

The world of people with schizophrenia essay

[Life](#), [Emotions](#)



If the phobias and depression are the common colds of psychological disorders, chronic schizophrenia is the cancer. About 1 in 100 people will develop schizophrenia, joining the millions who have suffered one of humanity's most dreaded disorders. Schizophrenia is a psychotic disorder, in which a person loses contact with reality by experiencing grossly irrational ideas and distorted perceptions.

Schizophrenia typically first strikes during adolescence or young adulthood; it knows no national boundaries and it affects the two sexes about equally. This study shows: (1) the description of brain function as related to thought, behavior and emotion; (2) understand brief history of schizophrenia; (3) links between brain abnormalities and schizophrenia; and (4) know the causes for brain abnormalities. II. Background A.

Understanding Psychological Disorder Imagine yourself living hundreds or thousands of years ago. How might you have accounted for the behavior of a James Oliver Huberty? To explain puzzling behavior, our ancestors often presumed that strange forces—the movements of stars, godlike powers, or evil spirits—were at work. The devil made him to do it," you might have said. The cure might have been to get rid of the evil force—by exorcising the demon or even by chipping a hole in the skull to allow the evil spirit to escape. Until the last two centuries, " mad" people were sometimes caged in zoolike conditions or given " therapies" appropriate to a demon. Disordered people have been beaten, burned, and the clitoris cauterized. They have had their own blood removed and replaced with transfusions of animal blood (Farina, 2002). a)Medical Perspective.

In response to such brutal treatment, reformers such as Philippe Pinel (1745-1826) in France insisted that madness was not demon possessed but a disease that, like other diseases, we could treat and cure. For Pinel, treatment meant boosting patients' morale by talking with them and by providing humane living conditions. When it was later discovered that an infectious brain disease, syphilis, produced a particular psychological disorder, people came to believe in physical causes for disorders and to search for medical treatments. Today, Pinel's medical perspective is familiar to us in the medical terminology of the mental health movement: A mental illness (also called a psychopathology) needs to be diagnosed on the basis of its symptoms and cured through therapy, which may include treatment in a psychiatric hospital. In the 1800s, the assumption of this medical model—that psychological disorders are sicknesses—provided the impetus for much needed reform. The “ sick” were unchained and hospitals replaced asylums. Equating psychological disorders with sickness does, however, have its critics, among them psychiatrist Thomas Szasz.

Szasz believes that mental “ illnesses” are socially, nor medically, defined. When, for many years, Soviet psychiatrists diagnosed dissident citizens as “ psychotic,” they were using medical metaphors to disguise their contempt for these people's political ideas. Szasz concludes that in North America, too, mental health practitioners have too much authority in today's society. When they demean people with the label “ mentally ill,” their parents may begin to view themselves as “ sick” and therefore give up taking responsibility for coping with their problems. Many critics respond similarly to the idea that alcohol abuse, overeating, gambling, and sexual promiscuity are addictive

diseases— purely uncontrollable compulsions that require sympathy and treatment. As we will see, labels can be self-fulfilling fables. Despite such criticisms, the medical perspective survives and even gains renewed credibility from recent discoveries.

Genetically influenced abnormalities in brain chemistry have been linked with two of the most troubling psychological disorders, depression and schizophrenia, both of which are often treated medically. Those who accept Freud's psychoanalytic perspective agree that psychological disorders are sicknesses that have diagnosable and treatable causes. However, they insist that these causes may include psychological or traumatic stress such as that caused by rape and combat.

B. Understanding the cause of Schizophrenia Schizophrenia is not only the most dreaded psychological disorder but also one of the most heavily researched. Some important new discoveries link schizophrenia with biological factors, such as brain abnormalities and genetic predispositions. Schizophrenia is one of the most heavily researched psychological disorders. Several factors have been proposed as causes of schizophrenia, from biochemical imbalances in the brain to faulty family relationships and socioeconomic environment.

Although a great deal of interesting research has been carried out, to date no single factor has been isolated as the cause of schizophrenia. a) Brain Abnormalities Recent advances in the measurement of brain structure and function have set the stage for comparing normal individuals with those suffering from schizophrenia. One brain-imaging technique, computer-

assisted tomography, or CT scan, uses many low-energy X-rays of the living brain taken at a number of different points and integrated into pictures by a computer. Studies using this technique show that many individuals with schizophrenia have enlarged brain ventricles, compared to normal persons. Some researchers believe a link exists between the enlarged ventricles and the lower frequency of alpha waves observed among individuals with schizophrenia. Strange behaviors, they knew, can have strange chemical causes. The saying “ Mad as a hatter” refers to the psychological deterioration of British hatmakers whose brains, it was later discovered, were slowly poisoned as they moistened the brims of mercury-laden felt hats with their lips (Smith, 2003). Another reason for having schizophrenia is the neurotransmitter dopamine.

