Schizophrenia

Living with this Disorder

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Abstract

Schizophrenia, often initiated in early adulthood, is a mental disorder that tends to incorporate delusions, hallucinations, agitation amongst thought processes and cognition, and a deficiency of motivation. The etiology of the disorder is characterized as a blend of both biological and social factors (nature vs nurture). Although some scientists believe one factor dominates the other, they are both found as attributes to the etiology of schizophrenia. The *Diagnostic and Statistical Manual of Mental Disorder (*American Psychiatry Association, 2013) provides detailed criteria when diagnosing this disorder. A lot of research has been done on schizophrenia. Some research methods include twin adoption studies and animal studies. These studies have paved the way for revolutionary treatments. Like other psychosis disorders, schizophrenia is treated with the prescription of antipsychotic drugs. Two generations of these antipsychotics have been produced, while no drastic differences in these drugs are identified. An important part of recovery in patients who have obtained the disorder is the elimination of negative stigmas about the disorder. This can be achieved through normalization of the disorder.

Abnormal Psychological studies execute psychological resources and techniques in order to research and attempt to explain “atypicality” in cognition. Lacking the field of abnormal psychology, it was originally assumed that this “atypicality” in cognitive capabilities was the effect of a demonic specter. However, as scientific fields advance, psychology has coined the term nature vs. nurture to facilitate in the comprehension of the cause and effects in human cognition. This concept is prevalent amongst all psychological fields and ultimately represents the idea that both biological and environmental factors contribute to morphology of humanity. The idea of nature vs nurture is imperative when discussing the disorder of schizophrenia. Schizophrenia is “a disorder characterized by severely impaired cognitive processes, personality disintegration, mood disturbances, and social withdrawals.” (Sue, Sue, Sue, Sue, 2015, p. 296).

The etiology of Schizophrenia can be described as a disorder in which biological and social influences attribute to the development of the disorder. A supporter of this concept is Dr. William McFarlane (Achieved American Psychiatric Foundation’s Alexander Gralnick Award for Research in Schizophrenia). Dr. McFarlane (2007) emphasizes the repetitive research that embraces the idea that environmental stressors work in “tandem” with biological predisposed processes to develop psychosis/schizophrenia. Ultimately, Dr. McFarlane (2007) claims one can contain the genes responsible for the development of schizophrenia, but with the lack of an external environmental factors, schizophrenia may not be triggered. Although there is not a precise list of environmental factors that contribute to the development of schizophrenia, the Members of the Division of Psychological Medicine published an article labeled “Environmental Risk Factors for Schizophrenia”, that contained examples of broad descriptions of events that can initiate severe symptoms on the schizophrenia spectrum (Dr. Robin Murray, Kimberlie Dean,

2005). Some of these descriptions include early environmental risks such as fetal growth retardation or hypoxia (oxygen deficiency in a biotic environment). Others extend to the idea that adolescent abuse of drugs can lead to an increase risk in the development of schizophrenia.

Genetics are just as important, if not more influential, when discussing the etiology of schizophrenia. The Psychiatric Clinic of North America have produced scholarly report on various studies suggesting the genetic contribution on the etiology of this disorder (PV Gejman, AR Sanders, 2010). A major point of the article stressed the fact that the disorder of schizophrenia does not stem from single gene mutations, but problems with molecular networks. However, these deficiencies within the molecular networks are stemmed from genetic contributions. Generalized "population statistics on the heredity of schizophrenia" declare that a child with at least one schizophrenic parent contains a 10 percent chance of developing this disorder (Natasha Tracy, 2014). This compares to other members of society that have a 1 percent risk of developing schizophrenia. Extended research also displays that if a child has a schizophrenic identical twin, the child carries over a 50 percent chance to develop the disorder. This information alone provides evidence of the contributions that genetics play towards developing this disorder.

The *Diagnostic and Statistical Manual of Mental Disorders (*American Psychiatric Association, 2013, p. 99) provides detailed diagnostic criteria for the schizophrenia disorder. The subject must experience two or more of the following for a significant period of time: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms; at least one of two of the symptoms must include delusions, hallucinations, or disorganized speech. Next, before the onset of the disturbance, which typically begins at

"ages 10-25 in males and 25-35 in females" (T.K. Rajj, Z Ismail,2009), "level of functioning in one or more major areas, such as work, or self-care, is markedly below the level achieved prior to the onset (American Psychiatric Association, 2013, p. 99). Also, reoccurring signs of distress must continue for a minimum of sixth moths. Another factor of the diagnostic criteria is that other disorders (such as schizoaffective disorder and depressive or bipolar disorder) have been ruled out. The disturbance being experienced must also not be a result of psychological effects that one obtains from substance abuse. Lastly, "If there is a history of autism spectrum disorder or a communication disorder of childhood onset", prominent delusions or hallucinations must be experienced with the other necessary symptoms of schizophrenia (American Psychiatric Association, 2013, p. 99).

