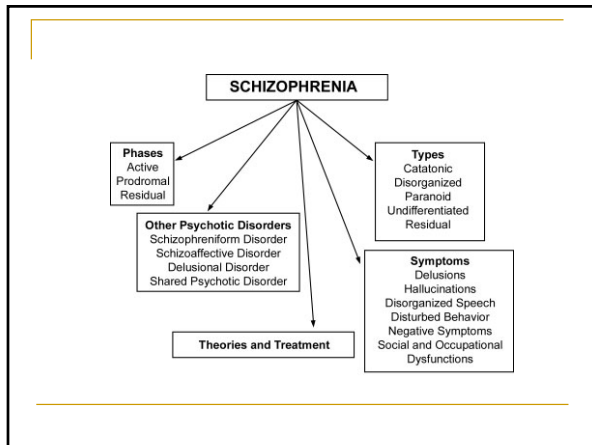


Chapter 9

Schizophrenia and Related Disorders





The Schizophrenias

Schizophrenia

A disorder with a range of psychotic symptoms involving disturbances in content of thought, form of thought, perception, affect, sense of self, motivation, behavior, and interpersonal functioning.

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Schizophrenia

A disorder with a range of psychotic symptoms involving disturbances in content of thought, form of thought, perception, affect, sense of self, motivation, behavior, and interpersonal functioning.

Psychosis

Behavior involving loss of contact with reality.

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Bleuler coined the term *schizophrenia*. The four fundamental features are still referred to as *Bleuler's Four A's*:

- **Association** (thought disorder)
- **Affect** (emotional disturbance)
- **Ambivalence** (inability to make or follow through on decisions)
- **Autism** (idiosyncratic style of egocentric thought and behavior)

PHASES OF SCHIZOPHRENIA

Prodromal

Active

Residual

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SYMPTOMS

Disturbances can be seen in . . .

- Perception
 - Hallucinations
- Thoughts
 - Lack cohesiveness and logic
- Language
 - Incomprehensibility
- Actions
 - Odd and disturbing

SYMPTOMS

Positive symptoms:

Negative symptoms:

Exaggerations or distortions of normal thoughts, emotions, and behavior.

Symptoms that involve functioning below the level of normal behavior.

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SYMPTOMS

Positive +	Negative -
<ul style="list-style-type: none">■ delusions■ hallucinations■ disturbed speech■ disturbed behavior	<ul style="list-style-type: none">■ affective flattening■ alogia■ avolition■ anhedonia

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TYPES OF SCHIZOPHRENIA

Catatonic Type

Characterized by at least two bodily movement abnormalities:

- Motor immobility or stupor.
- Purposeless motor activity.
- Mutism or extreme negation.
- Peculiarities of movement or odd mannerisms and grimacing.
- Echolalia or echopraxia.

TYPES OF SCHIZOPHRENIA

Disorganized Type

Characterized by a combination of symptoms, including disorganized speech and behavior and flat or inappropriate affect.

Even delusions and hallucinations lack a coherent theme.

TYPES OF SCHIZOPHRENIA

Paranoid Type

Characterized by preoccupation with one or more bizarre delusions, or with auditory hallucinations that are related to a particular theme of being persecuted or harassed.

Without disorganized speech or disturbed behavior.

TYPES OF SCHIZOPHRENIA

Undifferentiated Type



Characterized by a complex of schizophrenic symptoms that does not meet the criteria for other types of schizophrenia.

TYPES OF SCHIZOPHRENIA

Residual Type

Applies to people previously diagnosed as schizophrenic if they no longer show prominent psychotic symptoms but still show lingering signs of the disorder.

DIMENSIONS OF SCHIZOPHRENIA

Alternate three-factor model:

1. Psychotic
2. Negative
3. Disorganized

COURSES OF SCHIZOPHRENIA

- Continuous
- Recurring episodes
- Single episode

Factors Associated With More Favorable Prognosis

- Good premorbid functioning
- Acute onset
- Later age at onset
- Good insight
- Being female
- Consistent in medication usage
- Brief active-phase symptoms
- Good functioning between episodes
- Absence of structural brain abnormalities
- Normal neurological functioning
- No family history of schizophrenia

Other Psychotic Disorders

The schizophrenia-like disorders share three features:

1. Serious break with reality.
2. Not caused by cognitive impairment.
3. Not primarily affective.

BRIEF PSYCHOTIC DISORDER

- **with** marked stressor(s),
- **without** marked stressor(s), or
- **with postpartum** onset

A disorder characterized by the sudden onset of psychotic symptoms that are limited to a period of less than a month.

SCHIZOPHRENIFORM DISORDER



A disorder with essentially the same symptoms as schizophrenia, but lasts less than 6 months (and more than 1).

SCHIZOAFFECTIVE DISORDER



Schizophrenia with co-occurring mood disorder.

DELUSIONAL DISORDERS

People with delusional disorders have a single striking psychotic symptom: an organized system of nonbizarre false beliefs.

Somatic
Persecutory
Jealous
Grandiose
Erotomaniac

SHARED PSYCHOTIC DISORDER

In shared psychotic disorder, the person develops a delusional system as a result of a close relationship with a psychotic person who is delusional.

Intervention calls for:

- Separating them.
- Focusing on personal issues related to this person's vulnerability to being dominated.
- Bolstering the client's self-esteem.

BIOLOGICAL THEORIES

BRAIN STRUCTURE AND FUNCTION

- Cortical atrophy
- Reduced brain activation
- Dopamine hypothesis
- Possible serotonin deficit



Lines of evidence for dopamine hypothesis

- Antipsychotic medications
- Effects of drugs like amphetamines

BIOLOGICAL THEORIES

endophenotypes

biobehavioral abnormalities linked to genetic and neurobiological causes of mental illness



In other words, they are

- heritable traits or characteristics that are not direct symptoms of the disorder but
- have been found to be associated

BIOLOGICAL THEORIES

Three measures of cognitive functioning stand out as particularly important in the search for biological markers:



- 👁️ Sustained attention
- 👁️ Smooth pursuit eye movements
- 👁️ Antisaccade eye movements

PSYCHOLOGICAL PERSPECTIVE

No credible theory proposes that schizophrenia develops exclusively as the result of psychological phenomena.

However, behavioral psychologists have found factors influencing whether the likelihood the the schizophrenic individual will act in a "normal" way or not.

PSYCHOLOGICAL PERSPECTIVE

- Failure to learn important social cues.
- Lack of attention from others.
- Retreat into fantasy world.
- Behaviors become odd and eccentric.
- Being labeled as odd or schizophrenic.
- Hospitalization exacerbates maladaptive behaviors.

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SOCIOCULTURAL PERSPECTIVE

- FOCUS ON THE FAMILY SYSTEM
 - Faulty modes of behavior and communication.
 - High degree of expressed emotion.
 - Cognitive distortions
- SOCIAL CLASS AND INCOME
 - Onset may be associated with environmental stressors of poverty.
 - Contracting the disease leads to social and economic "downward drift."

BIOLOGICAL TREATMENT

- ❑ NEUROLEPTICS
 - ❑ Vary in potency.
 - ❑ All block dopamine receptors.
- ❑ Side effects:
 - ❑ Tardive dyskinesia
 - ❑ Compromise of immune system



PSYCHOSOCIAL TREATMENT

- ❑ PSYCHOLOGICAL
 - ❑ Token economy
 - ❑ Social skills training
 - ❑ Cognitive behavioral techniques
- ❑ SOCIOCULTURAL
 - ❑ Milieu therapy
 - ❑ Family therapy
- ❑ BIOPSYCHOSOCIAL APPROACH
