

# Catatonic Schizophrenia: Impact of Family Members on Patient Outcome

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## ABSTRACT

**Background:** Schizophrenia is defined by basic and recurring cognitive and perceptual abnormalities, as well as inappropriate or dulled affect. And catatonic schizophrenia is characterized by prominent psychomotor disturbances.

**Methodology:** The study was conducted in the months of November and December 2021. The researcher had used a qualitative approach to understand the impact of family members on patient with catatonic schizophrenia. The researcher took permission from the hospital and consent from the patient and his family members to conduct the study.

**Results:** The results indicated that there was an avoid in relapse while staying with low expressed emotion family and the yielded results were similar to decades of research on schizophrenia and EE families.

**Conclusion:** This study proves that there is an impact of family members on patient outcome.

**Keywords:** Catatonic Schizophrenia, Expressed Emotion, Patient Outcome, Family Experiences.

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## INTRODUCTION

As per World Health Organization [WHO], schizophrenia is a chronic and severe mental condition marked by abnormalities in thinking, perception, emotions, language, sense of self, and behavior that affects more than 21 million individuals worldwide. Hallucinations, which entail hearing voices or seeing things that aren't there, and delusions, which involve having set, incorrect beliefs, are both common experiences. Catatonic schizophrenia has a significant impact on how the patient moves. The patient may be completely still and deafeningly silent. Or the patient could become hyperactive for no apparent cause. The term "schizophrenia with catatonic characteristics" or "schizophrenia with catatonia" has been coined to describe this illness [1].

Any aberrant processes inside a family, such as conflict, communication problems, cold parenting, criticism, control, and high levels of expressed emotions, are referred to as family dysfunction. These could be risk factors for schizophrenia development and maintenance. A negative emotional climate, or more broadly, a high degree of expressed emotion (EE), is another family trait linked to schizophrenia. EE is a type of family communication that includes critical comments, hostility, and emotional overinvolvement [2].

For several years, researchers have been attempting to link the onset and progression of schizophrenia to aspects of the patient's social environment. Large-scale epidemiological surveys to thorough clinical examinations of a few instances are among the methods used. Both approaches have significant drawbacks and are probably better understood as complementary rather than mutually exclusive. Indeed, the recent research examined in this review of the impact of family members on patient outcome uses a mix of thorough clinical examination and techniques drawn from in-depth interviews. As we will see, this partnership has proven to be both practical and fruitful [3].

According to findings of the study by Brown, Birley and Wing [4], there was a follow-up study of 101 schizophrenic patients who lived with their families and were tracked for nine months after they were discharged from the hospital to see the development of relapse with schizophrenic symptoms. Three measures of Expressed Emotion (EE): critical comment, hostility, and emotional overinvolvement were found to be substantially linked with relapse. As a matter of fact, hostility was almost absent in the absence of critical comments.

Patients with schizophrenia are very much liable to relapse with symptoms such as altered sensorium and disordered behaviour. And the development of these symptoms is frequently preceded by a considerable change in the patient's social environment [2]. Other research has focused on the impact of more long-term environmental influences, such as the emotion displayed toward the patients by their families. Close emotional links with parents were shown to signify a bad prognosis in an exploratory survey of discharged patients [6]. Even when the severity of psychiatric disturbance at the time of discharge was taken into account, patients who returned home to live with relatives who were in emotional overinvolvement with them (as judged by ratings of the relatives' behaviour) were more likely to experience a relapse of florid symptoms [5].

There have been many follow up studies of former schizophrenic patients who were exposed to specific types of treatment and in most of which a stay in hospital for more than two years is claimed to carry a relatively unfavourable course of medical projection. Stringham [8] in a study found that the outcomes of thirty-three patients who were discharged after an average of twelve years in the hospital. Fifteen were readmitted to the hospital, although six were later released. Only half of twenty-four patients who were still in the community became self-sufficient. Stringham claimed that the family's hostility was the biggest impediment to those who remained in the community. Smith [7] describes in a study of fifty-six females who were discharged from the hospital after four years that fifty-four of them still experienced florid symptoms. Six of them were readmitted in the follow-up period and one committed suicide. Only six of forty-nine people who remained in the community were self-sufficient.

It is found in the double bind theory that children who hear contradicting messages from their parents are more prone to develop schizophrenia. For instance, parents who claim to care while being critical or who express love while being upset. They didn't think schizophrenia was a real illness. They thought schizophrenia was caused by life's social constraints [1].

## METHODOLOGY

Schizophrenia is a chronic illness that affects nearly every aspect of a person's life. Families are an invaluable part in the management of patients with catatonic schizophrenia. While admitted in the hospital and after the dischargement from the hospital, the families are in a constant struggle to meet the demands of the patient. In taking care of the patient, generally, a high degree of expressed emotions are involved. Therefore, it is of great significance to understand the impact of family members on the patient outcome.

### Research Design and Data Collection

Since qualitative research helps to understand the case very rich in depth and it helps the researcher to see causes and actions leading to various outcomes. In the present study, the researcher had used a qualitative approach to understand the impact of family members on patients suffering from catatonic schizophrenia. This process of qualitative study involved patient observation, case history, and descriptive within case analysis.

On the basis of the objective of this research and its corresponding research question, purposeful sampling has been adopted.

The researcher has conducted direct patient observation and in-depth interviews to understand the case history of the patient and the impact of his family on him.

In-depth interview is a technique in qualitative research that helps in conducting intensive interviews with a respondent so that the researcher can explore the respondent's perspectives on a particular situation [3].

