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THE UNWANTED "ROYAL DISEASE" – EVOLUTION OF THINKING ABOUT SCHIZOPHRENIA AND ITS PRESENCE IN SOCIAL AWARENESS

Schizophrenia is one of the most severe mental disorders. It is called the "royal disease" due to the wealth of sensations and experiences of the patient. In a so-called "healthy" society there is very little tolerance for otherness, nor space for people with mental disabilities. This is primarily for fear of what is incomprehensible and unfamiliar. Oftentimes patients are marginalized and stigmatized. This article is an attempt to "undemonize" schizophrenia in the general public consciousness. The author does this by describing the disorder itself as well as affected individuals who through their artistic creativity let us into their world, making it more accessible and understandable.

Keywords: schizophrenia, social awareness

INTRODUCTION

Personal, social, cultural and civilizational factors determine everyday living conditions and have an impact on the psychological well-being of Polish people. Among diseases causing social anxiety, mental disorders come in third place. The greatest concerns are invariably raised by life-threatening diseases, mainly cancer and heart disease. However, this does not mean that mental illnesses are neglected by Poles – the fear of them is significantly greater than, for example, of AIDS, drug addiction, alcoholism or tuberculosis (Boguszewski 2012, www.dla-rodziny.org.pl).

The World Health Organisation states that by 2020 mental illnesses will become one of the most serious health problems occurring in the European population. The results of research conducted in 2011 in Europe (EU27, Switzerland, Iceland and Norway) indicate that each year 164.8 million (38.2%) of our continent's inhabitants suffer from mental health disorders. Data contained in the report "The health situation of the Polish population" (Kopciuch 2017) from 2012 shows that in 2010 outpatient care covered about 1.39 million people with mental disorders, while in 24-hour psychiatric wards, 209,000 patients were treated. The most common

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mental disorders are: anxiety disorders (12%), affective disorders (7.8%), disorders caused by psychoactive substances (3.8–5.6%), schizophrenia and other psychotic disorders (1.2%), and eating disorders (0.3–1.4%).

According to the Report of the Ombudsman "Protection of mental health in Poland", at least one mental disorder in one's life can be identified in 23% of Poles. The study showed that about 20–30% of people aged 18–64 years have lowered mood and decreased life activity, irritability, and chronic anxiety. Anxiety is the most common mental disorder, as it affects every sixth person in Poland. From 1990 to 2007, the prevalence rate of mental disorders that have been registered increased by 119% in outpatient care and by 50% in inpatient care. The largest increase concerns psychotic disorders, including schizophrenia (Schaeffer, portal. abczdrowie.pl/w-jakiej-kondycji-psychicznej-sa-polacy). Unfortunately, people suffering from schizophrenia undergo social exclusion.

In a so-called "healthy" society there is very little tolerance for otherness, nor space for people with mental disabilities. This is primarily out of fear of what is incomprehensible and unfamiliar. Oftentimes patients are marginalised and stigmatised. Psychiatry has been struggling for years with the mystery of schizophrenia, one of the most severe mental illnesses. It is called the "royal disease" due to the wealth of sensations and experiences of the patient. "The fate of people suffering from schizophrenia has been associated with long-term residence in psychiatric hospitals for the chronically ill" (Bomba 2000a: 7). People with schizophrenic disorders are treated both pharmacologically and through psychotherapeutic interventions, although in the consciousness of the average Polish citizen the image of a mentally ill person is closer to the 19th century approach. As Małgorzata Kostecka (2000: 9) writes, if we do not have the possibility to identify with patients' experiences, "we are unable to understand what schizophrenia is and help in coping with the mental pain that drugs drown, but do not eliminate".

The presented considerations aim at showing the evolution of thinking about mental disorders such as schizophrenia and following the changes that have taken place in its perception over time. Moreover, these reflections are an attempt to "undemonize" schizophrenia in the common public consciousness. One way the author does this is by showing the illness itself as well as the affected individuals, who through their artistic creativity let us into their world, making it more accessible and understandable. The article – in a cross-sectional way – describes the history of psychiatry, and thus a diverse understanding of mental illnesses. Subsequently the reader becomes familiar with the current state of knowledge and social behaviour towards people with mental disabilities, as well as with the possibilities to be active on the labour market. The considerations also contain a "wishful" vision of how the disease should be treated by society – i.e. without excluding people who are suffering from it.

