



Compassion & Communication in Schizophrenia: Communication Partners' perspectives



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- **Aim**

To enrich our understanding of communication (and communication breakdown), we undertook an analysis of published biographies written by family members of a loved one with schizophrenia

- **Rationale:**

- Validity of autobiographical accounts of mental health disorders and communication long acknowledged (e.g. Brophy, 2008; Donohue-Smith, 2011; Walsh and Duchan, 2011)
- Less known about families' accounts & experiences of communication in this context
- Appreciating communication in such contexts can result in greater understanding & compassion for the often-troubled communication that may ensue



Outline

- **Background**
 - Schizophrenia and communication
 - Communication
- **Study**
 - Aim
 - Data collection
 - Thematic Content Analysis
- **Discussion & Conclusion**





Schizophrenia & Communication

Research into language and schizophrenia dates back to the initial reports of the disorder (Titone, 2010)

“any considerable aberration of thought or of personality will be mirrored in the various levels of articulate speech -phonetic, phonemic, semantic, syntactic and pragmatic.” (Critchley, 1964, p. 353)

Schizophrenia has been described as;

“a disorder of language itself, primarily affecting the pragmatic component.” (Cutting 1985, p. 265)



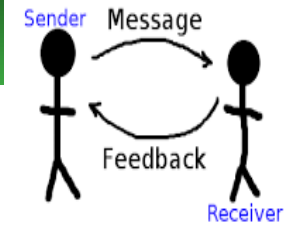
Schizophrenia & Communication

- Many people with schizophrenia have language and communication difficulties
 - previously undetected impairments (e.g. Emerson & Enderby, 1996; Walsh et al. 2007)
 - intrinsic to the clinical presentation of the condition
- Communicating with someone with schizophrenia & communication difficulties
 - *may* be different to so-called ‘typical’ conversations
 - *may* pose challenges for communication partner (listener) to avoid communication breakdown



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Communication is:



- a **combination of skills** verbal words, non-verbal cues, tones of voice, facial expressions, gestures, & body language
- 2 way dynamic engagement; “an interactive process” (Simmons-Mackie & Damico, 1997)
- an ever changing mix of SPEAKER and LISTENER (Communication Partner) roles
- the responsibility of all communicative partners, as is communication breakdown (Pound, Parr, Lindsay and Woolf, 2000)
- where the communication partner is rarely considered in communication breakdown
- where the person with the so-called ‘disorder’ is blamed for any communication breakdown (e.g. “poverty of speech” (closed questions) Frith (1997) PANSS, Kay et al 1987)



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Example: 'Poverty of Speech' (from C. Frith 1997; 11)

E: How're you doing generally at the moment, Mr. D?

D: All right.

E: You're OK. How're ...How've you been feeling in your spirits this past week?

D: Not so bad.

E: You're feeling alright. Do you have any spells of feeling sad or miserable?

D: No.

E: No? Nothing like that ? That's good. Now tell me, Mr. D, do you have any special ideas about life in general?

D: *(Shakes head)*

E: No. Do you feel people stare at you and talk about you in some way?

D: *(Shakes head)*

E: No. No, you didn't get bothered with that at all. Do you feel in any way that people are against you and trying to do you harm?

D: *(Shakes head)*

E: No, you didn't get that either. That's good. Now I'd like to ask you some questions about your thoughts, Mr. D. Do you ever feel that your thoughts or your actions are influenced in some way?

D: *(minimal headshake)*

E: You didn't get that. You didn't get that. That's fine. Now could I ask you a routine question that we ask everyone? Do you ever....



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Aim

- Explore the experiences and perceptions of family members, specifically in relation to the communication of their loved one with schizophrenia
- Published biographies written by family members explored





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Data I: Biographies

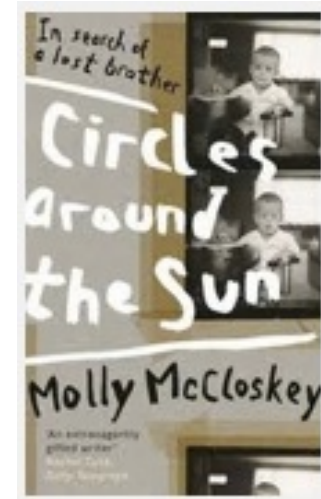
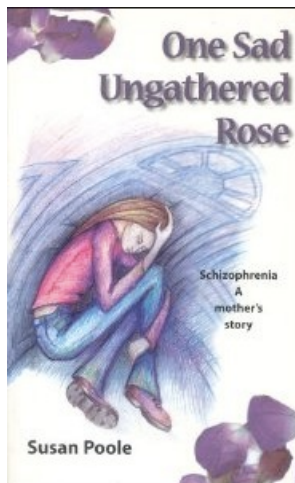
Inclusion Criteria	
The author had to be an immediate family member of the person with schizophrenia.	According to accounts in the biography, the author had to have significant periods of close contact with that person during the course of their mental illness.

