

# Causes and effects of schizophrenia



**ASSIGN  
BUSTER**

The world shuns those that are labeled abnormal. When a person is diagnosed with any form of mental illness, their life and their loved one's lives are forever changed. Someone that has schizophrenia suffers in many areas of their life; however, the medical and psychological communities are fighting for the understanding and freedom for all that are involved. The following essay is a brief overview of the mental illness schizophrenia, the way the disorder affects those that suffer, and the research that continues to fight for a cure. If there is one important view that one should gain from this essay, it is that people with a mental illness are still people, and that our view of what it is to carry the label of "mental or disabled" should always be cautioned, considerate, and spiritually led.

Schizophrenia:

Disorder of the Mind

Schizophrenia has plagued humankind since the early centuries. The Bible mentions of paranoia and manic rage in several books, but personally, my favorite is found in the book of Psalms.

"He who dwells in the shelter of the Most High will abide in the shadow of the Almighty. I will say to the Lord, "My refuge and my fortress, my God, in whom I trust." For he will deliver you from the snare of the fowler and from the deadly pestilence. He will cover you with his pinions, and under his wings, you will find refuge; his faithfulness is a shield and buckler. You will not fear the terror of the night, nor the arrow that flies by day" (Ps. 91: 1-16, ESV).

The importance of treatment options and research are unparalleled to this disorder. One may ask, "If this disorder carries a long history, then how common is the disorder in today's populations?" The commonality of schizophrenia boggles the healthcare and research community. Diagnosis and the mandated criteria in which the disorder is understood is puzzling. The disorder itself is complex but common, even in the elder community.

The rates of schizophrenia continue to climb and now even crossing over to late adult hood. Matter of fact, it is estimated that one in twenty-five people are diagnosed with some form of mental disorder in their lifetime. With odds such as this, it is vital for our medical, psychological, and spiritual community to be sensitive and consistent in teaching the world what a mental illness is and does to those that suffer. Within the medical and psychological community, it is common to see both words, mental illness, and disorder to mean the same thing. Matsumoto & Juang (2008) describe a mental illness as a form of "abnormality" (p. 283).

The best way to understand schizophrenia is through the knowledge from the medical community about the physical make up and definition of the illness. "Schizophrenia is a chronic, severe, disabling brain disease" (Mental Health America, 2009). Schizophrenia is characterized and known to cause "gross distortions of reality; withdrawal from social interaction; and disorganization of perception and thought..." (Carson, Butcher & Colman, 1988, p. 322). The disease does not know just one race, one culture actually schizophrenia is world wide, across all continents. A prime example of the cross culture studies performed on schizophrenia patients comes from The World Health Organization (WHO; 1973, 1981). The organization sponsored <https://assignbuster.com/causes-and-effects-of-schizophrenia/>

the International Pilot Study of Schizophrenia (IPSS) to compare the risk and symptoms of the illness on a worldwide level. The disease has distinct, unbiased symptoms (WHO, 1979).

Therefore, the idea that there is a specific demographic to this disorder is incorrect. The diagnostic features of the disorder are wide and tend to give therapists and doctor a pathway to diagnosis. Some of the direct symptoms, which we will discuss later in the essay, but a snapshot of them include hallucinations, instability, hearing of voices and most common disorganized speech. Each symptom, studied throughout many different cultures and race have commonality.

To determine if a person has schizophrenia, several industry standard evaluations and processes exist. " Most people today recognize schizophrenia as a mental disorder" (Yarhouse et al., 2005, p. 252). The testing process of schizophrenia, much like other mental disorders of psychosis, remains somewhat the same. The first and foremost step in diagnose of schizophrenia is an exhausted assessment. Treatment plans included are individual therapy, behavior and cognitive therapy, and lastly pharmapsychology (the admistration of medication by a psychiatrist).

Schizophrenia has the label cognitive disorder; however, it affects other things such as emotions, daily life, and speech. Being that patients with the disorder have disorganized speech and instability in their lives, the psychology community performs worldwide studies on different aspects of the disorder. An academically claimed study is the 2009 study of cognitive

deficits in schizophrenia patients performed from Hanuskiewicz, Chechnicki, et al.

Within Hanuskiewicz's assessment he performed a study of normal speech rates and understanding, referred in the study as "verbal fluency" (Hanuszkiewicz, Cechnicki, et al., pp. 27-34) effects those with schizophrenia, and drops dramatically with the age of the disorder. The fluency tests of Hanuszkiewicz and party ranged from (sd= 4. 87) for leisure fluency and (sd= 5. 99) for living situation fluency in speech. The levels were significant in establishing a just cause that verbal skills and/or speech are a major cognitive concern with the schizophrenia patients from all parts of the world.

