Case Report

Efficacy of Psychotherapy for Female Patient with Schizophrenia: A Case Study

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Received: 11.03. 2021 **Revised:** 20.04. 2021
Accepted: 12.05. 2021 **Published:** 21.06. 2021

Access this Article online

Website : www.jpsw.co.in

DOI: http://doi.org/10.5281/zenodo.5105527

Quick Response Code

How to cite: Nayak, A., & Nayak, S. (2021). Efficacy of Psychotherapy for Female Patient with Schizophrenia: A Case Study. *Journal of Psychosocial Wellbeing*, 2(1):83-85.

Abstract

The outcome of psychotherapy in respect to management of patients with schizophrenia has been encouraging as revealed by various researchers. The present study attempts to highlight the role of psychotherapy in the management of a 23 years old, female, housewife with schizophrenia. A single case design was used. Significant improvement occurred after 12 sessions of psychological interventions. Patient was found functioning normally after 3months of follow-up. The findings of present study indicated the effectiveness of psychotherapy in the treatment of a female patient with schizophrenia.

Keywords: Female, Schizophrenia, Psychotherapy

Introduction

Schizophrenia is a mental disorder, which is characterized by delusion, hallucination, disorganized thinking, grossly disorganized or abnormal motor behavior or negative symptoms (APA, 2013). Thought broadcasting is a very common symptom among person with schizophrenia (Kaplan & Sadock, 1988; WHO, 2004). People of each gender gets affected by this disorder. Some studies shows that age of onset is earlier in male (Ochoa et al., 2012). But females with schizophrenia respond to treatment better than male with schizophrenia (Seeman, 1982). Irrespective of gender, family members of person with schizophrenia gets affected and suffer from burden (Shibre et al., 2003). So clinical psychologists and psychiatric social workers intervene person with schizophrenia as well as their family members to become financially independent and prevent relapse.

Case Report

Mrs. X, a 23years old, female, studied up to intermediate in Arts, unemployed (house wife), married, Hindu, Odia speaking, from low socio-economic status, living in Khurda district, Odisha was consulted by the help of her husband and mother, who were reliable and adequate. The patient presented with the following chief complaints: feeling in-laws will kill her, crying outburst, irrelevant talk, wandering away from home from last 1 month and 15 days,

forgetfulness, difficulty in maintaining sleep. The mode of onset was insidious, course of illness was continuous and the progress of illness was deteriorating. The significant stressor in her life was conflict with husband and in-law's family members. Patient was started to be symptomatic when her maternal family members and to be in-law's family member were not agreeing for their marriage and she married without their consent. But the couple were living separately and meeting each other in hotel at times. Later when she wanted to live in-laws' home, they didn't allow her. After serious conflict among her and in-laws' members, she felt anxious by knowing that they were not ready to accept her. After her marriage, she got critical comment from her mother in-law and there she started to feel that her in-law's family member and neighbors are talking about her and she heard a voice of lady (although not visible) is telling her that "to leave this home and otherwise they will kill you as they murdered me" Then she started to afraid and suspect her in-law family members that they are planning to kill her. She stared to cry without any reason, talked irrelevantly, wandered away from home. She started forgetfulness i.e., where personal belongings were kept. She has difficulty in sleep more than two hour.

History of presenting illness was not suggestive of any sensory distortion, vision, olfactory, gustatory, tactile, pain and deep sensation, sense of presence, hallucinatory syndrome, special kind of hallucination, body image distortion, flight of ideas, perseveration, thought blocking, ruminative thought etc. Past history was not suggestive of any organic or mental illness. Family history was not suggestive of any mental illness in her family. After marriage she is living with husband, mother in-law, father in-law, bother-in-law in a joint family. She had unhealthy relationship with her in-law's member and husband. She had good peer relationship. But at times irritable. She had no addiction for any drugs. She had regular menstrual cycle and had interest in sexual relationship. She was rigid, short-temper, pampered, irritable, low frustration tolerance since her childhood. On mental status examination, it was found that her manner of relating was tensed, degree of effort for social contact was decreased, rate, tone and productivity of speech was high and latency of response was decreased. Her mood was persistently sad with high intensity for last around last one and half month. Her affect quality was normal as the patient subjectively reported that 'she is feeling well', Which is Incongruent to mood and thought. Communicability was present. Possession-thought broadcasting was present in possession, and delusion of persecution, delusion of reference was present in the content of her thought. Auditory hallucination (2nd person, command hallucination) was present in her perception. Cognition attention aroused but couldn't not sustained over a period of time. She had immediate impaired memory. Abstract reasoning was in concrete level for similarity, dissimilarity, but in functional level for proverb. Although her fund of knowledge was clinically average, yet she had impaired test, social and person judgement. Her Insight was in Grade- III as her verbatim was “I have illness due to my in-law's member and their action". it was suggestive of awareness of being sick, but it was attributed to external or physical factors. Her provisional diagnosis was schizophrenia.

The intervention programme was properly planned(Kaplan & Sadock, 1988; Simos, 2002)consisted of the following components: (1) Psychoeducation, (2) Behavior Analysis (3) Activity scheduling, (4) Socialization throughout therapy (5) Homework.

The therapy was administered in 12 sessions of one hour duration over 12 weeks with providing rational of each technique to patient. Initially both the informants were educated about symptoms, nature of illness, course, causal factors, prognosis and treatment available for the illness. They were educated about the needed medicine and its side effects. They were informed that mental illness like

schizophrenia can be controlled through regular intervention. For this, specifically they were suggested to check whether the patient is taking medicine regularly or not and if needed, to consult immediate her therapist. They were also informed about various factors like pre-disposing, precipitating and perpetuating factors.

Informants were also got knowledge regarding how symptoms usually aggravate if the individual can't cope effectively with stressful situations as a result certain changes in behaviour, emotion and personality occur. But to improve the coping strategy support from the immediate environment are needed. Behavior analysis was done by discussing with the patient and informant. By this therapist made initial analysis of problem behaviour, clarification of problem situation, motivational, developmental analysis, analysis of self-control and relevant social relationship and socio-cultural and physical environment. Then activity schedule was prepared. Interesting activities as per the patient were included in activity schedule like morning walk, different recreational activities (playing ludo with her sister) etc. As income becomes a major problem in most of the cases of schizophrenia, importance was given on how she will be financially independent. For this she was motivated toward poultry farming, as the patient likes to pass time with this.

The positive changes were attributed to the patient's own efforts for both creating and maintaining the socialization process in the intervention. To engage her in different activities homework was given to do in between session.

Discussion

After providing regular intervention for 3 months significant changes in the patient's symptoms were observed. Due to recreational activities and passing time on poultry patient's irritability was decreased. Due to poultry, she was also feeling financially less independent. The findings of this study highlight the role of psychoeducation, and cognitive behavior therapy in the management of schizophrenia (Kaplan & Sadock, 1988; Simon, 2002). Behavioral techniques were effective in normalizing the day-to-day activities.

Conclusion

To conclude, the present study highlights the efficacy of psychotherapy in patient with schizophrenia. But as it is a single case study with a short-term follow-up, there is need to carry out research on large sample with control group. So, a long-term follow-up is needed to evaluate the efficacy of the psychotherapy.

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