



The Many Faces of Schizophrenia

Chapter 12- Schizophrenia and Psychotic Disorders



- Avolition is also referred to as Apathy, 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.
- Alogia is often referred to as poverty of speech. 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 thought disorder, 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 Flat affect and anhedonia.
 - 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 disorganized thoughts and speech.



Disorganized Thoughts

- These are marked by looseness of associations, in which the patient rambles on from topic to topic in a disconnected way tangentially
 - 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 physically agitated
 - “psychomotor agitation”
- Others in the other extreme, hold unusual postures called catatonic immobility.
- This can also involve waxy flexibility, 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 subtypes:

- 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 Disorganized Schizophrenia show marked disruption in their speech, thinking and behavior.
- These behaviors are often coupled with flat/inappropriate affect and an unusual self-absorption
 - 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).

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 residual type of schizophrenia.
- Although they may not display bizarre hallucinations or delusions, they may have “left over” symptoms.
 - Social withdrawal
 - Bizarre thoughts
 - Inactivity
 - Flat affect

Next Class...

- Other psychotic disorders
- Causes of Schizophrenia
