

The Many Faces of Schizophrenia

Chapter 12- Schizophrenia and Psychotic Disorders





- <u>Avolition</u> is also referred to as <u>Apathy</u>, or the inability to initiate/persist in important activities.
 - People who are apathetic are uninterested in performing even the most basic day-to-day activities, like grooming/bathing.
- <u>Alogia</u> is often referred to as <u>poverty of speech</u>. This is the relative absence of typical speech
 - A person with alogia may respond with brief answers to questions that have little content and may appear uninterested in the conversation.
- Example- "Do you have children?" "Yes"

Are they just unsocial people?

- This deficit in communication is believed to reflect a negative <u>thought disorder</u>, rather than inadequate communication skills.
- Research suggests that people with alogia may have trouble finding the right words to formulate their thoughts (Alpert & Clark, 1994)

More Negative Symptoms

- The lack of emotional response is called <u>Flat</u> <u>affect</u> and <u>anhedonia</u>.
 - They do not react with emotion outwardly, although they may be experiencing the emotion inwardly.



Hey...Mom's dead!

- Sometimes people with schizophrenia display inappropriate affect.
- Behavior that does not fit the mood is sometimes displayed, such as laughing or crying at inappropriate times
 - Laughing at a funeral



People with schizophrenia often lack insight (awareness) and have <u>disorganized</u> thoughts and speech.



Disorganized Thoughts

- These are marked by <u>looseness of associations</u>, in which the patient rambles on from topic to topic in a disconnected way <u>tangentially</u>
 - Where unrelated answers are given to questions
- The "word salad" is also displayed in which the patient's speech is so incoherent that it makes no grammatical sense

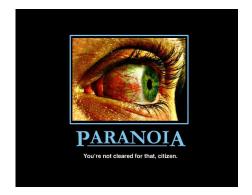


Just bizarre behavior

- Some people are very <u>physically</u> agitated-
 - "psychomotor agitation"
- Others in the other extreme, hold unusual postures called <u>catatonic</u> <u>immobility.</u>
- This can also involve <u>waxy flexibility</u>, the tendency to keep their bodies in the positions someone else puts them in



Diagnosis	
 To receive a diagnosis of schizophrenia, a person must display two or more positive, negative and/or disorganized symptoms for a major portion of at least 1 month. 	
The many faces of schizophrenia This disorder is divided into <u>subtypes</u> : Paranoid Disorganized Catatonic Undifferentiated	
Paranoia will destroy ya This form of schizophrenia stands out because the delusions and hallucinations have a theme: such as grandeur, excessive religiosity or persecution. Surprisingly, people with paranoid schizophrenia have a better prognosis than other forms of schizophrenia	



Paranoid Schizophrenia

- People with paranoid schizophrenia tend to have their cognitive skills and affect relatively intact.
- They do not usually have disorganized speech or flat affect.

Diagnosis

• The DSM IV criteria requires preoccupation with one or more delusions or frequent auditory hallucinations without a marked display of disorganized speech, disorganized or catatonic behavior, or flat/inappropriate affect (APA, 2000).

Disorganized type In contrast to the paranoid type, people with <u>Disorganized Schizophrenia</u> show marked disruption in their speech, thinking and behavior. • These behaviors are often coupled with flat/inappropriate affect and an unusual selfabsorption Patients may spend an excessive amount of time staring at themselves in a mirror (Ho et al., 2003). If hallucination/delusions are present, they are often fragmented and do not revolve around a central theme. Catatonic Type • This type of schizophrenia effects the motor functions/responses. This can be displayed in the waxy flexibility or excessive psychomotor activity • People with this type of schizophrenia sometimes display odd mannerisms with their bodies and faces, such as facial grimacing. They often repeat or mimic the words of others (echolalia) or movements (echopraxia)

 This type of schizophrenia is relatively rare, and there is some debate about whether it should remain classified as a separate subtype

(McGlashan, 1991).

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Undifferentiated Type	
People do not always fit neatly into a specific subtype, which is why there is a subtype of undifferentiated schizophrenia.	
 People who have the major symptoms of schizophrenia, but do not meet the criteria for paranoid, disorganized or catatonic types. 	
Can you just have a little bit of schizophrenia?	
No, but you can experience one psychotic episode	
without further symptoms. This is the <u>residual type</u> of schizophrenia.	
Although they may not display bizarre hallucinations	
or delusions, they may have "left over" symptoms. - Social withdrawal	
- Bizarre thoughts - Inactivity	
- Flat affect	
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Next Class	
Other psychotic disorders	
Causes of Schizophrenia	