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Transformative education of schizophrenic patient through dialoging and emphatic writing of facilitator

In nowadays schizophrenia is conceived of as a biologically determined disorder, and treatment primary is based on pharmacology (WFSBP recommendations for biological treatment of schizophrenia, 2005, 2006). Recent family-genetic studies have shown that a proportion of the relatives of schizophrenic patients shows minor, or indeed not so minor, variants of the biological abnormalities found in schizophrenic patients ([Hemsley and Murray, 2000](#), quoted by Bertrando, 2006). Small biological changes in brain is a reason for psychic disorder, but these changes don't mean that person will be ill. These findings lead to advocating for psychological and social help for schizophrenic patients. A. Goštautas (2009) discusses biological-psychosocial model of conceiving of psychic disorder, created by S. Engel in 1970. It is clear that psychic disorder distorts the human relationship with family members, society and self. Recreation of healthy human relationship needs social help, based on therapeutic education of sick person as well as on social education of the society. Loneliness, distorted communication is a cause of hopelessness and suicide. Suicide is a major cause of death schizophrenic patients: 5-13 percent according all available data (Maurizio, Xavier and other, 2007). Scientific findings revealed that detachment from emotional experience is a cause of mental dissociation, the strategy of detachment of emotions separates patient from sense of self (Coggins, Fox, 2009), and this leads to negative point of view to the living world, and to fullness of hate to inner self (Hayne, 2003). H. Tamura (1999) notes that various forms of thinking disturbance in schizophrenia, including delusions and formal thought disorder, mean deficient knowledge of real world. Schizophrenic language is less predictable than that of normal people and schizophrenic patients feel difficulty in predicting the language of others. However schizophrenics often fail to understand the meaning of words in context. P. Lysaker, L. Dawis, G. Eckert and other (2005) confirm point of view of Holma and Aaltonen to narrative of psychotic schizophrenic patient. The narrative is collapsed in psychosis: present and especially future of patient experience is unstructured, patients don't refer to themselves.

Aim of this research is to present the method of inner empowering of schizophrenic patient to deal with hopelessness. Our tasks are: 1) to show the importance of disclosure of meaningful elements of patient personal experience. 2) to show the benefit of emphatic writing of facilitator for patient's inner empowering

Methods of research

Qualitative data were collected through phenomenological observation. The beginning of this research was in 2006. Research is continued. Facilitation through dialoging has length approximately one hour, and is observed by researcher. Place of research: Psychiatric Day Center of Klaipeda District Hospital. Grounded theory was used for analyzing data.

Results

Qualitative observation helped to understand that schizophrenic patients have more verbal problems in communication after first psychotic episode. In that period most big hopelessness and disappointment take place. Diagnosis of psychic disorder becomes a cause of fault and self prosecution. It is a lack of motivation to manage emotions and to deal with real problems. Suppressed, inhibited emotions block verbal expression and lead to disintegration of personality and mental dissociation. Lost sense of self and loneliness, not understandable psychotic experience and stigma in society, a fear to face reality are more typical experiences of schizophrenic patients. Patients keep this experience inside and often aren't able to bring it into narrative. They are locked in themselves and often aren't able to listen to professional's information how to survive with their disease. On the other hand observation confirmed that schizophrenic patients have enough ability to learn, and the transformative learning acts as well as therapy.

Successful learning how to survive with diagnosis of schizophrenia can be achieved through dialog. Emphatic listening and expressed belief that everyone is the best expert of personal life create safe place for communication, reduce fear to experience emotions, and lead to transformation of emotions. Person finds power to disclose one or other personal detail of private personal life. We noticed that it is useful to ask patient to draw a circle and to write qualities of his (her) character. This exercise often usually discloses only a part of personality. Patient often doesn't notice positive, not lost qualities of his (her) character and abilities for action. Here is a reason for the dialog. Empiric experience confirmed that in the beginning of dialog it is useful to play active role: 1) to explain that many patients had very painful experience and their painful feelings make them to be locked in themselves, 2) and to wonder in similarities of this patient experience. Facilitator tells about concrete situations experienced by other patients and names all possible feelings. Facilitator's narrative helps patients to recognize personal feelings and to remember personal situations, to find words for communication. Personal meanings of patient experiences are crucial: they reveal patient's need of existential knowledge and help facilitator to teach.

