Chapter 13
Schizophrenia
and Psychotic Disorders

The Nature of Schizophrenia

• Characterized by disturbances in thinking, language, communication, mood, & behavior
• Broad impairments
• Delusions & hallucinations

Perspectives on the Concept of Schizophrenia

• Emil Kraepelin
  – Combined several symptoms that had been viewed as reflecting separate disorders into 1 disorder
    • From catatonia, hebephrenia, & paranoia to:
      • Dementia Praecox
  – Distinguished dementia praecox from manic–depressive illness (bipolar disorder)
  – Emphasis of his theory was the deteriorating course

• Eugen Bleuler
  – Introduced the term “Schizophrenia”
    • This label was significant because it signaled Bleuler’s departure from Kraepelin on what he thought was the core problem
      • Schizophrenia comes from the Greek words for split (skhizein) & mind (phren)
      • It reflects his belief that Associative Splitting underlies all the unusual behaviors shown by people with this disorder
    • He emphasized underlying disturbances in thought: split thought–connections (not a split personality)

The Nature of Schizophrenia:
Active Phase Symptoms

• Positive Symptoms
  – Active manifestations of abnormal behavior
  – Excess or Distortion of normal behavior
  – Includes hallucinations & delusions

• Negative Symptoms
  – Deficits in normal behavior in areas such as speech & motivation

• Disorganized Symptoms
  – Disordered Speech, Language, & Communication; erratic or bizarre behavior, inappropriate affect
  – These used to be included under positive symptoms

Positive Symptoms

• Delusion
  – Disorder of thought content
  – Misrepresentation of reality
  – May serve an adaptive function

• Hallucinations
  – Experience of sensory events without any input from the surrounding environment
  – Involve Any of the Senses
  – Broca’s Area vs. Wernicke’s Area
### Negative Symptoms
- Absence or insufficiency of normal behavior
- Includes emotional & social withdrawal, apathy, & poverty of thought or speech
  - Avolition
  - Alogia
  - Anhedonia
  - Flat Affect

### Disorganized Symptoms
- Disorganized Thought, Language, & Communication (in DSM– “Disorganized Speech”)
  - Disorder of thought process
  - Examples
    - Tangentiality
    - Loose Association or Derailment
- Inappropriate Affect
- Disorganized Behavior
  - Catatonia

### Schizophrenia Subtypes
- Paranoid Type
- Disorganized Type
- Catatonic Type
- Undifferentiated Type
- Residual Type

### Schizophrenia Subtypes: Paranoid
- Delusions & hallucinations
  - Usually have a theme, e.g., grandeur or persecution
- Relatively intact cognition and affect
- No disorganized speech or behavior
- Best prognosis

### Schizophrenia Subtypes: Disorganized
- Disorganized speech
- Disorganized behavior
- Flat or inappropriate affect
- Unusually self-absorbed
- If there are hallucinations and delusions,
  - Fragmented; Not organized around a central theme
- Used to be called hebephrenic
- Problems are often chronic, starting early, & lacking remissions

### Schizophrenia Subtypes: Catatonic
- Wild agitation to immobility
  - Waxy flexibility
- Odd mannerisms with bodies & faces, including grimacing
- Echolalia
- Echopraxia
- Relatively rare
Schizophrenia Subtypes: Undifferentiated

- 2 or more major sx of schizophrenia
- Delusions, hallucinations, negative and/or disorganized symptoms
- **Does not** meet criteria for other subtypes

Schizophrenia Subtypes: Residual

- Have had at least one episode
- No longer manifest major symptoms e.g., bizarre delusions or hallucinations
- May have residual symptoms such as social withdrawal, bizarre thoughts, inactivity, & flat affect

Other Psychotic Disorders

- **Schizophreniform Disorder**
  - Presentation is equivalent to schizophrenia, but the symptoms disappear within 6 months
- **Schizoaffective Disorder**
  - Mood disorder combined with delusions or hallucinations that occur in the absence of prominent mood symptoms
- **Delusional Disorder**
  - Delusions in the absence of other characteristics of schizophrenia
    - Subtypes:
      - Erotomanic, grandiose, jealous, persecutory, & somatic
      - Not bizarre as they can be with schizophrenia, because the events could be happening, but aren’t

- **Brief psychotic disorder**
  - The psychotic disturbance lasts more than 1 day & remits by 1 month
  - Often precipitated by extreme stress
- **Shared psychotic disorder**
  - The disturbance develops in an individual who is influenced by someone else who has an established delusion with similar content
  - *Folie a Deux*

Schizophrenia: Other Classification Systems

- **Process (chronic) vs. Reactive**
  - Process schizophrenia was thought to come on slowly without a trigger
  - Reactive schizophrenia was thought to be a sudden response to a stressor
  - These distinctions don’t apply neatly to many people, so this system has been abandoned
- **Poor Premorbid vs. Good Premorbid**
  - This similar distinction also has been abandoned
• Paranoid vs. Non–Paranoid
• Thought Disordered vs. Non–Thought Disordered
• Type I vs. Type II
  – Type I: Positive Symptoms
  – Type II: Negative Symptoms
  – With the more recent addition of disorganized symptoms, this model has influenced current thinking

Schizophrenia: Developmental Course
• Brain damage very early in development may lie dormant until later in development
• But some subtle signs appear even in childhood
  – Elaine Walker @ Emory
• Symptoms may fluctuate between severe & moderate levels of impairment, with some remission followed by relapse
• May show improvement in positive symptoms during later adulthood, but an increase in negative symptoms

Schizophrenia: Cultural Factors
• Schizophrenia is universal, affecting all racial and cultural groups studied so far
  – No support for the theories of Laing & Szasz
  – The course & outcome of schizophrenia vary from culture to culture
• There is a phenomenon of misdiagnosis

The Causes of Schizophrenia
Genetic Influences
• Search for Marker Genes
  – Smooth pursuit eye movement (eye tracking)
Neurobiological Influences
• Possible excess dopamine activity at the D2 receptors
• Relationship between dopamine & serotonin
Brain Structure & Function
• Ventricle enlargement very common in males with schizophrenia

Psychological & Social Influences:
Influence from Families
• 2 theories that are not supported, & which may be destructive
  – Schizophrenogenic mother
  – Double bind
• Expressed Emotion
  – High expressed emotion vs. Low expressed emotion
  – Relapse

• Hypofrontality
  – Deficient activity in the dorsolateral prefrontal cortex
  – Site of a major dopamine pathway
  – Frith’s (1979) Defective Filter Theory
    • The cognitive symptoms of schizophrenia may be due to a failure to inhibit the output of preconscious processes adequately
• Viral Infection
  – May be a recent phenomenon
  – May be associated with prenatal exposure to influenza
**The Treatment of Schizophrenia**

**Early Forms of Treatment**
- Insulin Coma Therapy
- Psychosurgery
  - Including prefrontal lobotomy
- Electroconvulsive Therapy (ECT)

**Current Biological Interventions**
- Neuroleptics
  - Can reduce or eliminate hallucinations, delusions, & agitation
  - Older antipsychotics (e.g., Haldol)
    - Extrapyramidal Side Effects
    - Akinesia
    - Tardive Dyskinesia
  - Newer antipsychotics (e.g., Clozaril, Risperdal, Zyprexa)
  - Compliance problems

**New Treatment for Hallucinations**
- Transcranial magnetic stimulation

**Psychosocial Interventions**
- Token Economy (1970’s)
- Social Skills Training
- Independent Living Skills Program at UCLA
- Behavioral Family Therapy
- Supportive Employment

**Psychosocial interventions may be helpful adjunct but should be ongoing**