

Understanding positive and negative schizophrenia symptoms.

Alisha Strauss*

Department of Psychology, University of Georgia, USA

Introduction

Schizophrenia, a complex and chronic mental disorder, affects millions of individuals worldwide, challenging their daily lives and those of their families and caregivers. Among the various manifestations of this condition, two distinct categories of symptoms have been identified: positive symptoms and negative symptoms. Understanding these symptom clusters is of paramount importance for clinicians, researchers, and society at large, as it paves the way for more effective diagnosis, treatment, and support for individuals grappling with schizophrenia [1].

In this exploration of positive and negative symptoms of schizophrenia, we embark on a journey through the intricacies of this enigmatic disorder. Positive symptoms encompass an array of perceptual and cognitive disturbances that involve an excess or distortion of normal functioning, while negative symptoms are characterized by deficits in emotional expression, motivation, and engagement with the outside world. Each category holds its own challenges and implications for the affected individuals, shaping the trajectory of their illness and influencing their path to recovery.

By delving into the nuanced nature of positive and negative symptoms, we aim to shed light on the underlying neurobiological mechanisms contributing to their emergence. Moreover, we will explore the impact of these symptoms on individuals' lives, relationships, and daily functioning, as well as the potential barriers they pose to achieving personal goals and aspirations [2].

Through a multidimensional lens, this examination seeks to bridge the gap between the scientific understanding of schizophrenia and the compassionate care required to support those living with the condition. With advancements in research and therapeutic approaches, there is hope for enhancing the quality of life for individuals with schizophrenia and fostering a more inclusive and empathetic society.

Join us as we venture into the realm of positive and negative schizophrenia symptoms, uncovering the intricate web of factors that shape the lives of those affected and paving the way for a more profound comprehension of this complex mental disorder. By fostering awareness and empathy, we aspire to create a world where individuals with schizophrenia receive the understanding and support they need to thrive and fulfill their potential [3].

Positive Symptoms includes; Hallucinations are perceptual disturbances that involve experiencing sensations without any external stimuli. The most common form of hallucination in schizophrenia is auditory, where individuals hear voices or sounds that others do not perceive. These voices can be critical, commanding, or conversational, and their content may significantly impact the person's emotions and behavior. Delusions are false beliefs that persist despite evidence to the contrary. In schizophrenia, delusions are often characterized by being bizarre or implausible. Common delusional themes include persecution (belief that others are plotting against them), grandiosity (exaggerated sense of self-importance), and reference (belief that ordinary events hold special meaning for them). Individuals with schizophrenia may experience disorganized thinking, which leads to difficulties in organizing thoughts logically and coherently. This is often reflected in their speech, which can be tangential, incoherent, or marked by loose associations, making it challenging for others to follow their train of thought [4].

Negative symptoms refer to deficits in normal emotional expression and experiences. Affective flattening, also known as blunted affect, is a characteristic feature of schizophrenia in which individuals exhibit reduced emotional expressiveness, including facial expressions, gestures, and vocal tone.

Negative Symptoms includes; Alogia refers to poverty of speech or reduced speech output. Individuals with schizophrenia may give brief or monosyllabic answers, exhibit speech hesitation, or struggle to find words to express their thoughts. Anhedonia is the diminished ability to experience pleasure or interest in activities that were previously enjoyable. Individuals with schizophrenia may lose interest in social interactions, hobbies, and once-rewarding activities. Avolition refers to a lack of motivation to initiate and sustain purposeful activities. Individuals with schizophrenia may struggle to set and pursue goals, leading to a decreased ability to take care of themselves and participate in daily life tasks [5].

Conclusion

Understanding the distinction between positive and negative symptoms is essential for accurate diagnosis and treatment planning in schizophrenia. Positive symptoms are often more apparent and disruptive to daily life, while negative symptoms can be more subtle but equally challenging for the affected individuals. Integrating pharmacological and psychosocial interventions can help address these symptoms and improve

*Correspondence: Alisha Strauss, Department of Psychology, University of Georgia, USA, E-mail: Straussa78@gmail.com

Received: 29-Sept-2023, Manuscript No. AAAGIM-23-109500; Editor assigned: 03-Oct-2023, PreQC No. AAAGIM-23-109500 (PQ); Reviewed: 17-Oct-2023, QC No. AAAGIM-23-109500; Revised: 23-Oct-2023, Manuscript No. AAAGIM-23-109500 (R); Published: 30-Oct-2023, DOI:10.35841/aaagim-7.5.196

overall functioning and quality of life for individuals living with schizophrenia. Moreover, ongoing research into the underlying neurobiological mechanisms driving these symptoms holds promise for the development of more targeted and effective therapies.

References

1. Beck K, Hindley G, Borgan F, et al. Association of ketamine with psychiatric symptoms and implications for its therapeutic use and for understanding schizophrenia: a systematic review and meta-analysis. *J Am Med Assoc Netw Open*. 2020;3(5):e204693-.
2. Leucht S, Barabácssy Á, Laszlovszky I, et al. Linking PANSS negative symptom scores with the Clinical Global Impressions Scale: understanding negative symptom scores in schizophrenia. *Neuropsychopharmacology*. 2019;44(9):1589-96.
3. Kirkpatrick B. Understanding the physiology of schizophrenia. *J Clin Psychiatry*. 2013;74(3):e05.
4. Searles Quick VB, Davis JM, et al. DUF1220 copy number is associated with schizophrenia risk and severity: Implications for understanding autism and schizophrenia as related diseases. *Transl Psychiatry*. 2015;5(12):e697-.