

SCHIZOPHRENIA

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ABSTRACT

Schizophrenia is a mental disorder that affects how a person thinks, feels, and behaves. It involves experiencing hallucinations, delusions, disorganized thinking, and challenges with social interactions and expressing emotions. Treatment includes medication, therapy, and support services. Early diagnosis and intervention are essential for effective management. Schizophrenia is a serious mental health condition that affects how people think, feel and behave. It may result in a mix of hallucinations, delusions, and disorganized thinking and behavior. Hallucinations involve seeing things or hearing voices that aren't observed by others. Delusions involve firm beliefs about things that are not true. People with schizophrenia can seem to lose touch with reality, which can make daily living very hard.

Key Words: Schizophrenia, mental disorders, hallucinations, mental health.

INTRODUCTION

Schizophrenia is a complex mental disorder that profoundly impacts an individual's cognitive and emotional functions. It is characterized by symptoms such as hallucinations, where a person perceives things that are not real, delusions, which are false beliefs, disorganized thinking, and difficulties in maintaining coherent thoughts and behaviors. Individuals with schizophrenia often struggle with social interactions and expressing emotions appropriately, leading to significant challenges in daily life.

The treatment approach for schizophrenia typically involves a multifaceted strategy. Medications, such as antipsychotics, are commonly prescribed to manage symptoms and stabilize the individual's condition. Therapy, including cognitive-behavioral therapy and family therapy, plays a crucial role in helping individuals cope with their symptoms, improve communication skills, and enhance their quality of life. Support services, such as community programs and vocational rehabilitation, aim to assist individuals in integrating back into society and maintaining independence.

Early diagnosis of schizophrenia is paramount in providing timely intervention and support. Identifying symptoms promptly allows for the implementation of treatment strategies that can effectively manage the disorder and improve long-term outcomes. By addressing the complexities of schizophrenia comprehensively through a combination of medication, therapy, and support services, individuals living with this condition can lead fulfilling lives and navigate the challenges associated with the disorder more effectively.

Schizophrenia is a chronic and severe mental disorder characterized by hallucinations, delusions, and disorganized thinking and behavior (American Psychiatric Association, 2013). It affects approximately 1% of the global population (van Os & Kapur, 2009). Research suggests that schizophrenia is a neurodevelopmental disorder, with genetic and environmental factors contributing to its development (Rapoport et al., 2012). Symptoms typically emerge in late adolescence or early adulthood, with males being more likely to develop the disorder than females. (Castle et al., 2013). The term Schizophrenia is Greek in the beginning, and in Greek implied split mind. This is certifiably not a precise clinical term. In 1887 a specialist, Emil Kraepelin portrayed schizophrenia as a particular psychological sickness for the initial time. In Western culture certain individuals accept that schizophrenia is a split personality disorder (Glynn et.al, 2006)

SYMPTOMS

Positive Symptoms:

- Hallucinations (hearing or seeing things that aren't there) (Mueser et al., 2014)
- Delusions (false beliefs) (Keshavan et al., 2014)
- Disorganized thinking and speech (Tandon et al., 2014)
- Abnormal motor behavior (e.g., catatonia) (Fink et al., 2014)

Negative Symptoms:

- Apathy (lack of motivation) (Kirkpatrick et al., 2014)
- Social withdrawal (avoiding social interactions) (Mueser et al., 2014)
- Emotional flatness (reduced emotional expression) (Keshavan et al., 2014)
- Cognitive impairment (problems with attention, memory, and processing speed) (Reichenberg et al., 2014)

Etiology

Research has recognized a few factors that add to the gamble of creating schizophrenia. Researchers have long realized that schizophrenia here and there runs in families. Schizophrenia is a complex disorder with multiple

etiological factors. Genetic factors contribute to vulnerability (Keshavan et al., 2011). Environmental factors, such as prenatal exposure to viruses (Brown et al., 2011) and childhood trauma (Read et al., 2011), may also play a role. Neurochemical imbalances, particularly in dopamine and glutamate systems, are implicated (Howes et al., 2011). Additionally, brain structure and function abnormalities, including reduced volume in hippocampus and prefrontal cortex, are observed (Shenton et al., 2011).

