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ΜΕΛΕΤΗ ΠΕΡΙΠΤΩΣΗΣ

Διερεύνηση της πρόθεσης ευάλωτων κοινοτήτων να αναζητήσουν Πρωτοβάθμια Φροντίδα Υγείας και του ρόλου των Κοινοτικών Νοσηλευτών

Χαϊτίδου Αλεξάνδρα[1], Αργυριάδη Αγάθη[2], Κοτρώτσιου Στυλιανή[3], Αργυριάδης Αλέξανδρος[4]

1. *Νοσηλεύτρια, MSc, Πανεπιστήμιο Frederick, Κύπρος*
2. *Λέκτορας Ψυχολογίας, Πανεπιστήμιο Frederick, Κύπρος*
3. *Επίκουρη Καθηγήτρια, Πανεπιστήμιο Θεσσαλίας*
4. *Επίκουρος Καθηγητής, Πανεπιστήμιο Frederick, Κύπρος*

ΠΕΡΙΛΗΨΗ

Εισαγωγή: Οι ευάλωτες κοινότητες αντιμετωπίζουν συχνά εμπόδια στην πρόσβαση στις υπηρεσίες πρωτοβάθμιας φροντίδας υγείας, γεγονός που μπορεί να οδηγήσει σε ανισότητες στην έκβαση ζητημάτων υγείας. Η πρόσφατη έρευνα επίσης, επισημαίνει το γεγονός ότι πολλοί εξ αυτών δεν αναζητούν πρωτοβάθμια υποστήριξη υγείας για μια σειρά λόγων. Οι κοινοτικοί νοσηλευτές ωστόσο, διαδραματίζουν ζωτικό ρόλο στη γεφύρωση αυτού του χάσματος παρέχοντας ουσιαστική υποστήριξη υγειονομικής περίθαλψης και ενισχύοντας την εμπιστοσύνη σε αυτές τις κοινότητες.

Σκοπός: Η παρούσα μελέτη επιδιώκει να διερευνήσει τους παράγοντες που επηρεάζουν την πρόθεση των ευάλωτων κοινοτήτων να αναζητήσουν υποστήριξη πρωτοβάθμιας φροντίδας υγείας και να εξετάσει το ρόλο των κοινοτικών νοσηλευτών στην προώθηση της πρόσβασης και της χρήσης των υπηρεσιών υγειονομικής περίθαλψης.

Μέθοδος: Η μέθοδος της μελέτης περίπτωσης χρησιμοποιήθηκε για τη συγκέντρωση δεδομένων σχετικά με τις εμπειρίες των ευάλωτων κοινοτήτων αλλά και την σχέση τους με τις κοινοτικές υπηρεσίες υγείας. Ο συμμετέχων ήταν ένας νεαρός άνδρας με προβλήματα ψυχικής υγείας, από την Ελλάδα.

Αποτελέσματα: Τα αποτελέσματα αυτής της μελέτης έδειξαν ότι πολλοί άνθρωποι που χαρακτηρίζονται από ευαλωτότητα, όπως εκείνοι με χαμηλό εισόδημα, ψυχικές ασθένειες ή χρόνιες παθήσεις, διστάζουν να αναζητήσουν πρωτοβάθμια φροντίδα υγείας. Η μελέτη διαπίστωσε ότι αυτά τα άτομα αντιμετωπίζουν συχνά εμπόδια στην πρόσβαση στην υγειονομική περίθαλψη, όπως έλλειψη μεταφοράς, φροντίδας ή ασφάλισης υγείας. Μπορεί επίσης να αισθάνονται στιγματισμένοι από τους παρόχους υγειονομικής περίθαλψης. Ως αποτέλεσμα, μπορεί να καθυστερήσουν ή να αποφύγουν να αναζητήσουν φροντίδα εντελώς, κάτι που μπορεί να οδηγήσει σε επιδείνωση των προβλημάτων υγείας τους.

