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Ann Olson Psy.D.
Theory and Psychopathology

The Diagnosis of Schizophrenia in One's Child or Adolescent

Coping with the emergent diagnosis of schizophrenia in one's child or adolescent

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Prior to the assessment of schizophrenia (https://www.psychologytoday.com/conditions/schizophrenia) in children and adolescents, there are important considerations to be addressed by the parents (https://www.psychologytoday.com/basics/parenting) of youths exhibiting behavior problems . These considerations relate to problem of aberrant behavior in the child, and the process outlined in this discussion reflects the evolving awareness of the problem of schizophrenia as it is experienced by the parents of the child suspected to be schizophrenic. These are precursors to what may culminate in the need for formal psychological assessment for the diagnosis of schizophrenia. The process outlined herein reflects the need for cognizance of the meaning of the behavior of the parents' child or adolescent, and this cognizance may be obtained gradually.

Schizophrenia in children and adolescents is of serious concern to parents who are likely to be reluctant and terrified or outraged and indignant in even considering the possibility of this diagnosis as representing their child. The diagnosis of schizophrenia is life-altering, and it is normal to avoid, consciously and unconsciously, the idea of such a diagnostic label for what the parent sees in her child. It is normal to worry perhaps excessively regarding aberrant or odd behavior in one's child, and parents, while concerned about their child, may rationalize the abnormal behavior that the youth displays in an attempt to dismiss it. Yet, when serious behaviors appear, parents are likely to be

divided, between and within themselves, regarding what are the actual problems, and the reality is that applying this diagnosis to an individual, especially to a child, can be understood as a kind of psychological brutality for all family members: the parents, siblings and the individual who might be a schizophrenic.

Labeling theory is implicit in the idea that we become what we are labeled by assuming the characteristics of the label as a kind of self-fulfilling prophecy. Due to the power of labels and the need to avoid pathologizing and traumatizing one’s child, aberrant or odd behaviors enacted by the child should be viewed, whenever possible, as situationally circumscribed. This means that one should not define the child by her behavior. It can be helpful to treat the aberrant behavior of one's child as anomalous incidence, not as a pattern of behavior. What the parent expects from his child may encourage or discourage abnormal behavior. Attempting to halt the progress of negative behavior, before it becomes a pattern, is essential to the best possible outcome of a situation that can lead to a child's or an adolescent's diagnosis of schizophrenia.

If concerns regarding the diagnosis of schizophrenia in one's child do not dissipate, the parent may pursue avenues to minimize the behavioral problems that their child is enacting. Clearly and as stated, a diagnosis such as schizophrenia will be a life-changing experience for that child and for her parents and family, as well. Care and wisdom (https://www.psychologytoday.com/basics/wisdom) should be executed in terms of this dilemma, and and the initial confrontation with the possibility that one’s child is a schizophrenic can render all family members confused, sad, angry, fearful (https://www.psychologytoday.com/basics/fear) and grieving (https://www.psychologytoday.com/basics/grief). The stigma associated with this diagnosis can be particularly damaging, and damage to the child and his family multiplies as circumstances lead to a formal diagnosis progress.

The biopsychosocial model of mental illness creates a situation of synergy that affects the individual diagnosed as schizophrenic. The biological component addressed by this model produces the symptoms of schizophrenia. Biochemically produced symptoms, such as auditory hallucinations, may cause the individual to talk to herself out loud and in response to internal stimuli, her hallucinations An outward display of schizophrenic symptoms creates, through labeling, a social phenomenon of stigmatization. This social isolation (https://www.psychologytoday.com/basics/loneliness) exacerbates [illegible] of the stigma and the self-fulfilling prophecy inherent in labeling. As indicated, biology produces hallucinations, labeling results in prejudice (https://www.psychologytoday.com/basics/bias) enacted

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toward that individual, and alienation and isolation proceeds as a psychological component of the cycle, thus creating a self-fulfilling prophecy that essentially compounds the isolation of the individual child within his own pain, confusion, anger (https://www.psychologytoday.com/basics/anger) and grief.

