

THE PROBLEM OF MENTAL HEALTH IN THE CONTEXT OF THE COVID-19 PANDEMIC: THE CLASSIFICATION OF PSYCHOPATHOLOGICAL DISORDERS

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Abstract:

The global pandemic of the new coronavirus infection COVID-19, which the world community is facing for the first time, has had widespread consequences and critical changes in all societies around the world. There is no doubt about the impact of the pandemic on human mental health. In the context of the pandemic, the number of cases of heterogeneous mental disorders in the general population and, to a greater extent, among medical workers has increased dramatically. This paper is devoted to the study of the problem and the specifics of social phobia, its phenomenology, developmental features, and variants of manifestation in the clinic of schizophrenia in the framework of medical psychology. The purpose of the study was to identify the characteristics of socio-phobic reactions in individuals with paranoid schizophrenia. The following research methods were used in the study: the Liebowitz Social Anxiety Scale, a brief version of the Fear of Negative Evaluation Scale by Leary (BFNE), the Social Avoidance and Distress Scale ("SADS"), conversation, observation. The results of clinical and psychological research have shown that the features of the manifestations of social phobic reactions in individuals with paranoid schizophrenia are more pronounced; they are dominated by the fear of negative assessment, avoidance of social interaction situations and social anxiety. The practical significance of the study lies in the fact that the results obtained will give an opportunity not only to expand the understanding of the development mechanisms and structure of the disease, but also to determine the ways of psychotherapy to provide psychological adaptation, as well as the prevention of disease progression in conditions of uncertainty, increased tension, and social isolation.

Keywords: mental disorders, mental health, COVID-19, social isolation, social phobia, social anxiety, paranoid schizophrenia, adaptation.

Introduction

1.1. The Importance of the Problem

Schizophrenia is one of the most complex and significant problems in modern clinical psychiatry. From the standpoint of social and social significance, the importance of this

problem is determined by the fact that schizophrenia is the most severe in the structure of mental diseases - up to 70% of patients after having psychosis do not return to their previous state of living and social functioning, 75% of patients with schizophrenia drop out of university and work. Clinical manifestations of the disease, including various phobias, which cause severe social maladjustment, disability, and a decrease in the quality of life of patients, play a significant role in the disruption of the social functioning of these patients. In addition, phobic disorders, combined with other mental disorders, aggravate the course of the latter, influence the motives of hospitalization (Achim, Maziade & Raymond, 2011; Golovin, 2000; Kulikova, 2016).

Social phobias occupy a special place among all phobic reactions of schizophrenic patients which are considered as an indicator of a rapid increase in social maladjustment of patients with a range of schizophrenic disorders (Yastrebov, 2000).

It should be noted that almost all studies of phobic disorders in schizophrenia were carried out within the framework of medical research, whereas this problem was not practically studied in clinical psychology. An exception may be a dissertation study of gelotophobia in patients with schizophrenia undertaken by E.A. Stefanenko (2014). Thus, the topicality of the chosen topic is determined by an insufficient study of the problem and specificity of social phobia, its phenomenology, developmental features, and manifestation variants in the clinic of schizophrenia in the framework of medical psychology (Efimova et al., 2018; Kalinina et al., 2018; Kerke, Salakhova & Demakov, 2021; Koskov and Seregina, 2020).

1.2. Research Goals and Objectives

The aim of this paper was to identify the characteristics of socio-phobic reactions in patients with paranoid schizophrenia in comparison with patients having other forms of schizophrenia. The main objectives were the following: analysis of scientific literature on the research problem, identification of variants of polymorphic socio-phobic reactions in patients with paranoid schizophrenia, identification of the specific features of social phobia manifestations in patients with paranoid

schizophrenia in comparison with patients who have other forms of schizophrenia.

Literature Review

2.1. Analysis of Russian Clinical and Psychological Literature

D.V. Yastrebov (1999; 2000) presented the study results of manifestations of socio-phobic reactions in patients with various forms of schizophrenia, according to which, in paranoid schizophrenia, social phobia initially manifests itself in ideas of being followed and potential threat, as well as pronounced avoidant behavior associated with it. According to D.V. Yastrebov (1999) social phobia with paranoid schizophrenia is its initial, paranoid stage. Subsequently, psychopathological symptoms are aggravated due to the addition of delirium. D.V. Yastrebov (2000) have also found that common manifestations of socio-phobic reactions in sluggish, simple, and paranoid schizophrenia (at its initial stage) are the fear that others will notice inadequacy of behavior and imaginary physical flaws, total avoidance up to complete self-isolation (Salakhova et al., 2020; Masalimova et al., 2017).