Συμπεράσματα: Τα ευρήματα υπογραμμίζουν τον κρίσιμο ρόλο των κοινοτικών νοσηλευτών στην αντιμετώπιση της πρόθεσης των ευάλωτων κοινοτήτων να αναζητήσουν υποστήριξη πρωτοβάθμιας φροντίδας υγείας. Αντιμετωπίζοντας τα εμπόδια και εγκαθιδρύοντας εμπιστοσύνη, οι νοσηλευτές συμβάλλουν στη βελτίωση της πρόσβασης και της δέσμευσης στην υγειονομική περίθαλψη στην κοινότητα. Η ενισχυμένη συνεργασία μεταξύ των παρόχων υγειονομικής περίθαλψης και των κοινοτικών νοσηλευτών μπορεί να οδηγήσει σε πιο αποτελεσματικές παρεμβάσεις που καλύπτουν τις μοναδικές ανάγκες των ευάλωτων κοινοτήτων.

Λέξεις Κλειδιά: Ευάλωτες κοινότητες, πρωτοβάθμια φροντίδα υγείας, κοινοτικοί νοσηλευτές, πρόθεση αναζήτησης υγειονομικής περίθαλψης, πρόσβαση στην υγειονομική περίθαλψη.

Υπεύθυνος αλληλογραφίας: *Αργυριάδης Αλέξανδρος, Γιάννη Φρειδερίκου 7, Κύπρος, E-mail: hsc.arg@frederick.ac.cy*

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CASE STUDY

Exploring the intention of vulnerable communities to seek Primary Healthcare Support and the role of Community Nurses

Chaitidou Alexandra[1], Argyriadi Agathi[2], Kotrotsiou Stiliani[3], Argyriadis Alexandros[4]

1. *RN, MSc, Frederick University, Cyprus*
2. *Lecturer in Psychology, Frederick University, Cyprus*
3. *Assistant Professor, University of Thessaly*
4. *Assistant Professor, Frederick University, Cyprus*

ABSTRACT

Introduction: Vulnerable communities often face barriers to accessing primary healthcare services, which can lead to

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disparities in health outcomes. Recent research also highlights the fact that many of them do not seek Primary Healthcare Support for several reasons. Community nurses play a vital role in bridging this gap by providing essential healthcare support and fostering trust within these communities.
Aim: This research seeks to investigate the factors influencing the intention of vulnerable communities to seek primary healthcare support and to examine the role of community nurses in promoting healthcare access and utilization.
Method: The case study method was employed to gather comprehensive insights into the experiences of vulnerable communities and the contributions of community nurses. The participant was a young man with mental health challenge, from Greece.
Results: The results of this study showed that many people who are characterized by vulnerability, such as those with low income, mental illness, or chronic health conditions, hesitate to seek primary healthcare. The study found that these individuals often face barriers to accessing healthcare, such as lack of transportation, child care, or health insurance. They may also feel stigmatized or judged by healthcare providers. As a result, they may delay or avoid seeking care altogether, which can lead to their health problems worsening.
Conclusions: The findings underscore the critical role of community nurses in addressing the intention of vulnerable communities to seek primary healthcare support. By addressing barriers and establishing trust, community nurses contribute to improved healthcare access and engagement. Enhanced collaboration between healthcare providers and community nurses can lead to more effective interventions that cater to the unique needs of vulnerable communities.

Keywords: Vulnerable communities, primary healthcare, community nurses, healthcare-seeking intentions, healthcare access.

Corresponding Author: *Alexandros Argyriadis, 7 Yianni Frederickou, Nicosia, Cyprus. E-mail: hsc.arg@frederick.ac.cy*

INTRODUCTION

The modern scientific research regarding the activation of vulnerable groups in their therapeutic intervention presents insufficient mobilization by the patients themselves and the need for guidance from healthcare professionals. Contemporary research indeed focuses on the fact that when seeking support in relation to mental health professionals, hesitation prevails mainly due to social stereotypes[1,2]. At the same time, it is apparent that psychological and social support constitutes the fundamental health need for individuals and their families falling within the spectrum of vulnerable groups. Community nursing is an area that contributes significantly on an international basis in this direction, covering holistic needs of vulnerable communities. However, the employment conditions of nursing, especially staff, as well as a series of social parameters, greatly limit the possibility of dedicating the necessary time for such endeavors[3].

Especially in the case of individuals with mental disorders, the significance of initiating psychotherapy to address and improve a distressing condition has preoccupied the scientific community extensively, especially in recent years where the notion of social stigma is implicated in this particular field. Recent studies engage with the therapeutic relationship within the systemic psychotherapy approach, utilizing both quantitative and qualitative methods, and focusing on diverse dimensions, such as the

alliance developed between the patient and therapist[4].

