

An Introduction to Schizophrenia

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Adam "was a wonderfully, sweet young man," his mother said. He was a high school athlete and captain of his team, active in his college fraternity, a good student. He had graduated from college and started working while studying for a professional certification exam when something inside him changed ... Adam stopped being careful about his personal appearance. He told his parents he suspected them of communicating with each other in secret ways, such as in sign language, which he couldn't understand. He began to hear his mother's voice in his head and he asked her why she was sending him messages ... he was diagnosed with schizophrenia.

What is schizophrenia?

Schizophrenia, a disease of the brain, is one of the most disabling and emotionally devastating illnesses known to man. But because it has been misunderstood for so long, it has received relatively little attention and its victims have been undeservingly stigmatized. Schizophrenia is not a split personality, a rare and very different disorder. Like cancer and diabetes, schizophrenia has a biological basis; it is not caused by bad parenting or personal weakness. Schizophrenia is, in fact, a relatively common disease, with an estimated one percent to one and a half percent of the U.S. population being diagnosed with it over the course of their lives. While there is no known cure for schizophrenia, it is a very treatable disease. Most of those afflicted by schizophrenia respond to drug therapy, and many are able to lead productive and fulfilling lives.

What are its symptoms?

Schizophrenia is characterized by a constellation of distinctive and predictable symptoms. The symptoms that are most commonly associated with the disease are called positive symptoms that denote the presence of grossly abnormal behavior. These include thought disorder, delusions, and hallucinations. Thought disorder is the diminished ability to think clearly and logically. Often it is manifested by disconnected and nonsensical language that renders the person with schizophrenia incapable of participating in conversation, contributing to his alienation from his family, friends, and society. Delusions are common among individuals with schizophrenia. An affected person may believe that he is being conspired against (called "paranoid delusion"). "Broadcasting" describes a type of delusion in which the individual with this illness believes that his thoughts can be heard by others. Hallucinations can be heard, seen, or even felt; most often they take the form of voices heard only by the afflicted person. Such voices may describe the person's actions, warn him of danger, or tell him what to do. At times, the individual may hear several voices carrying on a conversation. Less obvious than the "positive symptoms" but equally serious are the deficit or negative symptoms, that represent the absence of normal behavior. These include flat or blunted affect (i.e. lack of emotional expression), apathy, and social withdrawal.

Who gets it?

While schizophrenia can affect anyone at any point in life, it is somewhat more common in those persons who are genetically predisposed to the disease. The first psychotic episode generally occurs in late adolescence or early adulthood.

Genetic Link – The probability of developing schizophrenia as the offspring of two parents, neither of whom has the disease, is 1 percent. – The probability of developing schizophrenia as the offspring of one parent with the disease is approximately 13 percent. – The probability of developing schizophrenia as the offspring of both parents with the disease is approximately 35 percent.

Onset by Age – Three-quarters of persons with schizophrenia develop the disease between 16 and 25 years of age. – Onset is uncommon after age 30, and rare after age 40.

Onset by Sex – In the 16-25 year old age group, schizophrenia affects more men than women. – In the 25-30 year old group, the incidence is higher in women than in men.

What is the course of the disease?

Studies have shown that some persons with schizophrenia recover completely, and many others improve to the point where they can live independently, often with the maintenance of drug therapy. Fortunately, this accounts for the majority of cases. However, approximately 15 percent of people with schizophrenia respond only moderately to medication and require extensive support throughout their lives, while another 15 percent simply do not respond to existing treatment. New therapies may offer hope for the treatment of these most seriously affected sufferers.

How is it treated?

Hospitalization is often necessary in cases of acute schizophrenia. This ensures the safety of the affected person, while allowing for observation by trained mental health professionals to determine whether schizophrenia is the appropriate diagnosis. Hospitalization also allows for the initiation of medication under close supervision. Anti-psychotic drugs (also called neuroleptics), available since the 1950's, can dramatically improve the functioning of people with schizophrenia. Once the most troubling symptoms are controlled by medication, the person often does not require hospitalization. Depending on the seriousness of the disease, the person may utilize day programs, rehabilitation facilities, and be treated in an outpatient setting. This allows the psychiatrist to adjust medication dosages as necessary over the course of the disease. The person may also need assistance in readjusting to society once his or her symptoms are controlled. Supportive counseling or psychotherapy may be appropriate for these individuals as a source of friendship, encouragement, and practical advice during this process. Relatives and friends can also assist in rebuilding the person's social skills. Such support is very important.

What can/should I do if a loved one is sick?

Because an individual with schizophrenia may not be aware that he is ill, it is often necessary for a friend or relative to make certain that proper treatment is sought. A good doctor is critical; it helps to find one through the recommendation of other families or healthcare professionals. Once the person is released from the hospital, families are often left with the responsibility of ensuring that the person is taking medication and is continuing to receive whatever other treatment is necessary. The best way to treat a friend or relative with schizophrenia is with compassion, understanding, and support. The person should not be made to feel as if the disease is his or anybody's fault. As Dr. E. Fuller Torrey has stated, "People do not cause schizophrenia; they merely blame each other for doing so." Learning about the disease and its treatment will help to avoid the temptation to blame. In addition to seeking help for the person afflicted with the disease, loved ones often find mutual support to be invaluable. AMI/FAMI is a grassroots, self-help organization of families and friends of people with serious mental illnesses. Members meet regularly to share practical information and common experiences.

Glossary of Mental Illness Terminology

- ❖ **Affect:** emotional feeling, tone and mood attached to a thought, including its external manifestations.
- ❖ **Bipolar Disorder:** a periodic, recurrent mood disorder with intervening periods of complete normalcy. Not to be confused with schizophrenia.
- ❖ **Blunted Affect:** (see flat affect)
- ❖ **Deficit Symptoms:** (see negative symptoms)
- ❖ **Delusion:** fixed, irrational ideas not shared by others and not responding to reasoned argument.
- ❖ **Flat Affect:** absence of or diminution in the amount of emotional tone or outward emotional reaction typically shown under similar circumstances.
- ❖ **Grandiose Delusion:** a delusion in which subject believes himself possessed of great wealth, intellect, importance, power, etc.
- ❖ **Hallucination:** perceptions that occur without any external stimulus.
- ❖ **Inappropriate Affect:** emotional tone or outward reaction out of harmony with the idea, object, or thought accompanying it.
- ❖ **Manic Depressive Disorder:** (same as bipolar disorder)
- ❖ **Negative Symptoms:** behaviors which are absent among individuals with schizophrenia but present among normal individuals.
- ❖ **Neuroleptic Drugs:** the standard drugs currently used to treat the symptoms of schizophrenia.
- ❖ **Positive Symptoms:** behaviors which are absent among healthy individuals but present among individuals with schizophrenia.
- ❖ **Psychosis:** a mental disorder causing gross distortion or disorganization of a person's mental capacity, emotional response, and capacity to recognize reality, communicate, and relate to others to the degree of interfering with his or her capacity to cope with the ordinary demands of everyday life.

- ❖ **Schizophrenia:** the most common type of psychosis, characterized by a disorder in the thinking process, such as delusions and hallucinations, an extensive withdrawal of the individual's interest from other people in the outside world, and the investment of it in his own. Schizophrenia is now considered to be a group of mental disorders rather than a single entity.
- ❖ **Thought Disorder:** a symptom of schizophrenia. Clear, goal-directed thinking becomes increasingly difficult, as shown in a diffuseness or "woolliness" and circumstantiality of speech.
- ❖ **Withdrawal:** the process of retreating from society and relationships with others. Usually indicated by aloofness, lack of interest in social activities, and difficulty in communicating with others.