# SOCIAL ADAPTATION IN SCHIZOPHRENIA

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***ABSTRACT:*** The purpose of this paper is to highlight the fact that although schizophrenia is a psychotic disorder which marked changes of the perception and of understanding the world, even if the prognosis is positive for many schizophrenic patients who find social resources to readjust to their environment. A case is presented, from the perspective of an integrative strategic psychotherapeutic approach, a model created by two Romanian psychologists: Viscu L.I and Popescu O.M. (Vîşcu, Popescu, 2016)

***KEYWORDS:*** integrative strategic psychotherapy, schizophrenia, social resources

## 1. HISTORY

Schizophrenia is a serious illness, considered by some psychiatrists as the most server illness, with serious repercussions for the rest of the patient's life. The seriousness of this illness is given by the dramatic character of clinical support: mental alienation with a chronic evolution.

A ticklish problem is the rehabilitation, reintegration into society of the schizophrenic patient. Regaining social skills requires serious effort for the schizophrenic and consists of listening to and understanding the messages of others.

People affected by schizophrenia should be trained to identify emotions, focusing attention on the subject of discussion, but it follows and proper coordination with the verbal and nonverbal behaviour.

The family's psycho-education and the patient himself implies recognizing and understanding the symptoms of this illness, accepting disease, awareness of the need long-term therapy, increase compliance to therapeutic finding coping strategies of the patient to the community to reinsert into society and be independent, establishing friendships (Fallon et al. 1982).

Professional rehabilitation is another important factor in the schizophrenic patients adapting. Work considered an important sane-genetic factor involves not only work itself, but also the capacity to make a plan and to lead it until the end (Scarneci, 2006). From a social point of view, professional rehabilitation involves an independent lifestyle and the ability to maintain interpersonal relationships (Selzer, 1983). The patient regains the self-esteem; the social competence develops and manages professional integration activity. Statistics tell us that most of those affected by schizophrenia live independently from the community support (Hogarty, 1984).

## 2. OBJJECTIVES AND HYPOTHESES

### 2.1. Objectives

The purpose of this paper is to highlight the fact that although schizophrenia is a psychotic disorder that marked changes involving perception and world understanding, the prognosis is still a positive one for many schizophrenic patients who find social resources to readjust to their environment.

### 2.2. Hypotheses

Considering the objective of this work, we have developed two working hypotheses:

1. Motivation of schizophrenic people, as being social reintegrated in their environment is stimulated by a strong stressor.
2. Altruism as a quality acquired subsequently, help the schizophrenic persons with social rehabilitation.

## 3. METHODS

This paper presents a particular research, as a method of working. It's about one person diagnosed with paranoid schizophrenia. Thus, one could say that it is a mono-subject experiment, which requests a therapeutic intervention during a year.

### 3.1. Participants

My client is a young woman that we call T. D. for confidentiality reasons. She is 31 years old, married, and has no children, with a medium education. At the age of 27 years, she had her first and only psychotic episode, and after that she was diagnosed with paranoid schizophrenia.

**3.2. Tools used**

The tools used in this research were: the observation and the diagnostic interview (anamnesis). The young lady T.D. had asked for psychotherapeutic counselling, which lasted a year, twice a month. The information collected was obtained from the client during meetings, from her family, but also from documents.

The observation is a scientific method for data collecting. It records the behaviours and events as they appear, and therefore the inaccuracy caused by the respondent's faulty memory on the shares or inadequate estimation of the future is eliminated (Scarneci, 2006, p. 49). This tool was also used in the analysis of the client's case.

**3.2. Case study**

The case study is a method which aims to describe a person; it is a descriptive exploration method. Single-subject experiments are less prone to error than designs with many subjects. A generalization of the results in the experiment of this type is done either at the intra-subject comparisons over time when the same subject or inter-subject level when necessary to conduct several events (identical) mono-topic.

The data obtained in the end of this validation are not presented as a statistical average. It is mandatory, in the case study, for the investigator not to interfere in order to generate a reaction.

The client which called T.D. is a young woman aged 31 with secondary education, 8 years married, without children. She lives with her husband in their flat.

She comes from a country family composed of parents, a sister and a brother and a paternal grandmother. At the age of seven she suffered from infectious meningitis, and she was put in a hospital. At age eight she lost her father, he died in an accident. Her mother remarried after one year and left home with her new husband in a neighbour village. The client together with her brothers remained in the care of their paternal grandparents. After two years she moved into the city, to her paternal aunt who cared for her until she got married. She got married at the age of 22 and she moved with her husband in their apartment. The client's husband was no longer on good terms with her, due to a psychotic episode suffered by the client and after an onset of psychosis. Currently, the husband filed for divorce.

Her brothers permanently felt for Germany and Austria. Her psychosis episode had taken place just before the departure of the last brother to Austria. She is in good relations with her brothers. According to the client, her brothers are the most important people in her life.

Regarding her professional integration, one could say that she is working from age 18, until the appearance of the psychotic episode, respectively at the age of 27. During these nine years she has changed her job only three times. The position occupied was of shop assistant.

The first psychotic episode and the only one, appeared at the age of 27 years. After the crisis she was put in hospital for two months. During her hospitalization she was administered drugs (antipsychotics and tranquilizers). The medical diagnosis was of paranoid schizophrenia.

After her discharge, she came home and refused the treatment considering she was sane. Her family (husband, brother and aunt) decided to hospitalize her into a private psychiatric clinic in Sebes. The client stayed in the clinic for two months. For the young lady T.D., the stay in the clinic was a trauma – wishing all the time to leave the clinic. Because she refused to cooperate, the doctor sent her off. She was crying all the time saying that she wanted to leave. She was discharged and she prescribed an intramuscular antipsychotic: Zypadhera administered once a month in the clinic. For nine months the client went to Sebes to take the injection. After that the doctor decided to change treatment. The client didn't need to go to Sebes, she could take the drugs orally (Buronil). Currently T.D. is no longer in Sebes, but strictly follows her treatment.

