



Schizophrenia Symptoms, Signs, and Coping Tips

How to Recognize Schizophrenia and Get the Help You Need



Schizophrenia is a challenging disorder that often makes it difficult to distinguish between what is real and unreal, to think clearly, manage emotions, relate to others, and function normally. Suspecting that you or someone you love has schizophrenia can be a stressful and emotional experience. But that doesn't mean there isn't hope. Schizophrenia can be successfully managed. The first step is to recognize the signs and symptoms. The second step is to seek help without delay. With the right self-help, treatment, and support, you can learn to manage the disorder and lead a satisfying and fulfilling life.

What is schizophrenia or paranoid schizophrenia?

Schizophrenia is a brain disorder that affects the way a person behaves, thinks, and sees the world. The most common form is paranoid schizophrenia, or schizophrenia with paranoia as it's often called. People with paranoid schizophrenia have an altered perception of reality. They may see or hear things that don't exist, speak in strange or confusing ways, believe that others are trying to harm them, or feel like they're being constantly watched. This can cause relationship problems, disrupt normal daily activities like bathing, eating, or running errands, and lead to alcohol and drug abuse in an attempt to self-medicate. Many people with schizophrenia withdraw from the outside world, act out in confusion and fear, and are at an increased risk of attempting suicide, especially during psychotic episodes, periods of depression, and in the first six months after starting treatment.

Take any suicidal thoughts or talk very seriously...

If you or someone you care about is suicidal, call the National Suicide Prevention Lifeline in the U.S. at 1-800-273-TALK , visit [IASP](http://www.iasp.info/resources/Crisis_Centres/) (http://www.iasp.info/resources/Crisis_Centres/) or [Suicide.org](http://www.suicide.org/international-suicide-hotlines.html) (http://www.suicide.org/international-suicide-hotlines.html) to find a helpline in your country, or read [Suicide Prevention](/home-pages/suicide-prevention.htm) (/home-pages/suicide-prevention.htm).

While schizophrenia is a chronic disorder, many fears about the disorder are not based on reality. Most people with schizophrenia get better over time, not worse. Treatment options are improving all the time and there are plenty of things you can do to help yourself manage the disorder. Schizophrenia is often episodic, so periods of remission are ideal times to employ self-help strategies to limit the length and frequency of any future episodes. Along with the right support, medication, and therapy, many people with schizophrenia are able to manage their symptoms, function independently, and enjoy full, rewarding lives.

Common misconceptions about schizophrenia

Myth: Schizophrenia refers to a "split personality" or multiple personalities.

Fact: Multiple personality disorder is a different and much less common disorder than schizophrenia. People with schizophrenia do not have split personalities. Rather, they are "split off" from reality.

Myth: Schizophrenia is a rare condition.

Fact: Schizophrenia is not rare; the lifetime risk of developing schizophrenia is widely accepted to be around 1 in 100.

Myth: People with schizophrenia are dangerous.

Fact: Although the delusional thoughts and hallucinations of schizophrenia sometimes lead to violent behavior, most people with schizophrenia are neither violent nor a danger to others.

Common misconceptions about schizophrenia

Myth: People with schizophrenia can't be helped.

Fact: While long-term treatment may be required, the outlook for schizophrenia is far from hopeless. When treated properly, many people with schizophrenia are able to enjoy fulfilling, productive lives.

Early warning signs of schizophrenia

In some people, schizophrenia appears suddenly and without warning. But for most, it comes on slowly, with subtle warning signs and a gradual decline in functioning long before the first severe episode. Often, friends or family members will know early on that something is wrong, without knowing exactly what.

In this early phase of schizophrenia, you may seem eccentric, unmotivated, emotionless, and reclusive to others. You may start to isolate yourself, begin neglecting your appearance, say peculiar things, and show a general indifference to life. You may abandon hobbies and activities, and your performance at work or school can deteriorate.

