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PSYCO-EDUCATION, BELIEFS AND ATTITUDES: AN EVALUATION AS PART OF SCHIZOPHRENIA DISEASE

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ABSTRACT

Individuals who are sick with schizophrenia show that they are different in the society mostly with their speech and actions. This difference causes them to grow embarrassing, exclusionist and dangerous beliefs and attitudes for their related environment. Negative beliefs and attitude towards schizophrenia prevents these individuals to socialize, limits their right for marriage, childbearing and right to work, to be hired for work and depending on these, being unable to fight the disease effectively and develop a resistance for the treatment. Studies show that society and health personnel generally show a segregationist and effectual attitude to schizophrenic individuals and existence of negative beliefs against mental disorders. In studies, to change negative information, belief, attitude and behavior about schizophrenia, in the direction of the difficulties that the sick and caregivers go through, it is stated that they require psycho-education. Psycho-education; is a structured multi-directional treatment approach to give information to sick and caregivers, provide emotional support, change belief and attitudes. Nurses that have become experts in psychiatry nursery, giving importance to psycho-education in their research appears to be beneficial. Positive beliefs and attitudes play a comforting role for the patient and its relatives, and simplifying role to participate in treatment that integrates them with the society.

Keywords: Beliefs, Psycho-Education, Schizophrenia, Attitude

1. INTRODUCTION

1.1 Concept of Belief

Belief, by using an individual's common cultural symbolic structures, getting through rooted issues similar to meaninglessness, lack of clarity in life and the effort to know, value, and effort with the shaped continuity by interacting with other people in the society it belongs to, shortly the effort to give meaning to life (Çam and Bilge, 2007).

Beliefs are obtained with perception, feeling, emotions and experiences, kept in memory and remembered if needed. Sources of knowledge for most common beliefs are built upon inappropriate and insufficient data (Dönmez 2004). These misconceptions are achieved through a mix of execution and intuition. This is done by heuristic methods and prejudiced thoughts. In heuristic method, there are three filters which can be named as accessibility, easiness of sampling and ability to have a root. When the need for accessibility arises, more information easily comes to mind, more tendency to believe that information is seen. Easiness of sampling, more new information is similar to the old

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information, since we move by plain logic, its that easier to believe in it. Ability to have a root is to evaluation of a number without information (Wolpert 2011).
When we look at the reasons why beliefs are strong and resisting, obtaining belief as a result of the frequency of these experiences, strong cause and effect relationship and how many societies it is being shared between (Tarhan 2010). For this reason, once a belief nests they have the inclination to be permanent and resisting to change. Knowledge are only questioned when it strongly opposes beliefs (Wolpert 2011).

1.2. Concept of Attitude

Attitude is, humans on themselves, living or lifeless, abstract or concrete, against everything, relying on their experience, instinct and knowledge as a whole behavioral, emotional and cognitive predisposed response.
Attitude; is made of behavioral, emotional and cognitive components and represented in the memory. Everything that humans have an attitude towards is called "object of attitude". In the place of object of attitude with the memory, tagging, rules, summary evaluation and an information structure that supports this evaluation exists oriented at the object (Hogg and Vaughan 2007). If an object of attitude is sick with "schizophrenia disorder", "madness and craziness" tag, rules with thoughts in shape of "You never know what a schizophrenic individual would do, could be aggressive, could harm others, shouldn't walk around freely", emotions towards the object in shape of "fear, anger, worry, helplessness and guilt" and approaches towards the object of attitude in shape of "Humans kept staying away from him, so should i", "Schizophrenic individuals have been isolated from the society until now", "There is no cure to this disease", "They will close him up in a hospital" show the informational structure towards the object of attitude.

2. THE RELATIONSHIP BETWEEN BELIEF AND ATTITUDE

Information and belief are cognitive components about thinking towards the object of attitude. All attitudes are constructed as a response to the information regarding the objects of attitude. An individual integrates the newfound information about the object of attitude with old information within the structure of his mind, takes an average of this information cognitively and creates a system of beliefs. In cognitive structure, attitudes form due to interaction of thoughts in one side and beliefs at the other side. Attitudes are more rooted and longing compared to thoughts, but not hidden as deep as beliefs. Beliefs are building stones as resources for an attitude. If there is a negative attitude towards an object, there also exists a negative belief towards it (Çam and Bilge 2007, Güney 2008).
Attitudes, while representing negative or positive evaluations of the target object of an individual; beliefs represent the information about the object of an individual (Hogg and Vaughan 2007). For example, a humans attitude towards a schizophrenic individual might differ in accordance with how dangerous that individual is, if that human faced aggressive behavior from the schizophrenic individual, this information carries the belief that schizophrenic individual is dangerous (Demir 2013).
Emotional component of faith and attitude also effect each other. Beliefs are verbal explanations that escorts the emotional side of attitudes. If humans have an emotional entity related to the object of attitude, belief can turn to attitude even easier and in a stronger way (Çam and Bilge 2007). Positive emotions support positive beliefs and negative emotions support negative beliefs, shaping attitudes in the end. For example, when emotions such as jealousy are extreme, it can cause false beliefs or create an emotion fed by false belief (Wolpert 2011).