A lot of research has been conducted on schizophrenia. Research types have varied from twin studies to animal studies. Modern twin and adoption studies, have disproved the previously accepted theory of the "schizophrenogenic mother". The term "schizophreogeneic mother" was coined by psychiatrist Frieda Fromm-Reichmann who declared the definition as a mother who displays both overprotecting and rejecting qualities towards their child. Reichmann argued that this mother figure could cause schizophrenia in her offspring. Other research includes the construction of cognitive tasks that attempt to display the thought process of the subject. However, tracking the process of thoughts in a schizophrenic subject has its limitations. Therefore, we alleviate some pressure from thought process by analyzing the molecular composition of cognition in schizophrenia. With this analyzation, we have successfully concluded that people with schizophrenia contain a loss of synapses (Mo Costandi, 2015). With our constant advancements in neuroscience, we are constructing experimental studies that

hypothesize the elevation of microglia activity in those with schizophrenia disorder. Scientist are claiming that the confirmation of this study as a breakthrough in developing more advanced treatments.

Treatments for schizophrenia have evolved drastically over periods of time. One of the most infamous medical procedures was prefrontal lobotomy (a surgical technique that ultimately disconnect the frontal lobes from the rest of the brain). For apparent reasons, the last performed prefrontal lobotomy was recorded in 1967. "Today schizophrenia is often treated with antipsychotic medications (atypical and well-established antipsychotics), along with some type of psychosocial therapy" (Sue, Sue, Sue, Sue, 2015, p. 313). Typical antipsychotics prescribed for those with schizophrenia disorder are chlorpromazine, haloperidol, thioridazine, and some others. This medication combats schizophrenia by altering four hormones: dopamine, serotonin, noradrenaline, and acetylcholine. By modifying these hormones, hallucinations, delusions, thought disorder, and extreme mood swings can be suppressed significantly. Antipsychotics are also used to treat mania, severe depression, or severe anxiety.

Former Hall of Fame linebacker for the Green Bay Packers, Lionel Aldridge was diagnosed with schizophrenia at the age of 35. Lionel Aldrige is most well know for his contribution to the Packer's three consecutive NFL Championships. After a successful career, Aldridge retired and turned to broadcasting. It was during this period in his life when he began experiencing schizophrenic episodes. Aldridge was recorded stating "one of the most frightening signs that something was seriously wrong with me was the voices I began hearing in 1974" (Raymond River, 2012). He also spoke of more traumatizing incidents in which he would search the house for an intruder he believed was the source of these voices. These incidents

would often be in front of his wife and two daughters. Over the course of time, his role in the family collapsed. Although Aldridge attempted to keep his disorder private, the situation grew more severe and he lost handle of his ability to broadcast. Aldridge also describes his difficulty with consistency. At one point he had been convinced by the voices in his head that he needed to leave his home in Milwaukee. I believe this is when Aldridge realized he could not overcome this disorder with facilitation.

Aldridge eventually discusses his gradual recovery of Schizophrenia. He explains how his first step on his road to recovery was acceptance. The next step was the prescription of antipsychotics from qualified doctors. However, he stresses that it took various accounts of trials and errors for the doctors to identify the best medication for his situation. Aldridge also attended psychosocial therapy where support, education of the disorder, and guidance were provided. Aldridge claims his recovery was successful with the help of close friends and doctors who persevered through failure. Although there is no true full recovery of schizophrenia, Aldridge demonstrated the ideal way to face a psychosis disorder. This ideal way is recognizing the concept of recovery as improvement.

When a famous person comes out openly about a mental disorder he/she is experiencing, it normalizes the stigmas of that disorder. Lionel Aldridge is a perfect example of this. Through Lionel Aldridge's openness about schizophrenia, Aldridge displayed to society that anyone is capable of developing a mental disorder. It also implements that it is not the individuals fault for acquiring the disorder.

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