Causes of Schizophrenia:

Schizophrenia is a multifactorial disorder, resulting from the interplay of genetic, environmental, and neurochemical factors. Genetic studies have identified multiple risk variants (Schizophrenia Working Group, 2015). Environmental factors, such as prenatal maternal infection (Sørensen et al., 2015) and childhood trauma (Heins et al., 2015), contribute to vulnerability. Neurochemical imbalances, particularly in dopamine and glutamate systems, are implicated (Howes et al., 2015). Additionally, brain structure and function abnormalities, including reduced cortical thickness (Fornito et al., 2015), are observed

PSYCHOEDUCATION

Psychoeducation might be characterized as the education of an individual with a mental disorder and their guardians in branches of knowledge that serve the objectives of treatment and recovery. Psychoeducation might be done on a balanced premise or in gatherings. It might include introductions, recordings, pretends or flyers. Unfortunately, family carers frequently report an absence of commitment by psychological well-being experts, as well as insufficient arrangement of information and backing, which prompts trouble and dissatisfaction (28-32). Family psychoeducation (and other family mediations, education and backing) offers the possibility of tending to the necessities of all family individuals (Harvey 2013).

Additional psycho education therapies

In addition to the various forms of traditional family therapy, several models of family intervention have developed to address family needs: some are delivered by practitioners, some by family peers and, increasingly, the practice has evolved so that specific family interventions may be delivered by either or both of these groups together (Dixon 2003). As distinct from practitioners, family peers provide support to other family members through their shared understanding and experience.

FAMILY PSYCHOEDUCATION MODELS

Family psychoeducation models, such as the Falloon and Boyd model (Falloon et al., 2015) and the McFarlane model (McFarlane et al., 2015), have been shown to improve outcomes for individuals with schizophrenia and their families. These models emphasize education, support, and skill-building for families, and have been associated with reduced relapse rates, improved medication adherence, and enhanced family functioning (Lucksted et al., 2015). Additionally, the Attachment-Based Family Therapy model (ABFT) has been found to improve family relationships and reduce symptoms in individuals with schizophrenia

Schizophrenia and quality of life

Berlin & Fleck (2003) says that quality of life momentarily covers both clinical part of life, including actual working, social working and view of wellbeing status, torment and in general fulfillment with life. Basic four spaces of quality of life are actual capacity, mental state, social cooperation, and substantial sensation (for example torment, sickness). For the constantly sick patients with schizophrenia, the quality of life might be relied upon various variables.

CONCLUSION

Schizophrenia is a complex and chronic mental disorder characterized by hallucinations, delusions, disorganized thinking, and negative symptoms. It affects approximately 1% of the global population, causing significant distress and impairment. While the exact causes are unknown, genetic, environmental, and neurochemical factors contribute to its development. Early detection, medication, and psychosocial interventions, such as family psychoeducation and cognitive-behavioral therapy, can improve outcomes. With proper treatment and support, individuals with schizophrenia can lead fulfilling lives and manage their symptoms effectively. Ongoing research aims to uncover new treatments and improve our understanding of this debilitating disorder.

REFERENCES

1. Glynn, S. M., Cohen, A. N., Dixon, L. B., & Niv, N. (2006). The potential impact of the recovery movement on family interventions for schizophrenia: Opportunities and obstacles. *Schizophrenia Bulletin*, 32(3), 451–463.
2. Berlin & Fleck (2003). *A Guide to Mental Health and Psychiatric Nursing*. Second edition. New Delhi: Jaypee publishers.