Exclusion Criteria	
Biographies written by family members who reportedly did not have considerable contact with the person with schizophrenia were excluded, as detailed accounts of that person and their communication would be unlikely.	Biographies written about a family member with schizophrenia focusing on areas such as service provision, rather than their experience of that person's specific presentation (e.g. communication) were also excluded.



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Data II: Biographies chosen



Chosen Biography	Description
<i>Pines, Paul. (2007). My Brother's Madness. Willimantic, Connecticut, Curbstone Press.</i>	This account deals with Claude's experience of schizophrenia from the perspective of his older brother: (Pines).
<i>Poole, Susan. (1999). One Sad Ungathered Rose. Cork, Collins Press.</i>	This account deals with Margaret's experience of schizophrenia from the perspective of her mother: (Poole).
<i>McCloskey, Molly. (2011). Circles around the sun, in search of a lost brother. London, Penguin books Ltd.</i>	This account deals with Mike's experience of schizophrenia from the perspective of his younger sister: (McCloskey). This study focuses on family descriptions. However, in the case of this biography, occasional references made by friends about Mike's communication are included in the data for analysis whenever they are considered significant by the researcher.



Data for analysis

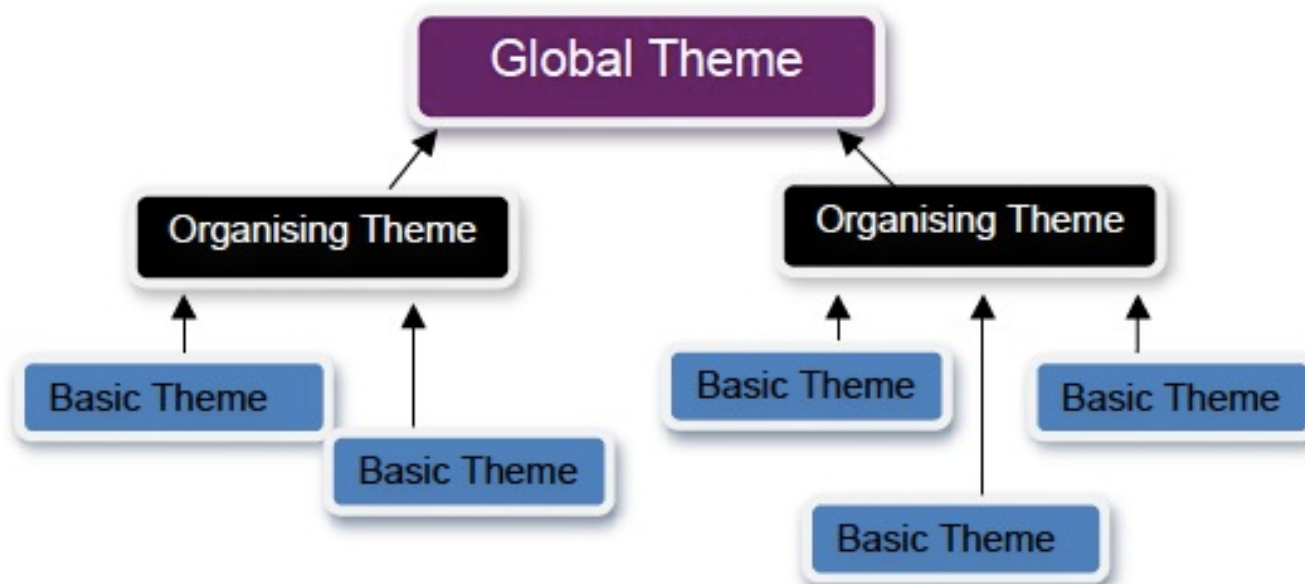
Table 2.4 Breakdown of data set according to contributory quotes extracted from each biography.

Biography:	Pines (2007)	McCloskey (2011)	Poole (1999)
Number of quotes extracted:	56	110	62



