

MODULE THIRTEEN

SCHIZOPHRENIA:

Schizophrenia is a serious disorder which affects how a person thinks, feels and acts. Someone with schizophrenia may have difficulty distinguishing between what is real and what is imaginary; may be unresponsive or withdrawn; and may have difficulty expressing normal emotions in social situations.

Contrary to public perception, schizophrenia is not split personality or multiple personality. The vast majority of people with schizophrenia are not violent and do not pose a danger to others. Schizophrenia is not caused by childhood experiences, poor parenting or lack of willpower, nor are the symptoms identical for each person.

What are the Early Warning Signs of Schizophrenia?

The signs of schizophrenia are different for everyone. Symptoms may develop slowly over months or years, or may appear very abruptly. The disease may come and go in cycles of relapse and remission.

Behaviors that are early warning signs of schizophrenia include:

- Hearing or seeing something that isn't there
- A constant feeling of being watched
- Peculiar or nonsensical way of speaking or writing

- Strange body positioning
- Feeling indifferent to very important situations
- Deterioration of academic or work performance
- A change in personal hygiene and appearance
- A change in personality
- Increasing withdrawal from social situations
- Irrational, angry or fearful response to loved ones
- Inability to sleep or concentrate
- Inappropriate or bizarre behavior
- Extreme preoccupation with religion or the occult

Schizophrenia affects about 1% of the world population. In the United States one in a hundred people, about 2.5 million, have this disease. It knows no racial, cultural or economic boundaries. Symptoms usually appear between the ages of 13 and 25, but often appear earlier in males than females.

If you or a loved one experience several of these symptoms for more than two weeks, seek help immediately.

What are the Different Types of Schizophrenia?

- **Paranoid schizophrenia** -- a person feels extremely suspicious, persecuted, or grandiose, or experiences a combination of these emotions.

- **Disorganized schizophrenia** -- a person is often incoherent in speech and thought, but may not have delusions.
- **Catatonic schizophrenia** -- a person is withdrawn, mute, negative and often assumes very unusual body positions.
- **Residual schizophrenia** -- a person is no longer experiencing delusions or hallucinations, but has no motivation or interest in life.
- **Schizoaffective disorder**--a person has symptoms of both schizophrenia and a major mood disorder such as depression.

No cure for schizophrenia has been discovered, but with proper treatment, many people with this illness can lead productive and fulfilling lives.

THE SYMPTOMS OF SCHIZOPHRENIA

A medical or mental health professional may use the following terms when discussing the symptoms of schizophrenia.

- **Delusions** -- false ideas--individuals may believe that someone is spying on him or her, or that they are someone famous.
- **Hallucinations** --seeing, feeling, tasting, hearing or smelling something that doesn't really exist. The most common experience is hearing imaginary voices that give commands or comments to the individual.

- **Disordered thinking and speech** -- moving from one topic to another, in a nonsensical fashion. Individuals may make up their own words or sounds.
- Social withdrawal
- Extreme apathy
- Lack of drive or initiative
- Emotional unresponsiveness

CAUSES SCHIZOPHRENIA

The cause of schizophrenia is still unclear. Some theories about the cause of this disease include: genetics (heredity), biology (the imbalance in the brain's chemistry); and/or possible viral infections and immune disorders.

Genetics (Heredity). Scientists recognize that the disorder tends to run in families and that a person inherits a tendency to develop the disease. Schizophrenia may also be triggered by environmental events, such as viral infections or highly stressful situations or a combination of both.

Similar to some other genetically-related illnesses, schizophrenia appears when the body undergoes hormonal and physical changes, like those that occur during puberty in the teen and young adult years.

Chemistry. Genetics help to determine how the brain uses certain chemicals. People with schizophrenia have a chemical imbalance of brain chemicals (serotonin and dopamine) which are neurotransmitters. These neurotransmitters allow nerve cells in the brain to send messages to each other. The imbalance of these chemicals affects the way a person's brain reacts to stimuli--which explains why a person with schizophrenia may be overwhelmed by sensory information (loud music or bright lights) which other people can easily handle. This problem in processing different sounds, sights, smells and tastes can also lead to hallucinations or delusions.

How is Schizophrenia Treated?

If you suspect someone you know is experiencing symptoms of schizophrenia, encourage them to see a medical or mental health professional immediately. Early treatment--even as early as the first episode--can mean a better long-term outcome.

Recovery and Rehabilitation

While no cure for schizophrenia exists, many people with this illness can lead productive and fulfilling lives with the proper treatment. Recovery is possible through a variety of services, including medication and rehabilitation programs. Rehabilitation can help a person recover the confidence and skills needed to live a productive and independent life in

the community. Types of services that help a person with schizophrenia include:

- **Case management** helps people access services, financial assistance, treatment and other resources.
- **Psychosocial Rehabilitation Programs** are programs that help people regain skills such as: employment, cooking, cleaning, budgeting, shopping, socializing, problem solving, and stress management.
- **Self-help groups** provide on-going support and information to persons with serious mental illness by individuals who experience mental illness themselves.
- **Drop-in centers** are places where individuals with mental illness can socialize and/or receive informal support and services on an as-needed basis.
- **Housing programs** offer a range of support and supervision from 24 hour supervised living to drop-in support as needed.
- **Employment programs** assist individuals in finding employment and/or gaining the skills necessary to re-enter the workforce.
- **Therapy/Counseling** includes different forms of “talk”therapy, both individual and group, that can help both the patient and family members to better understand the illness and share their concerns.
- **Crisis Services** include 24 hour hotlines, after hours counseling, residential placement and in-patient hospitalization.

