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Advantages and Challenges of Developing a Trusting Relationship with Individuals Who Have Schizophrenia



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ABSTRACT

Background: Individuals who have schizophrenia experience many symptoms, including psychosis, which interferes with how people view others and the surrounding world. **Purpose:** The purpose of this paper was to determine the specific advantages and challenges of forming a trusting relationship with the following population of patients. **Method:** This literature review explores the formation of a trusting relationship with individuals who have schizophrenia. **Findings:** Building trust and a therapeutic relationship are advantageous for individuals with a mental illness such as schizophrenia, but this can be difficult to achieve due to various challenges. However, it is difficult to form a trusting relationship with patients diagnosed with schizophrenia, related to the patient's experience of paranoia, stigmatization of the patient, and the impaired social judgments of those who have schizophrenia. **Conclusion:** Developing a trusting relationship with individuals who have schizophrenia, treatment, and medication adherence are greatly enhanced, resulting in superior patient outcomes.

INTRODUCTION

Individuals who have schizophrenia face many difficulties and challenges. These patients are stigmatized, are unable to cope appropriately, and have difficulty determining what is real and what is not. The National Institute of Mental Health [1] propagated; schizophrenia is persistent and can be severe and disabling. Patients experience psychotic symptoms and a lack of emotions, cognitive impairment, and social impairment [1]. As a result of these symptoms, it is hard for them to connect and form meaningful relationships. Persons diagnosed with schizophrenia have difficulty establishing trust with others, hindering the therapeutic relationship between patients and nurses. This ultimately impacts the care received and outcomes of patients. The purpose of this review was to determine the advantages and challenges of building a trusting relationship with individuals who have schizophrenia. This was an in-depth review of the literature on the advantages and challenges of developing trusting relationships with individuals who have schizophrenia, which also includes case studies. The question for review was: What are the advantages and challenges of developing a trusting relationship with individuals who have schizophrenia?

BACKGROUND

Schizophrenia is a long-term complex psychiatric disorder. Schizophrenia affects how an individual feels, thinks, and acts. This mental illness causes significant distress to the individual, their family, and their friends. The typical onset of schizophrenia is in one's late teen years through their early thirties. Diagnosis in children is uncommon but possible. Research suggests that the causes of schizophrenia are related to genetics, environment, brain chemistry, and substance use [2]. The onset of schizophrenia is gradual, and changes are seen in the individual's thinking, mood, and social functioning [1]. Diagnosis of schizophrenia in teens can be difficult as the first signs may include nonspecific adolescent behaviors such as a drop in grades or issues with sleep [1].

Observed characteristics fall into three categories (see Figure 1): psychotic or positive symptoms, negative symptoms, and cognitive symptoms. Individuals with positive symptoms experience altered perception, abnormal thinking, and odd behaviors. Positive symptoms include hallucinations, delusions, or disorganized speech [1]. Negative symptoms result from a lack of

something that would typically be present, including motivation, emotion, and sociability. Those with negative symptoms can experience reduced motivation, a decrease in the pleasure they experience in their life, a reduction in the amount of speaking, and a flat affect [1]. Cognitive symptoms result in problems with attention, concentration, and memory. Those experiencing cognitive symptoms can experience a hard time making decisions and have a hard time focusing [1]. Two or more of these symptoms resulting in decreased functioning are required for diagnosis; while there is no single test that can be completed for the diagnosis of schizophrenia, the evaluation of these symptoms, along with the ruling out of other factors and medical conditions/psychiatric diagnoses, can ensure a correct diagnosis [1].

Although schizophrenia is an illness that cannot be cured, early detection and interventions are essential factors that reduce symptoms. This allows individuals who are suffering from schizophrenia an easier time to function daily. Antipsychotic medications benefit the patient by relieving symptoms such as hallucinations and delusions, but individuals are often hesitant to take these medications due to the side effects [1]. Other treatment options include psychotherapy, peer support groups, and assertive community treatment [1]. Family and peer support are essential for individuals who have schizophrenia and the surrounding family and community.