HOW DID IT ALL USE TO BE?
THE HISTORY OF SOCIETIES' APPROACHES TO MENTAL DISORDERS

The history of psychiatry, which is presented quite extensively by Tadeusz Nasierowski (Bilikiewicz, Pużyński, Rybakowski and Wciórka 2002: 1–46), shows different approaches of societies towards mental illnesses. In this text, it will be presented in a brief overview.

In ancient times (from about the 5th century BC) psychic disorders that reveal psychotic symptoms were thought to be of supernatural character, and so it was claimed that madness had been sent from the gods to mankind. This belief prevailed in ancient Greece and Rome, although already in the 4th century B.C. Hippocrates claimed that mental disorders can result from biological-physiological abnormalities of the organism.

Christianity began to treat psychic disorders as a consequence of the activities of demons and other extraterrestrial forces, resulting in attempts to "heal" ill people with exorcisms and various cruel methods.

In the Arab world in the 8th century, prototypes of psychiatric hospitals were already created. The Arabs, who were primarily focused on clinical observations, contributed to significant advancement in the knowledge of psychopathology: they were the first to use psychotherapy as well as other kinds of treatments, such as hot baths, psychoactive drugs, music therapy and occupational therapy. In Europe, in medieval times such facilities for people affected by mental disorders were established only in the 13th century, and they acted as care institutions that did not offer any therapies.

In the 18th century, breakthrough moments occurred in the development of psychiatry. In 1758 the English physician William Battie wrote "A Treatise on Madness", which calls for the introduction of treatment in this type of institution. However, an event that took place thirty years later changed the way we look at the discussed phenomenon. King of England George III turned out to have been suffering from a mental illness. Having improved his condition in 1789, it was begun to be considered that mental disorders were avoidable and effectively treatable.

In 1792, the French scholar Philippe Pinel, considered the father of modern psychiatry, introduced humane methods of treatment for psychiatric disorders, freeing the people from the shackles and the necessity of enduring cruel "healing" practices. In turn, William Tuke brought these methods over to the English lands by opening The Retreat, England's first medical facility using modern methods of therapy for mentally ill patients. In a short space of time this institution became a role model in the world of humane psychiatry.

At the turn of the 18th and 19th centuries, Western Europe had only a few hundred charges in "refuges for madmen/sleepwalkers", but at the beginning of the 19th century that number rose to hundreds of thousands. In some psychiatric institutions, the dominant therapeutic approach was "moral therapy". Thus, in this kind of institution there were initially no doctors. In the 19th century Germany became the world's leader in psychiatry. There were over 20 universities in the country competing with each other in raising therapeutic standards and developing medical knowledge. In 1834 in the United States, Anna Hunt Marsh – a doctor's widow – funded the Brattleboro Retreat, the country's first financially stable private care facility for mentally ill people, which launched the activity of private institutions competing with state-funded ones for patients, funds and income. In 1838, France introduced a law regulating the admission of patients to institutions and their functioning. By 1940 such institutions existed throughout Europe and America.

In the 20th century a new perspective on psychiatry emerged. Emil Kraepelin included interdisciplinary themes into psychiatry, creating a new classification of psychiatric disorders based on anatomopathological fundamentals and causal factors. The claim that mental

disorders have biological-physiological sources became the elementary premise of psychiatry. After the death of Sigmund Freud, the father of psychoanalysis, his work became the subject of psychiatrists' surveys. However, after 1970 psychological theories gave way to neurological theories, and after Otto Loewi's discovery of the first neurotransmitter – acetylcholine – psychopharmacology became an integral part of psychiatry. In 1980, the use of neuroimaging began. The discovery of the efficacy of treating schizophrenia with chlorpromazine in 1952 revolutionized its therapy. Psychotherapy has become an integral part of psychiatric treatment for most diseases. The results of genetic research have also played a significant role, pointing to genetic sources of mental disorders. Molecular biology has contributed to the understanding of how genes work and how they affect the development of the psyche. Until 1995, genes inducing schizophrenia were detected in chromosome 6, and genes affecting bipolar disorder in chromosomes 18 and 21. The use of psychoactive drugs and laboratory tests has introduced new relationships between patients and psychiatrists. At the same time, there is an anti-psychiatric movement whose members claim that psychiatry is a tool of social control, and they are demanding the closure of psychiatric hospitals.

