



“Psychology Works” Fact Sheet: Schizophrenia

What is schizophrenia?

Schizophrenia is a serious disorder that is related to a range of behavioural and thinking problems. Despite common myths, schizophrenia does not refer to ‘multiple personalities’, but rather a loss of contact with reality. The symptoms of schizophrenia are different from person to person, and symptoms, at least in a milder form, tend to last for a long time and long-term treatment is usually necessary. However, there is hope for improvement and a return to normal life for many people. With a combination of medication, psychological therapy, and social support, people with schizophrenia can function well in their community.

What are some of the problems faced by people with schizophrenia?

- Difficulties with **perception**, such as hallucinations (for example, seeing or hearing things that are not real), delusions (for example, believing an organization is plotting to harm you), and bizarre behaviours (for example, weird speech). These are the kinds of symptoms that people often think of when they say someone is suffering from a “psychotic episode”. (These symptoms are also sometimes called “positive” symptoms, referring to the presence of the unusual sensory experiences.)
- Difficulties with **behaviours and emotions**, such as reduced experience of emotions, avoiding other people, lack of motivation, and a decrease in amount of speech. (These symptoms are sometimes called “negative” symptoms, referring to the reduction or absence of usual social and emotional experiences.)
- Difficulties with **thought processes**, such as attention, memory, speed of processing information, planning, and problem solving. This means that some seemingly simple activities like grocery shopping or following a conversation might be very difficult for people who have schizophrenia.
- Difficulties with **social functioning**, such as forming and maintaining relationships, or doing well at school or work.

People coping with other disorders sometimes have some of these same difficulties faced by people dealing with schizophrenia. For example, some people may have symptoms of both a mood disorder (like depression or bipolar disorder) and schizophrenia, or others may have just some psychotic symptoms.

How common is schizophrenia?

- Approximately 1% of the world’s population meet the criteria for a diagnosis of schizophrenia
- Men are more likely to be diagnosed with schizophrenia – the ratio of men to women is 1.4 to 1



- For both sexes, symptoms often start in late adolescence or young adulthood, and may occur for many years before diagnosis; however, on average men are usually diagnosed at a younger age – 22 years old for men versus 27 years for women

What are the risk factors for schizophrenia?

There are several different causes of schizophrenia, which often act in combination:

- **Heredity** – Having a parent, sister, or brother with schizophrenia is a risk factor for developing the disorder. However, this does not mean that you are guaranteed to have schizophrenia, it just means that you have a higher chance than people who do not have a family member with this diagnosis.
- **Environment** – Many factors unrelated to family history affect brain development and the risk for schizophrenia. Examples include a mother having a serious illness or a long period of malnutrition while pregnant, low birth weight, oxygen deprivation during birth, and serious illness during early infancy. Additionally, there are experiences in a person's environment that may increase their likelihood of developing psychotic symptoms (especially if they are already at a higher risk because of hereditary or developmental factors). Examples of this include childhood abuse, war zone exposure, and poverty.

What psychological treatments are available to help manage schizophrenia?

Historically, treatment took place in large hospitals where patients were completely removed from society. With the use of medications since the 1950's, many people with schizophrenia are able to live in the community and do not need to be in hospital settings for long periods. While antipsychotic medications can be effective at targeting "positive" symptoms (i.e., hallucinations and delusions), they often have limited effects on "negative" symptoms (i.e., emotional experiences and motivation), and cognitive difficulties. As well, many people have trouble staying on their medication, due to multiple negative side effects. As a result, they are likely to start experiencing symptoms again if they stop their medication.

Research suggests that the most effective treatment plan is a combination of antipsychotic medication and psychological therapies that help people make changes in real-world behaviour. As we develop more effective treatments, people with schizophrenia are better able than ever before to function in society, even though some may continue to have symptoms.

- **Cognitive Behavioural Therapy (CBT)** - An active, collaborative type of therapy that focuses on a person's thoughts and core beliefs, and the behaviours that are related to these thoughts. In CBT for schizophrenia, a person learns to question and re-evaluate the source and meaning of their hallucinations and delusions.



- **Cognitive Remediation Therapy** - Focuses on training people to improve their thinking abilities such as attention, memory, reasoning, and information processing.
- **Family Support** - Provides information, support, and new interaction skills to people affected by schizophrenia and their family members, so that the whole family can learn to best manage the disorder.
- **Social Skills Training** - Focuses on teaching people more adaptive skills to use in interpersonal relationships, and allows practice of these skills in a group, and in one's daily life.

An important note on stigma

Schizophrenia is often misunderstood by the public. The disorder often receives media attention, but, as with many news stories related to mental illness, many facts are taken out of context for entertainment or shock value. In particular, popular stories and media reports about people with schizophrenia sometimes make it seem like these individuals are dangerous or violent. In fact, people with schizophrenia are generally not dangerous, and usually pose a higher risk of harm to themselves (due to suicide) than to other people. As well, people with a psychotic disorder are more likely to be victims of violent crime than to be violent.

Where can I get more information?

- *Surviving Schizophrenia: A Manual for Families, Patients, and Providers* – by Torrey
- *The Family Intervention Guide to Mental Illness: Recognizing Symptoms and Getting Treatment* – by Mueser & Morey
- Schizophrenia Society of Canada: www.schizophrenia.ca
- Canadian Mental Health Association: www.cmha.ca

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to <http://www.cpa.ca/public/whatisapsychologist/PTassociations/>.

This fact sheet has been prepared for the Canadian Psychological Association by Ms. Katherine Holshausen and Dr. Christopher R. Bowie, Department of Psychology, Queen's University.

Revised: December 2014



Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, Ontario K1P 5J3
Tel: 613-237-2144
Toll free (in Canada): 1-888-472-0657