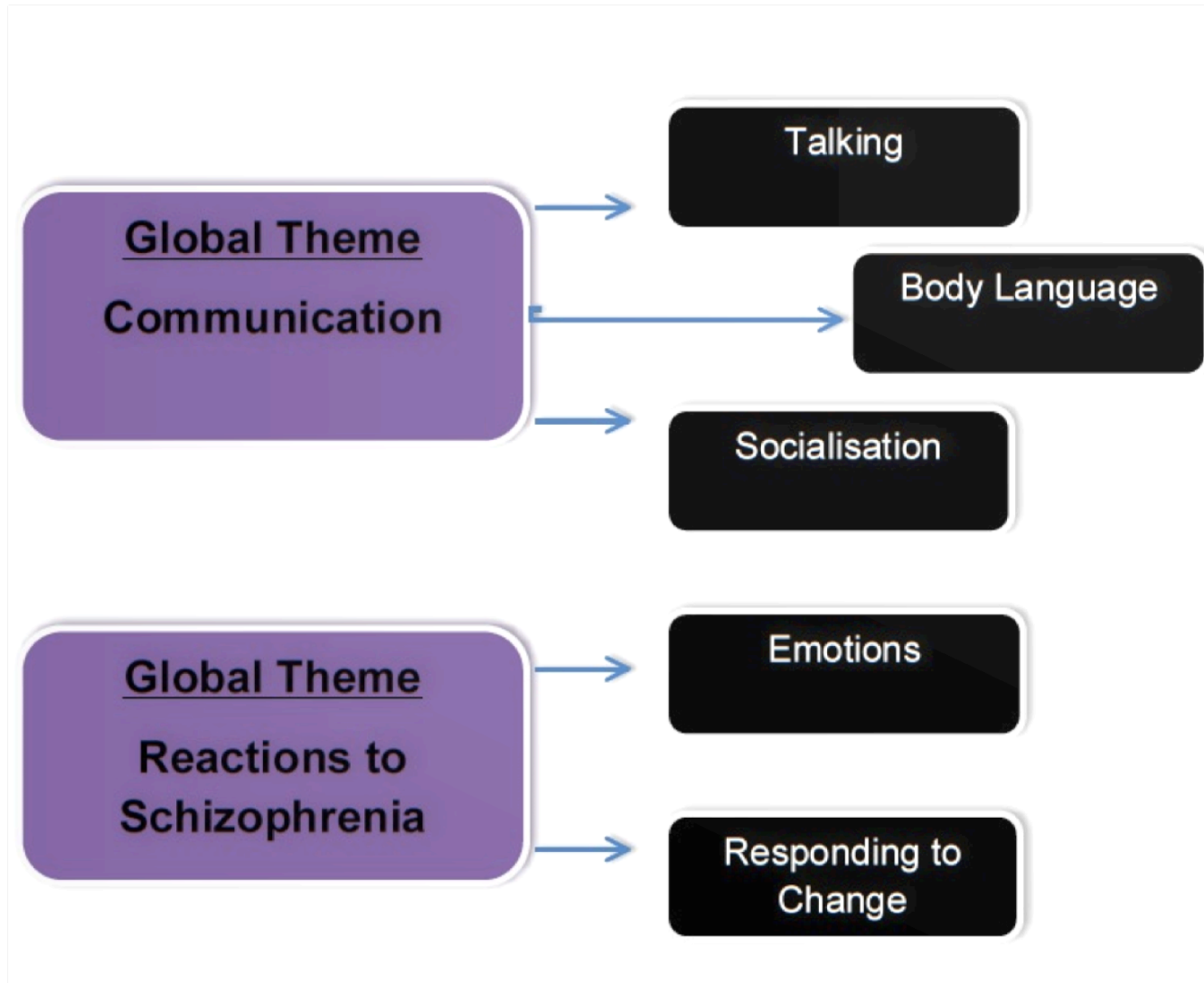
Thematic Content Analysis (Attride-Stirling, 2000)

