

Analysis of Health Cognitive Deviation Behavior of Schizophrenia Patients

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Abstract. Schizophrenia is the most common severe mental disorder in psychiatry, and its clinical manifestations are the disorder of perception, thinking, emotion and behavior, and the disharmony of alien mental activities. About 60-70% patients with schizophrenia will have auditory hallucinations, which is the most common symptom of schizophrenia. In this paper, through the analysis of the health cognitive deviation behavior of schizophrenia patients, the patients mainly have auditory hallucinations, auditory hallucinations and delusions. Patients are lacking in the emotional aspects of things around them, caring and caring for their loved ones is very dull, especially the interests of things around them have begun to be indifferent. Followed by a series of abnormal psychological activities, if not timely health guidance, it will affect the cure rate of patients and increase the recurrence rate. The social harm behavior of mental patients seriously threatens people's property and life safety, and has a serious adverse impact on social stability, which has become a social problem that has attracted much public attention. Reducing or avoiding this kind of harmful behavior is one of the main topics that people try to explore.

Keywords: Schizophrenia patients, Health cognitive bias, Behavior analysis.

1. Introduction

Schizophrenia is a common type of mental illness, and its condition is easy to recur. The patients with schizophrenia have obstacles in cognition, sensory perception, emotional communication and thinking changes. The continuous development of the disease can lead to serious damage to the cognitive function of patients, and then cause mental disability. Schizophrenia is the most common severe mental disorder in psychiatry, and its clinical manifestations are the disorder of perception, thinking, emotion and behavior, and the disharmony of alien mental activities [1]. About 60-70% patients with schizophrenia will have auditory hallucinations, which is the most common symptom of schizophrenia. Auditory hallucination is a speech perception produced in the absence of real external stimuli, and patients think that they are independent of their own psychological processing. Auditory hallucinations have caused great pain to schizophrenic patients, especially self-injury and wounding under the control of imperative auditory hallucinations have brought serious harm to patients, families and society [2]. Mental patients suffer from brain dysfunction, abnormal mental activities and strange behaviors, especially under the control of auditory hallucinations, hallucinations, delusions and other mental symptoms, which lead to wounding, self-injury, suicide and destruction of things, undermining the harmony and normal order of families, communities and work units, causing harm to family members, neighbors and colleagues, and even affecting social security [3]. Public opinion has a fear, incomprehension and intolerance towards them. Schizophrenia patients can be clinically manifested as sensory disorders, thinking disorders, cognitive disorders, emotional disorders, behavioral disorders, etc., which seriously affect their physical and mental health, especially in young people. Schizophrenia in convalescence is a patient's mental symptoms in the acute stage, which is relieved by treatment and gradually develops towards health. However, it is followed by a series of abnormal psychological activities. Without timely health guidance, it will affect the cure rate of patients and increase the recurrence rate [4]. The social harm behavior of mental patients seriously threatens people's property and life safety, and has a serious adverse impact on social stability, which has become a social problem that has attracted much public attention. Reducing or avoiding this kind of harmful behavior is one of the main topics that people try to explore. In this

study, the health cognitive bias behavior of schizophrenia patients was analyzed, which provided reference for targeted treatment of different types of schizophrenia patients.

2. Psychological analysis of patients with schizophrenia

2.1. Ambivalence

Although patients get rid of the torture of the disease during the rehabilitation period, the psychological burden brought to patients during this period is heavy. They are worried about being discriminated against after discharge and their illness will recur. Some patients are worried about the side effects of taking antipsychotic drugs for a long time, which leads to negative self-evaluation [5]. Patients will have some incoherent language and poor thinking: the oral expression or written articles of schizophrenic patients are usually difficult for ordinary people to understand. In the process of chatting with others, patients will stubbornly repeat some sentences, and the whole conversation will be illogical and unable to clearly express the meaning around the central idea of the conversation. For patients with schizophrenia, it is more prone to lack of energy, lack of etiquette, lack of interest and even lack of emotion, mainly manifested in indifference to events closely related to themselves, feeling useless and not knowing what to do. Obviously, there will be fear of any event and emotional disharmony.