Schizophrenia is often a debate on diagnosis due to the lack of understanding in the creativity that some with this disorder are blessed. Batey and Furnham (2009) discuss the relationship between what they refer to as "Schizotypy" (2009), creativity vs. intelligence. "Schizotypy refers to an individual's proneness to psychosis and in particular, to schizophrenia (Batey, and Furman, 2009, p. 273). The measures of this study consist of fluency and divergent thinking, and the outcome was one that might set a standard for the need too not solely rely on psychology testing for the diagnosis of schizophrenia. The study proved that creativity in people with schizophrenia scores higher than intelligence. This means even if someone is not intelligent, they may still be creative enough to alter testing with tests such as fluency, as seen in this article.

Psychopathology stresses that psychosis (a basis for schizophrenia) as a person's loss of reality. Psychopathology sides with the diathesis-stress model. According to Yarhouse et al., this model states, " environment and stress endured changes bring on schizophrenia type symptoms" (2005, p. 395). Currently 2. 5 million American struggles with schizophrenia! This devastating disorder remains a top priority of the American Psychiatric Association (APA, 2000). The APA claims " schizophrenia to be the ultimate form of psychological breakdown" (2000).

According to research (Butcher, Mineka and Hookey, 2004) approximants, that 1 percent of the entire adult population in every culture and every type of community is affected with schizophrenia. However, other research (Comer, 2003) observes the acuteness to be larger and more significant in poverty-stricken cultures. Either way, schizophrenia is here and very pronounced in our communities and populations throughout the world.

Gender to the contrary is about equal. Men however, tend to have more severe symptoms than women do. In addition, men show signs of schizophrenia breakdown much sooner. Women on the other hand show what is known in the psychology understanding as, " late on-set" (Yarhouse, et al., 2005, p. 391). This is the age after the age of forty-four and normally before the age of sixty-seven. Although both men and women show forms of late on-set, due to the fact of women showing later signs they are the most popular population for this form.

Going back to the diagnostic features of schizophrenia, there are important criteria necessary for accurate diagnoses. Thought and expression (both

verbal and non-verbal) usually lack. The person also lacks the basic logical skills and beliefs, and is most often delusional and/or experiencing hallucinations. Hallucinations are the primary disturbance for schizophrenia. Along with the lack of motor skills and interest in every day life, these are schizophrenia basics.

That is one reason that most people with schizophrenia have comorbidity (a cross between being able to have a diagnosis of multiple disorders).

Depression and personality disorders tie close with schizophrenia.

Depression and schizophrenia are both psychological disorders, and often a person will face both disorders simultaneously. The depression would of course require a long-term (over one year) stretch to be considered as more than just the “ blues.”

To help with comorbidity understanding, Schizophrenia symptoms are grouped into three main categories, “ Positive, negative, and psychomotor” (Yarhouse et al., 2005, p. 257). Positive shows gradual decline of speech and an increase of hallucinations and delusion. This is the first sign of something wrong psychotically. Negative includes lack of personality and temperament. Where as the psychomotor symptoms deal with the decrease of physical activity and is normally a later concern or symptom. The progression is normally the same for everyone stricken with schizophrenia.

Treatment of schizophrenia is highly unlikely due to a few reasons. The first and most widely misdirected is the cost of healthcare, especially mental health care. With a deficit in our country and many third world countries lacking funds, this is a major problem. This is followed by the lack of highly

skilled-trained psychologist and therapy personnel. Mental health facilities do not always hire the best options for their patients, and most times rely on aids vs. the educated staff necessary for proper treatment of their patients.

Although this is better than the treatment provided in the early 50's and 60's, which was lockdown in local and state mental hospitals, it is still not up to par. Furthermore should a person get past their local doctor, and into a therapist/psychiatrist then there would be a hope. There are wonderful options of treatment, but the plans are somewhat disorganized and not patient directed. Budget tends to take front row seat, and this is very unfortunate to all involved.

One current option of treatment for schizophrenia that is often easier to access for all is individual or group counseling. This referral can come from a general doctor, and does not require any major loopholes. Although this treatment option is less proven, it remains. The main moved of treatment for schizophrenia remains to be pharmapsychology. A recent form of medication labeled as " atypical antipsychotic medication" (Yarhouse, et al., 2005, p. 264), is widely accepted. These medications produce fewer side affects compared to past pharmapsychology options. Even so, pharmapsychology alone is not as accurate as the blend of both therapy and medication. Medication is considered necessary, but should not be a sole option for those that suffer.

A favorite treatment plan personally involves a low dose (to experiences less or no side affects) and integration community and government programs. Along with pastoral programs, since schizophrenia patients are often



diagnosed later in life, their denial and offense run high and require a spiritual or structured caring attitude. Community and pastoral programs are crucial. Agreeable, this type of honor and understanding, along with medication might prove to be the best option yet, and remains my personal choice.

