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A REVIEW ON SCHIZOPHRENIA: INTERTWINING EMOTIONS

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ABSTRACT

Schizophrenia occupies a central position in psychiatric discourses framed as an opaque and bizarre disorder of unknown or unknowable aetiology. The influence of psychoanalytical accounts of schizophrenia on the critical and popular imaginaries is indisputable. A multidisciplinary approach to both assessment and clinical intervention is important to support individuals with this health condition. Incoherent thinking and disorganized behavior takes an enormous toll on afflicted families. Many people with schizophrenia have difficulty maintaining a job or independent life; though it is important to recognize the treatment especially at the onset of symptoms allows individuals to lead a meaningful and productive lives. The contributing factor and the mechanisms of this condition is still unclear and has been a source of debate within the scientists in field of psychology and psychiatry.

Entering to the functionality

A better understanding of coherent psychology of person with schizophrenia and provision of psychotherapies improves both the biological and psychotherapeutic treatment of persons with schizophrenia (Ahamed abu akel,2011). A useful functional psychology of schizophrenia (in distinction to a psychological approach to symptoms) remains clinically important for several reasons. It is a core part of Bio-Psycho social formulations. It helps us to understand and connect with person having schizophrenia. It provides a frame work by which to organize the treatment efforts (both psychological and biological) which can improve adherence and outcomes.

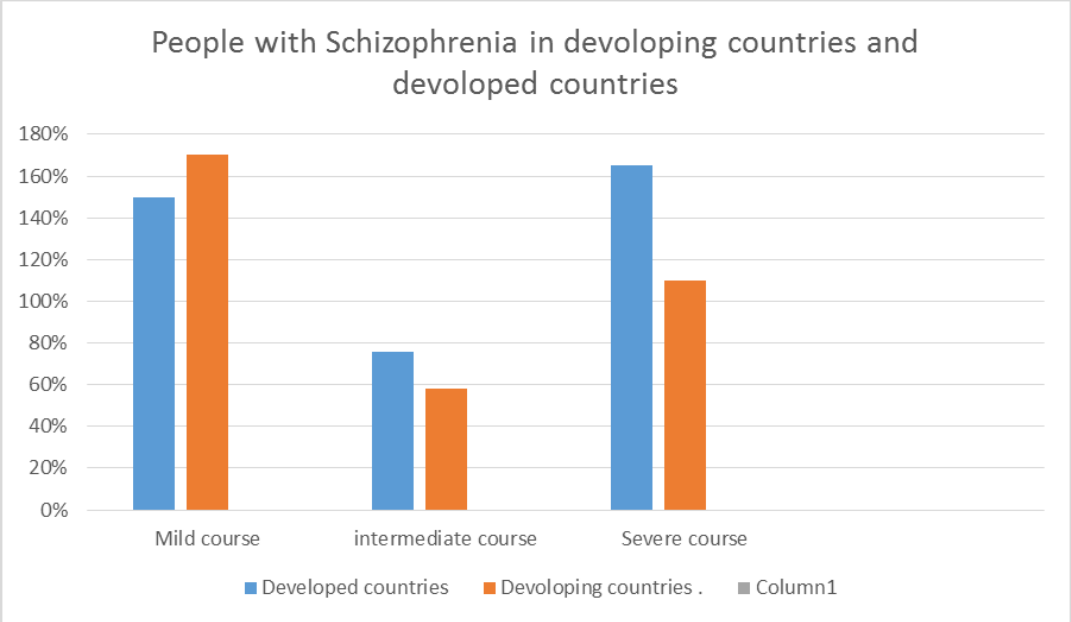
1. Culture and Progression of Schizophrenia

Schizophrenia is more chronic and debilitating than other psychological disorders. Between 50-80% of people who are hospitalized with one episode of schizophrenia are even rehospitalised for another episode at some time in their lives. The regulation of negative emotion through reappraisal has been shown to induce increased prefrontal activity and decreased amygdala activity. Individual differences in dispositional mindfulness reflect differences in typical recognition, detachment and regulation of current experience, thought to also operate as top–down control mechanism [Gemma Modinos, 2010]. Not everyone with schizophrenia shows progressive deterioration in functioning. Between 20-30% of people treated for schizophrenia recover substantially from the illness with 10-20 years of onset (H Walter, 2011).

Culture seems to play a strong role in the course of schizophrenia. People who have schizophrenia in developing countries such as India, Columbia, Nigeria are less likely to remain incapacitated by the disorder for the long term than people who have schizophrenia in developed countries such as United states, Great Britain or Denmark.

It may be due to partially the variation in the genes of schizophrenia across cultural groups (Eugene Minkowski, 2015). Difference in how cultures treat their schizophrenic members probably play a strong role also. In developing countries people with schizophrenia are more likely cared for tough times by broad network of family members nearby who share and care the responsibility of the individual.

In contrast in developed countries it is less likely that the person with schizophrenia lives with family or that his or her immediate family has other family member nearby who share and care. Caring for family member with schizophrenia will be a huge burden. When this burden is shouldered by only a few people there can be a tremendous conflict in the family which may exacerbate the symptoms of the person with schizophrenia.



