**Understanding Schizophrenia**

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**Abstract**

This APA paper offers a concise exploration of schizophrenia, intertwining statistical insights, diagnostic criteria, and treatment modalities. Examining global statistics, the first section provides a snapshot of the disorder's prevalence and demographic variations. This statistical foundation informs a nuanced understanding of the societal impact of schizophrenia, setting the stage for further inquiry. The paper delves into the diagnostic criteria, emphasizing the key positive and negative symptoms outlined in the DSM-5. By elucidating the nuances of symptoms and their diagnostic significance, this can equip clinicians with a practical guide for accurate identification and classification. Also it probes into the multifaceted causes of schizophrenia, synthesizing genetic, neurobiological, and environmental factors. Drawing on recent advancements in molecular genetics and neuroimaging, the paper presents a cohesive overview of the complex interplay of the onset and progression of the disorder. In the final analysis, the paper navigates contemporary treatment modalities, assessing pharmacological interventions, psychotherapeutic approaches, and emerging therapies. Emphasizing the importance of personalized and integrative care plans, this section aims to inform clinicians and mental health professionals in optimizing treatment outcomes for individuals with schizophrenia. In conclusion, this succinct exploration bridges statistical foundations, diagnostic intricacies, and treatment landscapes, providing a holistic perspective on schizophrenia. This synthesis contributes to the ongoing dialogue surrounding the disorder, offering valuable insights for both clinical practice and future research endeavors.

In this paper it will be discussed about what Schizophrenia is some statistics about the disorder, criteria for diagnosis this disorder, and possible causes and treatments. Schizophrenia is a psychotic disorder that is characterized by disturbances in thinking, emotional responses, and behavior. Typically, this disorder is set between late teen and mid 30’s. This comprehensive exploration aims to contribute not only to academic understanding but also to the improvement of clinical practices and the overall well-being of individuals affected by schizophrenia. As we navigate these complexities, our goal is to foster awareness, reduce stigma, and promote compassionate care for individuals living with schizophrenia and their families.

It is known that schizophrenia affect approximately 24 million (0.32%) in the world. This mental disorder isn’t as common as many other People with schizophrenia are likely to die early than the general population. Due to the psychical illnesses that are caused from it like metabolic, cardiovascular, and infectious diseases. It is found that 50% of people in mental hospitals have a diagnosis of schizophrenia. Only 31.3% of people will receive specialist mental health care. This treatment gap highlights a critical area for improvement in mental health services, emphasizing the importance of expanding access to specialized care for those affected by schizophrenia. Bridging this gap could lead to more effective management of the disorder, improved overall well-being, and enhanced prospects for individuals navigating the complexities of schizophrenia.

Now we will discuss criteria for diagnosing the disorder schizophrenia. When discovering symptoms of schizophrenia there are positive and negative symptoms. Some positive symptoms may be things such as believing false beliefs or hearing, seeing, or smelling things that other people do not hear. Some symptoms that may be known as negative are loss of motivation, emotional expression, logical communications, cognitive abilities, and the ability to experience pleasure. This disorder can develop over months or even years between the ages of 15-25. These symptoms can come and go in different cycles. The cyclical nature of symptoms adds another layer of complexity to the disorder. These variations, ranging from periods of relative stability to episodes of heightened symptoms, contribute to the challenges of managing and understanding schizophrenia. Recognizing these symptoms is essential for healthcare professionals, caregivers, and individuals alike in tailoring comprehensive and responsive strategies for diagnosis, treatment, and ongoing support.

There are no specific probable causes of this disorder, but research says that a combination of physical, genetic, psychological, and environmental factors can make one more likely to develop this disorder. It makes it possible to have schizophrenia if it genetically runs in your family. Neurotransmitters has a big role in the development of this disease. When dealing with this disease there are a lot of stressful life events that can trigger schizophrenia this like being behind on bills, a break ups, emotional abuse etc. It is also known that drugs can trigger this as well, for ones that already deal with this disorder taking drugs can cause an relapse or prevent the symptoms from getting better.

The side that isn’t seen of schizophrenia is what the family must go through when dealing with a relative that suffers from the disorder. Family members may feel overwhelmed by the behavior that come with a person that suffers from schizophrenia. Relatives that may have little to none experience on handling a person with a psychiatric illness can be uncertain on about where to make the appropriate attributions for bizarre behavior or lack of motivation. Glynn (238). Due to the age that schizophrenia develops in the human brain which is late-adolescence or early adulthood. These symptoms are extremely unpredictable and can be scary to the person with the disorder. However, the age at which schizophrenia typically manifests, during late adolescence or early adulthood, adds another layer of complexity. This developmental stage is marked by significant transitions, independence, making the emergence of schizophrenia symptoms particularly distressing and unsettling for both the affected individual and their family. The erratic nature of these symptoms intensifies the sense of fear and uncertainty surrounding the disorder, creating a daunting atmosphere for those trying to support their loved one through the challenges posed by schizophrenia. In recognizing and addressing the hidden struggles faced by families, it becomes important to implement understanding and constant support systems that surround both the individual with schizophrenia and their web of familial relationships.

Lastly, treatments that are offered to people who suffer from schizophrenia there is no guaranteed cure but there are treatments, and it is possible to recover. The treatments usually involve strategies to lessen the symptoms over long term. Specific medications will be prescribed and will need to be taken daily to be effective. Psychotherapy could be offered and be effective as well. Psychotherapy is “a variety of treatments that take place to help a person identify and change troubling emotions, thoughts, and behaviors.” The psychologist can help people with schizophrenia cope with the difficulties that come with the disease. Things such as school, work, relationships, and self-care. Another treatment that could possibly be effective is family interventions which is where relatives can participate in therapy sessions.

In conclusion, this paper strives to contribute to a holistic understanding of schizophrenia, advocating for increased awareness, reduced stigma, and compassionate care. The comprehensive exploration of schizophrenia presented in this paper sheds light on various crucial aspects, from understanding the disorder's statistics and diagnostic criteria to exploring its potential causes, treatments, and the often-overlooked impact on families. As we navigate the complexities of schizophrenia, the overarching goal is not only to contribute to academic knowledge but also to enhance clinical practices and improve the overall well-being of individuals grappling with this challenging mental health condition.

**References**

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