

CASE STUDY

FAMILY CONSIDERATIONS IN SCHIZOPHRENIA: PREVAILING MISPERCEPTIONS ABOUT MENTAL ILLNESS

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This paper discusses a case in which family's perception about a patient's psychiatric illness as being possessed by evil spirits and so looking for "spiritual/religious healers" for the treatment has been found out to be one of the important precipitating factors towards the development of symptoms of schizophrenia. It traces that such misconceptions when moving parallel can lead to many severe psychiatric problems. When cognitive-behavior therapy was used as an intervention for his symptoms of schizophrenia especially focusing his delusional beliefs the results indicated a significant difference in the symptoms of schizophrenia as indicated by the scores on three measures before and after CBT interventions suggesting a change in the positive and negative symptoms of schizophrenia along with the behavioral pattern and improved cognitive functioning but a relatively slight change in other psychotic symptoms. The individual's internal psychic structure during various stages of treatment is illustrated by the representative picture.

Mr. S. A. referred patient for this study was an unmarried young man of 26 years who was born in the central Lahore. He belonged to a middle class family being youngest among three brothers and two sisters. Although he belonged to an educated family but being a pampered child was never interested in studies so he could hardly pass secondary school examination. Having a close knit family had warm relationships with his parents and

hospital of Lahore by his elder brother and siblings. He was brought to a local paternal uncle complaining that he was being irritable, showing agitated mood, self neglect, reduced sleep and appetite, bizarre thinking, vague and abstract repetitive speech, social withdrawal and also talking to people when nobody is around; visual hallucinations (DSM IV TR, 2000). He was diagnosed as suffering from disorganized schizophrenia by the consultant psychiatrist.

The researcher interviewed this young man for the purpose of collecting data regarding a postgraduate study about effectiveness of cognitive behavior therapy for the patients with schizophrenia (Masud, 2006). At the time of first clinical interview, the

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patient was properly dressed up having a cheerful mood. The interview revealed that he had a reasonably satisfactory family life but was comfortable while staying alone. The patient himself had apperception of being suffering from depression. Mr. S. A. being the youngest in the family was a pampered child with care free nature in the childhood. He happened to come across bad company in the school; he himself stated that all of his friends were alcohol and drug addicts. Under the influence of bad company he started smoking in the ninth grade but never took any drugs. As reported by his family in the childhood he used to be afraid of unknown objects and some spiritual/ religious healer prayed for him so he was alright till the age of 23 years. All of the sudden, three years back he started showing the same symptoms and was afraid of unknown objects and now he could even hear unfamiliar voices; his family interpreted it as a possession by the evil spirits according to their own misperceptions and tried to get him treated through some spiritual healer/religious person called "peer sahib" again but he couldn't recover this time. The family members tried their best to get him treated through other "peer faqirs (so called spiritual healers)" but it did not work and ultimately he had been taken to the psychiatric out door unit of Fountain House, Lahore.

To enumerate the symptoms and signs he had and which qualified the criteria of psychosis included irritable and agitated mood, withdrawal, self neglect, reduced sleep and appetite,

bizarre thinking, abstract and repetitive speech, visual hallucinations in which he used to talk to unknown objects usually asking them to go out of room and not to make noise in the room etc. This episode was observed by family for last three years but they did not think of consulting some mental health professional or doctor for the treatment but were completely relying on religious and spiritual healing process. Although they were an educated family having many family members up to postgraduate level education but still they had strange ideas about the mental illness of the patient. They approached a number of spiritual healers but there was no improvement rather his condition was deteriorating day by day and beliefs were getting stronger and stronger and he was also loosing insight in daily routine matters. Another important aspect of psychosis is loss of insight which was not that high in the present case as the patient himself told the researcher that he was suffering from depression and was aware to some extent what was going on with him. Discussing a similar kind of issue, Shaw, Ruch, and Emery (1997) had pointed out a case of a lady having same kind of problems while highlighting the importance of understanding the impact of schizophrenia on the self and insight of the patients to focus the unique process of change in the symptoms of schizophrenia to see the effectiveness of cognitive behavior therapy on patients with schizophrenia which was the focus of the our major study.

Here our primary objective of reporting this case study is to make mental health professionals aware of the increasing threats of psychological environment in which a vast majority of Pakistani younger generation is living in. It is important to take into account the situation in which the present patient as a child grew up where firstly his childhood fears were taken as having been possessed by some evil spirits highlights one of our cultural bound that had been found by many researchers in 90% of the traditional societies (Leff, 1988; Suhail, 2003). Mirowsky (1985) argued where opportunities are scarce, where exploitations and victimization are common these kinds of ideas are prevalent and it is visible in our society as it played a vital role in the case of Mr. S. where family ignored the severity of the symptoms and wasted a lot of time while taking him to different people for spiritual/religious treatment that made his condition worse and decreased the chances for prognosis.

Another issue to be highlighted is the pampering the youngest child and ignoring his behavioral problems is also very common practice in the traditional societies like ours. Santrock (1996) indicated that major behavioral problems are caused by over protection and pampering attitude of the parents and elders in the family towards the youngest child as it worked in the case of Mr. S. Everybody in the family was giving him love and protection while making him dependent. He had neither done any work nor did he think about his career seriously.

Elders always ignored his behavioral problems; joining the bad company and leaving his education incomplete. Therefore the researchers suggest that government, social agencies NGOs, media general masses all should work hard to raise the awareness in society regarding the mental health problems and their treatment modes. There is a need to handle the prevailing misconceptions about mental illnesses in the society while educating to avoid unhealthy ways of their treatment. There should be a well planned program for media campaign on these issues. Psychiatrists, psychologists and counselors should work to educate people to adopt healthy modes of coping and finding appropriate ways of ones out let. Parental education on upbringing their children in a healthy psychological environment and also giving them orientation towards the psychological treatment of mental illnesses instead of considering the problems as caused by the evil spirits possession is the need of time.

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