

SCHIZOPHRENIA

**COURSE: PSYCHOPATHOLOGY, CC-3 (PGDCP),
SEM I; Unit 4**

By

Dr. Priyanka Kumari

Assistant Professor

Institute of Psychological Research and Service

Patna University

Contact No.7654991023;

E-mail- drpriyankakumari1483@gmail.com

SCHIZOPHRENIA



Schizophrenia is characterised by disturbance in thought and verbal behaviour, perception, affect, motor behaviour and relationship to the external world. The diagnosis is entirely clinical and is based on the following clinical features, none of which are pathognomonic if present alone.

SCHIZOPHRENIA

❧ EPIDEMIOLOGY



According to the World (Mental) Health Report 2001, about 24 million people worldwide suffer from schizophrenia. The point prevalence of schizophrenia is about 0.5-1%. Schizophrenia is prevalent across racial, sociocultural and national boundaries, with a few exceptions in the prevalence rates in some isolated communities. The incidence of schizophrenia is believed to be about 0.5 per 1000. The onset of schizophrenia occurs usually later in women and often runs a relatively more benign course, as compared to men.

SCHIZOPHRENIA



CLINICAL FEATURES

❧ Thought and Speech Disorders

- ❧ *Autistic thinking* is one of the most classical features of schizophrenia. Here thinking is governed by private and illogical rules. The patient may consider two things identical because they have identical predicates or properties (*von Domarus Law*); for example, Lord Hanuman was celibate, I am celibate too; So, I am Lord Hanuman.
- ❧ *Loosening of associations* is a pattern of spontaneous speech in which things said in juxtaposition lack a meaningful relationship or there is idiosyncratic shifting from one frame of reference to another. The speech is often described as being 'disjointed'. If the loosening becomes very severe, speech becomes virtually incomprehensible. This is then known as *incoherence*.

SCHIZOPHRENIA



- ❧ *Thought blocking* is a characteristic feature of schizophrenia, although it can also be seen in complex partial seizures (temporal lobe epilepsy). There is a sudden interruption of stream of speech before the thought is completed. After a pause, the subject cannot recall what he had meant to say. This may at times be associated with *thought withdrawal*.
- ❧ *Neologisms* are newly formed words or phrases whose derivation cannot be understood. These are created to express a concept for which the subject has no dictionary word. Sometimes, normal words are used in an unconventional or distorted way but the derivation can be understood, even if bizarre. These are called *word approximations* or *paraphasias*; for example, describing stomach as a 'food vessel'.

SCHIZOPHRENIA



- ❧ A patient with schizophrenia may show complete *mutism* (with no speech production), *poverty of speech* (decreased speech production), *poverty of ideation* (speech amount is adequate but content conveys little information),
- ❧ *echolalia* (repetition or echoing by the patient of the words or phrases of examiner),
- ❧ *perseveration* (persistent repetition of words beyond their relevance), or
- ❧ *verbigeration* (senseless repetition of same words or phrases over and over again)

These are disorders of verbal behaviour or speech.

SCHIZOPHRENIA



∞ *Delusions* are false unshakable beliefs which are not in keeping with patient's socio-cultural and educational background

The commonly seen delusions in schizophrenia include:

1. Delusions of persecution (being persecuted against, e.g. 'people are against me').
2. Delusions of reference (being referred to by others; e.g. 'people are talking about me').
3. Delusions of grandeur (exaggerated self-importance; e.g. 'I am God almighty').
4. Delusions of control (being controlled by an external force, known or unknown; e.g. 'My neighbour is controlling me').
5. Somatic (or hypochondriacal) delusions (e.g. 'there are insects crawling in my scalp').

The other clinical features of schizophrenic thought disorder include: *overinclusion* (tending to include irrelevant items in speech), *impaired abstraction* (loss of ability to generalise), *concreteness* (due to impaired abstraction), *perplexity* and *ambivalence*.

