University of Medicine, Pharmacy, Science and Technology Tîrgu Mureș

Doctoral School

PhD Thesis Summary

A Systemic Approach to the Factors that Influence the Therapeutic Relation in Psychosis

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Summary

Introduction

The therapeutic relation is an essential element to the end-result in psychotic disorders. The systemic approach refers to the triad: patient-his family-the professionals in mental health. The medical doctors were considered an objective and inflexible component but recent perspectives on burnout broach the idee that the personal wellbeing of the professional has an impact on the system and on the patient. Patient's family is an important link to recovery in psychosis. Its importance goes beyond genetics and that is why Systemic Psychotherapy is usually recommended at the onset of a psychotic episode.

A long list of factors is considered to contribute to resilience and to vulnerability. Interpersonal relations imply conscious and unconscious aspects as coping and defense mechanisms. Social cognition mediates these relations and influences the functionality, evolution, and prognosis for patients with psychosis. Emotion recognition is a part of social cognition that is affected in psychosis.

My main objective was the analysis of the therapeutic system to identify new factors involved in the evolution of psychotic episodes and in the quality of life for each system's members. The main hypothesis was that specific factors exist within each subsystem with a role in therapeutic dynamic: medical trainees in psychiatry have a profile for defense and coping strategies and an ability to recognize emotions specific to their profession, the patients' families have particular needs and patients with psychosis have a deficit in emotion recognition correlated with certain aggravating factors.

General method

Four different lots were studied: two of medical trainees in psychiatry, one of family members of patients with psychosis and one of patient with psychotic episodes. All participants consented and no remuneration was offered. Data collection took place in 2013 (pilot project for medical trainees and the lot involving the family) and in 2016 (medical trainees' lot and patients).

Main findings

Medical trainees in psychiatry have a specific profile regarding defense and coping mechanisms that permitted the regrouping of these strategies into two different categories.

Emotion recognition does not differ significantly between medical trainees and the family members of the patients except for sadness that is well recognized by trainees. The family members studied presented with a high-level ox expressed emotion and criticism and specific expectations for the patient.

Patients with psychosis have a deficit in emotion recognition, especially patients with Schizophrenia and especially for negative emotions. Emotion recognition was directly corelated with functionality. Also, emotion recognition was negatively correlated with depression, and for patients that presented with a significant score for dissociation, this score was negatively corelated with the ability of recognizing emotion. Emotion recognition was independent of psychotic symptoms and corelated negatively with age.

General Conclusions

Resources must be conceptualized systemically to streamline the results. Psychopharmacological interventions with no psychological approach have quite limited outcomes on functionality.

Medical personnel must be routinely assessed for individual strengths and vulnerabilities and address these issues. Primary and secondary prevention interventions must focus also on patient's family. Services offered to patients should take into consideration functionality and recovery as their primary targets with a low focus on psychotic, chronic symptoms.

A structured community services as proposed can be implemented in several centers in Romania as to develop the new paradigm for psychotic episodes' management.

Originality of the thesis

The paradigm proposed brings a change of focus from the symptoms and the unidirectional medical act to the relational systemic circularity. The patient is seen as part of different systems with multiple roles. The medical doctor is not an inflexible pilon anymore, but a dynamic element, in relation to the proximity. The family is involved in the recovery process in a more structured way and from this structure one can gain support as well as direction.

The approach of defense and coping in medical doctors is unusual and original and social cognition in this dynamic system as well is a relatively new idea. The discussion of the wellbeing of each subsystem does not take into consideration a causality for psychosis, but it structures responsibility, both personal and managerial, for the evolution and prognosis for this psychopathology.

The qualitative approach in assessing the needs of a specific population is new in Romanian mental health services, involving, at a personal level, the beneficiaries.

The idea that social cognition is at the base of functionality and it stands as a mediator between function and the patient's numerous personal factors that influence it is a new approach on this issue that brings resources for developing numerous strategies to improve outcome.

The dynamic interrelated and structured frame presented in this thesis is an original one that hopes to bring new resourced within the Romanian mental health system.