

Schizophrenia an Illness of Loneliness

Do patients lack experience with safe fighting and thus become lonely and psychotic?

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Introduction: In our family work it appeared that many patients who suffered from psychotic episodes had difficulties to maintain the self in relationship with others. In case of interpersonal difficulties they didn't negotiate but withdrew from human relationships. In recovery phase there were many adolescent-like fights of patients with parents. Did they catch up a development phase?

Method:

- The author studied psychosocial research literature on loneliness and on self-development
- Asked 46 family members and patients about their life experience.
- She did a qualitative analysis of the semi structural interviews.

Outcome literature:

Loneliness is bad for people in two ways:

- It is very stressful and leads to too much carbohydrate intake and even to cognitive problems (Cacioppo & Patrick, 2008)
- Deprivation of social input could be a form of partial sensory deprivation (Hoffman, 2007) and lead to derangement of thinking and hallucinations (Zubek, 1969)

But it is not all bad:

- Excluding sensory information can be a way to preserve the self (Lilly, 2007)

Why would people seek loneliness to preserve the self?

- It is a well known strategy adolescents use, to seek identity, too much use of this strategy is dysfunctional (Larson, 1999)

How can adolescents grow strong?

- They need a network of peers (Coleman, 1999)
- And a clan of adults who can coach them (Gurian, 1998) and belong to a strong group (Chandler, 2003)
- And fights with mom and dad in young adolescence about autonomy (Lichtwarck-Aschoff, 2008).
- Early in life they learn about the social world by interacting. Conflicts give information about the rules of the social world and build the self (model of Mascolo and Fischer, 2007)

Key Literature:

- Cacioppo, J. T., & Patrick, W. (2008). *Loneliness, human Nature and the need for Social Connection*. New York: Norton.
- Chandler, M. J., Lalonde, C. E., Sokol, B. W., & Hallett, D. (2003). *Personal Persistence, Identity Development and Suicide*. Monographs of the society for research in child development. Boston: Blackwell.
- Coleman, J., & Hendry, L. B. (1999). *The Nature of Adolescence*. Adolescence and Society Series (3e ed.). London: Routledge.
- Grotevant, H. D., & Cooper, C. (1998). Individuality and Connectedness in adolescent development, review and prospects for research on identity, relationships, and context. In E. Skoe & A. v. d. Lippe (Eds.), *Personality Development in Adolescence* (pp. 3-37). London: Routledge.
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- Larson, R. W. (1999). The Uses of Loneliness in Adolescence. In K.J. Rotenberg & S. Hymel (Eds.), *Loneliness in Childhood and Adolescence* (pp. 244-262). Cambridge: Cambridge University Press.
- Lichtwarck-Aschoff, A. (2008). *Watch out, here I grow! : a dynamic systems perspective on the contribution of daily conflicts and emotions to the emergence of identity* (, Faculty of Behavioural and Social Sciences).
- Lilly, J. C. (2007). *The Deep Self, Consciousness Exploration in the Isolation Tank*. Nevada City: Gateways Books.
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The interviews

Questions

- How did life look like in the months before the outbreak of a psychosis?
- Lacked patients 'safe fighting' in toddler time and in early adolescence? How did their social life look like?
- Were there patient who had enough experience with safe fighting but were exposed to other risk factors?
- [what helped to recover? Report not on this poster]

The respondents, not a random sample, medium care outpatients and/or their family members

Asked	68
Allowed interview	42
Added later	4
Total interviews/patients	47/46
Only family (some were family of more then 1 pt)	18
Only patients	12
Old experienced patients often their parents had died	7
Patient family apart	4
Patient family together	12

Semi structural interview first asking for strengths, what helped to recover? Then family history asking for known risk factors and then asking handling of conflicts. Interviews on video or tape. Text qualitative analyzed.

