

Understanding Schizophrenia

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Schizophrenia is a complex and often misunderstood mental illness with a poor public image. The purpose of this booklet is to provide the patient, family member and carer with a better understanding of the condition of schizophrenia. The reflections of the mind of the sufferer of schizophrenia are often expressed as an art form. These views of their world are expressed as art and shared throughout the booklet.

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Understanding schizophrenia?

The purpose of this booklet is to provide the reader with a better understanding of the condition of schizophrenia.

The condition is complex, the behaviours of sufferers are often misunderstood and the illness in general has a poor public image. It is a disabling medical condition which

interferes with the normal functioning of the brain and causes sufferers to say and do abnormal things. Patients

My name is Rebecca Gordon and I am schizophrenic. I have worked on Digital Imaging for 11 years now on my computer. I have many programs that allow me to create my artwork such as Photoshop, Corel and Brice. In my mind, as hard as it may be, my art relaxes me. I am schizophrenic, but I am an artist first.¹

may hear voices not heard by others, believe people are reading or controlling their thoughts or feel others are plotting to harm them. This may be terrifying for the patient and make them agitated, confused and withdrawn.

Other people may see sufferers as not making sense when they talk or that they may sit alone for hours on end without talking or moving, or that they seem perfectly fine until they communicate what they are actually thinking. This can be a daunting experience for people who have little understanding of the condition and can take its toll on immediate family members and friends. Experience has shown that patients, their family members, friends and carers by better understanding the condition and how it impacts on the sufferer and family members, helps to **demystify** their view of the illness.

Art is often used as therapy for many people with schizophrenia. Perhaps the ability to visually express themselves allows artists with schizophrenia to share their perceptions of reality with others.

Who can get Schizophrenia?

About one in a hundred people in Australia will develop schizophrenia at some time in their lives.² The condition generally appears around the late teens for a for a young person or when they are in their

¹ Schizophrenia Bulletin, (2008). Cover Page Image., Volume 34, Number 6, November.

² SANE Australia. (2005). *Schizophrenia* from: <http://www.sane.org/Information/Factsheets/Schizophrenia.html>

Some Statistics

3% of Australians are affected by psychotic illness such as schizophrenia and bipolar mood disorder at some point in their life. About one in 100 Australians will experience schizophrenia.

Schizophrenia accounted for the largest proportions (11%) of mental health related hospital separations.

(Australian Bureau of Statistics
<http://www.abs.gov.au/>)

twenties. It can also appear for the first time in middle age or even later. In some rare cases, schizophrenia may even develop in young children and adolescents, although the symptoms are slightly different. In general, the earlier schizophrenia develops, the more severe it is and it also tends to be more severe in men than in women. For many patients it is a prolonged illness characterised by years of

distressing symptoms and disability. Some sufferers do

recover completely and most find that their symptoms improve with time. While current treatments help to relieve many symptoms of schizophrenia, most sufferers who have the disorder tend to cope with symptoms throughout their lives. Many lead meaningful and rewarding lives and make productive contributions to their communities.

What causes Schizophrenia?

Even today the causes of schizophrenia are not fully understood. However there is a general view among experts that the condition may be caused by several factors. Scientists believe that several genes are associated with an increased risk of schizophrenia, but no

Common Misconceptions about Schizophrenia

MYTH: People with schizophrenia are often dangerous.

FACT: Although the hallucinations or delusional thoughts sometimes lead to violent behaviour, most people with schizophrenia are neither violent nor a danger to others.

MYTH: Schizophrenia is similar to a "split personality" or multiple personalities.

FACT: Multiple personality disorder is a much less common disorder than schizophrenia. It is different to schizophrenia in that they do not have split personalities rather they are "split off" from reality.

MYTH: Schizophrenia is a rare mental illness.

FACT; The lifetime risk of developing schizophrenia is widely accepted to be around 1 in 100. Schizophrenia is not rare

MYTH: People with schizophrenia can never be helped.

FACT: The future for sufferers of schizophrenia is not hopeless. While long-term treatment may be required many people with schizophrenia when treated properly can enjoy life and function within their families and communities.

gene causes the condition itself.³ Scientists also believe that it probably takes more than genes to cause the condition. That is, the interactions between genes and the environment are necessary for the condition to develop. In addition, scientists also think that the condition may be caused by a chemical imbalance in the brain that affects the neurotransmitters that allow brain cells to communicate with each other.

