

## *Original Paper*

# Schizophrenia, Losers and the Soothing Reduction of Stress

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It is now being recognized that stress can cause schizophrenia as in phrases like driving you mad or driven round the bend. One solution to this is to use compassion therapy for emotional soothing and the reduction of stress. This however is problematic as it does work on the large number of people with a loser psychology so other stress reducing and emotional soothing strategies are needed and both together these can reinforce each other.

Loser psychology itself can be stressful and adds to the problems of schizophrenia as it perceives the world under the aspect of threat. The thought of changing the psychology is frightening as is the stigma attached to it. Furthermore, emotional soothing as through the formation of friendships and partners can be difficult as Ozzy Osbourne wrote “happiness I cannot feel and love to me is so unreal.”

So, the alternative strategies outlined here will limit the effectiveness of stress reduction as the emotional soothing may not be effective in every case. Yet some of these potential therapies will still come through with losers up to a point. The outcome of these new ways outlined here should be reasonably effective in this group of people and will help with lightening the load of schizophrenic stress.

Stress levels may vary with schizophrenia as they follow the four differing stages that occur with the illness. Over time with medical treatment things can improve. Yet there is more to life with schizophrenia than responsiveness to medication as wellness with the different medical phases can be helped using other facets of the mental health system. This can help with the stressful phases too.

The first of the four phases is called the prodromal phase in which life can be so stressful that it can cause schizophrenia. Once stress induced the illness can perpetuate the schizophrenia as it is itself very stressful and this is known as the acute phase. With proper treatment things can be improved though not altogether cured which is termed as being ‘in remission.’ Sadly, the whole process can be repeated as a series of relapses.

During these different stages other factors play a part in which stress can be increased or reduced making the condition more or less stressful depending on what happens to the person with schizophrenia. These may play a role in perpetuating or reducing the symptoms. Though it not possible

for everyone with schizophrenia to heal their lives, over the long term the stress can be reduced with the help of the mental health system.

The four phases of schizophrenia mirror the different phases of the illness being in the system. The prodromal phase occurs outside the system, then being admitted to hospital on an acute ward is followed by discharge into sheltered accommodation and the secondary care provided by day centres. Each can be supported or less helpful depending on the experiences of individual service users in addition to the prescribed medication.

Over the long term with initial treatment through hospitalisation and then discharge people can go to be enabled to be well enough to function out on the community. Yet the stress levels will either perpetuate or reduce the symptoms of schizophrenia which may cause periodic relapses. This is known to mental health professionals as the revolving door where people are constantly being readmitted to hospital because of continuing stress which is not being cured.

### **The Prodromal Stage**

It is recognised now that it may be possible to try and catch schizophrenia in the prodromal stage before the full-blown illness has developed. This form of stress reduction can be difficult to do as the patient will avoid admitting they have schizophrenic sounding problems and things can get so bad that hospital may be the only answer. An admission is also very stressful too so catching the illness before it deteriorates could be very important.

It is generally known that schizophrenia can be stress induced as in the phrases like being driven round the bend or driven round the twist. So, in trying to deal with it and the stressful blame being attached to the person you can tell yourself that anyone subject to enough stress will crack up. That message has to be got across in the society before people will accept any help.

Once voices start to appear then things are going to get more stressful as these can be terrifying. Then it makes you sound like you are going mad. So again, you will not ask for help either with doctors or from friends and family. There is nothing to cure the stress this causes and what is needed at this point is to get across this is not madness but an illness, and this will make sense to some.

The main problem here if you are having a paranoid delusion it is going to seem real and not to be an illness. So, saying it is just a chemical imbalance isn't going to have any effect. The answer of going to hospital that this suggests is again going to be terrifying, as society is going to lock you up in the bin and throw away the key. That stigma is more than just stress but is also terrifying.

As the realisation of all this proceeds we begin to lose contact with friends and family which is emotionally traumatic. This does not always happen, and families can put you in touch with mental health professional where there is some knowledge and understanding of the illness. Trust in family can produce some insight here to makes things less frightening.

Other negative factors come into play in this stage as the first symptoms mean you can you can concentrate to find work and end up unemployed. Then the resultant poverty is a very difficult stress.