Results

Most patients had been lonely most of their life or the months before their psychosis (author could obtain Information about 36 (n) of 46 patients

People who were not lonely

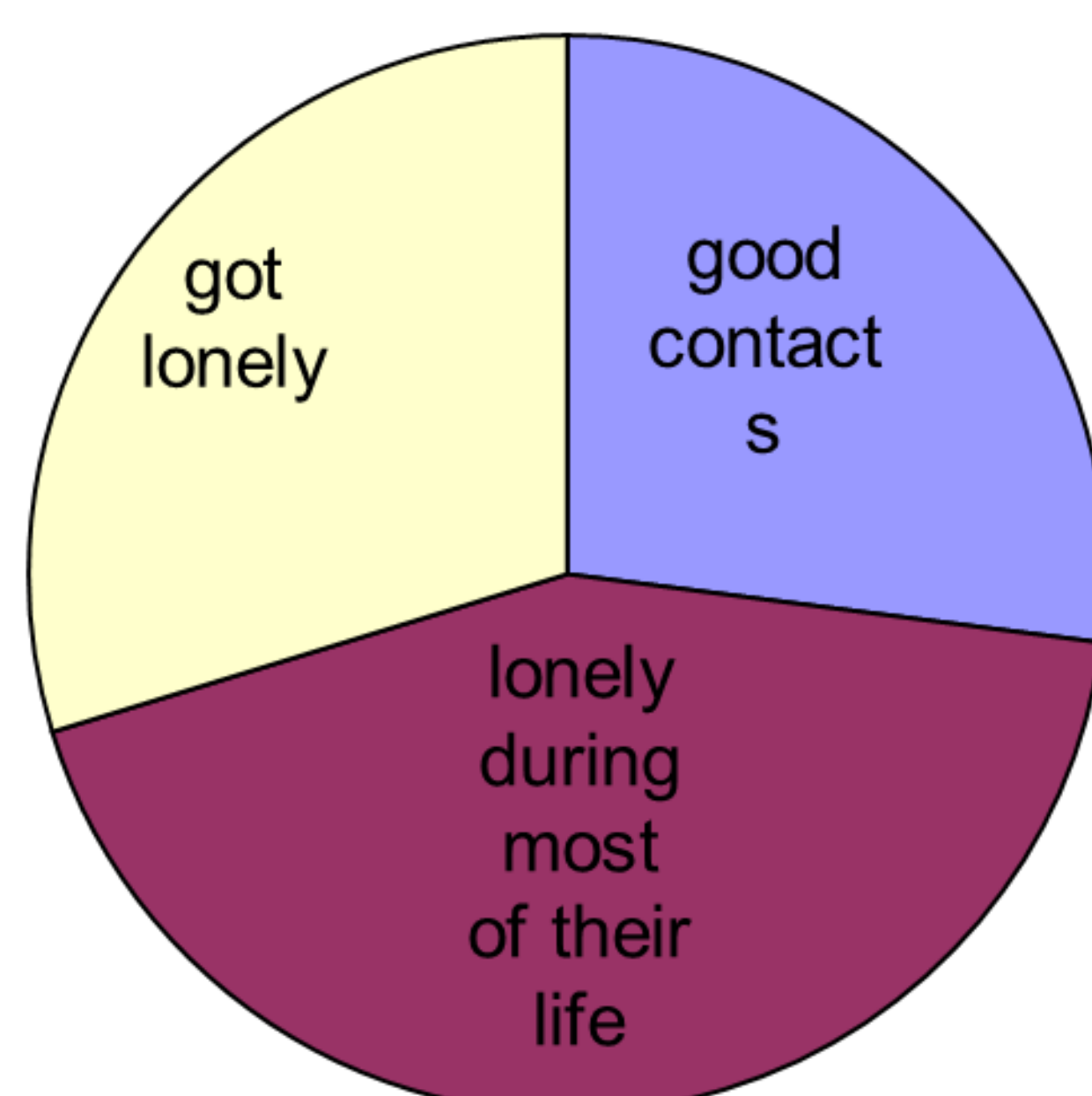
To them psychosis happened when they were in a new life phase, and the relationship with the parent to whom they were most attached, changed

Examples

Rachid was married to Aisha .She had lived in the Netherlands most of her life, he left Morocco to marry her and lived with her family. He hallucinated old people from his town talking to him

Skyler wishes to fly to her father in the US. Mom objected. She heard a man say KLM, KLM. Then the though occurred to her that she had chosen the wrong company to fly with and would be stuck in Iceland

Youssef was knifed in a café, he woke up psychotic. Nobody did go to the police. The subject was not talked about in his family

