

The CCRI worked with the [Bazelon Center for Mental Health Law](#) to produce this Fact Sheet in 2017. Please note that this document only offers an overview and simply serves as a starting point in considering the impacts of a particular condition on an individual. This Fact Sheet does not provide the level of detail, citations, medical terminology, or full diagnostic criteria that an expert or medical professional would need to make a diagnosis or that a lawyer would need to have to advocate most effectively on behalf of her client.

Schizophrenia

Schizophrenia is a serious psychiatric condition that can profoundly disrupt how a person thinks, feels and behaves. Persons with schizophrenia may seem like they have lost touch with reality, and have a hard time telling the difference between the imaginary and the real. About 1% of Americans are affected by schizophrenia, which requires long-term management and is thought to be influenced by genetics and chemical imbalances in the brain. The disease most commonly manifests between the late teens and early thirties, often slightly earlier for men, and slightly later for women. A small percentage of people with schizophrenia may experience the onset of symptoms after age forty. Although no cure exists for schizophrenia, many people with this condition are able to lead happy and productive lives with the help of appropriate treatment.

Signs of Schizophrenia

Diagnosing schizophrenia may be challenging for several reasons. The onset of symptoms such as social withdrawal or emotional unpredictability during adolescence can be confused with common (or stereotypical), non-disordered teenage behaviors. Certain drugs such as methamphetamines and LSD can mimic schizophrenia symptoms, and many people who have the condition do not believe they have it (a phenomenon sometimes referred to as “anosognosia”).

Symptoms can develop either gradually or abruptly, and may manifest differently for people of different cultural backgrounds. For example, while hearing voices is a common schizophrenic symptom for people across cultures, studies have found that individuals experience varying ratios of positive voices to negative voices depending on their cultural background. Despite these potential variances, however, symptoms are generally grouped into three categories: positive, negative and cognitive symptoms. Diagnoses are made by identifying symptom patterns, as no single symptom is definitive.

1) *Positive Symptoms (symptoms that most individuals do not experience, but are present in persons with schizophrenia)*

- Hallucinations of sounds, sights, smells, and touches that occur without external stimuli and that others cannot perceive, yet nevertheless feel very real. Voices may be threatening, aggressive, and commanding.
- Strange and delusional beliefs that do not change even when confronted with contrary facts and evidence. Common delusions include believing that you are being spied on, are secretly famous, possess special abilities, or are experiencing strange medical abnormalities.
- Unusual or dysfunctional ways of thinking, including jumping between topics without apparent logic. May talk nonsensically or make up sounds.
- Strange body positions, physical tics, motionlessness or agitated movements.

- Inappropriate or bizarre behavior.
- Irrational, angry or fearful responses. Unpredictability.

2) *Negative Symptoms (lack of normal emotional responses and thought processes)*

- Lack of motivation and initiative.
- Extreme apathy. Little interest in life and seeming inability to experience pleasure.
- Social withdrawal.
- Dull, expressionless ways of speaking and behaving. Emotionally unresponsive.
- Reduced speech and thought content.
- Unable to start or follow activities.
- Difficulty maintaining relationships.

3) *Cognitive Symptoms (impaired concentration, memory and cognitive function)*

- Difficulty understanding outside information, remembering things, organizing thoughts and expressing thoughts.
- Slow thought processes.
- Unaware, or unwilling to believe that they are suffering from a mental disorder.
- Short attention span and inability to complete tasks.

How Schizophrenia Might Impact Behavior

The vast majority of persons with schizophrenia are not violent, and in fact are more likely to harm themselves than others. However, risks of violence and involvement in the criminal justice system for individuals with schizophrenia rise significantly when the condition is combined with substance abuse. Individual experiencing schizophrenic psychosis need treatment rather than incarceration, as failing to respond to the condition only increases these risks.

The small percentage of individuals with schizophrenia who do act out aggressively, or are charged with misdemeanors such as trespassing, may commit these crimes under the influence of hallucinations and delusions that they believe are real. Their acts may be motivated by fear, paranoia, and/or a desire for self-preservation rather than malice, and this may impact their ability and willingness to cooperate with authority figures. Physical schizophrenia symptoms such as strange bodily tics and an emotionless way of speaking may confuse or frighten others in, for example, a courtroom setting, and schizophrenics may have difficulty communicating helpful information – as well as their basic needs and desires – to their legal advocates. Persons suffering from negative schizophrenia symptoms may be unfairly stigmatized as lazy, unmotivated and uncaring.

Additionally, the medications prescribed for schizophrenia often entail intense side-effects that create new problems for persons affected, even while treating disorder symptoms. In addition to physical health complications, antipsychotic drugs may cause restlessness and uncontrollable movements such as shaking, spasms and tics; patients may move their tongue or lick their lips obsessively in an attempt to alleviate dry mouth. These side-effects may complicate individuals' willingness to cooperate with suggested medication plans, as well as potentially make them appear "crazy" or "unbalanced" to, for example, juries or correctional officers. Persons with schizophrenia may be disadvantaged in a courtroom setting where people are evaluating their behavior or testimony and are looking for expressions of remorse or innocence, but any active symptoms put them at risk of stereotyping and stigmatization.

Recent Developments

The medical and social understanding of schizophrenia has advanced significantly in the last two decades. For a significant portion of the twentieth century, schizophrenia was attributed to causes such as bad parenting, individual weakness or character defects. We now know this is not accurate and that schizophrenia is a clinical brain disorder that has a significant genetic component.

Additionally, there is increasing evidence for the many ways that schizophrenia may cause significant disruptions in the lives and health of those who suffer from the disorder. Persons with schizophrenia face disproportionately high risks of unemployment and homelessness as a result of their symptoms; they are also far more likely than the average person to commit self-harm or suicide. The rate of substance abuse among people with schizophrenia is roughly four times that of the general population. There is some evidence that individuals with the disorder may be more vulnerable to addiction as the result of brain chemistry that rewards addictive pleasures. Persons experiencing schizophrenic symptoms may also turn to drugs or alcohol in an attempt to alleviate their symptoms, reduce medication side-effects, or numb their feelings of depression and anxiety.

Resources for More Information

- Schizophrenia and Related Disorders Alliance of America, <http://www.sardaa.org/>
- Schizophrenia.com, <http://schizophrenia.com/>
- National Institute of Mental Health, <http://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml>
- National Alliance on Mental Health, <http://www.nami.org/Learn-More/Mental-Health-Conditions/Schizophrenia>
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), American Psychiatric Association, "Schizophrenia Spectrum and other psychotic disorders," p.87.