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THERAPY AND QUALITY OF LIFE OF PATIENTS WITH PSYCHOSIS

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SUMMARY

The symptoms and the individual experience of psychosis vary from patient to patient. Treatment, medication and cognitive psychotherapy are targeted mostly on positive and lately also on negative symptoms of psychosis. Deficits in metacognition found in patients with psychosis have a profound impact on the recovery process, their quality of life and experience of mental pain. Long term group psychotherapy helps patients to mourn their loss, improve their metacognition, and reduce the stigma and mental pain in patients with psychosis.

Key words: *psychosis - quality of life - mental pain - therapy*

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Early recognition and treatment

Miha, 25 years old, has been an obedient, quiet child. The family had not recognized anything 'wrong' until his final exams in high school, when he had nott performed as expected. He has been very disappointed and had nott left the house ever since, that means for seven years. He became more and more irritable; he started talking to himself and couldn't bear the TV or radio. Finally the parents organized a psychiatrist to make a home visit. He was diagnosed with schizophrenia. The positive symptoms, which included auditory hallucinations and a rich paranoid delusionary system, were treated with aripiprazole 10 mg. Soon he could leave the house and was included in a weekly group with a therapy dog. After a year he was sent to a rehabilitation outpatient unit. He is now working as a receptionist. He says that he is optimistic, has many plans and feels recovered. He is still taking his medication.

The outcome of the psychotic illness is largely dependent on the duration of untreated psychosis (Marshall 2006). If the patient is treated early in the disease process a better therapeutic alliance can be formed. It is most important to provide a safe emotional environment, so that a relevant exchange between the patient and the therapist can take place. The patient should have the time and space to talk about his symptoms, worries, pain and hope. This working alliance determines the compliance with medication, reduces the feelings of loneliness and stigma and enables the patient to trust the therapist even in episodes of acute psychosis when insight is poor.

Factors that are important for a good therapist patient relationship:

- Help at the time the patient first seeks help. The early stages of psychotic illness is often misdiagnosed as anxiety or depression and not treated or followed up;
- Working with families (psycho education, groups, individual work);
- Phase specific treatment (appropriate medication and dosage, support, cognitive approach, group therapy, etc.)

Mental pain

Mental pain is an experience that is known to every person regardless of mental health. The term is not found in psychiatric classifications. The experience of mental pain is very complex and highly individual. The presence and duration of mental pain is related to quality of life.

Patients with psychosis and their families experience high levels of mental pain especially in the early stages of the illness. At this stage mental pain is related to the high levels of anxiety and awareness of the increasing experience of cognitive deficits that lead to functional impairment.

In the middle stages of the disease mental pain is mostly related to the loss of health. It is similar to the loss experienced in patients with other chronic diseases. There is progressive awareness of

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the irreversibility of the disease process, life changes due to loss of economic and social status.

Perhaps with age and continuous dysfunction comes general resignation (Gonzalez de Chavez 2000). This may help reduce the mental pain. This could also explain why patients in residual phases of psychosis generally rate themselves as having a better quality of life than their relatives or health professional rate them.

The 'threshold'of mental pain is related to the psychological profile of the patient. More paranoid features and less depressive features protect the patient from feeling mental pain, but at the same time decrease help seeking and motivation for change. Some patients do not feel distressed by the same type of symptoms that another would be disturbed by (Phillips 2005). Other patients may suffer but do not have the language to describe the phenomena. Again the emotional connectedness between the patient and therapist enables us to help the patient express and find words for their suffering and give it a meaning.

Psychosis causes mental pain; does mental pain contribute to the development and process of psychosis? Zubin's vulnerability stress model suggests the relatedness of some painful external factors to the development of psychotic symptoms.

There is growing evidence of the presence of physical, mental and sexual abuse in patients who later developed psychosis (Morgan 2007).

Therapeutic approach to patients with psychosis

To avoid or diminish social and functional consequences it is most important to build a working alliance that is based on emotional attachment early in the treatment process.

The goal of treatment should be discussed with the individual patient as soon as they reach a relative remission of acute symptoms.

The general goal should be to promote health, independence and personal growth as stated in the Hawaiian declaration in 1977.

General principles:

- Early diagnosis and treatment;
- Good therapeutic alliance;
- Appropriate and flexible medication;
- Psycho education;
- Working with families;
- Long term group therapy;
- Therapeutic optimism.

Obstacles in the therapist:

- A belief that psychosis is not logical, cannot be understood, the emotions can't be connected to;
- Lack of patience, too high expectations;
- High expressed emotion in the therapist – being too critical or too emotionally engaged.

As we can see the obstacles to creating a good working and emotional alliance are very similar in the therapist and family of the patients. This is why working with patients with psychosis therapeutically requires continuous supervision and team work. Even an educated and experienced therapist can over engage, have too high expectations or give up hope on a patient.

Obstacles in the patient:

- Impaired metacognition prevents the patient from expressing his problems accurately. He also has problems understanding what the therapist thinks or intends (Lysaker 2005). This can lead to misinterpretations of the recommendations made by the therapist.

Conclusion

The treatment of psychosis is complex and needs to be tailored to the individual patient. The disease should be recognized and treated as early as possible to avoid the negative consequences that a long lasting disease has on the individuals functioning, motivation for change and quality of life. Cognitive deficits and impaired metacognition should be taken into account for better understanding of the patients and planning the interventions and tailoring the expectations of change (Lysaker 2007).

There is a great deal of mental pain in the patients and their families that should be recognized, respected and relieved as much as possible by reducing the symptoms, improving functioning, working through the loss and maintaining realistic hope. Long term groups help reduce the stigma, work through the loss and reduction of mental pain.

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