When researchers examine patients’ brains after death, they found an excess of receptors for dopamine (Wong, 2005). Such dopamine overactivity may be what makes schizophrenia victims overreactive to irrelevant external and internal stimuli. Modern brain scanning techniques reveal that many chronic schizophrenia patients have a detectable brain abnormality. Some have abnormally low brain activity in the frontal lobes (Cohen, 1999). Others, most often men, have enlarged, fluid-filled areas and a corresponding shrinkage of cerebral tissue. b) Genetic Factors A popular line of research in recent years has been the search for a genetic link in schizophrenia.

Several approaches to the study of genetic relationships have been used. Overall, results of this research are consistent with a genetic basis for the disorder. For example, identical twins are more likely to share schizophrenic

diagnoses than fraternal twins, whether the twins are reared apart or together. The greater the severity of schizophrenia, the more pronounced this relationship is. Furthermore, children whose parents both have schizophrenia are three times more likely to develop the disorder than are children with only one parent with schizophrenia, whether children are reared with their parents or not. Children who are reared by an adoptive parent with schizophrenia but whose biological parents are normal do not have higher rate of schizophrenia (Kestenbaum, 2001). The most convincing evidence for a genetic relationship comes from research showing a characteristic defect on chromosome 5 among family members who have some types of schizophrenia (Sherrington, 2000).

Naturally, scientists wonder whether people inherit a predisposition to these brain abnormalities. The evidence strongly suggests that some do. The 100-to-1 odds against any person's being diagnosed with Schizophrenia become 10-to-1 among those who have an afflicted identical twin.

Although there are only a dozen such known cases, it appears that an identical twin of schizophrenia victim retains that 50-50 chance whether they are reared together or apart. Adoption studies confirm a genetic link (Gottesman, 2001). Children adopted by someone who develops schizophrenia are unlikely to "catch" the disorder. But adopted children do have an elevated risk if a biological parent is diagnosed with schizophrenia. The genetic contribution is beyond question.

But the genetic role is not so straightforward is beyond question. But the genetic role is not as straightforward as the inheritance of eye color. After

all, about half the twins who share identical genes with a schizophrenia victim do not develop the disorder. Thus, behavior geneticists Susan Nicol and Irving Gottesman (2000) conclude that some people “ have a genetic predisposition to the disorder but that this predisposition by itself is not sufficient for the development of schizophrenia. ” c) Psychological Factors If, by themselves, genetically predisposed physiological abnormalities do not cause schizophrenia, neither do psychological factors alone. As Nicol and Gottesman report, “ no environmental causes have been discovered that will invariably, or even with moderate probability, produce schizophrenia in persons who are not related to a schizophrenic. ” Nevertheless, if genes predispose some people to react to particular experiences by developing schizophrenia, then there must be identifiable triggering experiences.

Researchers have asked: Can stress trigger schizophrenia? Can difficulties in family communications be a contributing factor? The answer to each question is a strong, clear maybe. The psychological triggers of schizophrenia have proved elusive, partly because they may vary with the type of schizophrenia and whether it is a low-developing, chronic schizophrenia, or a sudden, acute reaction to stress. It is true that young people with schizophrenia tend to have unusually disturbed communications with their parents. But is this a cause or a result of their disorder? It is true that stressful experiences, biochemical abnormalities, and schizophrenia's symptoms often occur together. But the traffic between brain biochemistry and psychological experiences runs both ways, so cause and effect are difficult to sort out. It is true that schizophrenic withdrawal often occurs in adolescence or early adulthood, coinciding with the stresses

of having to become independent, to assert oneself, and to achieve social success and intimacy.

So is schizophrenia the maladaptive coping reaction of biologically vulnerable people? Most of us can relate more easily to the ups and downs of mood disorder than to strange thoughts, perceptions, and behaviors of schizophrenia. Sometimes our thoughts do jump around, but we do not talk nonsensically. Occasionally we feel unjustly suspicious of someone, but we do not feel that the world is plotting against us. Often our perceptions are distorted, but rarely do we see or hear things that are not there. We have felt regret after laughing at someone's misfortune, but we rarely giggle in response to bad news. At times, we just want to be alone, but we do not live in social isolation. However, millions of people around the world do not talk strangely, suffer delusions, hear nonexistent voices, see things that are not there, laugh or cry at inappropriate times, or withdraw into their private imaginary worlds. Because this is true, the scientific quest to solve the cruel puzzle of schizophrenia continues.