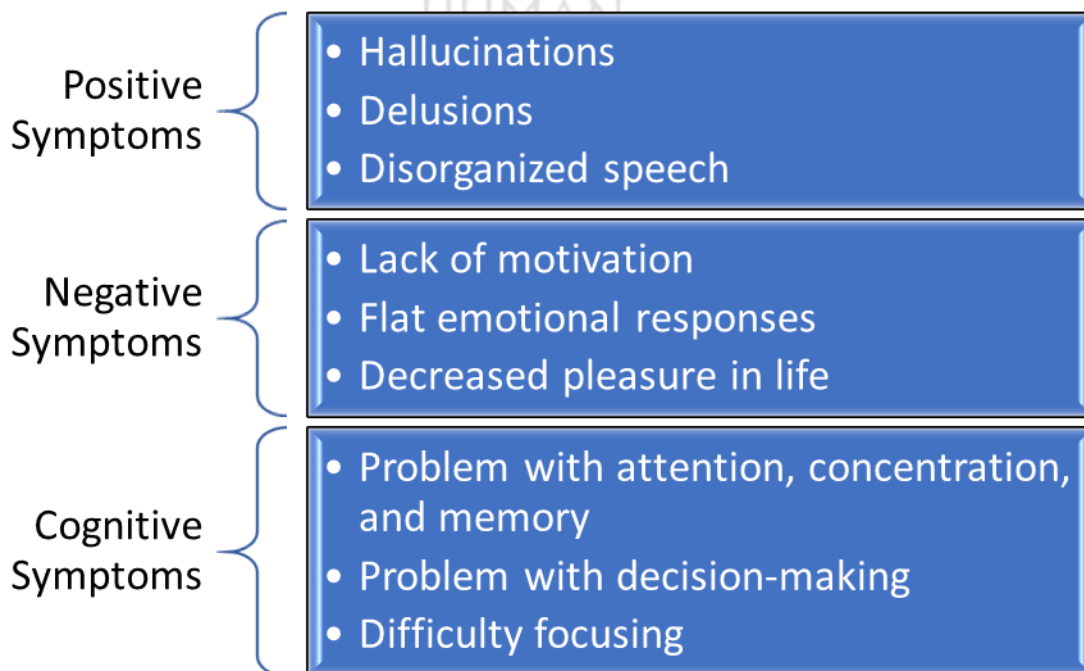


Figure No. 1: Symptom experienced by individuals who have schizophrenia.

CASE STUDIES

Two individuals who have schizophrenia are discussed in these case studies. This provided a brief overview of the characteristics of the patients, interactions, and relationships. Verbal consent was obtained before the conversation. Table 1 illustrates a comparison of the characteristics of the two case studies.

Patient A

Patient A, a 60-year-old male, was observed. He was diagnosed with schizophrenia with multiple admissions to the hospital throughout the years. Upon initiating a conversation with this patient, he described an altercation with the police that led to his recent hospitalization. Throughout the conversation with the patient, it was apparent the patient was exhibiting grandiose delusions. The patient described himself as a musician who had played with many famous bands and singers throughout his life. He also described himself as a professor who had founded a college that taught students about plants and landscaping. The patient identified himself as a landscape worker in his city. He goes around the city ripping up plants and the grounds due to this delusion. He also spoke of his multiple wives and hundreds of children that he had with these women. Throughout this conversation, it was apparent that the patient's speech and thought pattern exhibited signs of flight of ideas as he was rapidly changing from subject to subject. The speech of this patient can be described as pressured. Throughout the conversation, it was noticed that he would have decreased eye contact while staring off into the distance. He was very engaged in the conversation and ready to talk, but it was hard to adequately form a relationship with him due to his lack of eye contact, pressured speech, and elated mood.

Patient B

Patient B was a 68-year-old male diagnosed with schizophrenia. He was diagnosed in his early 20s. He was hospitalized following a psychotic episode related to noncompliance with his medication regimen. This patient has been in and out of the hospital for several years. Upon observation, positive symptoms such as auditory hallucinations and disorganized speech were evident. He would look away mid-conversation and listen to the voices that he is hearing, then tune right back into the conversation after a few moments. His behavior indicated aggressiveness

mainly towards women. He would say rude things to women or call them bad names. However, this conversation did not consist of any bad behavior. His affect remained flat throughout the conversation and lacked any emotion. At one point, he pulled out papers regarding his hospitalization and medical history from inside of a sock he was holding. He pointed to them, but the purpose behind these papers he was trying to convey was unclear. His speech was incoherent as he mumbled, and his thought pattern often presented signs of loose association. This made it hard to understand the patient. He appeared to jump quickly from one topic to another at random. Other times, however, his thought process seemed to be clear, and he was easy to understand. Unfortunately, he appeared to become disengaged soon in the conversation, making it difficult to form a relationship. His paranoia and distrust in women probably served as a barrier in the formation of a trusting relationship.

Table No. 1: Comparison of characteristics experienced by patients in the case studies.

