

Understanding and living with schizophrenia assignment

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Understanding & Living with Schizophrenia Rebecca J. Purdy Maryville University Psych 321 IM Abnormal Psychology Abstract Schizophrenia is one of the most severe life altering mental disorders in respect of individuals functioning independently and within society norms. This paper will examine in detail the different types of Schizophrenia and their associated behaviors to determine the mental state of the patient. Although, medical science cannot definitively identify the specific cause of this disorder, various theories will be discussed.

The symptoms and diagnosis of Schizophrenia will be identified as documented by the DSM-IV-TR Diagnostic Criteria for Schizophrenia. Currently, there is not a cure for this disease, therefore, this study will focus on different treatment methods for Schizophrenia; ranging from early intervention, medication, and cognitive behavior therapy. The results of this study will show those diagnosed with Schizophrenia can achieve a promising prognosis and improve their quality of life if given the necessary support, medication and treatment. .

Understanding and Living with Schizophrenia The term schizophrenia is Greek in origin, meaning " split mind. " However, this disorder is not associated with a split personality. Schizophrenia is a debilitating brain disorder caused by a chemical imbalance that negatively affects an individual's thought processes and behavior. Many of these individuals are unable to understand and interpret basic information accurately, perform daily tasks independently or function within society norms. They may experience hallucinations, delusions, and paranoia.

The variance of negative and positive symptoms is attributed to the different types of Schizophrenia. The DSM-IV-TR has identified five types: 1) Paranoid Schizophrenia ??? Individuals experience delusions, which are often related to being treated unfairly or being falsely suspicious of others behaviors, motives or intentions. Many with this diagnosis will hear voices speaking to them. 2) Catatonic Type ??? Individuals have inappropriate movement control. They may sit still for hours or may exhibit purposeless movement. They may mock others movement and speech.

This prolonged behavior makes it difficult for these individuals to independently take care of themselves. 3) Disorganized Type ??? Individuals exhibit disorganized speech, behavior, inappropriate or flat emotions. For this diagnosis, all three of these characteristics must be present. It is difficult for these individuals to fit in social situations, hold a job, or take care of themselves. 4) Undifferentiated Type ??? This diagnosis is a result of individuals meeting some of the criteria from some of the above classifications, but not enough from one category to receive a specific diagnosis.) Residual Type ??? These individuals have had a past history of at least one Schizophrenic episode, but do not currently have positive systems, such as hallucinations or delusions. They may be in remission or simply in between psychotic episodes. It is still not fully understood the specific causes of Schizophrenia as it cannot be proven to be attributed to a single factor, however, a combination of many factors that lead to the diagnosis of this disorder. The most prominent theories are tied to genetics, heritability, prenatal infection, complications during birth, and childhood IQ.

Based on the Human Genome Project of 2001, we know the human body is made up of over 30, 000 genes. It is widely accepted that genes are responsible for how we behave and look. For example, our hair and eye color, personality traits or physical shape. These are attributes that are derived from those within our family tree. It is easily believed that physical illnesses such as diabetes, high cholesterol, high blood pressure or allergies are hereditary, so why not mental illnesses?

Extensive research was performed on postmortem individuals without significant proof of heritability, but the Human Genome Project has given researchers the opportunity to link heredity to neurochemistry and neuroanatomy. (Perlman, Weickert, Akil, & Kleinman, 2004). This led to genotyping and the identification of eight genes that have been identified as Schizophrenia susceptibility genes. Researchers believe the identification of genetic susceptibilities may lead to clinical interventions to develop effective treatment of Schizophrenia. Perlman et al, 2004) Hodge and Freedman (2009) believe genetics to be the likely cause of Schizophrenia based on extensive research of a narrow region on chromosome 1. They used mapping techniques to determine the markers for Schizophrenia and found they fell within the gene for nitric oxide synthase 1 adaptor protein. Further testing done postmortem supported this theory. It is further suggested by Hodge and Freedman (2009) that genes are affected by single nucleotide polymorphisms (SNP's) and there are millions of SNP's throughout the human genome.

Thus, it has been nearly impossible to determine whether any specific SNP causes the genetic malfunction responsible for the transmission of Schizophrenia or is just a contributing factor. It is a widely accepted belief hereditary is important factor in the likelihood of developing Schizophrenia, however, extremely difficult to definitively prove. Cardno, Rijdsdijk, Sham, Murray, and McGuffin (2002) state that the heritability estimates for Schizophrenia range from 70% to 85%.

