

What Is Schizophrenia?

Schizophrenia is a chronic, severe, and disabling mental illness that affects approximately 1 out of every 100 people in the world's population. The first symptoms of schizophrenia are typically seen in late adolescence or early adulthood, although they occasionally develop after the age of 30. A variety of different symptoms may occur when the illness first develops, including social isolation, unusual thinking or speech, having beliefs that seem strange and peculiar to others, seeing things that are not visible to others, and hearing voices when none are present. These symptoms often make it difficult for a person with schizophrenia to maintain interpersonal relationships, care for personal needs, work, and live independently.

How Long Does Schizophrenia Last?

For most people, schizophrenia is an episodic illness in which symptoms appear and subside at varying degrees of intensity over the course of one's lifetime. The frequency and severity of schizophrenia symptoms vary from person to person; some patients have only one or a few episodes of the illness while others experience symptoms continuously.

How Do People Talk About Different Aspects of Schizophrenia?

Since each person's experience with schizophrenia is different, certain terms help others understand the severity of one's illness and the length of time one has been sick (the *duration* of one's illness). **Subchronic** refers to the time during which a person first begins to show signs of the schizophrenia on a somewhat regular basis. This phase typically lasts from 6 months to no more than 2 years in duration. **Chronic** schizophrenia refers to an illness that has been present for at least 2 years. **Acute** schizophrenia refers to the reemergence or intensification of psychotic symptoms in a person who previously had no symptoms or whose symptoms had not changed for a significant amount of time.

Other terms are used to describe the degree to which schizophrenia has developed across a person's life. There are three basic phases to the illness. Overlapping symptoms in each of these phases make them hard to distinguish clearly, but they offer a general understanding of whether the illness is just developing or has been cycling through subchronic, chronic, and acute phases for some time. The first phase is called the **prodromal** or pre-illness phase. This phase involves a clear deterioration of functioning: social withdrawal, inappropriate affect (emotional responses to different situations), or increased impairment in personal grooming and hygiene. The second phase is called the **active** phase. In this phase, there have been continuous signs of disturbance for at least 6 months and occupational, social, academic, and personal functioning is considerably below the highest level of functioning before the illness began. During the active phase, people with schizophrenia experience difficulty telling the difference between reality and fantasy, frequently termed **psychosis**. Other symptoms that appear in the active phase (described in more detail below) are delusions, hallucinations, thought disturbances, or inappropriate affect. The third or **residual** phase follows the active phase and is indicated by a persistence of at least two of the symptoms experienced during the pre-illness phase. It is not uncommon for patients in the residual stage to experience periods when the prominent psychotic symptoms seen in the active phase reemerge for a brief period of time and then subside.

What Are the Main Symptoms of Schizophrenia?

Delusions are false beliefs that are not based in reality. These false beliefs commonly contain themes of persecution and grandeur. An example of a delusion is a belief that others are trying to harm or control the person to steal information vital to national security.

Hallucinations are false perceptions (seeing, hearing, smelling, tasting, and feeling) not experienced by others. Smelling the odor of rotting flesh and hearing voices in an empty room when there are no voices or odors are examples of hallucinations.

Thought disturbances are incidences in which the person is unable to concentrate, to "think straight or coherently," or to slow down racing thoughts. An example of a thought disturbance is when a person speaks in randomly connected thoughts using words that do not exist.

Inappropriate affect refers to showing an emotion that is inconsistent with the person's speech or thoughts. For example, the person may say that he or she fears being persecuted by the devil and then laugh. Sometimes a person with schizophrenia may exhibit a blunted or flat affect, which is a severe reduction in emotional expressiveness. Examples are the use of a non-changing tone of voice with few facial expressions.

Diagnosis

No laboratory tests exist to determine a diagnosis of schizophrenia. Like other mental and emotional disorders, a diagnosis of schizophrenia is made solely on the basis of the person's behavior, thoughts, and feelings. Through careful observation and interviewing, competently trained psychiatrists, psychologists, nurses, social workers, and therapists can detect major disturbances in a person's functioning, including the presence of psychotic symptoms. However, before a diagnosis of schizophrenia is made, medical factors such as a brain tumor or the effects of substance abuse are ruled out.

