The Abnormal Reality That Is Schizophrenia

Individuals who suffer from schizophrenia know that coping with this disorder is not easy by any means. The effects of this illness are severe and can be extremely debilitating. It impairs your ability to think, your sense of reality, and how you function in your day-to-day life ("Schizophrenia - Symptoms and Causes"). These merciless effects are attributed to the hallucinations, delusions, and extremely disordered thinking and behavior caused by this illness. Understanding all of what this condition entails is complicated and can sometimes be confusing. After all, the harsh reality about schizophrenia is deeper than one may think.

History Behind it

The origin of the word schizophrenia dates back to 1910 when Paul Eugen Bleuler, a Swiss psychiatrist, coined this term (Burton). It comes from the Greek words "schizo", meaning split, and "pren", meaning mind (Tracy). Although this gives a false impression that this is a split personality disorder, that is not the true meaning behind it. Bleuler had intended for this word to refer to the "dissociation or 'loosening' of thoughts and feelings that he had found to be a prominent feature of the illness" (Burton). He had also wanted to replace the existing term "dementia praecox" which was discovered by Arnold Pick and advocated by Emil Kraepelin ("The History of Schizophrenia"). Bleuler desired to do this because he did not agree with Kraepelin in the sense that this illness would only affect adolescence (Burton).

Schizophrenia was originally treated with insulin shock treatments or even exorcisms, but the most significant development of treatment occurred in 1952 (Tracy). This is when Henri Laborit, a Partisan surgeon, noticed that the symptoms of schizophrenia were effectively treated with chlorpromazine (Tracy). Chlorpromazine is an antipsychotic drug that is used to treat several mental/mood disorders ("Chlorpromazine: MedlinePlus Drug Information"). Later, in the 1970s, many different groups and programs began to emerge to support individuals with this disorder and get them the help that they need.

Inside the Mind of Schizophrenia

The mind of a schizophrenic is not what is depicted on television, or even on the news. Many people believe that this illness includes an aggressive and mentally unstable individual, but this assumption could not be further from reality (Whiteman). What this illness really does is distort the way a person thinks, acts, expresses emotions, perceives reality, and relates to others This is because of the many different symptoms associated with this.

One of the most common indications of this disorder that people experience is hallucinations. This is characterized by auditorily or visually seeing something that is not really there (Hartney). Additionally, schizophrenics also experience delusions. According to Catherine Harrison, "to have a delusion is to be obsessed with an idea, and to have absolute certainty that the idea is correct" (Harrison). In simpler terms, this means that you are convinced that the hallucinations you experienced are real life. Some individuals who are told these perceptions believe they are authentic because they seem to be "in the realm of common human experience" (Harrison). This means that they appear to be realistic and there seems to be a possibility that the

perception could be true.

The Root to the Problem

Similar to almost all mental disorders, the causes of schizophrenia are not completely known or understood. Researchers have spent countless hours and dollars studying this condition, but the more that they try to learn about this illness, the more evident it becomes that this condition is far more complicated than anyone ever anticipated (Bressert). Although no one knows for sure what this is caused by, it is suspected that it is a result of a combination of dozens of different complex factors, such as biological, specific sets of genes, neurology, social, psychological, and environmental components (Bressert).

Subtypes

After a patient is diagnosed with schizophrenia, their subtype will be determined by their most prominent symptoms. Due to symptoms constantly changing over the course of the disease, their subtype diagnosis may change too. Currently, there are five different types included in the DSM-IV (“Subtypes of Schizophrenia”). The different subtypes include paranoid, disorganized (hebephrenic), catatonic, undifferentiated, and residual (“Subtypes of Schizophrenia | Health.Am”).

Although schizophrenics are considered to be psychotic, paranoid subtypes seem to be somewhat normal and typically have the highest functioning rate (“Paranoid Schizophrenia”). This is because they experience less disordered thinking and behavior (“Subtypes of Schizophrenia | Health.Am”). However, they commonly experience “delusions of persecution, grandiosity, or jealousy” and hallucinations usually of an auditory nature (“Paranoid Schizophrenia”).

On the other hand, disorganized schizophrenics are commonly described as having little to no hallucinations or delusions (“Subtypes of Schizophrenia”). Instead, their most severe symptom arises when speaking and thinking. As the name insinuates, these subtypes usually have disorganized thoughts, feelings, and speech (Hurley). They tend to have difficulty maintaining a thought, which in return causes them problems in their speech. Signs of schizophrenia include loose associations, perseveration, made-up words that have no meaning to other people, and rhyming words without meaning (Hurley).