This data was gathered through extensive research and testing on monozygotic and dizygotic twins as well as non-twin siblings. Interestingly, even though monozygotic twins (identical) share the exact genetic makeup, they did not, in all cases, both develop Schizophrenia. Cardno et al, (2002) indicated that the key may not be within the gene itself, but in the connection between genes and their behavior. Interpreting this data is time consuming, and extremely subjective.

The findings indicate strong family ties to genetics, however environmental and social influences need to be taken into consideration. What role does an individual's IQ play in determining the likelihood of developing Schizophrenia? Do those with Schizophrenia have a lower IQ or does having a lower IQ indicate a precursor to developing a mental illness? A group of 1,037 children born between 1972 and 1973 were selected for a research study. Their IQ's were tested at ages 7, 9 and 11. Diagnoses of DSM-IV-TR mental disorders were made at ages 18, 21, 26, and 32.

The results showed there is a link between individuals with lower childhood IQ's and the increased risk of developing Schizophrenia Spectrum Disorders

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as well as other mental disorders later in life. This was accomplished by charting the occurrence of Schizophrenia to the IQ score and showing a higher occurrence rate as the IQ scores reduced by a standard deviation of 15 units. (Koenen, Moffitt, Roberts, Martin, Kubzansky, Harrington, Poulton, and Caspi, 2009) It is known that Schizophrenia affects the growth and development of the brain or central nervous system and is considered a neurodevelopmental disorder.

It is believed that prenatal infections such as the flu and complications during delivery such as the umbilical cord being wrapped around the baby's neck affect this development and can be a contributing factor to the development of Schizophrenia. Brown, Vinogradov, Kremen, Poole, Deicken, Penner, McKeague, Kochetkova, Kern and Schaefer (2009) conducted research on individuals who were born by mothers diagnosed with Influenza while pregnant or had delivery complications and found they consistently scored lower during testing of the individuals cognitive and concept formation.

According to Brown et al, (2009), " Exposed patients also exhibited defects on figural fluency, letter-number sequencing, and backward digit span. " While their research may not be able to prevent such events from occurring, Brown et al, (2009) states, " It may lead to a better understanding of the etiopathogenic pathways that account for disruptions in specific aspects of executive function and suggest potential strategies aimed at preventing and treating these impairments. " Many of us have encountered individuals whose behavior and mental capacity are different than the society norm.

Should it be assumed they suffer from a form of mental illness or in extreme cases, Schizophrenia? Could it be they had a momentary lapse in judgment, are seeking attention, or could it be attributed to the way they were raised? Realistically, all the statements could be true. In reality, less than 1% of the population is diagnosed with Schizophrenia. To be diagnosed with this mental illness, individuals must exhibit a specific set of symptoms for specific duration of time. Symptoms can be clustered into five main categories: 1) Positive Symptom Dimension ??? Also known as psychotic symptoms.

Individuals experience delusions and hallucinations. 2) Negative-Symptom Dimension - Alterations in Drive and Volition. Individuals lack motivation and a reduction in spontaneous speech, and social withdrawal. 3) Cognitive Symptom Dimension - Alteration in neurocognition. Individuals have difficulty in memory, attention, and executive functioning. 4 & 5) Affective Dysregulation- Individual has depressive and manic symptoms. The negative dimension is associated with neurocognitive alterations, but the positive and affective dimension of psychopathological changes are not, and the positive and negative symptoms seem to follow independent course over time. (Jim van Os's and Shitij Kapur's 2009). Os and Kapur, (2009) state that the US-based 4th Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) and the 10th International Classification of Diseases (ICD-10) are currently used to diagnose schizophrenia. This means that in addition to exhibiting the specific set of symptoms, individuals lives need to be impacted by the symptoms.

Specifically, there would be a noticeable decline in their ability to perform well at work, maintain personal relationships, or care for themselves.

Consistently and duration are critical in the diagnosis of Schizophrenia. The episode or disturbance must be persistent for a minimum of six months. The primary reason for this is that many people may experience severe stress, loss of a loved one or a life-threatening situation that leads to confusion, forgetfulness, unnecessary fear or even hearing voices of a deceased loved one. These conditions are temporary and do not qualify as a diagnosis of Schizophrenia.

The diagnosis of Schizophrenia for the individual and the family can be devastating. There is not a cure for this disorder. How can these individuals be helped so they are able to adapt and function within society? In more recent years, there have been increased efforts to improve the early treatment methods exercised for those with recent diagnosis of Schizophrenia. Doctors, therapist, and society are slowly departing from the old way of thinking that individuals diagnosed with Schizophrenia are insane, need to be heavily medicated, and admitted to a mental facility for the rest of their life.

