What I have learned from relatives: How they react to strange behaviour of their sick family member

Ce am învăţat de la membrii familei: cum fac aceştia faţă comportamentelor ciudate ale rudei bolnave

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Conferinta “Sănătatea mintală în secolul 21: Ajutor şi autoajutor pentru membrii familiei”

27 Octombrie 2018, Cluj-Napoca

1977

Heinz Katschnig:
Cealalta parte a schizofreniei: patienti acasa

1978

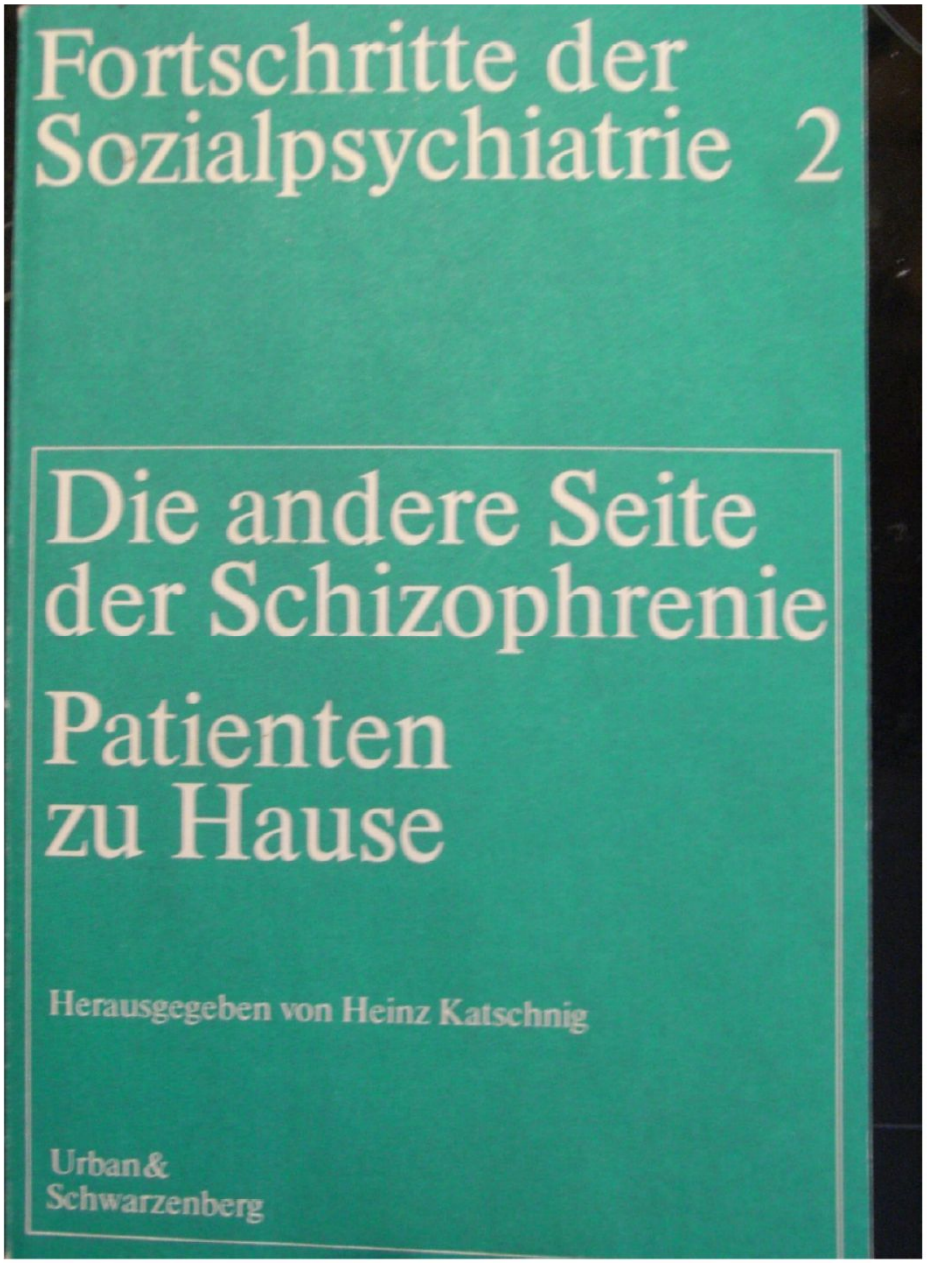
HPE Family association

1 selfhelp group 8 persons

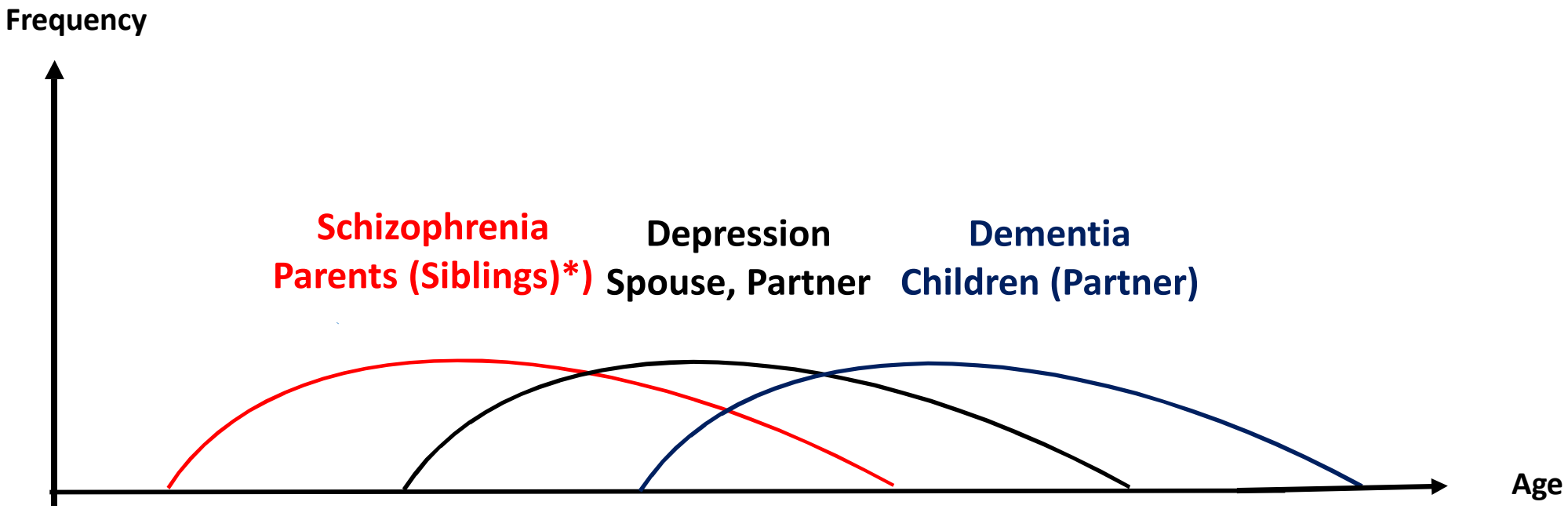
2018

HPE 2.500 members

100 selfhelp groups



Age at onset of specific mental disorders and the types of relatives most commonly involved



