people in ancient times can be seen even as representative of the supernatural world because of the ability of hearing voices in head. But as we know today, hearing voices in head is not only ability of the schizophrenic people (Nikolova, online). Then schizophrenia has a very complicated and multiaspect evolving history because demonstrates a transparent brain while the hallucinations still need better understanding – whether they relate only to the brain or to the brain and the social environment.

The schizophrenia has three stages – promordial, pshycotic, and post-psychotic. The transition from one to another is a graduate lost of the consciousness and following recovery during which process in fact the person either completely lose his identity and begin to act as another person, or have been changing his/her personality.

Treatment

We can distinguish medical, therapeutic and home treatment. Since the schizophrenia is a decease that depends completely on the relation of the effected person with her/his environment, home and everydayness of the person are equally important for the evolution of this decease in every person.

Medical treatment

For the time being, the medical treatment is mandatory for the people who suffer from this decease. It is unclear whether ones who believe that were completely cured in fact did not suffer from a different decease.

According to some classifications, there are two types of antipsychotics – conventional and atypical. The latter effectively treat not only the “positive symptoms (hallucinations, delusions, etc.), but also "negative", such as lack of motivation, social withdrawal, and emotional unresponsiveness (Treating schizophrenia, online). The medical treatment also reduces relapse.

Psychotherapy

The type of therapy depends on the type of schizophrenia and the stage at which the person exercises the decease. According to the academic knowledge, schizophrenia means a permanent damage of the brain. But at the same time, it is possible the damage to be minimize through medical treatment in combination of cultural, cognitive and physical therapy, for instance.

One-to-one or group therapy one-on-one focuses on past problems, experiences, thoughts, feelings, or relationships and the opportunity to make difference between real and unreal and distorted. Since the schizophrenic people are usually extremely sensitive, they would need to trust the therapist that would make them share problems that they would not discuss with the members of families. Also, many of these problems would be in fact unreal or deformed, so the therapist as a trusted professional could make the affected person understand that they do not have a real base, while the members of the families may not have such authority.

It is also vital for the schizophrenic people the training of the members of the family by a therapist in the gradual changing of the personality of their love one. Since during the post-psychotic phase the schizophrenic people have usually normal behavior many of the personality changes looks like just normal while they in fact may indicate promordal phase. So, the members of the family should be trained how to make difference between normal and pro-mordal behavior.

From this perspective, the cognitive therapies are extremely important for both, the schizophrenic people and the members of their families. It is possible the therapist to redirect the changes in the behavior of the schizophrenic people and together with the members of the family to rebuild a personality with a less severe consequences caused by the decease and by the side effects of the medications.

As it was stressed above, many of the changes of the schizophrenic people do not have any abnormal character and do not relate to any deceases or disorders. At the same time, they may indicate in fact a long hidden promordal phase that could follow by a very damaging active phase of the decease. Usually, if the effected person stops taking medicines his/her condition gradually deteriorates and the person entered the active phase of the decease. Then, the cognitive

therapy together with the family members could create and help the individual to reproduce habits including taking the medicines, personal hygiene, everyday duties, socialization and interaction with people.

There are a variety of cognitive therapies – for instance, cognitive behavior and remediation therapies. Wykers (2004) believes that remediation is better than cognitive behavior therapy, although he concludes that both therapies can be seen as synergistic. According to that author, the thinking skill problems (memory and attention problems, mild reasoning biases, and abnormal perception as hallucinations and delusions) shows that cognition is essential in the disease, but remediation uses it in better way to aid recovery (Wykers 2004: 141). It is focused on attention, memory and flexibility.

Cultural and physical therapies

Cultural therapy and especially art is extremely important for development and reproducing of healthy brain and diminishing opportunities of relapse. Generally, art helps avoiding or overwhelming any stress and this is one of the reasons for primary role of the cultural therapy. Also, schizophrenia is a disease that dramatically affects consciousness and desocialize the people, through art and cultural therapy it is possible a resocialization of the person that make affect positively to prolong the post-psychotic – prodromal phase.

