ACTA MEDICA TRANSILVANICA December26(4):27-29
DOI: 10.2478/amtsb-2021-0066
Online ISSN 2285-7079

THE INTEGRATIVE TREATMENT OF SCHIZOPHRENIA IN A FORENSIC CONTEXT

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Keywords: *integrative delict-oriented treatment*

Abstract: *The Zurich psychiatrist E. Bleuler first introduced the term schizophrenia. He also pointed out the importance of the patient-doctor relationship and underlined the role of affectivity, division and turning away from reality for the psychopathology of patients suffering from schizophrenia. With this he created the cornerstone on which the integrative treatment of schizophrenia rests to this day. The complex integrative course of treatment of patients suffering from paranoid schizophrenia will be showed in a specific forensic context. In forensic treatment, the legal prognosis is of central importance. A reduction in the increased risk of recidivism for criminal offences can only be achieved if the patient's mental health is improved and stabilized.*

Diagnosis of schizophrenia

According to the International Classification of Diseases (ICD-10) system, schizophrenia is coded F20 and defined as follows: "The schizophrenic disorders are generally characterized by basic and characteristic distortions of thought and perception and by inappropriate or blunted affects. Clear consciousness and intellectual abilities are usually preserved, although certain cognitive deficits may develop over time. The main psychopathological phenomena include thought echo, thought insertion or withdrawal, thought transference, delusional perception and delusions of control, influence or passivity, hallucinatory voices commenting or discussing the patient in the third person, thought disorders and negative symptoms".(1)

However, an accurate diagnosis does not give a complete picture of the patient. Nor does it give an indication of the full treatment. An important part of integrative treatment is, among other things, "the search for the healthy elements in the sick person". A complete "cure for schizophrenia" is very rare, basically impossible with chronic illness. Helping people to live with it is and therefore remains part of the therapy".(2)

Pharmacotherapy

For the therapy of schizophrenic disorders, antipsychotics/neuroleptics have been of central importance for almost 60 years, due to their antipsychotic effect. They can be classified according to various aspects (chemical structure, neuroleptic potency, receptor profile). Today, a distinction is usually made between typical (traditional, classical, conventional) first-generation antipsychotics (FGA) and so-called atypical ("newer") second-generation antipsychotics (SGA).(3,4)

One distinguishing feature relates to adverse side effects. For a long time, the focus of adverse drug reactions (ADRs) was on extrapyramidal motor movement disorders (EPMS). Other side effects that can occur are: metabolic disturbances (weight gain, hyperlipidemia, diabetogenic effects), increased risk of mortality and cerebrovascular events in elderly patients with dementia; risk of agranulocytosis, sedation, prolactin elevation, hypercholesterolemia, orth. hypothonia, anticholinergic effects, and last but not least disturbance of sexual function, which is usually very distressing for the patient. Appropriate control examinations are necessary. In addition, the specific properties must be taken into account during administration.(5)

Historical digression

Eugen Bleuler was the first professor who opened himself to psychoanalysis and corresponded with Sigmund Freud about his dreams.

He was born in 1857 near Zurich to a peasant family. He completed his medical studies in Zurich. His career took him to Bern as an assistant physician and to the psychiatric university clinic Bürghölzli in Zurich with Professor Forel, and to Paris with Professor Charcot. He headed the Rheinau Psychiatric Clinic in the canton of Zurich and 12 years later the "Bürghölzli" in the city of Zurich. He was a full professor of psychiatry at the medical faculty of the University of Zurich.

His sister suffered from a psychiatric illness; she was hospitalized at the "Bürghölzli" for the first time in 1874. An event he never spoke about (only his son Manfred did later), but which may have played an important role in his professional career.(6)

E. Bleuler probably came across the word schizophrenia more or less by accident. Today, schizophrenia is not only understood as a purely pathological brain disorder. The path to "psychotherapeutic dialogue" with the patient, which Bleuler opened up for us, is still followed by modern integrative treatment.(7)

The concept of schizophrenia, as Bleuler conceived it, is one that has found its way into medicine, but also into everyday cultural life. Between the observable symptoms of mental disorder and a yet-to-be-discovered "material correlate of the same in the brain" there currently remains a space that is filled by language and makes integrative treatment

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Article received on 03.08.2021 and accepted for publication on 26.11.2021

imperative.(8)

In his work on schizophrenia (1911) Bleuler introduces several new concepts, four of which have lost none of their importance to this day and are embedded in integrative treatment: the 4 big A's: Ambivalence, Autism, Affectivity, and Association.(9)

Affectivity underlies "the disturbances of thought, attention, hallucinations, delusions and stereotypies of schizophrenia". Bleuler understands affectivity to mean not only emotions and moods (such as sadness or anger), but also matters of cognitive (e.g. attention) and instinctual order (e.g. drives). He sees emotional ambivalence as an "expression of a split" (schizophrenic, split soul). He understands autism as a "turning away from reality" in the sense of a withdrawal into a fantasy world (e.g. persecution mania as wish fulfilment), in which every external influence is perceived as a disturbance to which one reacts in some form (e.g. with negative symptoms). The "consciousness arises from associations".

