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## Therapeutic Communication in Schizophrenic Patients: A Systematic Literature Review

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### ABSTRACT

**Introduction:** Schizophrenia is a complex mental disorder that affects an individual's thoughts, perceptions, and behaviors. Therapeutic communication in schizophrenic patients refers to the communication approach used by health professionals or therapists to interact with schizophrenic patients with the aim of assisting them in recovery and improving their quality of life. This study aimed to explore forms of therapeutic communication that could be used to improve improvements in schizophrenia patients. **Methods:** The literature search process was carried out on various databases (PubMed, Web of Sciences, EMBASE, Cochrane Libraries, and Google Scholar) regarding therapeutic communication and schizophrenia. The search was performed using the terms "therapeutic communication" OR "psychoeducation" OR "psychotherapy" AND "schizophrenia". **Results:** Among all studies included in the review, there were three qualitative studies and one observational study. In addition, the study did not provide information on whether there were deviations from the intervention data, bias in measuring outcomes, and bias in the selection of reported outcomes. **Conclusion:** Therapeutic communication can be adapted to the individual needs of schizophrenic patients. To build a strong therapeutic alliance, open conversation, trust, and respect play a fundamental role, with the ultimate goal of building a partnership to optimize patient outcomes.

### 1. Introduction

Schizophrenia is a serious mental disorder that affects a person's thoughts, perceptions, and behavior. Symptoms can range from positive symptoms, such as hallucinations and delusions, to negative symptoms, such as decreased ability to speak and interact socially.<sup>1,2</sup> People with schizophrenia also often experience cognitive disorders, such as difficulties with memory, attention, and problem-solving. Although the exact causes are not fully understood, the understanding of schizophrenia is growing through research and clinical experience.<sup>3</sup>

According to data from the World Health Organization (WHO), in 2019, there were 21 million people affected by schizophrenia. An epidemiological study in 2018 stated that the estimated prevalence of

schizophrenia in Indonesia is 0.3-1% and usually occurs at the age of 18-45 years.<sup>4</sup> Another study noted that 57,000 people were diagnosed with mental disorders, and as many as 18,800 people in Indonesia were shackled and experienced neglect from their families.<sup>4,5</sup>

Management of schizophrenia involves a combination of pharmacological approaches and psychosocial therapy. Antipsychotic drugs are used to reduce psychotic symptoms such as hallucinations and delusions. However, it is important to note that the response to medication can vary between individuals, and some side effects may occur. Apart from medication, psychosocial therapy is also important in managing schizophrenia. Cognitive

behavioral therapy assists patients in developing problem-solving skills, understanding and changing unhealthy thought patterns, and increasing social interactions. Social support therapy also plays an important role in providing emotional and practical support for individuals with schizophrenia.<sup>7,8</sup> Education and understanding of schizophrenia are very important to overcome the stigma and discrimination experienced by individuals with this disorder. In addition, family and community support also play an important role in ensuring individuals with schizophrenia receive adequate care and get the support they need. An inclusive environment and removing stigma can help patients feel more accepted and involved in society.<sup>9</sup>

Therapeutic communication is a form of psychoeducation for schizophrenia. Therapeutic communication in schizophrenic patients refers to the communication approach used by health workers or therapists to interact with schizophrenic patients with the aim of assisting them in their recovery and improving their quality of life.<sup>10</sup> This study aimed to explore forms of therapeutic communication that can

be used to enhance improvement in schizophrenic patients.

## 2. Methods

The literature search process was carried out on various databases (PubMed, Web of Sciences, EMBASE, Cochrane Libraries, and Google Scholar) regarding therapeutic communication and schizophrenia. The search was performed using the terms: (1) "therapeutic communication" OR "psychoeducation" OR "psychotherapy" AND (2) "schizophrenia". The literature is limited to clinical studies and published in English. The literature selection criteria are articles published in the form of original articles, an observational study about therapeutic communications on schizophrenia, studies conducted in a timeframe from 2000-2023, and the main outcome was improvements in clinical symptoms of schizophrenia. Meanwhile, the exclusion criteria were studies that were not related to schizophrenia, the absence of a control group, and duplication of publications. This study follows the preferred reporting items for systematic reviews and meta-analysis (PRISMA) recommendations (Figure 1).