Figure 2.1 Example of a Thematic Network



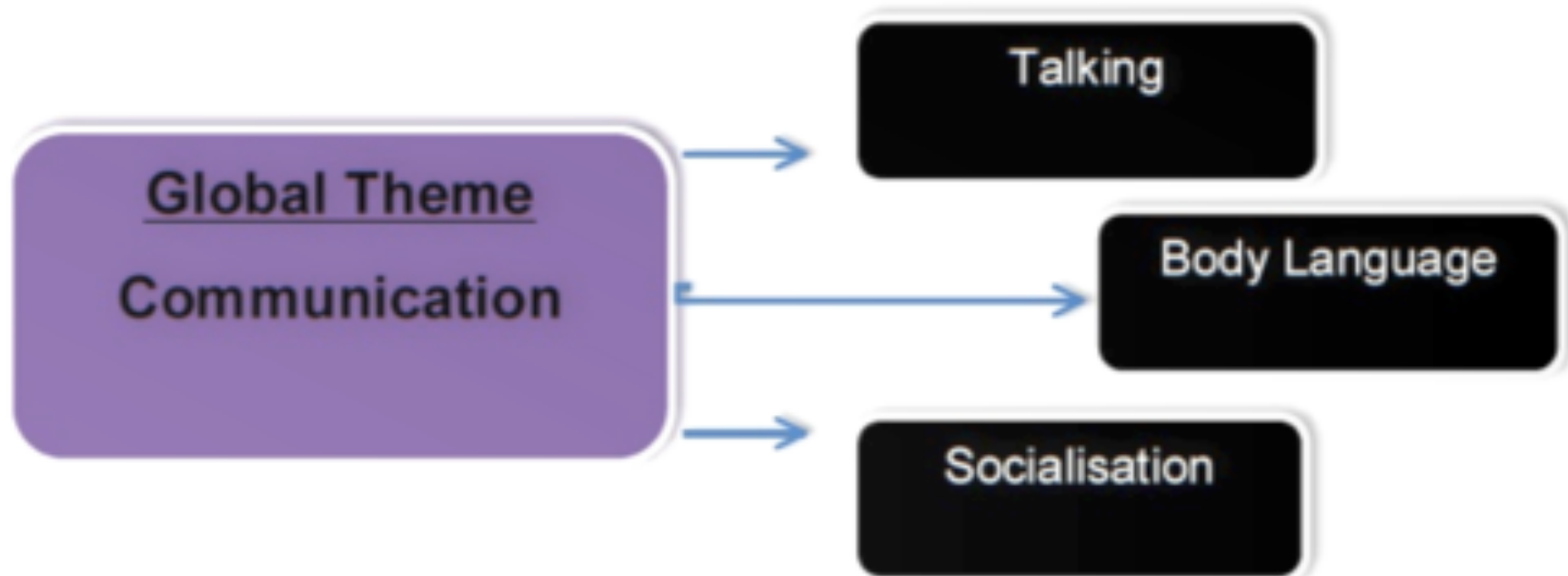


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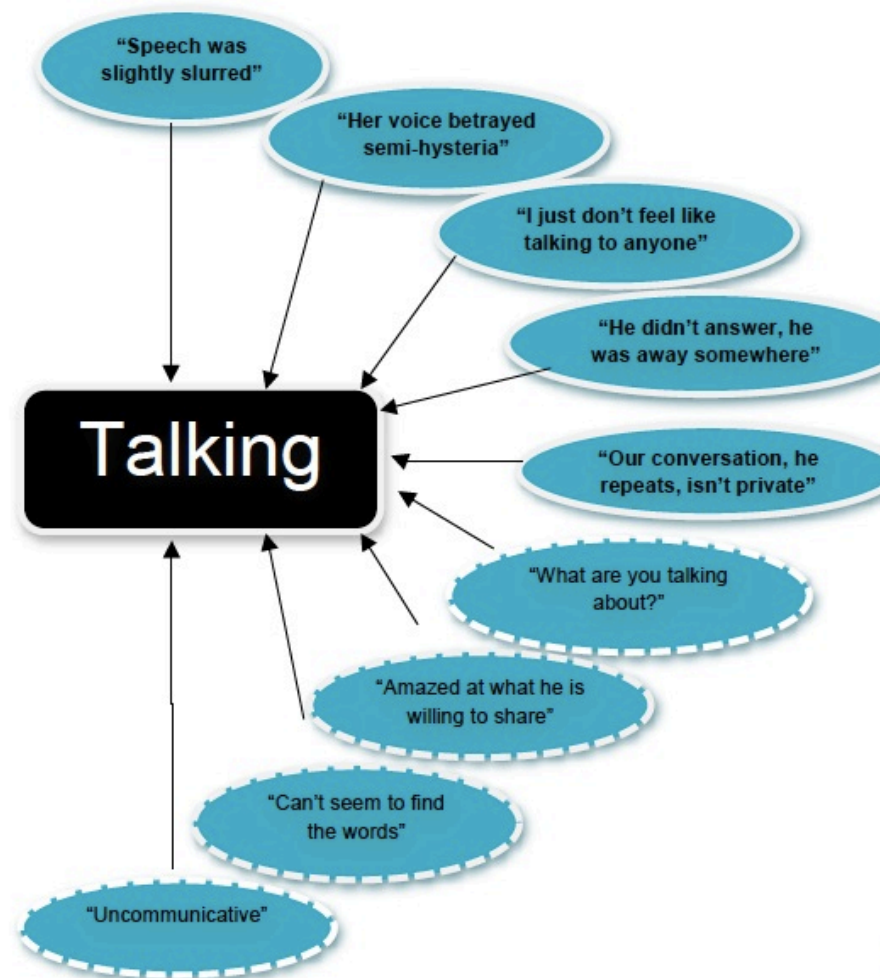