Bleuler makes a paradigm shift from Kraepelin's dementia praecox to schizophrenia. This also led to a paradigm shift from "detached observation" of the sick person to inner compassion for the sick person and genuine communication with him, with a relevance that continues today. This relevance is reflected today in integrative, interdisciplinary treatment.(9,10)

The integrative approach in the forensic context

The integrative approach to the treatment of schizophrenic disorder is also practiced in forensic psychiatry. This approach includes a multimodal, forensically specialized treatment programme consisting of psychiatric and psychotherapeutic individual and group treatment, socio- and milieu therapy, ergo therapy, art therapy, occupational therapy, movement and sports therapy as well as social service counselling and support. It serves to maintain, promote and consolidate the patient's own resources.(11)

The special goal in forensic, delict-oriented treatment is to reduce the risk of recidivism on the one hand and Support reintegration into society on the other. The type of therapy is individually tailored to the patient.

In forensic treatment, the legal prognosis is of central importance. An improvement in the legal prognosis and a reduction in the increased risk of recidivism for criminal offences can only be achieved if the patient's mental health and psychosocial level of functioning can be improved and stabilized. Without pharmacological and psychotherapeutic accompaniment, psychosocial integration and comprehensive support as well as external control, there is an increased risk of recidivism.

The diagnosis of paranoid schizophrenia poses a risk.

Furthermore, the integrative treatment approach includes reports on the respective specialized therapies applied to a person suffering from schizophrenia who has committed an offence as a result.

In sports therapy, a patient usually participates several times a week. The contact with other patients is important if he is able to form groups and show empathy towards his fellow patients. In addition, this form of therapy promotes the willingness to compromise, to abide by rules and instructions, and the ability to discuss and criticize. In the process, a patient can take on more responsibility for the group by taking over the organization of an entire sports lesson. In addition, the focus is on topics such as improving endurance and social skills.

Occupational therapy, occupational therapy and art therapy can be applied in group or individual settings. The motivation to do so plays a big role. Careful handling of tools is important and must be observed by the therapists.

Strengthening new prosocial experiences, building new interests, a benevolent relationship building and the development of functional coping strategies through distraction by means of artistic methods are in the foreground. This enables the patient to experience his or her own competencies and to feel inner peace and serenity in connection with creativity or productivity.

Emotional introspection skills in relation to difficult situations and the development of functional coping strategies remain relevant to the therapy process.

The milieu therapy includes accompanied shopping, visits to cultural sights (museums, churches), and walks. It is important to be able to make arrangements and to keep to the given time frame. Dealing with fellow patients, training social skills and learning conflict resolution strategies are further aspects of this form of intervention.

Social services, which tend to become very active at the end of the treatment period, have the following goals: Helping patients develop their own life goals. Good social support. Network discussions with as many important professional and private confidants as possible. Drawing up an individual crisis plan with this network for dealing with any psychotic symptoms that may occur, in order to provide the best possible support and to avoid a possible relapse. Establishing further contacts, organizing participation in self-help groups and, for example, preparing living wills.

The antipsychotic effect of neuroleptics calms patients so that psychotherapy with them becomes possible.(12) In psychotherapy, the focus is not only on establishing a sustainable therapeutic relationship, but also on establishing an individual disorder model. Openness and active participation are to be encouraged. A disturbance model is to be developed. Psychoeducational work is done with the patient on an understanding of the illness, which is to show the connection between his mental illness and delinquency.

Reaching a deeper understanding of the illness is important so that strategies for preventing delinquency can be developed.

For its part, the psychotherapeutic treatment can follow a multimodal approach with analytical, systemic and behavioural therapy as well as risk-oriented components. The individual discussions include the development of an individual disorder concept against the background of the patient's life history as well as delict-oriented work.

The goals are: the analysis of the underlying psychopathological symptoms, the analysis of the personality structure, the analysis of relationship patterns, the analysis of conflicts and conflict behaviour, the derivation and establishment of functional and resource-oriented coping strategies, the development of an understanding of the dynamics of the specific trigger and risk factors that have contributed to the progression of the disorder and to delinquent behaviour.

The basic problem is getting involved in a world of relationships and feelings that at first seems threatening. Old pathological but ultimately helpful behaviour patterns are automatically activated as a defence. Because of the illness, this can only be attempted again and again very carefully. The danger of psychotic decompensation is great. Cultural, socialization-related and possibly class-related barriers sometimes open up and often cause speechlessness. It takes a lot of time to enter into a real offender-oriented psychotherapeutic process, which is necessary to improve the legal prognosis.

Conclusions:

The following goals can be pursued in forensic integrative treatment: Based on the preconditions that the patient brings with him, one goal of the treatment will always be the consolidation of the therapeutic alliance as a basis for further success of the treatment. Dealing with the offence on an

emotional, behavioural and thought level will be important. The goal is to understand what happened and a correction in behaviour and experience as well. Making a person aware of a certain risk should not be understood as a kind of criticism, but as an opportunity to move away from dangerous behaviour in the long run.

Another goal is to address the issue of victim empathy. Last but not least, it would also be important for the patient to understand the necessity of being jointly responsible for the safety of his fellow human beings. Drug treatment and maintaining medication compliance remain other important crime prevention goals.

In summary, it can be said that the aspects Eugen Bleuler addressed at the time are still relevant today. These include:

- the relationship between organic brain changes and psychopathological symptoms
- the relationship between psychiatry and its neighbouring disciplines, in particular neurobiology.(13)
- the relationship between practitioner and patient through direct and deep communication

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