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MONOGRAPH

"UNDERSTANDING SCHIZOPHRENIA IN THE UNITED STATES: CAUSES, CONSEQUENCES AND TREATMENTS IN THE 21ST CENTURY"

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Gratitude

I would like to thank my dad and my mom for being unconditional supporters for me. I would like to thank my sisters for always helping me when asking them to. I would like to thank my tutor because if it weren't for you this could have not been possible. I would also like to thank all of my English and history teachers for teaching me good English and rich culture, respectively. Last but not least, I would like to thank God for being my role model and the base of my education. If I hadn't had this entire support, I could not have done my monograph. Thanks to all of you.

Summary.

Schizophrenia is a serious mental disorder that affects various abilities of the person, whether physical or psychological, in this case when the patient can practically change the aspect of reality, create a totally different perspective of their own; also Create a state of psychosis, this means losing contact with reality. However, patients can also suffer hallucinations, delusions or abnormal thoughts, these are called episodes because they are unforeseen and sometimes traumatic for the patient and the people around them

This disorder causes several early alterations in brain development. There are also several treatments but the guarantee of patient improvement is not safe, even some studies show that this disease is treatable, but not curable.

There are several types of treatments, some strong and others more sensitive. Strong treatments can include from electric charges to involuntary hospitalization. But you always start with the least invasive that the pills are; There are also types of therapies such as family members that are essential for the emotional support of the patient, but these can greatly impact family members around them, also affects work environment and social life of the patient.

This mental disorder must be diagnosticated by a specialist, once the diagnosis is obtained, the respective medication or treatment is followed. The behaviors of this disease are abnormal, so much so that they can cause panic among the people around.

The origin of this disease is not really known, but if there are people who get this disorder from birth, presenting chronic or mild symptoms, it has also been discovered that family history can be inherited either long or short term.

The symptoms of this disease can be positive or negative, the positive ones are based on
hallucinations and some similar things like those already explained above and the negative
ones are those that make the person lose the ability to think, feel or act naturally. (313)

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Introduction.

The following monographic work is a detailed investigation on "Understanding schizophrenia in the united states: causes, consequences and treatments in the 21st century", this is not only intended to give definitions about what is and is about, but also try to understand it more in a sensitive way. Also make known the cases that have occurred on different occasions and observe them from a more personal perspective; Like the particular case of Sarah, a 25-year-old girl with a totally schizophrenic language, a case known in 1953. Thus, giving more importance and understanding to this topic.

Several cases have been studied but the specific case of Sarah known by Dr. Yrjö O. Alanen in 1953. It demonstrates how society has an impact on people, often indirectly either by issuing empty comments or how much it matters. Family support in any of the people whether they have any known difficulties or not.

Some institutions and authors like Alanen Y. (2003) "Schizophrenia its origins and treatments depending on the patient", have made this known from different perspectives such as Dr. Yrjö O. Alanen said in his book "The attitude towards schizophrenia and schizophrenic patients is a very personal matter. I have repeatedly noticed among researchers and psychiatrists that: no matter how scientific and objective we are, our theories about the nature and treatment of schizophrenia, while shaped by our training and psychiatric experience, are also influenced by our personality and personal history. The attitude towards schizophrenia is influenced by ideological considerations."

Schizophrenia as such has been diagnosed many years ago but in the United States it has had a more comprehensive and deep background, acting in a more sensible, sensitive and

comprehensive way. Where most patients have managed to overcome and be able to move forward living with this disorder.

The monograph will consist of three chapters, the first defining the schizophrenia altogether, whether symptoms, causes or consequences. The second chapter helps us understand it from a more internal point of view, whether knowing the therapies, psychoeducation, its analysis and diagnosis; Practically explaining what happens inside the head of a schizophrenic. Finally, the third chapter shows us how the family can have a great impact on patients and some types of treatments, whether strong or more sensitive. (374)

Defining schizophrenia

1.1 Definition

Schizophrenia is a serious mental disorder that affects the individual, deteriorating the abilities in different psychological aspects, such as thinking, perception, emotions or will.

The subject who suffers from this disorder usually has episodes with hallucinations, delusions, having thoughts or abnormal sensations. Etymologically it means "split mind", this term emphasizes the alterations in the thought presented by the people who suffer it.

