

Classification of Schizophrenia

Schizophrenia is a serious mental health disorder experienced by about 1% of the world population.

It is more commonly diagnosed in men than women.

It is more commonly diagnosed in cities than the countryside, in working-class rather than middle class people.

Symptoms of schizophrenia;

Positive symptoms are additional experiences beyond these of ordinary existence, eg; hallucinations, delusions, disorganised speech.

Delusions - Delusions are false beliefs that are firmly held despite being completely illogical or which there is no evidence.

Common types of delusions in schizophrenia include the following;

Delusions of persecution, the belief that others want to harm, threaten or manipulate you. Schizophrenics may believe that they are being spied on, that nasty rumours are being spread about them or that people are plotting to kill them.

Delusions of grandeur, this is the idea that you are an important individual, even god-like and have extraordinary powers. One of the most frequent of this type of delusion is the belief that they are Jesus Christ.

Delusions of control, individuals may believe that they are under control of an alien force that has invaded their mind and/or body. This may be interpreted, for example, as the presence of spirits or implanted radio transmitters.

Hallucinations - Involve disturbances in perceptions (rather than disturbances in thought). They are false perceptions that have no basis in reality. The most common hallucinations are;

- Auditory ones (hearing voices), but can include smell, touch or sight.

Classification of Schizophrenia (cont)

- There may appear to be a single person talking or many and they may appear to be familiar or unfamiliar.

- Many schizophrenics report hearing voices that instruct them to do something or that tell them they are wicked and evil. Sometimes they instruct the patient to do things that could be harmful to themselves and others.

Negative symptoms are those that involve the loss of usual abilities and experiences, eg; flattened affect, reduced speech, avolition.

Speech poverty - Is the inability to speak properly, characterised by the lack of ability to produce fluent words; this is the thought to reflect slowing or blocked thoughts. It can manifest itself as short or empty replies.

Avolition - Is the reduction, difficulty or inability to start or continue with goal-directed behaviour. It is often mistaken for apparent disinterest. Examples include; No longer being interested in going out and meeting with friends. No longer being interested in activities that person used to show enthusiasm for. ETC...

Diagnosis of schizophrenia;

According to the DSM-5, a diagnosis of schizophrenia is made if a person has two or more core symptoms for at least one month, one of which must be;

- Hallucinations.

- Delusions.

- Disorganised speech.

The other core symptoms are gross disorganisation and diminished emotional expression

Other DSM-5 criteria for a diagnosis of Schizophrenia include:

Diagnosis of schizophrenia; (cont)

- Level of work, interpersonal relations or self-care is significantly below what it was before the start of the symptoms.

- Signs of disturbance that have lasted at least 6 months.

- Schizoaffective disorder and depressive or bipolar disorder with psychotic symptoms have been ruled out.

- The disturbance is not caused by disturbance by substance abuse or another medical condition.

Is it reliably diagnosed?;

No, there is a huge issue of culture bias. American and English individuals of African American descent are more than 7x as likely to be diagnosed with Schizophrenia than their white counterparts.

Is it a valid diagnosis?;

No, comorbidity is the phenomenon of two or more conditions occurring together. Schizophrenia is often diagnosed with other conditions. Buckley et al (2009) concluded the following comorbidity rates;

Depression - 50%. Substance abuse - 47%. PTSD - 29%. OCD - 23%.

There is also the issue of symptom overlap between schizophrenia and other conditions. For example - both schizophrenia and bipolar disorder involve positive symptoms like delusions and negative symptoms like avolition. As a result a person may be diagnosed with schizophrenia but the same individual could receive a diagnosis of bipolar if seen by a different professional.