Summarizing the historical part of the considerations, one can endorse what Sławomir Murawiec (2000b: 21) says: "the treatment and rehabilitation of people with mental disorders is not only responsible, but often difficult too". This difficulty is a result of actions at the confluence of the body and the spirituality of the patient. In the development of psychiatry as outlined above, it is easy to notice that in different periods of time, either the biological or psychosocial approach prevailed. The best approach, and unfortunately the most difficult to implement, seems to be creating treatment that would take many aspects into account, both of biological and psychological nature. It can thus be both effective and beneficial for mentally ill people.

Michel Foucault took an interesting look at the discussed issues (1987), stating that it is the culture that gives the mental illness the status of deviation and exclusion. According to a certain cultural illusion, society does not want to recognise itself in these pathological manifestations. By that means, the fact that disease in every community has a certain status and function is ignored (e.g., shamans and magicians, scapegoats). The disease itself has a status given it by a group. It is the result of active production: it is the culture that expresses itself positively through the illness, regardless of its status,placing it or excluding in the centre of cultural life. The author tries to avoid the contemporary positivist perspective and shows that the concept of mental illness is the result of very specific transformations and socio-cultural forces. According to Foucault (1987, in Kapusta 1999), calling madmen mentally ill is a figment of modern Western culture. It appeared at the end of the 18th century and is the result of some experience of madness, the result of the emergence of new forms of problematisation. The distinction between physical and psychological treatment arose (became a problem) when Tuke and Pinel used their moral methods. A new view on madness as a human moral decline that requires correction has rendered the classical method of simple exclusion inadequate. In a madman's asylum, the patient became the subject of a "medical view" rooted in the moral assessment of the madmen as rapists of social values. Medical treatment was aimed at restoring them under the yoke of these values. The emergence of the concept of mental illness was associated with a number of disciplinary practices and techniques; it became a problem in a social, political and epistemological context.

HOW IS IT?
THE PRESENT SITUATION OF PEOPLE
SUFFERING FROM SCHIZOPHRENIA IN SOCIETY
AND ON THE LABOUR MARKET

It is difficult to define the concept of mental illness. The term "mental illness" most likely appeared at the turn of the 18th and 19th centuries. In the latest versions of the classification, it was replaced by the term "disorder". The reason for this is to avoid doubts regarding the term "illness" (Pużyński 2007). Introducing orderliness in the 1980s and 1990s, i.e. diagnostic criteria of DSM-III, DSM-IV and the psychiatric section of the International Classification of Diseases ICD-10, significantly improved the possibilities of classification of mental diseases, which until then had been associated with many difficulties. However, this progress has not solved all the problems. The new version of the DSM system (DSM-5) introduced in 2013 after long, comprehensive preparatory work as well as the expected use (from 2022) of the revised psychiatric section ICD (ICD-11) are attempts to achieve this goal (Möller 2018).

In DSM-5, the section titled "Disorders belonging to the spectrum of schizophrenia and other psychotic disorders" describes twelve mental disorders. In addition to schizophrenia, the disorder in the form of schizophrenia (schizophreniform disorder), short-term psychotic disorder, schizoaffective disorder, delusional disorder, schizotypal (personality) disorder and catatonia are also discussed. All of these disorders are characterized by pathological changes in at least one of the following five domains: delusions, hallucinations, disorganization of thinking (speech), significantly disorganized or abnormal behaviour (including catatonia), and negative symptoms (Wciórka 2018).

Over the past several decades, schizophrenia treatment has been focused on biology and psychopharmacology, and also on psychotherapeutic influences (Bomba 2000b). Pharmacotherapy is symptomatic treatment and unfortunately the side effects of drug use tend to appear. The current trend is "to shorten hospitalization time and shift the burden of care to many different forms of community care" (Kasperek, Michałowska, Sala and Spiridonow 2000: 64). There is also a change in thinking about the place and role of the family in the treatment of schizophrenia. Currently there are three mainstreams in this field: family therapy, psychotherapy, and education.

The World Federation for Mental Health was established in 1948. Its purpose is to promote mental health, deal with the prevention of the treatment of emotional and mental disorders, and to treat and take care of people with these types of medical diseases. WFMH established the World Mental Health Day and organised it for the first time on October 10, 1992. Their goal is to promote mental health policy and social education. World Mental Health Day is the only annual global campaign focusing on specific aspects of mental health. Why is it needed? According to European Commission data, as many as 27% of the European continent's inhabitants are in poor mental health, and mental disorders are the most common cause of early retirement and collecting disability benefits (Steliga 2012: 7).