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Table 1. Table below gives some of the beliefs, attitude and emotions related to the schizophrenic disorder.

REASON	BELIEF	ATTITUDE	EMOTION
Personality, character Weakness of features	Believing that individuals do it aware and on purpose Believing that the individual can get out of this situation by his own efforts	Isolating the individual Going through conflict High expression of emotions Refusing the disease and the treatment	Anger
Organic, genetic factors	Believing that the individual will be dangerous	Rejecting the individual, excluding him.	Fear
Patient's relative	Relative believing that "He is responsible and at fault" Shame, belief of disowning helplessness	More attention to the individual, less conflict Staying away from society, hiding,	Guilt, shame
Other individuals or reasons	To believe its from love To believe its from work or school environment To believe its from a bad circle of friends To believe its from violence	Showing attitude, changing environment, work due to beliefs etc. Deterioration	Anger
Djinns, devil Committed crime	Believing in magic Believing that one is punished by the god	Pessimistic approaches: beating an individual to remove a djinn or to remove a demon, burning alive, punishing, chaining Optimistic Approach: To approach an individual with pity, doing hajji, hodja and shrine visits	Shame, worry fear

Table 1. Depending on the reasons of schizophrenia, beliefs attitudes and emotions. (Kulhara and ark 2000, Aker and ark. 2002, Taşkın and friends 2002, Taşkın 2007, Çoban 2009, Çam and Bilge 2011,)

Beliefs can effect human behavior by determining the direction of the attitude. Attitude does not reflect to the behavior all the time. However, when it reflects to behavior, positive beliefs and attitudes cause intimacy, care and support for the object of attitude and negative beliefs and attitudes cause negative behavior such as alienation, criticizing the object and harming the object (Güney 2008).

3. CHANGE OF BELIEFS AND ATTITUDES

People are not born with certain beliefs and attitudes. Beliefs and attitudes are obtained by various ways such as observation and operant conditioning and shape with social experiences. Even though many different theories are being thought upon in terms of changes of belief and attitudes, generally, acting in opposites with convincing communication processes are being taken into consideration (Cüceloğlu 2008, İnceoğlu 2011).

Within the theory of cognitive consistency, attitudes' being strong is dependent on the strength of components, consistency amongst components to be high and for the attitude to be supported by other attitudes. An attitude is only so complex as the entities that form the

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object of attitude is many and various and it is harder to change. However, between attitudes and components of the attitudes, if the inconsistency between components is large, attitude might change (Cüceloğlu 2008, İnceoğlu 2011).

In the theory of cognitive conflict, in order to make sure that belief systems to be in harmony, humans are incentivized to get rid of their conflicted beliefs. As the state of conflict increases for a human, a psychological excitation state happens and irritability comes into question. Stalemate of taking a decision directs the individual to change beliefs and attitudes. By doing so, belief being slower, can change with new information and experiences (Hogg and Vaughan 2007, Çam and Bilge 2007)

According to the principles of learning, developing and changing faith is possible. Learning concepts similar to stimulating, response, reinforcer and generalizing, especially when presented with effectual communication, change can be obtained(Çam and Bilge 2007). On the subject of attitude, rewarding experience can change beliefs and attitude in a positive way, punishing experience will also effect belief and attitude in a negative way. Presenting requested and positively received information before unwanted and negatively received information is more effective in convincing (İnceoğlu 2011).

According to the principles of functional cognition, in order for belief and attitude to change, acceptance, identification and adoption stages should occur. In acceptance, individual adapts in order to gain the acclaim of others or not to get negative responses. In identification, in order to satisfy his ego, individual chooses the beliefs and attitudes of those that are similar to him. In adoption, attitude change occurs if its fitting for individual's belief and values (Hogg and Vaughan 2007, Cüceloğlu 2008).