Overall there appears to be a combination of hereditary and other factors that cause schizophrenia. It is also probable that some people are born with a predisposition to develop this kind of illness, and that certain things or events such as stress or the use of drugs (marijuana, LSD or speed) can trigger their first episode.

Symptoms in detail.

It is important for any family member, friend or carer living with someone who suffers from schizophrenia that they have a reasonable understanding of the symptoms of the condition. This can assist them to be more accepting and tolerant of the unique behaviours observable in the sufferer as well as assisting the patient in developing a 'Relapse Prevention Plan'. Schizophrenia is characterised by three broad categories of symptoms: positive symptoms, negative symptoms, and cognitive symptoms.

The first category is the **positive symptoms** and may be viewed as psychotic behaviours where the person is seen as "losing touch" with reality. At times the behaviours can be severe while at other times hardly noticeable depending on whether the

Summary of Symptoms.

People with schizophrenia who are not receiving treatment experience symptoms of what is called **psychosis**. In the acute stage these may include **confused thinking** which are disordered thought patterns which make living their daily lives very difficult. People may also have **delusions** which are false beliefs held by the sufferer which are generally not held by others of the same cultural background. **Hallucinations** are another symptom where the person sees, hears, feels, smells or tastes something that is not actually present. Hearing voices which nobody else can hear is the more common symptom. Other symptoms may include low motivation and changed feelings.

³ Harrison PJ and Weinberger DR.(2005) Schizophrenia genes, gene expression, and neuropathology: on the matter of their convergence. *Molecular Psychiatry*;10(1):40-68.

individual is receiving treatment. They include **hallucinations** which are the things a person sees, hears, smells, or feels that no one else can. The most common type of hallucination is hearing 'voices'. These voices may talk to the person about his or her behaviour, compel the person to do things, or warn the person of danger. Sometimes the voices talk to each other. People with schizophrenia may hear voices for a long time before family and friends notice the problem.



"The Terrestrial Maiden" – drawn by an artist suffering from schizophrenia.⁴

Hallucinations may also include seeing people or objects that are not really present, smelling odours that no one else is able to smell, and feeling things like invisible fingers touching their bodies when no one is near. It is important to realise that indigenous folk may have some of the above named experiences but this is not to be confused with a psychotic experience but more attuned to their cultural beliefs.

The second positive symptom is **delusions** which are false beliefs that people with schizophrenia have. The

delusions are not part of the person's culture and do not change, even after other people prove that the beliefs are not logical or true. Delusions may seem bizarre to family members, friends and carers as they are out of the ordinary experiences. Some sufferers believe that other people can control their behaviour with magnetic or even thought waves. Others believe that television personalities are talking to them or directing special messages to them. Some even believe that radio stations are broadcasting their thoughts aloud to others in the community or that they have a radio implanted in their body which guides their thoughts. They may also believe that they are someone else, such as a

⁴ Rudnick, A., Rofè T., Virtzberg-Rofè D., Scotti P. (2011). *Supported Reporting of First Person Accounts: Assisting People Who Have Mental Health Challenges in Writing and Publishing Reports About Their Lived Experience*. *Schizophr Bull.* 37(5): 879-881 first published online August 16, 2010 doi:10.1093/schbul/sbq093

famous historical or religious figure. They may also have paranoid delusions which are termed **delusions of persecution**. Here they believe that others or government agencies are trying to harm them, such as poisoning, harassing, spying on, or plotting against them or the people they care about.

