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Schizophrenia: Explained and Treatments

Schizophrenia is a devastating brain disorder affecting people worldwide of all ages, races, and economic levels. It causes personality disintegration and loss of contact with reality (Sinclair). It is the most common psychosis and it is estimated that one percent of the U.S. population will be diagnosed with it over the course of their lives (Torrey 2).

Recognition of this disease dates back to the 1800's when Emil Kraepelin concluded after a comprehensive study of thousands of patients that a "state of dementia was supposed to follow precociously or soon after the onset of the illness." Eugene Bleuler, a famous Swiss psychiatrist, coined the term "schizophrenia," referring to what he called the "splitting of the various psychic functions" (Honig 209-211).

Having a "split personality" is often incorrectly associated with schizophrenia. Possessing multiple personalities on different occasions is a form of neurosis vice psychosis (Chapman). Symptoms most commonly associated with schizophrenia include delusions, hallucinations, and thought disorder (Torrey 1).

Delusions are irrational ideas, routinely absurd and outlandish. A patient may believe that he or she is possessed of great wealth, intellect, importance or power. Sometimes the patient may think he is George Washington or another great historical person (Chapman).

Hallucinations are common, particularly auditory, as voices in the third person or commenting upon the patient's thoughts and actions (Arieti). Persons may also hear music or see nonexistent images (Sinclair).

Schizophrenic thought disorder is the diminished ability to think clearly and logically (Torrey 2). Many times, schizophrenics invent new words (called neologisms) with unique meanings (Chapman). Often it is apparent by disconnected and meaningless language that renders the person incapable of participating in conversation and contributing to his alienation from his family, friends, and society (Torrey 2).

There appears to be three major subtypes of Schizophrenia: paranoid, hebephrenic, and catatonic. Delusions, often of prosecution, are prominent in the paranoid type (Arieti). Hebephrenic schizophrenia is characterized by thought disorder, chaotic language, silliness, and giggling (Eysenck, Arnold, and Meili 961-962). In the catatonic form, the person may sit, stand, or lie in fixed postures or attitudes for weeks or months on end. The person may also have a symptom known as "waxy flexibility" in which the victim will maintain positions of the body in which he is put for long periods of time, even if they are uncomfortable (Arieti).

There have been many theories to explain what causes schizophrenia. Heredity, stress, medical illness, and physical injury to the brain are all thought to be factors but research has not yet pinpointed the specific combination of factors that produce the disease (Sinclair). 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 (Torrey 3).

Studies have shown that approximately 12% of the offspring will be schizophrenic if one parent has the disorder and 50% if both parents have the disorder. This may be due to the fact that the offspring are reared in an environment other than normal. Although statistics from adoption agencies show that these rates are more affected by genes rather than environment (Chapman). 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 (Torrey 3).

Psychiatric patients are generally insulted by contentions that their trouble was brought on by bad parenting, childhood trauma, or week character (Willwerth 79). Sigmund Freud has suggested that schizophrenia is developed from a lack of affection in the mother-infant relationship in the first few weeks after birth.

Increased levels of the neurotransmitter dopamine in the brain's left hemisphere and lowered glucose levels in the brain's frontal lobes have been coupled to schizophrenic episodes (Chapman).

Treatment for schizophrenia includes electroconvulsive treatment (shock therapy), psychosurgery, psychotherapy, and the use of antipsychotic medications (Torrey 5). Shock therapy is the application of electrical current to the brain (Long). In 1937, shock therapy was first introduced and was the popular mode of treatment until the late 1950's (Chapman). It is effective in the most severe catatonic forms of schizophrenia, but its use in other forms is debatable (Eysenck, Arnold, and Meili 964-965).

Psychosurgery became common in the 1940's and 1950's but is now in disrepute. Lobotomies, most often removal of the frontal lobes, was the most widespread form of psychosurgery. Scientists have since found that by artificially creating lesions in the area of the frontal lobes, one's personality can seriously be modified (Baruk 196-197). For the most part, society has condemned this form of treatment as inhumane.

Psychotherapy achieves the best results when the physician listens carefully to his client's symptoms, diagnosis promptly and accurately, advises the person of the diagnosis, and then prescribes a successful treatment program (Humphrey and Osmond, 189). Psychotherapy can offer understanding, reassurance, and suggestions for handling the emotional problems of the disorder and help to alleviate stressful living situations (Long). The majority of mental health professionals believe that psychotherapy combined with drug therapy produce the best treatment of schizophrenia (Walsh 103-104).

Since the late 1950's, schizophrenia has been treated primarily with medications. Most of these drugs block the action of dopamine in the brain (Chapman). These drugs can help a great deal in lessening hallucinations and delusions, and in helping to maintain coherent thoughts. But, they usually have serious side effects that contribute to people not taking their medication, and relapse (Long).