Global Theme1: Communication



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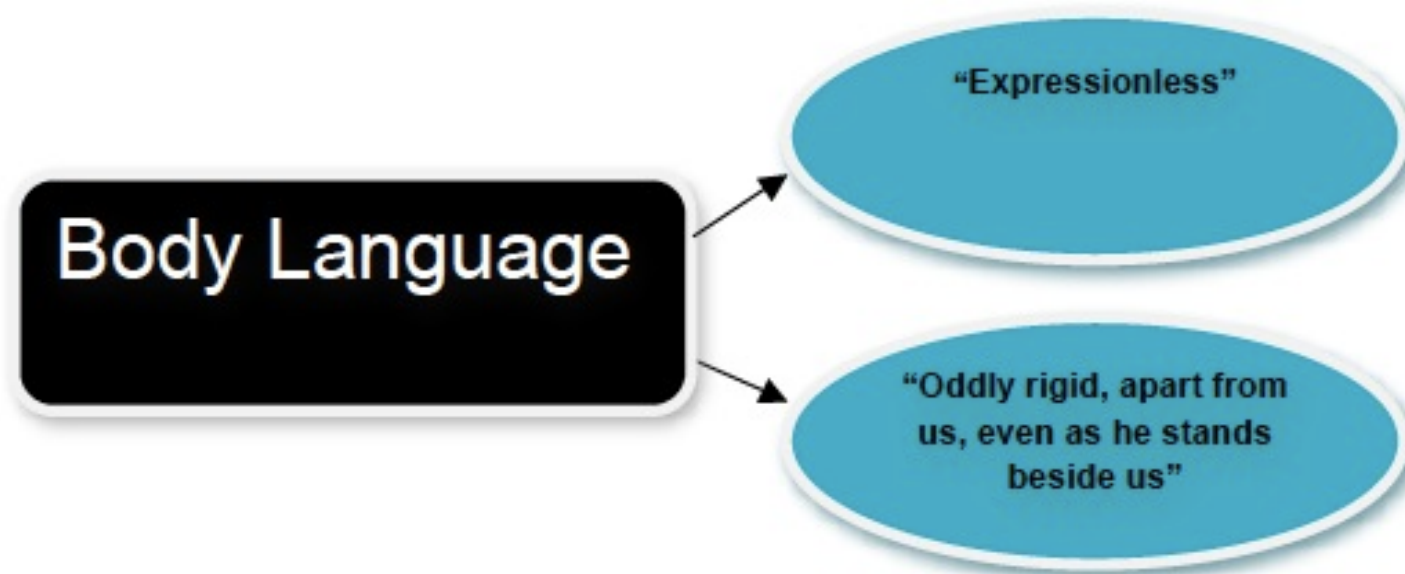
Figure 3.2: Organising Theme *Talking* depicted with contributing Basic Themes





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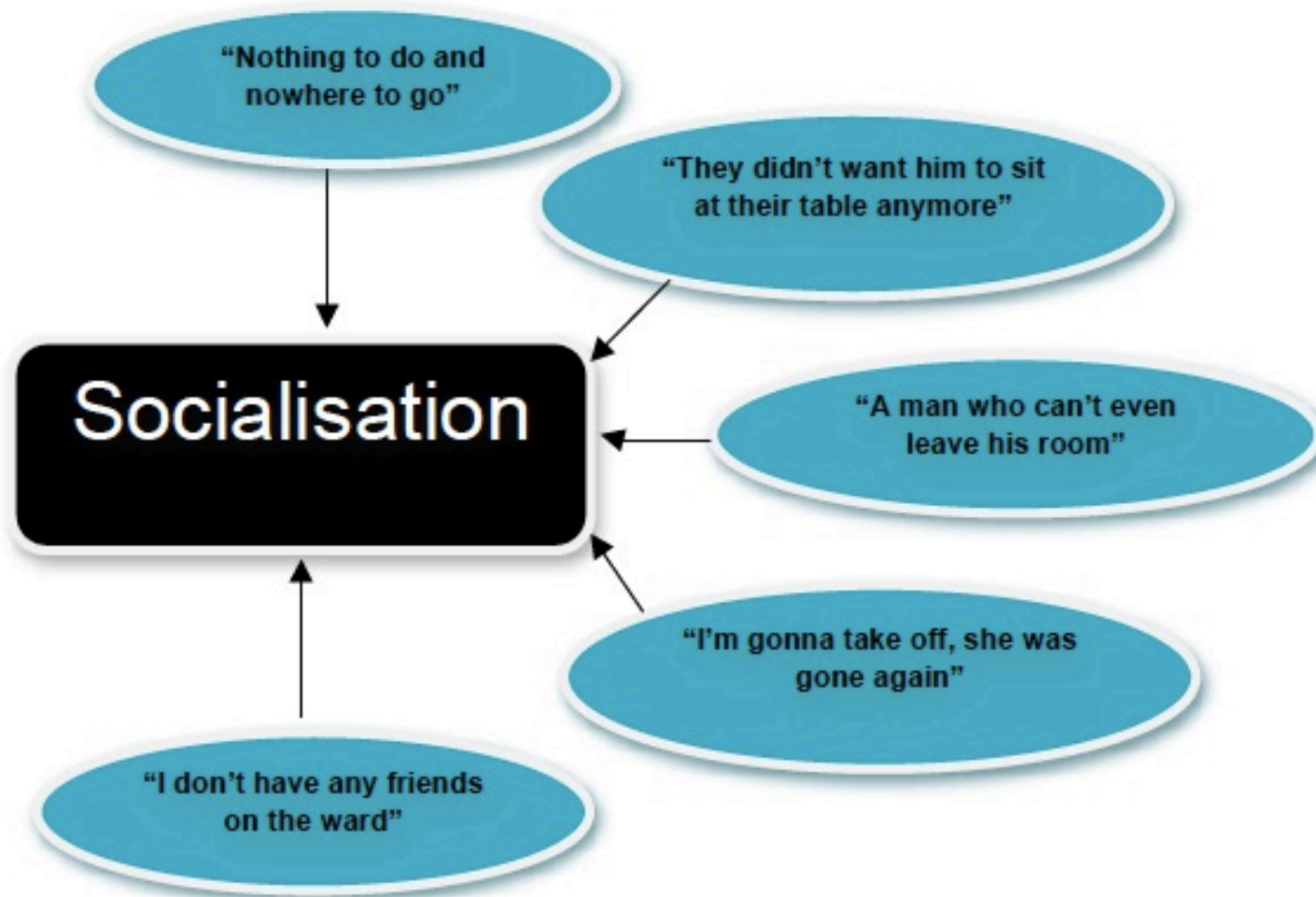
Figure 3.3 Organising Theme *Body language* and its Basic Themes.





