

# SCHIZOPHRENIA ON THE COUCH

Medication is the most common treatment for patients with schizophrenia. The director of the Psychology Program at the School of Medicine and Health Sciences is joined by a colleague in proposing greater use of therapies based on psychoanalysis. They argue that such therapies embrace the particularity of each individual and that they have effective results.

The schizophrenic person suffers breaks in his or her relationship to reality, does not have access to certain kinds of symbolic functions, and may present with symptoms such as visual and auditory hallucinations.



**A**ccording to the World Health Organization (WHO), about 21 million people around the world have schizophrenia. It is not as common as other mental disorders, but like others, those who are affected by it suffer from rejection and social exclusion.

“It is a diagnosis that has been available for several decades to designate a certain kind of psychosis. The person suffers breaks in his or her relationship to reality, and does not have access to certain kinds of symbolic functions generally shared by society. He or she may present with symptoms such as visual or kinesthetic hallucinations or, most commonly, auditory hallucinations in the form of voices. In some cases, people may have delusions amounting to the construction of a parallel reality,” explains Miguel Gutiérrez Peláez, professor and director of the Psychology Program at the Universidad del Rosario’s School of Medicine and Health Sciences.

Together with psychologist Laura Juanita Villamil Díaz, also from El Rosario, Professor Gutiérrez Peláez reviewed the existing literature on psychodynamic psychotherapy to evaluate the contributions of this kind of therapy in cases of patients with schizophrenia. After two years of research, the professors were able to endorse more frequent use of this kind of psychotherapy due to its positive effects on individuals and families.

“The research reviewed indicated that this kind of therapy has been shown to be effective in the treatment and management of schizophrenia, and can lead to greater rates of recovery than those achieved through an exclusively pharmacological approach. In an article on the suggested approach, the two professors indicated that research they reviewed showed that even when drugs were prescribed as the first line of treatment, the use of psychodynamically-oriented psychotherapy for schizophrenia helped patients achieve significant improvement.

The psychodynamic orientation brings together different kinds of approaches derived from psychoanalysis, particularly in relation to a genuine concern for the inner life of people with schizophrenia. Professionals seek to understand how these people experience their inner lives, the logic behind their think-

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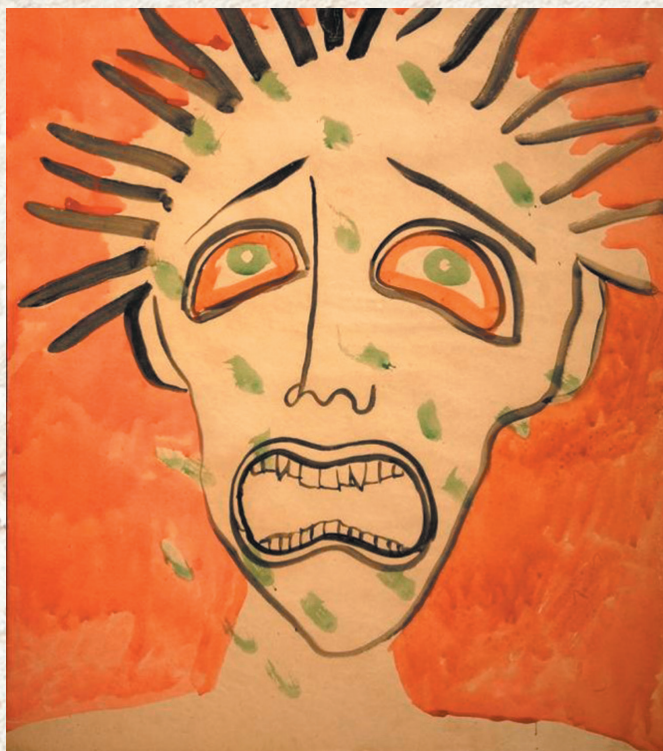


### MORE MEN THAN WOMEN

According to the WHO, schizophrenia is more frequent among men (twelve million) than among women (nine million). In addition, men generally develop the disease at an earlier age.

It is calculated that people with schizophrenia constitute 1% of the Colombian population. According to 2013 data from the Ministry of Health and Social Protection, more than 471,000 people in the country have the disease.

The WHO reports that schizophrenia produces significant disabilities and may negatively affect educational achievement and performance at work.



ing, and the causes of their life histories and how they reached their current experiences.

“It’s different when medication is seen as the first and only alternative, because it is not necessary to understand a person’s inner life in order to prescribe medication. In that context, it doesn’t matter if the person is hallucinating about angels, for example, or something else, if he or she hears one voice or many, or even if they are male or female. Some psychotherapeutic practices tend to focus symptoms, or they try to stop the voices or put an end to certain behaviors. But in the case of psychoanalytically-oriented therapies, schizophrenia patients are not approached as if they were standard persons. Psychodynamically-oriented psychotherapy focuses on the specificity of each person,” explains Gutiérrez Peláez.



