

## Symptoms

The symptoms of schizophrenia are classified by the DSM-5 as positive and negative, each of which includes a suite of behaviors. There may also be cognitive symptoms, which are harder to detect because functioning is already impaired. For a diagnosis to be made, acute symptoms must be present for a one-month period, and continuous signs of a disturbance must be present for at least six months. Despite the severity of their symptoms, many people diagnosed with schizophrenia are unaware that they have an illness.

## Positive Symptoms

Positive symptoms refer to the presence of psychotic behaviors not seen in healthy people. People with positive symptoms often "lose touch" with reality. Positive symptoms include the following:

- Hallucinations such as hearing voices are common in schizophrenia. Other types of hallucinations include seeing people or objects that are not there, smelling odors that no one else detects, and feeling things like invisible fingers touching the body.
- Delusions are false beliefs that persist even after other people demonstrate that the beliefs are not true or logical. People with schizophrenia can have delusions that seem bizarre, such as believing that neighbors can control their behavior with magnetic waves. Sometimes they believe they are someone else, such as a famous historical figure. They may have paranoid delusions and believe that others are trying to harm them.
- Thought disorders are unusual or dysfunctional ways of thinking. One form of a thought disorder is called "disorganized thinking." This is when a person has trouble organizing his or her thoughts or connecting them logically. They may talk in a confusing way that is hard to understand. Another form is called "thought blocking." This is when a person stops speaking abruptly in the middle of a thought. When asked why he or she stopped talking, the person may say that it felt as if the thought had been taken out of his or her head. A person with this symptom might make up meaningless words or neologisms.
- Movement disorders may appear as agitated body movements. A person with a movement disorder may repeat certain motions over and over. In the other extreme, a person may become catatonic. Catatonia is a state in which a person does not move and does not respond to others. Catatonia is rare today, but it was more common when treatment for schizophrenia was not available.

## Negative Symptoms

Negative symptoms are associated with disruptions to normal emotions and behaviors. These symptoms are harder to recognize as part of the disorder and can be mistaken for depression or other conditions. These symptoms include the following:

- Flat affect (a person's face does not move or they talk in a dull or monotonous voice)
- Lack of pleasure in everyday life
- Lack of ability to begin and sustain planned activities
- Speaking little, even when forced to interact

## Cognitive Symptoms

Cognitive deficits are commonly present in people with schizophrenia, but they may be difficult to recognize as part of the disorder. Often, they are detected only when other tests are performed. Cognitive symptoms include the following:

- Poor executive functioning (the ability to understand information and use it to make decisions)

- Trouble focusing or paying attention
- Problems with working memory (the ability to use information immediately after learning it)
- Slower processing speed

### Other symptoms

You may become frustrated and angry, especially towards your own friends or family. Some people try to smoke or drink alcohol to feel better, but this tends to make things worse. You may find the symptoms so distressing that you feel like harming yourself.

- Inadequate affect

### Delusions

**Delusion of control:** This is a false belief that another person, group of people, or external force controls one's thoughts, feelings, impulses, or behavior. A person may describe, for instance, the experience that aliens actually make him or her move in certain ways and that the person affected has no control over the bodily movements. Thought broadcasting (the false belief that the affected person's thoughts are heard aloud), thought insertion, and thought withdrawal (the belief that an outside force, person, or group of people is removing or extracting a person's thoughts) are also examples of delusions of control.

**Nihilistic delusion:** A delusion whose theme centers on the nonexistence of self or parts of self, others, or the world. A person with this type of delusion may have the false belief that the world is ending.

**Delusional jealousy** (or delusion of infidelity): A person with this delusion falsely believes that his or her spouse or lover is having an affair. This delusion stems from pathological jealousy and the person often gathers "evidence" and confronts the spouse about the nonexistent affair.

**Delusion of guilt or sin** (or delusion of self-accusation): This is a false feeling of remorse or guilt of delusional intensity. A person may, for example, believe that he or she has committed some horrible crime and should be punished severely. Another example is a person who is convinced that he or she is responsible for some disaster (such as fire, flood, or earthquake) with which there can be no possible connection.

**Delusion of mind being read:** The false belief that other people can know one's thoughts. This is different from thought broadcasting in that the person does not believe that his or her thoughts are heard aloud.

**Delusion of reference:** The person falsely believes that insignificant remarks, events, or objects in one's environment have personal meaning or significance. For instance, a person may believe that he or she is receiving special messages from the news anchorperson on television. Usually the meaning assigned to these events is negative, but the "messages" can also have a grandiose quality.

**Erotomania:** A delusion in which one believes that another person, usually someone of higher status, is in love with him or her. It is common for individuals with this type of delusion to attempt to contact the other person (through phone calls, letters, gifts, and sometimes stalking).

**Grandiose delusion:** An individual exaggerates his or her sense of self-importance and is convinced that he or she has special powers, talents, or abilities. Sometimes, the individual may actually believe that he or she is a famous person (for example, a rock star or Christ). More commonly, a person with this delusion believes he or she has accomplished some great achievement for which they have not received sufficient recognition.

**Persecutory delusions:** These are the most common type of delusions and involve the theme of being followed, harassed, cheated, poisoned or drugged, conspired against, spied on, attacked, or obstructed in the pursuit of goals. Sometimes the delusion is isolated and fragmented (such as the false belief that co-workers are harassing), but sometimes are well-organized belief systems involving a complex set of delusions ("systematized delusions"). A person with a set of persecutory delusions may believe, for example, that he or she is being followed by government organizations because the "persecuted" person has been falsely identified as a spy. These systems of beliefs can be so broad and complex that they can explain everything that happens to the person.

**Religious delusion:** Any delusion with a religious or spiritual content. These may be combined with other delusions, such as grandiose delusions (the belief that the affected person was chosen by God, for example), delusions of control, or delusions of guilt. Beliefs that would be considered normal for an individual's religious or cultural background are not delusions.

**Somatic delusion:** A delusion whose content pertains to bodily functioning, bodily sensations, or physical appearance. Usually the false belief is that the body is somehow diseased, abnormal, or changed. An example of a somatic delusion would be a person who believes that his or her body is infested with parasites.

### Schizophrenia in young

Psychotic symptoms (such as hallucinations and delusions) usually emerge in men in their late teens and early 20s and in women in their mid-20s to early 30s. They seldom occur after age 45 and only rarely before puberty, although cases of schizophrenia in children as young as 5 have been reported. In adolescents, the first signs can include a change of friends, a drop in grades, sleep problems, and irritability. Because many normal adolescents exhibit these behaviors as well, a diagnosis can be difficult to make at this stage. In young people who go on to develop the disease, this is called the "prodromal" period.

#### Early Warning Signs:

- Feeling like their brain is not working
- Feeling like their mind or eyes are playing tricks on them
- Seeing things and hearing voices that are not real
- Hearing knocking, tapping, clicking or their name being called
- Confused thoughts
- Vivid and bizarre thoughts and ideas
- Sudden and bizarre changes in emotions
- Peculiar behavior that seems unusual
- Increased sensitivity to light, sounds, smells or touch
- Concept that people are "out to get them"
- Fearfulness or suspicion that isn't warranted
- Withdrawal from others
- Severe problems in making and keeping friends
- Difficulty speaking, writing, focusing or managing simple tasks