Possible Early Warning Signs of Schizophrenia
Source: http://www.schizophrenia.com

The following list, compiled by one mental health consumer, contains some of the typical early warning signs of schizophrenia. Keep in mind that schizophrenia has a very narrow age of onset, typically between the ages of 15 and 25 (although it can affect children younger than fourteen, with a subtype known as childhood-onset schizophrenia). The disease can come on over a period of years (called insidious onset) or be very rapid. It affects 1% of the general population. The list is subdivided into Physical Symptoms, Feelings and Mood, Behavior, Cognitive Problems, Delusions, and Hallucinations.

Disclaimer: The following symptoms overlap with many other diseases such as bipolar disorder, major depression, the various kinds of personality disorders (specifically paranoid and schizotypal personality disorders), and other problems such as brain tumors and temporal lobe epilepsy. There is no "typical" case of schizophrenia. Everyone has different symptoms. Seek the opinion of your doctor always.

Moreover, it is always important to keep the big picture in mind. Having just a few of these symptoms does not necessarily mean that a person has schizophrenia, or any other sort of psychiatric disorder. Almost all of the signs below can be present to a "normal" degree in people; it is when someone displays them to extremes that they can become psychiatric symptoms. Think if all of these behaviors as being on a continuum, in which the middle 99% of people displaying varying degrees of the behavior, but are still within the "normal" range. The 1% of people on the outer edges have the behaviors in extreme proportion, and/or a significant amount of the time, and that is when they can become debilitating.

A diagnosis of schizophrenia requires that continuous disturbance (i.e. debilitating symptoms) be present for at least six months, including at least one month of certain key symptoms (active symptoms: delusions, hallucinations, disorganized speech, disorganized/catatonic behavior, negative symptoms such as severe emotional flatness or apathy)

Please remember that only a psychiatrist can properly diagnose schizophrenia, or any other brain disease.

Examples of Physical Symptoms----

☐ A blank, vacant facial expression. An inability to smile or express emotion through the face is so characteristic of the disease that it was given the name of affective flattening or a blunt affect.
☐ Overly acute senses- lights are too bright, sounds are too loud.
☐ Staring, while in deep thought, with infrequent blinking.
☐ Clumsy, inexact motor skills
☐ Sleep disturbances- insomnia or excessive sleeping
Involuntary movements of the tongue or mouth (facial dyskinesias). Grimacing at the corners of the mouth with the facial muscles, or odd movements with the tongue.

Parkinsonian type symptoms- rigidity, tremor, jerking arm movements, or involuntary movements of the limbs

An awkward gait (how you walk)

Eye movements- difficulty focusing on slow moving objects

Unusual gestures or postures

Movement is speeded up- i.e. constant pacing

Movement is slowed down- staying in bed (in extreme cases, catatonia)

Examples of Feelings/Emotions----

The inability to experience joy or pleasure from activities (called anhedonia)

Sometimes feeling nothing at all

Appearing desireless- seeking nothing, wanting nothing

Feeling indifferente to important events

Feeling detached from your own body (depersonalization)

Hypersensitivity to criticism, insults, or hurt feelings

Examples of Mood----

Sudden irritability, anger, hostility, suspiciousness, resentment

Depression- feeling discouraged and hopeless about the future

Low motivation, energy, and little or no enthusiasm

Suicidal thoughts or suicidal ideation

Rapidly changing mood- from happy to sad to angry for no apparent reason (called labile mood)

Anxiety

Examples of Behavior----

Dropping out of activities and life in general

Inability to form or keep relationships

Social isolation- few close friends if any. Little interaction outside of immediate family.

Increased withdrawal, spending most of the days alone.