2.2. Inferiority complex

While the patient's self-awareness is recovering, they believe that being admitted to a psychiatric hospital is very shameful. Seeing their comrade's condition recur makes them nervous, fearful, and anxious, fearing that their condition will also recur. Patients with schizophrenia exhibit significant decline or lack of willpower: cognitive function is impaired, manifested by lack of concentration, decreased memory, poor thinking, and a much lower level of understanding and thinking than before. When in a low mood, patients may lose interest in everything, become depressed, unwilling to handle anything, or participate in external activities, resulting in a decrease in their ability to handle things and solve problems. Their interpersonal skills may also decrease, and their intelligence may be damaged. Therefore, some patients may appear sluggish compared to before their illness. Patients have a lack of emotional aspects towards their surroundings, and their care and care for their loved ones are very mundane. Especially, they become indifferent to the interests of things around them. They feel very painful to the general public, and there is no response to happy things. They also laugh for no reason, and even cannot communicate. It is particularly difficult to communicate emotionally with patients [6-7]. They belittle their own ability, worry about being unable to adapt to work after returning to the unit, have great psychological stress, appear negative and pessimistic emotions, and even have a strong sense of inferiority, and even have suicidal thoughts and behaviors.

2.3. Anxiety psychology

Most patients are worried that they will be discriminated against by others after returning to society. Some patients are worried about marriage and family problems, and they are worried that they can't find a partner or divorce. A few patients feel lonely and helpless, and feel that no one is dependent and unattended, which leads to different degrees of anxiety, anxiety, depression and listlessness all day long [8]. Schizophrenia patients are mostly introverted before illness. On the basis of imperfect personality, it is affected by environmental factors, which increases the risk of illness. Personality factor is one of the most common causes of schizophrenia in clinic. Due to patients' abnormal psychology, negative emotional reactions are caused, and some patients will be exposed in language, emotion and behavior. Before committing suicide, they may reveal farewell language or some abnormal signs to their patients or their families, such as suddenly changing from negative to positive, from passive to active, from depression to excitement [9]. Many people suffer from schizophrenia mainly because their inner pressure is too great, but they don't know how to relieve it. Patients should accept regular psychological counseling and learn to relax their mood and relieve their pressure, and

don't be overwhelmed by excessive pressure. What patients must do, actively cooperate with the doctor's treatment [10].

3. Analysis of health cognitive biases in patients with schizophrenia

3.1. Appearing auditory hallucinations

Generally speaking, people with schizophrenia tend to experience symptoms such as voices that others cannot hear, but patients with schizophrenia feel that they are real voices and are still subject to control. They cannot distinguish whether those voices are real or fake [11]. The various social hazard rates of patients were calculated based on the age group of 10 years old. In each age group, the incidence of three social hazards, namely work interference, injury to people, and damage to objects, were all above 2000. However, there was no significant difference in the comparison of various social hazard rates among different age groups ($P > 0.05$), see Table 1

Table 1. Comparison of harmful behaviors of catching up with schizophrenia at different ages

Types of hazards	15-25	25-35	35-45	P
Disrupting work	10 (35.35)	38 (40.35)	25 (30.37)	ns
Sexual disorders	5 (7.15)	0	7 (3.42)	ns
Murder	0	3 (1.25)	5 (3.26)	ns
Attempted suicide	4 (7.13)	5 (12.20)	4 (10.17)	ns

A person always suspects that people around them are insulting or mocking them. In reality, these people have not done these things in real life, but patients still believe that they have done these things. Therefore, patients will treat the people around them in the same way, and there may even be signs of hitting them. Doing anything is messy, and when sleeping at night, they will feel that someone is deliberately disturbing their rest.