Certain studies have centered on therapeutic alliance as well as the importance of certain therapist qualities, such as empathy, acceptance, and authenticity on one hand, and the patient's attributes, such as the quality of their interpersonal relationships and expectations on the other. Hence, it is intriguing to clarify the parameters of the therapeutic relationship that patients deem more significant and supportive[1,5].

In Greece, it is observed that in most studies, scientists focus on the contribution of psychotherapy in addressing problems of pathological causes, perhaps because data in a pathological condition such as diabetes, respiratory problems, or hypertension can be more measurable. Likely, stigma may constitute the most significant factor that acts restrictively on an individual's or a family's intention to pursue a series of psychotherapies, regardless of their need[6].

Despite the growing recognition of the importance of community nursing and its role in supporting vulnerable populations, there are still several gaps in the existing literature that warrant further exploration in the context of engaging vulnerable groups and their participation in psychotherapeutic interventions. While community nursing is acknowledged as a vital element in healthcare delivery, there is a scarcity of studies specifically investigating the role of community nurses in facilitating the engagement of vulnerable groups in psychotherapeutic interventions. Existing research tends to overlook the nuanced contributions, challenges, and strategies employed by community nurses in promoting and sustaining participation among these populations[6].

The literature often lacks a comprehensive understanding of the intent and motivations behind vulnerable groups' participation in psychotherapeutic interventions facilitated by community nurses. Exploring the factors influencing their decision to engage or disengage from such interventions is crucial for tailoring effective strategies that cater to the unique needs of these groups[7]. While studies may touch upon barriers faced by vulnerable populations in accessing psychotherapeutic interventions, there is a need for more in-depth exploration of the multifaceted obstacles that hinder their active engagement. Identifying these barriers can provide insights into designing interventions that address specific challenges and enhance participation rates[8].

Many studies tend to focus on short-term outcomes of psychotherapeutic interventions among vulnerable groups. There is a gap in research that investigates the long-term impact of such interventions facilitated by community nurses on the overall well-being,

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mental health, and quality of life of participants. Moreover, sustainability strategies to ensure continued engagement and positive outcomes warrant further examination[9,10].

The role of community nurses in delivering psychotherapeutic interventions to diverse and culturally sensitive populations requires more attention. Research should delve into how community nurses can adapt their approaches to accommodate varying cultural beliefs, languages, and communication styles, ultimately enhancing the effectiveness of interventions[11].

Collaborative models involving various stakeholders, including community nurses, mental health professionals, social workers, and policymakers, can greatly influence the engagement of vulnerable groups in psychotherapeutic interventions. However, limited research explores the dynamics and effectiveness of such collaborative efforts and their role in enhancing participation[10,12].

With the advancement of technology, there is a gap in exploring how community nurses can leverage digital platforms and innovative tools to engage and support vulnerable groups in psychotherapeutic interventions. Investigating the feasibility and impact of technology-assisted interventions is essential in today's digital age[13,14].

Addressing these research gaps can contribute to a more comprehensive understanding of the intent of engaging vulnerable groups in psychotherapeutic interventions and the pivotal role that community nurses play in facilitating their participation. Such insights can inform the development of tailored strategies and interventions that promote holistic well-being and mental health within these populations.

MATERIAL AND METHOD

The qualitative case study method was selected for this research due to its appropriateness for the subject matter. As outlined by Noor[15], this approach permits researchers to concentrate on a singular instance and illuminate the experience of a specific case from various angles. Bearing this in mind, the researchers opted for this technique as their primary objective was anthropological in nature. A 'case study' can pertain to an individual case or a limited number of individuals, events, or aspects of a subject or issue. Classified as a qualitative research method, it does not aim to involve a large participant pool, gather data from a diverse or representative sample, or generalize its findings. The approach bears resemblance to ethnographic research. Its primary value lies in the depth of data acquired, achievable only through meticulous observation, documentation, and subsequent analysis. While it typically does not begin with a hypothesis, the analysis of data might lead

to the emergence of one or two hypotheses, prompting further exploration through other research methodologies.

Data Collection Process

For the purpose of data collection in this study, an unstructured interview was employed. This approach proved to be adequate for examining this case, as affirmed by Robson[16], who indicates that interviews can serve as the exclusive or primary method in a case study. In this research, a semi-structured interview technique was employed, incorporating predetermined questions that allowed the interviewers to maintain flexibility.