Becoming lost in thoughts and not wanting to be disturbed with human contact

Neglect in self-care- i.e. hygiene, clothing, or appearance

Replaying or rehearsing conversations out loud- i.e. talking to yourself (very common sign)

Finding it difficult to deal with stressful situations

Inability to cope with minor problems
Lack of goal-directed behavior. Not being able to engage in purposeful activity
Functional impairment in interpersonal relationships, work, education, or self-care
Deterioration of academic or job-related performance
Inappropriate responses- laughing or smiling when talking of a sad event, making irrational statements.
Catatonia- staying in the same rigid position for hours, as if in a daze.
Excessive preoccupation with religion or spirituality
Drug or alcohol abuse
Smoke or have the desire to want to smoke (70-90% do smoke)
Frequent moves, trips, or walks that lead nowhere

Examples of Cognitive Problems----

Lack of insight (called anosognosia). Those who are developing schizophrenia are unaware that they are becoming sick. The part of their brain that should recognize that something is wrong is damaged by the disease.
Racing thoughts
In conversation you tend to say very little (called poverty of speech or alogia)
Suddenly halting speech in the middle of a sentence (thought blocking)
Ruminating thoughts- these are the same thoughts that go around and round your head but get you nowhere. Often about past disappointments, missed opportunities, failed relationships.
Making up new words (neologisms)
Becoming incoherent or stringing unrelated words together (word salad)
Frequent loose association of thoughts or speech- when one thought does not logically relate to the next. For example, "I need to go to the store to buy some band-aids. I read an article about how expensive AIDS drugs are. People take too many street drugs. The streets should be clean from the rain today, etc" The need to go to the store to buy band-aids is forgotten.
Directionless- lack goals, or the ability to set and achieve goals
Trouble with social cues- i.e. not being able to interpret body language, eye contact, voice tone, and gestures appropriately.
Often not responding appropriately and thus coming off as cold, distant, or detached.
Difficulty expressing thoughts verbally. Or not having much to say about anything.
Speaking in an abstract or tangential way. Odd use of words or language structure
Difficulty focusing attention and engaging in goal directed behavior
Poor concentration/ memory. Forgetfulness
Nonsensical logic
Difficulty understanding simple things
Thoughts, behavior, and actions are not integrated
Obsessive compulsive tendencies - with thoughts or actions
Thought insertion/withdrawal - thoughts are put in or taken away without a conscious effort
Conversations that seem deep, but are not logical or coherent

Examples of Delusions----

The most common type of delusion or false beliefs are paranoid delusions. These are persecutory in nature and take many forms:

- Overwhelming feeling that people are talking about you, looking at you
- Overpowering feeling that you are being watched, followed, and spied on (tracking devices, implants, hidden cameras)
- Thinking that someone is trying to poison your food
- Thinking people are working together to harass you
- Thinking that something is controlling you - i.e. an electronic implant
- Thinking That people can read your mind or control your thoughts
- Thinking That your thoughts are being broadcast over the radio or tv
- Delusions of reference - thinking that random events convey a special meaning to you. An example is that a newspaper headline or a license plate has a hidden meaning for you to figure out.
- Thinking that they are signs trying to tell you something.
- Religious delusions - that you are Jesus, God, a prophet, or the antichrist.
- Delusions of grandeur - the belief that you have an important mission, special purpose, or are an unrecognized genius, or famous person.
- Delusions that someone, often a famous person, is in love with you when in reality they aren't. Also called erotomania or de Clerembault syndrome.

Examples of Hallucinations----

- Hallucinations are as real as any other experience to the person with schizophrenia. As many as 70% hear voices, while a lesser number have visual hallucinations.
- Auditory hallucinations can be either inside the person's head or externally. When external, they sound as real as an actual voice. Sometimes they come from no apparent source, other times they come from real people who don't actually say anything, other times a person will hallucinate sounds.
- When people hear voices inside their heads, it is as if their inner thoughts are no longer alone. The new voices can talk to each other, talk to themselves, or comment on the person's actions. The majority of the time the voices are negative.
Visual hallucinations operate on a spectrum. They start with the overacuteness of the senses, then in the middle are illusions, and on the far end are actual hallucinations.