During the psychotic episode, her husband's recalls that the client presented psychomotor agitation, delusions of persecution and tracking, behavioural oddities. „Someone was following me down the street, come over my house and wants to hurt me. I was threatened on Facebook to be abused" This information was confirmed by the husband and the client. During the psychotic episode and afterwards, the young T.D. developed inversion affection towards the aunt who raised her, accusing her that she didn't feed her.

There is also a collateral history from the foster family. The uncle, her mother's brother was also diagnosed with schizophrenia at the age of 19, after that he was retired.

*Axial Diagnostic*

The Integrative Strategic Model of the Self (ISMS) (Popescu, Vîşcu, 2016) used to follow this case, postulates the existence of en Self emergent from the Basic Self, the Central Self and the External Self on six axes: emotional, cognitive, biological, psycho-dynamic, family, existential.

On the emotional axis, the patient has an uncertain attachment due to the mother's lack of attention towards her. The client has repressed fear and rage. She is impulsive and feels helpless and sad.
On the cognitive axis, the client has low self-esteem but also feels unloved therefore not being able to trust anyone. The client has repetitive thoughts: What if I will be left alone?
On the biological axis, a very clear genetic vulnerability appears. The family on the mother's side, has one case of schizophrenia. The physical image is affected, the client believing she is fat, her feeding habits being affected (obsessive – compulsive feeding). At times, she would obsess over her appearance (clothes and tidiness) and others she would neglect herself.
From a psychodynamic point, the client has been in a state of dissociation during her psychosis. For the moment her state was stable. The patient saw life as a hard one, influencing her to lack ambition. Her lack of self-esteem caused her to have difficulties in making new friends. At the moment she has one friend with whom she meets and goes for walks.
On the family axis, the client has two family examples, the parents and brothers on the one hand and the aunt's family on the other. This sudden change has caused the client to suffer from insecurity. Our client is currently in the middle of a divorce. She has no children and doesn't want any because she feels that she was an abused child and within her "adoptive" family there were always fights. The patterns in her "adoptive" family were those of remaining in the family and holding on to it no matter what.
On the existential axis, our client has a fear of responsibility. She'd learned the helplessness in a family. Her fear of failure, was fuelled by constant criticism. T.D. describes herself as being afraid of wrecking things, of not accomplishing her goals. In exchange she refuses help from others, tormenting herself.
Fear of loneliness is another existential care of the young T.D. The multiple abandonments (father, mother, leaving home, her brothers moving abroad) had increased her crisis of loneliness. One event that added to the crisis, was her being institutionalized in a privet clinic in Sebes.

## 4. RESEARCH RESULTS

The results of this research are more efficient if a descriptive approach is combined with the experimental one.
A correct experiment allows the highlight of a cause, the psychologist trying to understand, through experimenting, what lies behind certain behaviour. The factors being diagnosed are called independent variables. Behaviours used to measure the independent variables are called dependent variable.
The client's therapy has been personal, one of a supportive nature for rehabilitation in the social environment. In the therapeutic plan I also included cognitive – behavioural techniques useful with schizophrenia. Training for solving and preventing the problems have proven to be very useful.
The young T.D. presented in the previous chapter has a debut in life marked by abandonment, a lack of protection, lack of a sense of belonging. In all these trifles, T.D.'s anchors are her younger brothers.
Being an introverted person, social adapting for T.D. has been very challenging even before her psychotic episodes. Schooling had been on an artificial level. Long-time friends had resumed to a single person. Social interaction limited to mostly family contact. T.D. was content with her current social status.
The fights with her husband along with her fear of being alone have started her psychosis. During this time, T.D. searches the social media for a male for intimate relations. This being another attempt at losing her loneliness.
After the psychotic episode, T.D. refuses treatment from the psychologist, forcing the family to institutionalize her in to a private clinic in Sebes. For her, being in such an institute is a trauma, a powerful stress factor. The medications are very strict but they block her psyches. Her status not evolving at all, she is externalized and the doctors prescribe her Zyprexa for the next 9 months.
For T.D., institutionalization had a positive feedback. Being home again she begins to slowly reintegrate. Her delusions subside. She refuses to go back to Sebes, thus gathering all her resources to get better. Sezler says that a large amount of frustration may help patients to get better and cope with their reality.
The family is a strong support in the young girl's recovery. In the empiric literature many studies show that the support of the family combined with medications is far stronger than medications alone (Leff J, 1982).
During the latest year of therapy, T.D. has expressed the desire to reintegrate herself from a professional point of view. She has been looking for and applying for different jobs. She has been forced to quit one job but that hasn't stopped her from applying to other jobs. She currently works a chef assistant at a pizza restaurant and has been there for over six months and is working on making a better future for herself.
Lately T.D. has involved herself in goodwill work helping her aunt. She visits her weakly and helps her

with her physical problems. She thus develops her empathic abilities as well.

This altruistic action makes her feel better about herself, according to her, it helps her to better understand her own problems.

Goode refers to the quality of a schizophrenic life, said that it needs constant observation and interaction regarding a number of issues:

1. Physical wellbeing
2. Material wellbeing
3. Social wellbeing
4. Productivity
5. Affection

According to this approach, one can conclude that, in this case, the young T.D. has regained her self-esteem, has a sentiment of wellness with regards to her life. Her interpersonal relationships with her family and friends have been reinstated. She even started to actively participate in activities surrounding her. She is also able to take care of herself as well as hold on to a job. The strong stressors have determined my client to use her resources and pull herself out of the state she was in.

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