

Understanding Schizophrenia And Psychosis



A Guide For Families

*To
AVW and AZ*

*and the countless others who have allowed me
the opportunity to help*

- Dr. T. Singh



**SCHIZOPHRENIA
SOCIETY OF ALBERTA**



LIONHEART
PSYCHOLOGY GROUP

Welcome

If you are reading this booklet, it is likely that someone close to you is experiencing an episode of psychosis, or has been diagnosed with schizophrenia.

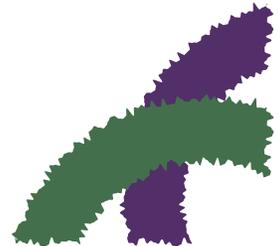
This booklet is a straightforward guide for understanding foundational concepts about psychosis and schizophrenia.

It covers:

The questions I am most frequently asked about psychosis and schizophrenia, and;

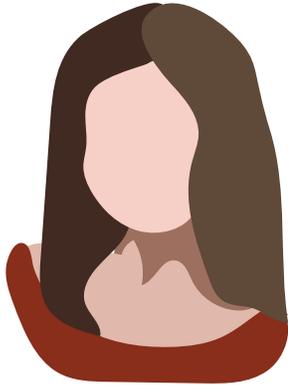
The questions that I wish that I was asked more often, because they are actually more helpful for understanding these illnesses.

Let's begin with our first question, which actually helps us to understand what psychosis and schizophrenia are not...





Why did this happen?



*Why do we keep
blaming ourselves?*



Psychosis or schizophrenia is not a result of...



...Having a bad or immoral character.

Schizophrenia is biologically-based, and is no more a product of poor character or immorality than diabetes or cancer.

...Bad upbringing.

See above. Blaming family members only serves to add insult to injury.

...Having above/below average intelligence.

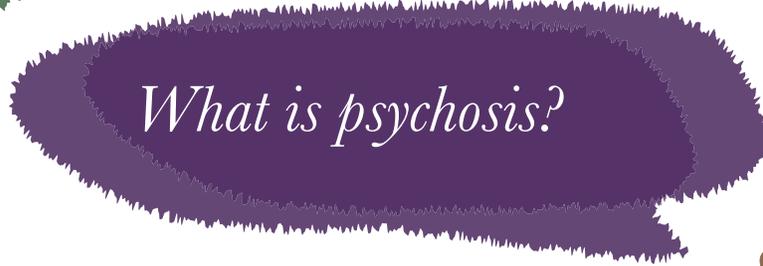
Psychosis affects people from all walks of life, and appears across the whole spectrum of intellectual ability.

Are people with psychosis or schizophrenia violent?

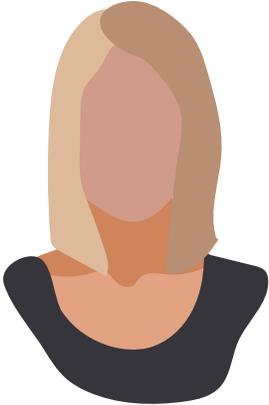
In most cases, no. Most are passive, withdrawn, and anxious. These people are less likely to commit violence than members of the general public, but are actually more likely to be a victim of violence than members of the general public (because they may behave in ways that others find bizarre).



So then, what is schizophrenia?



What is psychosis?



Good questions.
Let's talk causes and symptoms.

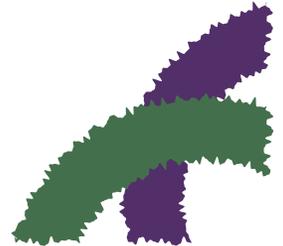
What is schizophrenia?

“Schizophrenia” is a persistent mental illness lasting at least 6 months, that is characterized by the presence of psychosis.

We don't know precisely what causes schizophrenia...

Researchers believe that some combination of a person's genes, brain chemistry, and environment contributes to the development of schizophrenia.

...but our best evidence suggests that schizophrenia is an illness of the brain.



What is psychosis?

“Psychosis” refers to a loss of contact with reality, and is a symptom of a number of different mental illnesses (called “schizophrenia spectrum” disorders).

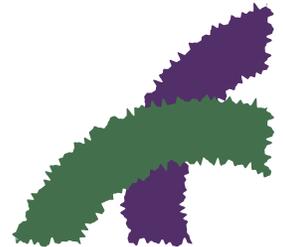
Persons struggling with psychosis typically have specific difficulties distinguishing between what is real and what is not.

There is no single cause of psychosis.

Psychosis may be a symptom of a mental illness, such as schizophrenia.

