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CASE REPORT

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A Case Report of Schizophrenia with Impaired Social Cognition

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Abstract

The cognitive impairment in schizophrenia involves social cognition as a core feature of the illness and one of the substantial implications for treatment and prognosis. In our case, the treatment of the schizophrenia patient was challenging to manage as the patient was continuously resistant to antipsychotic medications. As a result, social cognition was reduced: the patient could not work and had poor social performance and low emotional interactions with others. Cognitive behavioral and remediation therapy may be helpful in clinical settings to enhance the improvement of psychotic symptoms and social cognition. (**International Journal of Biomedicine. 2025;15(2):427-429.**)

Keywords: social cognition • schizophrenia • cognitive remediation therapy

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Introduction

The cognitive impairment in schizophrenia involves social cognition as a core feature of the illness and one of the substantial implications for treatment and prognosis. Social cognition refers to the psychological processes involved with the perception, encoding, storage, retrieval, and regulation of information about other people and ourselves,[1] including emotional processing and processes related to the interpretation and development of responses to the intentions and behaviors of others.[2]

Social cognition in schizophrenia has been an area of great interest over the last few years. It has included research into social, cognitive, and neurobiological aspects involving a broad constituent of anatomical regions of the social brain with alterations in mentalizing, sensory perception, and goal-directed motor behaviors.[3]

Based on current evidence, the Personal and Social Performance Scale is the highest quality measure for social cognition.[4] In the presence of high-level negative symptoms, high-level positive symptoms were associated with the most comprehensive deficits in social perception. In contrast, high-level positive symptoms were not associated with such deficits in the absence of negative symptoms.[5]

Case Presentation

A 45-year-old male, born in Pristina, where he lives, an unemployed agronomist, married, and father of two children, has been hospitalized several times in the Psychiatry Clinic, and treated on an outpatient basis since the onset of the psychotic illness, in adolescence. He was currently complaining that he has "a state of psychophysical terror from a virus and has come to the Clinic to be analyzed by mental surgeons, to verify his DNA."

According to the history of the disease, his problems started when he was 22 years old, and he also presented documentation on the treatment with psychopharmacological medications such as antipsychotics and anxiolytics, oral and parenteral forms. Initially, typical antipsychotics of the haloperidol and fluphenazine group were prescribed, but due to the side effects that appeared, we discontinued them and continued with atypical antipsychotics. Currently, there are clinical symptoms of delusions of persecution and reference with the experience of auditory hallucinations. There is no history of drug or alcohol use. The medical history did not provide data for any other disease, while the laboratory biochemical analyses resulted in normal values.

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The patient lived in an average-income family. He now claims to have stable interpersonal relations with his mother, wife, and two children. The patient managed to finish the Faculty of Agriculture with great success. After finishing his studies, he worked for six months in an Agronomy Branch Institution. Then, he was never able to hold a job, and his social relations were constantly reduced.

Currently, his mental status is that of a conscious and well-oriented person. His appearance corresponds to his age, and he has a normal body constitution. He takes care of himself and his appearance, responds to the invitation for an interview, and has a cooperative and correct attitude toward the examiner. There are no signs of anxiety or internal tension. His speech is fluent, without articulation obstacles, with normal intonation and voluminous content. His mood is stable without changes and variations during the day; he describes it as good. The affect is superficial. The speech was spontaneous and exaggerated, while his answers to the questions were adequate. He does not show neologisms.

Examination of Positive Symptoms

Present delusions of persecution ingrained by years, poorly systematized that have a bizarre character; delusions of control and transmission as well as auditory hallucinations of the second and third person, without the presence of speech and disorganized behavior; there is no catatonic behavior.

Examination of Negative Symptoms

Our patient does not lack emotions, even though they are superficial; he has poor energy and interest in life. The patient does not lack motivation for socialization, but his social skills are impaired. He has difficulties finding and keeping friends involving emotional interactions, causing poor social cognitive performance.

