

# SCHIZOPHRENIA

CC7: Psychopathology  
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# SCHIZOPHRENIA

- Complex mental/ psychotic disorder
- Characterized by severe disturbances in individual's thoughts, emotion, and behaviours
- Loss of contact with reality, hallucinations (false sensory perceptions), delusions (false beliefs) are the marked features of this disorder
- Emil Kraepelin (1856-1926), a German Psychiatrist, adopted the term *dementia praecox* - intellectual and cognitive deterioration
- Eugen Bleuler (1857–1939) coined a new term, “schizophrenia,” mean “split mind.”

# SYMPTOMS

- The symptoms can be grouped into three categories:
  1. Positive symptoms (excesses of thought, emotion, and behavior),
  2. Negative symptoms (deficits of thought, emotion, and behavior), and
  3. Psychomotor symptoms (unusual movements or gestures).

# POSITIVE SYMPTOMS

1. **Delusions** - Delusions are false beliefs

○ Different types of delusions are found :

- *Delusions of persecution delusions of reference:*
- *delusions of grandeur -*
- *delusions of control*

2. **Hallucination** – means false perception , in absence of any stimulus

- *Auditory hallucinations,*
- *Visual hallucinations -.*
- *Olfactory hallucinations*

## POSITIVE SYMPTOMS

### **3. Disorganized Thinking and Speech : Includes**

- *loose associations, or derailment -*
- *neologisms -*
- *perseveration-*

### **4. Inappropriate affect**

- Emotions shown is unsuited to the situation
- Smile upon being told terrible news or vice versa

## NEGATIVE SYMPTOMS

1. **Poverty of Speech –**
2. **Blunted and Flat Affect –**
3. **Loss of Volition –**
4. **Asociality / Social Withdrawal**

# PSYCHOMOTOR SYMPTOMS

- Psychomotor symptoms, such as awkward movements or repeated grimaces and odd gestures.
  - *catatonic stupor*
  - *catatonic rigidity*
  - *catatonic posturing,*

## DIAGNOSIS ( DSM-IV-TR CRITERIA)

1. At least two of the following symptoms, each present for a significant portion of time during a one-month period:
  - (a) Delusions.
  - (b) Hallucinations.
  - (c) Disorganized speech.
  - (d) Grossly disorganized or catatonic behavior.
  - (e) Negative symptoms.
2. Social and occupational functioning have declined since onset.
3. Continuous signs of the disturbance for at least six months, at least one month of which includes symptoms in full and active form

# FACTORS OF SCHIZOPHRENIA

## 1. Biological Factors

- **Biochemical Abnormalities** - abnormalities in biochemical or neurotransmitters- dopamine
  - *Dopamine hypothesis*: schizophrenia results from an excess of the dopamine neurotransmitter
  - Too much dopamine in the limbic area of the brain produces positive symptoms, whereas too little dopamine in the cortical areas produces negative symptoms
- **Genetic Factors** –
  - Family lineage studies have found that schizophrenia is more common among relatives of people with the disorder
  - If one identical twin develops schizophrenia, there is a 48 percent chance that the other twin will also develop schizophrenia, compared to 17% chances in fraternal twin.

# FACTORS OF SCHIZOPHRENIA

## ○ **Abnormal Brain Structure**

- Studies using CAT and MRI scans, revealed that many schizophrenics have enlarged ventricles—the brain cavities that contain cerebrospinal fluid
- Ventricles are around 15% larger than normal people
- It is related to negative symptoms

## ○ **Congenital and Developmental Factors –**

- Brain damage during gestation or birth.
- High rates of delivery complications which reduced supply of oxygen to the brain may damage the brain which may produce schizophrenic symptoms later in life

# FACTORS

## ○ **Socioeconomic Factors**

- **Sociogenic hypothesis** - people belonging to lowest socioeconomic status (SES) in the society are more likely to develop this disorder
- Treatment by others of higher status, low levels of education, lack of rewards and opportunities, create stress which produces schizophrenia,
- **Social selection theory** - people with schizophrenia may drift into poor neighborhoods because their illness, impairs their earning power and they cannot afford to live elsewhere, thus paving the way to become schizophrenic

# FACTORS

## 3. Family-Related Factors

- family structure, functioning and interaction in the development of schizophrenia
- “*Schizophrenogenic mother*” was coined in which it was proposed that the cold and dominant, rejecting, overprotective, conflict-inducing parent is more likely to produce schizophrenia in her offspring
- *Double-bind hypothesis* - some parents repeatedly communicate pairs of mutually contradictory messages that place children in so-called double-bind situations
- Paranoid schizophrenia represent the child’s attempt to deal with the double binds

# TREATMENT OF SCHIZOPHRENIA

## 1. Medications

### ○ Antipsychotic drugs –

- *First generation antipsychotic drugs - phenothiazines, hlorpromazine* are widely used
- These drugs are more effective in reducing the positive symptoms
- Reduce psychotic symptoms by blocking excessive activity of the neurotransmitter *dopamine*.
- Second generation of antipsychotic drugs such as *Risperdal, Clozaril, and Aripiprazole* are found to be more effective in reducing symptoms especially negative symptoms.
- However they produce side effect as well.

# TREATMENT OF SCHIZOPHRENIA

## 2. The Token Economy

- An *operant conditioning* technique which could help change the behaviors of schizophrenics
- Token economy is a program in which a person's desirable behaviors are reinforced systematically by giving of tokens that can be exchanged for goods or other privileges.
- In this approach, patients are rewarded when they behave properly or as desired and are not rewarded when they behave unacceptably.

# TREATMENT OF SCHIZOPHRENIA

## 3. Cognitive-Behavioral Therapy (CBT)

- CBT helps in reducing hallucinations, delusions and cognitive disturbances
- It seeks to change perception and reaction to their hallucinatory experiences, reduce their delusional ideas, and gain a greater sense of control over their hallucinations and delusions.

## 4. Family Therapies-

- useful in mitigating and /or controlling relapse and re-hospitalization of the treated patient
- focuses on education about the schizophrenia and developing proper communication pattern etc.