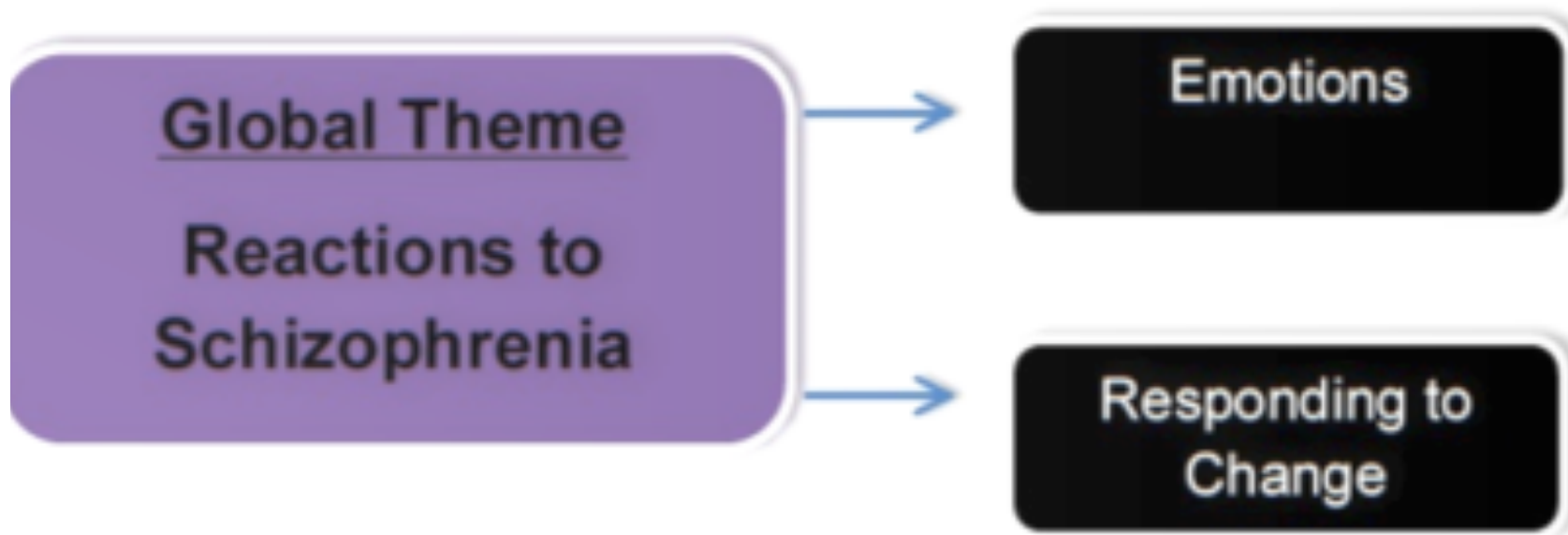
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Figure 3.4 Organising Theme *Socialisation* depicted with its Basic Themes





