



*A Complimentary Newsletter from the Desk of: Mauren Zamora, M.S.W.*

## ***Understanding Schizophrenia***

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Schizophrenia is a chronic and severe mental illness that causes individuals to separate themselves from reality. Schizophrenia is characterized by profound disruption in cognition and emotion or “loss of the person’s sense of self” (Zide and Gray 2001, p. 41). It involves dysfunction in one or more major areas of functioning such as interpersonal relations, work or education, or self-care (American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition, 1994).

Symptoms are divided into positive and negative symptoms. Positive symptoms are those that appear to reflect an excess or distortion of normal functions such as delusions or hallucinations. Negative symptoms are those that appear to reflect a diminution or loss of normal functions, these can be characterized by low self esteem or lack of motivation. According to Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), the diagnosis of schizophrenia requires at least of two or more positive symptoms to be present.

The causes of schizophrenia are not completely understood. Many theories have been developed to address the possible causes of this mental illness. These theories include: Hereditary factors, environmental factors, chemical imbalances in the brain, and physical brain developmental abnormalities. Schizophrenia occurs in every culture and it does not differentiate between race and gender however, a number of studies have demonstrated gender differences. These studies indicate that prognosis in women is better than men in terms of hospitalizations, time to relapse, duration of illness, and social and work functioning (DSM-IV).

The onset of schizophrenia occurs between the late teens and the mid 30’s. Although the prevalence is equal between genders, males tend to develop schizophrenia earlier in life than females. It is rare for a diagnosis to be made prior to age 10 or after age 40 however, it does happen. Sadock and Sadock (2003) in their article discussed how schizophrenia affects almost 1% of the general population. More than 2.2 million Americans suffer from this mental illness. Their estimates suggest that 33% to 50% of homeless Americans have this mental illness.

Treatment of schizophrenia has advanced considerably in the recent years. Treatment goals are designed to alleviate symptoms and improve the quality of lives of those suffering from this mental illness. According to Wirshing and Buckley (2003), interventions are often linked to the clinical phases of schizophrenia. These phases are: acute phase, stabilizing phase, stable phase, and recovery phase. The ideal treatment in all phases include some form of pharmacotherapy combined with psychosocial interventions.

Pharmacotherapy is the most used form of intervention utilized. These medications are used to alleviate the positive symptoms. Although pharmacotherapy is deemed effective in dealing with these symptoms, psychosocial treatments are also a vital component to help patients maximize their functioning. Mahgerefteh, Pierre, Donna and Wirshing (2006) in their study, indicated that the main goal in treatment for schizophrenic patients is to reduce symptoms, minimize the risk or relapse and for patients to adhere or comply with their treatment.

Music Therapy has been proven to improve the lives of those suffering with schizophrenia as it helps them maximize their social and global functioning. Music is used as a mean of interaction and expression. The patient is not required to possess any musical ability to benefit from this type of intervention. Music therapy utilizes music to achieve non musical goals. In schizophrenia, music can be used to increase social interaction and activities of daily living. In addition, music can be used to reduce anxiety and obsessive or delusional thoughts.

### References

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