



## INFORMATION

### Schizophrenia: A Brief Overview

By Donald Graber, M.D.

It is easier now than it was in the not-too-distant past for people to talk about the struggles of a loved one dealing with depression or anxiety, and in that sense our society has made great strides. Sadly, there is still stigma attached to severe mental illness, and one of the most misunderstood illnesses of all is schizophrenia.

Ask the average person what comes to mind when they think about schizophrenia and you are likely to hear one or more of these common myths about the disorder:

- people with schizophrenia are wild or particularly violent
- people with schizophrenia have multiple personalities
- schizophrenia is caused by childhood trauma, dysfunctional families, or bad parenting.

Other misconceptions abound and are often perpetuated by negative media portrayals of individuals with schizophrenia.

Schizophrenia is a serious mental illness that has a powerful impact on both the person dealing with it and his or her family. Because of the nature of the disorder, people with schizophrenia (especially if it is left untreated) are prone to bizarre and disordered behavior and speech. As a result, they are often avoided and shunned, and they experience great social difficulties. Some, because of their behaviors, end up in jail, when what they need most is treatment.

While the church should be a place of compassion and support for families affected by this illness, many within the community of faith are just as fearful of schizophrenia as those outside the church. Some believers espouse the unfortunate notion that schizophrenia is associated with or caused by demon possession.

The good news for families impacted by schizophrenia is that there is hope. This disorder can be managed. The most important things we can do are to become informed about this disorder and then reach out with love and compassion to individuals affected by schizophrenia and their families.

#### What is schizophrenia?

Schizophrenia is a severe mental disorder that affects somewhere around 1 percent of the adult population in the United States. *That's more than 2 million people.* Typically, the onset for schizophrenia in males occurs in the late teens and through twenties, while in women

symptoms usually begin a few years later. Occurrence at a younger age is possible but rare (approximately 1 in 40,000 children experience symptoms before age 13), and other conditions (such as autism spectrum disorders) may produce similar symptoms in children. Onset of schizophrenia in middle age is also rare.

Schizophrenia profoundly affects the way individuals perceive their environment and reality, thus having significant impact on how they think, feel, and make decisions. They may have little (or perhaps a distorted) sense of past, present and future but rather they seem to live moment to moment (and sometimes crisis to crisis) having learned little from their past and having difficulty planning for the future.

One of the symptoms of the disorder is hallucinations. A hallucination is functionally defined as perceiving something with our senses that doesn't really exist. These are most commonly auditory — the individual hears sounds or voices, which may be directed toward him. Less commonly, the hallucinations may be visual or involve other senses (feeling, tasting, or smelling).

Another symptom is delusions, fixed ideas about things that are not true or real. For example, a person with schizophrenia may believe that others are reading his mind or implanting thoughts in his head. As one might imagine, these delusions combined with hallucinations can be terrifying.

Sufferers from schizophrenia may exhibit disorganized speech (incoherent verbalization), disorganized thinking, and/or disorganized, inappropriate behavior.

Because schizophrenia causes significant struggles in perceiving reality accurately, it strongly impacts a person's social abilities, and thus people with schizophrenia may have difficulty building relationships, obtaining and keeping employment, and securing housing. Without treatment and supportive services, many face poverty, homelessness, and isolation from any social support. Those with schizophrenia are at an increased risk for substance abuse, as many will use substances to try to drown out or escape the hallucinations or soothe the distress that comes with these disruptions to normal life. In fact, about 40 percent of individuals with schizophrenia also have a substance use disorder.

It is a common misconception that people with schizophrenia are especially dangerous or prone to violence. Actually, because they typically experience a good deal of anxiety and social awkwardness, most would rather avoid people altogether.

Physical health problems are common among those with schizophrenia. Due to a number of factors (including lack of self-care, sedentary lifestyle, poor nutrition, smoking, obesity, high blood pressure, diabetes, cardiovascular disease, alcohol and drug abuse and poor access to medical care), these individuals have a significantly shorter lifespan than their non-schizophrenic peers. Some medications used to treat schizophrenia can cause weight gain and

other metabolic problems and require periodic monitoring. Risk of suicide is also higher among patients with schizophrenia than among the general population, although proper medication can significantly reduce this risk.