In today's world, the scale of illnesses and mental disorders is growing dangerously. Unfortunately, theoretical considerations as well as practical tips for helping people affected by mental illnesses are rarely encountered. For many centuries, science identified intellectual

disability with mental illnesses. Fortunately, this is already in the past. However, even special pedagogy, which, by its very name, should deal with the above-mentioned dysfunctions, deals primarily with intellectual disability. Intellectual disability even has its subdiscipline, i.e. oligophrenopedagogy. In turn, "disability caused by mental disorders incidentally occurs in the subdisciplinary area called therapeutic pedagogy, though the scale of psychiatric disorders is much bigger than that of intellectual dysfunctions" (Witusik, Leszto, Podgórska-Jachnik and Pietras 2015: 10). Mental disorders include, among others, depression, phobias, mania, personality disorders, neuroses, eating disorders, and the one that interests us the most in this elaboration – schizophrenia. As Bogdan de Barbaro (1999) rightly noticed, many important scientific papers have been, and still are being, produced on the topic of schizophrenia's pathogenesis, psychopathology and treatment. The term "schizophrenia" refers to "a group of diseases with a varied image and a varied course; the unification of this diversity constitutes the following similarities: symptomatological (psychic disintegration) and prognostic" (Tsirigotis 2013: 39). Symptoms of this disintegration include deficiency, disorganization of mental activities and distortion of the evaluation of reality. One of the axial symptoms of schizophrenia is autism. In autism Antoni Kępiński (1972) sees the main psychopathological phenomenon of schizophrenia, understood by him as an uncommunicated area of human experience inaccessible to others. In his view, schizophrenia appears to be a disorder not so much depriving a human of higher emotionality, but a specific burnout resulting from a particular sensitivity that leads to so-called grey depression. Kępiński – a legendary physician, one of the most outstanding Polish psychiatrists and contemporary philosophers – dedicated his life to the mentally ill, being undoubtedly fascinated with schizophrenia. However, he was always mainly focused not on the illness but on the patient. Szymon Chrząstowski and Bogdan de Barbaro (2011), as representatives of modern psychiatry, recommend the externalization of the disease from the patient, so the proper term should be "a person suffering from schizophrenia".

In the common consciousness, there are still some dominant terms which stigmatise patients, such as "schizophrenic" or "a person with schizophrenia". Separation of the disease from the person allows us to maintain proper proportions between the subjective aspect of being ill and the illness itself.

Murawiec (2000a) mentions peculiar characteristics of communicating with people suffering from schizophrenia. Thus: "these people oftentimes convey information about their experiences in a very encrypted form, using displacement, density, projection, communicating through objects or activities [...]. The additional feature of this form of communication and experiencing is that these people often do not recognise their own content, their revealed experiences" (Murawiec 2000a: 26).

Thus, a very important role in the emergence of schizophrenia in the common awareness and understanding those suffering from schizophrenia was the wider public's "discovery" of so-called psychopathological art, with exact consideration of the intellectual and emotional load contained therein, as well as the formal analysis of the work of the ill. In the 1950s and 1960s, a number of research institutions were formed. The Department of Psychopathologic Art today acts as the International Association of Psychopathology of Expression and Art Therapy as well as the International Centre for Documentation of Psychopathology of the Picture or Music-graphic Centre (Tyszkiewicz 1987). According to Pałuba (1997), the first collections

of works created by mentally ill people began to appear in, among others, Lausanne (Art Brut Collection), Waldau Berne (Teodor Spoerrie's collection), Madrid (Gonzal Lofor's collection) and Lima (Honoria Delgrado's collection). Andrzej Janicki, Maria Pałuba, Magdalena Tyszkiewicz and Andrzej Kowal are the first investigators of psychopathology of expression and art therapy in Poland, and two of the centres dealing with psychopathological expression are the Section of Art Therapy of the Polish Psychiatric Society and the "Psychiatry and Art" Association in Cracow (Tyszkiewicz and Żukowicz 2013).

In addition to visual therapy in the process of rehabilitation of mentally ill people, it also turns out to be very helpful to use various theatre techniques, such as drama therapy. Thus for many years now, a theatre group in Cracow near the Psychiatric Clinic's day ward has been operating as "one of the ambulatory groups for people after psychosis, mainly diagnosed with schizophrenia" (Bielańska 2000: 105). Working in a theatre group is intended to provide patients with specific skills to help them function better in their daily lives. Thus, this work is intended to, for example, improve social competences, help in solving emotional problems and, above all, strengthen and develop the whole person.