However, psychosis may also be caused by:

- Lack of sleep
- Another medical condition
- Substance use, including marijuana use



Psychosis: 2 types of symptoms

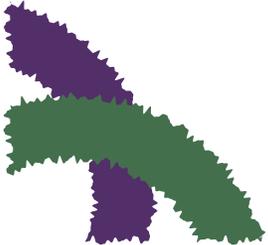
It is important to understand that there are two groups of psychosis symptoms, called 'positive' and 'negative'.

Positive symptoms of psychosis are symptoms which add something to an individual's normal daily experience.

Hearing voices is an example of a positive symptom.

Negative symptoms of psychosis are symptoms which take away something from an individual's normal daily experience.

Low motivation and social withdrawal are examples of negative symptoms.



Examples of Positive Symptoms (Psychosis)

Delusions

Fixed, false beliefs that are not consistent with the person's culture, and have no basis in fact.

Delusions may cause people to believe that their bodies or thoughts are being controlled by outside forces, that ordinary events have special meaning for them, that they are especially important or have unusual powers, or that their bodies have changed in some mysterious way.

Hallucinations

Disturbances in perception. If people hear, see, taste, smell or feel something that does not actually exist, they are hallucinating.

Disorganized behaviour

Being unable to plan your days or perform tasks that you had previously done easily.

E.g., difficulty bathing, dressing appropriately, or preparing meals.

Examples of Negative Symptoms (Deficits)



Physical symptoms

Physically slowing down, sometimes to the point of motionlessness/staring into space.

Reduced motivation

Less energy or drive, problems finishing tasks, or making and carrying out long-term plans.

Social withdrawal

Increased desire to be alone, or becoming so absorbed in your own thoughts and sensations that you lose interest in the feelings and lives of others.

Change in habits and ability to function

Reduced concern about the way you dress, grooming or bathing. You may find it increasingly difficult to carry out daily activities such as shopping or going to work.

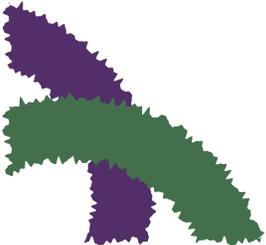
Why does this distinction matter?

It is important to understand the difference between positive and negative symptoms because these concepts are directly relevant to treatment.

Antipsychotic medication, which is typically the first treatment of choice, can be very effective at reducing or eliminating positive symptoms.

However, these medications are less helpful at reducing negative symptoms.

For this reason, other medications and/or individual or family therapy are often started once someone is on a stable antipsychotic medication regimen.



Will my loved one get better?

Is there a diagnosis?

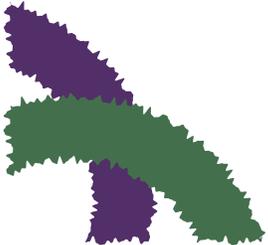
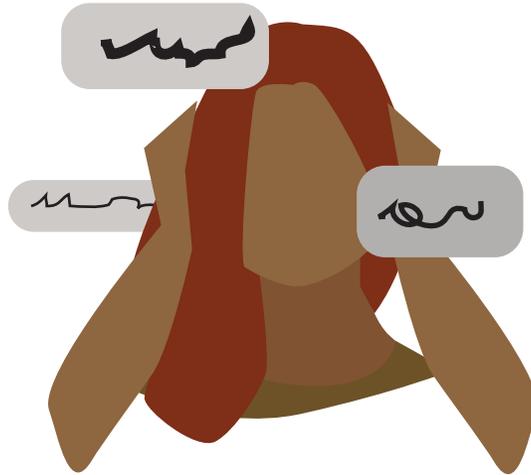
How long will it take?



Psychosis is common to a number of mental illnesses

These diagnoses are primarily distinguished by the amount of time symptoms have been present, and by the primary symptom for each illness.

The common factor of these illnesses is the presence of one or more of the symptoms related to psychosis, which again may include positive and/or negative symptoms.



Psychosis is common to a number of mental illnesses (called “Schizophrenia Spectrum and other Psychotic Disorders”), including:

Disorder	Minimum symptom duration
Brief Psychotic Disorder	1 day to 1 month
Delusional Disorder	1+ month
Schizoaffective Disorder	1+ month
Schizophreniform Disorder	1 to 6 months
Schizophrenia	6+ months
Schizotypal (Personality) Disorder	long-term
Substance/Medication-Induced Psychotic Disorder	
Psychotic Disorder Due to Another Medication Condition	

So, will my loved one get better?

Recovery from psychosis varies from person to person.

