The Social Aspects Of Schizophrenia

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Abstract

Schizophrenia is a mental disorder that is present in 1% of people globally. The patient usually reports difficulties in expressing their thoughts, feelings, and emotions. The diagnosis of the problems is based on the symptoms, which are divided into three categories: positive, negative, and cognitive. If the signs appear for over a month, then the proper diagnosis is carried out. Treatment of this health problem involves antipsychotic medicine and talking therapies. The patients, along with the side effects of drugs, often face social isolation and social discrimination because of the disease's stigmatization.

Schizophrenia is a long-lasting mental illness that has adverse effects on behaviour, cognitive skills, and the way of life of a person suffering from it. People with schizophrenia find it extremely difficult to differentiate between their real and subconscious worlds, as they interpret things differently from others around them ("Schizophrenia," 2016). Patients with schizophrenia often experience detachment from all of their relations; they seem demotivated and may perceive things falsely because of their continuous struggle to keep their delusional thoughts separated from the real ones.

Diagnosis and Symptoms of Schizophrenia

Diagnosis of schizophrenia is not as straightforward; it can take up to six months to say with certainty that the person has schizophrenia after ruling out all other possible diseases. Approximately 1% of the adults are globally affected by schizophrenia; ages between 16 to 30 years are most like to show the symptoms of this horrible disease, however, it can also develop from early childhood in rare cases. Signs and symptoms of schizophrenia are usually categorized into three types: positive symptoms, negative symptoms, and cognitive symptoms.

Positive symptoms are also known as psychotic symptoms; they include hallucinations, delusions, unorganized thoughts, and disturbing physical movements. Hallucinations are more likely to be audible than visible in the form of random voices a person hears, which are actually not there, or in the form of strange feelings that are only experienced by the person suffering from schizophrenia but unable to explain them. Delusions make the person believe that he has some superpowers or abilities and acts accordingly, making his behaviour beyond understanding for others.

A schizophrenic person finds it difficult to think straight as all his thoughts become dysfunctional, and the logical relation between them changes abruptly according to the feelings of the person. While acting upon those irrational thoughts and delusional beliefs, a schizophrenic person may exhibit

certain repetitive bodily movements which make it nearly impossible for others to calm him down. Negative symptoms are highlighted when a person appears to be less lively with each passing day, as he becomes emotionally unavailable and speaks less in a disconnected manner. Also, he becomes demotivated and loses all interest in life while shutting everyone out of it. Other reported negative symptoms are apathy, emotional empathy absence, and limited social functioning. For example, people with severe schizophrenia are usually disconnected from the society around them. It is not that they do not want to communicate, but in fact, they cannot communicate properly or understand emotions (Andreasen et al., 2012).

Other examples of negative symptoms are the inability to visit their friends, inability to socialize, and even when they socialize, they cannot communicate appropriately. Cognitive symptoms are highlighted when schizophrenia affects the cognitive skills of a person, making it difficult for him to memorize or recall anything, decision-making becomes impossible and troubles the person in maintaining focus on any task. Schizophrenics generally have disorganized thinking as well as reduced concentration and memory. They might not have lost their memory, but they only remember a limited number of incidents. Because of weak cognitive functions, these patients also have difficulty summarising their feelings and behaviours (Andreasen et al., 2012). In some severe cases, the schizophrenic patient has no control over their bodily functions, such as crying, urination, and other acts. These are some of the signs and symptoms which describe the condition of the person. However, in spite of the symptoms, there is no diagnosis protocol. Usually, a pattern of symptoms is observed for at least one month (van Os & Kapur, 2009). Positive signs are observed during the diagnosis process (Andreasen et al., 2012).

Treatment Options

Treatment options that are prescribed to the patients vary from case to case, depending upon the severity of the patient's condition. The treatment itself can take up to 2-5 years or even longer, the main options available to cure schizophrenic patients are Antipsychotics, psychosocial treatment, and coordinated specialty care (CSC), and sometimes the combination of these there is used to get better results (Rajesh & Tampi, 2018). Antipsychotic treatment usually consists of pills, liquids, injections, or patches that have to be taken according to the doctor's consent. These medicines help in curbing delusions and hallucination episodes by altering the brain's chemistry. The frequency of these medications can be on a daily basis or bimonthly in the form of shots for patients who usually forget to take their medicines because of their condition. A person taking medication can yet experience several side effects in the form of headaches, nausea, dry mouth, insomnia, and weight gain, and they go away after some time as the person's body gets used to the medicines. Antipsychotics can produce the best result when used with psychosocial treatments. For example, first-generation antipsychotics can result in abnormal muscle movements and muscle twinges, and these can both be tolerable and intolerable. Second-generation antipsychotics can lead to severe movement problems as well as other chronic disease issues (van Os & Kapur, 2009).

Psychosocial treatments are commonly known as talk therapies, and the purpose of this activity is to sort out all the complexities regarding a person's thoughts, feelings, relationship problems, or other stress-causing scenarios. Through these therapies, the therapists try to make him able to cope with all his anxieties while easing his mental state to perform routine tasks like attending work or school. When these treatments are coupled with coordinated speciality care (CSC), the results become overwhelming. Coordinated speciality care's key focus is to improve the quality of life of the schizophrenic patient, and it incorporates medication, therapies, and family support along with education on the subject and aid from employment agencies to fulfil its purpose. All the elements in this treatment work in coordination to prevent long-term disability and concentrate on making the person able enough to live a healthy, independent life.

Social Effects of Schizophrenia

Schizophrenia is not a single disease. It is considered to be a combination of many other illnesses and findings. Other than health effects, there are several social impacts of schizophrenia that can lead to lower quality of life. It has been reported that people with schizophrenia face discrimination and rejection on a daily basis in society (Sibitz et al., 2010). Mental issues such as schizophrenia are stigmatized in the community, and people usually internalize the stigma, which will affect their quality of life. When people discriminate and stigmatize the patients, then the patients feel negativity towards them, making them feel that life is meaningless, and they ultimately become isolated (Sibitz et al., 2010). For example, social withdrawal can modify and internalize the stigma for many patients.

Society does not treat mental illness as a health disorder; instead, because of stigmatization and lack of communication, they tend to isolate the patient, which in turn enhances the stigmatization and internationalization of the discrimination factor for the patients. The severity of the case also impacts the social, physical, and mental health of the patient (Sibitz et al., 2010)t. When a patient is less severe in that case, they can take care of themselves and communicate with the people around them just with little help from friends and family (Sibitz et al., 2010). However, when the patients are severely schizophrenic in that case, they require the full assistance of their family members as they do not have control over their physical and mental health; thus, they tend to be more isolated and socially discriminated against.

In conclusion, Schizophrenia is a mental health condition that impacts the cognitive and physical functioning of an individual. There are several symptoms of schizophrenia, such as hallucinations, memory issues, lack of interaction with people, and concentration problems. Treatment and diagnosis of people with schizophrenia are not robust, but there are two types of treatment, which involve antipsychotic drugs and talking therapies. Based on the severity of the case, the doctor will prescribe the treatment. Schizophrenic patient often faces isolation and discrimination against themselves because of the stigmatization of mental health issues.

References

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