This mental disorder is gradually affecting the mental health of the patient, thus, deteriorating their abilities in every way, but more in the field of coexistence. Also hindering socialization and motivating to be removed from any social or occupational group in which the patient is integrated.

It also produces delusions, hallucinations, feelings and a series of sensations which in some cases are inexplicable since each patient has a different perception of things but in the end, they have the same symptoms. "People with experience in schizophrenia psychosis, which means they can have tombs problems to think clearly, emotions and knowing what is real and what is not" (Humberstone, 2016, p.2). "Getting the right diagnosis can be difficult and take time having hallucinations or delusions does not means a person definitely has schizophrenia. Other medical conditions and other mental illnesses can cause similar symptoms" (Nielssen, 2016, p.4).

1.1.1 Causes

The origin of these cannot say or know with certainty, but in the last years of study of this disorder allows to point out several different factors responsible for this mental illness:

Early alterations in brain development: thanks to studies with modern histopathological techniques and neuroimaging techniques such as magnetic resonance, anomalies in the structure of certain brain regions have been detected, basically they develop very quickly or this produces anomalies in the structure brain of certain areas in the brain that produce this disorder, this happens during the development of the embryonic brain. As Humberstone (2016) affirms: "Like many other diseases, schizophrenia has a greater chance of developing in families where thefather, brother or sister has schizophrenia. However, most people who have a family member with schizophrenia will not develop the disease itself" (p.2).

Genetic predisposition: the process of transmission of this cause is not known, but if it is known that the risk of having this disease is greater when a close relative (family member) has had it, however, it is not a necessary enough condition, since that many patients do not present it, this points out that other factors that are not genetic also play an important role in the origin of the mental disorder.

Alterations in brain molecules: it has been discovered that there are various substances called neurotransmitters, which are responsible for the neurons communicate properly, is seen in different analyzes that may become unbalanced. Studies of these substances have been important for the design of increasingly effective drugs.

Infections in pregnancy and complications of birth: studies have shown that some virus that may be suffering from the mother during pregnancy may be responsible for alterations in

the brain development of the fetus, which at a certain age cause this disease. On the other hand, the disorder has been linked to complications during childbirth (trauma, cerebral anoxia). In short, there are several causes that can cause this disease in any patient and has shown us that suffering from it is not necessarily a cause for this disease to develop. On the other hand, we also have to see the viruses or the lack of neurotransmitters that are essential in the formation of the brain.

1.1.1.1 Consequences.

People with schizophrenia often have other problems with their mental health and physical health. These can include:

- Anxiety and depression
- Problems with the use of drugs and alcohol.
- Health problems from smoking
- Physical health problems.

People with schizophrenia have high rates of smoking and many use other addiction drugs. This could be part of the disease. The treatment for schizophrenia helps people deal with these problems. People with schizophrenia often neglect their physical condition health because they (and the people around them) tend to concentrate on their mental health problems. They need support and encouragement to stay healthy and avoid preventable diseases like the heart illness and diabetes. Suicide is one of the main causes of death of people with schizophrenia. This is mainly because they can experience severe depression,

especially in the early stages of the disease. The treatment aims to overcome depression and maintenance to the safe person.

It is not possible to predict what schizophrenia will be like it affects someone's life, by the symptoms, severity. The pattern of disease over time differs widely between people, the impact of the disease also depends on the treatment and support that are obtained to recover and stay well. (Castle, 2016, p.4)

Just like Dark (2016) affirms: "The risk of not being able to work or live independently it is greater when schizophrenia remains without treatment for a long time or when a person does not get support to continue friendships and normal activities" (p.4).

1.1.1.1.1 Symptoms.

The symptoms of this mental disorder are classified, positive and negative.

The positive ones consist in the abnormal episodes that they frequently experience in the patients, as for example, in things that are not real or do not exist, that is to say "hallucinations". We must also say that things that are not true happen, called "delusions".

The "positive" symptoms are hallucinations and are common delusions. These are called "positive" because they are extra experiences that are not part of the normal experience. The "negative" symptoms are: a loss of enjoy things, not be able to feel emotions, loss of interest in being with other people, and not being bothered by doing anything. These are called "Negative" because something is missing (Nielssen. 2016).