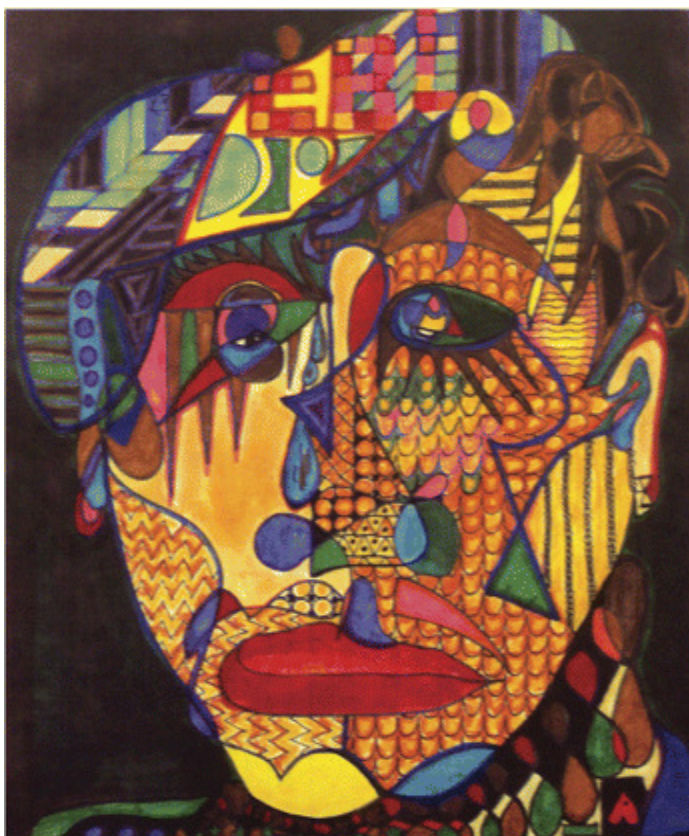


Artist Timothy Foley adds, "After being diagnosed in 2001 with schizophrenia, it was easy to see where my bizarre artistic tendencies lied. I combine surrealistic patterns of thought, feelings and belief, along with an impressionistic view using internal strife and love lost, to construct my works."⁵

Similarly, **thought disorder** is when a person has trouble organizing his or her thoughts or connecting them logically. This leads to unusual or dysfunctional ways of thinking such as **disorganized thinking**. Sufferers may talk in a jumbled manner that is hard to understand. Thought blocking is another way sufferers communicate and a person with a thought disorder might make up neologisms (meaningless words) which do not make sense. **Movement disorders** may also be present as agitated body movement where a sufferer may repeat certain motions over and over. Symptoms are numerous and varied, however hearing voices is the most common type of hallucination in schizophrenia.

⁵ Nelson B., Rawlings D. (2010.) Relating Schizotypy and Personality to the Phenomenology of Creativity *Schizophr Bull* 36(2): 388-399.

Negative symptoms are harder to recognise and can be mistaken for depression or other mental illnesses. They are associated with disruptions to normal emotions and behaviours. Symptoms may include: flat affect where a person's face does not move or they talk in a dull or monotonous voice, they may have limited ability to begin and sustain planned activities, experience a lack of pleasure in everyday life or speaking little, even when forced to interact. It is important to realise that people with negative symptoms often neglect basic personal hygiene and generally need help with everyday tasks. They may give the impression of being lazy or unwilling to help themselves but it is not the person but the illness that causes the adverse behaviours and moods. This aspect is very important to understand when living with a person with the schizophrenia.



S. Lawton describes her work as “steady recklessness with a keen sense of balance”. Many times the art is referred to as Picasso-like, the line drawings are often one continuous line.⁶

Cognitive symptoms is the third category of symptoms and relates to a person’s capacity to think. Similar to negative symptoms, cognitive symptoms are difficult to recognize as part of the disorder. Often, they are only detected when other tests are performed. Cognitive symptoms include: Poor executive functioning which is an ability to understand information and use it to make decisions, problems with their working memory where they have difficulty to use information immediately after learning it and difficulties with attention span where they have difficulties focusing or paying attention This area of symptoms

⁶ Schizophrenia Bulletin, (2006) Cover Page Image, Volume 32, Number 6, November.

effect sufferers socially, emotionally and financially as it often makes it hard to lead a normal life and earn a living. They can cause great emotional distress.

Who or what circumstances decides if a person has Schizophrenia?

To get a formal diagnosis of schizophrenia an individual would generally need to gain the attention of health professionals (Psychiatrists, Registrars and/or Mental Health Specialists) working in the mental health system. Often people experiencing an acute psychotic condition will present to the Emergency Department at a hospital with the assistance of the police and this is generally after their erratic behaviour becomes disruptive and poses safety issues for the sufferer and/or the general public. Other presentations to the health system may be voluntary, a referral by family members and/or friends, or other health professionals, such as General Practitioners, Psychologists, Counsellors, etc working in the mental health field.

