

SIX MYTHS ABOUT SCHIZOPHRENIA, BUSTED

Learn the facts behind some big misconceptions.

BY MEGHAN RABBITT



SCHIZOPHRENIA IS ONE of the most misunderstood mental health conditions. And movies and TV shows certainly don't help: Thanks to misrepresentations in media, there are a number of myths about the complex disease that continue to spread, says Kenneth Subotnik, PhD, adjunct professor at the Semel Institute for Neuroscience and Human Behavior at UCLA.

Psychiatrists and psychologists are on a mission to clear up the confusion—and they say we can all do our part. “Sharing the facts

when these myths come up can help patients and their loved ones keep an open mind and hopeful attitude as they get treatment,” says Russell Louis Margolis, MD, clinical director of the Johns Hopkins Schizophrenia Center. Here, some of the most pervasive misbeliefs, plus the truths behind them.

1. The symptoms are hallucinations and delusions—and that's it.

While these are the primary signs of schizophrenia, they're not the

only ones, says Dr. Margolis. Other symptoms include a lack of “oomph” in life, such as not talking as much as usual, not having a lot of mental energy, and a lack of interest in doing things. People can also experience cognitive issues, like struggling to remember things, complete tasks, or organize their thoughts.

The disorder varies from person to person. Each patient has a combination of symptoms in a different ratio, explains Dr. Margolis. “Some people will have very prominent hallucinations and delusions but not

disordered thinking. Others will be uninterested in life and appear apathetic,” he says. “And while these patients may seem to have very different conditions, we group them together under a single diagnosis of schizophrenia.”

2. Schizophrenia means you have multiple personalities.

This myth makes Subotnik cringe: “Multiple personality disorder is sensationalized in entertainment, but it’s much more rare than schizophrenia.” It’s also a vastly different condition, he says. For starters, it’s classified as a dissociative disorder—specifically dissociative identity disorder—while schizophrenia is a psychotic disorder. When someone has dissociative identity disorder, they switch between alternate identities. (Some of the confusion can be blamed on the word *schizophrenia*, which roughly translates from Greek as “split mind.”)

3. If your mom or dad has it, you will too.

Like most diseases, schizophrenia does run in families—but it doesn’t run “cleanly,” says Dr. Margolis. “Many conditions are clear-cut in that if your parent has a condition, you have a 50-50 chance of getting it, too. But schizophrenia is a lot more complicated genetically.”

Research shows children of a parent with schizophrenia have somewhere around a 10 and 15 percent chance of the same diagnosis; if two parents have the condition, that risk rises to 30 to 40 percent. The risk for the siblings of someone with schizophrenia is about 10 percent. If an aunt or uncle has schizophrenia, the risk for nieces and nephews is about 3 percent.

There are other risk factors too, says Subotnik. Some of the most well-known are pregnancy or birth complications, such as hypoxia, when a newborn doesn’t get enough oxygen. Malnourishment and exposure to toxins or viruses in the womb can impact brain development too. Drug and alcohol abuse in adolescence can also play a role, says Subotnik, as can stressful life events. “The theory that’s widely accepted

now is that there are many different factors that lead to schizophrenia, and when enough of them add up to a threshold point, the individual will develop the disease,” Subotnik says.

4. People with schizophrenia are dangerous.

There is a higher rate of violence among people with the disorder compared with those who don’t have a mental illness. To wit: One study showed that 13.2 percent of people with schizophrenia had at least one violent offense compared with 5.3 percent of the general population. However, the researchers found that increased risk was mostly limited to patients with substance abuse problems. “What we know is that the combination of schizophrenia and substance abuse increases the risk of violent behavior,” says Dr. Margolis.



You can think of schizophrenia like any other chronic health condition: something that can be managed with medication, therapy, and support.



Something that’s much less talked about is that people with schizophrenia are more likely to be victims of crimes, and more likely to harm themselves, too. The rate of suicide among those with schizophrenia is estimated to be about 5 percent. That’s much higher than the 0.5 percent of deaths by suicide in the general public.

“Another potential problem is when patients with schizophrenia become agitated during a psychotic episode and police are called, they’re at a higher risk of being injured because of police needing to use force to contain their behavior. The police might not be trained to recognize the individual is having a mental health

crisis,” says Subotnik. “I worry much more about the possibility of this danger to patients than patients’ risk of violence to society.”

5. It’s impossible to hold down a job.

Research shows that after a schizophrenia diagnosis, it is indeed possible to return to life as you knew it. In one study at UCLA, Subotnik and his colleagues were able to help 83 percent of patients in intensive treatment go back to work or school within six months. The treatment included services to help participants get a job or return to school, and those who did so needed some ongoing help. “Sometimes we’d explain to the employer or instructor why someone might need to take more breaks, for example, or work in a quieter area,” says Subotnik. “But with the right support and assistance—in addition to medication adherence—people with schizophrenia are able to find meaning in their lives through work or school.”

6. You can never recover.

Schizophrenia is often thought of as a “kiss-of-death” diagnosis, says Dr. Margolis—one that offers little hope. But there’s good reason to think of schizophrenia like any other chronic health condition: something that can be managed with medication, therapy, and support.

That’s not to say it isn’t a serious condition. “A lot of people believe that schizophrenia will go away if the patient stops using [recreational] drugs, or gets into a less stressful environment,” says Dr. Margolis. Though getting sober and diminishing stress may be extremely helpful, there is no cure for schizophrenia.

But research shows that with treatment, 10 years after diagnosis, 25 percent of people have recovered enough to work and live on their own, and another 25 percent have improved to the point of being able to live relatively independently. “I know patients with schizophrenia who are happily married, getting advanced degrees, and enjoying very successful careers,” says Dr. Margolis. “Living well after a schizophrenia diagnosis is possible for many people.” 🧠