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# Effects of Mental Health of Persons with Schizophrenia on Perceiving and Interpreting Reality of Life

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ABSTRACT

*The intention of the current study was to endeavor the effects of mental health of persons with schizophrenia on perceiving and interpreting reality of life. The researcher controlled over 16 variables in order to find out the effects of mental health of persons with schizophrenia taken as determinant. The parents and care takers of the persons with schizophrenia were the population of the study. Random sampling technique was employed to choose the sample of the persons with schizophrenia (n = 80) from the Faisalabad city and the Lahore city of the Punjab, Pakistan. A structured questionnaire for collecting specific information was developed on the basis of 5 point likert scale such as very strong (5), strong (4), neutral (3), not really (2) and not at all (1). After collecting data, it was tabulated and results were interpreted through descriptive statistics by using SPSS. Inferential statistics (Pearson Product Moment Correlation and t-test) and descriptive statistics (Frequencies and Percentages) were used for statistical analysis. Results indicated a significant positive correlation (r = 0.38, significant at P 0.01) in mental health of persons with schizophrenia on perceiving and interpreting reality of life. There was a significant difference (significant at p .001) between the perception of parents and the perception of care takers having impact of mental health on perceiving and interpreting reality of life for persons with schizophrenia. 'Thoughts that it would be better off dead' prevail all the time and 'behavioral and/or emotional changes most prominently occur while performing job tasks under the effect of mental health of persons with schizophrenia clearly manifest severe effects on perceiving and interpreting reality. It was concluded that mental health of persons with schizophrenia seems to be associated with significant loss for perceiving and interpreting reality.*

KEYWORDS
Mental health, schizophrenia, perceiving, interpreting, reality, life

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## INTRODUCTION

Brain depends on exquisite and intricate balances of chemicals and associated processes of neurotransmitters. Mental health is basically a depressant that reduces nervous activity in brain and as a result disrupts the balance by affecting thoughts, feelings and actions as well. With high dosage of food starts more of the brain to be affected for longterm involving inappropriate social emotional responses which later links to a high range of complications and issues from impaired thought and minute loss of memory to suicidal attempts. Rosenquist et al. (2010)reported that the consumption of mental health reserves numerous social as well as biological determinants that have magnifying consequences related to perceiving and interpreting reality of life for persons with schizophrenia Hwang et al. (2021), Kidd et al. (2021), Kroenke & Brundage (2021), Lee & Ahn (2020), McCartney & Holmes (2020).

Mental health interferes badly with the neurotransmitters in the brain and adversely affectsperceiving and interpreting reality of life for the persons with schizophrenia. It narrows the sense of perception of the particular situation and paralysis the person with schizophrenia to respond appropriately to the verbal cues and gestures spreading around the sight. Harper, (1998, 2009) investigated that the excessive use of mental health results specific damage of the brain for the long term which later significantly led towards health and behavioral related issues. Tapert et al. (2001) reported that mental health adversely affects brain functioning leads towards brain shrinkages causing inappropriate perceiving and interpreting reality of life for persons with schizophrenia.

The relationship of mental health of persons with schizophrenia and perceiving and interpreting reality of life has always been a subject of scientific interest for the researcher. Undoubtedly many research studies have been conducted in order to make the mode of this relationship clear. It still remains complex due to its nature of complexity and leaves behind a broad area for further research. In this regard, effects of mental health on perceiving and interpreting reality of life for schizophrenia were not considerably focused in Pakistani society.

## REVIEW OF THE RELATED LITERATURE

According to the NHS in Scotland, 19% of women and27% of mendeliberately injure themselves as the result of restricted mental health.Kendall, (1983) conducted a research and explained that mental health most probably leads towards

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social isolation causing suicidal attempts. Hence, mental health and suicidal attempts have positive relationship with each other. Goodwin, (1973) found an association between mental health and suicidal attempts. Suicidal attempts are the result of impaired thoughts of the persons with mental health. According to Sher, (2005) impaired social cultural and mental health under the effect of mental health become a major cause of suicidal attempts. Mental healthactually works as slow poison and smashes the normal functioning of the brain. Hence, can occasionally causeschizophrenia where delusions are hallucinations are overwhelmed.

Mental health slows down the functions of the brain causing impaired memory and short term failure of the memory ultimately leads towards dysfunctions of the processes of the brain chemistry (Ryback, 1971) Modinos et al. (2022)Van Amelsvoort et al. (2023). The researcher were interested to investigate the effects of mental health of persons with schizophrenia on perceiving and interpreting reality of life. There was a great need to endeavor the relationship of mental health of persons with schizophrenia and perceiving and interpreting reality of life of schizophrenia in Pakistani society. This study was an effort to bring various linkages between mental health and the status of mental health up to the surface of consciousness. The current study will surely help to explore the effects of mental health on mental health for persons with schizophrenia and ultimately will provide an insight to the persons with schizophrenia and the non-persons with schizophrenia as well.