Worse still this lack of employment can make you lose your home which is one of the most stressful things you can do. More than this you may end up homeless where you cannot ask for community help in a society that has also excluded and stigmatises you.

The more the stress level builds the worse the illness gets, and you lose your courage and endurance to stand up to it all. This means for example being too frightened to eat or sleep which saps your strength. Then although courage is needed to overcome the fear and stigma you cannot do this on your own. You have to realise there is no shame involved and that you are not such a coward.

This requires some graphic examples to overcome this stigma such as not being shot for cowardice in a war or as General Patton was reprimanded for slapping a soldier whom he called a coward. The situation of stress induced schizophrenia is not hopeless in complying with the help as we can remember famous people who have come out and publicly say they have the illness. My parents knew this and quickly got me to hospital.

Prior to being admitted to hospital there are many factors which make schizophrenia so stressful which may mean being admitted to an acute ward is the only answer. This again is terrifying. I remembered the feelings that I experienced when handcuffed in a police car going off to the asylum wondering where they are taking me. Again, this was only capable of being soothed where I had some insight into the illness.

### **Acute Phase**

Once in hospital the trauma of the stress of being sectioned begins to be lessened and it is necessary to get to the hospital as quickly as possible to avoid the terror this causes. Once there you quickly realise there are no padded cells and straitjackets and the doctors do not wear the infamous white coats. Instead of Bedlam full of raving lunatic you are struck by how quiet and restful the place seems.

With being so caught up with the symptoms of the schizophrenia the realisation you are in a hospital not a prison may take some time. Until then there are underlying worries that you will never get out. That realisation takes more time as you begin to see people being discharged and you come more aware of your surroundings. This again this reduces some stress and fear. This is not true for everyone.

Once you calm down enough to be able to eat and can sleep again with the help of the sedatives. Then some of the prodromal stress problems are again alleviated. The problem remains that the emotional side of schizophrenia and its stigma cannot yet be addressed. This will continue throughout a stay on an acute ward. The understanding of all this comes later in the mental health system as at day centres.

However, on being first admitted to hospital new problems begin to arise as a lot of people experience the care they receive as being out of the frying pan and into the fire. Hospital to many people is just a prison and they feel locked up even though they have done nothing wrong. The place can be very confining and as very stressful which will hinder recovery and discharge.

In many ways the institution doesn't feel sufficiently homely. People are better off dealing with the schizophrenia in their own homes which are more soothing and a more natural environment. Without

this the symptoms are more stressful and makes soothing things very much more difficult. The more homely the environment the more possibilities for distraction are possible for reducing stress.

Again, on a ward this sort of distraction is less possible if you are hearing voices all day or are caught up with thinking about a terrifying paranoid belief all the time. Under these conditions the patient cannot engage with the activities on offer and the place will begin to seem more like a prison. This will get worse as you associate these paranoid feelings with each other more and more. Staying in hospital can do a lot of damage.

Having a few hours doing art or other activities means you have to be motivated for this in the first place. Afterwards when the concentration ends you begin to dwell on your problems again and it becomes difficult to simply snap out of this. Doing some activity will only work some of the time and the place will still feel like a stressful prison to some. All the same you will eventually be discharged and again these stresses will eventually go. This leaves the worry about the possibility of being readmitted through relapse is very common.

All the same these are not the only experiences of the acute phase that are possible. It is very reassuring that hospital is there as a backup in case you ever need it again and many people will think this. As we shall now examine the loser psychology can militate against this and might prolong these feelings of confinement. So once again some stress will still be present.

The major problem with being in hospital is that there is a lot of pressure being sat on a ward all day with nothing to do. It has been realised that some activities are needed to be provided to relieve the boredom which can be very stressful. There have been various outlets provided to try and solve these problems which might provide a calming distractions. Yet the pleasurable outcomes might not be possible with the loser psychology.

The main problem has always been the lack of social contact between staff and patients. There tends to be one staff member for ten patients, and they don't have much time to spend with you individually, even when you get a named nurse assigned to you one to one. Without proper emotional contact the patients are left watching the television and are staring into space. Losers in particular are not receptive enough to the emotional input in so far as it is available.

Yet it is possible to perceive an answer to this when the patients start to engage with the activities on offer and come out of themselves more. They can chat about what they are doing and continue to converse past the point when the concentration span for the activity has elapsed. That might help them engage subsequently with the television for vegging out and being entertained.