The most common early warning signs include:

1. Depression, social withdrawal
2. Hostility or suspiciousness, extreme reaction to criticism
3. Deterioration of personal hygiene
4. Flat, expressionless gaze
5. Inability to cry or express joy or inappropriate laughter or crying
6. Oversleeping or insomnia; forgetful, unable to concentrate
7. Odd or irrational statements; strange use of words or way of speaking

While these warning signs can result from a number of problems—not just schizophrenia—they are cause for concern. When out-of-the-ordinary behavior is causing problems in your life or the life of a loved one, seek medical advice. If schizophrenia or another mental problem is the cause, getting treatment early will help.

Symptoms

There are five types of symptoms characteristic of schizophrenia: delusions, hallucinations, disorganized speech, disorganized behavior, and the so-called “negative” symptoms. However, the symptoms of schizophrenia vary dramatically from person to person, both in pattern and severity. Not every person with schizophrenia will have all symptoms, and the symptoms of schizophrenia may also change over time.

Delusions

A delusion is a firmly-held idea that a person has despite clear and obvious evidence that it isn't true. Delusions are extremely common in schizophrenia, occurring in more than 90% of those who have the disorder. Often, these delusions involve illogical or bizarre ideas or fantasies, such as:

Delusions of persecution – Belief that others, often a vague “they,” are out to get you. These persecutory delusions often involve bizarre ideas and plots (e.g. “Martians are trying to poison me with radioactive particles delivered through my tap water”).

Delusions of reference – A neutral environmental event is believed to have a special and personal meaning. For example, you might believe a billboard or a person on TV is sending a message meant specifically for you.

Delusions of grandeur – Belief that you are a famous or important figure, such as Jesus Christ or Napoleon. Alternately, delusions of grandeur may involve the belief that you have unusual powers, such as the ability to fly.

Delusions of control – Belief that your thoughts or actions are being controlled by outside, alien forces. Common delusions of control include thought broadcasting (“My private thoughts are being transmitted to others”), thought insertion (“Someone is planting thoughts in my head”), and thought withdrawal (“The CIA is robbing me of my thoughts”).

Hallucinations

Hallucinations are sounds or other sensations experienced as real when they exist only in your mind. While hallucinations can involve any of the five senses, auditory hallucinations (e.g. hearing voices or some other sound) are most common in schizophrenia, often occurring when you misinterpret your own inner self-talk as coming from an outside source.

Schizophrenic hallucinations are usually meaningful to you as the person experiencing them. Many times, the voices are those of someone you know, and usually they're critical, vulgar, or abusive. Visual hallucinations are also relatively common, while all hallucinations tend to be worse when you're alone.

Disorganized speech

Schizophrenia can cause you to have trouble concentrating and maintaining a train of thought, externally manifesting itself in the way that you speak. You may respond to queries with an unrelated answer, start sentences with one topic and end somewhere completely different, speak incoherently, or say illogical things.

Common signs of disorganized speech include:

Loose associations – Rapidly shifting from topic to topic, with no connection between one thought and the next.

Neologisms – Made-up words or phrases that only have meaning to you.

Perseveration – Repetition of words and statements; saying the same thing over and over.

Clang – Meaningless use of rhyming words ("I said the bread and read the shed and fed Ned at the head").

Disorganized behavior

Schizophrenia disrupts goal-directed activity, impairing your ability to take care of yourself, your work, and interact with others. Disorganized behavior appears as:

- ▶ A decline in overall daily functioning
- ▶ Unpredictable or inappropriate emotional responses
- ▶ Behaviors that appear bizarre and have no purpose
- ▶ Lack of inhibition and impulse control

Negative symptoms (absence of normal behaviors)

The so-called "negative" symptoms of schizophrenia refer to the absence of normal behaviors found in healthy individuals, such as:

Lack of emotional expression – Inexpressive face, including a flat voice, lack of eye contact, and blank or restricted facial expressions.

Lack of interest or enthusiasm – Problems with motivation; lack of self-care.

Seeming lack of interest in the world – Apparent unawareness of the environment; social withdrawal.