In attributing theories, according to individual's skills, intentions and effort, by attributing positively or negatively belief attitude, attitude change or strengthening of attitudes can be provided. Since saying "what a hearty person" for a smiling individual is a positive ascription, saying "he has to look alive for his job" is a negative ascription. Positive ascriptions cause positive beliefs and attitudes to form (İnceoğlu 2011).

In the theory of reasoned action made by Ajzen and Fishbein, belief, intention and action processes are integrated and the role of volition on belief is being mentioned. For example, "If i really wanted it i know i can continue taking medication" belief here is about how strongly he feels and wants it. On this point, by taking factors and past experiences that prevent making decisions into consideration, planned behavior is being formed (Hogg and Vaughan 2007).

In Health Belief Model of Rosenstock, belief that is directed on the health disorder of the individual, strain that is caused by this belief, new behavior to find solutions to get rid of this strain and obstacles that form while forming these behaviors. In this model, beliefs can also effect an approach to a certain treatment method. For example, if the environment where the patient lives in believes that schizophrenic disorders is a punishment given by god or connect it to jinn's, patient won't be brought to a doctor and folkloric-traditional methods will be chosen. For this reason, to understand the disease with all its dimensions is really important in changing false beliefs and attitudes in the treatment. (Çam and Bilge 2007).

In social judgment theory, similarity and opposition is really important while changing attitudes. One of the most important factors that effect this situation is perceptual selectivity. If similarity is of subject, since it's fitting to the individual's ego, information can be perceived easily and attitude can change. Generally, humans tend to go for the easy way and direct to things that they like instead of researching more and reaching knowledge and when evaluating, by agreeing with others they wish to control their beliefs. When contrast is of subject, individual is on the tendency to not to perceive responses that is not in compliance with his attitude and rejects new information. By doing so, new information is distorted from its originality, old beliefs and attitudes will continue. In contrast attitudes, for change to happen, reliability, believability, lovability and acceptability are important within a message/information and source. For this reason, instead of giving very different and repulsive suggestions to the listener, modest and easy-going suggestions are more convincing. For the source individual to be an expert in the topic that he speaks, to have no personal interest in this subject, should guide the listener about what to do within the context of the subject, discussed subject should include information for and against him and to be repeated within certain periods is really important in persuasion. (Hogg and Vaughan 2007, Güney 2008, İnceoğlu 2011, Wolpert 2011).

4. BELIEFS AND ATTITUDES TOWARDS SCHIZOPHRENIA

In the process from the earth's general past to future, societies negative beliefs and attitudes caused mostly mental disorders within sicknesses. Amongst the mental disorders, schizophrenia is one without a doubt.(Çoban 2009). General appearance of individuals with schizophrenia, signs of sickness, to have many sickness causes, course of sickness and its treatment, stigma directed at the sickness, effects the way society, especially relatives' perspective, belief and attitude (Taşkın 2007).General perspective within the society commends that since individuals with schizophrenia cannot take responsibility they shouldnt be living alone, get married, have kinds, work in any kind of job, should stay behind closed doors and be treated restrictedly in neighborhood (Taşkın 2007, Çoban 2009). This negative belief and attitude of the society causes these individuals to be more introvert, to worry more, be ashamed, pushed away from society, worsen the disorder, to