	PATIENT A	PATIENT B
DIAGNOSIS	Schizophrenia	Schizophrenia
REASON FOR HOSPITALIZATION	Community disturbance and altercation with police	Community disturbance related to medication non-compliance
HISTORY OF HOSPITALIZATIONS	Multiple	Multiple
POSITIVE SYMPTOMS	Delusions Disorganized thoughts Pressured speech	Hallucinations Disorganized speech Paranoia
NEGATIVE SYMPTOMS	Poor eye contact	Flat affect Lack of emotion
COGNITIVE SYMPTOMS	Difficulty focusing on reality	Difficulty focusing on reality

LITERATURE REVIEW

Many databases were searched for information regarding building a trusting relationship with a person diagnosed with schizophrenia. Trust, relationship, challenges, advantages, and

schizophrenia were terms that were searched in the databases. These databases include The Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, Science Direct, and MedCrave. Trust can be described as "assured reliance of the character, ability, strength, or truth of someone or something" [3]. Without trust, a therapeutic relationship between patients with schizophrenia and nurses cannot be achieved.

The Importance of a Trusting Therapeutic Relationship

A therapeutic relationship consists of a nurse-patient interaction in which collaboration between both parties promotes growth and a helpful climate for care and recovery [4]. An important aspect of a therapeutic relationship is establishing trust between the individuals. Schizophrenia presents constant challenges for forming and establishing a trusting therapeutic relationship. Patients diagnosed with schizophrenia have difficulty understanding what is real and what is not, as they cannot perceive the symptoms of schizophrenia [4]. Patients affected by this mental illness live in a scary, unreal world and may not distinguish real from hallucinations and delusions. As a result, patients who have schizophrenia may be skeptical and paranoid, which results in difficulty gaining the trust of this individual.

To establish a trusting relationship between a nurse and a person with schizophrenia, the nurse needs to display many characteristics (see Figure 2). The nurse requires authenticity, empathy, an understanding of the illness, and non-stigmatization to work with a patient diagnosed with schizophrenia effectively [4]. Peplau's theory of interpersonal relations can help guide the formation of a therapeutic relationship. This theory focuses on the nurse-patient partnership and patient-centered care [4]. However, before committing to the relationship and gaining the patient's trust, nurses need to fully understand the disease themselves and eliminate any stigma regarding patients who have schizophrenia.

Laugharne *et al.* [5] explored the experiences of patients with psychosis concerning trust. Qualities such as a caring attitude and small kindnesses were found to be appreciated as building trust. The clinician's behaviors and attitudes, such as the willingness to listen, positivity regarding the future, honesty in dialog, reliability, and the delivery of promises, are vital in establishing trust. In addition, they also found that personal disclosure by the clinician was significant in building trust.