Another opportunity for social contact is to get off the ward and visit a local day centre where they patients are more active and social. This is because they are not so ill and the conversation is much more animated. There is also more choice of academic courses which will appeal to losers more though after this for an afternoon you are back on the ward. All this can be combined with talking to your named nurse.

Of course, the hospital still feels restrictive but you are more tolerant of putting up with the confines as you begin to realise you will be discharged at some point. So, you will just have to wait. Of course, keeping busy makes the time fly too and time certainly flies when you are having fun.

Much money has been invested in our local hospital to make it as comfortable as possible and really brings home the message you are being cared for. There has been a lot of investment in modern buildings which has a more aesthetic appearance. It is adorned with service user art which helps maintain a fresh cheery atmosphere. There is good food on offer and being interested in food myself I found this particularly therapeutic. It felt like going out to a good restaurant every night.

One thing that a hospital cannot provide compared to being discharged is the ability to go shopping. I have found the internet very useful here as you can treat yourself to something on your wish list which can help with mood. Failing that the new hospital has a pharmacy full of interesting items to indulge yourself with and a coffee shop off the ward if you want some more personal space.

In hospital you need a lot of pampering in these ways, but you can lose your benefits until you are discharged. So, it is wise to have some savings to cushion the austerity of a lengthy stay as you can treat yourself when you are feeling a bit low and stressed out. Keeping cheery can help reduce the stress of being on the ward by doing something that is pleasurable. The material side of life is very important with the loser psychology.

Being away from home can feel like a change of scenery and if you enjoy the natural surroundings this can feel like staying in a good hotel. This can be quite enjoyable as we get these feelings of being cheered up with the activities on offer on the ward. Once we become more relaxed with the therapies, we can begin to appreciate the modern institutional environment. Though of course you cannot be on holiday forever.

Being in hospital is quiet and restful which allows further therapy when you cannot engage in activities all the time. It is possible to sit in the gardens during the summer or go for a relaxing walk in the woods nearby. Else you can sit and have some time to yourself in your own room and stay out of the ward for a while which can be pressurising. The effects of this can be calming and a hospital can have a nice relaxing atmosphere to help cope with stress. However, with being a loser your brain is racing all day so this might not always be possible.

Once in hospital you begin to understand that you have an illness and that the stigma is just prejudice and ignorance. You realise you are safe from it inside the mental health system and although this calms you down a bit there are still similar problems. There is still a strong stigma attached to being a loser and this is just as frightening as the mental health stigma, so you are out of the woods with being threatened yet.

So, another aspect of stigma in mental health is that you are to blame for your own problems through being too weak to overcome them. Yet that weakness is also criticised with being a loser. As one song put it “you have to run for cover now.” Again, this is a similar source of stress that can prevent a recovery.

Once in hospital the loser psychology can cut you off from a lot of emotional contact as it likes to be miserable. So even a more family/affiliative role on the part of the nurses and getting involved with other patients may not have been therapeutic under these conditions. The outcome of this is that there is less distraction so the stay on an acute ward will be more stressful and may feel more confining to losers.

There is one caveat to this which losers are particularly interested in because what it tends to prize a lot is intellectual activity. As the lyrics of a Beatles song criticised it as they put it “there is nothing you can know which is not already known, nothing you can show which isn’t shown.” Exercising the mind could mean reading the national newspapers, buying a documentary or reading a textbook all of which can ease some of the loser pressure of being on the ward.

Being totally absorbed with this will help pass the time which on an acute ward which can seem to drag if there is nothing to do. Making the brain work stops it from vegetating when more intellectual distractions are often not available. This is more engaging for a loser as an alternative to keeping busy. Yet you cannot spend all day doing as there are still other social and emotional needs to be met.

It also depends of course on having the ability to concentrate which is especially difficult during an acute phase. Hearing voices will distract you from the activities on offer rather than the other way around. With low mood the depression can be so profound you don’t feel up to doing anything. Then the confines of a hospital ward won’t be eased until things cheer up.