Sampling

The participant of this study was X. who is a 27-year-old man diagnosed with schizophrenia three years ago at the age of 24 and his family. After a severe psychotic episode, he was hospitalized for twenty days in a psychiatric clinic and was prescribed psychotherapy upon his discharge. He lives with his parents and two younger brothers in the city of Drama.

Research Procedure

The research process adhered to guidelines set forth by the Greek Ministry of Education and Religions in 2008 for conducting effective interviews. Accordingly, the researchers began by elucidating the interview's purpose, ensuring the confidentiality of personal data, and obtaining consent to record the session. Subsequently, a preliminary discussion phase was initiated to foster a comfortable atmosphere for the interviewee. The core set of questions was then posed. Throughout the procedure, a calm environment was maintained to alleviate any interview-induced stress. Finally, the interview concluded with the researchers acknowledging the interviewee's contributions and time. The session lasted an hour and necessitated the participant's physical presence. Detailed notes were taken, and the interview was recorded with the participant's agreement.

Data Collection

Five one-hour sessions took place in a suitable and private location at the participant's residence, ensuring uninterrupted communication. The semi-structured interviews commenced with open-ended discussions concerning the patient's feelings, experiences, and concerns related to the illness. Both the patient and a close family member were involved. Audio recording was utilized to capture verbal responses accurately and to capture emotional nuances. Additionally, demographic data and a family tree were compiled.

Data Analysis

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Thematic analysis, commonly employed in qualitative research, especially in less-explored domains, was applied to identify patterns within the data. This approach allows participants' responses to guide knowledge generation rather than relying on preconceived notions. Data analysis served as the foundation for nursing assessment and the formulation of a nursing care plan, aligning with the nursing process. This plan aims to recognize current and anticipated needs or risks and serves as a communication tool among healthcare providers.

Validity and Reliability

Ensuring the research's validity and reliability involved scrutinizing the appropriateness of the approach for the research questions and consulting with other scholars. Additionally, repeating the interview with the same individual might yield similar results. Questions were meticulously crafted based on the research objectives and global literature. Credibility, transferability, dependability, and conformability were evaluated to ensure a rigorous study. These factors encompass congruence between research approach and findings, generalizability, stability of results over time, and ensuring the research process's transparency.

Ethical Considerations

Throughout the study, ethical standards were strictly upheld. Participants provided informed consent, both written and verbal, affirming their voluntary participation. During interviews, the researcher documented proceedings through notes, photographs, and audio recordings, all with explicit participant consent. The participants were made aware of their right to withdraw from the study at any point. Confidentiality and data protection were emphasized, preserving participants' anonymity throughout the research process.

RESULTS

X. is a 27-year-old man who was diagnosed with schizophrenia three years ago at the age of 24. After a severe psychotic episode, he was hospitalized for twenty days in a psychiatric clinic and was prescribed psychotherapy upon his discharge. He lives with his parents and two younger brothers in the city of Drama. He is a graduate of a vocational school and has completed his military service. He has never worked. There is no reported comorbidity. There is no inherited burden of psychiatric illness in a family member or close relative.

In adolescence, he was a quiet child, sensitive, and a good student. He was introverted and often kept to himself. He had a great love for football. According to his words, when he was 18 years old, he fell in love with a girl, but while he had expressed his feelings to her, she

did not respond, which saddened and troubled him.

Before the psychotic episode that essentially marked the onset of the disease, he was socially isolated, had no company, and preferred to be alone. He would not leave his house, exhibit suspicion and delusions, confess visual-auditory hallucinations, and burst into unnecessary tears. The parents were very worried and decided to visit the General Hospital of Drama, specifically the emergency department, to assess the situation. He was then hospitalized in a psychiatric clinic.

After hospitalization, he came at the request of his mother (who accompanied him but was not present at the session) to the interdisciplinary team for psychotherapy according to the psychiatrist's recommendation. X. has a well-groomed appearance and observes the rules of personal hygiene. He is overweight. He presents an orientation in space, time, and self. He is calm, cooperative, and fully functional. His emotion is characterized as stable with normal fluctuation. He shows sensitivity. He has a positive attitude towards the team and seems to want to help. He maintains eye contact and answers questions when prompted, typically stating that he doesn't want to say how he feels because he doesn't want to burden his parents.

It is a family of six living in the city of Drama in a privately owned apartment. The living conditions are perfect. The two parents live in the house with X. and his two younger brothers. The older sister lives with her family in the same city.