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continue false belief and attitudes about the disease. As a result, having false communication and relationships causes negative emotions to rise and it can be devastating for individuals with schizophrenia disease (Magliona and friends). 2001, Ran and friends 2003, Ceylan 2007).
When the literature is examined, in direction of beliefs, attitudes and information related to the schizophrenic disease usually studies are done to define these for patient's relatives, health and medical students and a certain part of the society (Arkananda ark 2011).
As a result of the studies done; beliefs of humans about mental disorders are found to be in negative direction and as the belief of humans with mental disorders are believed to be more dangerous, communication would disrupt and belief of going through hopelessness because of this has a strong relationship in between (Çam and Bilge 2008, Bozkurt and Top 2009, Ünal and friends 2010, Yıldız and friends). 2010, Oben and Küçük 2011).
In studies done on teenagers and students, tendency to believe that being shameful of mental disorders appears to be high (Ünal and friends. 2010, Oben and Küçük 2011).
In Cam and Bilge's study, individuals saw mental disorders and diseases as dangerous, causing them to be afraid and hopelessly meet it however with a social perspective they all seem to show an optimistic attitude thinking that they should be helped and treated. (Çam and Bilge 2011).
After education given in the direction of mental disorders or with research done with individuals who are interested or working in this subject, it was stated that positive beliefs also exist (Arkan and ark.2011, Aydöner 2009, Kayahan 2009, Bozkurt and Top 2009, Akgün and friends. 2010).
For the reasons of schizophrenia, in many studies where beliefs and attitude are evaluated, psychological stresses, organic, genetic and metaphysical factors are found to be responsible. Especially when beliefs are taken into consideration, cultural structure starts to differ (Taşkın 2007, Çoban 2009). For example, in a study done, it is found that one should not be ashamed of this disorder since "It was given by God, so one should not have shame for it" due to their religious beliefs in religious and cultural factors (Demir 2013). Furthermore, a lifestyle that looks awkward and abnormal, if it is fitting with an individual's culture and belief, is not accepted as a disease. Aside from this, it can also feed the cultural infrastructure schizophrenia findings and determine them.
In a study that evaluates the public's belief and attitude towards treatment, most people think that the disorder can heal itself on its own.In studies that are done in our country, it is seen that the public first chooses to go to psychiatry physicians at first for treatment and accept the need for using medication but the worry of being stigmatized is quite high so they hide the disorder and therapy (Taşkın and friends 2002, Aker and friends 2002, Demir 2013).
Humans see psychotherapy as a positive thing, but medication as more harmful than beneficial (existing side effects, can't heal patients but only numbs them, effects other organs badly etc.), therefore they show negative attitude to it. In studies that was done in the last years, medication won't work alone but the belief that cure can only come with psychotherapy is increasing amongst the beliefs of the public (Yıldız 2011, Yıldız and friends). 2010, Lincoln and friends 2007).
In a study that was done in an urban area, having high belief that schizophrenia is a curable disease is the cause of the disease not being known well and with an optimistic perspective on things (Taşkın and friends 2002). When an individual has an optimistic view of things, disease is considered to be important and the need for treatment increases, however when there is a pessimistic view of things the disease is not taken seriously and no need for therapy belief arises (Yenilmez and friends 2010).
With medical treatment, there are searches for a treatment outside of medicine. For example, there are beliefs that marriage, working somewhere, changing environment is also believed to be methods that can cure the disease (Taşkın 2007, Ergün 2005).

5. PSYCHO-EDUCATION AND PSYCHIATRY NURSING IN SCHIZOPHRENIA DISORDER

Generally, if fighting against beliefs is not taken well and if these beliefs effect the lives of schizophrenic individuals and their relatives negatively, then science should start to question beliefs without judging it. In our day, advances within science and people able to reach knowledge, we see that a false belief about schizophrenia also decreases to a level (Çoban 2009).
For the therapy of schizophrenia, today psychosocial approaches are preferred more and more. For this reason, psycho-education as one of the developed psychotherapy methods is one of the most important component of fighting schizophrenia.
The purpose of psycho-education is not only to give information, but also to give individuals and relatives give the abilities to fight it. Privileged side of the given education, from general to special, it can be shaped in accordance with the need of the individual and relatives needs. By doing so, individuality should be prevented; patient and relatives should have harmony with treatment, increase participation to therapy and activity of applied education. For the society where the educational programs context comes to reality, patient and relatives' information, view, belief, attitude, approach and suggestions to be known, makes it easy to treat the disorder, increases auto control and self-awareness and guides the way for educations (Liberman 2011, Dilbaz 2011, Maneesakorn and friends 2007, Dülgerler 2004).

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After looking at the results of psycho-educational studies done on mental disorders; nurses, wise women, teenagers, nursing and medical students, patients relatives all have an increase in behaviors that tries to find a cure, develop methods to fight it, effects mental disorder beliefs and attitudes in a positive way and knowledge level to increase at a meaningful level (Aydöner 2009, Çam and Bilge 2011, Çelebi and friends 2012 Tanrıverdi 2008, Demir 2013, Çetinkaya and friends 2012, Bademli and friends 2012, Sabancıoğlu and friends 2009, Şarlak and Aşti 2009).

In a study done by Ran and friends, families joining psycho-education groups have a positive attitude and belief with respect to schizophrenia, harmony to treatment also increases and their relapse ratio lowered by half (Ran and friends 2003).

Psycho educational role of the psychiatry nurse is now being performed increasingly in various clinical and social environments. One of the fundamental purposes of psychiatry nurses is, changing individuals' false information, negative belief and attitude towards mental diseases of the family and society. Nurses who specialized in psychiatry nursery are seen to be very beneficial in this field by filling an important need if they give importance to psycho-education while helping individuals, in their studies with family and society, to protect the mind and mental health, develop and rehabilitate (Tanrıverdi 2008, Demir 2013).

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