

Developing Empathy for Individuals diagnosed with Schizophrenia Disorder

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Psychotic disorders have 5 key features that define the symptoms individuals diagnosed with psychotic disorder, these are delusions, hallucinations, disorganized thinking, abnormal motor behavior, and negative symptoms (APA, 2013). The psychotic disorders are a relatively large spectrum, as there is schizophrenia, schizotypal disorder, schizophreniform disorder, schizoaffective disorder, substance-medication induced psychotic disorder, etc. (APA, 2013). Each psychotic feature shows up in each disorder but has a different effect on the individual and it also depends on which disorder the individual specifically has. *The Diagnostic and Statistical Manual of Mental Disorders V (DSM-V)* explains the psychotic disorders and the disorders within the psychotic spectrum, by giving demographic information, causes, symptoms, and treatment. This specific paper will focus on how to develop empathy for individuals diagnosed with schizophrenia disorder, by using the bio-psycho-social-spiritual model.

Schizophrenia Disorder

Symptoms:

According to the DSM-V there are 5 different categories that are considered during diagnostic factors, delusions, hallucinations, disorganized speech, grossly disorganized, and negative symptoms (diminished emotional expressions) (APA,2013). Other potential symptoms but are less likely to occur, can be cognitive disorders, mood disorders, dissociative disorders, and substance withdrawal disorders may be psychotic symptoms, but can potentially occur in schizophrenia (Wiley, 2012). Considering that one of the symptoms is negative symptoms, which is a loss of emotional expressions, individuals with schizophrenia can have a difficult time with social skills and proper emotional reactions. From time-to-time individuals with schizophrenia may dissociate and laugh at certain things that normally would not be the correct

social cue. Since individuals diagnosed with schizophrenia experience hallucinations, this can often make their social life decline because they are going to think that their friends and family are talking about them or out to get them (Uchino et al., 2022).

There are positive and negative symptoms, positive symptoms consist of exaggeration or distortion of normal functions (e.g., delusions and hallucinations) and negative symptoms involve a reduction in or loss of normal functions (e.g., affective flattening and avolition) (Wiley, 2012). For adults who are diagnosed with schizophrenia will experience the symptoms listed above and then for children they may hear more voices rather than delusions or formal thought because they are not developmentally there yet, they may not experience delusions until their teens and/or young adulthood.

Other symptoms of schizophrenia can include inappropriate affect like laughing in inappropriate situations, dysphoric moods like anger, anxiety, depression, and disturbed sleep patterns. Individuals diagnosed with schizophrenia also may have a lack of interest in eating, decrease in social cues. There can also be cognitive deficits like vocational and functional impairments (APA, 2013). For individuals to be diagnosed with schizophrenia they need to have experienced two or more of the symptoms and at least one of those must be, delusions, hallucinations, or disorganized speech and these symptoms have to be consistent for a 1-month period.

Prevalence and Demographics

Schizophrenia affects 32% of people worldwide and 45% of adults and is not as common as other mental illnesses (Harrison, 2022). This mental illness has been reported having variation by race/ ethnicity, across countries, and geographic origin for immigrants and children of immigrants. The sex ratio usually differs as there is an emphasis of negative symptoms and

longer duration of disorder and both sexes will experience mood symptoms. Symptoms of schizophrenia can also frequently be associated with distress and as discussed before social, educational, occupational, and other vital areas of life.

During COVID there was an unusual increase of aged adults the result of COVID, and lock down caused social cues to decrease and an increase in anxiety and depression, which could link COVID and schizophrenia and there was a slight increase in numbers after the pandemic began.

Development and Course

In most cases the psychotic features of schizophrenia commonly occur between the late teens and the mid-30s and onset prior to those ages is very rare. The difference between male and females in schizophrenia, is have early signs in their mid-20s and females start experiencing it in their late-20s. Typically the onset of symptoms is slow and gradual and there are rare occasions that individuals will experience it abruptly (APA, 2013). 20% of individuals with schizophrenia are predicted to recover fully from their mental illness (APA, 2013). Although 20% of individuals diagnosed with schizophrenia will recover, they still need informal or formal daily living support, and can potentially remain chronically ill. It also has been seen that with age individuals will lose psychotic symptoms because of the decrease in dopamine activity. Negative symptoms are the most common than positive, so negative symptoms seem to be the most persistent (APA, 2013).