*) They have a long common history before disease onset

Traditional “roles” of the relatives of the mentally ill

1. Informant
2. Transmitter of genes
3. Have caused schizophrenia through their behaviour
4. Victim of schizophrenia

Victim: Burden on family members 1

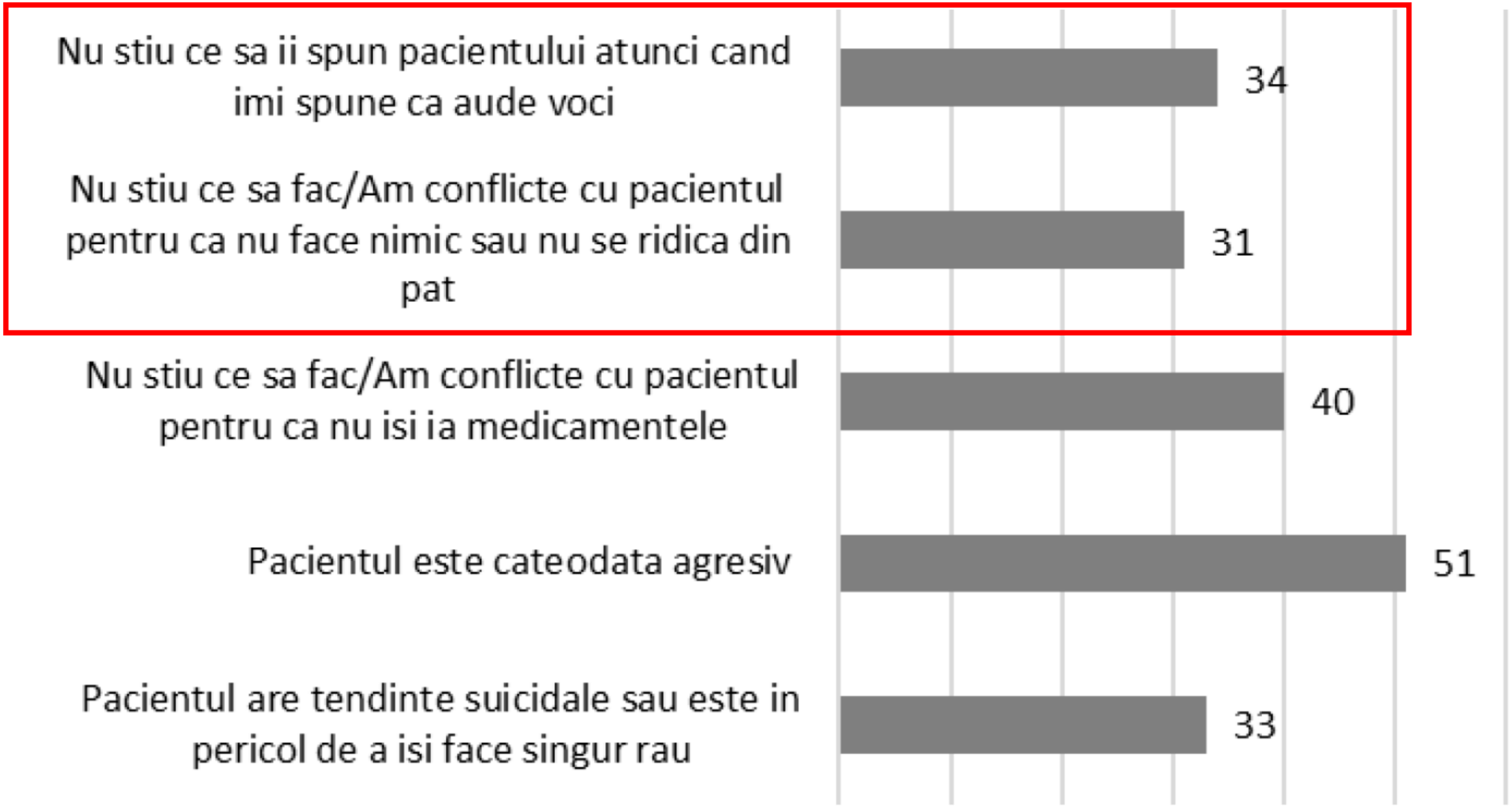
- Material burden (e.g. giving up a job in order to stay at home)
- Stigma fears > Social isolation
- Burn out, depression
- Confusion about
  - Cause of schizophrenia? Brain disease? Behavioural causes? > Feelings of guilt
  - Who has to do what? Psychiatry? What can I do?
  - Which is the „correct“ therapy ? Medication? Psychotherapy? Alternative medicine?

Victim: Burden on family members 2

Not to know how to react to strange behaviour
strange ideas (delusions), hallucinations, inactivity

Is the patient bad or mad?
Is the patient willingly presenting this behaviour or is it the illness?

4.6. Comportamentele pacientului datorate bolii



New “role” of the relatives of the mentally ill

1. Informant
2. Transmitter of genes
3. Have caused schizophrenia through their behaviour
4. Victim of schizophrenia
5. Proactive co-player in coping with mental illness in a common sense fashion

What I have learned: How families deal with strange behaviour of a member

1. **When the strange behaviour of an adolescent family member begins**
2. Dealing with psychotic symptoms
3. Dealing with inactivity