### Data Analysis

For analyzing the data, in-depth interviews of the patient and his family members were transcribed. And based on the research objective, descriptive within case analysis was used to analyze the data.

### Ethical Consideration

The researcher took permission from the hospital to conduct the study. The researcher also met the patient and his family members for consent and they were made aware of this study. And the researcher assured that anonymity and confidentiality will be maintained throughout the research study to make the respondents feel comfortable. The researcher has also maintained honesty during the entire process of data collection.

## RESULTS

### The Case

The young male who was at the in patient department (IPD) of the psychiatric unit had chief complaints of auditory hallucinations, paranoid suspiciousness, refusal of food as he thinks someone would poison him, decreased sleep and bodily functions for the past 3 months. The patient went on to say that he felt unsafe and that he believed people were trying to hurt him. This worsened in the last 1 month. On conducting the *Mental State Examination (MSE)* upon hospital admission revealed that he was brought inside the room in stooped postures and with a low *Psychomotor Activity (PMA)*. He was very much uncooperative, not responsive to verbal commands, and eye to eye contact was not established which led to a failure of rapport establishment.

The patient's attendant, who is a reliable informant, stated that the patient was presented with paranoid suspicion that someone will harm him. He started refusing food stating that someone had poisoned his food. He complained of hearing voices as if someone is saying something to do. His day to day activities decreased. His sleep has decreased. All these symptoms worsened for the past 1 month.

In the history of past illnesses, he had no similar episodes. He had no major illness or surgery in the past. There was no family history of mental or physical illness and apparently, all his family members are enjoying good health. His social history revealed that he lives in the town with his mother and sister. And he does not have any history of substance and alcohol abuse.

On the third day of hospital admission, the patient was diagnosed with *schizophrenia (F20)* showing negative symptoms. And since the general criteria for a diagnosis of *schizophrenia (F20)* was satisfied. On the fourth day, the patient was diagnosed with *catatonic schizophrenia (F20.2)* with a dominant clinical picture of *stupor* and *posturing*.

The patient was administered psychopharmacological treatment namely *Risperidone* and *Trihexyphenidyl* with the suggestion for *Electroconvulsive Therapy (ECT)*. The patient was discharged on request after 14 days of hospital admission, so he was advised for a psychiatric follow up after one month.

### The Experiences of the Family Members

This chapter deals with the information which has been gathered from the family members of the patient during the process of conducting in-depth interviews by the researcher. The researcher has discussed and interpreted the data thematically. Themes wise the perspectives of the researcher has been analyzed with the help of transcription.

### Experiencing the unexpected

His mother and sister had high hopes relating to him, but it makes them helpless and heartbroken when they realize their hopes and dreams will never be achieved. A family having a person with a chronic illness like schizophrenia needs to face a host of emotions. Both mother and sister expressed that learning about his mental health problem was unexpected. It was something like experiencing the unexpected. The mother expressed feelings of disbelief, shock, and resentment. Since his sister is the only bread earner of the family she showed feelings of hopelessness, resentment, sorrow, and failure.

### Worried about the future

The family was very much concerned about his future. Like who will look after him in the future. Who will pay for the medications in the future and so on? They faced a host of emotions, sadness, and worry thinking about his future.

The mother and sister pointed out the recurring helpless thoughts to the researcher as:

“I am worried about the future. Sir, you are a knowledgeable person, help us with any suggestions for the future.” (Mother, Personal Communication, December 9, 2021).

“Sir, I love my brother and it breaks my heart whenever I think about his future, actually I see no future.” (Sister, Personal Communication, December 9, 2021).

### Spiritual beliefs

The researcher has found that the family members are firm believers in God and they visit religious places often with a hope that God would cure this mental illness. The researcher has also found that they are using spiritual beliefs as a *coping mechanism*. They believe that God has strengthened them to face everything. As pointed out by them:

“I strongly believe in God; I visit every possible religious place. I cry in front of God.” (Mother, Personal Communication, December 9, 2021).

“We have hosted pujas in our house multiple times since a pujari said he has been suffering from previous sins he committed.” (Sister, Personal Communication, December 9, 2021).

## DISCUSSION

The present study posit was to see the impact of family members on patient suffering from catatonic schizophrenia. More specifically, it was predicted that low expressed emotion (EE) family would lower the likely relapse of catatonic schizophrenia in the patient.

This study also presented the role of family members in the outcome of a patient diagnosed with schizophrenia who demonstrated symptoms of catatonia. The study revealed the perception and behavior of the family towards a patient with chronic mental illness. During the psychiatric follow up after thirty days, the patient’s mood, appearance, behavior, perception and insight was all intact. And there was no sign of any relapse considering the family was very tolerant of the patient, they did not criticize behaviors relating to his disorder and it signified low expressed emotion (EE). However, the mother and sister who were interviewed again on the psychiatric follow up of the patient reported that they met all the required demands of the patient by having hope and faith in God. Most interestingly, the research turned out to be affirmative, the patients living with low expressed emotion (EE) families do avoid relapse. There is at least one possible explanation for the finding and that is since there was a total absence of contradicting messages, critical comments and emotional overinvolvement of the family members towards the patient which facilitated in the avoidance of relapse.

Furthermore, there is one genuine limitation in this present study, which is to see if patients avoid relapse of catatonic schizophrenia while living with low expressed emotion family in the long term. Therefore, in the coming studies, a more long term observation measure can be used.

But by drawing on the decades of studies and research investigating patients with catatonic schizophrenia and their family members, we may be able to learn ameliorate ways to approach schizophrenia and its management.

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