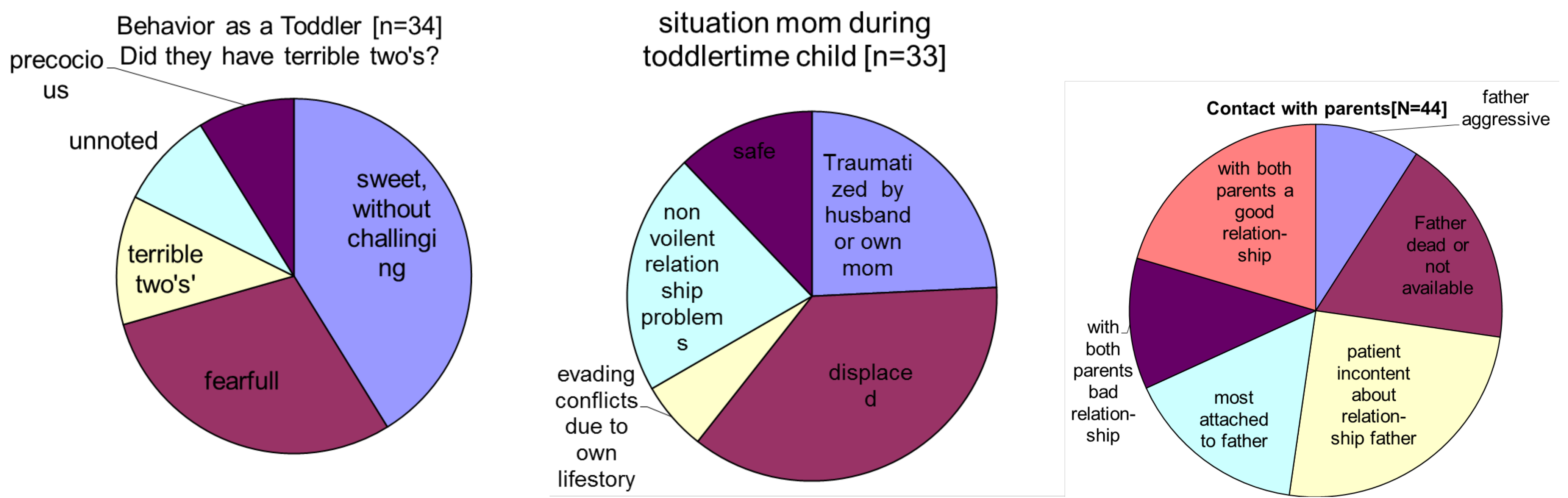


Willy and Marcel had untroubled lives and became psychotic when they went to university. Both had psychosis in which they were in the middle of university. Life was arranged like in the movie 'The game'

Dong was adopted when he was three. He didn't trust any women. But in kindergarten and in school he had many friends. When the family moved to the countryside when he was 10, he didn't get along with the farmer children and sunk in a world of his own

Esther thought from early on that she had sinned against the Holy Ghost. Books were her only friends.

Absence of safe fighting



Six ways of not experiencing safe fighting

Greetje protected her family. Read books on upbringing of children to advice her quarreling parents. She supported her mom who had been a victim of incest. Her brother and sister frequently challenged mom and dad. She did not. Mom cried when she left home. After mom's death and after leaving the closed compound of Shell where the family lived she lost her way.

