

# Schizophrenia assignment

Psychology



**ASSIGN  
BUSTER**

If not treated and dealt with early on, severe consequences can follow. The patient runs the risk of inflicting harm on him/herself, such as suicide and other bodily harm such as alcohol and substance abuse, and run the risk of potentially hurting others. The DSM-5 explains what is required in order to be diagnosed with schizophrenia, since there is no test that can be given out to diagnose the disorder. Schizophrenia is a mental condition that is slowly plaguing our nation and the world.

Perhaps this mental condition can be argued to be one of the most, if not the most serious mental condition present today. What tends to make this mental disorder tricky is the fact that a concrete answer for the cause of this disorder is yet to be discovered, it cannot be prevented, and because there are several subtypes of schizophrenia. Description Before going any further, it is important to define what schizophrenia is and to give it some context. When we look at the word schizophrenia, it is translated as “splitting of the mind. This word comes from the Greek roots *skhizein*, (“to split”) and *-phren* (mind”). This term was used by Eugen Bleuler, when in 1908 used this word to describe a separation of functions between personality, thinking, memory, and perception. Originally, the symptoms led Bleuler to believe that illness was dementia. When he saw that his patients were beginning to show signs of improvement instead of signs of it getting worse, he was led to propose the term we know today as schizophrenia (Kuhn, 2004).

When the phrase “splitting of the mind” was coined, it unfortunately led many people to believe that it meant a “split personality” which is completely false and inaccurate. When looking for an actual definition of schizophrenia, Oxford dictionary defined the disorder as a long-term mental

disorder of a type involving a breakdown in the relation between thought, emotion, and behavior, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation. As aforementioned, there are subtypes of schizophrenia.

The common subtypes of schizophrenia are: paranoid” where delusions and hallucinations are very common; hebephrenic” where there is a lack of goal directed behavior and prominent thought disorder; catatonic” where there is evidence of catatonic behavior including a state of near-unconsciousness or insensibility, excitement, behaving in a way that is intended to impress or mislead others, and rigidity; simple” which includes a considerable loss of personal drive, a deepening of negative symptoms, or a decline in social, academic, or employment performance (Murray, Picchioni, 2007).

This mental disorder can also be associated with and lead to other disorders such as obsessive-compulsive disorder (OCD), anxiety disorders, substance use, depression, and thoughts and behaviors that could lead to suicide.

Symptoms typically begin to develop over a period of several months or years. The amount of symptoms someone has varies from person to person; some may have a lot of the symptoms and others may only have a few of the symptoms. Studies also show that those with this mental disorder have a difficult time keeping their friends and working.

Symptoms for schizophrenia in its early stages include: irritability and/or tense feelings, the person has trouble concentrating, and has a hard time sleeping. As the disorder progresses, the symptoms increase including:

bizarre behaviors, hallucinations, isolation, reduced emotions, and trouble paying attention (Murray, Picchioni, 2007). Those who have problems with hallucinations, they will begin to hear voices in their heads (or auditory) and see things that are not actually there. The person will attempt to make sense of what they are hearing or seeing. All five of the senses are susceptible to hallucinations.

Those who struggle with delusions have a false belief about something (beliefs unique only to them). Delusions may cause a person to believe they are victims of a particular threat or are victims of a conspiracy. They believe that everything they do or think is being controlled by something Other than them. These delusions can also influence their sexual and religious beliefs. Negative symptoms involves social withdrawal, self-neglect, and loss of motivation. Those dealing with negative symptoms can be bothersome to their relatives while it has no effect on them personally.

According to the DSM-5, two diagnostic criteria must be met over a period of at least one month. A significant change in social or work functioning must be present for at least a six months time. The person must be experiencing hallucinations, delusions, or difficulty in their speech. The definition for schizophrenia has remained the same. If symptoms are present for more than one month but not more than six months, the person receives a diagnosis of schizophreniform disorder. No diagnosis of schizophrenia is given if the symptoms of pervasive developmental disorder are in present unless the person also deals with hallucinations or delusions.

Those working on the DSM-5 proposed dropping the subtypes of schizophrenia. Paranoid type” delusions or hallucinations must be present. Catatonic type” the person may be immobile or show agitation. Undifferentiated type” psychotic symptoms are present but the criteria needed for paranoid, disorganized, or catatonic types are not present. Residual type” positive symptoms are present but at a very low intensity level. Etiology With schizophrenia being such a complex disorder, experts are yet to find and explain what causes this mental disorder. Both men and women are equally at risk of having schizophrenia.

Signs of the disorder tend to appear in the teenage years or young adulthood. It can always occur later in life as well. For women, the condition is much milder as compared to men and it also tends to begin later in the woman’s life. Men typically experience a more severe form of the disorder and their chances of a full recovery are less. The outcome of the illness typically is worse for men than it is for women. Those who are born in cities tend to be at risk. The larger the city, the greater the risk and the longer the person lives in that city, the greater the risk.

Those who migrate from one country to another are more susceptible and run a greater risk. When dealing with children, symptoms can begin to show up as early as five years of age. Research shows that schizophrenia among children is both rare and hard to distinguish between schizophrenia or other developmental disorders (i. e. autism) (PubMed Health, 2013). Genes may have the biggest influence in what causes this disorder. Family history is a very important component when attempting to trace a cause. In a study

done in 2002, genetics groups in Iceland were able to identify a gene that seemed to double the risk of illness.