Physical therapy activates the schizophrenic people who gradually lose willing to work.

Home therapy

The controversy in this case is that visibly the schizophrenic person may look as every normal person in the post-psychotic phase, but in fact the medications do not stop the disease, that just increase the period of occurrence of the relapse. Then, everyday at the home is in fact invisible therapy and as better the relations to the ill persons incorporate the understanding of the

severe and invertible character of the disease, as the post-psychotic period can be increased and eventually overwhelm. This understanding is close to the empathic model offered by Thorgaard and Rosenbaum (2006). Probably the model in which the family members work constantly with a therapist is the most optimistic since in some cases for different reasons the sensitivity of the members of the family towards smaller changes in the behavior of the schizophrenic person can decrease and consequently to stimulate the coming of the promordial period. To support this thesis the reference to Martindale's thesis about lack of provision of analytically orientated family work (2008: 49) can be cited that indicate that it is impossible to think about preventing the promordial period if any moment of the post-psychotic period does not think as a challenge especially of the family members to demonstrate the integrity, empathy and ability to create comfortable, non-stressful and active social environment. Unfortunately, in many cases the ill people in fact miss healthy home environment and/or the family members do not understanding the nature and peculiarities of the disease.

Epidemiology

In the pioneer monograph on epidemiology of schizophrenia (Susser 2002) it is divided into social, developmental and genetic epidemiology and special issues. In this research paper the focus is on the role of family, which is crucial for the destiny of every schizophrenic person. We will stress on the different phases that all include some of the already revealed hints about the family and schizophrenia like educate yourself, seek help right away, reduce stress, set realistic expectations and encourage independence (Helping a family member, online).

Promordial phase

During this phase the members of the family have the most important role to recognize the transition from post-psychotic to promordial phase. Since the signs could be not visible and

some of the changes look like just peculiarities of the character, the members invisibly can contribute to the deterioration of the condition of their love one. For this reason, it is essential together the schizophrenic person and the member of family to attend regular psychotherapies. If not, the situation could even dramatically change since the schizophrenic member can even stop taking medications and turns towards the psychotic phase (see also Helping hints, 2006).

Once the promordial phase is recognized, the members of family can help by consulting with the doctor and increasing the medications, increasing the care and trying to make the environment more comfortable for the effected. Since this is a very emotional moment and there could be a psychological pressure on both sides, in this phase is extremely important the collaboration between the doctor and the family members. Visit of the doctor or psychotherapist at home may be very helpful since the person from outside can balance the psychological pressure. Probably it is very important in this phase the schizophrenic person not to be left along although he/she may try to stay without people around. The family members could be very helpful if prevent increasing of smoking, which becomes usually chronic and has severe consequences for the ill person (Martin & Freedman, 2007).

If the home intervention does not help, hospitalization is the next step and the family members are ones could need to ask for doctor assistance. During the psychotic period the family members are most important since gradually the schizophrenic person begins return to the real world in which his family is most important. This is the period when the family's love and the emotions of sympathy are most important that help also in re-attachment of the ill person to the family. Absence of family love and sympathy may increase the psychotic period and shorten the post-psychotic without big time difference between the psychotic and promordial periods.

In the post-psychotic period the family members need to interact warmly and to believe that promordal period may never come again. Normal relationships are probably the most effective but always with the care on any even small changes in the behavior of the schizophrenic person that may indicate a new promordal phase.

Conclusions

Schizophrenia is one of the deceases which treatment depends equally on both factors – medications and social environment and behavior.

The development of the improvement of the medications is in direction to try to learn more about the etiology of the decease, to effect both positive and negative syndromes and to have less side effects.

The social environment of the ill person is multicomponent. It includes the family members, the out-of-family contacts, the hospital environments, the doctor's personality, the experience of the therapist, etc. Since resocialization and active life is essential for the schizophrenic people, the family members could be active but they need to be educated and trained during the different periods of the development of decease.