In 2013, Art Brut Gallery was established in Lublin to promote the art of excluded people. The most important message of the gallery is that if the state of disability is not stigmatized, the unexpectedly occurring art within this state will bring freedom as well as personal and social independence to people who are often excluded from life because of their inequality. The creators of the gallery say the following about the expositions: "The amateur artworks presented in the Gallery of naive outsider painting and sculpture allow the discovery of new and original artists outside the approved mainstream, as well those as on the peripheries of official conventions and styles. It is neither well known nor properly appreciated, different from traditional art and – despite its high quality – is not shared with the wider public. Images flow in the environment of therapy/rehabilitation and artists must fight to be able to do what they love, creating in the comfort of home or in care facilities" (www.artbrut.lublin.pl).

All the actions described here demonstrate the significant role of creativity in the rehabilitation of schizophrenia. "Creativity is what can save the ill ones from hell, from the hell of their unconscious conflicts, and art can bring relief in great suffering" (Bielańska 2000: 110).

The stereotype about those suffering from mental illness usually results from convictions about their aggressiveness, unpredictability, and inability to consciously manage their behaviour.

The employment situation of people diagnosed with mental disorders in Poland does not differ from that of patients in other countries. A report done by the research agency TNS Pentor titled "The Perspective of the mentally ill" (Kopciuch 2017) presents the results of a study which included 479 mentally ill people. It was revealed that the percentage of mentally disabled people who never worked was 37%, and this was the highest among the studied groups of people with disabilities. It was also found that only 17% of the mentally disabled people were professionally active during the study. The answer "I have never worked" was given by 48% of people with a significant degree of disability and 32% of people with a moderate degree of disability due to mental disorders. Over half (62%) of people with mental disabilities refused the possibility of work, and every third disabled person would not take up work due to fear of losing their pension.

In turn, a study published by the Centre for Public Opinion Research (Kopciuch 2017), in which Polish employers participated (503 people), shows that only 6.8% of employers have ever cooperated with people with mental disorders. The prevailing opinion among the respondents was that pre-existing psychiatric illness limits earning capacity (56.4%). According to employers, work-related restrictions apply to independent work (74.5%), direct work with the client (80.3%), financial responsibility (84.3%), shift work (56.5%), management of other employees (85.1%), caring of others (85.7%), driving a car (80.3%), working at heights (90.5%) and working with hazardous substances (91.5%). Barriers to employing people with mental disorders are already noticeable at the recruitment stage, as 24.5% of employers declared that they would break off the recruitment process if they found out that the candidate was mentally ill, 64.2% would continue the recruitment process after obtaining an additional medical certificate, and only 11.3% of the respondents would carry out the recruitment process unchanged. For 12.1% of the surveyed employers, being aware of the mental illness of an employee would be a reason to dismiss them from work.

HOW IS IT SUPPOSED TO BE?
SOCIAL AWARENESS IN THE PERCEPTION OF SCHIZOPHRENIA

Maria Pałuba (2000: 137), a long-serving administrator at Tworki Hospital, claims: "the majority of people become mentally ill at the age of 30, the greater number of them is not capable of unassisted socialising or at least strongly limited in this matter and must rely either on their family's help or some other kinds of social support". She also emphatically points out that this sort of disability is regarded and understood differently than those caused by lessened, or possibly hampered physical or somatic efficiency. While Sundberg's Declaration (1981, www.ozurluveyasli.gov.tr) highlights that every disabled person needs to be granted full access to education, information and culture as well as opportunity to make use of their creative potential, in practical terms these rights are still not fully respected.

Over the last few decades, increasingly more people have been protesting against the outdated and heartless approaches to patients which still exist in psychiatry. Similar reactions found their expression in striving for changes in the terminology, for instance, psychotherapeutic circles talk about clients, not patients. Medical centres, just like similar institutions, call individuals who are under their treatment guests, residents, etc. simultaneously unleashing them from the inpatient stigma (Belin 2001: 11).

Apart from that, the need to adapt society to specific needs caused by certain kinds of disability is more often discussed. Thus, there has been a peculiar change in thinking patterns about disabled people, brought about by granting them status of full members of society (Krause 2010).

