

Schizophrenic Patients and Organic World: An Analysis of Patients' Psychological Perception and Social Cognition

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Abstract:

The study was conducted to know how psychological illness effect human perception and cognition. Schizophrenia is a psychological disorder having devastating effect on the perception and cognitive abilities of an individual. The objective of the study was 'Perception of Schizophrenic patients detaches them from social environment.' Paranoid schizophrenia is the type of schizophrenia in which hallucinations and delusions detach a person from the real world. Delusion of persecution and delusion of grandiosity are the two most prominent and severe types of this disorder. Visual and auditory hallucinations are the common types and person suffering from any type of schizophrenia have symptoms of these two hallucinations. Prognosis is better in paranoid schizophrenia as compare to its other forms.

Key words: Social cognition, Psychological perception, schizophrenic patients, organic world.

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Introduction

Perception is the interpretation of sensory instincts received from the environment into psychologically significant information. "The conscious awareness of an element in environment is by the mental processing of sensory stimuli." In the broader sense the term psychological perception refers to the "mental process by which all kinds of data- intellectual and emotional, as well as sensory are organized meaningfully" (DPAS, 2009).

"Cognition is the mental process of knowing and becoming aware." Cognition process includes the ability to process, store, retrieve, manipulate and judgment about things, situation, and events. "It is also known as thinking" (DPAS, 2009). "Social cognition is an area of social psychology that studies social influences on thought, memory, perception, and other cognitive processes" (DPAS, 2009). It may emphasis on how people process, store, and apply information about other people and social events or situations. It focuses on the role of cognitive processes perform in our social interactions. It includes how we think, perceive and interact with the people in our social world. "Social cognition refers to the cognitive structures and processes that shape our understanding of social situations and that mediate our behavioral reactions to them" (Million & Lerner, 2003).

Impairment in cognitive abilities of an individual has devastating effects on the psychological perception of a person which may cause hallucinations and delusions. Read et al. (2004) have cited the National Institute of Mental Health's definition of Schizophrenia shared in an opening statement of US Government Agency that 'Schizophrenia is a chronic, severe, and disabling brain disease.' Hallucination and delusions are the subtypes of one of the major subtype of schizophrenia that is "Paranoid schizophrenia" (Ali et al., 2014).

Due to disorder in the perception of schizophrenic patients they perceive family, home, peer group, school, mosque, religious personalities in a different way. The main focus is to find out that how schizophrenic patients interpret these elements of social environment according to their own perceptual abilities. Scupin and Decorse (2009) says that, "The delusion, hallucination and other symptoms that occur with these disorders reflect wide ranging, economic, social and cultural variation throughout the world." They have flat expressions and perception of emotion in schizophrenic patients is worse as compare to other psychotic disorders and culture has great role in the perception of emotions.

The lower performance by schizophrenic individuals on affect perception tests has been associated with psychotic symptoms, bizarre behavior as well as negative symptoms. Pinkham et al. (2003) say that, "Perception of emotion is an emerging construct in schizophrenia. Perception of emotion is one aspect of a larger construct of social cognition that has been defined as the mental operations underlying social interactions including perception of emotion, attribution style, and the perception of intent in others." Cultural variation was present in the perception of emotions. Marsh et al. (2003) say that "cultures have been found to differ in expressed emotion" Ekman et al. (1987) "in how emotion is recognized."

People suffering from Paranoid Schizophrenia stand out due to their hallucinations and delusions. They have better diagnosis than the people with other forms of schizophrenia. Hallucination is "experiencing a sensation in the absence of an external stimulus" (Carr, 2001) and delusions are the "misinterpretation of reality" (Durand & Barlow, 2006) however "their cognitive skills and affects are relatively unimpaired" (Ali et al., 2014). "Prominent symptoms in the paranoid type are systematic delusions with persecutory or grandiose content." "Paranoid (delusion) disorders are psychoses in which the main symptoms are constant persecutory delusions, with minimal

mutilation in daily function. Logical and working activities are little affected, whereas social and marital functioning tend to be undoubtedly concerned” (McPhee et al., 1995).

In hallucination patient perceive the things that do not actually exist. Patient complains to hear voices others cannot hear or see mystic signs in the sky. Hallucinations are truly false perceptions. They smell, hear and see things differently from others. Scupin and Decorse (2009) refers to Benedict “who described a situation in which an individual heard very loud voices, plagued by dreams of falling off cliffs, and feared being devoured by swarms of yellow jackets. This individual was treated as “abnormal” because these are the symptoms of paranoid schizophrenia”.