Another important treatment option or need is prevention and education. Some research has changed the over all view and medical needs and understandings of schizophrenia, but the treatments that are most widely accepted remain the same. It is through twin-to-twin studies and violence studies schizophrenia specific needs become known. In the case of certain twins, if one develops the illness, there is a “ 50% chance” that the other twin will develop schizophrenia. The amazing fact is that the average public has only a small chance of having this illness.

Research, even though lacking, remains pronounced. There are major research firms for the disease, one of them being the NARSAD, The Brain and Behavior Research Fund. This foundation continues to fight for an understanding of schizophrenia and actively performs case studies on twin-to-twin and single patients. They are also proud sponsors of the book called *Divided Minds: Twin Sisters and Their Journey Through Schizophrenia* (Spiro, 2005). Twin studies have a major influence on schizophrenia and the research that surrounds the illness, and continue to prove that genetics is just as powerful in the understanding of the illness. Future studies of schizophrenia hope too also pinpoint physical causes to the environment.

Another research area of schizophrenia is violence. As mentioned earlier, sometimes violence shows, and then diagnosis, and then lastly and often late, treatment. The general public and stereotypical populations put a cast on the illness to cause violent behavior. Studies have concluded that violence is a symptom of someone with schizophrenia. “ Ten epidemiological studies that specifically examine this relationship found a four-to six-fold increased risk of violent behavior in schizophrenia patients” (Langstrong, Hjern et al, 2009).

Langstrong among other studies prove that there is a relationship of violence and schizophrenia, however there needs to be more research to confirm. Because this illness is forever changing, future study is needed. The treatment conditions of schizophrenia include psychotic drugs, group and individual counseling, and behavior therapy.

Research of schizophrenia is cumbersome. The unknown, yet very pronounced disorder spreads through the clinical and academic areas of psychology as the worse of the worse in psychological breakdown. The possibility to discuss even a small amount of research proves positive for my point of view. Therefore, a few options and current, as well as past, research notations remain throughout the conclusion of this essay.

The forever-growing importance of schizophrenia research gives an understanding of not only the illness but also the physical consequences on the person that has the illness. For example, Leucht, Burkard, & Henderson agree, “ It is now well documented by research that people with severe mental disorders have a higher prevalence of several physical diseases and

a higher mortality from natural causes than the general population” (p. 1, 2007). It is the desire of today’s researchers and psychologist to find the root cause wither it is from genes or environment, so that patients and their support can become aware of all options. The mystery of this illness continues to keep research at its peak; however, the causes are beginning to be truly recognized.

Doctors study the physical aspects of schizophrenia, and they study the neurological. The fact is that the brain is the central area that links emotions and speech. Therefore, if something is off balance in a brain then behavior begins to alter. Many medical articles argue that cognitive function is lower in someone with a mental disorder, such as schizophrenia, than the average healthy person is, because verbal and cognition support each other. This goes back to the verbal concerns that Hanuszkiewicz, Cechnicki, et al found when studying the speech and activity of someone with schizophrenia.

To be exact, brain imaging shows that in the prodromal phase the patient loses gray matter (neurons and other brain cells) when compared with controls-indication that some underlying brain damage (Seidman, 2009). Prodromal shows a correlation between loss of brain matter and later signs and symptoms of schizophrenia. Seidman along with the University of Harvard lead progressive therapies in the understanding of schizophrenia. Seidman’s 2009 article says, “ The North American Prodromal Longitudinal Study (NAPLS), followed 291 clearly prodromal subjects for two and a half years and found that 35 percent of them went on to develop schizophrenia” (Harvard News, Seidman). This study along shows how the prodromal stage plays into future diagnosis of schizophrenia

Another area of research that is useful is the rate of mortality to those that suffer with schizophrenia. Seeman believes that the good news of schizophrenia treatments is short lived, because the mortality rate remains excessive. She refers to the improvement of schizophrenia treatment in the last thirty years “ insufficient” (2002). Seeman’s studies prove that schizophrenia patients of today are more vulnerable to negative choices such as “ Homeless, serious infection, poor diet, smoking, and overuse of abusive substances” (Seeman, 2002, p. 162). This means the world is against the one with the illness. Nevertheless, many therapists believe spirituality is exactly what the patient and their love ones may need to conquer such a mental illness as schizophrenia.

It is through in-depth understanding of schizophrenia that we can learn and accept the illness with a spiritual heart. Eric Johnson (1987) states that there are two aspects of why we all carry a fallen nature and he says the main reasons are that “ God holds us responsible and that for which [God] does not” (Journal of Psychology and Theology). Education and the willingness to understand any mental illness without fright and ridicule can do wonders in the treatment of the patient, and the therapy of their love ones. The forefront of schizophrenia remains hopeful.

