

## Schizophrenia

### **Introduction**

It is necessary to take a closer look at schizophrenia because of its importance with the effects it takes with individuals, families, and even society. Each year it is estimated that 2.2 million Americans are infected with the brain disease Schizophrenia. Schizophrenia is a brutal brain disease that causes delusions, hallucinations, and paranoia. There are four types of schizophrenia; disorganized type, catatonic type, paranoid type, and undifferentiated type. What are the causes of Schizophrenia? What are the treatments? When discussing schizophrenia it is important to consider the different types of schizophrenia, the causes, and different treatments to prove that there are successful ways of managing severe symptoms of schizophrenia.

### **Symptoms**

There are two groups of symptoms - positive and negative. Symptoms are divided in this way according to their impact on treatment and diagnosis (Turner, 1999).

**Positive symptoms** are caused by normal functions superfluity or distortion. They are:

**Delusions.** It is fallacious inflexible beliefs that appear as a result of exaggerations or distortions of reasoning and false interpretation of things taking place. For example, one can think that some book was written especially for him/her.

**Hallucinations.** It is exaggerations or distortions of senses. The most widely distributed are auditory hallucinations, when one can hear non-existent imaginary sounds, especially voices.

**Disorganized speech/thinking,** also described as "thought disorder" or "loosening of associations," is a key aspect of schizophrenia. Disorganized thinking is usually assessed primarily based on the person's speech. Therefore, tangential, loosely associated, or incoherent speech severe enough to substantially impair effective communication is used as an indicator of thought disorder.

**Grossly disorganized behavior.** It means that the person leads to difficulties in everyday actions and activities, behaves unpredictably or silly, uninhibitedly and bizarrely. Such strange behavior is usually caused by delusional beliefs.

**Catatonic behavior** can be seen in more intense reactions to any surrounding occurrences, in some cases it has the form of motionless and apparent unawareness, rigid or bizarre postures, or aimless excess motor activity.

**Other symptoms** are more rare and not enough to diagnosis schizophrenia. They are: affect inappropriate to the situation or stimuli, unusual motor behavior (pacing, rocking), depersonalization, derealization, and somatic preoccupations.

The diagnosis of schizophrenia requires at least 1-month duration of two or more positive symptoms, unless hallucinations or delusions are especially bizarre, in which case one alone suffices for diagnosis.

**Negative symptoms** are those that appear to reflect a diminution or loss of normal functions. They may be observed in the lives of people with schizophrenia during periods of low (or absent) positive symptoms. Negative symptoms are difficult to evaluate because they are not as grossly abnormal as positive ones and may be caused by a variety of other factors as well.

**Affective flattening** is usually expressed by absence or reduction of emotional expression, such as mimicry, voice tone, eye contact and body language.

**Alogia.** A person with such a symptom speaks very little and unproductively, gives short and meaningless replies to questions because of slow or blocked thinking process.

**Avolition** is the reduction, difficulty, or inability to initiate and persist in goal-directed behavior. A person loses interest to everyone and anything, doesn't do anything, just sits doing nothing for long periods of time.

### **Different types of schizophrenia**

According to general classification there are six distinct types of schizophrenia (Bertelsen, 2002)

**Disorganized schizophrenia** is characterized by person's being verbally incoherent, feeling and expressing emotions that are not appropriate to the situation.

A person with **catatonic schizophrenia** is extremely withdrawn, negative, isolated, and has obvious psychomotor disturbances.

If a person has **paranoid schizophrenia**, he is very suspicious of others and often has great schemes of persecution at the root of

the behavior, often accompanied with hallucinations and delusions.

**Residual schizophrenia** is usually expressed through person's having no motivation or interest in everyday life.

People who have **schizoaffective disorder** have symptoms of schizophrenia as well as mood disorder such as major depression, bipolar mania, or mixed mania.