3.2. Suffering from tactile hallucinations

Some schizophrenic patients may feel that things in their sight are constantly deforming, and they may feel that their vision and body are misaligned. Among various social hazards, the social hazard rates of both male and female patients are more than 20%, which are damage to objects and interference with work. The social hazard rates of injury and arson are significantly higher in males than in females ($X^2=4.23$, $P < 0.05$; $X^2=5.03$, $P < 0.05$), see Table 2.

Table 2. Comparison of Social Harmful Behaviors between Different genders in Schizophrenia

Types of hazards	Male (n=150)	Female (n=146)	P
Disrupting work	72 (46.00)	50 (33.56)	ns
Sexual disorders	5 (2.00)	8 (4611)	ns
Murder	5 (2.00)	3 (1.37)	ns
Attempted suicide	12 (5.33)	7 (3.42)	ns

For example, a patient in the room is clearly at a distance from the table, but they shake it by themselves, and they can still rotate the door handle at intervals when they reach the door. Everything in my sight is constantly deforming. When pouring water, I pour it onto my clothes. When I work, I need to move and process files by picking up objects from space. When I look at the faces of people around me, I feel that their faces are twisted, and I feel that others are about to devour me at any time. Even my body is constantly changing.

3.3. Appear delusional

The appearance of delusions is the result of distorted beliefs, pathological reasoning, and judgments generated under psychopathology. Although it is not a fact, patients with schizophrenia firmly believe in it. For example, a patient has a strong competitive mindset since childhood, loves to worry, and loves their loved ones very much. However, after suffering from this disease, they are

powerless to do anything, suspect that their loved ones are cheating, and even believe that people around them will poison their meals, monitor their loved ones, and the patient stubbornly insists on their own ideas and tries every means to confirm. Comparing the social harm rates of schizophrenia patients with different family backgrounds, it was found that the incidence of two social hazards, namely interference with work and physical damage, was higher, with each group exceeding 20%. Individuals with poor family relationships had significantly higher levels of social harm such as injury and homicide compared to other groups, with significant statistical differences ($X^2=9.71$, $P<0.01$; $X^2=9.92$, $P<0.01$). There was no significant difference in other social harm groups, as shown in Table 3.

Table 3. Comparison of Social Harm Rates of Different Family Relationships in Schizophrenia

Types of hazards	Good	Common	Differ from	P
Disrupting work	15 (35.20)	55 (30.12)	33 (38.26)	ns
Sexual disorders	0	5 (3.87)	3 (2.11)	ns
Murder	0	0	5 (5.12)	ns
Attempted suicide	0	3 (2.82)	9 (7.20)	ns

When people around the patient persuade them, they will make them think that the person who persuades them is also an enemy. Later, they will often talk to themselves. Sometimes, when someone greets the patient, the patient will be indifferent. Suddenly, the patient will be very excited and pick up something dangerous to die with their loved ones or loved ones.

4. Conclusion

With the increasingly fierce social competition and complex interpersonal relationships, there will be more and more mental patients, and a large number of mental patients will be scattered in society, which will definitely bring serious threats to people's lives and social stability. In this paper, the behavior of health cognitive deviation of schizophrenic patients is analyzed. Patients mainly have auditory hallucinations, auditory hallucinations and delusions. For example, patients are competitive, worried and love their lover since childhood, but after suffering from this disease, they are unable to do anything, suspect that their lover is cheating, and even think that people around them will poison their meals and monitor their lover. Patients are paranoid to stick to their own ideas, and through the above content analysis, we can guide patients to correctly understand the disease, explain schizophrenia-related knowledge to patients and their families, promote them to have a correct understanding of schizophrenia, and help medical staff to find out the characteristics of patients' physical and mental conditions in time and deal with them, thus preventing the disease from getting worse. Let the whole society care and respect the mentally ill, so that they can get more support and warmth in spirit and life. In this way, it can not only change the unhealthy psychological state of patients, but also create a good social and psychological environment for their recovery.

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