### **How do I know if a friend or loved one has schizophrenia?**

Schizophrenia is marked by a “break with reality” that usually first occurs in adolescence through early adulthood. If you observe any bizarre behavior or speech patterns in your loved one, significant disorganization, extreme or unrealistic fears, or any mention of hallucinations (hearing, seeing, or sensing things that don’t really exist), talk with him and ask him to see a primary care physician as soon as possible. Offer to provide transportation or to accompany him if that’s what it will take to get him to go. A health professional will ask questions about symptoms and investigate to see if there are other factors (medication, drugs, or another medical illness, for example) that might explain what the individual is experiencing.

The criteria for a diagnosis of schizophrenia include:

- delusions
- hallucinations
- disorganized speech (for example, incoherence, or derailment of thoughts as they are being expressed)
- disorganized or catatonic (immobilized or stiff) behavior
- negative symptoms (for example, lack of emotion, minimal motivation, indecisiveness, relational aloofness or disconnection, or an inability to function normally).

To be diagnosed with schizophrenia, a person must exhibit at least two of these symptoms, and at least one symptom must be from among the first three listed. The individual must experience symptoms for at least one month, with continuous signs of the disturbance for at least six months.

### **What causes schizophrenia?**

The etiology of schizophrenia is unknown. One older theory (which has fallen out of favor for a number of reasons) held that it was caused by dysfunctional families, particularly by damaging mothers. To the contrary, what mental health professionals eventually noticed was that it was the parents of those suffering from schizophrenia who usually sought help for their afflicted son or daughter. The love and care they exhibited was hardly what was expected from the type of mother who would engender schizophrenia.

That said, much remains unknown about the causes of schizophrenia. It is believed that brain chemistry and brain structure are somehow involved, and that these are affected by life experiences and environmental factors as well as genetics. While about 1 percent of the population has schizophrenia, it’s reported that 10 percent of the population who have either a parent or a sibling with schizophrenia will also have it, suggesting a genetic component.

Identical twins who have an affected sibling have a 40 to 65 percent chance of developing schizophrenia. Additionally, research suggests associations between schizophrenia and pregnancy and birth complications, perinatal stress, greater paternal age, infection, malnutrition, and other medical complications. Much research is needed in order to clearly understand what causes people to develop schizophrenia.

### **How is schizophrenia treated?**

While there is no cure for schizophrenia, medication may be used to effectively treat its symptoms. The class of medications typically used to reduce symptoms of delusions and hallucinations is referred to as *antipsychotics*. The first generation of these drugs, also called “typical” antipsychotics, appear to work by controlling levels of a neurotransmitter, or chemical messenger, in the brain called dopamine. Unfortunately, significant possible side effects of these typical (or “first generation”) antipsychotics include disordered movement, muscle rigidity, and tremors.

Newer second generation antipsychotics, known as “atypical” antipsychotics, also affect dopamine as well as serotonin levels in the brain. They are believed to be less likely to cause movement disorders, but they do have other side effects, including weight gain, decreased insulin sensitivity, and risk of diabetes. That a person might risk these side effects to gain symptom relief suggests just how serious schizophrenia is. It also explains why many people resist taking their medication as prescribed.

We know stress plays a powerful role in schizophrenia, as symptoms are often triggered when stress increases and are less likely to occur when it’s low or managed quickly. The “talk” therapies detailed below can help individuals anticipate, avoid, and reduce stress, and can help them develop strategies for managing it. As you can imagine, living life with schizophrenia is very taxing, so cultivating as many stress management skills as possible and having supports to help limit stress is essential for someone with the disorder.

Psychosocial therapy can be valuable in helping individuals with schizophrenia to develop relationships and social support, implement self-care strategies, and foster coping and compensation skills to deal with the deficits imposed by schizophrenia. Rehabilitation efforts may include job training, educational opportunities, teaching money management, and other skills to enable the individual to live an independent, productive, fulfilling life.

Cognitive behavioral therapy (CBT) cannot cure schizophrenia, but it can help individuals differentiate between hallucinations and reality, as well as delusions and truth. It can also assist in recovery, reduce symptoms, and help prevent relapse.

Because substance abuse is so common among people with schizophrenia, and because substance use disorders can worsen schizophrenia’s symptoms and complicate treatment, the best overall results occur when substance abuse treatment accompanies treatment of the schizophrenia itself.