People with schizophrenia in developing countries are more likely to have a mild course disorder than people in developed countries. Whereas people in developed countries are more likely to have a severe course of disorder than people in developing countries (Manthosh J Dewani,2016)

The diagnosis of simple schizophrenia is increasingly considered as a controversial diagnosis, the systematic review reveals the case reports of schizophrenia suggests that it is a disorder with identification characteristics that are found in in consistent pattern in meeting the diagnostic criteria.

In recent years an increasing number of theories have appeared which do not consider the schizophrenic disorders and primarily the manifestations of defense.

Theories of schizophrenia which assign a secondary role to defense mechanism bedrock on phenomena of response interference such as associative looseness of cognitive slippage. Much evidence suggests that these phenomena are particularly the characteristic of schizophrenia. (Ronald C Kessler,1994).

Cognitive Slippage in Schizotypic individuals
In an experiment done by D C Gooding et al the Miers and Raulin cognitive slippage scale was used to assess subtle thought disorder. The Wisconsin Card Sorting test was used to assess cognitive performance in deviantly high scores in the perceptual aberration and magical ideation scale.

The scores were carried off as follows: N=63(Perceptual aberration and magical ideation scale)

N=62(high scores in the revised social anhedonia) and N=83(in control subjects).

In their experiment the result indicated that schizotypi individuals are more likely to report greater cognitive slippage and less likely to carry off as many WCST categories as controls.

Individuals with both positive and negative symptoms of schizotypi detailed higher levels of cognitive slippage that those individuals reporting only negative schizotypi.

The results were confirming the presence of an especially high risk group of psychosis-prone individuals namely those individuals with deviant scores on the revised social Anhedonia scale who possesses additional indication of schizotypi. [Gooding D.C,2001)

Wisconsin Card testing
Neuropsychologists commonly use the Wisconsin Card sorting test of the integrity of the frontal lobe functions. An account of its range of validity and of the neuronal mechanisms involved as lacking. In an experiment conducted by S.Denane et al the analysis were done on 3 different levels. First the different versions of the tests are described and the results obtained with the normal subjects and the brain lesioned patients are reviewed.

Second a computational analysis is used to reveal what algorithms may pass the tests and to predict their respective performances. At this stage different three cognitive components were studied that may critically contribute to the performances.

1. The ability to change the current rule when the negative reward occurs.
2. The capacity to memorize previously tested rules in order to avoid testing then twice
3. The possibility of rejecting some rules as a priori by reasoning.

A model neuronal network embodying these three components is described; The coding units are clusters of neurons organized in layers or assemblies.

A sensory motor loop enables the network to sort the input cards according to the several criteria.

The WCST consist of two card packs having four stimulus cards and 64 response card each. Each cards measure 7×7cm and then as various geometric shapes in different colors and numbers. The participants are expected to accurately sort every response card with one of the four stimulus cards through the feedback (right or wrong) given to them based on a rule. Among various versions the version of WCST with 128 cards developed by Heaton was used in this study. The participants are expected to accurately sort every response card with me of the four stimulus cards developed by Heaton is used in this study. The test was applied individually and 12 scores were obtained due to the nature of the test.

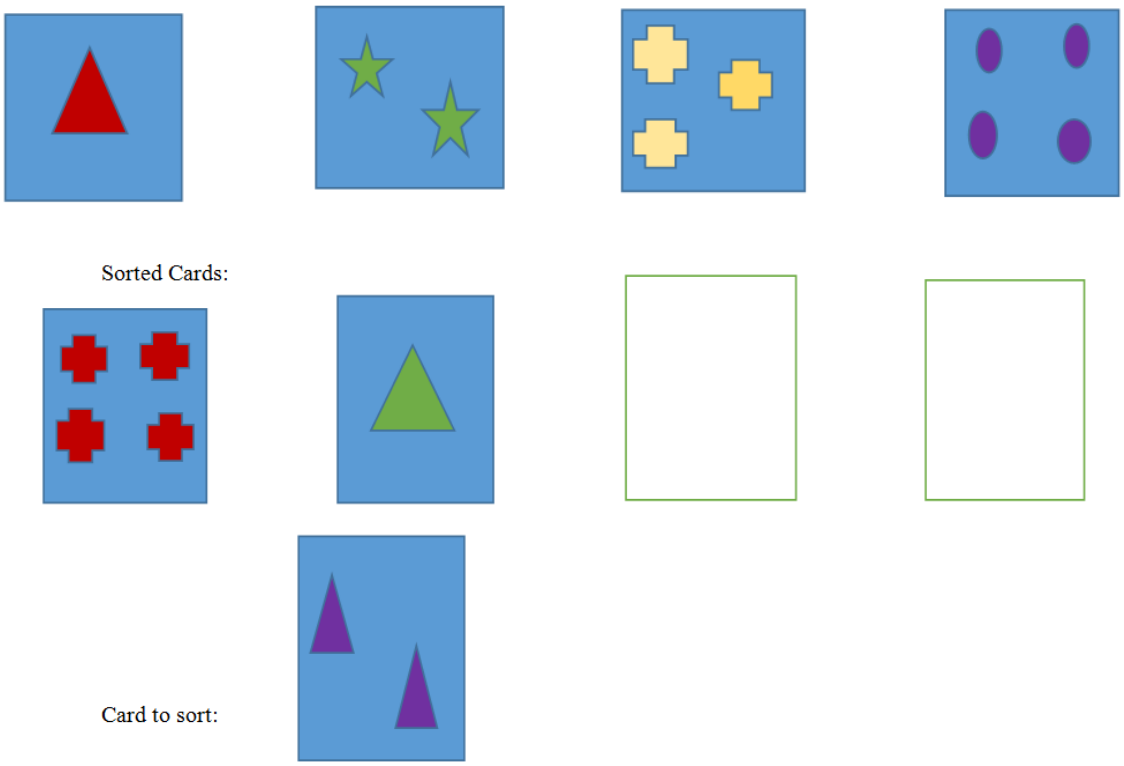
The Cognitive study through WCST Wisconsin Card Sorting Test: (Gooding D.C.2001; Stanislas Dehaene, 1998).