Speech difficulties and abnormalities – Inability to carry a conversation; short and sometimes disconnected replies to questions; speaking in monotone.

Daniel's story

Daniel is 21 years old. Six months ago, he was doing well in college and holding down a part-time job in the stockroom of a local electronics store. But then he began to change, becoming increasingly paranoid and acting out in bizarre ways. First, he became convinced that his professors were “out to get him” since they didn’t appreciate his confusing, off-topic classroom rants. Then he told his roommate that the other students were “in on the conspiracy.” Soon after, he dropped out of school.

From there, things got worse. Daniel stopped bathing, shaving, and washing his clothes. At work, he became convinced that his boss was watching him through surveillance bugs planted in the store’s TV screens. Then he started hearing voices telling him to find the bugs and deactivate them. Things came to a head when he acted on the voices, smashing several TVs and screaming that he wasn’t going to put up with the “illegal spying” any more. His frightened boss called the police, and Daniel was hospitalized.

Treatment for schizophrenia

As upsetting as a diagnosis of schizophrenia can be, ignoring the problem won’t make it go away. Beginning treatment as soon as possible with an experienced mental health professional is crucial to your recovery. At the same time, it’s important not to buy into the stigma associated with schizophrenia or the myth that you can’t get better. A diagnosis of schizophrenia is not a life-sentence of ever-worsening symptoms and recurring hospitalizations. With the right [treatment and self-help](/articles/mental-disorders/schizophrenia-treatment-and-self-help.htm) (/articles/mental-disorders/schizophrenia-treatment-and-self-help.htm), many people with schizophrenia are able to regain normal functioning and even become symptom-free.

Treatment basics

The most effective treatment strategy for schizophrenia involves a combination of medication, therapy, lifestyle changes, and social support.

Schizophrenia requires long-term treatment. Most people with schizophrenia need to continue treatment even when they're feeling better to prevent new episodes and stay symptom-free. Treatment can change over time, though, so your doctor may be able to lower the dosage or change medication as your symptoms improve.

Medication for schizophrenia works by reducing psychotic symptoms such as hallucinations, delusions, paranoia, and disordered thinking. But it is not a cure for schizophrenia and is much less helpful for treating symptoms such as social withdrawal, lack of motivation, and lack of emotional expressiveness. Finding the right drug and dosage is also a trial and error process. While medication should not be used at the expense of your quality of life, be patient with the process and discuss any concerns with your doctor.



(/articles/mental-disorders/schizophrenia-treatment-and-self-help.htm)

[Schizophrenia Treatment and Self-Help: \(/articles/mental-disorders/schizophrenia-treatment-and-self-help.htm\)](/articles/mental-disorders/schizophrenia-treatment-and-self-help.htm) Getting All the Help You Need

Therapy can help you improve coping and life skills, manage stress, address relationship issues, and improve communication. Group therapy can also connect you to others who are in a similar situation and gain valuable insight into how they've overcome challenges.

Self-help

Medication and therapy can take time to take full effect but there are still things you can do for yourself to help manage symptoms, improve the way you feel, and increase your self-esteem. The more you do to help yourself, the less hopeless and helpless you'll feel, and the more likely your doctor will be able to reduce your medication.

Schizophrenia: The 7 keys to self-help

Seek social support. Not only are friends and family vital to helping you get the right treatment and keeping your symptoms under control, regularly connecting with others face-to-face is the most effective way to calm your nervous system and relive stress. Stay involved with others by continuing your work or education-or if that's not possible, consider [volunteering](/articles/healthy-living/volunteering-and-its-surprising-benefits.htm) (/articles/healthy-living/volunteering-and-its-surprising-benefits.htm), joining a schizophrenia support group, or taking a class or joining a club to spend time with people who have common interests. As well as keeping you socially connected, it can help you feel good about yourself.

Manage stress. High levels of stress are believed to trigger schizophrenic episodes by increasing the body's production of the hormone cortisol. As well as staying socially connected, there are plenty of steps you can take to reduce your stress levels, including [relaxation techniques](/articles/stress/relaxation-techniques-for-stress-relief.htm) (/articles/stress/relaxation-techniques-for-stress-relief.htm) such as meditation, yoga, or deep breathing.