As well as the negative aspects consist of those episodes that can occur. Present in cases such as not having the ability to speak fluently, have interest or have a kind of affection for

their loved ones or the people around them, for example: play some sport or do some activity with the same normality with what He does it day by day. It may become normal that over time, some of the symptoms are relieved, however, that you do not have the same time.

The most characteristic symptoms of this disorder can be:

Delusions: these may refer to misconceptions that the patient is convinced are correct. For example, believe that everyone is against this issue.

Hallucinations: see, feel or perceive something that does not exist. For example, see faces or people and hear voices that are not real and that are not present.

Thought disorders: speech or language is difficult in the subject.

Alteration of the sensation about oneself: the patient feels himself strange and unknown, feels that he is changing; They may even come to not recognize themselves in the mirror. The boundaries between themselves and others are not clear and this can produce that the individual thinks that others know what he thinks, on the other hand he also believes to guess what other people think.

Deterioration of emotions: the affect is lost and can reach the absence of the feelings that were enabled to feel. Little by little they can be completely blank and behave with a margin of distance towards others

Isolation: the person encloses himself in his inner world and in himself. In a few words this symptom can also be called as autism and can be manifested or manifested because the patient is locked in his room or a room for a long time and avoids the company of any kind.

Understanding schizophrenia

2.1 General background

Schizophrenia is a constant cerebrum issue. At the point when schizophrenia is dynamic, indications can incorporate dreams, mind flights, an issue with deduction and fixation, and absence of inspiration. Notwithstanding, with treatment, most indications of schizophrenia will incredibly improve.

While there is no solution for schizophrenia, inquire about is prompting new, more secure medicines. Specialists likewise are disentangling the reasons for the malady by contemplating hereditary qualities, directing social research, and utilizing propelled imaging to take a gander at the cerebrum's structure and capacity. These methodologies hold the guarantee of new, increasingly compelling treatments.

The multifaceted nature of schizophrenia may help clarify why there are misguided judgments about the sickness. Schizophrenia doesn't mean split character or numerous characters. The vast majority of schizophrenia are not hazardous or fierce. They additionally are not destitute nor do they live in emergency clinics. A great many people with schizophrenia lives with family, in gathering homes or all alone.

Research has demonstrated that schizophrenia influences people about similarly, however, it may have a previous beginning in guys. Rates are comparable around the globe.

Individuals with schizophrenia are bound to bite the dust more youthful than the overall public, to some extent as a result of high paces of co-happening ailments, for example, coronary illness and diabetes.

2.1.1 Diagnostic.

Although there are no research facility tests to explicitly analyze schizophrenia, the specialist may utilize different symptomatic tests, for example, MRI or CT sweeps or blood tests, to discount physical ailment as the reason for your side effects.

If the specialist finds no physical explanation behind the side effects, the individual may allude the individual to a therapist or clinician, medicinal services experts who are exceptionally prepared to analyze and treat psychological maladjustments. Therapists and analysts utilize exceptionally structured meetings and appraisal devices to assess an individual for schizophrenia. The specialist or advisor puts together their determination concerning the individual's report of side effects and their perception of the individual's demeanor and conduct.

The specialist or advisor at that point decides whether the individual's side effects point to a particular issue as sketched out in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which is distributed by the American Psychiatric Association and is the standard reference book for perceived psychological maladjustments. As indicated by the DSM-5, an analysis of schizophrenia is made if an individual has at least two center manifestations, one of which must be fantasies, dreams, or scattered discourse for in any event one month. The other center indications are a gross complication and reduced enthusiastic articulation.

Other DSM-5 criteria for a determination of schizophrenia include:

- Level of work, relational relations or self-care is altogether beneath what it was before the beginning of side effects.
- Signs of unsettling influence that have endured in any event a half year.

- Schizoaffective issues and burdensome or bipolar issues with insane manifestations have been precluded.
- The unsettling influence isn't brought about by substance misuse or another ailment.

2.1.1.1 Psychiatric intervention.

"The psychological well-being of patients following the first diagnosis of schizophrenia is not a well-researched topic, yet there is considerable evidence that problems of early adjustment can have serious consequences" (Caldwell, 1990, p.582).2.1.1.1.1 Cognitive behavioral therapy.