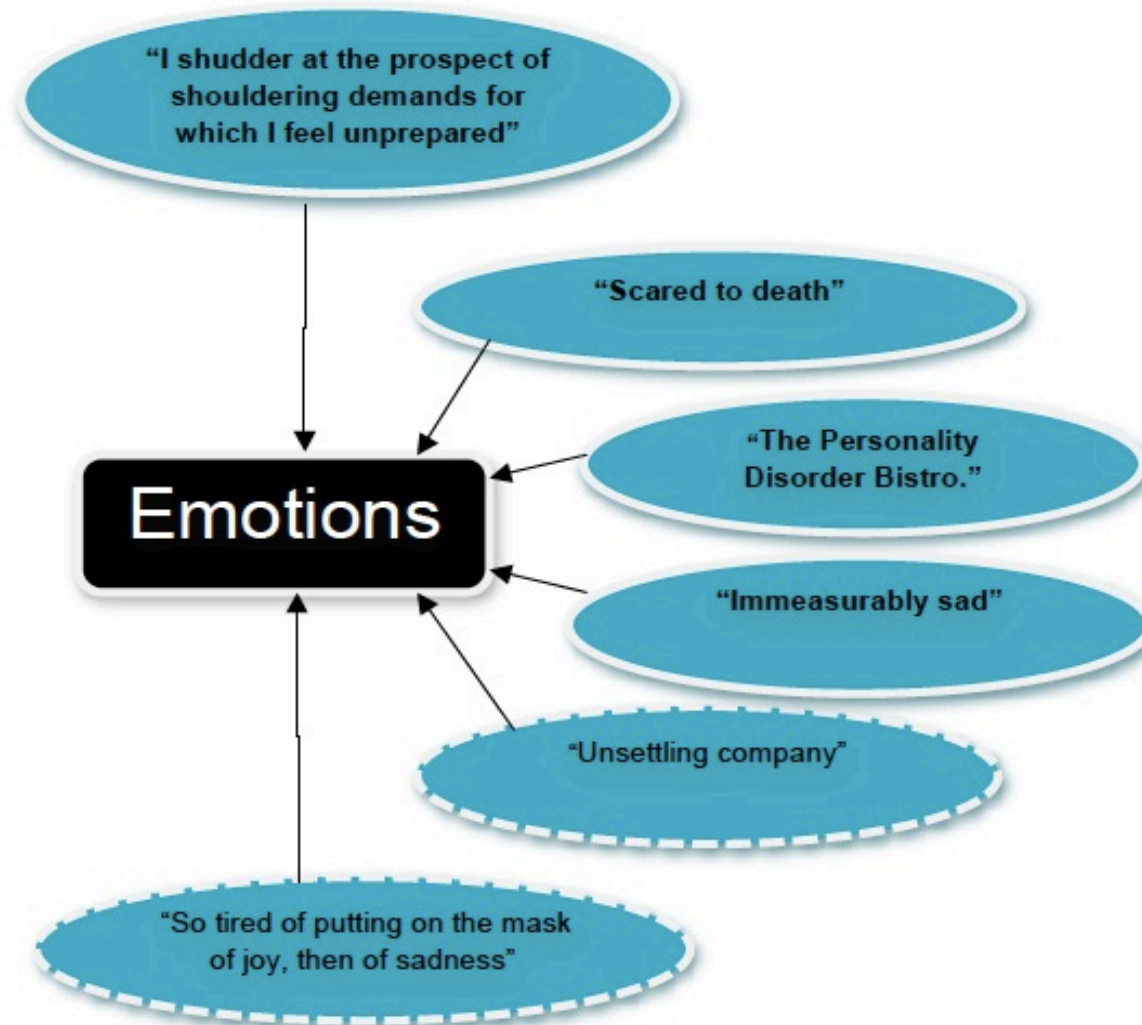
Global Theme 2: Reactions to Schizophrenia





