

# What you may expect after an acute episode of psychosis<sup>1</sup>

The word 'psychosis' is used to describe conditions that affect the mind, where the individual finds it hard to tell what is real from what is not real. When someone becomes ill in this way, it is called a 'psychotic episode'. There are different types of psychotic illness; for example, a psychotic episode may be associated with the use of, or withdrawal from alcohol or drugs. This is known as 'drug-induced psychosis'. Sometimes psychotic symptoms arise suddenly in response to a major stress in the person's life and the person makes a quick recovery. This is known as 'brief reactive psychosis'. 'Schizophrenia' refers to a psychotic illness in which the changes in behaviour or symptoms have been continuing for a period of at least six months. Contrary to previous beliefs, many people with schizophrenia lead happy and fulfilling lives, with many making a full recovery. A separate leaflet *What Is Schizophrenia* is available. There are also other types of psychotic illnesses; particularly when someone is experiencing a psychotic episode for the first time, it is difficult to diagnose the exact type of psychosis because many of the factors that determine the label remain unclear. Everyone's experience of psychosis is different.

When someone in the family has symptoms of psychosis, it is very frightening, confusing and distressing for the family. In this time of stress, it can be helpful to learn what to expect and what to do.

A psychotic illness makes it hard for the sufferer to tell what is real from what is not real. This illness also makes the person feel overwhelmed by things going on around them.

Individuals are likely to feel very confused, distressed, afraid, and lacking in self-confidence, not only during any time spent in hospital but often for a long time afterwards. They have been through a frightening experience. The illness has probably caused them to lose control of their thoughts and feel overwhelmed by the world around them. They may have frightening ideas that someone is persecuting them or talking about them, or they may also hear voices or feel depressed.

The person has had a serious shock. The body and brain need rest to be able to cope, just as we need rest to get over the 'flu. With a psychotic illness, however, recovery usually takes longer.

It is common for individuals who have just experienced a psychotic illness to:

- sleep long hours every night (or even during the day) for 6–12 months
- feel the need to be quiet and alone more often than other people
- be inactive and feel that they *cannot* or do not *want* to do much.

These behaviours are natural ways of slowing down, to help the body and brain recover. It is best to let the person be like this instead of expecting them to get back to normal straight away. It may take several months or a year to recover. Putting too much pressure on the person to get up or go out and do things can make them worse during this time of recovery. This DOES NOT MEAN the person needs to lie down all day, have everything done for them, or never do any household chores, however. It is a good idea gently to encourage the individual to help with simple chores, chat with the family, or ask if they would like to go out on some outing they used to like. If the person says no at this stage, you should leave him or her alone, saying, 'Okay, but you are welcome to come when you want to'.

It is not a good idea to do everything for your relative, or to do so much that you feel worn out. For example, some families, especially mothers, feel they have to tidy up after their

relative or make all the cups of coffee they ask for. It is important to encourage your relative to take responsibility for such tasks, but perhaps offer to help if necessary.

It is important for your recovering relative to have a quiet place to go. This is usually a deep need and is often helpful. It is NOT a personal rejection of you or the family if the person withdraws to his or her bedroom quite frequently. Only if your relative stays there all the time for many days should you need to be concerned. If the withdrawal is excessive, it can mean the illness might be getting worse again.

For the same reason (the need for calm, quiet and simplicity), you may find your relative is being emotionally distant, not very affectionate, or expressing very little feeling. This is part of the disorder and is NOT a personal insult to you. In the same way as the need for quiet withdrawal, this emotional distance is simply the need to cut down on all the confusing stimulation.

Often, the person may like to just sit in company and watch or listen to people. These behaviours can be helpful. It is good to accept these behaviours and not to worry about your relative saying nothing when in the company of others.

You may find the person likes to listen to loud music a lot of the time. This music may be a way of drowning out the distressing 'voices' or thoughts. Earphones or a walkman may be helpful.

Your relative may sometimes talk in a strange way that you may find hard to follow. The talk may seem unconnected or irrelevant to the conversation at times; or he/she might make unexpected remarks that do not make sense. This 'odd' conversation happens because the imbalance of brain chemical makes it hard to think clearly. Sometimes it is because the person is hearing voices that seem very real, although they are not there.

The person may have unusual patterns of sleeping or eating (eg getting up for meals in the middle of the night).

Your relative may sometimes behave in unusual, odd, or embarrassing ways. These behaviours are also a part of the disorder and do NOT mean that he or she is stupid or trying to embarrass you.

It is important to remember that the person with a psychotic illness often acts and speaks quite normally as well. Symptoms often get better and may re-appear only under stress. It is helpful to treat the person normally, except when you are dealing with fairly severe symptoms.

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<sup>i</sup> This leaflet has been adapted, with permission, from Visotina, Piatkowska. *Mental Illness Information Manual: a Self-Help Guide for Relatives and Carers*. Sydney: Department of Health, NSW, 1998, quoted in Andrews G, Jenkins R, eds. *Management of Mental Disorders* (UK Edition). Sydney: World Health Organization Collaborating Centre for Mental Health and Substance Abuse, 1999. Distributed for the publishers in the UK by IN 2 Mail Ltd, ax: +44 (0)1252 322315; PO Box 55, Aldershot, Hampshire GU12 4FP.