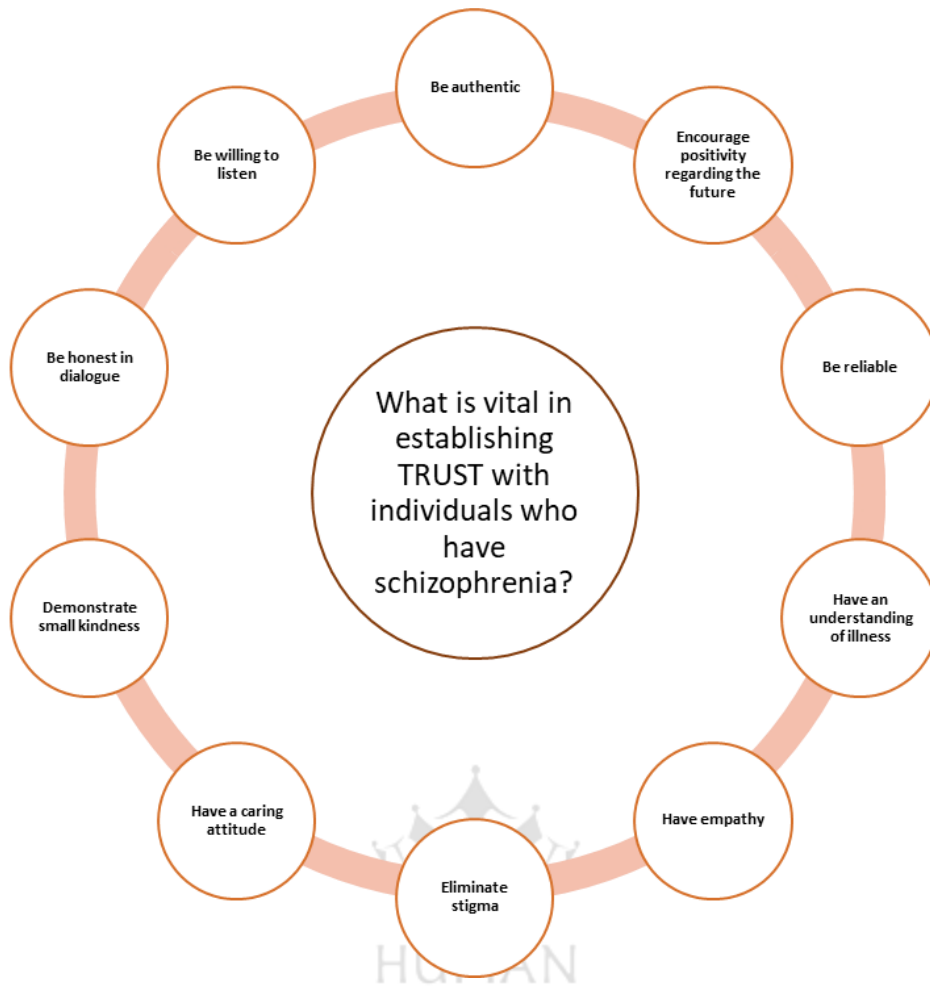


Figure No. 2: Establishing trust with individuals who have schizophrenia.

A variety of therapeutic techniques can be implemented to establish and maintain trust in a relationship with someone who has schizophrenia. Many of those with schizophrenia suffer from both auditory and visual hallucinations. The way that a nurse handles these symptoms is crucial in maintaining trust. When addressing a client's auditory hallucinations, it should not be referred to as “they” as this can be invalidating for the patient. Instead, the hallucinations should be referred to as “voices” [6]. These “voices” should not be strengthened, and the patient should be made aware that the nurse does not share the experience. For example, the nurse may say, “I know the voices for you are real, but I do not hear any voices” [6]. This statement allows the patient to know that the voices are not real and are part of the illness. In addition, distraction strategies such as watching television and listening to music help patients with schizophrenia divert their attention away from the auditory hallucinations. Implementing these techniques aid

in establishing empathy and trust in the nurse-client relationship, allowing the continuation of care and improvement in inpatient status.

Advantages of Developing a Trusting Relationship

Westermann *et al.* [7] explored the motive-oriented therapeutic relationship on treatment outcomes of patients diagnosed with schizophrenia. The formation of a therapeutic relationship is an essential factor in the treatment of schizophrenia. A therapeutic relationship can enhance compliance with pharmacological interventions and improve psychological symptoms such as delusions and other negative symptoms [7]. In addition, the motive-oriented therapeutic relationship allows nurses to address problematic behaviors of patients with schizophrenia and adapt to the patient's needs. As well as building and maintaining an effective therapeutic relationship, therapeutic techniques are also recommended, including emotional validation and normalization [7]. Without forming this therapeutic alliance, patients may be more likely to be noncompliant with treatment regimens and less likely to communicate with the care team.

For patients diagnosed with schizophrenia, proper treatment and adherence to treatment are critical. Persons diagnosed with this mental health disorder have difficulty relating to others in a healthcare setting, leading to problems receiving adequate care for their illness. Many therapeutic benefits result from forming a trusting relationship with schizophrenia patients. Without a proper nurse-patient relationship to provide health education and collaborative decisions, patients with schizophrenia can have difficulty reaching their health goals [8]. Different factors can influence the therapeutic relationship between nurses and patients who have schizophrenia, both on each party. To produce the best health outcomes, the nurse should reflect on questions regarding how the client's illness will shape the relationship and if the nurse can see beyond the illness to provide the appropriate care [9].

Browne *et al.* [9] also discussed the importance of forming a therapeutic relationship on patient outcomes and adherence to treatment because of the high rates of treatment disengagement and medication nonadherence in patients diagnosed with schizophrenia. In addition, researchers found that better adherence to antipsychotic medications and positive recovery outcomes were related to forming stronger therapeutic relationships with patients [9]. Although establishing trust

and a therapeutic relationship with persons diagnosed with schizophrenia can be difficult, many advantages and health benefits result from this relationship.