**Hypotheses of the Study**

By keeping the objectives in mind, following hypothesis was formulated for the current study:

- H0: There would be a significant relationship of mental health of persons with schizophrenia and perceiving and interpreting reality of life.
- H1: There would a significant difference between the perception of parents and the perception of care takers having impact of mental health on perceiving and interpreting reality of life for persons with schizophrenia.

## RESEARCH METHODS

This section includes population, sample, sampling technique, research design, research instrument, procedure of the study and statistical analysis.

**Population**

The parents and care takers of the persons with schizophrenia were the population of the study.

**Sample**

The sample was comprised of (parents of person with schizophrenian = 48 and care takers of person with schizophrenia n = 32) from the Faisalabad city and the Lahore city of the Punjab, Pakistan. The age of all the parents was between 30 to 35 years and they were looking after such persons from the previous 08 to 10 years. The age of all the care takers was between 40 to 55 years and they were looking after such persons from the previous 10 to 15 years.

**Sampling Technique**

Random sampling technique was used for the current study.

**Research Design**

Descriptive study design was used for the current study.

**Research Instrument**

A structured questionnaire for collecting specific information was developed on the basis of 5 pointlikert scale such as very strong (5), strong (4), neutral (3), not really (2) and not at all (1).

**Procedure of the Study**

In order toaccomplish the requirements of the current study, 30 persons with schizophrenia were chosen by using random sampling technique. A structured questionnaire for collecting specific information from the parents of person with schizophreniawas developed on the basis of 5 pointlikert scale such as very strong (5), strong (4), neutral (3), not really (2) and not at all (1).After that results were tabulated and interpreted through descriptive statistics by using SPSS. Pearson Product Moment Correlation, Frequencies and Percentages were used for statistical analysis.

**Statistical Analysis**

Inferential statistics (Pearson Product Moment Correlation and t-test) and descriptive statistics (Frequencies and Percentages) were used for statistical analysis.

**Data Analysis and Findings**

This section includes inferential statistics and descriptive statistics to analyze the data.

**Inferential Statistics**

Pearson Product Moment Correlation was run to measure the direction of association between mental health of persons with schizophrenia and perceiving and interpreting reality of life.

Table 1:Correlation between Mental Health of Persons with Schizophrenia and Perceiving and Interpreting Reality of Life (n = 80)

| | Mental Health | P |
|---|---|---|
| Perceiving and interpreting reality of life | 0.38** | .000 |

** Correlation is significant at p 0.01

*Note.* The above table shows that mental health is positively correlated with perceiving and interpreting reality of life for persons with schizophrenia. Correlation is significant at p 0.01 level between mental health is positively correlated with perceiving and interpreting reality of life for persons with schizophrenia.

Table 2: Difference in Perception among Parents of Persons with Schizophrenia and Care Takers of Persons with Schizophrenia (n=80)

| Variable | Perceiving and interpreting reality of life | N | M | SD | Df | T | P |
|---|---|---|---|---|---|---|---|
| Mental health of persons with schizophrenia | Perception of parents of persons with schizophrenia (n = 48) | 80 | 81.89 | 7.89 | 147 | 4.81 | .000 |
| | Perception of care takers of persons with schizophrenia (n = 32) | 80 | 70.71 | 13.87 | | | |

| Variable | Perceiving and interpreting reality | N | M | SD | Df | T | P |
|---|---|---|---|---|---|---|---|
| Mental Health | Perception of parents of persons with schizophrenia (n = 48) | 80 | 81.89 | 7.89 | 147 | 4.81 | .000 |
| | Perception of care takers of persons with schizophrenia (n = 32) | 80 | 70.71 | 13.87 | | | |

*Note.* The above table shows that there was a significant difference (significant at p .001) between the perception of parents and the perception of care takers having impact of mental health on perceiving and interpreting reality of life for persons with schizophrenia. Therefore, the results of t-test show significant difference at $p < 0.01$.

**Descriptive Statistics**

Descriptive statistics was run to describe features and to generate summaries of the obtained data.

Table 3: *Effects of Mental Health on Perceiving and Interpreting 'Interest in Things/Relations/Events'*

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| Interest goes down in family members | 15 | 16.7 |

| | | |
|---|---|---|
| Interest goes down in routine activities | 16 | 20.0 |
| Interest goes down in meeting with friends | 19 | 30.0 |
| Interest goes down in going outside the home | 16 | 20.0 |
| Interest goes down in taking meals | 14 | 13.3 |

*Note.* The above table shows effects of mental health on 'interest in things and/or events'.