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Symptoms of schizophrenia, generally, include both positive and negative symptoms. Positive symptoms can be understood to represent symptoms that add to the presentation of the diagnosed individual, and negative symptoms include symptoms that are subtracted from the presentation of that individual. Positive symptoms include:

- Hallucinations, delusions and a formal thought disorder, including rapid or pressured speech.
- Negative symptoms include flat affect or diminished emotional expression, poor hygiene, a lack of motivation (https://www.psychologytoday.com/basics/motivation) and poverty of speech.

Although the adult symptoms of schizophrenia are quite similar to those of children and adolescents, there do exist some differences. It should be noted that childhood (https://www.psychologytoday.com/basics/child-development)-onset schizophrenia is delineated by symptoms that appear prior to the age of 12 years, and adolescent-onset schizophrenia occurs before the age of 17 years. Early behaviors expressed by children that can be precursors to schizophrenia may include the following: delays in language development, late crawling and walking, odd or stereotyped behaviors, such as rocking. While these behaviors do not equate with a diagnosis of schizophrenia, other more serious signs may emerge. A child may express hearing voices that speak negatively to him or about him, such as auditory hallucinations or delusions of reference, and he may be frightened by visions of people or objects that do not exist. One can see in such symptoms reasons for concern, and, yet, one's child may simply have a vivid and creative imagination.

In terms of the adolescent who is suspected of having schizophrenia, some particular symptoms may emerge. These may include withdrawal from family and peers, diminished academic performance, problems with sleeping (https://www.psychologytoday.com/basics/sleep), irritability and depression (https://www.psychologytoday.com/basics/depression), and lack of motivation or odd behavior. Alternatively, this possibly schizophrenic adolescent may be simply adjusting to new developmental roles, and this type of adjustment may entail confusion and strife in the adolescent. It may be difficult to determine if the serious diagnosis of schizophrenia is entirely warranted, and, while her parents may be extremely concerned about their child, many odd behaviors observed by parents still do not warrant a conclusive diagnosis of schizophrenia.

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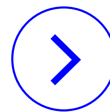

When initially dealing with odd or aberrant behavior in one's child, a period of time may elapse while parents are confused and worried. At that point, it really is the best course to treat one's child as normal and hope that this is just a passing stage that can be attributed to an overly imaginative child and an adolescent suffering from normal teenage angst. If the negative behavior persists or becomes exacerbated, then parents should seek professional help. This is the dilemma regarding referring one's child psychological testing for schizophrenia and treatment. It is a step that a parent may be required to take, even in the event that they may feel like they are labeling and pathologizing their child. Even if a child is a schizophrenic, this course will allow him to get the treatment that he needs. There also exists the possibility that a treating clinician will find the child to be responding adequately to stresses related to peers, academics and family.

There do exist valid and reliable avenues to determining whether a child or an adolescent has the sufficient symptoms of schizophrenia that would qualify that individual for the diagnosis of schizophrenia. The types of psychological assessment strategies for diagnosing schizophrenia include

clinical interviews based upon self-report by the child or adolescent and her family members.

In conclusion, psychological testing for schizophrenia in a child or an adolescent culminates from a series of difficulties that the family of the youth suspected to be a schizophrenic must endure. The precursors to a formal diagnosis are both painful and confusing to the family, the parents and the individual whose behavior is problematic. Assessment regarding the diagnosis of schizophrenia may help to alleviate worries of the parents, and it can delineate the direction for treatment of schizophrenia. In terms of the instruments and processes of psychological testing, please see my article on psychological testing for schizophrenia (http://www.psy-ed.com/wpblog/assessing-schizophrenia-in-children-and-adolescents/).

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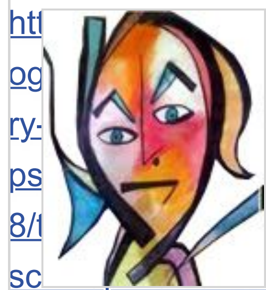

Ann Olsen, Psy.D., is a doctor of psychology, a writer of fiction, creative nonfiction, and poetry.

In Print: *Illuminating Schizophrenia: Insights Into the Uncommon Mind (https://www.amazon.com/Illuminating-Schizophrenia-Insights-Into-Uncommon/dp/0615834191?SubscriptionId=AKIAIRKJRCRZW3TANMSA&tag=psychologytod-20&linkCode=xm2&camp=2025&creative=165953&creativeASIN=0615834191)*

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