The WCST of frontal function or executive (metacognitive) function is scored according to nine categories. Before testing, color blindness needs to be excluded (e.g., by the Ishihara Plate Test) so that it does not influence the test result. The computer administered 128-card (or 64-card) test is employed and the scoring includes percentage errors as follows:

1. Perseverative responses (%)
2. Perseverative errors (%)
3. Nonperseverative errors (%)
4. Conceptual level responses (%)
5. Categories completed
6. Trials to complete first category
7. Failure to maintain set
8. Learning to learn

Model of WCST

Target cards



The Social demography of health

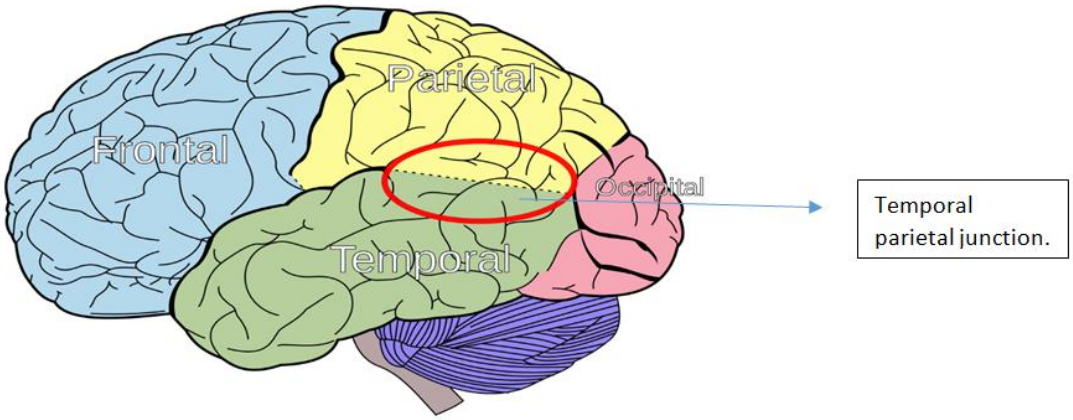
A number of factors including improved medical care nutrition sanitation and housing combined over the course of the twentieth century to help prolong lives of most people. The rise in life expectancy has brought a corresponding increase in the growth of the elderly population. Men and women are living to 65 years of age and older in greater numbers and proportions even before. (Sarah Jalali Farahani 2017).

Perceptual aberration

Perceptual aberration of spatial and temporal continuity is a major characteristic of schizophrenia spectrum distances including schizophrenia, Schizotypal personality disorder and schizotypi.

Studies targeting distributed feelings of self-processing in schizophrenia have highlighted the importance of cortex at the junction of the temporal and parietal lobes (temporal parietal junction.) This area is also crucial in in

self-other distinction processes and theory of mind. Damage to the TPJ has been implicated in having adverse effects on an individual's ability to make moral decisions and has been more known to produce out of body experiences.(Sylvia Dell Orco,2018)



Theory of Mind (TOM)

This is a popular term in psychology as assessment t of an individual human degree of capacity for empathy and understanding others. It is one of the patterns of behavior that is typically exhibited by the minds of both neurotypical and atypical people that being the ability to attribute to another or oneself mental states such as beliefs desires emotions and knowledge. TOM is a personal capability of understanding that others have beliefs, desires and intentions and perspectives that are different from one's own. This insofar as the output such as thoughts and feelings of mind is the only thing being directly observed. (Sigmund Freud,1928).

