

## Abnormal Psychology Chapter Thirteen Notes

### Schizophrenia (page 453-455)

- **Schizophrenia** → characterized by an array of diverse symptoms, including extreme oddities in perception, thinking, action, sense of self, and manner of relating to others; hallmark of schizophrenia is psychosis → a significant loss of contact with reality
- Origins of the Schizophrenia Construct
  - Eugen Bleuler was the one who gave us the diagnostic term we still used today; “schizo” means to split or crack and “phren” refers to the mind – he believed the condition was characterized primarily by disorganization of thought processes, a lack of coherence between thought and emotion, and an inward orientation away (split off) from reality
  - No “split” in personalities, instead there is a split within the intellect and external reality
- Epidemiology
  - Lifetime risk is 0.7%
  - People with higher risk: if parent has schizophrenia, people whose fathers were 45-50 years old or older at the time of their birth, having a parent who works as a dry cleaner, and people of Afro-Caribbean origin living in the United Kingdom
  - Majority of cases begin in late adolescence and early adulthood (18 - 30 peak age)
  - Tends to begin earlier in men than in women
  - Men tend to have more cases and more severe forms of schizophrenia (for every three men that develop it, only two women do)
  - Female sex hormones (estrogen) may help protect against schizophrenia

### Clinical Picture (page 455-462)

- Delusions
  - **Delusion** → an erroneous belief that is fixed and firmly held despite clear contradictory evidence
  - Delusions involve a disturbance in the content of thought
  - 90% of schizophrenic patients have delusions
  - Prominent types of delusions: made feelings or impulses, thought broadcasting, thought insertion, and thought withdrawal
- Hallucinations
  - **Hallucination** → a sensory experience that seems real to the person having it but occurs in the absence of any external perceptual stimulus
  - Auditory hallucinations are the most common type – 75% of patients; other hallucination types are visual (39%), olfactory, tactile, and gustatory
  - Hallucinating patients show increased activity in the Broca’s area
  - Research findings suggest that auditory hallucinations occur when patients misinterpret their own self-generated and verbally mediated thoughts (inner speech or self-talk) as coming from another source
  - Auditory hallucinations are really a form of misperceived subvocal speech
- Disorganized Speech and Behavior
  - Disorganized speech is the external manifestation of a disorder in thought form

- Words and word combinations sound communicative but the listener is left with little or no understanding of the point the speaker is trying to make
- Neologisms: completely new, made up words
- Formal thought disorder: a term clinicians use to refer to problems in the way that disorganized thought is expressed in disorganized speech
- Catatonia: patient shows a virtual absence of all movement and speech and may be in what is called a catatonic stupor
- Positive and Negative Symptoms
  - **Disorganized symptoms** → bizarre behavior and disorganized speech
  - **Positive symptoms** → reflect an excess or distortion in a normal repertoire of behavior and experience; exs: hallucinations and delusions
  - **Negative symptoms** → reflect an absence or deficit of behaviors that are normally present; exs: **flat affect** (blunted emotional expressiveness), **alogia** (very little speech), **avolition** (the inability to initiate or persist in goal-directed activities), asociality, apathy, anhedonia
  - Preponderance of negative symptoms in the clinical picture is not a good sign for the patient's future
  - Even though patients with schizophrenia may sometimes not look very emotionally expressive, they are nonetheless experiencing plenty of emotion
- Other Psychotic Disorders
  - **Schizoaffective disorder** → hybrid because it is used to describe people with features of schizophrenia and severe mood disorder; person has psychotic symptoms that meet criteria for schizophrenia but also has marked changes in mood for a substantial amount of time (Two subtypes – bipolar and unipolar)
    - Clinicians often do not agree about who meets the criteria for the diagnosis
    - Long term outcome is much better when compared to patients with schizophrenia
  - **Schizophreniform disorder** → schizophrenia-like psychoses that last at least a month but do not last for six months and so do not warrant a diagnosis of schizophrenia
    - Prognosis is much better when compared to patients with schizophrenia
  - **Delusional disorder** → patients hold beliefs that are considered false and absurd by those around them but may otherwise behave quite normally
    - Subtype is erotomania: theme of delusion is great love for a person, usually of higher status
  - **Brief psychotic disorder** → involves the sudden onset of psychotic symptoms or grossly disorganized or catatonic behavior; great emotional turmoil but the episode usually lasts only a matter of days and then the person returns to his or her former level of functioning and may never have another episode again
    - Often triggered by stress
  - **Shared psychotic disorder** → a delusion that develops in someone who has a very close relationship with another person who is delusional

#### Risk and Causal Factors (page 462-485)

- Genetic Factors

- Risk of developing schizophrenia increases as how genetically close you are to an individual with it
- Schizophrenia concordance rates for identical twins are routinely and consistently found to be significantly higher than those for fraternal twins or ordinary siblings (28 versus 6)
- Finnish Adoptive Family Study has provided strong confirmation of the diathesis-stress model as it applies to the origins of schizophrenia (strong interaction between genetic vulnerability and unfavorable family environment)
- Prenatal Exposures
  - Viral infections: more people with schizophrenia are born between January and March than would be expected by chance; risk of schizophrenia seems to be greatest when the mother gets the flu in the fourth to seventh month of gestation
  - Rhesus incompatibility
  - Patients with schizophrenia are much more likely to have been born following a pregnancy or delivery that was complicated in some way
  - Early nutritional deficiency
  - Maternal stress

#### Treatments and Outcomes (page 485-490)

- Before the 1950's when antipsychotics were introduced, there weren't really any treatments and, instead, patients were put in institutions
- Clinical Outcome
  - 38% of people with schizophrenia will be thought of as "recovered" (can function well) after 15 to 25 years
  - Only 16% recover to the point that they no longer need medication
  - Long term institutionalization is necessary for 12% of people
  - No cure
  - Men die 14.6 years earlier and women die 17.5 years earlier; some factors that cause this are long term antipsychotic medication use, obesity, smoking, poor eating habits, lack of exercise, and use of illegal drugs
  - High risk of suicide – 12% of patients
- Pharmacological Approaches
  - 60 different antipsychotic medications are used but they all block dopamine D2 receptors in the brain
  - **First-generation antipsychotics** → medications like chlorpromazine and haloperidol; first medications to be used to treat psychotic disorder
  - **Neuroleptics** → "seizing the neuron"; revolutionized the treatment of schizophrenia
  - Earlier patients receive medication, the better off they are long term
  - Some clinical change can be seen within the first 24 hours of medication use but it may take several weeks or months for maximum clinical benefits to be achieved
  - How the patient does on treatment from week two to four is a good predictor of how much he or she will benefit overall
  - First generation antipsychotics work best for positive symptoms; side effects include drowsiness, dry mouth, weight gain, and extrapyramidal side effects which is like involuntary movements (minorities are at greater risk)