

## Q & A Mindline



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**Q How do we cope with our 21-year-old son who has suffered from schizophrenia for years and becomes unwell often, refuses his medication and argues with all? I myself get irritable. All this is affecting our family.**

It's not easy to care for a young one with long-term psychiatric illness. Families often experience burnout, which adversely affects all, especially the person with illness. This illness is known to worsen with stress, life events/changes, drugs and alcohol abuse, relationship problems, other health worries as well as intermittent discontinuation of medication.

Importantly, it worsens with carer's stress as well as 'high expressed emotions', a measure of the family environment which looks at attitude and perception of family members, typically evaluating critical comments, emotional over-involvement and hostility. Studies suggest those individuals whose families have high expressed emotions

are at higher risk of relapse of illness despite regular intake of medication.

I recommend structured input from psychiatrist in the form of psycho-education, supportive and counselling session for all family members, as this will help in reducing any critical remarks and negative attitude towards illness as well as correcting over-protectiveness. It can lead to release of pent-up emotions and feelings as well as improved understanding of the ailment, thereby enabling your family to cope better with the situation and encourage compliance with medication. Perhaps your son must have regular psychiatric consultation even when he is well, so that medicine dose is reviewed and optimised, any ensuing side effects are addressed in timely manner, and he is positively re-enforced to optimism and wellness.

**Q Is addiction my fault? Why am I blamed for failing to overcoming it?**

There is no simple answer to this. Historically, people with addiction were thought to be flawed morally and lacking in willpower. Such views lead to society's responses to alcoholism and drug abuse, treating it as a moral failing rather than a health problem. This led to retributive rather than preventative and therapeutic actions. However, the advancement and discoveries in the functioning of the brain changed views towards addiction and enabled us to respond effectively to the problem.

While the path towards addiction starts with the act of taking elements (alcohol and drugs) or indulging in the activity, but over a period of time, a person's ability to choose not to do so is compromised and seeking and consuming the element/activity

becomes obsessive. This behaviour is the result of prolonged exposure (to element or activity) on brain functioning. While pleasure and enjoyment may have been originally sought, with habitual use/involvement, it will be needed to feel normal. Many may indulge in this to ease unpleasant feelings or emotions.

Addiction affects multiple brain circuits, mainly those that are involved in memory and learning, motivation and reward, and inhibitory control over behaviour. Simple biological or genetic basis cannot explain heritability of addiction or addictive behaviour, and it is established that vulnerability is multi-factorial with interplay of genetic makeup, age of exposure to elements (and activity), environmental influences like stress from work, relationship and social milieu, and psychological status. Associated medical and psychiatric illnesses are common and there has been argument whether they are the cause or effect of specific addiction.

Whatever may be your addiction (if you think you have one or perhaps have been diagnosed), you will be blamed for it, if you haven't tried overcoming it or sought necessary professional help to do so. As Thomas Edison said "Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time."

Ask your queries at  
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