A person can hallucinate from all five senses but auditory and visual are most common among them. In hallucination of smell a person can smell those odor's which do not exist in reality. Hallucination of touch is when a person responds to the stimulus of touch which is not actually present. Taste hallucination is claimed by an individual, as he feels taste in his mouth even though he/she is not eating anything or that particular item. Visual hallucination an individual experiences the presence of an absent stimulus and in auditory they hear voices of the absent stimulus.

“Delusions are defined as permanent invalid or false beliefs frequently involving misunderstanding of experiences or perceptions, despite evidence to the divergence. Whereas, hallucinations are defined as are sensory perceptions without peripheral stimulus” (American Psychiatric Association, 2000). Delusions mostly involve the theme of being harassed, followed, cheated, drugged or poisoned, conspired against, spied on, assaulted, or thwarted in the quest of goals. Occasionally the delusion is isolated and patchy (such as the false belief that co-workers are harassing). Common delusion in the people with schizophrenia is that others are “out to get them” (Oltmanns & Emery, 2012). A person with a set of persecutory delusions

may be believe, for example, that he or she is being followed by government organizations because the persecuted person has been falsely identified as a spy. These systems of beliefs can be so broad and complex that they can explain everything that happens to the person.

Materials and Methods

The study was conducted in a rehabilitation center of schizophrenic patients named "Fountain House" located in district, Lahore. A sample of 100 respondents was taken using both probability and non-probability sampling. Data collection was started with stratified random sampling to fill socio-economic census forms and later on purposive sampling a technique of non-probability sampling was selected to fill interview guides and acquire case studies. But the study was based on qualitative research so the center of attention was to receive the case studies. The members directly relevant to the topic of the study were chosen to attain the required information.

Results

Case Study 1:

Ali Abbas, 58 years old man was a chronic patient and had been admitted in 'Fountain House' for the last 35 years. He was married and had four sons. He was occasionally allowed to visit his family but could never stay there permanently as he never recovered completely. He was paranoid schizophrenic and faced delusions of grandiosity and persecution. He usually talked to himself which then led to laughter. He would call himself a 'Peer' (Sufi scholar) and believed that his 'dua' had great effect as it was never rejected by Allah. At the same time he would say that he had six children whom he had killed because his wife was promiscuous and he did not want them to be in her

company. He would then ask for a phone call to his brother as he trusts only his brother and feels suspicious about rest of the family. He also begged for money and/or food items from other patients, interns, staff, visitors and psychologists.

Case Study 2:

Tanveer Ahmad, age 53 had been admitted in FH for last 2 months. He was a gold jeweler by profession before his illness. He had 5 children, his elder daughter was married. He did not trust his wife and elder son. He was the patient of delusion of persecution. He believed his neighbor Farhan Butt had extra marital relations with his wife and wanted to kill him. And that his elder son admitted him here to help his mother in promiscuity and that they all wanted to kill him for acquiring his property. He complained that his children didn't respect him and that he had no importance in his family. Also he complained that they never allowed him to speak or took his permission and suggestion in any matter as they doubted his psychological health.

Case Study 3:

Azhar Farooqi was 46 years old and chronic patient. He had been admitted for the last 20 years and never recovered completely. He was unmarried having one sister and one brother. His mother was also still alive. He experienced hallucinations and delusions. He heard voices from an absent stimulus and respond to them. Due to his delusion of grandiosity he believed himself to be 'Zulfiqar Bhutto' who was the president of 124 countries but currently only 4 countries were under his presidency. He also believed to have seen the Holy Prophet and also thought of himself as a prophet. The chances of his recovery were very low because he believed that he was being given slow poison in FH and at home also.

Case Study 4:

Sadia's age was 22 and had been admitted in Fountain House for the last 5 years. She was a young quiet unconfident girl. She was the eldest among her siblings. She had severe visual and auditory hallucinations. She used to talk in a way she had a conversation with another person. She used to talk about imaginary small kids and had visual hallucinations of their presence. She saw flowers in cemented ground. She talks about the colors and beauty of non-existing flowers. She frequently uses the sentence '*mujha nahi pata*' and had irrelevance in her dialogues. She had no insight of her illness and had no clear picture of family, home and friends in her mind. She had very low recovery rate and chance of her stability and going home were less than 40%.

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