Other susceptible genes have emerged since. It is possible that many genes that produce risk exist. There may be patients that have several of these risk genes and they interact with one another and also with the environment, which causes schizophrenia. Studies show that patients with schizophrenia are more likely to have had experienced complications during birth, such as a premature birth or low birth weight. In terms of when they were born, they are more likely to have been born late winter and early spring, which could reflect what is called intrauterine viral exposure.

Environmental hazards seem to have an effect on brain development. The way a child is raised by his parents does not seem to play a part in the course of the disorder, however, those who have the disorder and have parents who are supportive, they tend to do much better than those who have parents who tend to be much more critical or hostile. Those who are environmentalists hold a view that leads them to believe that the process that leads to schizophrenia begin as early as infancy as they interact with the environment. This cannot however be studied because no one can produce schizophrenia for experiment purposes.

With that said, there is no way to expose infants to schizophrenia to study the effects and also the consequences (Ferreira, Antonio J. , 1 961 Morally speaking, this would also be unethical. Drug abuse is another factor involved in the study and one that could lead to schizophrenia. Researchers already know that drugs like cocaine and amphetamines can produce a picture

clinically identical to paranoid schizophrenia. Another drug that has been thrown into the mix is cannabis, which is used to produce hemp fiber and as a psychotropic drug.

Studies show that the early use of cannabis can increase the risk of schizophrenia long before any symptoms appear (PubMed Health, 2013). A small proportion of people who use this drug end up developing schizophrenia. Treatment Due to the threat a person who suffers from schizophrenia may have on him/ herself and others, the patient may be required to stay in a hospital just as a precaution and for their safety and the safety of others. Long-term hospitalization is uncommon. Those who deal with hallucinations may begin to hear the voices in their head, which can ultimately lead to suicidal thoughts and behaviors.

People with this mental illness may threaten to harm others as well. When treating the illness, there are antipsychotic medication that may be prescribed to the patient. Medication tends to be the most effective treatment for schizophrenia. These medications begin to change the balance of the chemicals found in the brain and are able to help control the symptoms. These medications can cause side effects but can all be managed. These side effects include: dizziness, feelings of restlessness, sleepiness, slowed movements, tremor, and weight gain.

Due to the fact that schizophrenia IS a life-long illness, those who suffer from it may be required to stay on these medications for their entire life. Another effective treatment includes therapy sessions. In these therapy sessions, several techniques can be learned and applied on a day-to-day basis.

Patients can undergo social skills training, which would teach them how to behave and function better in a social or work environment. There are also job trainings available along with relationship-building classes. All of these classes and trainings are Of utmost importance when treating Someone dealing with schizophrenia.

The family of the patient plays a big role in the treatment process, along with other caregivers. Patients would have the opportunity to learn how to cope with the symptoms that are currently present, they would learn how to live a healthy lifestyle (which includes getting enough sleep and restraining from using any form of recreational drugs), taking their medications correctly and how to better handle the potential side effects, learn how to be mindful and watchful of the possible return of symptoms and knowing what actions to take if and when they return, and learn how to get the proper support services (PubMed Health, 013).

Along with medication and therapies, there are psychological interventions that are available to the patients. Family therapy address the entire family system of the patient and it helps reduce future relapses and future hospitalizations (Pharoah, Mari, Rathbone, Wong, 2010). Prognosis If the disorder is countered with medication and/or therapy, the chance of recovery is fairly high. They will learn skills that will enhance their social life and work. The patient will learn coping skills, which will enable them to handle anxiety and stress when symptoms begin to reappear.

There are any positive outcomes for seeking treatment but there are also negative outcomes if treatment is not sought out or if treatment is



terminated. The outcome that follows schizophrenia comes at huge cost, both human and economic (Jauhar, McKenna, Radua, Fung, Salvador, Laws, 2014). Schizophrenia unfortunately leads to a decrease in life expectancy of ten to twenty-five years. There are several factors that play a part in this decrease of life expectancy. Schizophrenia is associated with obesity, a poor diet, inactive lifestyles, and smoking.

Suicide is beginning to play a lesser role. Patients who take antipsychotic medications also increase the risk. (Laursen, Munk-Olsen, Vestergaard, 2012). Approximately three fourths of those who have schizophrenia have relapses and suffer from some type of disability. The outcome may worsen for those who had delayed initial treatment, isolation, family history, and those who misuse drugs (Smith, Weston, Lieberman, 2010). Looking at some statistics, 80% of schizophrenia patients will recover from their first psychosis episode and 20% will never again have another episode.

Those who with the disorder are more vulnerable and susceptible to recurring illness and a few will go through a relapse and make a full recovery (Picchioni, Murray, 2007). Because of all the consequences that schizophrenia can lead to, it is suggested that the patient finds housing, job training, and other support groups. Some may not be able to live alone if they suffer from a severe case of schizophrenia. They may be required to live in a group home setting or other structured residences for a long-term period of time.

This illness cannot be prevented but can be controlled along with the symptoms. The risk of recurring symptoms are very high if medication is

stopped PubMed Health, 2013). All in all, schizophrenia is a very serious disorder that can potentially bring a lot of harm to the patient and to those around him. Although there IS no explanation on the cause of the disorder, thankfully researchers were able to gather enough information that would help explain the disorder. Understanding the disorder is only half the battle.