Myths About Schizophrenia

Despite common belief and usage of the term by the popular press, schizophrenia is not the same as the relatively rare disorder known as split personality (multiple personality: a Dr. Jekyll and Mr. Hyde switch in character). People also tend to equate schizophrenia with "insanity" or "madness." These are not psychiatric terms but are popular descriptions for strange, irrational behavior. Most people suffering from schizophrenia are not violent, although an occasional individual will have violent outbursts. There is also concern among some families that they might be the cause of schizophrenia. No conclusive scientific evidence exists that a family's actions cause schizophrenia. There is abundant evidence, however, that families may be able to help improve the outcome of the illness.

Causes of Schizophrenia

There are a number of factors that may cause schizophrenia. Some of these factors are genetic (inherited from the person's biological parents), some are biological (stemming from abnormalities in a person's body), and some are psychosocial (caused by the environment in which one was raised and in which one lives currently).

Structural abnormalities of the brain, biochemical deficiencies, or an imbalance of brain chemicals called neurotransmitters are considered potential biological causes of schizophrenia. The degree to which each factor *causes* schizophrenia, as opposed to being *caused by* schizophrenia, remains unclear. Studies show that if a close relative suffers from schizophrenia there is a 1 in 10 chance that another immediate family member may also experience the disorder, suggesting that there are genetic components of the disease as well.

Environmental stress also appears to be an important factor in the development of schizophrenia. Personal and family events such as an adolescent's leaving home, a young adult's entrance into a new career or peer group, a death in the family, or the breakup of a significant relationship are some of the stressors that may precede the onset of schizophrenia.

These stressors demand adaptive changes from the individual and challenge the individual's current coping and competence. Growing evidence exists that an individual's inability to cope with and handle certain stressors combines with structural, genetic, and biochemical vulnerabilities to result in schizophrenia.

Treatment Modalities

Although some individuals will always be subject to varied degrees of recurring symptoms of schizophrenia, studies show encouraging evidence that most people suffering from schizophrenia can be trained and supported to live productive, noninstitutionalized lives. There is no one best treatment for schizophrenia; a combination of treatment and support programs seems to provide the best way to help a person with schizophrenia maintain the highest degree of health and independence.

Antipsychotic medications have greatly improved the outlook for the person with schizophrenia. These drugs do not "cure" schizophrenia but typically reduce the intensity and frequency of the psychotic symptoms and usually allow the person to function more effectively and appropriately. Another beneficial aspect of drug therapy is that it may help to reduce such symptoms as poor concentration and social isolation. However, medications are only a necessary first step.

Psychiatric rehabilitation is a second important step that is often provided by day treatment centers and community support programs. Psychiatric rehabilitation enables the individual to acquire personal and instrumental skills as well as environmental supports which will enable the person to fulfill the demands of various living, learning, and working environments.

Family Support

Since many persons with schizophrenia live with their families, it is important for the family to have a clear understanding of the illness. Many psychiatric rehabilitation programs include the family in their work to reduce the family's stress and help make the family setting a more supportive environment for the person with schizophrenia. These programs also help families learn about the different kinds of outpatient and family support services that are available in the community.

Self-help groups are one such resource. Although they are usually not led by professional therapists, these groups are often helpful because members—usually family members of persons with schizophrenia—provide continuing support for each other. These groups have also become effective in advocating for needed research and treatment programs.

Other Sources of Information

Other useful resources for patients and families of patients with schizophrenia are:

The National Alliance for the Mentally Ill
2101 Wilson Blvd., Suite 302
Arlington, VA 22201
703.524.7600

National Mental Health Association
1021 Prince St.
Alexandria, VA 22314-2971
703.684.7722

The National Mental Health Consumer's Association
311 S. Juniper St., Room 902
Philadelphia, PA 19107
215.735.2465

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or Goals might involve:

- a way of acting - like smoking less or being more outgoing;
- a way of feeling - like helping a person be less scared, less depressed, or less anxious;
- a way of thinking - like learning to problem-solve or get rid of self-defeating thoughts;
- a way of dealing with physical or medical problems - like lessening back pain or helping a person stick to a doctor's suggestions; or
- a way of adjusting - like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well, with ways of living that work, and giving people more control over their lives are common goals of behavior and cognitive behavior therapy.

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

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