Mental processes underlying the TOM

What underlies people's capacity to recognize and understand mental states is a whole host of components a tool box as it were for many different but related tasks in the social world. This organization also reflects development from tools that infants master within the first 6-12 months to tools they need to acquire over the next 3-5 years. Fig:1 shows some of the most important tools, organized in a way that reflects the complexity of involved processes: from simple and automatic on the bottom to complex and deliberate on the top (Modabbernia A,2016)

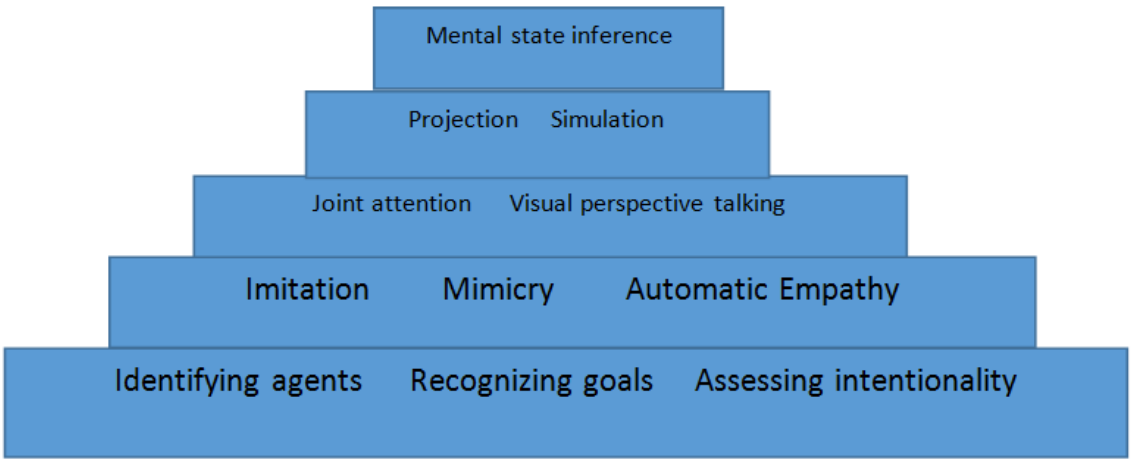


Figure 1:

The category agent allows humans to identify those moving objects in the world that can act on their selves. Features that even very young children take to be indicators of being an agent include being self-propelled, having eyes, and reacting systematically to the interaction partner's behavior, such as following gaze or imitating. (PhilosTrans R ,2006).

Recognizing goals builds on this agent category, because agents are characteristically directed toward goal objects, which means they seek out, track, and often physically contact said objects. Even before the end of their first year, infants recognize that humans reach toward an object they strive for even if that object changes location or if the path to the object contains obstacles. What it means to recognize goals, therefore, is to see the

systematic and predictable relationship between a particular agent pursuing a particular object across various circumstances. Through learning to recognize the many ways by which agents pursue goals, humans learn to pick out behaviors that are intentional. The concept of intentionality is more sophisticated than the *goal* concept. For one thing, human perceivers recognize that some behaviors can be unintentional even if they were goal-directed—such as when you unintentionally make a fool of yourself even though you had the earnest goal of impressing your date. To act intentionally you need, aside from a goal, the right kinds of beliefs about how to achieve the goal. Moreover, the adult concept of intentionality requires that an agent have the skill to perform the intentional action in question i.e.; If I am flipping a coin, trying to make it land on heads, and if I get it to land on heads on my first try, you would not judge my action of making it land on heads as intentional—you would say it was luck.

Emotional significance is evaluated preattentively by a subcortical circuit involving the amygdala; and second, stimuli deemed emotionally significant are given priority in the competition for access to selective attention. This process involves bottom-up inputs from the amygdala as well as top-down influences from frontal lobe regions involved in goal setting and maintaining representations in working memory.

That's a fairly technical description, so let me break it down:

1. The part of your brain that creates emotion (your amygdala) evaluates the degree to which the goal is important to you.
2. The part of your brain that does problem solving (your frontal lobe) defines the specifics of what the goal entails.
3. The amygdala and frontal lobe work together to keep you focused on, and moving toward, situations and behaviors that lead to the achievement of that goal, while simultaneously causing you to ignore and avoid situations and behaviors that don't.

While that process sounds as straightforward as a computer program, what's actually happening is much more complex. Because your brain has something called neuroplasticity, goal-setting literally changes the structure of your brain so that it's optimized to achieve that goal.

This phenomenon was first identified in a landmark study of multiple sclerosis patients at the University of Texas. MS is an extremely serious degenerative disease of the brain with debilitating symptoms like numbness, speech impairment, loss of muscular coordination, and severe fatigue. Researchers found that MS patients who set ambitious wellness goals had fewer, less severe symptoms than a control group. In effect, goal-setting actually helped heal their brains.

Researchers have also learned what kind of goals make the most dramatic changes to the brain structure. A recent study published in the Journal of Experimental Psychology showed that goals that are highly emotional (i.e., the subject is highly motivated to succeed) cause participants to downwardly evaluate the difficulty of achieving that goal.

In other words, if you strongly desire a goal, your brain will perceive obstacles as less significant than they might otherwise appear.

Research has also shown that ambitious goals are far more motivating (i.e. they more thoroughly structure your brain) than easily achieved goals. For example, a study published in the Journal of Applied Psychology found that people who committed to an ambitious goal (in this case reducing energy consumption by 20 percent) actually ended up saving energy. People who committed to an easier goal (reducing consumption by 5 percent) ended up consuming the same amount as before (Geoffrey James, 2016).

Mental state inference explicit the ability to truly take another person's perspective requires that we separate what we want, feel, and know from what the other person is likely to want, feel, and know. For that humans make use of a variety of information. For one thing, they rely on stored knowledge, both general knowledge (Everybody would be nervous when threatened by a man with a gun) and agent-specific knowledge (A person will be fearless because he was trained in martial arts). For another, they critically rely on perceived facts of the concrete situation such as what is happening to the agent, the agent's facial expressions and behaviors, and what the person saw or didn't see (G.Guaudreau,2015).