As stated, before children with schizophrenia delusions and hallucinations are less common than in adults, and children experience more visual hallucinations and can be distinguished from their normal fantasy play (APA, 2013). It is common for children who have autism spectrum disorder or hyperactivity disorder, to experience disorganized behavior or

disorganized speech and this should not be confused with schizophrenia, but instead the child will need to have other symptoms related to schizophrenia. Children who later experience a diagnosis also will experience nonspecific emotional-behavioral disturbances and psychopathology intellectual and language alterations, and subtle motor delays (APA, 2013). It is common for women after their 40s (late-onset cases) to have schizophrenia, but it is hard to diagnose them with it because they developed it so late in their life (APA, 2013).

Etiological Theories/Causes

It is a common assumption that schizophrenia is genetic, and it can be, but it can also be caused by environmental factors and physiological factors. Environmental factors include if the individual was born in late winter/ early spring and if the individual grows up in an urban environment and is common for some minority ethnic groups (APA, 2013). In terms of genetic factors there is usually no family history of schizophrenia, but other mental illnesses like bipolar disorder, depression, and autism spectrum disorder can cause schizophrenia (APA, 2013). Pregnancy and birth complications can potentially have higher risks of schizophrenia.

There are also culture-related factors like socioeconomic factors because if individuals and clinicians do not share the same cultural or socioeconomic background, things that may be considered usual behaviors in one person's culture may be unusual in the others culture. For an example there are certain cultures that believe it is special for a person to be able to hallucinate and talk to their gods, so they would not see this as the individual having schizophrenia, as to where other cultures would not believe in their spiritual powers.

As stated, before the individuals' symptoms may decrease and they potentially will get better with time, but they will unfortunately always suffer with the lasting negative symptoms and especially have trouble socially and will always have other mental illnesses like anxiety or

depression. Schizophrenia is not 100% curable but it can be helped with medication and therapy. Antipsychotic medications are used to treat psychotic symptoms in schizophrenia, like all medications these medications have some harsh side effects, like weight gain, diabetes, heart disease, and strokes (Miller et., al 2011).

In the book *First Person Accounts of Mental Illness and Recovery* there is someone who has a personal account to living with schizophrenia. One thing that this individual stated was that it would be a lot easier if mental health therapist had experienced a mental illness, for the simple fact that there are a few therapists who is not understanding the mental illness in its full effect. There were a few others who wrote their testimony's and there was one key sentence that stood out "I could not blame myself or anyone else for my diagnosis" (Miller et., 2011). This is an important statement because when an individual gets schizophrenia it is not their fault and often no one else's fault, so it is vital for individuals diagnosed with schizophrenia to understand that their illness does not define them, and it is not their fault.

Biopsychosocial Model for Schizophrenia

When looking at the biological aspects of schizophrenia there is a theoretical concept to define the development of schizophrenia, the main concept of this is vulnerability in the genesis of schizophrenia (Kotsiubiniskii, 2002). The psychological framework has three main features, the first is the perceptual-cognitive, the emotional, and the motivational. These three features relate to schizophrenia as the individual with have difficulties in their perceptual-cognitive functioning, emotional functioning, and motivational functioning.

The biopsychosocial model and BPSS is essential for developing empathy and diagnosing individuals. Social workers use the BPSS model to put the individual in sections for their biopsychosocial health. By using the BPSS the social worker will pick out and separate the

biological factors, psychological factors, and social factors to better understand the individual's mental illness and any outside factors that may have caused them to have their mental illness

It is also important for social workers to use the code of ethics when developing empathy for their clients. By using the value dignity and worth of all persons, which means valuing the differences in the person and not treating them differently because of their specific differences (NSAW,2021). So, by valuing the dignity and worth of individuals diagnosed with schizophrenia you are valuing them for the person they are and not letting their mental illness affect the way that you view them or treat them. Another way social workers can have empathy for clients who have schizophrenia is supporting them and advocating for their rights as an individual. By supporting the client's wellness, especially when they feel like they have no one that they can trust, the social worker can support them by reminding them that they can trust the social worker and that they can trust others in their life. Another social worker value is importance's of human relationships, which defines how important it is to have a trusting relationship between the client and social worker.

It is important for social workers within the mental health profession to have a wide understanding of mental illnesses; not only for the diagnostic aspect but also to empathizes with clients who feel like they have no one. Individuals who are diagnosed with schizophrenia experience the symptoms differently, so it is important to acknowledge not all individuals suffering with the mental illness will experience the same effects.

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