

## Review Article

# Therapeutic Relationship in Person with Schizophrenia: Skills for Practice

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### To cite this article:

Sarinrut Juntapim. Therapeutic Relationship in Person with Schizophrenia: Skills for Practice. *American Journal of Nursing and Health Sciences*. Vol. 1, No. 1, 2020, pp. 11-14. doi: 10.11648/j.ajnhs.20200101.12

**Received:** October 15, 2020; **Accepted:** October 30, 2020; **Published:** November 9, 2020

**Abstract:** The therapeutic relationship is related to better course and outcome of treatment in schizophrenia. However, There is a lack of evidence-based information to assist nurses to meet the challenges of building effective therapeutic relationships with person with schizophrenia. The objective of this mini-review to address the challenges of the therapeutic relationship in person with schizophrenia. As a methodology, we reflect on the practices experienced in empathy and non-stigmatization, use therapeutic relationship technique, ability to cope with psychotic symptoms and psychoeducation for the patient and the family are essential characteristics that the nurse must have for the therapeutic relationship. Nurses need to have important knowledge and skills for practice on the therapeutic relationship.

**Keywords:** Persons with Schizophrenia, Therapeutic Relationship, Skills for Practice

## 1. Introduction

Schizophrenia is a severe psychiatric disorder that is marked by psychotic symptoms such as delusions, hallucinations, and thinking and action disorganization. Bad symptoms are often common, such as social isolation, lack of initiative, or lack of desire and satisfaction in previously enjoyable activities. This symptomatology causes significant harm to the functioning of social and occupational tasks. It is difficult for a person suffering from schizophrenia to understand the symptoms and interpret what they exist in an unreal world, parallel to the real world, they happen in the world around them [1]. For those who are unaware of the illness, it is often hard to comprehend, because these people appear to be stigmatized [2]. Therefore, there is a propensity to mistrust others and the individual becomes more and more isolated, delaying the start of the therapy, which further aggravates the clinical image. The first contact.

Since the individual does not perceive the symptoms of schizophrenia and can not distinguish between what is real and what is not, the pathology is often lacking in insight, making the relationship with the therapy a constant challenge. The aim of this mini review is to address the therapeutic relationship challenges between the nurse and the individual

with schizophrenia. We focus on the procedures encountered as a mental health nurse as a technique, doing a study of the relevant literature.

## 2. Therapeutic Relationship in Person with Schizophrenia

*Therapeutic relationship* is defined as the affective and collaborative bond existing between a therapist and his patient. It has also been referred to as the therapeutic bond, working relationship or helping relationship. The theoretical definitions of the relationship have three elements in common: (1) the collaborative nature of relationship, (2) the affective bond between patient and therapist, and (3) the patient's and therapist's ability to agree on treatment goals and tasks [3]. The family and essential persons, as well as health records when they occur, need to be attracted to. Initially, a psychiatric evaluation should be carried out to determine the existing signs, such as delusions, hallucinations, disorganization, and unpleasant signs [4]. The nurse must know the characteristic behaviors of this disorder in order for an adequate evaluation to be performed. Although they do not share the belief. It is necessary not to address or refute belief so as not to avoid losing trust.

Therefore, reasonable doubt must be utilized as a therapeutic technique. For example, "I understand that you believe this to be true, but I do not think the same." One should also reinforce reality and talk about things and people that are real, avoiding ruminant thinking in false beliefs. As the delirium of poisoning may be present and the patient may feel that the food or drug is to poison him, the nurse should also be vigilant while feeding and taking medication. Therefore, to help the patient share the substance of the hallucination, nurses must show an attitude of acceptance. This sharing is essential if command hallucinations are present, to avoid unwanted responses to oneself or others [5, 6]. The hallucination should not be strengthened and it should be referred to by the word "voices," avoiding the word "they," which may indicate validation. It is also necessary to make the patient aware that the nurse does not share the experience by saying, "I know the voices for you are real, but I do not hear any voices." It is vital that the patient knows that the voices are imaginary and are part of the illness, and distraction strategies can be used to guide the patient towards fact. It may be a helpful technique to listen to music or watch television to divert the patient from the attention given to auditory hallucinations [7]. These measures are intended to establish a relationship of empathy and trust with the patient, causing the patient to begin to be critical of the disease in order to implement new intervention strategies.

### 3. Skills for Practice in Therapeutic Relationship

The therapeutic Relationship is characterized as an partnership between two people, in this case the nurse-patient [8], in which the cooperation between the two leads to a curative environment, promoting disease growth and/or prevention. There are many obstacles to the therapeutic relationship between the nurse and schizophrenia patients, as they are typically desperate with schizophrenia. In addition, due to lack of insight, sometimes the first interaction with the health system is against their will.

#### 3.1. Empathy and Non-stigmatization

Caring for these patients demands that nurses have a good ability to recognize mental illness and have empathy and non-stigmatization, so that an efficient and effective therapeutic partnership can be developed. The nurse must be able to see that there is a person in horrible emotional distress, desperation, hopelessness and incomprehension beyond the symptoms, and can even entertain suicidal thoughts [9]. Nurses need to be able to recognize that these people live in a scary, surreal world and have trouble separating truth from delusions and hallucinations, so they find everything real. For all these reasons, it takes a lot of hard work for nurses to understand the person suffering from psychiatric pathology of schizophrenia and that learning to cope of symptoms and stick to treatment is necessary to avoid relapse.

#### 3.2. Use Therapeutic Relationship Technique

That is therefore not easy to develop a therapeutic partnership, requiring careful attention on the part of the nurse. Strong listening and empathy are highly relevant and should concentrate on the perspectives of the patient. It needs credibility, enabling the individual to differentiate between what is part of the disease and what is not part of it [10, 11], i.e. what is true and what is not. It is vital to help patients find their personal resources and define medium and long-term goals that can be accomplished and the means to achieve them.