Challenges of Developing a Trusting Relationship

In a study researching the barriers to forming a therapeutic relationship between nurses and persons with schizophrenia, Harris, and Panozzo [10] discussed the nature of these barriers and the awareness that must accompany them. A lack of awareness regarding barriers such as time constraints, communication issues, and the requirement of practice policies can further embed barriers that already exist or even create new ones that impede the quality and formation of a trusting relationship between the nurse and person with schizophrenia. They argue that the greatest barriers encountered by nurses during the formation of a trusting relationship are often the ones that are not as obvious. For example, one patient said: I often feel like I am treated not as a human but as an illness. I receive my medications, go to group therapy, attend day programs but rarely connect with my nurses or doctors. I am lucky if we speak or interact for more than five minutes, and that makes me lose hope that I am valued and have a chance to continue in my struggles with schizophrenia [10].

The nurse often avoids patients with schizophrenia unless meds or other orders are implemented, which contributes to a lack of alliance being built. Actions like this can unknowingly hinder the formation of a trusting relationship. Becoming aware of the barrier, response to it, and how they affect the relationship can aid in forming an adequate foundation [10].

Verbal and nonverbal communication are essential for the formation of a trusting relationship. Barriers to engagement in schizophrenic patients consist of paranoia, thought poverty, guilt, obsessions, and compulsions [10]. These qualities and other associated behaviors negatively impact the nurse's perception of the potential for a relationship resulting in a lack of engagement to form one with the client. The quality of the nurse-client relationship can influence the patient's willingness to communicate with the nurse, hindering the formation of a trusting relationship and ultimately impacting patient outcomes [10].

Hooker *et al.* [11] researched the hypothesis that social judgments in individuals with schizophrenia are abnormally influenced by affective information. It was found that those with

schizophrenia rated faces as less trustworthy following negative primes when compared to faces that followed neutral or positive primes. This finding suggests that negative affective information in individuals with schizophrenia greatly contributes to the interpretive bias and paranoid ideations that serve as barriers in forming a trusting nurse-patient relationship. Furthermore, patients with schizophrenia are found to have an impaired ability to control the influence of affective information on social judgments, meaning the social cues that they observe around them are often interpreted in a means that is consistent with their paranoid feelings [11].

Patients with schizophrenia often interpret facial expressions as sad or fearful rather than happy, resulting in internal feelings of threat that prevent the trust from occurring in a relationship. With paranoia, suspiciousness, and distrust of others being some of the most prominent symptoms present in persons with schizophrenia, being deemed untrustworthy when attempting to form a nurse-client relationship serves as a significant barrier. The positive symptoms of feelings of persecution and suspiciousness seen in schizophrenia greatly influence the judgment of a person's face as less trustworthy [11]. In the study conducted, it was found that the trustworthiness in patients with schizophrenia was greatly influenced by negative affective prime but lacked influence from positive or neutral ones [11]. This makes a trustful relationship difficult to obtain because providing a positive affective prime will not be enough to gain their trust due to their impaired ability to make accurate social judgments requiring the implementation of other means to form trust.

In a similar study, Sutherland *et al.* [12] examined the trust process in schizophrenia concerning facial appearance and partner fairness. Generally, trust is based on facial appearance. With patients suffering from schizophrenia, impaired social interaction, and alterations in developing trust are key symptoms. Patients played the Trust Game, in which they had to lend money to people who either appeared trustworthy or untrustworthy. It was concluded that patients who have schizophrenia are very reliant on the initial beliefs they are faced with and may fail to update their trustworthiness after gaining more information [12]. This is an important finding because persons who have schizophrenia are likely to experience a misleading trust decision related to facial appearance, which can ultimately impact social relationships and treatment interventions.

Although establishing trust and forming a relationship with individuals who have schizophrenia is difficult, this is an important aspect of the quality of care delivered and improved patient outcomes. Advantages of Forming a trusting therapeutic relationship include greater adherence to the medication regimen and treatment plan. Many barriers present in ways of both patient characteristics and actions of the nurse. If the barriers are not identified, a trusting relationship cannot be established (see Figure 3).