Haldol is the most commonly prescribed antipsychotic drug to treat schizophrenia. Abbott Laboratories is presently in the process of testing the safety and efficiency of a new drug, sertindole (Torrey 8). Nearly ten years ago the first studies of clozapine opened up a new line of medical research and it was hailed as a miracle drug. Unfortunately, a small percentage of patients on clozapine develop a blood condition known as agranulocytosis and have to stop taking the medication (Long). Agranulocytosis is a disorder noted by a massive reduction in the number of white blood cells which usually results in the occurance of infected ulcers on the skin and throat, intestinal tract, and other mucous membranes. Agranulocytosis may cause a bacterial infection to become fatal since white blood cells are an important defense against microorganisms (Chapman). A new medication, olanzapine, may be the next miracle drug on the market. Recent studies have shown that olanzapine offers many of the same benefits of clozapine but apparently without the side affects (Torrey 8-9).

Hospitalization is often necessary in cases of acute schizophrenia to ensure safety of the affected person, while also allowing initiation of medication under close supervision (Torrey 10-11). In milder cases, family therapy has been to be found helpful. With this type of therapy, family members learn to live with the person in an understanding and accepting manner (Chapman).

In the following excerpts from her life story, Esso Leete describes her 20-year battle with schizophrenia and her growing
acceptance of her illness. She has committed herself to leading the fullest life her disease will allow and to educating others
about mental illness. She's employed full time as a medical records transcriptionist at a hospital where she was once committed (Long).

"It has been 20 years since I first became mentally ill. As I approach 40, I find myself still struggling with the same symptoms, still crippled by the same fears and paranoia. I am haunted by an evasive picture of what my life could have been, whom I might have become, what I might have accomplished. My schizophrenia is a sad realization, a painful reality, that I live with every day.

Let me tell you a little about my history. I probably inherited a predisposition to mental illness; my uncle was diagnosed as having dementia praecox", an earlier term for schizophrenia. In my senior year of high school, I began to experience personality changes. I did not realize the significance of the changes at the time, and I think others denied them, but looking back I can see that they were the earliest signs of illness. I became increasingly withdrawn and sullen. I felt alienated and lonely and hated everyone. I felt as if there were a huge gap between me and the rest of the world; everybody seemed so distant from me.

I reluctantly went of to college, feeling alone and totally unprepared for life away from home. I was isolated and had no close friends. As time went on, I spoke to virtually no one. Increasingly during classes I found myself drawing pictures of Van Gogh and writing poetry. I forgot to eat and began sleeping in my clothes. Performing even the most routine activities, such as taking a shower, rarely even occurred to me.

Toward the end of my first semester, I had my first psychotic episode. I did not understand what was happening and was extremely frightened. The experience left me exhausted and confused, and I began hearing voices for the first time.

I was admitted to a psychiatric hospital, diagnosed as having schizophrenia, treated with medications and released after a few months.

During my late teens and early 20s, when my age demanded that I date and develop social skills, my illness required that I spend my adolescence on psychiatric wards. To this day I mourn the loss of those years.

It was not until much later that I made a conscious effort to develop a sense of control, realizing that I had the power to decide what form my life would take and who I would be.

For the next ten years, I did not require hospitalization. During that time, I was divorced from my first husband and married a community mental health center psychiatrist. Although I experienced some acute flare-ups of symptomatology during that period, I had no recurrence of persistent, disabling symptoms.

When more serious symptoms returned about ten years later, I denied their existence. Having discontinued medications years earlier and now withdrawing from other forms of support, I experienced more symptoms.

I decided to investigate a private psychiatric residential halfway house that one of the nurses at the hospital had told me about. I sought and gained admission to the program. Staff at this facility believed in my potential, and I began to develop confidence in myself.

I was now ready to take control of my life. My estranged second husband and I moved into an apartment together, and I threw myself into the task of finding employment. None of these steps were accomplished easily, but the pieces of my periodically disrupted life were coming back together.

Like those with other chronic illnesses, I know to expect good and bad times and to make the most of the good. I take my life very seriously and do as much as I can when I am feeling well, because I know that there will be bad times when I am likely to lose some of the ground I have gained. Professions and family members must help the ill person set realistic goals. I would entreat them not to be devastated by our illnesses and transmit this hopeless attitude to us. I would urge them never to lose hope, for we will not strive if we believe the effort is futile."

As one can see, schizophrenia is a highly disruptive disease that has no regard for who it affects. Researchers and mental health professionals are committing vast amounts of time and energy to finding its cause and refining its treatment. Health care and lost resources cost approximately $33 billion per year in the United States alone (Torrey 2). Organizations of schizophrenic patients and families across the country offer their members support and comfort. Schizophrenia doesn't affect one person-it affects whole families.

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