

# Dangerous mind – psychology flashcard



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Since I've chosen to major in psychology, I've chosen to do my paper on something that pertains to my major. In this case the mental disorder schizophrenia. Schizophrenia is a severely debilitating disease that has stricken the lives of almost two million people in the United States alone (Keefe 20). Since this disease is so devastating the majority of people that suffer from it either live on the streets or in mental institutions. In fact, forty percent of the beds in American mental hospitals are occupied by patients with schizophrenia (Hamilton 145). According to Hamilton the overall chances of a person to develop the disease is one in a hundred (145). There are three distinct types of schizophrenia that are diagnosed in today's society. These are disorganized, catatonic, and paranoid schizophrenia. Disorganized schizophrenia can start to show signs in early adolescents. These people portray inappropriate behaviors and emotions. For instance they may laugh at something like a close friend dieing or cry on a funny part of a movie. Disorganized schizophrenics also talk in a nonsensical manner. They make up their own language or just talk backwards. Catatonic schizophrenia is set apart from the others because of the persons with it unique catatonic, or motionless, state. These people spend long periods of time weeks, months, and occasionally years motionless or in other words "dead to the world" (Hamilton 120). When they do snap out of their catatonic state they are extremely hostile and aggressive. Last is paranoid schizophrenia which is characterized by the false beliefs or delusions the person has. For example the thought that the FBI planted a secret microchip in their brain and is controlling them. Along with these specific types of schizophrenia are some symptoms that pertain to all schizophrenics. Firstoff, all people diagnosed with schizophrenia have perceptual difficulties, that is,

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they suffer from hallucinations. A hallucination is a false sensory experience, such as seeing things, hearing things, and even feeling things that aren't really there. Hallucinations have a compelling sense of reality to the persons who suffer from them. Auditory hallucinations are by far the most common form of hallucination in schizophrenia. They are so characteristic of the disease that a person with true auditory hallucinations should be assumed to have schizophrenia until proven otherwise (Kahn 1985). Thought disorders or delusions are also a symptom found in all schizophrenics. These include incoherent speech, quick shifts of ideas from one thing to a totally unrelated one, and off the wall thoughts and ideas. The delusions that all schizophrenics encounter are false or inane beliefs that are believed by the schizophrenic and no one else. The delusions of schizophrenics go well beyond thinking that they are being watched or something. They often are convinced that someone is controlling them by radio, microchip, hypnosis, and so on. For instance a patient of Torrey, named Josh, believes that the FBI planted a small radio into his skull and is controlling him through it, he even went as far as to cut his own scalp with a knife trying to get it out (44). Schizophrenic persons also have severe disturbances in emotion and behavior. This is the most worrisome symptom to family and friends of the patient. It is, because the person with schizophrenia is incapable of feeling any empathy with anyone including themselves. That means that they are incapable of putting themselves in other people's places. The side effects can range anywhere from laughing at a sad situation, to public masturbation, even to self mutilation. What makes schizophrenia so hard to understand and frightening is the fact that all these symptoms can show up more in one person and less in another. That is also what makes schizophrenia so hard to

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diagnose. The world is in the midst of an explosion of knowledge about the causes of schizophrenia. There has always been theories about the causes, but now as the knowledge accumulates the theories will become fewer and fewer. Almost all of this new knowledge about the causes is a product of the last ten years, and the next ten years promise to increase our understanding even further. There are still several theories about the causes of schizophrenia, and they have to do with what we now know about the physical aspects of the disease. First of all schizophrenia is a brain disease, probably several brain diseases that altogether produce the symptoms. Also the brains of schizophrenics are different from those of people without the disease. When I say different I mean that in fact some areas of schizophrenics brains are shaped different or just smaller than those same areas would be in a normal persons brain (Torrey 111). The area of the brain that seems to be responsible for schizophrenia is limbic system and it's connections. The limbic system is the part of the brain through which most incoming stimulus must pass. According to Dr.. Paul McLean, The father of the limbic system, it has “ selective, integrative, and unifying functions by which raw experience is armonized into reality and coherent activity is organized” (Torrey 78). In other words it is the part of the brain that interprets reality throuhg what we hear, see, touch and smell. At one time the most widely accepted theory about the cause of schizophrenia was stress and family interactions. These aspects began with Freud, who in 1911 published his analysis of a paranoid schizophrenic, which was the first time schizophrenia was realized as a problem of the brain thar could not be avoided, but instead had to be treated. Back in the early 1900's all psychoanlysisists agreed that the source of psychic trauma theoretically