Antipsychotic Medication

The new generation of antipsychotic medications can help people with schizophrenia to live fulfilling lives. They help to reduce the biochemical imbalances that cause schizophrenia and decrease the likelihood of relapse. Like all medications, however, anti-psychotic medications should be taken only under the supervision of a mental health professional.

There are two major types of antipsychotic medication:

- **Conventional antipsychotics** effectively control the “positive” symptoms such as hallucinations, delusions, and confusion of schizophrenia.
- **New Generation (also called atypical) antipsychotics** treat both the positive and negative symptoms of schizophrenia, often with fewer side effects.

Side effects are common with antipsychotic drugs. They range from mild side effects such as dry mouth, blurred vision, constipation, drowsiness and dizziness which usually disappear after a few weeks to more serious side effects such as trouble with muscle control, pacing, tremors and facial ticks. The newer generation of drugs have fewer side effects. However, it is important to talk with your mental health

professional before making any changes in medication since many side effects can be controlled.

THE TYPES OF SCHIZOPHRENIA

There are eight kinds of schizophrenia. The key characteristics of each type are set out in bullet points.

Paranoid schizophrenia

- Common form of schizophrenia.
- Prominent hallucinations and/or delusions
- May develop at a later age than other types of schizophrenia.
- Speech and emotions may be unaffected.

Hebephrenic schizophrenia

- Behaviour is disorganised and without purpose.
- Thoughts are disorganised, other people may find it difficult to understand you.
- Pranks, giggling, health complaints, grimacing and mannerisms are common.
- Delusions and hallucinations are fleeting.
- Usually develops between 15-25.

Catatonic schizophrenia

- Rarer than other types.
- Unusual movements, often switching between extremes of over-activity and stillness.
- You may not talk at all.

Undifferentiated schizophrenia

Your illness meets the general criteria for a diagnosis and may have some characteristics of paranoid, hebephrenic or catatonic schizophrenia, but does not obviously fit one of these types.

Residual schizophrenia

You may be diagnosed with this if you have a history of psychosis but only have negative symptoms.

Simple schizophrenia

- Rarely diagnosed in the UK.
- Negative symptoms are prominent early and get worse quickly.
- Positive symptoms are rare.

Other, including ‘cenesthopathic’ schizophrenia

- Schizophrenia which has traits not covered by other categories.

- For example, in cenesthopathic schizophrenia, people experience unusual bodily sensations.
- Unspecified schizophrenia
- Symptoms meet the general conditions for a diagnosis, but do not fit in to any of the above categories.

Signs and symptoms

There are five types of symptoms characteristic of schizophrenia: delusions, hallucinations, disorganized speech, disorganized behavior, and the so-called “negative” symptoms. However, the signs and symptoms of schizophrenia vary dramatically from person to person, both in pattern and severity. Not every person with schizophrenia will have all symptoms, and the symptoms of schizophrenia may also change over time.

Delusions

A delusion is a firmly-held idea that a person has despite clear and obvious evidence that it isn't true. Delusions are extremely common in schizophrenia, occurring in more than 90% of those who have the disorder. Often, these delusions involve illogical or bizarre ideas or fantasies. Common schizophrenic delusions include:

Delusions of persecution – Belief that others, often a vague “they,” are out to get him or her. These persecutory delusions often involve bizarre

ideas and plots (e.g. “Martians are trying to poison me with radioactive particles delivered through my tap water”).

Delusions of reference – A neutral environmental event is believed to have a special and personal meaning. For example, a person with schizophrenia might believe a billboard or a person on TV is sending a message meant specifically for them.

Delusions of grandeur – Belief that one is a famous or important figure, such as Jesus Christ or Napoleon. Alternately, delusions of grandeur may involve the belief that one has unusual powers that no one else has (e.g. the ability to fly).

Delusions of control – Belief that one’s thoughts or actions are being controlled by outside, alien forces. Common delusions of control include thought broadcasting (“My private thoughts are being transmitted to others”), thought insertion (“Someone is planting thoughts in my head”), and thought withdrawal (“The CIA is robbing me of my thoughts”).

Hallucinations

Hallucinations are sounds or other sensations experienced as real when they exist only in the person's mind. While hallucinations can involve any of the five senses, auditory hallucinations (e.g. hearing voices or some other sound) are most common in schizophrenia. Visual hallucinations are also relatively common. Research suggests that

auditory hallucinations occur when people misinterpret their own inner self-talk as coming from an outside source.

Schizophrenic hallucinations are usually meaningful to the person experiencing them. Many times, the voices are those of someone they know. Most commonly, the voices are critical, vulgar, or abusive. Hallucinations also tend to be worse when the person is alone.

Disorganized speech

Fragmented thinking is characteristic of schizophrenia. Externally, it can be observed in the way a person speaks. People with schizophrenia tend to have trouble concentrating and maintaining a train of thought. They may respond to queries with an unrelated answer, start sentences with one topic and end somewhere completely different, speak incoherently, or say illogical things.

Common signs of disorganized speech in schizophrenia include:

Loose associations – Rapidly shifting from topic to topic, with no connection between one thought and the next.

Neologisms – Made-up words or phrases that only have meaning to the patient.

Perseveration – Repetition of words and statements; saying the same thing over and over.

Clang – Meaningless use of rhyming words (“I said the bread and read the shed and fed Ned at the head”).

Disorganized behavior

Schizophrenia disrupts goal-directed activity, causing impairments in a person’s ability to take care of him or herself, work, and interact with others. Disorganized behavior appears as:

- A decline in overall daily functioning
- Unpredictable or inappropriate emotional responses
- Behaviors that appear bizarre and have no purpose
- Lack of inhibition and impulse control

ACTIVITY

1. Explain the signs, symptoms and types of schizophrenia