Table 4: *Effects of Mental Health on Perceiving and Interpreting 'Pleasure in Doing Things'*

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| Decreases in leisure time | 11 | 3.3 |
| Decreases in business | 17 | 23.3 |
| Decreases in activeness | 20 | 33.3 |
| Decreases in taking rest | 18 | 26.7 |
| Decreases in using internet | 14 | 13.4 |

*Note.* The above table shows effects of mental health on 'pleasure in doing things'.

Table 5: Effects of Mental Health on Perceiving and Interpreting 'Feeling Down'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| Feels down mentally | 11 | 3.3 |
| Feels down physically | 12 | 6.7 |
| Feels down socially | 22 | 40.0 |
| Feels down in maintaining daily routines | 20 | 33.3 |
| Feels down in performing job duties | 15 | 16.7 |

*Note.* The above table shows effects of mental health on 'feeling down'.

Table 6: *Effects of Mental Health on Perceiving and Interpreting 'Depression'*

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| Depression prevails while gets headache | 11 | 3.3 |
| Depression prevails while gets quarrel | 15 | 16.7 |
| Depression prevails while feels sad | 18 | 26.7 |
| Depression prevails while feels loneliness | 20 | 33.3 |
| Depression prevails while comes under pressure | 16 | 20.0 |

*Note.* The above table shows effects of mental health on 'depression'.

Table 7: Effects of Mental Health on Perceiving and Interpreting 'Hopelessness'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| Hopelessness about quality of life | 13 | 10.0 |
| Hopelessness about developing relation | 11 | 3.3 |
| Hopelessness about maintain healthy relation | 20 | 33.3 |
| Hopelessness about achieving job tasks | 22 | 40.0 |

| | | |
|---|---|---|
| Hopelessness about holistic personality development | 14 | 13.4 |

*Note.* The above table shows the effects of mental health on 'hopelessness'.

Table 8: Effects of Mental Health on Perceiving and Interpreting 'Trouble Falling Asleep/Trouble Staying Asleep'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| Not at all | 10 | 08.0 |
| Very much | 13 | 12.0 |
| Little | 20 | 30.3 |
| Not considerable trouble overwhelms | 22 | 33.0 |
| Considerable trouble overwhelms | 15 | 16.7 |

*Note.* The above table shows effects of mental health on 'trouble falling asleep/trouble staying asleep'.

Table 9: Effects of Mental Health on Perceiving and Interpreting 'Feeling Tired/Having Little Energy'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| All the time after taking food | 08 | 06.0 |
| While getting ready for going outside | 15 | 14.0 |
| While facing guests at home | 21 | 32.7 |
| While working related to job | 21 | 32.7 |
| While getting up early in the morning | 15 | 14.6 |

*Note.* The above table shows effects of mental health on 'feeling tired/having little energy'.

Table 10: Effects of Mental Health on Perceiving and Interpreting 'Appetite'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| Does not affect appetite | 10 | 08.0 |
| Desire to eat food decreases | 11 | 09.3 |
| Desire for breakfast comes to an end | 21 | 32.7 |
| Desire for lunch comes to an end | 21 | 32.7 |
| Desire for dinner comes to an end | 17 | 18.3 |

*Note.* The above table shows effects of mental health on 'appetite'.

Table 11:Effects of Mental Health on Perceiving and Interpreting 'Feeling Bad'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| Feels bad about himself | 13 | 10.0 |
| Feels himself a failure | 18 | 26.7 |
| Feels himself a disgusting personality | 17 | 23.3 |
| Feels himself a non-progressive personality | 19 | 30.0 |
| Let's himself down | 13 | 10.0 |

*Note.* The above table shows the effects of mental health on 'feeling bad'.

Table 12: Effects of Mental Health on Perceiving and Interpreting 'Trouble Concentrating'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| No trouble at all | 10 | 08.0 |
| Trouble concentrating on watching television | 14 | 13.3 |

| | | |
|---|---|---|
| Trouble concentrating on doing job | 21 | 32.7 |
| Trouble concentrating on performing daily routines | 20 | 30.3 |
| Trouble concentrating on maintaining relations | 15 | 16.7 |

*Note.* The above table shows effects of mental health on 'trouble concentrating'.

Table 13: Effects of Mental Health on Perceiving and Interpreting 'Moving and/or Speaking Slowly'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| While interacts with stranger | 11 | 3.3 |
| While interacts with family members | 14 | 13.3 |
| While does work unwillingly | 21 | 36.7 |
| While remains at home unwillingly | 21 | 36.7 |
| While goes outside the home unwillingly | 13 | 10.0 |

*Note.* The above table shows effects of mental health on 'moving and/or speaking slowly'.