) Environmental Stress Approaches to schizophrenia have not been exclusively biomedical. Even studies of identical twins show that more than half these pairs do not have shared diagnoses of schizophrenia. Because they do share all genetic material, there must be environmental factors that also contribute to the disorder, either by protecting constitutionally vulnerable individuals or by precipitating symptoms of the disorder (Kestenbaum, 2001). One way of conceptualizing the relationship between the environment and schizophrenia is through the concept of stress. A stress hypothesis holds

that individuals are genetically vulnerable to the disorder. III. Discussion A. Symptoms of Schizophrenia Disorganized Thinking.

Imagine trying to communicate with Sylvia Frumkin, a young woman whose thoughts spill out in no logical order. Her biographer, Susan Sheehan, (2002, p. 35), observed her saying aloud to no one in particular, " This morning, when I was at Hillside [hospital], I was making a movie. I was surrounded by movie stars. The X-ray technician was Peter Lawford.

The security guard was Don Knotts. The Indian doctor in Building 40 was Lou Costello. I'm Mary Poppins. Is this room painted blue to get me upset? My grandmother died four weeks after my eighteenth birthday. " Miss Frumkin laughed. Jumping from one idea to another may even occur within sentences, creating a sort of " word salad.

" One young man begged for movement with a view to the widening of the horizon" will " ergo extort some wit in lectures. " Many psychologists believe disorganized thoughts result from a breakdown in selective attention. We normally have a remarkable capacity for selective attention—for, say, giving our undivided attention to one voice at a party while filtering out competing sensory stimuli. Schizophrenia sufferers have impaired attention (Gjerde, 2003).

Thus, an irrelevant stimulus or an extraneous part of the preceding thought easily distracts them. As one former schizophrenia patient recalled, " What had happened to me... was a breakdown in the filter, and a hodge-podge of unrelated stimuli were distracting me from things which should have had my

undivided attention" (MacDonald, 2000, p. 318). a) Disturbed Perceptions

The schizophrenia victim experiences an altered world. Minute stimuli, such as the grooves on a brick or the inflections of a voice, may distract attention from the whole scene or from the speaker's meaning. Worse, the person may perceive things that are not there.

The voices may tell the patient that she is bad or that he must burn himself with a cigarette lighter or even commit murder. Such hallucinations have been compared to dreams breaking into waking consciousness. When the unreal seems real, the resulting perceptions are at best bizarre and at worst terrifying. Inappropriate Emotions and Actions. The emotions of schizophrenia are often utterly inappropriate. Sylvia Frumkin's emotions seemed split off from reality.

She laughed after recalling her grandmother's death. On occasion, she became angry for no apparent reason or cried when others laughed. Other victims of schizophrenia sometimes lapse into flat affect, a zombielike state of apparent apathy. Motor behavior also may be inappropriate. The person may perform senseless, compulsive acts, such as continually rocking or rubbing an arm.

Those who exhibit catatonia may remain motionless for hours on end, and then become agitated. As you can imagine, disorganized thinking, disturbed perceptions, and inappropriate emotions and actions disrupt social relationships. During their most severe periods, schizophrenia sufferers live in a private inner world, preoccupied with illogical ideas and unreal images.

Although most people suffer from schizophrenia only intermittently, others remain socially withdrawn and isolated throughout much of their lives.

Rarely is there a one-time episode that is “cured,” never to return. B. Types of Schizophrenia We have described schizophrenia as if it were a single disorder. Actually, it is a cluster of disorders that have common features but also some distinguishing symptoms. Thus, schizophrenia is not a single disorder for which there could be but one set of causes.

Sometimes, as in the case of Sylvia Frumkin, schizophrenia develops gradually, emerging from a long history of social inadequacy (which partially explains why those predisposed to schizophrenia often end up in the lower socioeconomic levels, or even as homeless people). There is a rule that holds true around the world (World Health Organization, 2004): When the schizophrenia is a slow-developing process (called chronic, or process, schizophrenia), recovery is doubtful. IV. Conclusion Schizophrenia sufferers must not be condemned but need assistance from their love ones. The most common psychosis is schizophrenia, which usually appears first in childhood or adolescence. There are several types of schizophrenia, with symptoms ranging from excited and sometimes aggressive behavior to complete withdrawal into stupor.

Contrary to popular belief, a schizophrenic does not have a “split personality”; this notion may have developed from the fact that episodes of the illness may be separated by periods of completely normal behavior.

Many psychiatrists believe there is an organic basis for schizophrenia—that it

is only partly psychogenic or not psychogenic at all—and that it may be hereditary.