An interesting survey, conducted by psychologist Daniel Nettle, at Newcastle University on Tyne, and Helen Clegg, at the Open University in Milton Keynes, compared answers from artists, schizophrenics, and the general population and found that artists and people with schizophrenia are more likely to share key behavioral traits. They hypothesized that the same genes that predispose people to schizophrenia may also play a factor in artists' creativity. While most artists do not have full-blown schizophrenia, there are a few notable artists who suffered from the disorder (6 Jun 2011).

www.schizophrenic.com/articles/schizophrenia/schizophrenic-artists

On presentation at the hospital the person is assessed by a Mental Health Specialist and may remain in care (depending on the severity of their condition) until stabilised. During the stabilisation process a diagnosis may be made with subsequent treatment which is generally medication based. On separation from the hospital sufferers may be case managed by a mental health worker to ensure they are taking their prescribed medication or may be released under the care of a family member or friend. When back in the community there exist support services and agencies that can assist the patient to normalise their life circumstances.

How is Schizophrenia treated?

Common Medications in the treatment of schizophrenia

- . Risperidone (Risperdal)
- . Olanzapine (Zyprexa)
- . Quetiapine (Seroquel)
- . Ziprasidone (Geodon)
- . Aripiprazole (Abilify)
- . Paliperidone (Inverga)
- . Clozapine (Clozaril)

What are the side effects of typical antipsychotic medication?

- . drowsiness
- . dizziness
- . blurred vision
- . rapid heartbeat
- . sensitivity to the sun
- . skin rashes
- . menstrual problems

Physical movement

- . rigidity
- . persistent muscle spasms
- . tremors
- . restlessness

Atypical antipsychotic medications may cause

- . major weight gain
- . risk of diabetes
- . agranulocytosis (loss of white blood cells that help to fight infection)

Important

No one should stop taking an antipsychotic medication without first discussing with their doctor. If the doctor gives approval it must never be stopped suddenly but should be gradually tapered off.

The causes of schizophrenia are not fully known but the symptoms appear to be a combination of a thought disorder, mood disorder, and anxiety disorder. The management of schizophrenia often requires a combination of antipsychotic, antidepressant, and anti-anxiety medication. The best time to treat patients is when they are in a prolonged period of symptoms and increasing disability (commonly termed the 'prodrome'). This occurs before the onset of severe and persistent positive psychotic symptoms that are sufficient to allow the diagnosis of schizophrenia or first-episode psychosis. Such psychosocial damage is always difficult to reverse.

The main problem when treating the patient is that they may only take it sometimes or go off their medication often resulting in a relapse – their symptoms come back or get worse. Medication non-compliance is mainly due to the patient believing they are getting better and don't need it or the

adverse side effects of the medication are difficult to tolerate.

Community support programs are also an essential part of treatment and assists patients to return and be maintained in the community. Community support includes psycho-education for family members,



Michael Snyder has dealt with paranoid schizophrenia and schizo-affective disorder. Mr. Snyder is an accomplished artist who is a published poet and has produced 24 full-length recordings of original music and documentaries for local access TV.⁷

assistance with accommodation needs, help with finding suitable work, training and education, psychosocial rehabilitation and mutual support groups.

Overall, treatment generally includes a combination of medication (necessary for reducing or even eliminating the symptoms) and community support (counselling, vocational and social rehabilitation and community support). Both are essential for the best outcome. With the appropriate support, medication, and therapy, many people with schizophrenia are able to live independently and lead satisfying lives.

Hints for supporting the patient, the family and each other.

Support from family members is crucial in the lives of people suffering from schizophrenia. Support may come from several sources, including the family, a professional residential or day program provider, non-government organisations, friends, case managers, churches and others. However, the family tends to be the primary support.

There are numerous situations in which patients with schizophrenia may need help from people in their family or community. When a person with schizophrenia resists treatment, believing that delusions or hallucinations are real and that psychiatric help is not required or when they feel that the 'voices have gone there is a tendency to 'go off' their medication. During this period of time family or friends may need to take an active role in having them seen and evaluated by a professional.

⁷Schizophrenia Bulletin (2011). Cover Page Image., Oxford Journals, Medicine Volume 37 Issue 5 September.

"To do" list for patient, family members and carers.