Is this really the case though? Beata Kasperek, Katarzyna Spiridonow and Joanna Meder (2000: 55) explain that the majority of people who suffer from chronic mental illnesses live in unfavourable conditions: "they get small pensions and have little chance of making it on the labour market, not to mention finding a job that would live up to their expectations and qualifications. Additionally, their social interactions are more limited". The results of that

research bluntly indicate that the standard of living of schizophrenics is much lower than that of mentally healthy people.

Aside from features such as destruction, hypersensitivity and helplessness, individuals suffering from schizophrenia also have constructive potential. "People suffering from schizophrenia take the reality 'into themselves', process it and thereafter react to the created world in different ways, e.g. they forcefully rule or paranoidly fight it" (Kostecka 2000: 10).

Skills training is one method used by psychosocial intervention for those suffering from schizophrenia. Techniques such as positive reinforcement, placation and apprenticeship are used in order to strengthen motivation and learning skills. Liberman and Fuller (2000: 13) point out that such training "is an effective method of achieving improvement in gaining, generalising and solidifying distinctive abilities of a person suffering from schizophrenia". The most beneficial influence on training skills is social support.

Certainly, the highest value that could enable a mentally ill person to participate in social life is work. Meanwhile, unemployment among former patients of psychiatric hospitals is several times higher than among people treated for other diseases. According to Hubert Kaszyński (2000: 145): "only 15–40% of the mentally disabled are capable of remaining in work under competitive conditions. 85% of patients under various forms of socio-environmental care are unemployed". The author adds that such employees are treated as unproductive, unreliable, and hence require supervision and special control. Such circumstances do not foster rehabilitation. "Individuals suffering from schizophrenia regard work as a 'bridge' facilitating satisfying social networking. Being unemployed leads to depression, loss of prospects and a sense of reality, as well as incremental social exclusion" (Kaszyński 2000: 145).

In Poland, vocational activation of people with mental disorders is based mainly on subsidized employment in professional activity establishments, occupational therapy workshops, sheltered employment institutions, social enterprises, and on the open labour market. In July 2008, the Sejm of the Republic of Poland adopted an amendment to the Act on mental health protection, establishing the National Program for Mental Health Protection (NPOZP), which has been in force since 2011. It contains formulated objectives – three main and several detailed ones. Objective 2.3 assumes professional activation of people with mental disorders. According to the NPOZP, about 75% of people with mental disorders should be included in work and vocational rehabilitation programs (Kopciuch 2017).

The relevant selection of therapy and rehabilitation methods seems crucial in order to help the mentally ill person. Anna Bielańska (2000: 110) believes that "non-verbal treatment methods are often more effective for uncommunicative patients who give little insight into their emotions and conflicts". In psychotherapy of this kind of patients, art may turn out to be helpful.

Artistic creativity can be one of the forms of bringing people suffering from schizophrenia into awareness of society, e.g. works created through art therapy. All art-therapeutic activities are helpful in preventing deterioration of health and stimulating development and shaping of aptitudes (Steliga 2012: 180). Moreover, art enables the expression of traumatic content in a secure manner by using visual symbols and creates the possibility of disclosing emotions, such as anger and violence, in a way that does not undermine the standards. That leads to catharsis, contributing to mood improvement. In the educational mainstream of art therapy,

artistic properties in the area of developmental support are highlighted (Józefowski 2012; Józefowski and Florczykiewicz 2015). An entity's experiences, which come from an inner dialogue induced by creation and visual thinking, mediate within the dialogue. The outcome of that are changes in the mental representations of reality (inner and outer) created by the entity (Józefowski 2012; Józefowski and Florczykiewicz 2015).

CONCLUSION

On October 10th 2003, the Day of Mental Health Celebration, the first edition of the Polish "Find Yourself" Nationwide Programme of Changes in Attitude Towards Psychiatry was held. The Find Yourself Programme is of an educational nature. Its overriding goal is to breach the boundaries concerning the treatment of mental disorders as well as myths accumulated around psychiatry, and also to eliminate the fear of visiting a psychiatrist – since early diagnosis and treatment provide better chances of having a normal life. The major premise is based on creating a positive image of psychiatry among other medical sciences. Surveys conducted by TNS OBOP within the framework of the Find Yourself Programme show that Poles would send a relative to a mental hospital only if they were a danger to themselves or others. 72% of respondents claim that a relative's withdrawal from social interactions is not a sufficient reason to consult a psychiatrist. Only 4 out of 10 individuals would advise people suffering from hallucinations to see a specialist. In fact, the vast majority of respondents would not contact a doctor if someone close to them started to dress outlandishly and behave irrationally. However, up to 75% of those questioned consider seeing a psychiatrist to be necessary when it comes to suicide attempts (http://www.poradnikmedyczny.pl in: Steliga 2012: 8).

