

Jani, categories of  
symptoms – positive  
symptoms and



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Jani, a five-year-old girl, physically attacked her infant brother because “Wednesday”, a rat, told her to hit him and it would not stop biting her until she complies. Wednesday was only one of Jani’s over a hundred hallucinations from her imaginary world she calls Calalini, according to an article from Oprah in 2009. Jani’s friend from the University of California Los Angeles (UCLA) psychiatric ward, Becca Stancil, has also been having hallucinations for years. She has been seeing terrifying creatures like wolves as indicated by Stohler (2011), and particularly, a six-foot tall man who follows her everywhere as documented by Weinraub (2010). Another child, an eight-year-old Morgan Frank, wanted to kill their family dogs and ran after them with a knife, Frank reported in 2015.

Jani, Becca, and Morgan have all been suffering from a severe mental disorder – schizophrenia. According to Nordqvist (2017), schizophrenia manifests more commonly in early adulthood, from ages 16 to 30. However, Gochman and colleagues (2011) posited that in extremely rare cases, it can also be diagnosed during childhood with a prevalence rate of 1 in 40, 000. Diagnosed prior to the age of 13, child schizophrenia, as stated by Bartlett (2014), is marked by the deterioration of affective, behavioral, and cognitive processes which significantly disrupts the child’s overall functioning and development. Schizophrenia, in both children and adults, has two broad categories of symptoms – positive symptoms and negative symptoms; positive symptoms include delusions, hallucinations, disorganized speech, thinking, and behavior; whereas, negative symptoms include blunt or flat affect, avolition (the lack of motivation), alogia (diminished speech patterns), asociality (the loss of interest in social interactions), and anhedonia (the

inability to experience pleasure), as indicated in the 5th revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) by the American Psychiatric Association (2013).

The main difference between child schizophrenia and adult schizophrenia is its clinical presentation as stated by MacGill (2017); he asserted that the initial phase, more aptly referred to as the prodromal phase, is particularly more striking and evident in children than in adults. During this phase, which may start at the first months to years of life, a child may exhibit some of the earliest signs which could lead up to psychotic symptoms. According to an article from MayoClinic.org (2016), these may include language delays, social deficits, unusual crawling, late walking, and other abnormal motor behaviors — rocking, posturing, or arm flapping. Visual and auditory hallucinations are very common and therefore should be distinguished from normal imaginative play as explained in the DSM-V (2013). Delusions are simpler and are usually related to childhood themes according to Cobert (2010). Other indications of childhood schizophrenia may include decline in academic performance, social withdrawal, decreased ability to perform self-care and daily activities, bizarre hygiene and eating behaviors, lethargy, hostility, and aggression, Masi, Mucci, & Pari reported in 2006.

All these symptoms and features may appear to be very specific; however, as Bartlett (2014) stated, diagnosis remains difficult and challenging for mental health professionals, as most of these symptoms overlap with other disorders (autism spectrum disorder, attention deficit hyperactivity disorder, etc.).