1. Denial

„It is only a puberty crisis“

„He has taken drugs“

„She is fooling us“

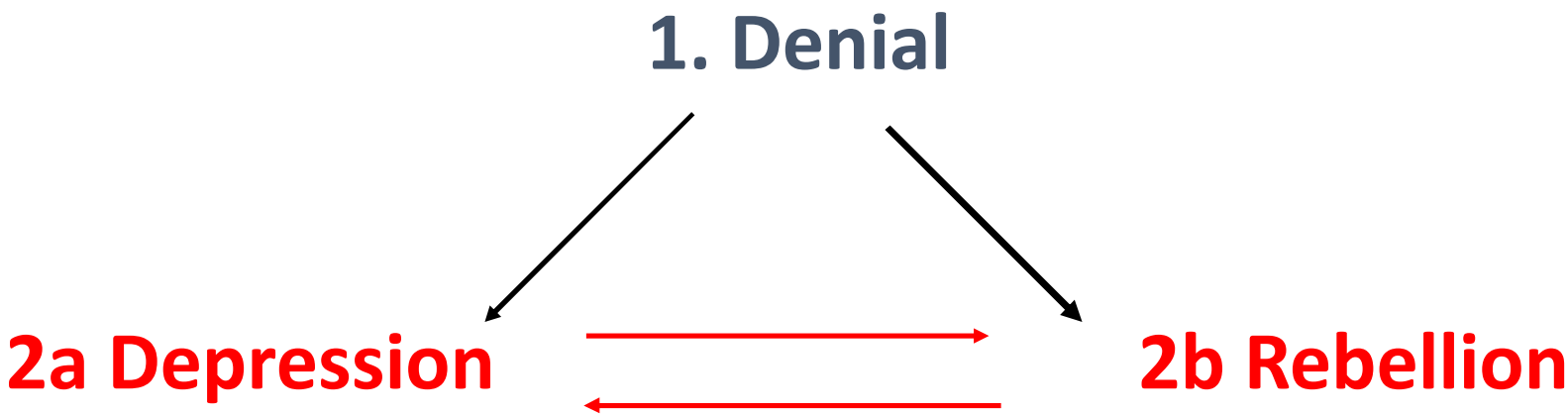
1. Denial

„It is only a puberty crisis“

„He has taken drugs“

„She is fooling us“

But when the behaviour persists or comes back
and psychiatry gets involved,
denial is not possible anymore


1. Denial
2a Depression
2b Rebellion

What I have learned: How families deal with strange behaviour of a member

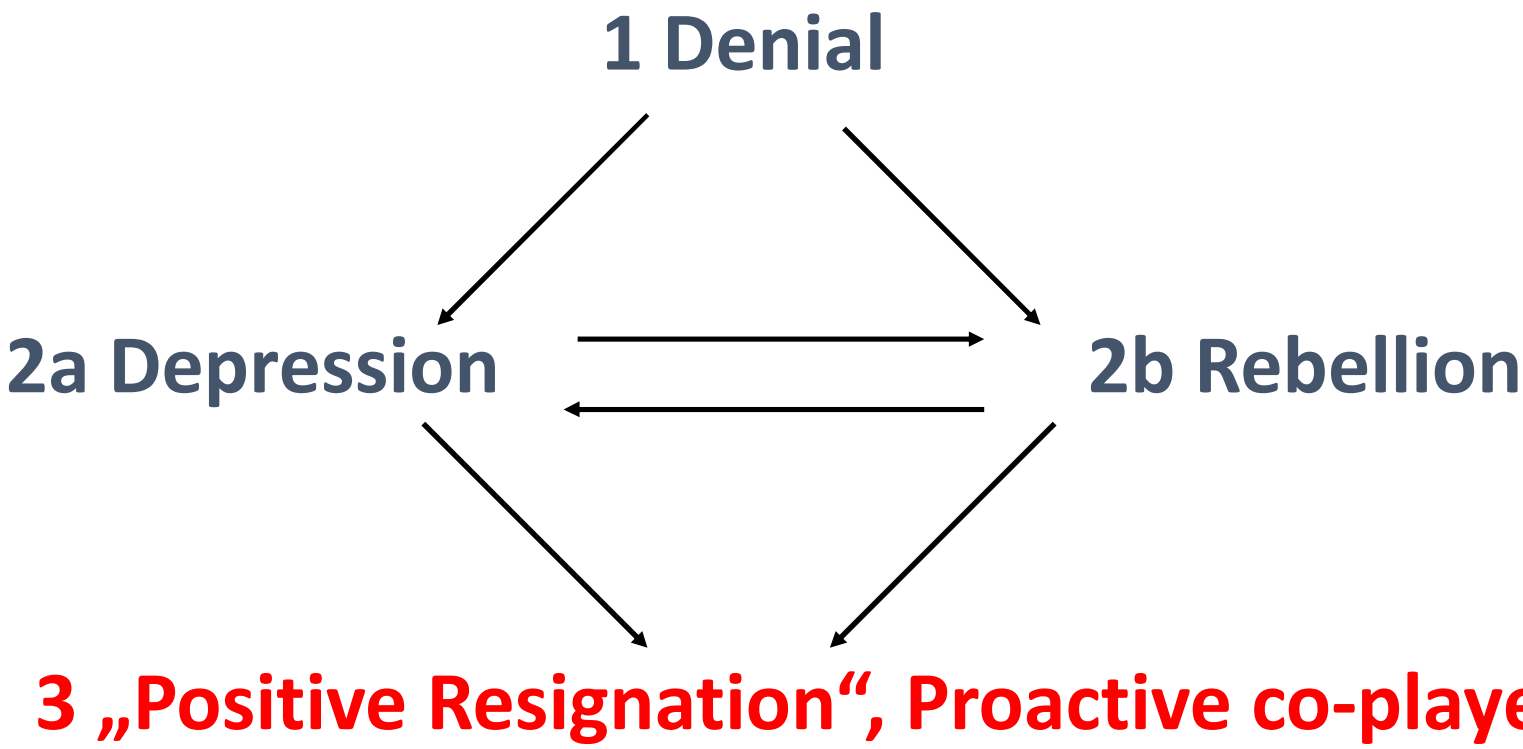
1. When the strange behaviour of an adolescent family member begins
2. **Dealing with psychotic symptoms in the depression/rebellion phase**
3. Dealing with inactivity