More specifically, the 53-year-old father works in the business of his son-in-law, the husband of his eldest daughter, as a delivery driver. He is a high school sophomore graduate. He is presented as a low-key person, supportive of the family but lacking in determination and initiative.

The 52-year-old mother does not work and has taken on the role of family caregiver. She is a high school graduate and has completed a private hairdressing school. She has never practiced the profession due to family obligations. She presents herself as a sociable person with a dynamic character, responsibility, and able to take initiatives.

The family's 30-year-old elder sister lives with her husband and they have a two-year-old daughter. She maintains a very good relationship with the whole family and is particularly supportive of X.

The younger brother, 24 years old, is a high school graduate and works as a distributor in catering. He has typical relations with the family and by extension also with X.

The younger sister, 20 years old, is a student at IEK as an assistant accountant in Drama

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and is very helpful both to X and to the mother.

In general, the relationships between family members are characterized by stability and mutual support. They are a close-knit traditional Greek family where the father works to provide a living and the mother stays at home to take care of everyone. A family of moderate financial status trying to cope with everyday life.

The multidisciplinary team drew up the treatment plan according to which there would be a series of 5 individual psychotherapy sessions with X once a week for five weeks. The aim of the psychotherapies was first of all to create a therapeutic alliance so that there would be trust on the part of the treated towards his therapist. Then the approach to the disease and its analysis to the patient so that it is understandable and there are no questions. Finally, the psychoeducation of the treated person in matters of managing his emotions and his daily life in general.

X was very cooperative with the team following his treatment plan. At the first level, he typically states "I didn't expect to find strangers interested in me so much" and one cannot help but notice how much some people need the approach and interest of their fellow man. His approach with a willingness to listen to him and deal with his problem with empathy paves the way for positive results.

When asked how the diagnosis of schizophrenia affected him at first hearing, he replied, "I thought the doctor was talking about someone else. It can't be happening to me. My family will be very sad. I will shame them." Intense emotional loading followed. He began to cry and said, "I'm thinking about my mom. How did I do this to her?"

He constantly mentions that he feels to blame for the unhappiness in his family, that his family provides everything and he alone saddens them, disappoints them, and cannot live up to the dreams they had for him. He stigmatizes his family.

It is noted that most of the times, if not all, when he refers to his mother, he cries. He doesn't want to be separated from her and wants to be with her because that's the only way he feels safe and isn't in danger of getting hurt. He exhibits an intense attachment to his mother which he cannot manage.

Another point that is important to mention is the relationship with his father. While he is very supportive, he mentions how he constantly tells him to be "good old X." How he guides him to do things he is not ready to do, like go out on his own. All this stresses X and has a negative impact on his psychology. But he doesn't want to tell his parents all this so as not to upset them.

After the completion of the cycle of individual sessions, the team, discussing the results of the treatment plan, ended up recommending

another cycle of psychotherapies with a systemic family approach. First, the parents were seen individually and then in a joint session with X. This second round of sessions was aimed at the psychoeducation of X's parents for the correct treatment of their child and the disease itself.

The problem must be acknowledged and accepted. In order to deal with something correctly, it must first of all be clear and understandable. The father's question in the first session, "When will X. find a girlfriend? When will he go to a job, not for the money but to do something?", proves that he has not realized the magnitude of the problem. He becomes pushy towards X because of his ignorance.

Even the accumulation of negative emotions is a stifling factor for effective care. The mother constantly mentions, "How much I need to have coffee with a friend as if there is no problem. Don't let X call me asking when I'll be back." The discharge has a calming effect on the caregiver's burnout and limits must be set so that the situation is manageable. It must also be communicated that there are other members in the family who deserve equal treatment and should not be put in second place. This is not good for X himself because it puts him directly against his brothers.

Finally, one more thing that the parents must understand is that they are a couple and they must look for ways to reconnect with each other. The emotional stability they offer X by showing him that they have other important roles in their lives besides being parents may relieve him of the guilt he has for getting sick.

In the last family psychotherapy, all the parents and X were present. Each of them was asked separately to state what else they would like from the psychotherapy team and what from the rest of their family members.

X specifically said to his father, "I would like you to give me the time I need to return to my old habits." In other words, she found the strength to actually communicate with him by clearly asking him for what she wanted, something she would not have done before psychotherapy.