Examination of Cognitive Symptoms

Thinking is not disorganized or slowed down. It is well-oriented, and there is no difficulty understanding the questions posed. However, there is a low concentration level and weak memory. There is also no difficulty expressing thoughts, and the ability to think abstractly is intact.

The patient is currently preoccupied with his illness and the disability it creates in social functioning, preventing him from creating social relationships with interaction, as well as obvious obstacles in concentration and focused attention in work activity. His insight was partial. Although the patient is aware of his mental problem, he does not understand its cause. His social judgment is incorrect.

The current GAF (General Functioning Assessment Scale) level is 31-40 (some impairment on the reality test» and «major impairment in some areas such as school or work, family relationships, judgment, thinking or mood).

In the Social Performance Scale (PSP) assessment, the patient has shown obstacles and difficulties in the domain of social activities with emphasis on work, and the domain of personal and social relationships with severe impairment.

The results of the PANSS questionnaire totaled 80 points, which speak of a severe state of positive and negative psychotic symptoms.

Discussion

Our patient, a 45-year-old man suffering from schizophrenia, has had several hospitalizations in the past and regular psychiatric check-ups. The last hospitalization was due to the deterioration of his condition manifested by experiences of delusions and hallucinations of high intensity. He has constantly experienced perceptual disorders and delusions. He still hears voices during the interview and understands that he experiences them only himself. However, he is convinced that they are real and compatible with his created reality. He does not act according to their orders, trying to «ignore» them, as he says. At the beginning of the disease, the patient manifested aggressivity and danger to others, while now his concerns lie in his inability to work. In some domains, the patient functions independently, such as self-care and personal hygiene, and has some friends with whom he sometimes drinks coffee. He complains that he lives with imposed voices and thoughts as well as the constant persecution that is done to him by various spies, but that he tries not to listen to them. He has tried to work several times recently as a salesman but has left because, while making a sales calculation, the voices he heard were mixed in that calculation, making it impossible for him to calculate without errors, so he left his job, avoiding misunderstanding by the owner, and that is how he perceived the situation based on his social cognition. The continuous presence of delusions and hallucinations have impaired the functioning of his social skills. He has been treated with typical and atypical antipsychotics in therapeutic doses but has shown continued resistance to them. As a result, he remains unemployed and impaired in social cognition domains.

Impaired social functioning is a chronic and relatively stable feature of schizophrenia and related disorders.[6] According to Meaden et al.,[7] auditory hallucinations rank among the most treatment-resistant symptoms of schizophrenia, with command hallucinations being the most distressing, high-risk, and treatment-resistant of all antipsychotics.

Recent studies suggest that the impairments extend to other social-cognitive domains, such as empathic accuracy and self-referential processing. Most described socio-cognitive deficits in schizophrenia refer to impairments in emotion perception, social perception, social knowledge, theory of mind, and attributional style.[8,9]

Studies have suggested that schizophrenia as a chronic disease triggers a deficit in meta-representational skills, in the ability to generate representations of intentional attitudes. As an outcome, patients with schizophrenia tend to misinterpret the affective keys of the social context, which leads to alterations in social cognition and behavior.[10]

In our case, work inability and social dysfunction may be due, in part, to deficits in the cognitive ability to reason flexibly about the mental and emotional states of others, and the leading cause may be long-term resistance to treatment with antipsychotics.

In conclusion, this case raises many questions and concerns regarding the impact of treatment-resistant schizophrenia in drug therapy on the deficit of social cognition.

Involving a psychotherapeutic approach to cognitive therapy (cognitive behavioral and cognitive remediation therapy) may be helpful in clinical settings to enhance the improvement of psychotic symptoms and social cognition. Further studies are needed about the perspective that offers insights into how others shape behaviors and choices in schizophrenia and other mental disorders.

Competing Interests

The authors declare that they have no competing interests.

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