Another domestic study that reveals the problem of social phobia in schizophrenia is the work of E.A. Stefanenko (2014). This work studies the features of gelotophobia (a fear of being laughed at) in schizophrenia, as one of the forms of social phobia. The results obtained by the author showed that the highest values of gelotophobia were observed in the group of patients with paranoid schizophrenia.

2.2. Analysis of Foreign Studies

Analysis of the scientific literature have shown that there are few works devoted to the study of social phobia in schizophrenia, despite the topicality of this problem. Thus, according to a study undertaken by S. Pallanti, L. Quercioli and E. Hollander (2004), social phobia is a common but often unrecognized symptom of schizophrenia and is associated with a severe level of disability, lifelong suicidal attempts, more severe disorders connected with the use of psychoactive substances and alcohol, lower social adaptation, and inferior quality of life. Social phobia is often mixed up with negative symptoms in schizophrenic patients and is not

treated. This explains the importance of studying the specifics of manifestations of social phobic reactions in schizophrenia (Maltseva, Zlokazova & Soloviev, 2014; Pribytkov, 2012; Roy, Achim & Vallieres, 2015).

The existing works reveal the factors influencing the emergence and development of social phobia in patients with schizophrenia, the dependence of the severity of socio-phobic reactions on the duration of the disease and the severity of clinical and pathopsychological symptoms, while the features of manifestations of social phobia in different forms of schizophrenia are mentioned in sporadic studies (Brown & Wentworth, 2021; Goloshumova et al., 2019; Kanbul et al., 2019).

The widespread prevalence of social anxiety and social fear in schizophrenia is caused by communication disorders (delusional ideas, suspicion, autistic refusal to interact with others, deficit and impairment of social cognition, difficulties in understanding social situations), lack of a sense of humor (Grigorieva et al., 2014). An aggravating factor is the susceptibility of schizophrenic patients to stigmatization (Serebriyskaya, Yastrebov & Enikolopov, 2002).

M. Voges and J. Addington (2005), referring to studies on social phobia in schizophrenia, indicate that there is a relationship between social phobia and productive and deficient symptoms of schizophrenia in a hospital sample with a chronic course of the disease. These patients experienced increased levels of social anxiety. Negative symptoms were associated with behavioral criteria for social phobia (for example, slower speech), and positive symptoms were associated with self-reported anxiety experiences. Another study revealed that the association of social phobia with psychotic symptoms in patients with schizophrenia had the greatest association compared with other comorbid disorders in schizophrenia, but no association with negative and positive symptoms was found in this study.

Speaking about the mechanisms of social phobia in schizophrenia, M. Voges and J. Addington (2005) note that they have not yet been sufficiently elucidated. Perhaps social anxiety is a predisposition to psychosis. Conversely, it may be due to early social

isolation that occurs long before the onset of psychotic symptoms. Finally, it can be a consequence of the disease in terms of loss of social contact or coping strategies in response to perceived threats or other symptoms. However, there is no information on the presence of maladaptive or irrational beliefs about social evaluative situations in patients with schizophrenia, like those in people with social phobia, not suffering from schizophrenia, and their connection with social phobia and social functioning. Referring to the results of their own research, M. Voges and J. Addington (2005) assert that social phobia reduces the social functioning of patients with schizophrenia.

D. Mazeh et al. (2009) report that social phobia is more common in schizophrenia than in mentally healthy people. Socio-phobic reactions in patients with schizophrenia are associated with negative symptoms, and the closest connection is traced to apathy, a decrease in social activity. In a study carried out by these scientists, the specificity of socio-phobic reactions was revealed in different variants of the course and duration of schizophrenia. It was found that patients in the acute phase of their disease suffered from a heightened degree of alertness, anxiety, and sensitivity to the environment, while avoidance behavior was more pronounced in the chronic phase. However, the authors point out that their results cannot be considered reliable due to the insufficient amount of statistical data, since the number of patients with concomitant social phobia is small, and there was no control group in the study. In addition, there are significant difficulties in distinguishing between avoidant behavior in social phobia and negative symptoms of schizophrenia.