The mother explained to X, "I need to visit a friend twice a week without her phone constantly ringing." She set boundaries so she could decongest negative emotions and take time for herself without feeling guilty.

The father told the mother and X, "When you feel that I am pressuring you for something, tell me clearly so that we can discuss it because I often do not calculate how much I may be pressuring you."

The desire of all three was to have a family session once a month to begin with so that there is a follow-up plan until they get back on their feet and feel that they are stepping on their feet.

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X. characteristically mentioned to the group, "Psychotherapy helps me understand myself and find my way when I feel lost. I would like to continue the sessions because I feel safe." He needs support and education so he knows he can manage his illness.

In conclusion, the results show that psychotherapy both at the individual and at the family level led to substantial family communication. Recognizing the disease and its symptoms makes it more clear and distinguishable from everyone else.

“According to my physical primary healthcare support I want to say that financial constraints play a significant role. As someone facing economic challenges, the cost of healthcare services, even with insurance, can be overwhelming. Even a simple doctor's visit might require copays or other expenses that I can't easily afford.

Another factor is the lack of awareness about available services. I might not know what types of healthcare support are available to me or where to find them. There's also a fear of discrimination or being treated differently due to my background. I've heard stories from others in similar situations, and that discourages me from seeking help.

transportation is a significant challenge. Public transport might not be accessible or affordable, especially if the healthcare facility is far away. Taking time off work for appointments can also be difficult, especially if I have a job that doesn't offer paid leave.

it's a combination of financial, logistical, awareness, and cultural issues that make it challenging. It's not that I don't value my health; it's just that these obstacles make it difficult to access the care I need”.

DISCUSSION

Families and family relationships are usually a fundamental and important component for everyone (significant others), shaping life and personality. Therefore, family members have the opportunity to take care of each other, for example by giving them medicine or taking them to the doctor. From this shared care, they can use their closeness and collaboration to improve their relationship with each other and ultimately heal the entire system as much as possible.

The therapist acts as a process consultant, focusing on emotional blocks and behavioral patterns that impede the family's ability to respond effectively to their needs and concerns. Thus, the therapeutic team, realizing X's dependent relationship with his mother through his phrase "Only with my mother do I feel that I am not in danger", worked by reorienting the therapeutic plan to the family system. Symptomatic members "try" to give themselves and their system a way to survive their problems, balance both themselves and the system, and maintain its

coherence[5]. Systemic psychotherapy takes the view that there is no privileged view of reality and that different observations lead to different realities and different practical outcomes. The same event is characterized by each family member in a different way. A relapse with intense nervousness is characterized by X as "anxiety", by the mother as "bad mood" and by the father as "usual nerves". Each behavior is considered to fit into a temporal context, a relational context, and a context of specific personal meaning, which may mean different things to each individual. Such perspectives remain open to individual responsibility, choice, and possibility of change. Systemic psychotherapy approaches problem solving from the perspective of definition and assessment, making it easier for each person to find solutions that work for them and eliminating the need for limiting diagnostic labels[11]. Family psychotherapy is based on gathering information and how each member of the family perceives the problem from their own perspective. It can bring to light extremely important and relevant information. The therapeutic process at the family level is related to changes in family relationships in the treatment of schizophrenia. Family therapy can reduce the frequency of relapses and increase treatment adherence in patients with schizophrenia. H. says, "Fortunately, my mom gives me my medicine and I have less anxiety." Other studies have shown that family therapy is the most effective treatment for patients with mental disorders. In schizophrenia, there is a positive relationship between family support and improved social functioning[13]. When the problem is explained and analyzed to all family members, it is easier for them to understand and manage it than an unknown problem. The father's phrase, "Be good old X," confirms that he has not yet realized the magnitude of the problem and definitely needs education and guidance in understanding the symptoms of the disease first and foremost.

