

Developing Empathy

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Abstract

This paper explores the mental disorder named in the DSM-V, Schizophrenia. The author will discuss the characteristics and demographics of the mental disorder as well as disclosing history. The author will then discuss schizophrenia prognosis and how it may change over time. The author mentions etiological theories that are associated with schizophrenia and how it came about. The author will then discuss how having schizophrenia will affect a persons biopsychosocial-spiritual perspective. The author will conclude by reflecting on personal thoughts on how it may feel to live with schizophrenia as well as discussing the empathic steps of coming in contact with someone who may have schizophrenia.

Keywords: Schizophrenia, mental illness, treatment

Schizophrenia is considered the most common psychotic disorder that causes those who encounter it to have abnormal thinking and perceptions. Schizophrenia is a complex, chronic mental health disorder characterized by an array of symptoms, including delusions, hallucinations, disorganized speech or behavior, and impaired cognitive ability, (Patel et al, 2014). The previous Diagnostic and Statistical Manual of Mental Disorders, DSM-IV, describes five forms of schizophrenia as paranoid, disorganized, catatonic, undifferentiated, and residual. DSM-V does not identify with these subgroups anymore, during the evaluation of the client the subtype is defined as the predominant symptom. The mean annual prevalence of schizophrenia in the community was about 0.25%. Although the prevalence is low, the financial burden that schizophrenia causes is large, estimating to about \$23 billion US dollars, (Desai et al, 2013). Anyone can be diagnosed with Schizophrenia, no matter the gender or race. The risk factors of Schizophrenia include but is not limited to having a family history of schizophrenia and taking psychotic medicine throughout adolescent years. Signs of Schizophrenia usually make an appearance during the late childhood and early adulthood time frame. It is not known why the appearance is made late; several articles believe its from buildup through adolescent years. It is usually triggered by genetics and environmental surroundings. The more closely one is related to an individual with schizophrenia, the greater the risk of contracting the illness, (Tamminga, 2000). There is a diagnosis of Schizophrenia called Late-onset schizophrenia. This diagnosis comes after the age of 45. The people who are diagnosis with this form of schizophrenia will mostly have symptoms of hallucinations and delusions, they are not likely to have the negative symptoms such the inability to show emotions or affected speech.

Schizophrenia characteristically begins in young adult years and lasts throughout life, with only occasional recovery, (Tamminga, 2000). The worst outcome person who has been

diagnosed with schizophrenia is to not be treated. If the individual is not treated properly, it could cause major situations in someone's life, including suicided attempts and anxiety. People who are diagnosed with schizophrenia are more likely to use recreational substances such as marijuana or LSD. Suicide is considered the most premature death cause to someone with schizophrenia. When living with schizophrenia becoming depressed can be extreme especially due to lack of treatment.

There are three etiological theories that are associated with schizophrenia, genetic theory, neurodevelopment theory, and Neurobiological Theory. Genetic theory relates to twins and siblings, heritability of schizophrenia has been reported as being approximately 80% to 85%, (Zuchner, 2007). Neurodevelopment relates to environmental exposures and pathogenic occurrences. Adverse environmental exposures during perinatal period such as maternal viral infections, fetal malnutrition, or extreme prematurity, may cause pathological alterations in cerebral cortex, cerebellar vermis, limbic system, brain stem, and cerebral symmetry, (Preti, 2005). Neurobiological theory relates to the structural and functional abnormalities to the brain. The domains of the structure of the brain include reductions in white matter structures, functional alterations and impaired functional connectivity in prefrontal cortex reductions in neuronal and membrane integrity, and neurotransmitter abnormalities, (Keshavan, 2008).

The life expectancy for someone with schizophrenia is ten to twenty years shorter than someone without it. There are many risks that someone with this diagnosis's must be on the watch for. Compared with the general population, schizophrenia patients are at increased risk of weight gain, abdominal obesity, diabetes, metabolic syndrome, and cardiovascular disease, (Heald, 2010). The physical health of someone could affect their mental health by lowering self-esteem and decreasing their quality of life. Most treatment plans tend to focus on the mental

health of the person and is almost neglecting the physical health of the person. It is considered a domino effect. Obesity is considered a major problem for someone with schizophrenia which over all plays a role in Cardiovascular diseases. Strokes and heart disease becomes a problem which could most likely lead to diabetes.

Schizophrenia is considered a mental illness. There are typically three categories of schizophrenia, cognitive, positive and negative. There are symptoms that are considered positive and negative. The negative symptoms include someone who make lack in personal hygiene or someone who lack of interest in daily activities while positive symptoms include hearing voices and paranoid thoughts. The positive thoughts are considered positive because the person did not have these symptoms before they were diagnosed with schizophrenia. For teenagers diagnosed with schizophrenia, the mental aspect could change with low performance at school and irritability. Teens are more likely to hallucinate rather than have delusions.

The thought of having schizophrenia can be troubling, living through it can be life changing. This disorder could be the most misunderstood mental illness because there are many misconceptions and stereotypes about the people who are diagnosed with schizophrenia and a person will never truly know what it feels like unless they have lived through it. Having this illness and not having a strong support system could be devastating to someone's mental health. If there is no one to care for this person and offer the accurate treatment and support, it could make the road to recover slim. Being that schizophrenia is a life lifelong illness, it could get tiring for the person and seem like life is not worth living. The results differ from person to person. There are people who have been diagnosed with schizophrenia and is ashamed of it because of the stereotypes of being violent and crazy.

The best way for someone to develop empathy on someone who has been diagnosed with schizophrenia is to first become educated on the mental illness. If people are going in to help someone who has been diagnosed based on the stereotypes that are out in the world and internet it would not be beneficial to neither one of the individuals at all. Another way for individuals to develop empathy with someone diagnosed is to listen to them, if they choose to open up about how they are feeling. Being an open and active listener, will help with being a part of their support system. It is always good to know that if someone needs someone to count on, they have someone. Another way to empathize would be to encourage treatment as well as keeping a social circle with the one who is diagnosed. Having a social circle will help things feel like its normal and will not make the person feel left out or an outcast because of this disorder. Last but not least do not let this illness take over this person's [life, focus on the symptoms not the illness as a whole.

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