### ANTICIPATING CRISES

With psychodynamically-oriented therapies, person suffering from the disease have the chance to know themselves, not just the therapist, and this knowledge enables them to grasp certain aspects of their behavior, which may help them to anticipate different situations and episodes.

“Understanding one’s own psychotic functioning may help a person to anticipate crises, take helpful measures, and work on these issues with his or her family. Sometimes families need particular treatments; for example, a patient may present paranoid symptoms with his or her mother, in which case she should not be the person who dispenses medicine. This may seem like a small matter but it can change things dramatically. It’s like sketching out a representation of the psychosis, as though one could draw a map of the mental functioning of the person to locate areas of potential danger,” explains the professor.

That kind of knowledge is very helpful to families, and the creation of a therapeutic space provides opportunities for asking questions, expressing concerns, and finding emotional support.

This dynamic enables families to feel competent self-esteem in understanding the disease and the psychosis, and feel that they are in control of the situation, thus improving their self-esteem and helping them overcome feelings of guilt, hostility, and hopelessness.

### TRAINED PROFESSIONALS

To understand what patients are experiencing and to accompany families during the process of having their loved one treated for schizophrenia, the health professional requires both special training and internal strength to better swim against the tide. “The therapist confronts a very difficult task and experiences a number of emotions that can often be unpleasant. It also means





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the therapist must be above the myths that the symptoms experienced by schizophrenia patients make no sense, that it is irrelevant to try to understand them, and that the disease is incurable," write the psychologists in their article.

## MODERNIZING OUR VIEW OF THE MENTALLY ILL

Gutiérrez Peláez says that health professionals have some very old ideas about the mentally ill that should be reexamined in the light of new research. This includes thinking of medication as necessarily the most advisable treatment for schizophrenia and thinking that patients with schizophrenia are all alike, that they are a homogeneous population. This is not just the case among mental health workers; family members and even patients themselves may share these assumptions.

"I don't think that we should consider just one kind of intervention for schizophrenia," says Gutiérrez Peláez. "There are different reasons why one kind of intervention may be more advantageous to one person than to another, including both patients and professionals. But the important thing is to think about maximizing the benefit to the patient."

That's why Gutiérrez Peláez and Villamil Díaz propose more research to provide greater empirical evidence on the efficacy of psychodynamically-oriented psychotherapy. "The works we reviewed tell us that research on the efficacy of psychodynamically-oriented psychotherapy should go on. There is evidence that corroborates the effectiveness of this type of psychotherapy in the comprehensive treatment of schizophrenia, suggesting that pharmacological management is only one of many possible approaches to this disease. Thus, it is important to continue this line of research and document the relevant findings to further contribute to the kinds of therapeutic approaches to people with schizophrenia that personally benefit them. The contributions of psychoanalysis to psychology and different interventions in the comprehensive treatment of schizophrenia may be very valuable to today's clinicians in both mental health institutions and their private clinical practices." ■

## A NEW CONVERSATION

Psychodynamically-oriented psychotherapy works by opening spaces for conversation and dialogue to understand the subject with schizophrenia, guide that subject to self-awareness, and give him or her an opportunity to assist in the treatment. This approach can be applied to the "treatment" that all Colombians can benefit from in the so-called post-conflict period.

According to Miguel Gutiérrez Peláez, director of the program in Psychology at the School of Medicine and Health Sciences at the Universidad del Rosario, apart from the psychopathological and mental health consequences stemming from the armed conflict as outlined in several different studies, Colombians from 2017 onwards face another series of psychological demands. These include "coming face-to-face with the complexity of human behavior and evidence that the armed conflict was not a conflict between good and evil"; "maintaining awareness in civil society regarding the nature of the armed conflict and the peace process while transitioning from passivity to active participation and from accepting or rejecting proposals to proposing solutions"; and "recognizing the place of 'the other person, of alterity, and accepting the existence and giving voice to dissension without resorting to the use of arms.'"

## ENGAGING IN CONVERSATION

The psychological challenges that health professionals and society in general will need to face include keeping a conversation open and inclusive among different social sectors, and recognizing that this means engaging in dialogue. "This necessarily means recognizing what others know. Recognizing the knowledge of others requires people to acknowledge what they do not themselves know. If I have all the truth on my side, there is no way to accommodate the words of others unless they echo my own. To engage in conversation, I must set aside my truth and assume that others can teach me things," explains Gutiérrez Peláez.

Communities and people have a lot to tell about what they have learned based on the idiosyncratic characteristics that help them deal with their own experiences and the phenomena in their lives. This content must be part of the conversation.

The professor invites all professionals who carry out psychosocial interventions, and indeed society in general, to participate in this important conversation.