

## **Quadrant II – Transcript and Related Materials**

**Programme: Bachelor of Arts**

**Subject: Psychology**

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**Paper Title: Understanding Psychological Disorders**

**Unit: IV Schizophrenia, Personality & Neuro-cognitive Disorders**

**Module Name: Schizophrenia: Clinical picture**

**Module No: 27**

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### **Notes**

#### **INTRODUCTION**

- Schizophrenia occurs in people from all cultures and all walks of life. It is characterized by an array of diverse symptoms, including extreme oddities in perception, thinking, action, sense of self and relating to others. There is significant loss of contact with reality, termed as psychosis. Emil Kraepelin referred to a group of conditions that features in mental deterioration beginning early in life. Dementia praecox is a condition that makes the person become suspicious of those around him, see poison in food, feels body is being influenced or thinks that he is going to be shot, neighbors are jeering at him and is pursued by police. Schizophrenia disorder is characterized by hallucinations, apathy, indifference, withdrawn behaviour and incapacity for regular work. Eugen Bleuler gave a diagnostic term to schizophrenia in 1911. Schizo meaning crack or split, phren meaning mind. The disorder of Schizophrenia is characterized by disorganization of thought processes, lack of coherence between thought and emotion, inward orientation away from reality. There is a split within the intellect, between intellect and emotion, and between intellect and external reality.

- **Epidemiology**

One out of every 140 people alive until age of 55 will develop the disorder. Some people have higher risk of developing the disorder than others. Rates of Schizophrenia are higher in first and second generation immigrants. Vast majority cases begin in late adolescence and early adulthood. Within 18 to 30 years of age is the peak time for onset of the illness. Age of onset for men is between 20 and 24 years. Age of onset for women peaks during the same time. After age 35, number of men developing schizophrenia falls markedly, but more severe forms of schizophrenia are noted. Rise in new cases begins around age 40 and spike in onset occurs in early sixties among women. Brain imaging studies for schizophrenia, revealed that anomalies of brain structure are more severe in males. Schizophrenia is more common in males. Female sex hormones play a more protective role. When estrogen levels are low psychotic symptoms in women with schizophrenia often get worse. Declining levels of estrogen around menopause is much more likely to strike women than men.

- **DSM -5 Criteria for Schizophrenia**

- **A.** Two of the following symptoms are present for a significant portion of time during one month period. Delusions, hallucinations, disorganized speech, catatonic behaviour and negative symptoms.
- **B.** For a significant portion of the time, since the onset of disturbance. Level of functioning in one or more major areas such as work, interpersonal relations or self care is below the level achieved prior to the onset.
- **C.** Continuous signs of disturbance persists for at least six months.
- **D.** Diagnosis of Schizophrenia is made only if prominent delusions or hallucinations in addition to other symptoms are present for at least one month.

- **Symptoms of major form of Psychotic disorder**

- **Delusions**-An erroneous belief that is fixed and firmly held despite clear contradictory evidence. Delusions involve a disturbance in the content

of thought. Inner world of people with Schizophrenia is often confused, punctuated by alien voices, paranoia and illogical thoughts. Delusion involves a disturbance in the content of thought. Belief that one's thoughts, feelings or actions are being controlled by external agents. **Thought broadcasting**-one's private thoughts are being broadcast indiscriminately to others. **Thought insertion**-thoughts are being inserted into one's brain by external agency. **Thought withdrawal**-external agency has robbed one's thoughts. Delusions of reference are common, where neutral environmental event has special and personal meaning intended only for the person. Other strange propositions including delusions of bodily changes, or removal of organs are also found in patients.

- **Hallucinations** is a sensory experience seems real to the person having it occurs in the absence of any external perceptual stimulus. Hallucinations can occur in any sensory modality auditory, visual, olfactory, tactile or gustatory. Auditory hallucination are found in 75% of patients with schizophrenia. Hallucinations have relevance for patients at affective, conceptual or behavioural level. Patients may act on their hallucinations and behave accordingly. Neuroimaging studies reveal that patients with speech hallucinations have reduced brain gray matter in left hemisphere auditory and speech perception areas. Reduced brain activity in these areas could lead to failure to correctly identify internally generated speech. Neuroimaging studies reveal that hallucinating patients show increased activity in Broca's area of temporal lobe involved in speech production. Auditory hallucinations occur when patients misinterpret their own self-generated and verbally mediated thoughts.
- **Disorganized Speech** is external manifestation of a disorder in thought form. An affected person fails to make sense despite using language in a conventional way, following syntactic rules in verbal communication. Meehl referred- as cognitive slippage/ derailment/ loosening of association, in its most extreme form as incoherence. Listener is left with little or no understanding of the point the speaker is trying to make. Completely new made-up words known as neologisms appear in person speech. Formal thought disorder-problems in the way disorganized thought is expressed in disorganized speech.

- **Disorganized behaviour-** goal directed activity is almost universally disrupted in schizophrenia. Impairment occurs in areas of routine daily functioning such as work, social relations and self care. Observers note that the person is not himself anymore. Person may no longer maintain minimum standards of personal hygiene. May exhibit a profound disregard of personal safety and health. Disorganized behaviour appears silliness or unusual dress. Disruptions of executive behaviour to impairment in the functioning of prefrontal region of the cerebral cortex. Catatonia is more striking behavioural disturbance. Patients may show virtual absence of all movement and speech called as catatonic stupor.
- There are two general syndromes of schizophrenia, positive and negative syndromes. **Positive Symptoms** are those that reflect an excess or distortion in a normal repertoire of behaviour and experience such as delusions and hallucinations. Disorganized thinking is also thought in this way. **Negative Symptoms-** reflect an absence or deficit of behaviours, normally present. fall in two broad domains, one domain involves reduced expressive behaviour in voice, facial expression, gestures or speech. May show itself in the form of **blunted affect** or **flat affect** or **alogia** which means very little speech. The other domain concerns reductions in motivation or experience of pleasure. Inability to initiate or persist in goal-directed activity is called **Avolition**. Diminished ability to experience pleasure is called **Anhedonia**. Patients exhibit both positive and negative symptoms during the course of the disorder. Presence of negative symptoms in the clinical picture is not a good sign for the patient's future outcome. Patients with negative symptoms may seem emotionally unexpressive. Patients with Schizophrenia show less facial expressions. Even though patients with Schizophrenia appear emotionally unexpressive, they experience plenty of emotions.