Table 14: Effects of Mental Health on Perceiving and Interpreting 'Restlessness'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| Restlessness occurs all the time | 11 | 3.3 |
| Restlessness occurs in routine activities | 15 | 16.7 |
| Restlessness occurs during working | 19 | 30.0 |
| Restlessness occurs while staying at home | 20 | 33.3 |
| Restlessness occurs while getting up early in the morning | 15 | 16.7 |

*Note.* The above table shows the effects of mental health on 'restlessness'.

Table 15: Effects of Mental Health on Perceiving and Interpreting 'Thoughts that it would be better off Dead'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| Such thoughts prevail for some time | 14 | 13.3 |
| Such thoughts prevail all the time | 24 | 46.7 |
| Such thoughts lead towards fooding | 16 | 20.0 |
| Several thoughts force to food | 15 | 16.7 |
| Such thought comes once or twice in mind | 11 | 3.3 |

*Note.* The above table shows effects of mental health on 'thoughts that it would be better off dead'.

Table 16: Effects of Mental Health on Perceiving and Interpreting 'Hurting by Hitting and/or Kicking.'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| It does not happen | 09 | 07.0 |
| When unable to go for taking food at all | 14 | 21.0 |
| When mind is grasped with hopelessness | 22 | 26.0 |
| When mind is grasped with unhappiness | 18 | 22.7 |
| When mind is grasped with unrealistic thoughts | 17 | 23.3 |

*Note.* The above table shows the effects of mental health on 'hurting by hitting and/or kicking'.

Table 17: Effects of Mental Health on Perceiving and Interpreting 'Behavioral and/or Emotional Changes'

| Items related to little interest in things and/or events | Frequency | Percentage |
|---|---|---|
| While meeting friends | 10 | 08.0 |
| While going outside the home | 10 | 08.0 |
| While communicating with family members | 16 | 25.0 |
| While performing daily activities | 19 | 32.0 |
| While performing job tasks | 25 | 27.0 |

*Note.* The above table shows effects of mental health on 'behavioral and/or emotional changes

## DISCUSSION

Formulated hypothesis 1 of the current study was strongly supported by results and was significant at 0.01 manifesting positive correlation of r = 0.38 between mental health of persons with schizophrenia and perceiving and interpreting reality of life of persons with schizophrenia.

The study of literature review also supports the results of the current study. Helzer and Pryzbeck (1988) studied the co-occurrence of mental health with other psychiatric disorders in the general population and its impact on treatment and found high co morbidity rate between mental health and to be schizophrenia. Persons with schizophrenia are likely to develop inappropriate behavioral changes contributing to depression and restlessness. The results of the current study reflect the behavioral changes and impaired thoughts as co-occurrence of mental health with schizophrenia dysfunctions.

Significant difference (significant at p .001) between the perception of parents and the perception of care takers having impact of mental health on perceiving and interpreting reality of life for persons with schizophrenia for the formulated hypothesis 2 of the current study.

The study of the literature review also supports the findings of the researchers who examined the relationship between mental health and depression and found causal linkage on the association (Boden& Fergusson, 2011). Causal linkage between mental health usage and depression ultimately leads toward demolished state of mental health.The findings of the current study explore a causal relationship between mental health and depression that leads towards ultimate demolished mental and behavioral junctures.

As Madden (1993) examined relationship between mental health and the severity of mood swings which later causes to attempt suicide among persons with mental health combined with schizophrenia disorders. The findings of the current study also revealed hostile thoughts 'better to be dead' manifesting impaired thoughts instead of rational approach.

Zeichner and Pihl (1979) conducted a study and determined the effects of mental health and behavioral contingencies on the feelings of antipathy resulting in unfavorable or violent behavioral consequences. The findings of the study also explored depressed brain associated with mental health inhibition and obstruction as well.

## CONCLUSION

The main purpose of the study was to investigate the effects of mental health on perceiving and interpreting reality of life for persons with schizophrenia. Many studies have been completed in order to endeavor the relationship between mental health and the status of mental health. However, the review literature helped the researcher to take advantage from the few recent studies pertaining on the phenomenon of mental health of schizophrenic persons. Mental health of persons with schizophrenia adversely effects on perceiving and interpreting reality of life and ultimately demolishes their social emotional well-being.

The researcher also concluded that the mental health seems to be associated with significant loss of perceiving and interpreting reality of life for persons with schizophrenia.

## COMPLIANCE WITH ETHICAL STANDARDS:

It is declare that all authors don't have any conflict of interest. It is also declare that this article does not contain any studies with human participants or animals performed by any of the authors.

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