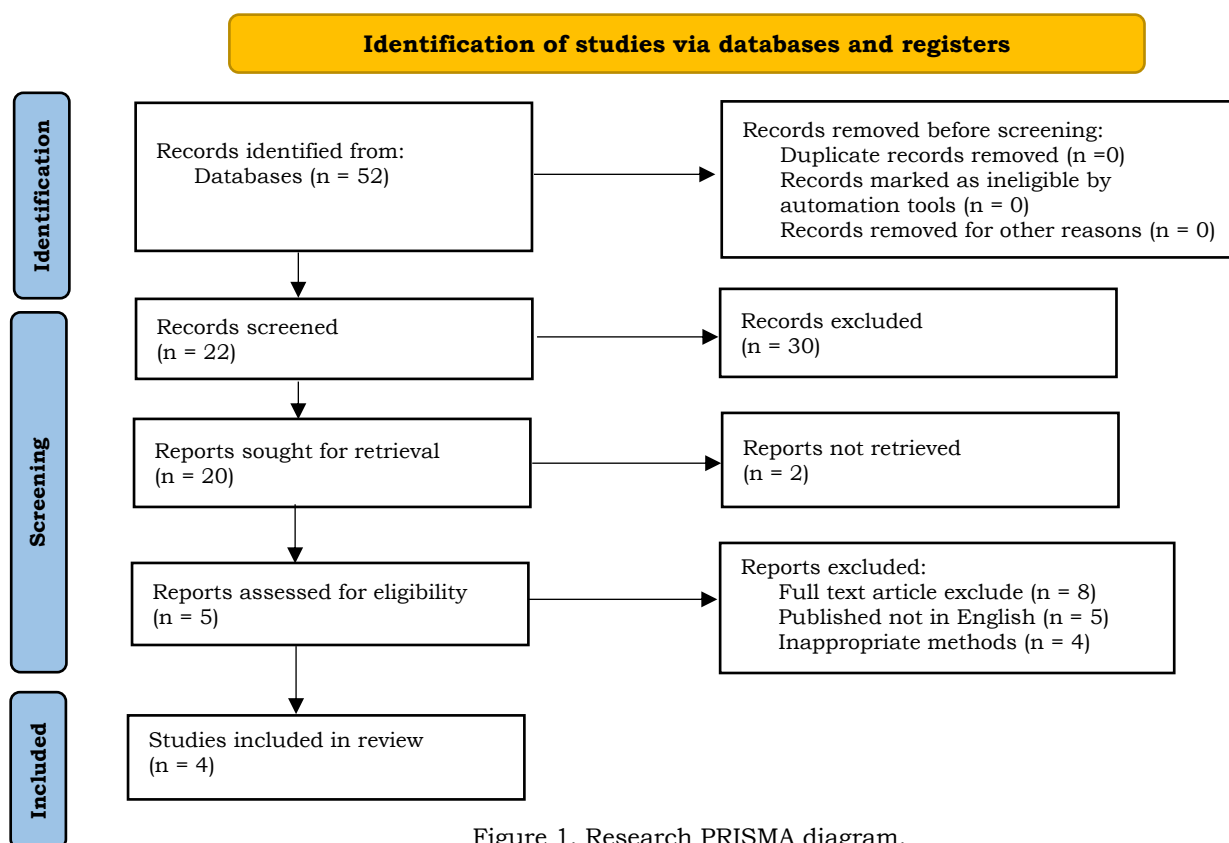


Figure 1. Research PRISMA diagram.

### 3. Results

Among all studies included in the review, there were three qualitative studies<sup>11-13</sup> and one quantitative study<sup>14</sup> (Table 1). In addition, the study did not provide

information on whether there were deviations from the intervention data, bias in measuring outcomes, and bias in the selection of reported outcomes.

Table 1. Characteristics of included studies.

Authors	Assessment methods	Results
Siregar et al. <sup>11</sup>	The adapted treatment process in 5 sessions.	Effective therapeutic communication techniques were building trust, troubleshooting with constructive coping, and giving appreciation.
Donner et al. <sup>12</sup>	Qualitative research was synthesized with Fredriksson's theory of caring conversations.	Compassion and willingness to engage, and preparedness to remain in the uncertainty of not knowing were effective in improving clinical symptoms.
Haman et al. <sup>13</sup>	Focus group discussion and content analysis.	Open and honest therapist emphasizing being active in consultation.
Johansen et al. <sup>14</sup>	Positive and negative syndrome scale (PANSS) and Working alliance inventory-short form (WAI-S).	The working alliance was associated with specific demographic and symptom characteristics.

### 4. Discussion

Therapeutic communication in schizophrenic patients refers to the communication approach used by health workers or therapists to interact with schizophrenic patients with the aim of assisting them in their recovery and improving their quality of life.<sup>15</sup> To build a strong therapeutic alliance, open conversation, trust, and respect play a fundamental role, with the ultimate goal of building a partnership to optimize patient outcomes. The study by Johansen et al. states that strong therapeutic alliances have been shown to correlate with positive patient outcomes, especially symptom severity, hospitalization, drop-out rate from psychosocial treatment, and treatment adherence.<sup>14</sup>

The study conducted by Siregar et al. states that therapeutic communication will be effective if it is based on the principle of trust, overcomes problems with constructive coping, and gives appreciation to schizophrenic patients.<sup>11</sup> It is important to form a trusting and empathetic relationship with a

schizophrenic patient. Research conducted by Donner et al. stated that building empathy can be done by listening attentively, showing concern, and respecting their feelings and experiences.<sup>12</sup>

Poor insight is one of the symptoms of schizophrenia and can make it difficult to establish therapeutic communication between patient and therapist.<sup>16</sup> Disturbed insight hinders therapeutic relationships because there is a negative effect on social interaction and the patient's poor perception of the actions of those around them. A study by Haman et al. found psychoeducation and therapeutic communication to be one of the most consistently effective treatment modalities, with a 50% reduction in relapse rates compared to no psychoeducation.<sup>13</sup> Eye contact can strengthen engagement and show interest in the patient. This can help build a better relationship and improve understanding of communication between therapist and patient.<sup>17</sup>

Clear communication structures can help schizophrenic patients understand and follow

conversations. The use of open questions, short and simple sentences can help improve rapport between therapist and patient. Open discussion of the need for pharmacological treatment is fundamental and should always be initiated as early as possible. Discussions around drug choices can be influenced by the poor insight of schizophrenics, especially during the acute phase, so the therapeutic alliance with the patient's family must be considered. Reflection techniques can be used in a way that involves repeating and validating the feelings or experiences expressed by the patient. This helps strengthen relationships and helps patients feel heard and understood.<sup>18,19</sup>

Every schizophrenic patient has different needs and preferences, so it is important to adapt the therapeutic communication approach according to the patient's individual needs. Therapists or health workers who are experienced in treating schizophrenic patients can provide more detailed and specific guidance in therapeutic communication. Previous studies have shown that having a family member or caregiver who provides informal support is associated with better medication adherence.<sup>19,20</sup>

## 5. Conclusion

Therapeutic communication can be adapted to the individual needs of schizophrenic patients. To build a strong therapeutic alliance, open conversation, trust, and respect play a fundamental role, with the ultimate goal of building a partnership to optimize patient outcomes.

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