Also, in hospital the symptoms can be so severe that soothing with all these stress reducing factors will not work. Then to alleviate the stress self-perpetuating effects of the psychoses the medications become particularly important, including sedatives for restorative sleep, and in the worst cases Valium. In my own experience this has been necessary as a last resort even despite its addictive qualities and even though coming off it can be quite stressful.

At other times many people respond to and are stabilised on medication and in my case, I am responsive to the drug clozapine. I am lucky to be on this and it has helped me greatly even after been classed as particularly severe. At these points I started to calm down a bit and was eligible for discharge and finally out of the confines of the hospital. It was then that the stress reducing aspects of recovery stood more chance as I shall now explain.

## **Remission**

Once out of hospital you often cannot pick up on life where you left off and things have to start again. It may take a long time for you to get back to where you were before getting the illness. This means establishing new social contacts, having meaningful activities and being rehoused. All of this takes some time to happen as you are uprooted from it all and though it does not work for everybody it can mean that you get the chance for more soothing stress reducing therapies.

As we noted at the beginning of this article losers cannot benefit from the soothing of compassion focused therapy. Yet at the remission stage of the process when in community care the opportunities for

this really come into their own. It is possible to replace compassion focused therapy (CFT) with a relationship on what is commonly called tender loving care (TLC) which is just as powerful.

Being in hospital during an acute phase may mean that as Maslow's safety needs are not being so emotional contact is much more difficult. On discharge when things calm down a bit forming relationships stands more chance. Some people I have met have got married while others have been very socially isolated. Which is the most common experience I don't know.

There is more chance of meeting a partner at a day centre than in hospital. This is because you have longer to get to know the people there and there is more choice than a hospital ward. People are thrown together from all walks of life which can be interesting for making new friends. Also, you may continue doing courses together socially which begins with a stay in hospital.

Being able to offload on your partner who cares about you is a normal part of life stresses. So, meeting someone who may help with and stop these stressful problems will aid in coping with the triggers that set off the illness in the first place. That stress reduction can be the foundation of enjoying the other activities on offer within the mental health system, which in turn can reduce the stressful symptoms further.

The problem with schizophrenia is that it is emotionally draining so being in love can be a source of strength, while feeling valued helps prevent stressful voices which can criticise. Sadly, falling in love can be traumatic and may trigger a relapse. Looking at the divorce rate these problems are highly likely though this too can heal over time. This is the risk you take here.

On the other hand, things like a friendship can also help social relations which can deepen and be more therapeutic over time. Instead of the feelings of being socially excluded which occur through hospital you begin to not only make new friends but become part of the community which can organically grow. These feelings can be quite empowering and help with dealing with stress in a soothing manner.

Sheltered accommodation is the best bet here as you are living with a group of people 24/7. So, you get to know them much better than spending a couple of afternoons at a day centre. This is also facilitative of having more staff contact adding to the social side of life. This can also prepare you for independent living and when the time comes to move on you have a better social network.

Once having made new friends and partners you can get out and enjoy doing things together like shopping, restaurants and travel or whatever else takes your fancy. There is plenty of choice here. Education is my thing and our local further education college has a counselling service which supports people with mental health problems. The issue in terms of achieving success is that there is no pleasure with the loser psychology as no achievement is ever enough and it all has to be onto the next level.

There are many other things that can cause some pleasure and counteract the pain in life by soothing the stress of schizophrenia, though using alcohol for this is dangerous as it stops the medication from working. One major answer to this is that in a loving relationship it will mean in addition to be emotional therapy and you can begin to see the sun again and again. This can soothe a lot with the illness as it does ordinary life both in terms of the initial triggers and later with the psychoses.

The problem for losers with all these forms of emotional contact and pleasurable activities is that it tends to cut you off from people. This is noted in a song by Maggy Riley in which she notes losers “are living in a world they can never be a part of.” The same psychology likes to be miserable and avoids pleasure which could be used to alleviate schizophrenia with stress reducing therapies.

### **Conclusion**

The mental health system is able to reduce the stress experienced by people with schizophrenia at each stage of the illness by using the corresponding institutions in the system experienced at each of these stages. This can be combined with established approaches like compassion focused therapy and cognitive behavioural therapy which can also reduce stress. Sadly, there are problems with applying these therapies for schizophrenia to the large social group of losers and it remains to be seen how effective this is for these service users in question. There is however much hope for all this to work nonetheless.