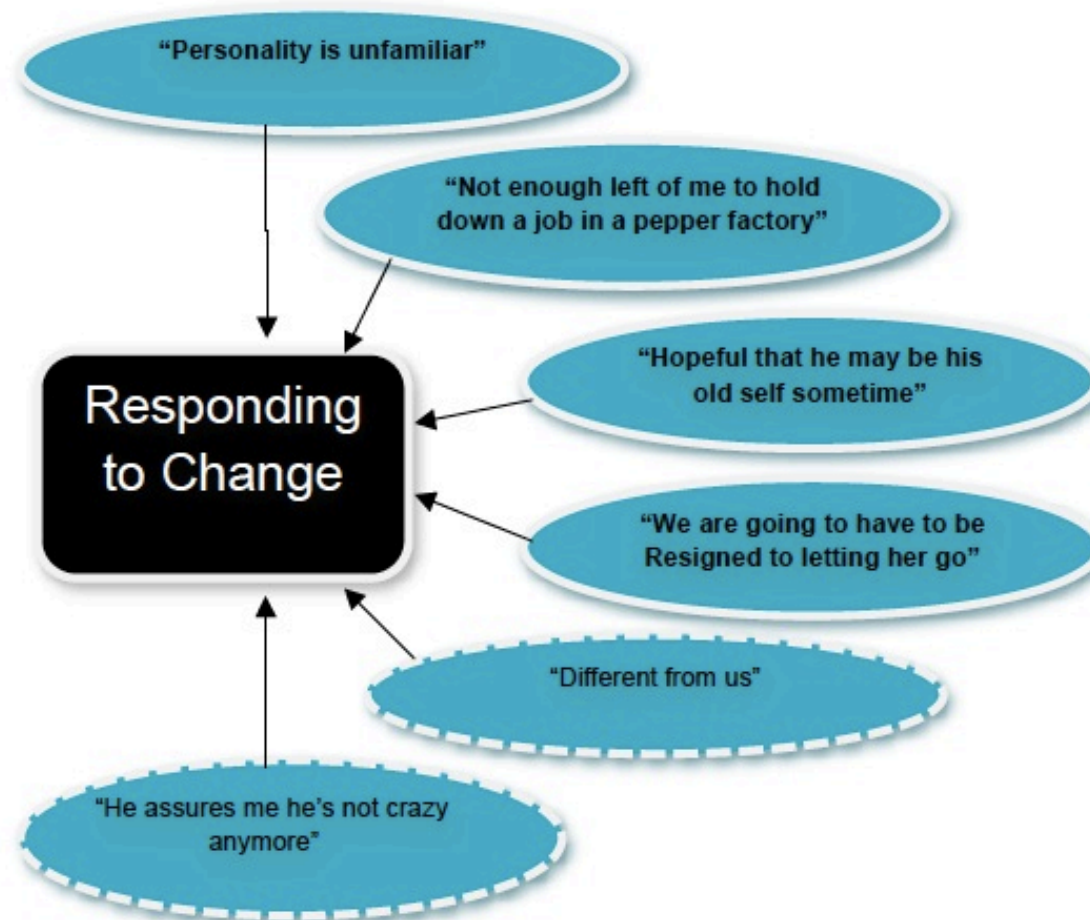
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Figure 3.5 Organising Theme *Emotions* and its Basic Themes



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Figure 3.6 Thematic network for the Organising Theme *Responding to Change* and corresponding Basic Themes.





Discussion

Exploring these biographies:

- Allowed the reader to get a glimpse of the sweeping “current” (Poole, 1999, p.6) that is schizophrenia, flooding into every corner of the lives of families, at times leaving only a *lost relative* in its wake.
- Reader is left with a very real and renewed appreciation of the difficulties inherent in communication in these contexts
- Through family members, we are invited into the everyday world of the challenges and obstacles the family face in trying to identify and communicate effectively with, their loved one.



Discussion

SLT & Mental Health Disorders

- Holistic management of people with schizophrenia reflected in multidisciplinary team involvement in the ‘recovery model’ :
“ Recovery includes the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness” (Anthony 1993)
- SLTs have unique role in contributing to the ‘recovery model’ in the management of language and communication difficulties of people with MHDs (e.g. France & Kramer, 2001; Brophy, 2009; Burns et al, 2013; Jagoe & Walsh, 2013;)
- Greater insight into the nature of two way communication in schizophrenia can enhance the provision of support for more effective, meaningful and realistic interventions



Conclusions I

1. Exploring accounts provides an important opportunity to put published biographies to work to aid in the education of family members and of those in training in MH settings on communication-related issues
2. More importantly, such accounts can engender a more compassionate understanding of how people with mental health disorders may struggle to communicate their meaning when acutely unwell



Conclusions II

3. Hearing the perspectives of families with regard to communication issues per se, would facilitate clinicians to develop a more client-centred approach to management for that specific person and family.

4. A compassionate understanding of the trials of communication in mental health disorders can serve to improve overall care in a discipline, such as psychiatry, where communication is core.



Final words

Oliver Sacks (1989, p. 8) describes how being “defective in language” might affect one’s life:

“To be defective in language for a human being, is one of the most desperate of calamities, for it is only through language that we enter fully into our human estate and culture, communicate freely with our fellows, acquire and share information. If we cannot do this, we will be... disabled and cut-off, whatever our desires, or endeavours or native capacities.”



Selected references

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- Brophy, J. (2009) *Working Alongside People with Schizophrenia: Directions for Speech & Language Practice*. (Unpublished Master's Thesis). Trinity College Dublin, Dublin.
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Other

- **A VISION FOR A RECOVERY MODEL
IN IRISH MENTAL HEALTH SERVICES
A Qualitative Analysis of Submissions
to the Mental Health Commission
Mental Health Commission (2007)**