responsible for schizophrenia was the relationship between the child and the parents (Torrey 91). Within the last thirty years, though, considerable interest has been given to the thought of infectious disease as the cause of schizophrenia. Since viruses can, and do, only affect certain areas of the brain while leaving others unharmed, such as the rabies virus and herpes zoster virus, it could account for the bizarre symptoms in schizophrenics (Bebbington 80). Viruses may also change the function of the brain cells without changing their structure (Bebbington 81). For example cell enzymes may be permanently disrupted by a viral infection and the cell would continue to live and show no signs of damage. Which means that viruses could cause schizophrenia and leave no sign of it. Another intriguing fact about viruses as a possible cause of schizophrenia is the fact that they may remain latent for many years at a time, like the HIV virus before it turns into AIDS. That would be a possible explanation for the reasons behind why schizophrenia doesn't show up until later on in a person's life. Of all the theories that are present in today's society the one that most psychologists and psychiatrists stand by is that of biochemical factors. The center of attention throughout the last decade has been the neurotransmitter dopamine. Dopamine is a protein in the brain that fits under a class known as the catecholamines which transmit information between nerve cells (Bebbington 110). The reason dopamine has come under so much speculation is because when amphetamines are given to a person in a high dosage they cause the dopamine levels in the brain to increase. Which in turn causes schizophrenic type behavior. Drugs that block dopamine receptors in the brains of schizophrenics have been proven to be effective in helping reduce their symptoms (Keefe 100). Other neurotransmitters under investigation in the causes of schizophrenia are

serotonin and norepinephrine. They are still being tested and experimented with, though. Another theory related to biochemical theories has to do with nutrition. Orthomolecular psychiatry is based around nutrition and how some deficiencies in vitamins can affect the brain chemistry of someone. Which in turn can lead to altered subjective experiences which are called metabolic dysperceptions (Anderson 95). These nutritional theories are still young and no real proof has been established. Since there is no real cure for schizophrenia there are only treatments. Treatments can be anything from group therapy to antipsychotic drugs. First of all I want to tell you about some well-intended therapies of this century that were carried out with little scientific bases and unhappy results. These include the insulin coma, electroconvulsive therapy, and a form surgery called the frontal lobotomy. Insulin is a hormone in the body that controls the levels of blood sugar. When given too much insulin the supply of sugar to the brain decreases to the point where coma occurs. 1933 a German physician named Manfred Sakel induced insulin coma in some schizophrenics concluding that it helped relieve their symptoms (Stone 66). Happy to the news, American doctors rushed to induce insulin coma into severe schizophrenics, and most died as a result (stone 67). Electroconvulsive therapy (ECT) is another example of a widely used therapy with little evidence of its usefulness. ECT is brief pulses of electricity that are passed through the brain. Unfortunately it works for severe depression but not schizophrenia. Probably the most outrageous therapy, if you want to call it that, was the frontal lobotomy. The American psychiatrist Solomon H. Snyder has called it “barbaric” and “diabolical” (Anderson 20). A frontal lobotomy is the surgical removal of parts of the frontal lobes. Developed in 1935 by doctor Egas Moniz of Portugal, the

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frontal lobes were believed to be the site of the problem and therefore were removed. Instead of helping the schizophrenic, though, it just took what shreds of personality they had left and left them like zombies. Times have changed and extensive research is done on all theoretical treatments before they are administered to any real patients. The most important and helpful treatment used today is that of drugs. Drugs used to treat schizophrenia are called antipsychotics. Keefe pointed out that antipsychotics reduce symptoms of the disease, shorten a patient's stay in the hospital, and reduce the chances of rehospitalization (145). Persons with schizophrenia, when entering psychiatric hospitals, used to stay for several weeks or even months. With these new antipsychotic drugs, though, the stay has been reduced to just days. In fact a person who takes the drugs has a 3-out-of-5 chance (60 percent) of not being rehospitalized (Keefe 164). These antipsychotics work by blocking certain receptors of certain types of neurotransmitters in the brain. For instance chlorpromazine is an antipsychotic that blocks the receptors for dopamine, which as I explained is believed to be the cause of most symptoms of schizophrenia (Anderson 97).