The focus has shifted to providing extensive information and education to physicians, and families to identify early warning signs to increase probability of recovery. Schizophrenia onset usually develops during adolescence or young adulthood. Therefore, it is typically the parents who are seeking treatment for their child. Gerson, Davidson, Booty, Wong, McGlashan, Malespina, Pincus, and Corcoran, (2009) conducted a study with

the parents of 13 patients with recent onset of psychotic disorders. Their findings strongly showed the difficulty parents had in receiving a definitive diagnosis and rapid treatment.

During the interviews, many parents stated their first course of treatment was involuntary hospitalization or arrest resulting from an uncontrollable situation. As stated by Gerson et al, (2009), " Our results underscore the need for broader implementation of specialized, accessible, affordable, and integrated treatment programs for patients with a first episode of psychosis- programs that involve families and are culturally sensitive. " The primary and initial treatment for psychotic disorders, including Schizophrenia, is medication.

Specifically, antipsychotic drugs such as Haloperidol or Chlorpromazine are prescribed because they target the dopamine receptors, (Navari and Dazzan 2009). These drugs reduce anxiety and work to reduce or stop delusions and hallucinations. There is controversy surrounding these medications. At higher doses, the concern is that Haloperidol or Chlorpromazine impairs the individual's cognitive abilities, which is already remarkably lower in those with Schizophrenia. It is desired to increase cognitive abilities to improve the possibility of a positive prognosis.

Goldberg and Gomar (2009) found that second-generation drugs such as amisulpride, olanzapine, quetiapine, and ziprasidone improved cognitive functioning, but were costly and not definitive. Currently, there is not a medication that treats the severe symptoms and improves cognitive ability. Another challenge with medication treatment is ensuring the patients takes

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the medication prescribed. Often, a cycle of medication inconsistency occurs. The patient takes their medication and after a period of time, feels very good and does not believe they need the medication any longer.

At some point after stopping the medication, individuals relapse. The concern is they may not be in a state of mind to realize they need their medication until their behavior becomes unmanageable, they hurt themselves, someone else, or they are unable to function independently. In most cases, the individual resumes their medication and the cycle begins again. Virit, Altinday, Bulbul, Savas, and Dalkilic (2009) found that long-acting antipsychotics, meaning they were injected, were more effective than oral antipsychotics in adherence to treatment.

There were not any reported differences associated with effectiveness. Supplementing medication with Cognitive Behavior Therapy can be beneficial to the recovery or remission of those with Schizophrenia. Regular visits keep the patients on track in taking their medication as well as providing an outlet to express their feelings and concerns. It has been proposed that group therapy has a more positive outcome than individual therapy. This is especially true for young patients or those recently diagnosed. Schizophrenia by nature can encompass or trigger paranoia, lack of understanding, and confusion.

As a result, those in individual therapy treatments may not respond as effectively. Saksa, Cohen, Srihari, and Woods, (2009) acknowledged " Group Cognitive Behavior Therapy is more effective with psychiatric symptoms, self-esteem, and social functioning;" Additionally, there were lower drop-out

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rates and less substance abuse. A major objective of ensuring those diagnosed with Schizophrenia regularly take their medication and receive therapy is to facilitate independent or minimal assisted living so they may improve their quality of life.

Individuals intrinsically want to feel they have control over decisions in their life, even small decisions such as what to eat, what clothes to wear, what to watch on television, or where to work. Aubin, Stip, Gelin, Rainville, Chapparo, (2009) performed a one year study to evaluate the daily activities of 82 individuals with Schizophrenia. The method of evaluation used was the Perceive, Recall, Plan and Perform (PRPP) System of Task Analysis. It is a standardized, criterion-referenced assessment.

The finding suggests those who engaged in daily activities requiring memory and learned functions had a higher probability of Independent living. As stated by (Aubin et al, 2009), " These findings underline the role of learning ability as a determinant of independent functioning, supporting the current research focus on learning potential. Different strategies should therefore be developed for the teaching and training of these functional skills to persons with schizophrenia. " Since the discovery of gene mapping, scientists are gradually making progress in understanding the why, how, and when of individuals developing Schizophrenia.

Medical researchers are progressively working towards developing safer and more effective medications. Increased efforts are being made to provide counseling, individual and group behavior therapy, and support groups. As society learns more about this disorder, the more proactive we can be to

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identify symptoms and seek treatment earlier which is essential in achieving remission and recovery. This can be viewed as a time of hope for those diagnosed with Schizophrenia. References Perlman, R. W. , Weickert, C. S. , Akil, M. , & Kleinman, J. E. (2004).

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