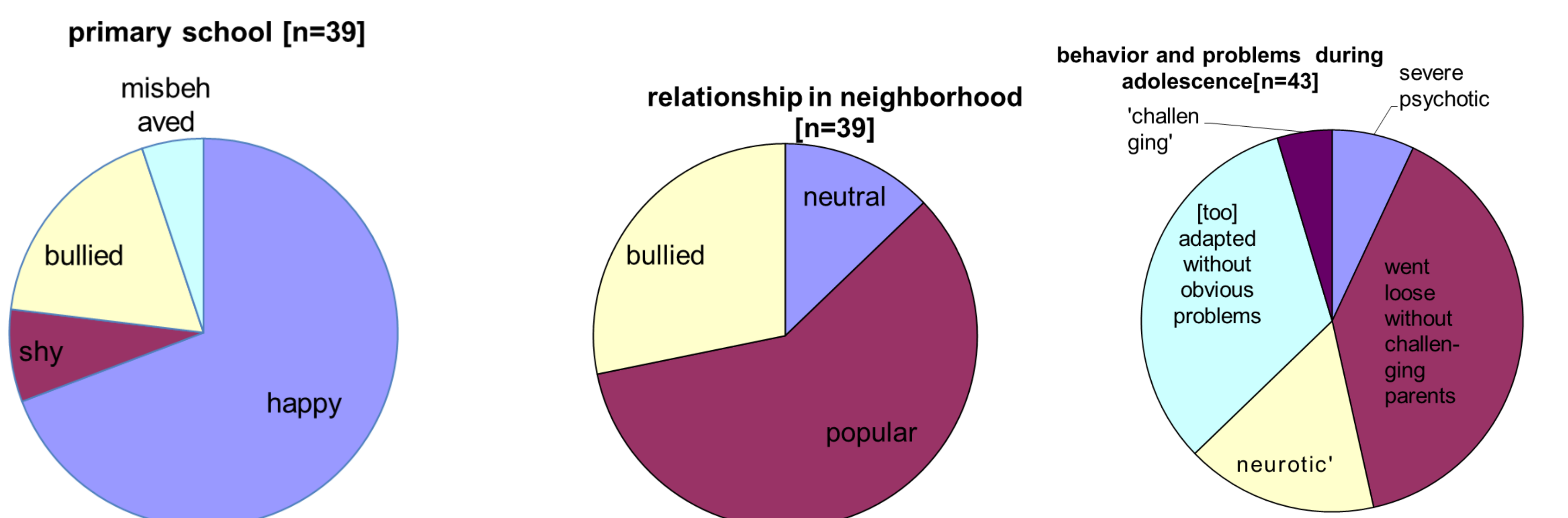
Edward thought he was a baby god. Which is not so strange as it may seem. He was the ruler of the family from when he was three. He could beat mom when she was disobedient. Dad tried to do something to do about it, but mom didn't want him to interfere.

Johan always was shy, never challenged his parents. On secondary school and after a severe illness of his mom he isolated himself. Then he felt that he was influenced through the walls by his neighbor, who was critical to his parents. He made parents mad with his complaining about the neighbor

Mariska heard bullets floating among her head making her do serious suicide attempts. She was in a destructive fight with mom. Mom thought Mariska had the same character as grandma, who had severely abused mom.

Hendrik was convinced that his brain tumor which he developed when he was 5 came from his disobedience to his mom. He had crossed the street without her consent. He never challenged her after this. When he was 32 he had an accident because he crossed the street without looking. He became psychotic. He described his behavior as a test to look if mom had changed.

Willy and Marcel had both untroubled youths with a fine family. Both never challenged mom and dead when they were toddlers. They became psychotic after going to the university. Both had nice psychoses in which they sensed that they were the center of the universe and that everything around them was arranged like in the movie 'the game' said Willie.



What is 'safe fighting'?

