What do the voices in your head say?

Chapter 12 - Schizophrenia and Psychotic Disorders

Module Objectives
- What is Schizophrenia?
- What are the features of Schizophrenia?
  - Positive and Negative
- What are the different types of Schizophrenia?

Stop and Think...
How would you describe Schizophrenia?

How would you describe a person with this disorder?
Who has Schizophrenia?

- A middle-aged man walks the streets of New York with aluminum foil under his hat, so the Martians can't read his mind.
- A young woman sits in her college classroom and hears the voice of God telling her she is a vile and disgusting person.
- You try to strike up a conversation with the supermarket bagger, but he stares at you vacantly and will say only one or two words in a flat, monotone voice.

They ALL do!

Most people think of Schizophrenia as a singular disorder. We will examine the different types of Schizophrenia and how they are not all the same.

How disruptive is this disorder?

- Schizophrenia is a devastating disorder that has a tremendous impact almost every area of functioning.

  This disorder is characterized by a broad spectrum of cognitive and emotional dysfunctions, including:
  - Hallucinations
  - Delusions
  - Disorganized speech & behavior
  - Inappropriate emotions
History

The symptoms of this disorder have been examined throughout history, but it was not until 1908 that the name schizophrenia was introduced by Eugen Bleuler.

Schizophrenia comes from the Greek words for split mind, which reflected Bleuler's belief that underlying all the unusual behaviors was an associative splitting of the basic functions of personality.

This phrasing (split mind) has contributed to a large misconception about Schizophrenia.

Cognition, emotion and perception NOT multiple personality disorder!

Stop and Think...

What do we think about people with Schizophrenia?

How would you feel if you were asked to show a person who was recently released from Trenton Psychiatric Hospital?
Society devalues and dehumanizes those with schizophrenia.

- People with these severe mental disorders are twice as likely to be harassed in public as people without schizophrenia (Berzins et al., 2003).

These disorders not only effect the patient, but the people around them, like family and friends, both emotionally and financially.

“You are such a psycho!”

- This word is very common in our culture, but what does it mean?

  Schizophrenia is classified as a **psychotic disorder**.

  - These disorders are characterized by hallucinations and delusions, which involve a loss of contact with reality.
Stop and think...
Are people with Schizophrenia accurately portrayed in our society?

What preconceived images or ideas do you have about people with Schizophrenia?

It's important to understand the characteristics of this disorder because we constantly see distorted images.

Characters on TV and in movies, as well as images in the media commonly depict this disorder inaccurately.

People with Schizophrenia are often portrayed as dangerous and violent.
Those who are mentally ill are less dangerous than the general population.

In a study conducted by Northwestern Medical School, only 3 of 2122 contacts between police and citizens involved violent behavior by a mentally ill person.

Are people with Schizophrenia dangerous predators?

- Despite evidence to the contrary, people with Schizophrenia are still portrayed as dangerous and violent offenders.

- Research shows that people with Schizophrenia are no more likely to commit homicide than others.

- However, more than 70% of T.V characters in prime-time dramas with schizophrenia are presented as violent
  - more than 1/5 depicted as murders.

Symptoms of schizophrenia are divided into 2 categories, positive and negative.

- **Positive symptoms:**
  - hallucinations, delusions, racing thoughts

- **Negative symptoms:**
  - apathy, lack of emotion, poor or non-existent social functioning
Positive symptoms

- These are additions and the more obvious signs of psychosis - not to be confused with happy.

- Delusions are a false, unshakable belief.
  - This symptom involves disorder of thought content and beliefs that are misrepresentations of reality.

If you’re like most people, you have watched the beginning of the American Idol season for one reason...you know where I’m going with this!

Watch the following video clip and identify the delusion 😄
This was not to poke fun at any person featured. BUT, it is a great illustrator of delusional thinking.

Regardless of reality, many American Idol contestants refuse to accept the fact that they cannot sing. In fact, they believe they are exceptional performers... delusional.

You might be Delusional if...

- A person who believes they are from the planet “Gwarnon” is delusional
- A person who believes the flickering street light is sending him messages from the aliens is delusional
- A person who believes the CIA, FBI, and mafia are “out to get him” is...

Hi, Jesus Christ. Nice to meet you.

- There are several classifications of delusions.

  - Delusions of Grandeur are the belief that you are more important than you are.
    - For example when you believe that you are very special or have special powers or abilities.
    - “I’m Napoleon” “I can cure cancer with my powers”
Types of Delusions

- A very common delusion effecting 1/3 of people with schizophrenia is the belief that others are “out to get them.” They believe they are being cheated, harassed, poisoned, or conspired against.
  - These are called delusions of persecution (paranoid delusions) which can be the most disturbing for people with schizophrenia.

I know what that means...

Delusions of reference involve a person having a belief or perception that irrelevant, unrelated or innocuous things in the world are referring to them directly or have special personal significance.

While watching a re-run of the Cosby show, Dan recognizes that Bill Cosby is speaking directly to him. These “messages” are a sign from God that something bad is about to happen. He must run and get as far as possible!
Delusions of Reference

- They feel that people on television or radio are talking about, or talking directly to them.

- They believe the headlines or stories in newspapers are written especially for them

- believing that events (even world events) have been deliberately contrived for them, or have special personal significance

Did you hear that?!

*Hallucinations* are also positive symptoms of schizophrenia that are evidence of perceptual disturbance.
Hallucinations are false perceptions and inaccuracies that affect the senses. Causing people to hear, see, taste, touch or smell what others do not.

Auditory hallucinations are the most common.

Watch and reflect
The following video clip features a woman actively experiencing hallucinations

Observe the client's report about her hallucinations

Hallucinations
Virtual Hallucinations

Understanding Hallucinations

- Research found by using SPECT scan of the brain that the area of the brain most active during hallucinations was Broca’s area, linked to speech production.

- This research suggests that people are not hearing the voices of others but they are listening to their own thoughts or voice and they can’t recognize the difference (Hoffman, 1999).

In contrast to the presentation of new features with positive symptoms, negative features of schizophrenia indicate the absence of or insufficiency of “normal” behavior.
Negative symptoms

- In contrast to the presentation of new features with positive symptoms, negative features of schizophrenia indicate the absence of normal behavior.
- Negative symptoms include:
  - Emotional and social withdrawal
  - Apathy
  - Poverty of speech or thought

- 25% of people with schizophrenia display these symptoms (Ho et al., 2003)

What’s Missing?

- They include emotional and social withdrawal, apathy, and poverty of thought and speech.

- 25% of people with schizophrenia display these symptoms (Ho et al., 2003)

- 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.

Review “Etta”, the client case on your textbook DVD for an example of Disorganized speech.
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.

Interview with John Nash

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).

Watch and reflect...

Review the following clip which features a man with Paranoid Schizophrenia

Stop and think
What features of the disorder does the client display?
Paranoid Schizophrenia

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 hallucinations/delusions are present, they are often fragmented and do not revolve around a central theme.
Catatonic Type

- This type of schizophrenia affects 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

What’s Next?

- Other psychotic disorders
- Causes of Schizophrenia