Schizophrenia and Out of Body expressions

Understanding the meaning behind a person's posture or body movements comes easily to many people and helps to guide how we react to each other socially. According to Sergio Paradiso's study the patients with schizophrenia have trouble deciphering emotion from human facial expressions. It was not well understood whether this perception problem extended to other socially relevant clues. Cognitive insight was predominantly positively associated with structure and function of the hippocampus and ventrolateral prefrontal cortex. Impaired clinical insight is not associated with abnormalities of isolated brain regions, but with spatially diffuse global and frontal abnormalities suggesting it might rely on a range of cognitive and self-evaluative processes (G H M Pijnenborg, 2020).

In the study which included 14 people without schizophrenia who were taking medications and had mild to moderate symptoms. Unfortunately, standard treatment of schizophrenia does not appear to be capable of improving perception that helps in being social with

others. The inability to perceive body language also appears unrelated to a person's level of intelligence. Many people with schizophrenia, including those who are very bright, remain awkward in social situations according to his study.

Phenomenology and psychopathology of schizophrenia

French Psychiatrist, Eugene Murkowski (1972-1985) believed that the phenomenological essence of schizophrenia as consists in a loss of vital contact with reality and manifest itself as autism. The loss of vital contact with reality signifies a morbid change in the temporal-spatial structure of expressions particularly in the diminishment and modification of temporal dynamic aspects and corresponding predominance of spatial-static factors. The fundamental, essential phenomena are always implicitly and virtually present in the manifest symptoms. To reach the level of essence requires an intuitive effort in sense of the word: a direct, un-mediated grasping of the way of being and experiencing that can only occur in the lived present of a face-to face exchange. [Louis Sass Joseph,2011;Eugene Minkowski, 2015]

In a study included 774 patients with schizophrenia who were users of the community mental health care service in the area of South Granada Spain by Berta Moreno et al. spatial analysis (Kernel estimation) and Bayesian relative risks were used to locate potential hotspots. Availability and accessibility were both rated in each zone and spatial algebra was applied to identify hotspots in a particular zone. It stated that the age-corrected prevalence rate of schizophrenia was 2.86 per 1,000 populations in the South Granada area. Bayesian analysis showed a relative risk varying from 0.43 to 2.33. The area analyzed had a non-uniform spatial distribution of schizophrenia, with one main hotspot. This zone had poor accessibility to and availability of mental health services. The team concluded the spatial analysis techniques are useful tools to analyze the heterogeneous distribution of a variable and to explain genetic/environmental factors in hotspots related with a lack of easy availability of and accessibility to adequate health care services. Though Schizophrenia is a disorder with adolescent onset for which functioning in real world may have a long-term impairment. It's important to incorporate the concept the concept of "personalized value" into schizophrenia research by combining the areas of developmental psychopathology bin schizophrenia. This approach will be important to understand the concepts of "person centered" approach and democratizing clinical research. Thus schizophrenia research is in the frontline of value based approach which has been recently proposed in the beyond evidence based medicine approach. To understand t5he neural basis of personalized value its development can be modeled as the psychological process in which adolescents acquire the ability to control the conflict between learned value and actual behavior by using self-regulation including meta cognition and language inner speech. We should consider the real world as the field where an individual develops a personalized value to live his/her own life. We may hypothesize a spiral model where active interactions with the real world influence value development which shapes and models the patterns of action in life, in turn inducing plasticity in brain circuits. (Pedro Mateos Aparicio,2019)

Remarkable symptoms

The psychotic symptoms may include delusions These are false, mixed, and sometimes strange beliefs that are not based in reality and that the person refuses to give up, even when shown the facts. For example, a person with delusions may believe that people can hear their thoughts, that they are God or the devil, or that people are putting thoughts into their head or plotting against them. Hallucinations**:** These involve sensations that aren't real. Hearing voices is the most common hallucination in people with schizophrenia. The voices may comment on the person's behavior, insult them, or give commands. Less common types include seeing things that aren't there, smelling strange odors, having a funny taste in your mouth, and feeling sensations on your skin even though nothing is touching your body.(Yuxuan zhao ,2020)

- Catatonia: In this condition, the person may stop speaking, and their body may be fixed in a single position for a very long time.

These are positive symptoms that show that the person can't think clearly or respond as expected. Examples include:

- Talking in sentences that don't make sense or using nonsense words, making it difficult for the person to communicate or hold a conversation
- Shifting quickly from one thought to the next without obvious or logical connections between them
- Moving slowly
- Being unable to make decisions
- Writing excessively but without meaning
- Forgetting or losing things
- Repeating movements or gestures, like pacing or walking in circles
- Having problems making sense of everyday sights, sounds, and feelings. [Tim Newmann,2020]

The person will have trouble

- Understanding information and using it to make decisions (a doctor might call this poor executive functioning)
- Focusing or paying attention
- Using their information immediately after learning it (this is called working memory)
- Recognizing that they have any of these problems

Negative Symptoms of Schizophrenia

The word "negative" here doesn't mean "bad." It notes the absence of normal behaviors in people with schizophrenia. Negative symptoms of schizophrenia include:

- Lack of emotion or a limited range of emotions
- Withdrawal from family, friends, and social activities
- Less energy
- Speaking less
- Lack of motivation
- Loss of pleasure or interest in life
- Poor hygiene and grooming habits

Psychoanalysis

The concepts of Freud enthusiastically outline his approach to the unconscious dreams the theory of neuroses and some technical issues in the form in which it was formulated was of wide potential. They have given the world a new conception of both infancy and adolescence and shed much new light upon Characterology.