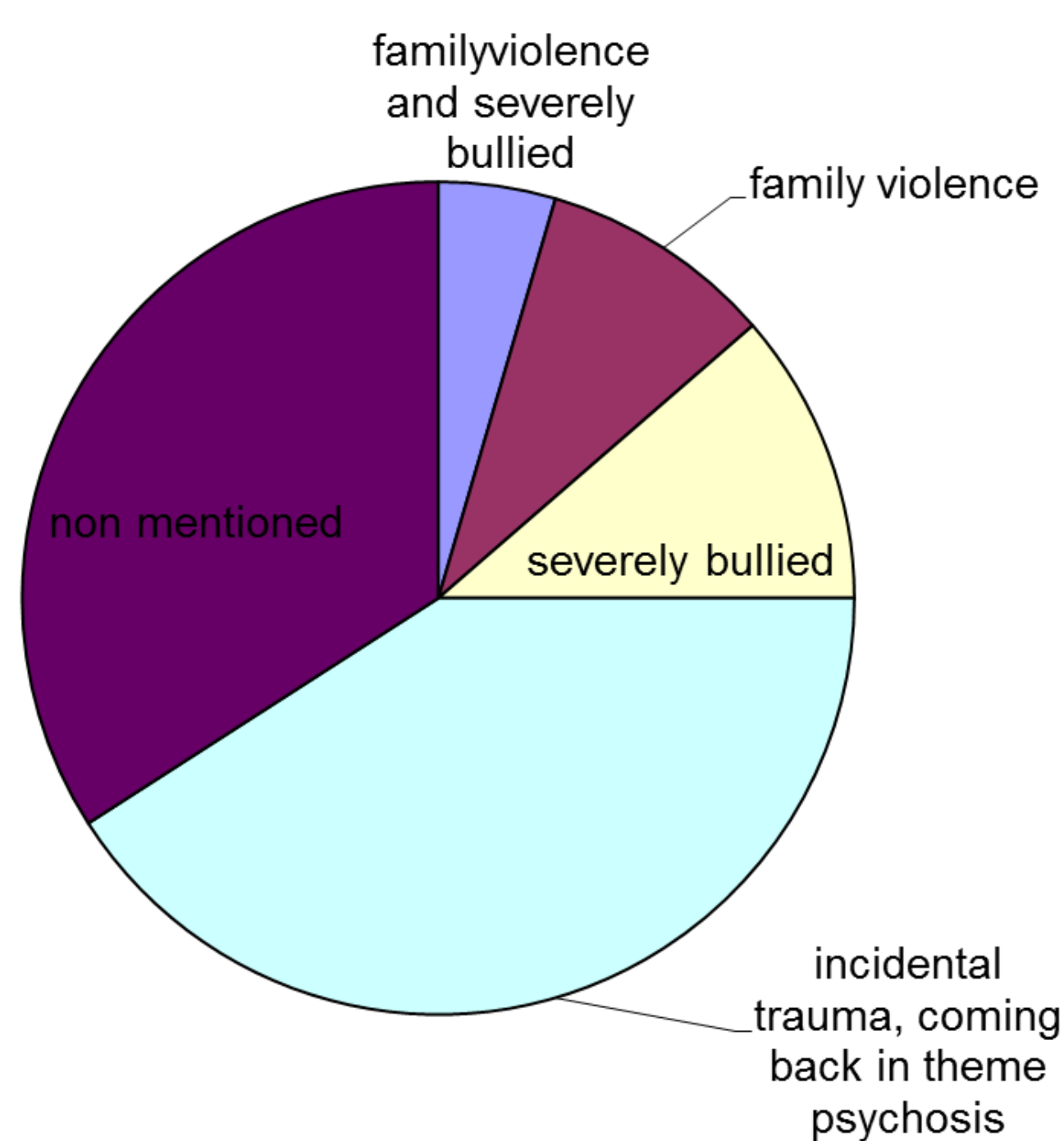
There is a difference of opinion and a difference of interests between family members. Communication about this is clear without blaming. Parents set a few firm limits, but in most cases children can negotiate.

Alternative explanations

What was the role of traumas in the life of patients?

Family violence occurred in 6 families, 3 moms had good marriages but had been abused by their own mom. But often brothers and sisters had witnessed the same or even more violence. Patients differed from their brothers and sisters in two ways: They were very much attached to the victim of the violence, or the victim interpreted the anger of the child as a copy of the anger of the offender.

Trauma's in history patient [n=44]



Joke's mom tried to end the abuse of her husband, but she was not supported. She became dizzy and could not come out of bed. When family physician threatened to send mom to a recovery center, her also dependent husband stopped the abuse. Joke became psychotic every time when there was illness in the family. Before the psychosis she had memories of the bullying at school