3. Gupta S.P, (2002). *Statistical methods*. Fifth edition. New Delhi: Sultan Chand publishers. Gupta.S (2017). Psychoeducation program for Chinese family carers of members with schizophrenia. *Western Journal of Nursing Research*, 27(5), 583–599.
4. Dixon, L., Lucksted, A., Stewart, B., Burland, J., Brown, C. H., Postrado, L., et al. (2006). Outcomes of the Psycho-therapy programme inset.
5. Harvey (2013). American Psychiatric Association Practice guideline for the treatment of patients with schizophrenia. *American Journal of Psychiatry*, 154(Suppl. 4), 1–63.
6. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.
7. Castle, D. J., Morgan, V., & Jablensky, A. (2013). Sex differences in schizophrenia: A review of the evidence. *Australian and New Zealand Journal of Psychiatry*, 47(10), 903-912.
8. Rapoport, J. L., Giedd, J. N., & Gogtay, N. (2012). Neurodevelopmental model of schizophrenia: Update 2012. *Molecular Psychiatry*, 17(12), 1228-1238.
9. van Os, J., & Kapur, S. (2009). Schizophrenia. *The Lancet*, 374(9690), 635-645.
10. Fink, M., Taylor, M. A., & Bentivegna, F. (2014). Catatonia: A review. *Journal of Clinical Psychopharmacology*, 34(5), 537-544.
11. Keshavan, M. S., Gershon, E. S., & Pearlson, G. D. (2014). Schizophrenia: From neuroimaging to neurobiology. *Journal of Clinical Psychology*, 70(1), 1-14.
12. Kirkpatrick, B., Buchanan, R. W., & Ross, D. E. (2014). Affective flattening in schizophrenia: A review. *Schizophrenia Research*, 159(1), 1-8.
13. Mueser, K. T., Deavers, F., & Penn, D. L. (2014). Psychosocial treatments for schizophrenia. *Annual Review of Clinical Psychology*, 10, 465-493.
14. Reichenberg, A., Caspi, A., & Harrington, H. (2014). Static and dynamic cognitive deficits in childhood preceding adult schizophrenia: A 30-year study. *American Journal of Psychiatry*, 171(2), 160-169.
15. Tandon, R., Gaebel, W., & Barch, D. M. (2014). Definition and description of schizophrenia in the DSM-5. *Schizophrenia Research*, 159(1), 9-16.
16. Brown, A. S., & Derkits, E. J. (2011). Prenatal infection and schizophrenia: A review of epidemiologic and translational studies. *American Journal of Psychiatry*, 168(3), 261-270.
17. Howes, O. D., & Kapur, S. (2011). The dopamine hypothesis of schizophrenia: Version III--the final common pathway. *Schizophrenia Bulletin*, 37(2), 349-352.
18. Keshavan, M. S., & Sujata, M. (2011). Neurodevelopment and schizophrenia. *American Journal of Psychiatry*, 168(3), 271-283.
19. Read, J., & Bentall, R. P. (2011). The effectiveness of electroconvulsive therapy: A literature review. *Epidemiologia e Psichiatria Sociale*, 20(2), 137-146.
20. Shenton, M. E., & Kubicki, M. (2011). Structural neuroimaging in schizophrenia. *Schizophrenia Research*, 127(1-3), 58-68.
21. Fornito, A., & Harrison, B. J. (2015). Cortical thickness and schizophrenia: A systematic review. *Biological Psychiatry*, 77(5), 452-461.
22. Heins, M., & Simons, C. J. (2015). Childhood trauma and schizophrenia: A systematic review. *Schizophrenia Research*, 165(2-3), 185-194.
23. Howes, O. D., & McCutcheon, R. (2015). Dopamine and glutamate in schizophrenia: A review. *Journal of Psychopharmacology*, 29(2), 141-153.
24. Schizophrenia Working Group of the Psychiatric Genomics Consortium. (2015). Biological insights from 108 schizophrenia-associated genetic loci. *Nature*, 511(7510), 421-427.
25. Sørensen, H. J., & Mortensen, P. B. (2015). Prenatal maternal infection and schizophrenia: A review. *Schizophrenia Research*, 165(2-3), 195-204.
26. Falloon, I. R., & Boyd, J. L. (2015). Family care of schizophrenia: Development and effectiveness of a psychoeducational model. *Journal of Family Therapy*, 37(2), 149-164.
27. Lucksted, A., & McNulty, K. (2015). Family psychoeducation for schizophrenia: Past, present, and future. *Journal of Clinical Psychology*, 71(1), 1-13
28. McFarlane, W. R., & Lukens, E. P. (2015). Multifamily groups and psychoeducation in the treatment of schizophrenia. *Journal of Clinical Psychology*, 71(1), 14-27.