The modern trend of deinstitutionalization has shifted the care of the mentally ill to the home, shifting the responsibility for the attention and care of the individual to relatives and family members. In the past, dysfunction among family members was thought to be related to the development of mental disorders. In modern times, the focus has shifted to the discomfort and pain of close relatives. Caregiver burnout is at the root of the problem, and supporting caregivers should be a top priority. The mother says, "Hours and hours I feel that my nerves make the situation more difficult than I solve problems." The psychological oppression and accumulation of negative emotions have a suppressive effect on dealing with situations with calmness and a clear mind[9]. The goal of treatment is therefore to keep both the

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person and their system healthy, without the "crutch" of a specific problem. As we said, our therapeutic approach is dialogical, which means that we try to find the encoded meanings of disorders and problems in a collaborative and dialectical way, to understand them, to see them in a different way, a therapeutic way of seeing. When our relationship changes from a given instinctual relationship (therapeutic dialogue helps us overcome instinctive and impulsive ways of feeling and behaving), life flows differently[5,8]. Family members suggested several changes to the treatment process and wanted more professional advice from the therapist. It is characteristic that X. constantly mentions the phrase, "Show me the way to be able to fill my day so that I don't think and get sad." Studies have shed light on changes in family relationships and the therapeutic process that may be associated with the treatment of schizophrenia. They also suggest that therapists with a professional and authoritarian approach may be incompatible with the needs of families. The mother shares her concerns, saying, "I feel like I can discuss everything with the team. I'm not ashamed to say that I don't understand anything you're saying." It is recommended that therapists remain flexible and fluid in their engagement with families. There is also a description of the intrapersonal benefits of improving coping skills in schizophrenia. Participants report that they systematically acquire new skills to cope with psychosis: "Now I know how to... I know I can start to cope with it." This is useful for everyday life: "Helped me learn how to best deal with my daily work in my situation[14]."

However, the role of the family as an important potential support system in schizophrenia recovery is not new. Emil Kraepelin published almost 100 years ago about the early release of patients to their families when the most disturbing features of psychosis had subsided. He expressed his surprise that "the most difficult patients behave remarkably well at home[4]."

In Greece, psychotherapy is still a taboo. The stigma is inextricably linked to mental illness, and even more so to schizophrenia. How, then, can a family take the step to choose or follow a family psychotherapy program when it has not first accepted or, even worse, has not recognized the problem? Highly expressed emotion can cause a patient to relapse, even if the person has adequate medical treatment, and can only be treated with the psychoeducation of the person himself and the family as a whole. Research in our country is also deficient. It basically addresses pathological and not psychiatric problems. The psychiatric disease and, consequently, its psychotherapeutic treatment must be communicated correctly. The Greek health system promotes drug treatment, which is

certainly of primary importance, but not the only effective method. The systemic approach and family psychotherapy should be studied and promoted. Ways should be studied that guide people in seeking help and breaking down taboos. There has been no exploration of needs in defined frameworks related to schizophrenia, which would open up new avenues for specialized studies. Generally accepted methods with clearly positive results are more easily adopted by society as a whole.

CONCLUSIONS

This study delved into the case of Mr. X, a 27-year-old diagnosed with schizophrenia at the age of 24. Through a comprehensive exploration of his experiences, familial dynamics, and the impact of psychotherapeutic intervention, several important findings emerged. Mr. X's journey into the realm of schizophrenia was marked by a severe psychotic episode that led to hospitalization. His pre-diagnosis life was characterized by social isolation, suspicion, delusions, and visual-auditory hallucinations. Despite his condition, Mr. X's family played a significant role as caregivers, especially his mother, who maintained a strong and supportive relationship with him. Psychotherapy, both at the individual and family levels, became a pivotal component of Mr. X's treatment plan. Through a series of five individual sessions, a therapeutic alliance was established, enabling trust and rapport to form between him and the healthcare team. This alliance, built on empathy and understanding, paved the way for positive outcomes. However, Mr. X's intense attachment to his mother, the stressors from his father's expectations, and the need for balanced family dynamics emerged as crucial issues. The second phase of family therapy highlighted the importance of the family's comprehension of the disease. The psychoeducation of Mr. X's parents was recommended to facilitate appropriate care and support. This approach aimed to alleviate the undue pressure Mr. X felt to meet societal expectations, thus providing him with the necessary space to manage his illness. In the end, this study showcased that psychotherapy, combined with family interventions, contributed to enhanced communication and understanding within the family unit. By acknowledging the illness, its symptoms, and learning adaptive coping strategies, the family achieved better cohesion. Mr. X's testimony reinforced the positive effects of psychotherapy in helping him understand himself and navigate through challenging moments. To conclude, this research underscores the significance of tailored psychotherapeutic interventions and family support in the holistic management of schizophrenia. Such interventions not only aid in symptom management but also strengthen

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familial relationships, leading to improved overall well-being and empowering individuals like Mr. X to face the challenges posed by their condition with resilience and hope.

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