

Schizophrenia is difficult to recognise: there are no special tests for the illness and no outward physical signs. Very often people with schizophrenia don't want to talk about it. Sometimes symptoms are very slow to show up and no two people have the same array of symptoms.

There are two main types of symptoms which affect a person's thoughts, feelings and behaviour. First 'positive symptoms', which means something is added to the person's usual behaviour, for example, hearing voices or having delusional ideas. These positive symptoms normally occur during an acute attack and are often responsive to medication. Second 'negative symptoms', which means something is lost from the person, for example, this might include loss of energy, or interest, or being unable to demonstrate affection, or lacking appropriate feelings or reactions.

■ Positive symptoms

Hearing voices: also known as auditory hallucinations. Sufferers hear other people's voices in their head making comments about them or what they are doing. These voices can be experienced as both pleasant and unpleasant depending on what they say. The individual often responds to them as if they were real or have power over them.

Delusions: a highly improbable idea becomes fixed in the person's mind as a certainty and ordinary attempts to point out contradictions cannot shift it. Examples of these ideas might be that they have special powers (being God or the Prime Minister) or that somebody is trying to harm them.

Thought control: the person believes their mind is being controlled from outside, for example, by a radio receiver or aliens.

Thought broadcast: the person imagines their thoughts are being spoken out loud.

Thought disorder: ideas become loosely associated, disconnected and flighty. One idea leads very quickly to the next and it is difficult to concentrate or stay focused on one particular subject. Concentration becomes difficult.

Incoherent talking: speech becomes rather mixed up and rambling.

■ Negative symptoms

Loss of energy and motivation: the person may have no enthusiasm, activity levels are reduced and self-care is often neglected, the person may not want to get out of bed in the morning.

Withdrawal: the person may avoid social activities and external events, becoming more occupied with internal events or the thoughts and voices in their heads.

Emotional changes: emotions are not expressed normally; the person may appear emotionally flat or behave inappropriately, laughing at serious subjects.

Poverty of speech: initiation and content of speech is reduced, the person becomes quieter and has less need to communicate with the external world.