CBT is a sort of treatment that can support you:

- Feel less bothered about your insane encounters
- Feel less discouraged and restless
- Reduce liquor and medication use
- Deal with self-destructive considerations
- Overcome sentiments of misery.

2.1.1.1.2 Cognitive remediation.

On the off chance that you discover you have issues with intuition, a few projects can help. Psychological remediation projects can enable you to improve your consideration, memory and association abilities. A few projects help you take a shot at how you associate with other individuals.

2.1.1.1.3 Psychoeducation.

Psychoeducation helps individuals with schizophrenia (and their accomplice or family) comprehend the disease. Psychoeducation projects clarify about side effects, treatment alternatives, recuperation, and administrations that can help.

You can have psychoeducation separately or in gatherings. It can incorporate composed data, recordings, sites, gatherings, or discourses with your caseworker or therapist.

Your family can enable you to comprehend your determination and bolster you in your treatment. Family psychoeducation projects help the individual with schizophrenia and their families convey better and take care of issues. Family psychoeducation is likewise useful for relatives. It very well may be exceptionally disquieting to see somebody you adore become unwell with schizophrenia.

2.2 Psychological assistance and analysis

Hazard factors, for example, attention to the deteriorative impacts of ailment with regards to great premorbid alteration and dread of mental disintegration, are entrenched. Constant gloom without an intense scene has comparable corresponds, including sadness, saw the loss of command over sickness and the ingestion of the derogatory generalizations of psychological instability.

Short term reactions to acute, particularly first, these psychotic episodes have been documented during the post-recovery phase, including the depression and posttraumatic stress disorder; both of these have links to the experience of illness and the circumstances of its management. (Birchwood, 1993, p.231)

Denial of illness is a frequently used defensive maneuver that has its costs; acceptance of illness, on the other hand, can lead to pessimism and loss of self-efficacy. Short term reactions to acute, particularly first, these psychotic episodes have been documented during the post-recovery phase, including the depression and posttraumatic stress disorder; both of these have links to the experience of illness and the circumstances of its management.

(Birchwood, 1993, p.231). An ongoing supportive therapeutic relationship will be needed to assist the client's passage into psychological well-being.

Successful treatment can support you:

- Overcome insane indications (for example daydreams, mental trips).
- Get back responsible for your contemplations, feelings, and practices.
- Get school year kickoff, study or work.
- · Keep your kinships and public activity.
- Stay sound.

Getting help at the earliest opportunity gives you the most obvious opportunity with regards to a decent recuperation, at any stage, this incorporates:

- At the principal indications of progressing passionate trouble or critical changes in conduct (for example winding up socially pulled back, considering suicide or endeavoring suicide).
- The first scene of psychosis on the off chance that you have mental trips or daydreams, regardless of whether you have never had psychosis.
- During a backslide when indications return after you have been treated for schizophrenia.

Individuals with schizophrenia, for the most part, don't need long haul medical clinic treatment. Your treating group might have the option to visit you at home and can bolster you during an emergency. On the off chance that you are in recuperation or abatement, you can have treatment at customary arrangements at an open emergency clinic or a center.

There are a few times when you may require a short remain in the emergency clinic:

- If you are in danger of hurting yourself or others.
- If you are amazingly troubled by your manifestations.
- If you need a spot away from things that reason pressure and cause your side effects.
- When your prescription should be changed.
- If you need medications that must be given in the emergency clinic. (1215)

Dealing with schizophrenia

3.1 Family members support

Family mediations for schizophrenia have been plentifully exhibited to be viable and are prescribed by the vast majority of the universal clinical rules. In any case, their usage in the clinical setting just as in treatment conventions of patients with psychosis has not been completely accomplished at this point. Cooke (2017) said: "In some mental health services, family gatherings are based on the traditional idea of the "identified patient "who has a disease that other family members need to understand and take into account. However, in others the starting point for these (...)" (p.79).

With the expanding deinstitutionalization of patients, the family has started to expect the job of consideration performed by mental emergency clinics, with a high passionate expense for parental figures just as the acknowledgment of weight encounters. Families have been the substitute notwithstanding the shortage of restorative, word related, and private assets. Therefore, the feasibility of patients' consideration by their families has turned into a test. This article intends to talk about the most significant parts of family intercessions, their effect on families, and the most significant provokes that should be defeated to accomplish prosperity and recuperation in the two patients and guardians.

