# 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

- 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

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

## 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