Recognized personal feelings and attention to meaningful personal elements of patient life give courage our patient to move from repression of emotions to expression, and to speak. This way empowers patient is for verbal communication. When power to speak appears it is more useful to concentrate on emphatic listening. It is better to have patient as a leader in dialog, to respond to his (her) poor language, to give emotional support and useful information. Listening to patient facilitator tries to catch more painful or most often repeated patient's word. It is useful to use patient's word for creative writing: to ask patient to write acrostic, later - to use words of acrostic in text. This is a reason for transformative processes: some material is brought from unconsciousness to consciousness through writing.

Confirmation of sense of self and established contacts with real world empower schizophrenic patient to transform emotions, self awareness and to change construct of reality. This leads to the change of narrative and social communication. Observation and qualitative analysis of data advocate for the benefit of emphatic writing of facilitator. Imagining self as a schizophrenic patient facilitator writes small piece of prose. Disclosed details of patient life, his (her) expressed feelings are repeated in facilitator's text, and possible structure of contemporary experience and lines of more hopeful future take place in this writing. This writing means emotional support and helps to hear self not in poor, but in vivid language.

This method of communication was evaluated as useful intervention in hour of hopelessness of schizophrenic patients. Positive transformation of personality was seen after 4-5 meetings with patient.

Conclusion

Transformative education of schizophrenic patient acts as therapy. Disclosed details of personal experience and confirmation of their meaning empowers patient to learn existential knowledge through dialoging with the facilitator. Emphatic writing of facilitator imagining self as a schizophrenic patient deepens dialog and helps our patient to find possible structure of contemporary experience and more hopeful future. Positive transformations of schizophrenic patient personality can't be achieved only through pharmacological treatment. Our suggested transformative education through dialoging and emphatic writing of facilitator is useful for intervention when schizophrenic patient experiences hopelessness. Psychological and social methods of help aren't enough evaluated in strategy of recovery of schizophrenic patients.

References

Bertrando, P. (2006). *The evolution of family interventions for schizophrenia. A tribute to Gianfranco Cecchin* *Journal of family therapy*, 28 (1): 4-22

Goštautas, A. (2007). *Sergančiujų depresija aba šizofrenija pacientų priminės psichikos sveikatos priežiūros centruose su sveikata susijusios gyvenimo kokybės ir dvasingumo ypatumai.*

Interaktyvus: www.vpsc.lt/doc_files/tyrimai/ataskaita_ps.doc

Hayne, Y. (2003). *Experiencing Psychiatric Dzagnosis: Cleint Perspectives on Being Named Mentally Ill.* *Journal of Psychiatric Mental Health Nursing*. 10: P.722-729

Holma, J. Aaltonen, J. (1998),. *Narrative understanding and acute psychosis.* *Contemporary Family Therapy*, 20: 463–477

Coggin, J. Fox, J., (2009). *A Basic Emotional and Developmental Perspective.* *Clinical Psychology and Psychotherapy*. 16, 55-76.

Lysaker, P., Dawis, L., Eckert, G., Strasburger, A., Hunter, N., Buck, K. (2005). *Structure and Content in Schizophrenia in Long Term Individual Psychotherapy: A Single Case Study.* *Clinical Psychology and Psychotherapy*, 12: P.406-416 .

Maurizio, P. Xavier, A. and other. (2007). *Suicide risk in schizophrenia: learning from the past to change the future.* [Annals of General Psychiatry](#) 6(1): 10

Tamura, H. (1998). *Therapeutic functions of poetic language in schizophrenia.* In G. Roux and M. Laharie (Eds.) *L' Humour: Histoire, Culture et Psychologie*, p. 386-390. Paris: Publications de la SIPE.

WFSB (The World Federations of Societies of Biological Psychiatry) recommendations. (2005). *The World Journal of biological Psychiatry.* 6 (3): 132-191

WFSB (The World Federations of Societies of Biological Psychiatry) recommendations. (2006). *The World Journal of biological Psychiatry.* 7 (31): 5-40