#### 3.3. Ability of the Nurse to Cope with Psychotic Symptoms

Some challenges are present in the therapeutic partnership, so the ability of the nurse to cope with the following is essential that is (1) the patient does not see a need for assistance and blocks attempts by the nurse to create contact. (2) the family may be afraid of feeling unwell because of the situation. (3) even though the relationship is accepted, the patient has difficulty expressing requests for help. The patient may express problems but does not take part in the relationship. And (4) The patient is interested in the relationship, but refuses to recognize those symptoms as part of the disorder [12].

In such situations, nurses need to be clear about the limits of their behaviour, communicating to patients that non-treatment or non-acceptance may pose a risk to themselves or others. In addition, patients should be told that most democratic countries' legislation allows for compulsory hospitalization in a symptom monitoring psychiatric unit. This option should only be used as a last resort, as it is a painful situation for the individual and may compromise the therapeutic relationship further. Therefore, the job of the nurse is to prevent this from happening [13].

In order to alleviate symptoms, the first step in recovering the patient, where the nurse plays a dominant role, is to ensure adherence to therapy. Because most patients prefer to abandon medication not only because of the difficulties of knowing their own needs, but also because of the side effects, this is a challenging task. Therefore, it is necessary to communicate how important compliance with the treatment regime is to the patient.

#### 3.4. Psychoeducation for the Patient and the Family

The effectiveness of nursing interventions in schizophrenia depends not only on patient performance, but also on the involvement of the entire family and society. This is extremely important in the recovery process [14]. For this, a multidisciplinary and networked effort is crucial. Thus, the nurse's capacity for teamwork is also one of the essential characteristics.

Once the therapeutic relationship has been established, besides controlling medication, it is important to implement psychoeducation for the patient and the family regarding schizophrenia, symptomatology and the importance of adherence to treatment. Psychoeducation is a psychotherapeutic intervention that goes beyond the simple transmission of knowledge. Besides the understanding of the

mental illness, its aim is to provide the capacity to deal with it. Psychoeducational programmes should therefore inform about the disease and its evolution as well as enabling the use of effective coping strategies to adapt to the disease, to awaken the patient to the warning signs of a psychotic crisis, and to prevent relapse. A further aim is to prevent or reduce the family burden, avoiding the appearance of a pathology in the family. Psychoeducation, when associated with adherence and psychosocial rehabilitation, has proven effective in preventing relapses and hospitalization [15]. To build a strong therapeutic relationship, in addition to focusing on psychoeducational interventions, increasing insight and adherence to therapy, it is also important to include guidance towards recovery and away from self-stigma. [16] The patient should also be part of a psychosocial rehabilitation program, in which nurses must play an active role within their competencies, continuing the therapeutic relationship, and in articulation with the multidisciplinary team. Taking into consideration that the therapeutic relationship in the psychosocial rehabilitation of the patient, family and community is more than a technical intervention, it is an ethical imperative.

## 4. Conclusion

In schizophrenia, the efficacy of nursing treatments depends not just on patient success, but also on the participation of the entire family and community. In the course of healing, this is highly important. A multidisciplinary and networked effort is important for this. Thus, one of the essential features is also the capacity of the nurse for teamwork. Once the therapeutic partnership has been developed, it is important for the patient and the family to incorporate psychoeducation about schizophrenia, symptomatology and the value of adherence to treatment in addition to managing medication. Psychoeducation is a psychotherapeutic method that goes beyond the basic transfer of knowledge. In addition to recognizing mental illness, the goal is to have the capacity to cope with it. Therefore, psycho-educational services should provide information on the disorder and its development, as well as allow appropriate coping mechanisms to be used to adapt to the disorder, to awaken the patient to the warning signs of a psychotic crisis and to avoid relapse. A further goal is to prevent or reduce the family burden, minimizing the presence of a family pathology. Psychoeducation has proved successful in reducing relapses and hospitalization when combined with adherence and psychosocial recovery.

In partnership with the family and the community, we agree that maintaining a therapeutic relationship with the person with schizophrenia is a continual task and must accompany the different phases of the disease. The nurses must have a vast understanding of themselves and the disease before committing to this relationship, recognizing their limitations and removing any residual stigma in relation to the patient. Following this progress and initial planning, it is important to cultivate a commitment to the patient and to focus on the awareness of the condition, the meaning of adherence and

self-stigma reduction. A clear and consistent therapeutic partnership with regular supervision not only of the patient, but also of the surrounding environment including the family and the community in the process must be developed in order for nursing care to deliver successful outcomes in the rehabilitation process for these patients. In the light of Peplau's theory of interpersonal relationships, developing a therapeutic relationship is a choice that we consider feasible and that can deliver satisfactory results, providing nurses know how to use it properly, following the four stages, taking into account the rhythm of each patient in the recovery process. We assume that in nursing care, developing this partnership would yield positive results.

Therapeutic relationship may face internal barriers apart from professional or institutional ones. Nurses have more influence in nurse contact with patients, so they allow the patient to be put in a state of insecurity with more skills and better interpersonal abilities. [17] Thus, it is very possible that the patient will fall into a deep relationship with the nurse or that the nurse must take into account self-awareness and knowledge of warning signs. It clearly showed that nurses perceived a decrease in the nurse-patient relationship as well as the family-nurse relationship in units with higher turnover. decrease in the relationship between hospital-patient and family-nurse turn over [18]. The therapeutic relationship is composed contact with patients, so nurses need to have important knowledge and skills to shape a therapeutic self.

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