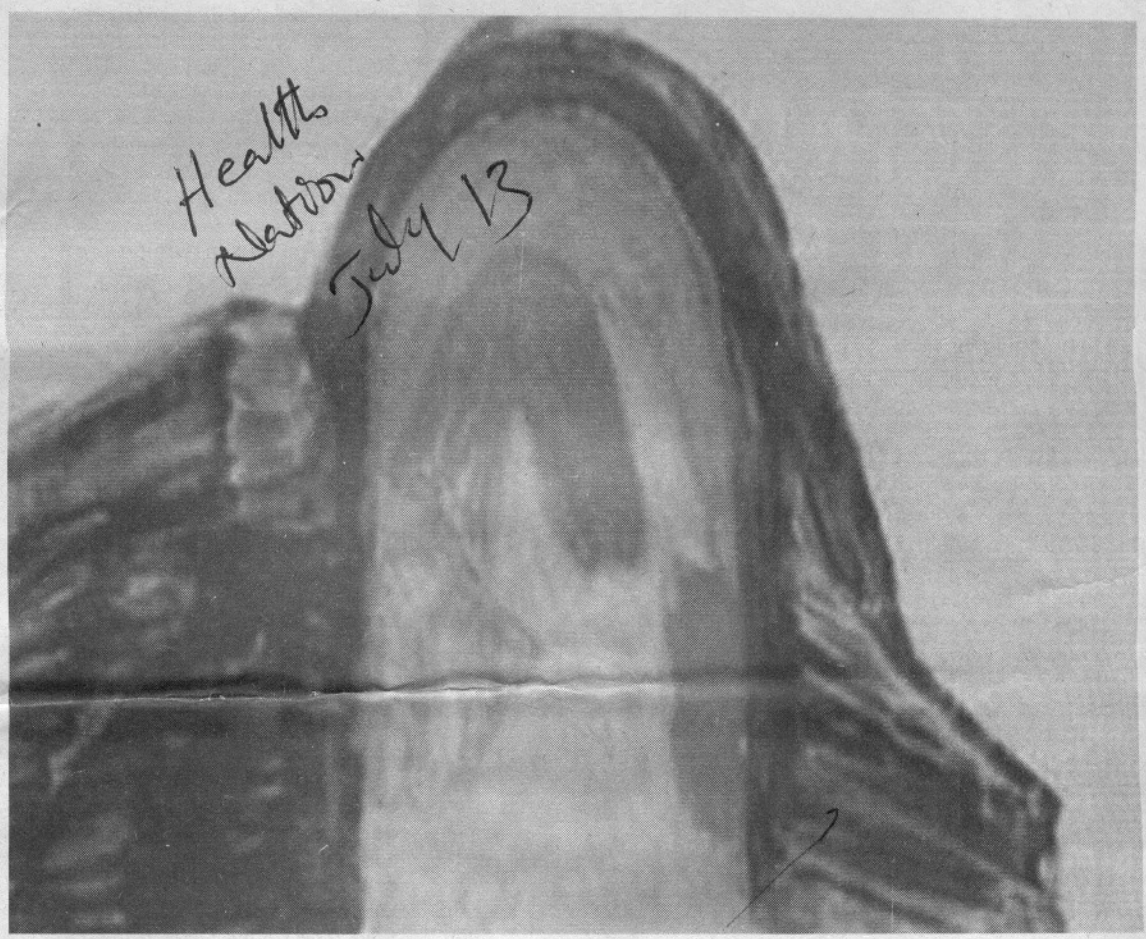
MAHRUKH MASOOD on the role of family in the rehabilitation of schizophrenics



Cognitive therapy

Psychosis disorders mean that a person has typically lost considerable contact with reality. Schizophrenia is amongst its most disabling form, which usually begins in teenage and stretches over the whole life span. In this disorder persons cognitive functioning is severely impaired. It is typically characterised by hallucinations and delusions. It renders the patient dysfunctional at different levels of functioning. Therefore, in severe cases, patient's family opts for custodial care.

Family interaction and type of emotional support extended to the schizophrenic patient is of crucial significance in the treatment of schizophrenics. In our social fabric, all the psychiatric disorders entails social stigma, long term treatment and family's social network.

Not all the families living with schizophrenics are cooperative and supportive. They face various adjustment problems in getting along a schizophrenic. The globally used treatment programme is based on interdisciplinary approach. It focuses two aspects: -

a. Use of neuroleptic medicines and providing psychological intervention at psychosocial level.

b. Rehabilitation of the patient at social level.

During the treatment some family carers get skipped and they enter into treatment programme when either their relationship with the patient gets chequered or they feel uncomfortable and exhausted in coping with the patient. This problem also effects the compliance with the treatment.

To minimise this unapproachable distance between the treatment programme and the families of schizophrenics, mental health professionals, especially Clinical Psychologist should help the families in

especially in our country where we lack resource centers. Here mental health professionals are the sole information providers for the families. Clinical psychologist should focus family carers in devising the intervention plan. Relatives of the schizophrenics should be encouraged to meet others who have learnt to manage similar problems.

Some families ostracise the patient socially to destigmatise the family. This can only impede the rehabilitation process. Family carers should be taught to adopt a non- critical, non- discriminating and encouraging attitude towards the patient, at home and other social places. This would invariably enhance a sense of cohesiveness in the family which would bring the social network

less chances of family discord.

The improved cognition's, physical functioning and social support of the patient ensures better compliance. Recent research literature on the family interaction and effect of psychoeducation in the rehabilitation of schizophrenics reveals the significance of the role of the families in the readjustment of schizophrenics in society. It not

rehospitalization. It certainly has an advantage of compressing few intrinsic variables responsible for disintegration of the family unit.

Families can seek professional help from psychologist for the psychosocial treatment and rehabilitation of schizophrenics to get the treatment related psycho-education. This creates awareness among the family members regarding the illness

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gains encouragement from the mental health professional and adopts a caring and understanding attitude towards the patient and his treatment programme. This is essential for fostering positive attitude of the patient.

Sometimes family members repeat same mistakes in their interaction with one another. They basically lack willingness to acknowledge their weakness and so can not manage their inadequacies in their relationships. These dysfunctional patterns of behavior, in family, become role model for the younger family members. It not only effects the interpersonal relations within the family unit but also rephrases their respons bilities in a difficult way that leaves the family members exhausted, helpless and incompetent. Such families start losin healthy interaction and either react impulsively or use some other alternative behavior.

Living in this type of co-dependent environment becomes a norm and the other family members do not recognize the faulty interaction. This eventually leads to a maladaptive pattern - co-dependency. To break its cycle, family should be encouraged though proper counseling to empower them with healthy family dynamics. I a healthy family unit, all the family members communicate properly and clearly. They help each other in validating their feelings, giving each member their due respect and psychological space.

Family should discuss viable options to extend and reciprocate social support to the patient. Regular consultation in the follow-up also allows the psychologist to monitor the coping strategies of both the patient and the family. Families are taught about adopting different coping strategies - problem - focused; emotion - focused; social- focused etc, depending on the nature of the issue to be resolved. Specific interventions are needed to help the family understand that they should decrease their emotional involvement with the patient, where appropriate.●

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