- 1) Education of the condition for the patient and family members is crucial.
- 2) Patient, family members, friends and carers need to be aware of the symptoms for schizophrenia.
- 3) Develop with the patient their personal 'Relapse Prevention Plan' identifying the signs and triggers when becoming unwell and what to do when patient is unwell.
- 4) Stress the need for the patient taking medication and the benefits in helping to control his negative symptoms.
- 5) Regular visits to the patient's GP or Mental Health Nurse
- 6) Arrange therapy for patient as required.
- 7) Assist patient to develop their own daily activity schedule.
- 8) Awareness of simple stress and anxiety reduction techniques.
- 9) Stress the importance of a quality lifestyle for the patient (diet, exercise, sleep, etc.)
- 10) In conjunction with the patient establish a daily routine.
- 11) Stress the importance of setting achievable and realistic goals.
- 12) Establish in conjunction with the patient a daily routine.
- 13) Link patient with support services, education avenues and work agencies specific to assisting people with schizophrenia.
- 14) Develop with the patient a gradual social and work integration plan.
- 15) Join a support group

The issue of guardianship may also need to be considered. Some people with a mental disorder do not have the capacity to make informed decisions and it is best left to an agency to oversee their affairs. This may prevent family members and friends from taking advantage of them. Similarly, when people are dangerous to themselves or others due to a mental disorder, the police can assist in getting them an emergency psychiatric evaluation and, if necessary, hospitalisation.

Since patients may at times be resistant during an examination, mental health professionals may ask family members or friends for collateral information so that all relevant information can be taken into account. Encouraging the patient to maintain their treatment is essential and this assistance in the treatment process can positively influence recovery.

Without the appropriate treatment, some people with schizophrenia become so disorganised that they cannot care for their basic needs (food, clothing and shelter). All too often, people with severe mental illnesses such as schizophrenia end up on the streets or in jails, where they rarely receive the kinds of treatment they need.

Family members or friends close to people with schizophrenia are often unsure of how to respond when patients make statements that seem strange or are clearly false. These instances need to be appropriately challenged by family members or friends telling the person that they do not see things the same way, while acknowledging that things may appear otherwise to the patient.

It is also helpful to maintain a diary of the types of symptoms that have appeared, what medications (including dosage) have been taken, and what effects various treatments have had. By knowing what

symptoms have been present prior to an episode, family members may know better what to look for in the future.

Family members may even be able to identify some “early warning signs” of potential relapses, such as increased withdrawal or changes in sleep patterns, even better and earlier than the patients themselves. This will allow early intervention and treatment and may prevent a serious relapse. Understanding what medications worked or not worked, the causes of adverse side effects may help those treating the patient to find the best treatment more quickly.

Any goals set for the patient need to be achievable and a positive approach may be more helpful and perhaps more effective in the long run than criticism and this approach should be a common amongst all people who have dealings with the patient. Treatment also needs to consider personal care, living skills, managing money and other practical matters. In many areas, people who have schizophrenia may be eligible for a case manager. A case manager helps to ensure that the patient can get to appointments and group activities, monitors the progress of the patient and helps him apply for other available assistance. The case manager may also serve as the patient’s major advocate in dealing with landlords, Centrelink and electricity companies.

Finally, even though there is no known cure for schizophrenia at this point in time there is hope. Upon finding out the news that a family member has the condition is devastating not only for the patient, but also for family members and friends. Often the initial reaction may be likened to ‘grief and loss’ and there are various stages people must pass through in order to come to terms with the ramifications of the condition. Once accepted and empathy is attained there is hope for the sufferer. It is this hope and support which helps the sufferer to lead a meaningful quality of life and actively contribute to society.

Further Readings and Resources



<http://www.mifa.org.au/>



<http://www.mifa.org.au/mifq>

SANE Australia

<http://www.sane.org/index.php>

The following information is available from the SANE Bookshop at www.sane.org or call 1800 18 SANE (7263)

SANE Guide to Schizophrenia and other Psychotic Illness

Explains what it means to have a psychotic illness such as schizophrenia, examining effective treatments and what family and friends can do to help. <http://www.sane.org/Information/Factsheets/Schizophrenia.html>

Schizophrenia DVD Kit (37 minutes)

People who've experienced illness and their carers talk about the things which have helped them cope better. The *SANE Guide to Schizophrenia and other Psychotic Illness* included.

Voices: The Auditory Hallucinations Project

An Audio CD that explains how it feels to hear voices and what can be done to help.

Tell Me I'm Here by Anne Deveson

Writer, journalist and filmmaker tells the moving and courageous story of what happened to her family when her son Jonathan developed schizophrenia.

Recovered, Not Cured by Richard McLean

A visual and verbal journey exploring the author's experience of schizophrenia: the first signs, reactions from friends and family, how he sought help and the challenges of recovery.

Flying with Paper Wings by Sandy Jeffs

Flying with Paper Wings is the story of one woman's struggle to survive against an invisible illness, and her continued fight for an identity, self-esteem and a future.