3.1.1 Impact on families.

Studies on family mediation have figured out how to decrease the weight experienced by these guardians; by and by, psychoeducational intercessions are not completely incorporated into the treatment in psychological wellness administrations.

There is great variability in people's experiences: while some people find their experiences very distressing, others consider them relatively non-problematic, and some people even perceive them as positive. Although some people have distressing and disabling experiences for many years, others experience psychosis only once in their life, and often at a time of special tension. (Cooke, 2017, p.41)

This relationship among parental figures and the psychological wellness administrations would permit the foundation of social encouraging groups of people, which have been identified with a decrease in guardians' physical and mental weight.

Significant examinations have demonstrated psycho-neurotic hazards and harm in the personal satisfaction of numerous parental figures, particularly ladies. The more weight these relatives experience, the more awful their satisfaction will be. In spite of the fact that there is no agreement in the meaning of this idea, the World Wellbeing Association characterizes it as a person's impression of their situation in life with regards to the way of life and worth frameworks in which they live and in connection to their objectives, desires, principles, and concerns.

Additionally, personal satisfaction would be exhibited as the apparent degree of prosperity got from the appraisal made via guardians concerning different components in various elements of their lives. Diminishing in essentialness and wellbeing (creating

discouragement and uneasiness), the decline in relational and social cooperations and even body torment are the aftereffects of low personal satisfaction.

Along these lines, it is recommended that endeavors ought to be made to gather touchy parts of the way of life of the families, as they can impact regardless of the capacity to adapt to the turmoil. Along these lines, future multifaceted correlations are required.

3.1.1.1 Family interventions.

The aftereffects of an investigation did via Carrà et al demonstrated that neither the number of past hospitalizations nor the span of infection was related to high EE. This happened in patients whose psychosocial working appeared to have profited by the past access to formal training, and it could be considered as an assurance factor. This last point strengthens again the requirement for multifaceted correlations about the abstract understanding of misery and weight among guardians, as an objective for mediation. The last is connected to decreased family pressure and improved outcomes for patient treatment. Family intercession may lessen levels of EE in the family, just to improve the personal satisfaction of the two patients and relatives.

Along these lines, current family treatment projects center not just around giving data about the sickness and its administration yet additionally on advancing inspirational frames of mind, for example, compassion and full of feeling support and on changing verbal correspondences designs between the relatives. As of late, Kuipers et al proposed a psychological model of providing care in which they depict the fundamental kinds of providing care connections in psychosis and the proposed family mediations. This model depends on providing care examinations and full of feeling responses in psychosis, which

lead to a scope of parental figure practices toward administration clients and toward emotional well-being administrations, just as to various guardian results. In this manner, these creators propose that particular intercessions should focus on these evaluations and their upkeep factors to improve the treatment results.

3.1.1.1.1 Future challenges and solutions.

In spite of the proof of information supporting and affirming the significance and legitimacy of family intercessions, there are still hindrances to executing them in the clinical setting. To begin with, going to a family program passes on a progression of requests to the parental figures, for example, transportation (which additionally suggests cash), time, inspiration, and vitality. Additionally, disgrace can make relatives quit. Another trouble is the absence of planning and explicit preparing of specialists. Alanen (2003) said: "The future of psychiatric treatment and research will be difficult to know since everyday medicine and innovations are constantly evolving. As the history of psychiatry indicates, an evolution or occasionally involution has been achieved due to unexpected observations and influences" (p.250).

The emotional wellness structures giving this administration inside an arrangement of psychological wellness care are additionally modified. Additionally, a few troubles are related to the need to comprehend the way of life in which the family and the patient are living. Intercultural methodologies could make significant commitments to the adjustment of family mediations. Cost-and-viability criteria likewise add to the rare usage because, more often than not, these mediations are evaluated as exceptionally costly.

Thusly, it is totally important to distinguish if these responses are happening in any of the individuals from the family and to adjust and consolidate explicit systems to defeat pressure responses and to improve adapting procedures.

Another significant territory that necessities further investigation as far as the execution of family intercessions is early psychosis. During the beginning times of the disease, patients are bound to live with their groups of inception and families assume a key job in guaranteeing medicine adherence, and the consideration and prosperity of the patient.

