

Schizobeing Anxiety: A Potentially Emerging Concept in Psychiatric Care

Şizofreni Olma Kaygısı: Psikiyatrik Bakım Sürecinde Karşılaşılabilecek Olası Bir Durum

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To the Editor,

Psychiatric nurses observe individuals with mental health disorders over extended periods, and therefore offer unique insights about them. I am a nurse experienced in psychiatric wards with locked doors and think that my observations, particularly on substance abusers, may significantly contribute to the literature. Due to Türkiye's high patient density and hospital policies in, patients with schizophrenia and other mentally ill patients are often treated in the same wards as substance users (İçişleri Bakanlığı 2024). A shared therapeutic environment is required due to inadequate bed capacity in specialized addiction centers.

Psychiatric wards often treat various diagnostic groups in the same therapeutic setting (Akhan et al. 2013, Güleşen and Üstün 2020) so that individuals with substance use disorders and those with schizophrenia may share their experiences with each other and develop mutual understanding toward one another by increasing their awareness of each other's illness trajectories. Further research focusing on this interaction in therapeutic environments could provide a deep insight into the potential strengths and weaknesses of shared clinical settings for these patient groups (Akhan et al. 2013, Güleşen and Üstün 2020).

People with substance use disorders frequently experience delusions and hallucinations from symptoms of schizophrenia (Murrie et al. 2019). This is because substance-induced psychotic episodes are similar with the schizophrenia-induced psychotic ones. Related meta-analyses have reported that substances such as amphetamines, hallucinogens, and cannabis can accelerate the onset of schizophrenia (Lecomte et al. 2018, Murrie et al. 2019). These observational data suggests that people who suffer from substance-induced psychotic episodes are likely to have greater awareness about psychotic symptomatology by comparing their experiences with those of people with schizophrenia.

Some of individuals with substance use disorders may become concerned about "Schizobeing Anxiety" after they make such comparison. Thus, the idea for treating people who use drugs and experience psychotic episodes is thought to be promising. Observational data obtained from clinical interviews indicate that individuals with substance use disorders gain insight from the experiences of other patients and recognize that substance use may be a trigger for psychotic symptoms. The author's clinical observations suggest that shared therapeutic settings may play a role in raising patients' awareness of the relationship between substance use and psychosis. Based on their experiences of those with schizophrenia, this awareness could lead substance users to fear developing the same illness in the future. A previous study reported that people who had experienced a psychotic episode were more likely to either quit drugs and alcohol or drastically cut back on them (Wisdom et al. 2011). Therefore, the psychotic episode experiences of individuals are of particular importance, as they may encourage introspection regarding the potential for development of schizophrenia in the future.

In this context, the concept of Schizobeing Anxiety can be defined as the anxiety about the possibility of developing schizophrenia in future, due to the presence of psychotic symptoms in substance users. For instance, when considering a substance user who is treated in the same medical ward as a patient with schizophrenia, the patient may feel anxious about their future disease process. It is thought that many factors may exacerbate this anxiety. Schizophrenia and related disorders are characterized by varying severity and impairments in thinking,

feeling, behaving and social interactions. Repeated readmissions and people's negative attitudes toward people with schizophrenia may also cause this anxiety (Demirel et al. 2024).

Society tends to view people with schizophrenia as dangerous. This means that schizophrenia is highly stigmatized (Reisinger and Gleaves 2022). Likewise, substance users encounter stigma, social exclusion, prejudice, and discrimination (Brown 2020, Krendl and Perry 2023). This may cause them to increase their worries about the development of schizophrenia. People with substance use disorders may seek treatment and feel helpless and hopeless because they fear developing schizophrenia in the future (Yılmaz et al. 2018). I personally observed that some patients decided to stop taking drugs after being discharged from the hospital. They indicated that this worry was a driving force. This phenomenon is predominantly exhibited among male substance users. However, there is a need of further qualitative and quantitative studies on this subject to ascertain its prevalence.

Practices of closed psychiatric ward may be a contributing factor to this concern, as well. Another study conducted with patients admitted in a psychiatric ward in Türkiye indicated two related factors; rules in psychiatric wards and the treatment of people, who are generally not welcomed by society, in these wards (Sabancıoğulları and Doğan 2002). "Revolving door syndrome" refers to substance users' anxiety about involuntary readmissions due to the diagnosis of schizophrenia (Barbosa and Marques 2023). One important finding that can guide strategies to prevent readmissions is that patients consider closed psychiatric wards uncaring and unsatisfying (Foye et al. 2020). Such experience of substance users can be addressed through motivational interviewing, which may lead them to undergo a more successful treatment (Schwenker et al. 2023, Shahzadi et al. 2023).

This report aims to introduce a novel notion in the literature: the anxiety that people with substance use disorders have about developing schizophrenia or other psychotic disorders. This anxiety has its origins in common experiences between substance use and schizophrenia. As such, it can serve as both a driving force and roadblock during treatment. It may lack a proper definition, but its applicability in addiction treatment requires further research to shed light on its complicated, multifaceted nature and its impact on recovery.

It is critical for mental health professionals to understanding this issue in terms of the therapeutic process. The anxiety of developing schizophrenia, here called "Schizobeing Anxiety," may increase treatment motivation if properly managed. A more profound comprehension of this anxiety and the inclusion of motivational interviewing into treatment plans may significantly improve patient outcomes such as cooperation in treatment, motivation, abstinence from substance use and engagement in treatment. Consequently, it is important to recognize the impact of schizobeing anxiety in increasing motivation and patient engagement in treatment of addiction.

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