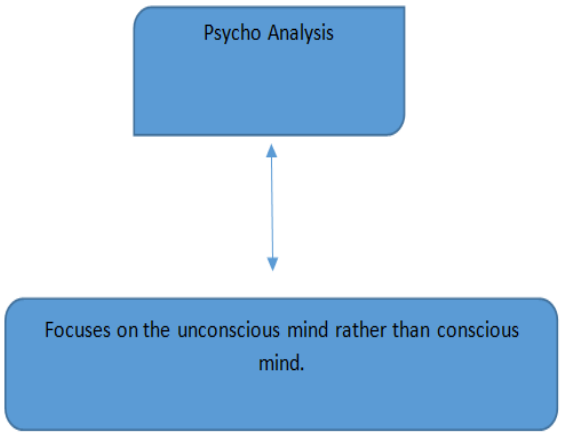
According to Wilhelm Reich the western originator of science of Body Mind Psychotherapy, he explored, analyzed and first proposed working archetypes 5 key types of personality groups develop from this process, where developmental arrest occurs. Reich explored how the early patterns of relating to others if problematic interrupted or subject to trauma can get" wired" into the brain and the body and then repetitions and recreations in adult hood. The literal posture body shape muscular and fatty deposits as held in the body as well as sense awareness organ functioning (eye sight) are affected in the process and there comes an outcome of correlating body's structure /shape to personality with its emotional and mental defenses or adaptations towards life. This is what Reich called as characterology. (Angela woods, 2013)

Reich amalgamated Freud and Marx and created- a credo that was action-oriented and at once anti-intellectual and anti-political. Where Freud had urged rational sublimation and adaptation, and Marx political revolution, Reich advocated the dis solution of the patriarchal family and the authority of the father.

Psychoanalytical treatment of characterology and schizophrenic disorders: In an introductory chapter Boyer reviews briefly what is known about the occurrence of schizophrenia in various cultures the diagnostic problems involved and the main theories as to its cause. He also delineates the problem at which the on lining some of the divergence of opinion concerning the applicability of psychoanalysis as a treatment for schizophrenia. The schizophrenic process improbably reversible a process which depends on reconstruction of character structure. Such reconstruction can result from psychoanalytic treatment according to Freud's formulations concerning the genesis of schizophrenia need revision. (A N Goldstein et al,2016)

The Temperament and Character Inventory (TCI) is a well-established self-report questionnaire measuring four temperaments and three character dimensions. However, surprisingly few studies have used it to examine the personality of patients with schizophrenia, and none in Japan. Moreover, possible gender differences in personality among patients with schizophrenia have not been well documented. We administered the TCI to 86 Japanese patients with schizophrenia and 115 age- and gender-matched healthy controls to characterize personality traits in patients with schizophrenia and to examine their relationships with clinical variables, particularly gender and symptoms were reported. Compared with controls, patients demonstrated significantly lower novelty seeking, reward dependence, self-directedness and cooperativeness, and higher harm avoidance and self-transcendence. Male patients showed even more pronounced personality alteration than female patients when both of them were compared with healthy people. Personality dimensions were moderately correlated with symptom dimensions assessed by the Positive and Negative Syndrome Scale (PANSS).[23] These results, together with prior findings in several other countries, suggest that schizophrenia patients have a unique personality profile which appears to be present across cultures and that the greater alteration of personality in schizophrenia males might be related to their poorer social and community functioning.

Psychoanalysis is defined as a **set of psychological theories and therapeutic techniques** that have their origin in the work and theories of Sigmund Freud. The core of psychoanalysis is the belief that all people possess unconscious thoughts, feelings, desires, and memories.



Psychoanalysis vary much from the other kind of talk therapies

Psychoanalysis is a type of therapy that aims to release pent-up or repressed emotions and memories in or to lead the client to catharsis (Process of releasing there by

providing relief from strong or repressed emotions. Sharing your story is like pouring water in a wound, it might hurt at first but after a moment the pressure is welcoming you realize that soon you clean it out and lit the light bathe it the quicker it heals until one day you look back and you feel peace.), or healing. In other words, the goal of psychoanalysis is to bring what exists at the unconscious or subconscious level up to consciousness.