A study conducted by G. El-Khouly and M. El-Gaafary (2011) revealed a direct relationship between manifestations of social phobia and symptoms of general psychopathology (especially with impaired will) in patients with schizophrenia. These researchers also found that the risk factors for social phobia in schizophrenia were gender (female), ambulatory status and the absence of a history of electroconvulsive therapy. The most pronounced socio-phobic reactions were found in the undifferentiated and paranoid type of schizophrenia; with an increase in negative

symptoms, social phobia intensified. There was no correlation between the severity of social phobia and the duration of schizophrenic illness in the study undertaken by G. El-Khouly and M. El-Gaafary (2011). Also, these researchers found that socio-phobic reactions in schizophrenic patients were more pronounced than in "healthy" people with social phobia.

Materials and methods

2.1. Theoretical and Empirical Methods

The study embraced 27 patients diagnosed with schizophrenia. The main group consisted of patients diagnosed with paranoid schizophrenia (15 people), the comparative group included patients who had other forms of schizophrenia (12 people). The Liebowitz Social Anxiety Scale (Liebowitz, 1987), a brief version of the Fear of Negative Evaluation Scale (BFNE) by Leary, the Social Avoidance and Distress Scale ("SADS"; developed by D. Watson, R. Friend) were used to study socio-phobic reactions.

Table 1. Level of the fear of negative evaluation in patients with paranoid schizophrenia in comparison with patients who have other forms of schizophrenia

	Group: Main group (N = 15) median (IQR)	Group: the comparative reference group (N = 12) median (IQR)	P-value
the Fear of Negative Evaluation Scale (BFNE) by Leary	39 (30.00, 39.50)	28.50 (25.00, 33.25)	P = 0.0144

At the same time, if in the comparative reference group there are no patients with indicators of the fear of negative evaluation higher than the standard values, then in the

In addition, the following clinical and psychological methods were used: analysis of medical records, conversation, observation.

Methods of mathematical statistics were also employed in the study: methods of descriptive statistics, non-parametric Mann-Whitney test, Pearson χ^2 test, Spearman's rank correlation coefficient (to determine the relationship between the severity of socio-phobic reactions and the duration of the disease).

Results and Discussion

According to the data obtained (Table 1), patients with paranoid schizophrenia have a significantly greater degree of the fear of negative evaluation than patients with other forms of schizophrenia ($p = 0.0144$).

main group the proportion of such patients was 13.3%.

Table 2. The level of social anxiety in patients with paranoid schizophrenia in comparison with patients who have other forms of schizophrenia (Liebowitz Social Anxiety Scale)

	Group: Main group (N = 15) median (IQR)	Group: comparative reference group (N = 12) median (IQR)	P-value
Fear of social interaction situations	33 (29.50, 49.00)	28.50 (20.25, 33.25)	P = 0.0669
Avoidance of situations of social interaction	36 (25.00, 45.00)	20.00 (11.25, 23.00)	P = 0.0078

Total score (degree of social anxiety)	66 (56.00, 86.00)	45.50 (37.75, 56.25)	P = 0.0090
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It was also found that patients with paranoid schizophrenia had a tendency to avoid situations of social interaction and situations in which they could be objects of observation, to a significantly greater extent than patients with other forms of schizophrenia ($p = 0.0078$) (Table 2).

Differences in the level of a fear of social interaction situations in the compared groups did not reach the level of statistical significance ($p = 0.0669$). Apparently, it is more pronounced avoidance of social interaction situations, and not fear of them, that determine a higher degree of social anxiety in patients with paranoid schizophrenia, in comparison with patients who have other forms of it ($p = 0.0090$).

In the group of patients with paranoid schizophrenia, mild social phobia was found only among 40% of the subjects. The rest of the participants in this group demonstrated quite pronounced (26.7%), strong (13.3%) and very strong (20%) social phobia.

Conclusion

Our data are consistent with the data obtained by D.V. Yastrebov (1999; 2000), according to which social phobia in patients with paranoid schizophrenia is characterized by pronounced avoidant behavior.

Thus, the results of a clinical and psychological study showed that the specific features of socio-phobic reactions and their manifestations in patients with paranoid schizophrenia such as the fear of negative evaluation, avoidance of social interaction situations and social anxiety were more pronounced than in patients with other forms of schizophrenia.

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