**Undifferentiated schizophrenia** requires the general diagnostic criteria for schizophrenia but not conforming to any of the above types, or exhibiting the features of more than one of them without a clear predominance of a particular set of diagnostic characteristics.

### **Causes and effects**

There are many factors that may cause schizophrenia and the scientists are still working on trying to identify all the ones. But the most common of them are genetic and environmental.

**Genetic cause** of schizophrenia usually lies in person's having immediate relatives with a history of this or other psychiatric diseases (for example, schizoaffective disorder, bipolar disorder, depression, etc).

Some researchers estimate schizophrenia to be highly heritable (some estimates are as high as 70%). However, genetic evidence for the role of the environment comes from the observation that one identical twin does not universally develop schizophrenia if the other one does. A recent review of the genetic evidence has suggested a 28% chance of one identical twin developing schizophrenia if the other already has it.

A recent review of linkage studies listed seven genes as likely to be involved in the inheritance of schizophrenia or the risk of developing the disease. Evidence comes from research suggesting multiple chromosomal regions are transmitted to people who are later diagnosed as having schizophrenia.

**Environmental cause**

There is also considerable evidence indicating that stress may trigger episodes of schizophrenia psychosis. For example, emotionally turbulent families and stressful life events have been shown to be risk factors for relapses or triggers for episodes of schizophrenia. In common with other forms of mental illness, abuse as a child and early traumatic experience have also been suggested to be a risk factor for developing schizophrenia later in life, although the "bad parenting" theory of causation is now largely held in disrepute on the grounds that it overlooks the likelihood that the parental incompetences may have been a result of schizophrenia in the parents, and the disorder itself in the offspring was actually transmitted genetically from the parents.

Factors such as poverty and discrimination may also be involved in increasing the risk of having a schizophrenic episode due to the high levels of stress that these lifestyles harbor. On the other hand, the "social drift hypothesis" suggests that people affected by schizophrenia may be less able to hold steady or demanding, higher-paying jobs, consigning them to lower incomes thereby increasing stress levels and leaving them susceptible to lapsing into a schizophrenic episode (Turner, 1999).

## **Treatments**

### **Therapy**

Psychotherapy or other forms of talk therapy may be offered, with cognitive behavioral therapy being the most frequently used. This may focus on the direct reduction of the symptoms, or on related aspects, such as issues of self-esteem, social functioning, and insight. Although the results of early trials with cognitive behavioral therapy (CBT) were inconclusive, more recent reviews suggest that CBT can be an effective treatment for the psychotic symptoms of schizophrenia.

**Medications** work successfully to control symptoms in the majority of patients. Approximately 70% of patients will improve to some degree, according to research - but there exists a suggestion that the chances of any one drug working for a person may be only 50% so (E.Kraepelin, 1997). People frequently have to try more than one drug to partially or completely control the positive symptoms - hallucinations, delusions, paranoia, racing thoughts, etc. They are not as effective in controlling negative symptoms, and may cause side-effects of their own. However, second-generation antipsychotics have shown more success with some patients in treating negative and cognitive symptoms.

### **Summary**

Schizophrenia is a severe mental disorder characterized by impairments in cognition, affect, and behavior. Patients usually experience persistent delusions, hallucinations, and emotional withdrawal.

The symptoms of the disease may be controlled with medication which varies in price and individual effectiveness, and through cognitive therapy intervention

Though schizophrenia has little effect on certain attention-related tasks, it has a large effect on others - everything depends on the task being performed.

Today, schizophrenia has an incidence rate of one per ten thousand people per year and a lifetime prevalence rate of 1 percent (L.C Johns & J. van Os, 2001). The age of onset ranges from late teens to mid-thirties, and there are gender differences: for men, the age of onset is early to mid-twenties. Women tend to have an age of onset in the late twenties and are more likely to exhibit more mood symptoms and have a better prognosis; yet, they also have a greater chance of being misdiagnosed. 60 to 70 percent of individuals diagnosed with the schizophrenia never marry, and about 10 percent end their life in suicide.

References:

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