“ There have been many small changes and some very significant improvements: attitudes towards families of patients have altered’ patient autonomy has increased; early intervention, assertive community treatment teams, psycho education, and cognitive behavioral therapy have all been introduced in the last thirty years” (Seeman, 1979-2002, p. 162).

Within the spiritual understanding of schizophrenia lies the understanding from a healing perspective. Just as Matsumoto & Juang believe, “ Many cross-culture psychologists, psychotherapists, and counselors are sensitive to the issue of somatization” (2009, p. 290). They both understand that everyone is different. They promote the very idea of spiritual healing. They both introduce the need for “ Indigenous Healing, [which] is rooted in religion and spirituality, not biomedical science” (Matsumoto & Juang, 2009, p. 323). Spirituality not only gives a safe place for the patient, but it provides an understanding to the patient’s love ones.

The difficulties of schizophrenia are not small by any mean. Nevertheless, the people with the illness are trying to improve their lives, and we as the medical, social, and spiritual community must come together as one. The talents from the medical and psychological community are bar-none fantastic. Where the skills and understanding of the therapist may experience challenge, the outcome can be positive.

Also, just for the person that struggles with schizophrenia to belong to something other than their disorder does a wonder for the progress in their life. With the compassion from the spiritual side, the knowledge from the medical side, and the understanding from the family side, and the urge from those that dedicate their life to the study of schizophrenia such as Seeman and Seidman remain hopeful. After all, hope is a universal language. If there is illness, there is a need for the research, love, understanding, and healing to continue to be a priority for all involved.

## References

(2009). Schizophrenia. NARSAD InfoLine. Mental Health Research Foundation. Retrieved December 1, 2009 from, <http://www.narsad.org/?q=node/9/disorder>.

(2005). Abundant Life Bible: English Standard Version Holy Bible. Wheaton, IL: Tyndale House.

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.

Batey, M., and Furnham, A. (2009). The Relationship Between Creativity, Schizotypy and Intelligence. Individual Difference Research Association, Inc. 7(4), pp 272-28. Retrieved October 12, 2010 from, [ldr-journal.com](http://idr-journal.com).

Butcher, J., Mineka, S., and Hooley, J. (2004). Abnormal Psychology (12th ed.). New York: Guildford.

Carson, R. C., Butcher, J. N., & Coleman, J. C. (1988). Abnormal Psychology and Modern Life (8th edition). Glenview, IL: Scott Foresman.

Comer, R. (2003). Abnormal Psychology (5th ed.). New York: Worth.

Johnson, E. L. (1987). Sin, weakness and psychopathology. Journal of Psychology and Theology, 15(3), 218.

Hanuszkiewicz, I., Andrzej, C., & Kalisz, A. (2009). The Relationship between Cognitive Deficits and the Course of Schizophrenia: Preliminary Research on Participants of Rehabilitation Programme. Psychiatry and Psychotherapy Archives.(3) pp. 27-34.

<https://assignbuster.com/causes-and-effects-of-schizophrenia/>

## References

Langsstrom, N., Hjern, A. et al. (2009). Citations and Editors' Notes: Schizophrenia and Other Psychotic Disorders. Schizophrenia, substance abuse, and violent crime. University of Oxford, UK: Remedica Medical Education & Publishing. JAMA

2009; 301: 2016-23.

Leucht, S., Burkard, T., Henderson, J. H., Maj, M. & Sartorius, N. (2007). Physical Illness and Schizophrenia: A Review of the Evidence. New York, NY: Cambridge University Press.

Masamoto, D. & Juang, L. (2008). Culture & Psychology (4th edition). Belmont, CA: Wadsworth.

Seeman, Mary, V. (1979, 2009). Clinical Schizophrenia & Related Psychoses. Toronto, Canada: Walsh Medical Media. Vol. 3(3). doi. 10. 3371/CSRP. 3. 3. 5. pp. 161-167.

Seidman, L. (2009). Pathology: Pattern of Brain Activity Signals Danger in Schizophrenia. Therapeutic Focus Shifting to Earliest Stages of Disease. Harvard Medical School Article, Focus Online News. Retrieved October 7, 2010 from, <http://focus.hms.harvard.edu/2009/022009/pathology.shtml>.

Spiro, Carolyn & Pamela. (2005). Divided Mind: Twin Sisters and Their Journey Through Schizophrenia. New York, NY: Saint Martin's Press.

World Health Organization. (1973). Report of the International Pilot Study of Schizophrenia (Vol. 1). Geneva: Author.

<https://assignbuster.com/causes-and-effects-of-schizophrenia/>

World Health Organization. (1979). Schizophrenia: An international follow-up study. New York, NY: Wiley.