

Good research paper about extensive studies of schizophrenia

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Schizophrenia is a very serious mental illness that is characterized by serious disturbance in the sufferer's thoughts, perception, behavior and even imagination and perception. When looking at it critically, schizophrenia happens to be an umbrella diagnosis that covers several mental disorders. But what contribute most to this condition are the depressive and anxiety disorders which people experience in everyday life (Jones & Buckley 2006). Some of the common symptoms include hearing of internal voices, believing that other people might harm the sufferer and this will always leave the patient fearful and very much withdrawn. According to the Substance Abuse and Mental Services Administration, the most affected people are those who are in the ages of forty and fifty nine years. This is so because this is the time that many people grapple with shortcomings in their lives especially when old age and retirement starts beckoning.

Schizophrenia is becoming common every day. In a population of one hundred Americans, there is one person suffering from it. In the past, it was considered as a disease affecting the older generation but then, today studies have proven that signs and symptoms start very early on in life. Adults who have been admitted to psychiatric hospitals have a proven record of having malfunctions from the time they were as early as between seven and ten years. Children showed a problem in their social skills, and this went on to manifest itself by resulting to schizophrenia (Done, Crow, Johnstone, & Sacker 1994). It was more serious in boys than girls. This is a clear indicator that patients suffering from schizophrenia show early signs way before they are diagnosed. The problem normally is that these symptoms are not attended to early. If it were the case, then the result may be avoided, or if it

happens, the family will be ready to deal with it. Social adjustment anomalies are just part of the symptoms that need to be attended to early on in life in order to avert serious problems that come later on in life. It has been proven that these symptoms worsen during early adulthood and go all the way to come out at a later stage in life. The daunting question now is to ascertain the ages when schizophrenia is detected, or a person is born with it.

There is no known origin of schizophrenia according to (Philips, Li, Stroup and Xin 2000). Most known diseases like heart diseases are said to be having some causative agents such as lifestyle, behavior, genetics and the environment, but the opposite can be said about schizophrenia. Scientists have not yet unmasked the exact causes of schizophrenia. There are studies that are being conducted to research on the genes, living environment, circumstances surrounding brain development and many more factors. There are studies which indicate that neurotransmitters may have a hand in causing this condition because the disorder is always associated with the imbalance of some chemical systems in the brain (Philips, Li, Stroup, & Xin, 2000). Others also point a finger to some physical abnormalities in the brain. This means that the studies have not yet been concluded and that the disorder is a mystery. But then, there has been a decline in the cases of schizophrenia that have been reported from around the world. Other studies have sighted some reasons why this is the case. For instance, advancement in technology which offer better living conditions may reduce stressors and in return reduce instances where a person may get anxious, fearful or even mentally disturbed. This reduction is a pointer to the fact that the research that is being conducted may bear fruit and the mysteries surrounding this

condition will be solved.

Studies have shown that there is enough evidence to prove the fact that schizophrenia is hereditary. There are very high chances that close relatives of the patient may also at one point in life suffer from it. But according to the article *The Types and Prevalence of Mental Illness in the Biological and Adoptive Families of Adopted Schizophrenics*, making such assumptions is inconclusive because it fails to remove other influences such as environmental factors. In as much, the genetic composition of the members of the family may be the same; there are chances that the environment where one lives can contribute to the development of this condition. It cannot be ruled out that only genetics plays a role in the development of this condition. Family members may not share the same environment and one can find that some members will suffer from this condition and others may not. An example is given of monozygotic twins who may share a “disproportionate segment of the environment, as well as interpersonal factors as well as they’re genetic composition” (Kety, Rosenthal, Wender, & Schulsinger 1968). But then, it can never be concluded that if one suffers from schizophrenia and so the other will; in this case very many factors play a role in the development and advancement of this condition. Generalization, therefore, may not be good in drawing conclusions here because there are very many other factors that contribute to the development of this condition.

In the treatment of schizophrenia, it is good to rule out all other illnesses in order to come up with the best form of treatment. This is because people may suffer from several mental illnesses at the same time. When a mental

condition goes for a long time without being detected, it may lead to severe problems that need to be attended to individually. It is for this reason medical examinations need to be done in order to ascertain the nature of the condition. There are times that a person abuses drugs and then ends up with symptoms that are similar to schizophrenia. Symptoms, therefore, need to be analyzed and defined by objective behavioral indices (Andersen 1982) in order to arrive at an excellent standard of reliability. There are five symptom complexes defined by the scale used to diagnose schizophrenia. They include affective flattening, alogia, avolition, anhedonia and attentional impairment. All these will determine the state of the condition which will, therefore, give direction on the way forward about treatment. It is imperative that in determining a mental disorder, care be taken in order to ensure that the right treatment is prescribed. Otherwise, a schizophrenic may end up being given treatment for bipolar or even drug and substance abuse. There are times when normal people feel, think and even act in a way that resembles schizophrenia. There are times when normal people fail to think straight, but that does not mean that they are schizophrenic. A person may become overly anxious at times; they may feel confused and even unable to put their thoughts together. A good example is when a person is talking before people, and they feel tensed. This can happen again but then this cannot be branded schizophrenic (Angermeyer & Matschinger 1996). The same can be said about people with schizophrenia. They do not always act fearful and forgetful. It is a must that people's feelings, attitudes and ways of doing things be analyzed at any given time in order for people not to be branded as suffering from mental conditions. Behavior changes over time

depending on the circumstances that people find themselves. Therefore, a person should not be taken in for treatment when they are okay. This implies that, it is always good to critically review and analyze a person's actions before any medical procedures are administered on them. After a medical procedure, then one can commence the right treatment for their mental problem and schizophrenia is included in all these.

When it comes to treatment of schizophrenia, treatment of patients is approached from different angles. Schizophrenia may or may not be a single mental condition. Aside from this, its causes have not yet been established. Treatment methods are, therefore, varied and are based on experience as well as clinical research. In fact, treatment is given in order to reduce symptoms and not treat the condition as such (Jones & Buckley 2006). Since the 1950s, antipsychotic medications have been available and are administered on the patients and have proven to improve the outlook for patients. The aim of these medications is to reduce symptoms and allow patients to function effectively and appropriately. These drugs have proven beyond reasonable doubt that schizophrenia can be contained in as much as it cannot be treated. Psychosocial treatments have also been used for some time now and they too have proven to be very helpful. But then, this treatment is limited and said to be very helpful when it comes to patients with less severe symptoms. Psychotherapy and rehabilitation are also good. Sessions between a patient and a psychiatric professional can go a long way in assessing the severity of the condition and offering counseling to the patient. This acts as a slow path towards recovery and this ensures that the patient's needs are met at a personal level.

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