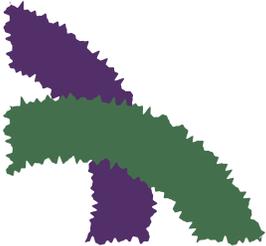
Some people recover quickly with little intervention. Others will require more support over a longer period.

'Recovery' doesn't have to mean all symptoms are 100% gone.

There are good strategies for managing symptoms that continue.

The likelihood of a good recovery is much better with proper treatment.

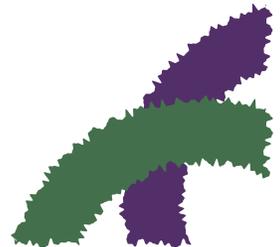
Appropriate support from family and friends can also enhance recovery.



Most people recover well from an initial episode of psychosis, and some of these people will never experience a second episode.

Unfortunately, there is no reliable way to predict who will and will not experience a second psychotic episode.

However, we do know that **early treatment is very important**, and that the likelihood of experiencing future psychotic episodes is greatly increased if medication and other treatments are discontinued too soon.





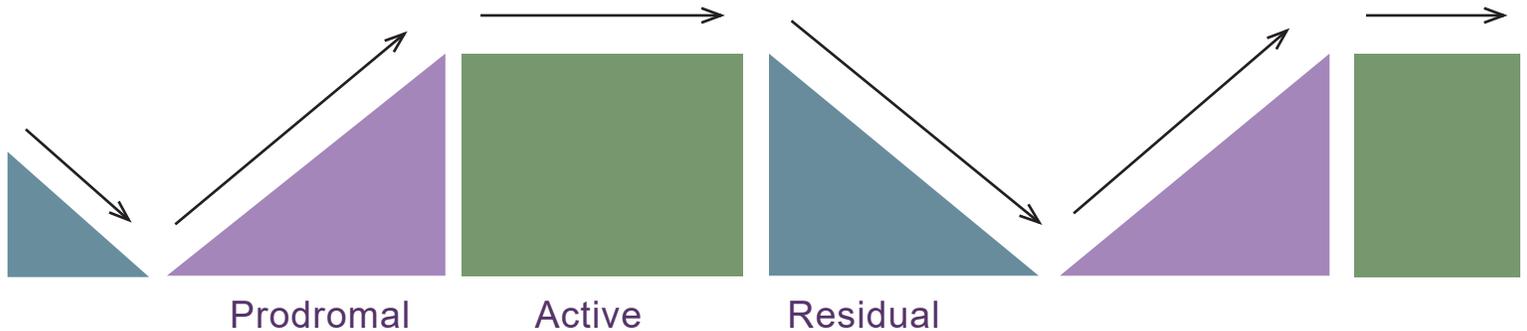
How does the illness change over time?



Is the treatment appropriate?

Schizophrenia looks different over time

It is helpful to think of the illness in 3 phases, which can repeat over time:



Schizophrenia: 3 Phases

Prodromal (the 'pre' phase)

Occurs when onset of the illness is gradual; the prodromal phase can last for weeks/months.

Loss of interest, difficulty concentrating, social withdrawal, low motivation, preoccupation with specific topics.

Families often initially mistake this phase as “laziness” or “depression”

Active (active psychosis)

Symptoms can appear suddenly.

Experiences can include: delusions, hallucinations, marked distortions in thinking, disturbances in behaviour and feelings.

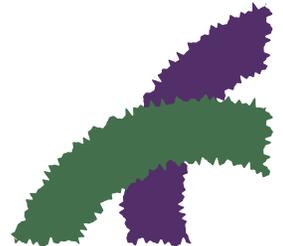
Schizophrenia: Onset and Course

Residual (following active psychosis; can appear similar to the prodromal phase)

Listlessness, difficulty concentrating, lingering social withdrawal.

Limited duration of the residual phase is typical after first episode psychosis.

Again, there is no reliable way to predict who will and will not experience a second psychotic episode, but we do know that **early treatment is very important**, and that the likelihood of experiencing repeated active phases of the illness is greatly increased if medication and other treatments are discontinued too early.



Treatment Approaches

Treatment for individuals experiencing psychosis symptoms typically begins with **antipsychotic medication**.

Again, these medications are often very effective at reducing positive symptoms of psychosis, and this initial positive symptom reduction is typically required to allow persons experiencing psychosis to engage in other forms of treatment.

Complimentary treatments for psychosis typically focus on reduction of negative symptoms, or providing persons and their loved ones with support and education. These treatments may include:

Individual or group psychotherapy

While generic supportive therapy is typically of limited usefulness for these individuals, therapy approaches specific to psychosis can significantly reduce negative symptoms.