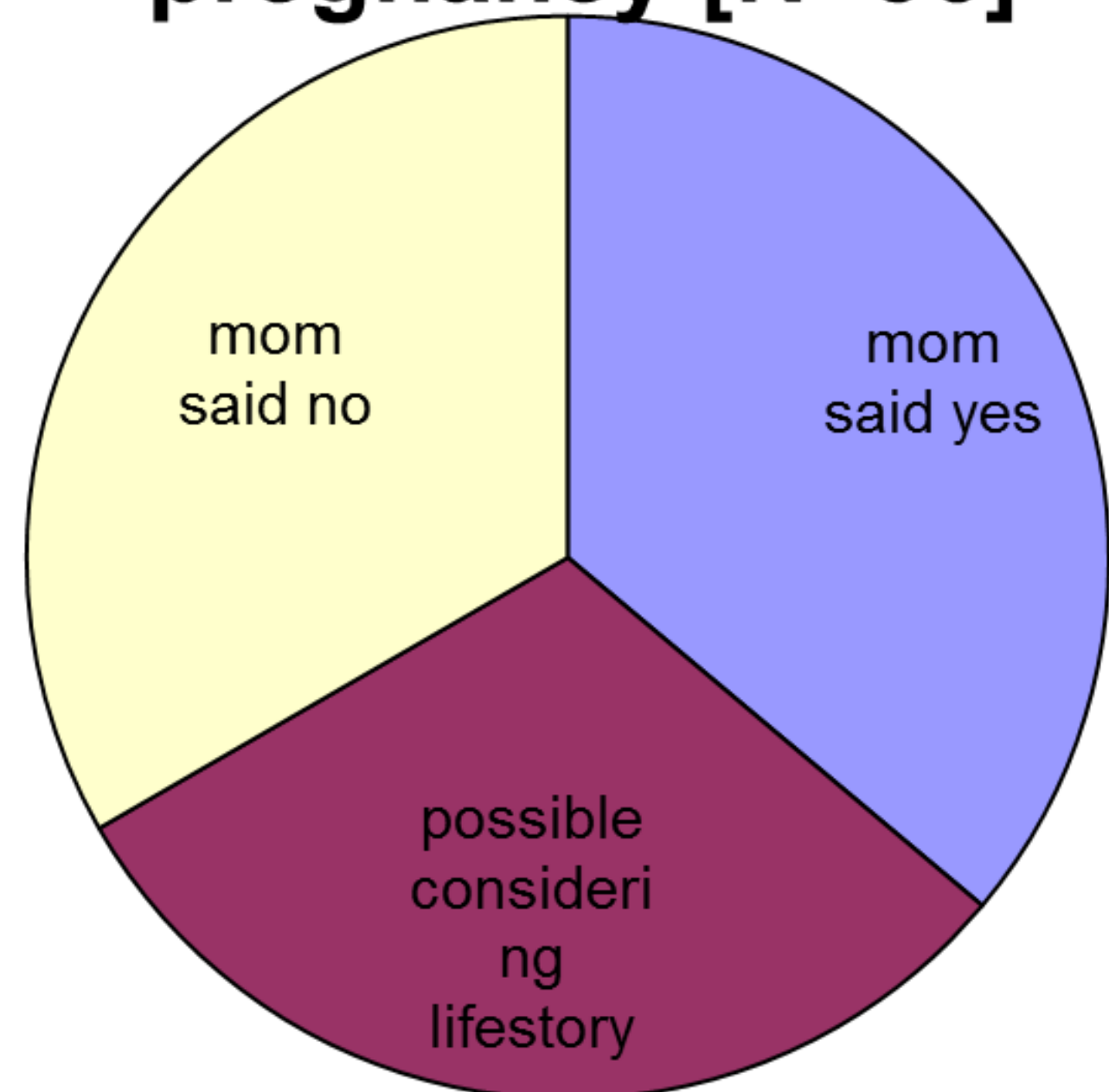
7 Patients were victim of severe bullying. They all had also lack of experience with safe fighting.

18 patients remembered a traumatic life event which was the theme of the psychosis. This was never a single risk, they all had lack of experience with safe fighting.

Other risk factors

All known risk factors, like heredity, a few cases of bad delivery, ½ of patients used cannabis and a minority used too much alcohol. Migration, bad neighborhoods, losing a parent were also found in part of the histories, some played part in the circumstances that led to lack of safe fighting. 12 of patients reported social defeat. One unexpected finding was that many moms reported difficult pregnancies. Their offspring were more severely handicapped.

stress during pregnancy [N=36]



Rens was diagnosed as autistic. His very capable mom reported that her husband had been severely ill during her pregnancy. They feared for his life. A few months later she had a severe bleeding and almost died. She managed to raise him well until he attended a unstructured school

Conclusion:

In this explorative qualitative research all respondents had had a problem with 'safe fighting' in early and/or later life for very different reasons. In problematic families they differed in this aspect with their brothers and sisters. Not defending themselves in a good way they became more vulnerable to life stresses. Respondents from very safe families had nice psychoses in which they were the center of universe.

In family work there is often much emphasis on handling conflicts. It would be worthwhile to do research on correlation between patients learning of handling self and other conflicts and recovery process.

Lit: M. de Pater (2012) De eenzaamheid van de psychose, de rol van veilige strijd bij het ontstaan en herstel van een psychose (translation in English in 2013)