The Studies aims the psychoanalytic treatment of hysteria is to uncover and translate the repressed psychosexual origin of neurotic symptoms, effectively relieving them. In the case of schizophrenia, however, there is no intrinsic connection between the hermeneutic reading of the schizophrenic symptom and the therapeutic treatment of the patient. It is through a process of 'textualization', an implicit division between speech and patient, that psychoanalysis simultaneously dispels and perpetuates the aura of sublimity around schizophrenia. Schizophrenic signification can be rendered intelligible and analytically mastered; however, the person diagnosed with schizophrenia is deemed, at least for Freud, to be beyond dialogue, incapable of transference, and hence inaccessible to psychoanalytic treatment. The double, paradoxical gesture of the textual sublime is to tackle that which is bizarre or unknowable about schizophrenia—to 'rescue' through interpretation schizophrenic signification—while at the same time preserving the essential enigma of the disorder itself. Like psychiatry's disciplinary sublime, the ongoing operation of the textual sublime is ensured by the fact that no limit can be imposed on (re)interpretations of the schizophrenic text because no criteria of therapeutic success can be mobilized to arbitrate between them.[24]

This goal is accomplished through talking to another person about the big questions in life, the things that matter, and diving into the complexities that lie beneath the simple-seeming surface.

It's very likely you've heard of the influential but controversial founder of psychoanalysis: Sigmund Freud.

Freud was born in Austria and spent most of his childhood and adult life in Vienna (Sigmund Freud Biography, 2017). He entered medical school and trained to become a neurologist, earning a medical degree in 1881.

Soon after his graduation, he set up a private practice and began treating patients with psychological disorders.

His attention was captured by a colleague's intriguing experience with a patient; the colleague was Dr. Josef Breuer and his patient was the famous "Anna O.," who suffered from physical symptoms with no apparent physical cause.

Dr. Breuer found that her symptoms abated when he helped her recover memories of traumatic experiences that she had repressed, or hidden from her conscious mind.

This case sparked Freud's interest in the unconscious mind and spurred the development of some of his most influential ideas. (W.Rossler,2012).

Model of Mind (Freud's Concept)

Perhaps the most impactful idea put forth by Freud was his model of the human mind. His model divides the mind into three layers, or regions

1. Conscious: This is where our current thoughts, feelings, and focus live;
2. Preconscious (sometimes called the subconscious): This is the home of everything we can recall or retrieve from our memory;
3. Unconscious: At the deepest level of our minds resides a repository of the processes that drive our behavior, including primitive and instinctual desires

Later, Freud posited a more structured model of the mind, one that can coexist with his original ideas about consciousness and unconsciousness. Freud compared mind to an iceberg.

Three cognitive architecture

Each architecture is described in its own terms, along with a figure that provides a standard characterization of its structure. Structure and Processing: The purpose of architectural processing is to support bounded rationality, not optimality. Architectures structure behavior around a cognitive cycle that is driven by procedural memory, with complex behavior arising as sequences of such cycles. In each cycle, procedural memory tests the contents of working memory and selects an action that modifies working memory. These modifications can lead to further actions retrieved from procedural memory, or they can initiate operations in other modules, such as motor action, memory retrieval, or perceptual acquisition, whose results will in turn be deposited back in working memory. (Angela Woods,2013).

The Ego, the Conscious Mind

The idea of past experiences forced into the subconscious repository led to the development of a tripartite theory of mind. According to this theory, the human mind has three parts. The first part is the ego or the conscious mind. When we consciously make a decision, like choosing the type of ice-cream we want to order, we are dealing with this part of our mind. We are inclined to think that our mind is all this, and there is nothing more to it. However, the ego does many other things like reasoning, arguing, planning and organizing, deliberating, and making sense of our experiences.

What is the Id

The second part of the mind is the repository of our urges and desires: the id. While we identify ourselves with

reason, the urges and desires are blamed on external factors. For example, we have historically externalized actions for satisfying physical desires as the work of the devil. We move bodily wants outside of the self and keep the self in that part of the mind which is safe and rational.

The id is always with us. In fact, in childhood, before we are taught self-control, id is the only part that is present. Freud had long studied the brain, focusing on cerebral palsy and other problems that occur in childhood. Having studied the child's mind for a long time, he believed that when we are cultured, we mitigate id. But what about the times when we engage in uncultured behaviors? Take jokes as an example. Some jokes are indeed very clever, but a large portion of the jokes are dirty ones.

The whole human species enjoy jokes that involve sexuality. According to Freud, we have a natural sexual drive that is a part of our animal side and an active part of the id. We are always trying to repress it to show that we are acculturated. Freud contends that we try our best to keep this desire under control, but these jokes provide a safe space for us to release this energy. We express this energy in the form of laughter, which is accepted both by the culture and the ego.

Superego

The superego determines that. Almost all human beings are raised by their parents, who teach them what is right and wrong and how to function and behave in the society. The expectations of society are not in line with our natural desires. So we repress what we naturally want, and do what we are expected to. If we violate these rules of etiquette, our parents reproach us. The father is traditionally in charge of disciplining the child. It is the father who enforces these laws and punishes if required. In time, we internalize the rules, making the father redundant. In addition to the rules, we also internalize the disciplinary role of the father: the superego, or the conscience.