Family support and education

Including further learning about psychosis, caregiver coping, communication strategies, and problem-solving skills.

Supported employment/education

Coaching and support that is designed to assist individuals return to work or school, and achieve other personal goals.



What is anosognosia?

Anosognosia = “without disease knowledge”

By definition, psychotic symptoms often involve loss of insight.

Many people with schizophrenia can initially acknowledge being different from others (having higher anxiety, or very strong intuition), but insist schizophrenia is not the issue.

Others may deny having any problems whatsoever. Which can be especially challenging to family members, who are keenly aware of the person’s difficulties.

Initially, this lack of insight is very common, occurring for approximately 50% of persons.

However, over time, most persons develop a greater understanding of their illness, and develop at least a partial understanding of their issues.



For family members, it is important to view your loved one's awareness of their illness in degrees and not in absolutes, and understand that their level of awareness can shift over time.

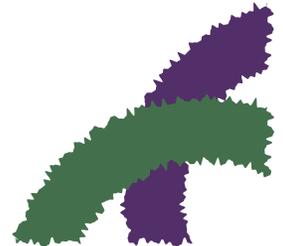
Try asking yourself 'How much do they understand today?' and not 'Do they understand today?'

Do not confuse your loved one's lack of insight with denial.

Denial suggests that "deep down inside" they really know, but this is not true.

The impairment of insight is not intentional and linked to changes in their brain's frontal lobe.

In other words, your relative has no more control over their initial insight into the illness than they do over any other symptom.





How can I get my loved one to see that they're mentally ill?



Is challenging delusions helpful?

How can I make my loved one stop believing...?

The Difficulty of Challenging Delusions



Challenging delusions with the goal of changing them is very rarely, if ever, effective.

For example, through the use of debating or arguing strategies

In fact, attempts at debate often result in little more than misunderstanding and anger.

Remember that, for many, their lack of insight (*anosognosia*) is a symptom of the illness.

They are not expressing delusions with the intention of being difficult or causing family problems.

Responding to Delusions

Being consistent in your own response to a delusion is much more important than challenging it.

Rather than debating, simply make a statement of disagreement without challenging or provoking.

For example, responding to the delusion that “There are snakes under the bed”
With this statement: “I know that you believe there are snakes under there, but I don’t believe that and I don’t think that it is true.”

It is also important to avoid the use of sarcasm or humour in your responses. Such responses can often be very confusing to your loved one, as they may interpret your sarcastic response (“I bet you saw lots of snakes!”) as an indication that you agree with them.

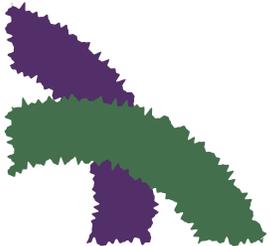


Remember: Your loved one has some reason for believing that there are snakes there, perhaps they heard them or even saw them (hallucinations).

Your goal is to acknowledge the validity of your loved one's sensory experiences without accepting their belief that those experiences are true.

For recurring delusions, it can be helpful to encourage your loved one in a direct and straightforward way to express their delusional thoughts only when in private.

It is often a more realistic initial goal to work to limit the impact of delusional ideas on their public behaviour than eliminating the ideas altogether.



About the Author

Dr. Terry Singh is a registered psychologist and founder of the Lionheart Psychology Group, a community psychology practice in Calgary, Alberta. His areas of special interest include the treatment of severe and persistent psychopathology, working with high-conflict families of divorce and separation, and the consideration of cultural factors in assessment and treatment. He has volunteered for the Schizophrenia Society of Alberta for the better part of the last decade, and is a great supporter of their ongoing efforts to support individuals and families struggling with these illnesses.



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Resources

We hope that you have found this booklet to be a useful introduction to understanding schizophrenia and psychosis.

For more information about the Schizophrenia Society of Alberta and our support and educational programs please visit:

<https://www.schizophrenia.ab.ca>

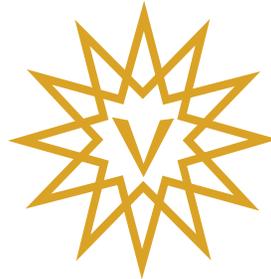


About the Artist

Vicki Quintero is a freelance graphic designer who has been working in various roles at the Schizophrenia Society of Alberta for over 3 years. She is currently working on a comic book about her journey with schizoaffective disorder.

You can reach out or follow her on instagram

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Virgo Rising Design

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