In Paul E. Bleuler's (Cechnicki 2000) opinion, schizophrenia is a particular kind of development and a distinctive life path. How could he explain that? Such a path is characterized by a lack of harmony in the internal world and proper adjustment to the external world. Therefore: "the vision of an increasingly more powerful, more dominant and hostile world is seriously disproportionate in comparison with relatively weaker and passive image of one's own life. The incapability of reaching an agreement with others is accompanied by the constant conviction of one's social strangeness" (Cechnicki 2000: 38).

Work is a factor that would constitute this kind of "existence" in the social environment. "Work is one of the basic forms of human activity. Unfortunately, even 95% of employers do not see the possibility of employment for people with mental disorder. It mainly applies to people suffering from schizophrenia, for whom it is hard to find a job in any position. This may be resulting from the stigmatization of the mentally ill or from internal causes embedded in a person. Hiring an employee with a mental disorder does not mean only dangers, but it can also bring benefits to the employer. While for people with mental disorder the work is a source of fears, but also joy. It is important for the stabilization of mental health" (Trzcińska 2017: 90).

In social practice, activities both separating disabled people from social life and those aiming at their inclusion are observed. The legal regulations that have been introduced encouraging employers to hire disabled people are contributing to a slow but gradual increase in their employment rates, which has not only material but also individual and social

significance. Moreover, it affects the creation of a proper image of this social group. Work as one of the key human activities increases self-esteem, improves the general quality of life, and also gives persons the feeling that they are needed (and not only tolerated). For these reasons, more efforts should be made to support professional and social activity of disabled people (Wolińska 2015).

In the late 1990s, Jacek Wciórka (1998) conducted a clinical survey on a group of 62 disabled people whose disorders met the criteria of diagnosing schizophrenia with either DSM-IV or ICD-10. The questions asked of the respondents concerned features they wish their psychiatrist had. I nonetheless believe that for the purposes of this elaboration, the obtained responses are qualities that are desirable of anyone in a society who associates with a mentally ill person. Thus, such a person ought to be considerate, lenient, tolerant, concerned about one's suffering, helpful, trusted, serene, sympathetic, exuding peace and patience, and have mental stamina.

Negative attitudes towards people with disabilities result from the lack of experience and personal contacts of able-bodied persons, lack of training in the field of mutual communication, undeveloped social skills in interactions with people with disabilities, and misinformation (Ostrowska 1997). In turn, positive attitudes of the social environment and close ones, including critical but objective and kind assessment of a disabled person, constitute a necessary condition for the development of a sense of security and thus for proper social adjustment (Kossewska 2003).

The information presented above demonstrates what a long way schizophrenia has already come and how much it has changed regarding its social acceptance, but it also clearly shows how absent it is from the popular consciousness, as well as how much more needs to be done to not stigmatise people suffering from schizophrenia.

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NIEPOŻĄDANA „CHOROBA KRÓLEWSKA" –
EWOLUCJA MYŚLENIA O SCHIZOFRENII
I JEJ OBECNOŚCI W ŚWIADOMOŚCI SPOŁECZNEJ

Schizofrenia to jedno z najcięższych zaburzeń psychicznych. Nazywana jest chorobą królewską ze względu na bogactwo doznań i przeżyć chorego. W tzw. zdrowym społeczeństwie jest bardzo mało tolerancji dla inności i miejsca dla osób z niepełnosprawnościami psychicznymi. To wynik strachu przede wszystkim przed tym, co jest niezrozumiałe i nieznane. Chorzy często są marginalizowani i stygmatyzowani. Artykuł to próba oddemonizowania schizofrenii w powszechnej świadomości społecznej. Autorka czyni to, ukazując zarówno samą chorobę, jak i osoby nią dotknięte, które poprzez swoją artystyczną aktywność twórczą wpuszczają nas do swego świata, czyniąc go bardziej dostępnym i zrozumiałym.

Słowa kluczowe: schizofrenia, świadomość społeczna