Regardless, this specific period can be trying for families as they battle to comprehend the issues looked by their relative, including odd, uncommon and humiliating practices that may not generally appear to be identified with the sickness. An ongoing meta-investigation led by Bird et al demonstrated that family mediations in early psychosis fundamentally diminished backslide and readmission rates. Significantly, administrations have clear conventions for recognizing those needing family treatment in early psychosis.

At long last, the absence of research on family intercessions for relatives of patients experiencing schizophrenia and extreme comorbid ailments must be featured. Therapeutic comorbidity (hypothyroidism, cardiovascular and aspiratory infections, or diabetes) is basic in schizophrenia and influences the personal satisfaction and conveyance of mental and medicinal administrations. Essential consideration administrations and psychological well-being administrations must consider all these comorbid ailments when treating schizophrenia patients and teach relatives on both treatment and counteractive action of these conditions since they can compound insane side effects.

3.2 Treatments.

Starting with the diagnosis of schizophrenia we could know what kind of treatment the patient needs, but there are many of them like:

- Medications: for example, antidepressants or against tension medications. It can take a little while to see an improvement in side effects.
- Second-generation antipsychotics: are commonly favored because they represent a
 lower danger of genuine symptoms than do original antipsychotics. Second-age
 antipsychotics include Aripiprazole (Abilify), Brexpiprazole (Rexulti), Cariprazine
 (Vraylar), Asenapine (Saphris), Cariprazine (Vraylar), Clozapine (Clozaril), etc.
- Hospitalization: During emergency periods or times of serious manifestations,
 hospitalization might be important to guarantee wellbeing, appropriate nourishment,
 sufficient rest and fundamental cleanliness.
- Electroconvulsive therapy: For grown-ups with schizophrenia who don't react to tranquilize treatment, electroconvulsive treatment (ECT) might be considered. ECT.
 might be useful for somebody who likewise has misery. (1343)



Conclusions.

At the end of this monographic work, it is concluded that:

- This disorder is a bit difficult and even fearful to face but we must know that each person can have any type of episode, either traumatic or simply abnormal for people around.
- There are different types of therapies and treatments for people with schizophrenia and can harm or help them in some way by avoiding the episodes they may have throughout their daily lives.
- The behavior of people with schizophrenia can often be difficult to tolerate and can even be traumatic because they may hallucinate.
- There is a type of psychoeducation for people with this specific disorder
- There are several types of schizophrenia, some more serious than others, but it should be understood that all are treatable
- It is important to know how to recognize the symptoms of this mint disorder because it can have a great impact on the lives of people around the patient
- People with schizophrenia have a different way of seeing the reality that normal people live daily.
- You must be more understanding and also know how to support people who suffer from this disorder because for some it is more chronic than others
- This is a mental disorder not curable but treatable



- Schizophrenia gradually deteriorates the person's mind causing them to lose some of their physical or psychological abilities.
- Some of the causes of schizophrenia can be an inheritance, that is, family history
- Produces alterations in brain molecules
- Each patient lives with this disorder in a different way
- There are good and bad symptoms
- The consequences of this disease can be depression, anxiety and many more.
- The family plays a very important role in the patient's life
- Among the symptoms you can witness a different language, impaired emotions, no need to work or do what the person normally likes; Also, the person who is suffering from this disorder can begin to take an altitude of isolation and can invent their world by calling it "autism", thus avoiding the company of close people, friends or family members. Locking up alone in a room for a long time. (352)



Recommendations.

At the end of this work, it can be recommended that:

- We must detect this type of disorder in time so as not to move to situations such as suicide since many reckless comments can affect the psychological condition of the patient and cause this.
- 2. It is recommended that people have a better knowledge of this mental disorder to improve their society and thus have a better world.
- It is important to know how to understand this psychological situation to deal with it.
- 4. It is essential to provide moral support to the person suffering from this disorder since some of the consequences of this disorder are depression and anxiety
- 5. It is recommended to accompany people with this disease since it is not known what type of episodes they may be having, because some of them may be hallucinations.
- It is important to give the patient a positive approach or perspective of life so that he
 does not worsen his condition.
- 7. It is important that people are instructed and aware of this disorder since we live in a very misunderstood society with some tragedies and it would be good to avoid them to improve society and thus instruct and raise awareness about some serious issues and not just disorders mental. (216)

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