Get regular exercise. As well as all the [emotional and physical benefits](/articles/healthy-living/the-mental-health-benefits-of-exercise.htm) (/articles/healthy-living/the-mental-health-benefits-of-exercise.htm), exercise may help reduce symptoms of schizophrenia, improve your focus and energy, and help you feel calmer. Aim for 30 minutes of activity on most days or if it's easier, three 10-minute sessions. Try rhythmic exercise that engages both your arms and legs, such as walking, running, swimming, or dancing.

Get plenty of sleep. When you're on medication, you most likely need even [more sleep](/articles/sleep/getting-better-sleep.htm) (/articles/sleep/getting-better-sleep.htm) than the standard 8 hours. Many people with schizophrenia have trouble with sleep, but getting regular exercise and avoiding caffeine can help.



(/articles/stress/relaxation-techniques-for-stress-relief.htm)

[Relaxation Techniques: \(/articles/stress/relaxation-techniques-for-stress-relief.htm\)](/articles/stress/relaxation-techniques-for-stress-relief.htm) Accessing the Relaxation Response

Avoid alcohol, drugs, and nicotine. Substance abuse complicates schizophrenia treatment and worsens symptoms. Even smoking cigarettes can interfere with the effectiveness of some schizophrenia medications. If you have a [substance abuse problem \(/articles/addictions/substance-abuse-and-mental-health.htm\)](/articles/addictions/substance-abuse-and-mental-health.htm), seek help.

Eat regular, nutritious meals to avoid symptoms exacerbated by changes in blood sugar levels. [Omega-3 fatty acids \(/articles/healthy-eating/choosing-healthy-fats.htm\)](/articles/healthy-eating/choosing-healthy-fats.htm) from fatty fish, fish oil, walnuts, and flaxseeds can help improve focus, banish fatigue, and balance your moods.

Causes

While the causes of schizophrenia are not fully known, it seems to result from a complex interaction between genetic and environmental factors.

Genetic causes

While schizophrenia runs in families, about 60% of schizophrenics have no family members with the disorder. Furthermore, individuals who are genetically predisposed to schizophrenia don't always develop the disease, which shows that biology is not destiny.

Environmental causes

Studies suggest that inherited genes make a person vulnerable to schizophrenia and then environmental factors act on this vulnerability to trigger the disorder.

More and more research is pointing to stress, either during pregnancy or at a later stage of development, as a major environmental factor. Stress-inducing factors could include:

- ▶ Prenatal exposure to a viral infection
- ▶ Low oxygen levels during birth (from prolonged labor or premature birth)
- ▶ Exposure to a virus during infancy
- ▶ Early parental loss or separation
- ▶ Physical or sexual abuse in childhood

Abnormal brain structure

In addition to abnormal brain chemistry, abnormalities in brain structure may also play a role in schizophrenia. However, it is highly unlikely that schizophrenia is the result of any one problem in any one region of the brain

Diagnosing schizophrenia

A diagnosis of schizophrenia is made based on a full psychiatric evaluation, medical history, physical exam, and lab tests to rule out other medical causes of your symptoms.

Criteria to diagnose schizophrenia

The presence of **two or more** of the following symptoms for **at least 30 days**:

1. Hallucinations
2. Delusions
3. Disorganized speech
4. Disorganized or catatonic behavior
5. Negative symptoms (emotional flatness, apathy, lack of speech)

Other diagnosis criteria:

- ▶ **Have had significant problems** functioning at work or school, relating to other people, and taking care of yourself.
- ▶ Shown continuous signs of schizophrenia for **at least six months**, with active symptoms (hallucinations, delusions, etc.) for at least one month.
- ▶ **Have no other** mental health disorder, medical issue, or substance abuse problem that is causing the symptoms.

Authors: Melinda Smith, M.A., and Jeanne Segal, Ph.D. Last updated: September 2018.

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