Drugs and alcohol are not the only dangers, though, and smoking is of particular concern for those with schizophrenia. Smoking is more prevalent among people with this disorder than it is among the general population. Not only does such tobacco use inflict the negative physical consequences most of us have heard about, but it can increase metabolism of some anti-psychotic medications, requiring higher dosages of these and thus yielding increased negative side-effects from the medication. This can lead some to stop taking their medication, in turn leading them to regress in their treatment. Integrated care — care that addresses not only mental health concerns but also substance abuse disorders, smoking cessation, and other physical health issues — is the ideal approach.

On a final note, research indicates that the more quickly treatment is started after the initial onset of symptoms, the more likely it is that it will be effective and helpful. As soon as you notice speech patterns, behavior, or other symptoms that might suggest a problem, contact a primary care physician or seek a referral for a psychiatrist or other licensed mental health professional.

### **How can I help someone in my family who is dealing with schizophrenia?**

When it comes to helping a family member, there are several aspects that need to be addressed. One of them includes figuring out where to turn for help for treatment and services. Another important factor is knowing how to personally help the individual.

With respect to the first item, each community is different in terms of the resources available to those with mental illness. You may wish to start by getting in touch with your primary care physician. Often he or she can make referrals to service providers. A community mental health center or your nearest social services office can also help you access mental health services in your area. A list of local service providers can also be found at the website of the Substance Abuse and Mental Health Services Administration ([SAMHSA](#)). To find Christian mental health options, call Focus on the Family at 1-855-771-HELP (4357) for referral to a licensed professional in your area. If immediate help is needed and life or physical safety is at stake, call 911 for emergency assistance.

Regarding offering personal help to your loved one, it's worth knowing a few things. First, schizophrenia affects judgment and decision-making ability, and individuals may experience (especially before treatment) a deficit of organizational skills that can make keeping track of health appointments and medications difficult.

Additionally, people with schizophrenia often lack insight into their disorder, including the seriousness or severity of their illness and the need to continue taking medications or engaging in other therapy to stay on top of symptoms. Some do not even acknowledge their disorder at all and may believe that they are not sick. For these reasons, and because many with schizophrenia lack social support, family support is very important.

You can help your loved one by discussing his goals — a job, relationships, independent living — and offer encouragement and moral support as he moves in the right direction. This might include offering to take him to appointments or reminding him about taking medication.

Helping someone with schizophrenia can be emotionally and physically draining, and it's crucial that you don't forget to care for yourself. It can be helpful to speak with a licensed Christian counselor who can provide guidance and discuss coping skills. Likewise, get the support of friends and other family members as you seek to help your loved one. You will definitely benefit from having people come alongside you at this time.

Support groups can also offer a great deal of encouragement and practical advice. The National Alliance on Mental Illness ([NAMI](#)) has a wealth of information available on various mental health issues, including schizophrenia, and can assist in finding local support groups. They also have online discussion groups.

### **Can Christians suffer from schizophrenia?**

Having a saving relationship with Christ does not exempt a person from serious mental illness, including schizophrenia, any more than a being a follower of Christ shields someone from cancer, back pain, or diabetes.

Unfortunately, many in the church project shame and embarrassment onto those who have a family member with a serious mental illness. This shouldn't be. Many mothers and fathers of adolescents or adult children with schizophrenia feel utterly broken in spirit and without hope. Who better to offer love, support, and hope than those of us in the Body of Christ?

Sharing love with hurting family members is an important duty of the church, but there is growing recognition of the benefits of faith in patients themselves. I have discussed spiritual questions with them and have not only noticed the value it has for them personally, but it has assisted them in separating reality from delusions on many occasions.

If your church has the resources, and you are so moved, you may wish to consider a ministry to the mentally ill and to their families. Such an outreach will not be without difficulties and challenges, but you'll be reminded along the way that these men and women and their families are people of value, made in God's image, and for whom Christ gave His life.

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While there is no cure for schizophrenia on this side of eternity, there is definitely hope. Treatments and therapies today can help individuals live productive and fulfilling lives. Most importantly, the message of the gospel is one of purpose, meaning, and promise for each person, including those among us who suffer from schizophrenia.

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