How relatives may deal with strange behaviour/psychotic symptoms in the depression/rebellion phase

- Not taking it seriously („joke“, „nonsense“)
- Accepting („folie à deux“)
- Pseudo-acceptance
- Distract, calm
- Try to convince the patient that the strange ideas are wrong, the hallucinations are not possible
- …. abandon the patient

Dealing with psychiatry

- Latent criticism
- Open criticism


1 Denial
2a Depression
2b Rebellion
3 „Positive Resignation“, Proactive co-player

What I have learned how families deal with strange behaviour of a member

1. When the strange behaviour of an adolescent family member begins
2. **Dealing with psychotic symptoms in the „positive resignation“ phase**
3. Dealing with passivity - optimal stimulation

How relatives may deal with strange behaviour/psychotic symptoms

- Not taking it seriously („joke“, „nonsense“)
- Accepting („folie à deux“)
- Pseudo-acceptance
- Distract, calm
- …. abandon the patient

- Optimal solution: Let the patient understand „I accept that you have such experiences, see things like this, but please also accept that I do not see it like that“

= Accept the patient as a person, but also keep reality perspective

What I have learned: How families deal with strange behaviour of a member

1. When the strange behaviour of an adolescent family member begins
2. Dealing with psychotic symptoms – I accept, please also accept
3. **Dealing with inactivity - optimal stimulation**

3. Dealing with inactivity of the patient

- Is the patient „bad“ or „mad“? > Realize that it is often impossible to react in a „correct way“
- Vulnerability-stress-coping model – if too much stress > patient withdraws, medication reduces vulnerability
- Optimal stimulation: no overstimulation (Expressed emotion research!), but also no understimulation

Dealing with psychiatry in the „positive resignation“ phase

- Latent criticism
- Open criticism
- Balanced attitude to medication: pharmacophilia vs. pharmacophobia
- Families as partners of psychiatry

New “role” of the relatives of the mentally ill

1. Informant
2. Transmitter of genes
3. Have caused schizophrenia through their behaviour
4. Victim of schizophrenia
5. Proactive co-player in coping with mental illness in a common sense fashion
   - Self-help groups - Learn from other family members – tell each others’ stories and how they cope, provide mutual support (existing group in Cluj, last Thursday each month, 17-19h, facilitated by AT!),
   - Relatives and professionals become partners
   - Trialogue

Multumesc
pentru
atentia
dumneavostra!