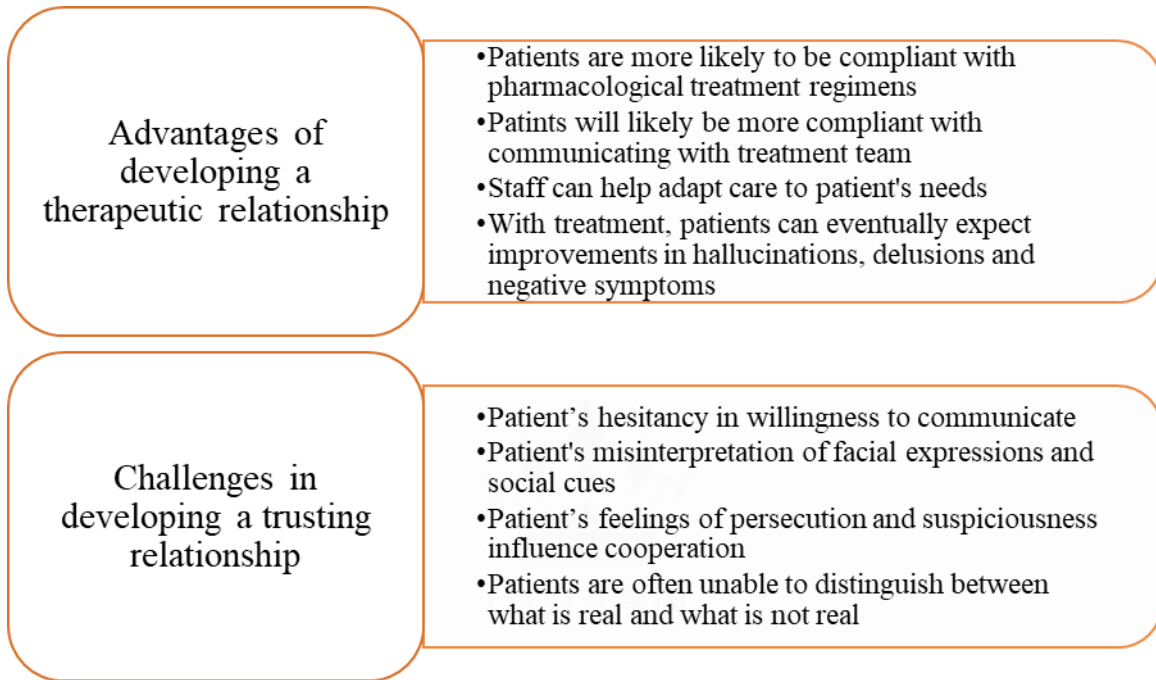


Figure No. 3: Advantages and challenges of developing a trusting relationship with individuals who have schizophrenia.

DISCUSSION

The literature review findings revealed many aspects of gaining trust and forming a meaningful relationship with individuals who have schizophrenia. Establishing trust is a difficult obstacle to overcome when interacting with these patients. Persons who have schizophrenia often experience paranoia, impaired thought processes, hallucinations, and delusions [7]. Social cues can be misinterpreted, resulting in reinforcing their delusional thought processes [11]. The inability to distinguish between what is real and what is not impairs the judgment of these individuals. Nurses are often viewed as untrustworthy. With the proper development of trust, a therapeutic

alliance can form between the patient and nurse. A trusting, therapeutic relationship promotes adherence to medication and treatment plans. As a result, patients who have schizophrenia can better reach their health goals and achieve positive outcomes.




To gain the trust of an individual suffering from schizophrenia, patients should not be stigmatized. The care team should assess their individual beliefs and thoughts to fully understand the disease and what this individual is going through [4]. Without an understanding of schizophrenia, care providers face many barriers to establishing a relationship and gaining an individual's trust. Many characteristics of the nurse establish trust between the patient and nurse. Laugharne *et al.* [5] emphasized honesty, willingness to listen, and reliability as important factors to help promote trust. When patients are experiencing hallucinations and delusions, the care provider should not be strengthened. The patient should be made aware the nurse is not experiencing this to orient the patient to reality [6]. Both nonverbal and verbal communication influences the formation of a trusting relationship. With the implementation of these interventions, a proper relationship can be developed.

CONCLUSION

Schizophrenia is a psychiatric disorder that affects how a person thinks, feels, and acts on these thoughts. The challenge of gaining a trusting relationship is common among individuals who have schizophrenia. Due to the many symptoms, a person who has schizophrenia is faced with, establishing a therapeutic relationship is difficult. A trusting and therapeutic relationship between the patient and nurse is important to better patient outcomes and enhance treatment adherence. Patients diagnosed with schizophrenia often misinterpret verbal and nonverbal communication, experience hallucinations, delusions, and paranoia. As a result, patients diagnosed with schizophrenia may view nurses as untrustworthy and be unwilling to engage in communication and work with them. To gain the trust of such individuals, nurses need to display empathy, listening, and non-stigmatizing behaviors. The inability to gain the trust of an individual who has schizophrenia may result in a nontherapeutic relationship. This may result in poorer outcomes for the patient.

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