The role of the family members is vital every day in the life of the schizophrenic person. It is essential in all three phases – promordal, psychotic and post-psychotic. It includes to keeping normal relationship to being active in the difficult time of hospitalization of the ill person.

References

Abi-Dargham, A. & Guillin, O. (Eds.). (2007). *Integrating the Neurobiology of Schizophrenia*. Volume 78. Academic Press: Amsterdam etc.

Bebbington, P., Fowler, D., Garety, Ph., Daniel Freeman, D. & Kuipers, E. (2008). Theories of cognition, emotion and the social world: missing links in psychosis. In Morgan, C. (Ed.), *Society and Psychosis* (pp. 219-237). Cambridge: Cambridge University Press.

Helping a family member. (online). Helping a family member with Schizophrenia.

Helpguide.org. Last retrieved on August 14, 2009, from

http://helpguide.org/mental/schizophrenia_helping_family_member.htm

Helpful hints. (2006) Helpful hints about schizophrenia for family members and others. Last retrieved on August 14, 2009 from <http://psychcentral.com/lib/2006/helpful-hints-about-schizophrenia-for-family-members-and-others/>

Jafri, W.J, & Galhoun, V.D. (online). *Functional classification of schizophrenia using feed forward neural networks*. Last retrieved on August 19, 2009 from

http://embc2006.njit.edu/pdf/641_Jafri.pdf

Kingdon, D. G. & Turkington, D. (2004). *Cognitive therapy of schizophrenia*.

New York, NY, USA: Guilford Publications, Incorporated.

McGuire, Ph. (2004). Brain abnormalities in schizophrenia and in those at risk of it. In

McDonald, C. (Ed), *Schizophrenia: Challenging the Orthodox* (pp. 1-4). 2nd Edition.

Independence, KY, USA: Taylor & Francis, Inc.

Lewis, Shôn. (2004). Does cognitive behaviour therapy work in schizophrenia? In McDonald, C. (Ed), *Schizophrenia : Challenging the Orthodox* (pp. 132-138). 2nd Edition.

Independence, KY, USA: Taylor & Francis, Inc.

Martin, L.F. & Freedman, R. (2007). Schizophrenia and the $\alpha 7$ nicotinic acetylcholine receptor.

In Abi-Dargham, Anissa (Ed.), *Integrating the Neurobiology of Schizophrenia* (pp.225-246). Volume 78. Burlington, MA, USA: Academic Press.

- Martindale, B.V. (2008). The rehabilitation of psychoanalysis and the in psychosis family
Recovering from blaming. In Gleeson, J. (Ed.), *Psychotherapies for the Psychoses :
Theoretical, cultural and clinical integration* (pp. 35-51). Florence, KY, USA:
Routledge.
- Nikolova, L. (online). Hearing voices in head. Website including student research project. Last
retrieved on August 14 from
http://www.iianthropology.org/psychology_visible_invisible_human_world
- Smith, G., Gregory, K. & Higgs, A. (2007). *An integrated approach to family work for
psychosis. A manual for family workers*. London: Jessica Kingsley Publishers.
- Susser, E. S. (Ed.) (2002). *Epidemiology of schizophrenia*. West Nyack, NY, USA: Cambridge
University Press.
- Thorgaard, L. & Rosenbaum, B. (2006). Schizophrenia pathogenesis and therapy (pp. 64-78). In
Johannessen, J.O., Martindale, B.V. & Cullberg, J. (Eds.), *Evolving psychosis: Different
stages, different treatment* (pp. 64-78). Florence, KY: Routledge.
- Treating schizophrenia. (online). Treating schizophrenia. Last retrieved on August 13, 2009 from
<http://www.invega.com>
- Wykes, T. (2004). Cognitive remediation is better than cognitive behaviour therapy. In
McDonald, C. (Ed), *Schizophrenia: Challenging the Orthodox* (pp. 140-147). 2nd
Edition. Independence, KY: Taylor & Francis, Inc.