Integrative Biopsychosocial model of schizophrenia

Anxiety in schizophrenia

Anxiety disorders are serious debilitating conditions with wide discrepancies being found in the reports of the prevalence rates, in clinical and epidemiological studies. The rate of prevalence of anxiety disorder in patients with schizophrenia or schizoaffective disorder remains uncertain due to limiting factors based on the definitions of the disorders themselves the sample size, the study procedures and utilization of different measures and clinical assessments.

It has been known that the anxiety has an important role in psychotic disorders. (Schizophrenia, Schizoaffective disorder) results in reduced cognitive functioning increases the severity of comorbid increases the risk of reoccurrence adds to internalized stigma reduces functioning and has a negative impact on overall outcome for the patient. Comorbid anxiety in schizophrenia and schizoaffective disorder is associated with more positive symptoms suggesting more severe medication side effects on and increase in drug or alcohol abuse a worsening and professional functioning and in the quality of life. It may also manifest as a symptom during an acute psychotic episode as a side effect of medication or as a symptom of comorbid anxiety disorder.

According to Hamilton Anxiety Rating scale, Yale Brown obsession compulsion rating it is difficult to evaluate the relation of anxiety to psychotic symptoms since it is not clear which anxiety symptoms the disorder is associated with furthermore operational criteria developed for the assessment of level of anxiety found in non-psychotic population. The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptoms, and is still widely used today in both clinical and research settings. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Although the HAM-A remains widely used as an outcome measure in clinical trials, it has been criticized for its sometimes poor ability to discriminate between anxiolytic and antidepressant effects, and somatic anxiety versus somatic side effects. The HAM-A does not provide any standardized probe questions. The reported levels of interrater reliability for the scale appear to be acceptable. Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0-56. (A N Goldstein,2016).

Defining the comorbidity of anxiety

Comorbidity is associated with worse health outcomes, more complex clinical management, and increased health care costs. There is no agreement, however, on the meaning of the term, and related constructs, such as multi morbidity, morbidity burden, and patient complexity, are not well conceptualized. This is reviewed for the definitions of com lies in its ability to explain a particular phenomenon of interest within the domains of clinical care, epidemiology, or health services planning and financing. Mechanisms that may underlie the coexistence of 2 or more conditions in a patient (direct causation, associated risk factors, heterogeneity, independence) are examined, and the implications for clinical care considered. It can be concluded that the more precise use of constructs, as proposed in this article, would lead to improved research into the phenomenon of ill health in clinical care, epidemiology, and health services. (David Dunning,2012).

Quite often it is said to be noted that slowly deteriorating schizophrenics occupy themselves with philosophy through this disturbed contact with life. But even if all schizophrenic thought disorders (to be discussed later) are missing, these philosophical trains of thought

generally remain peculiarly empty, fragile and lifeless, although by no means always lacking in brilliance.

However, we must not ignore the fact that at the onset of schizophrenia a seemingly contradictory behavior often can be observed. The patient seems to have a peculiar capability of empathy even long before he himself or others around him suspect a mental illness. He almost feels a compulsion to put himself into the mental processes of his acquaintances, to guess their subtlest emotions, and to predict their reactions. But on closer inspection this tendency, too, turns out to be a rationalism that just picks the effects of his next of kin as an object. Just as there are highly intelligent people who, without being "musical", penetrate far into the essence of music and musicians by the sole means of reason, there are also intellectuals who, despite their missing naturalness and despite their absence of personal contact, understand their next of kin. And so, this usually not long-lasting hypersensitivity in initial schizophrenia, too, is a rationalism.

Here might also be a one (abnormal) source from which autism could be derived in a comprehensible way. This schizophrenic basic mood leads quite often to suicide. In other cases, it just torments the affected person and makes him unfree, contemplative, self-dissatisfied, and disinclined to work. Since other symptoms often supervene – particularly mild obsessive ideas – the patient consults a specialist. In these cases, the psychotherapist almost never achieves success. Whether he treats the patient with psychoanalysis, catharsis or in any other way, the basic mood continues. Almost always such patients are mistaken for psychopaths. These psychotherapeutic experiences can also be phrased differently: if no therapy works in a psychopath, if no connection is established, the suspicion is often justified that an insidious, organic schizophrenic process is behind it. (Tim Newmann,2020).

Concluding about the psychological aspects if we try to understand this abnormal basic mood a little more precisely, the mental state is found to be disturbed in its duality: in its general *state* (mood in the narrow sense) without content, and in its ability to orient itself to a content, to face it, to love or hate it. Both are found in the described basic mood, so distressfully experienced by the patients. In these stages, they are by no means blunt but often hypersensitive. They do not enjoy this delicacy of emotional release like the romantic enjoying his own fineness, but they feel distressed and defenseless, at the mercy of these emotions and there is no way out of this vulnerability. They cannot persistently direct any affect to a goal or an object. So, they suffer secondly from a weakness of the emotional "act". They can no longer orient themselves emotionally to the world. And thereby all this emotional disturbance approaches what we usually term a self disorder. (David Dunning,2012).

The formal answer to the question, what is then disturbed in the self-disorder, is the self feeling or self-awareness. There has been a resistance against the assumption of a special self-feeling because all feelings (mental states) are states or acts of my own self. Such a phrasing is, in a sense, correct and yet at the same time given to misunderstandings.

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