SCHIZOPHRENIA



❧ Disorders of Perception

Hallucinations (perceptions without stimuli) are common in schizophrenia. Auditory hallucinations are by far the most frequent. These can be:

- i. Elementary auditory hallucinations (i.e. hearing simple sounds rather than voices)
- ii. 'Thought echo' ('audible thoughts')
- iii. 'Third person hallucinations' ('voices heard arguing', discussing the patient in third person)
- iv. 'Voices commenting on one's action'.

Only the 'third person hallucinations' are believed to be characteristic of schizophrenia. Visual hallucinations can also occur, usually along with auditory hallucinations. The tactile, gustatory and olfactory types are less common.

SCHIZOPHRENIA

❧ Disorders of Affect

The disorders of affect include **apathy**, **emotional blunting**, **emotional shallowness**, *anhedonia* (inability to experience pleasure) and **inappropriate emotional response** (emotional response inappropriate to thought). The difficulty of a patient with schizophrenia in establishing emotional contact with other individuals can lead to *lack of rapport* with the physician.

❧ Disorders of Motor Behaviour

There can be either a decrease (decreased spontaneity, inertia, stupor) or an **increase in psychomotor activity** (excitement, aggressiveness, restlessness, agitation). **Mannerisms**, **grimacing**, **stereotypies** (repetitive strange behaviour), **decreased self-care**, and **poor grooming** are common features. Catatonic features are commonly seen in the catatonic subtype of schizophrenia (and are discussed in detail under that heading).

SCHIZOPHRENIA

❧ Negative Symptoms ❧

The prominent negative symptoms of schizophrenia include

- ❧ *affective flattening or blunting,*
 - ❧ *attentional impairment,*
 - ❧ *avolition-apathy* (lack of initiative associated with psychomotor slowing),
 - ❧ *anhedonia,*
 - ❧ *asociality* (social withdrawal), and
 - ❧ *alogia* (lack of speech output).
- ❧ There is poor verbal as well as nonverbal communication with poor facial expression, decreased eye contact, with usually poor self-care and social interaction.

SCHIZOPHRENIA



Other Features

1. **Decreased functioning in work, social relations and self-care**, as compared to the earlier levels achieved by the individual.
2. **Loss of ego boundaries** (feeling of blurring of boundaries of self with the environment; uncertainty and perplexity regarding own identity and meaning of existence).
3. **Multiple somatic symptoms**, especially in the early stages of illness.
4. **Insight** (into the illness) is absent and social judgement is usually poor.
5. There is usually **no clinically significant disturbance of consciousness, orientation, attention, memory and intelligence**.
6. There is usually **variability in symptomatology over time** which in some cases can be marked.
7. There is **no obvious underlying organic cause** that can explain the causation of the symptoms.
8. There is **no prominent mood disorder** of depressive or manic type.

SCHIZOPHRENIA

☞ Eugen Bleuler's Fundamental Symptoms of Schizophrenia (Also called as 4 A's of Bleuler)

1. *Ambivalence*: Marked inability to decide for or against
2. *Autism*: Withdrawal into self
3. *Affect disturbances*: Disturbances of affect such as inappropriate affect
4. *Association disturbances*: Loosening of associations; thought disorder

SCHIZOPHRENIA



∞ First Rank Symptoms (SFRS) of Schizophrenia

1. *Audible thoughts*: Voices speaking out thoughts aloud or ' *thought echo*'.
2. *Voices heard arguing*: Two or more hallucinatory voices discussing the subject in third person.
3. *Voices commenting on one's action*.
4. *Thought withdrawal*: Thoughts cease and subject experiences them as removed by an external force.
5. *Thought insertion*: Experience of thoughts imposed by some external force on person's passive mind.

SCHIZOPHRENIA



☞ First Rank Symptoms (SFRS) of Schizophrenia

6. *Thought diffusion or broadcasting*: Experience of thoughts escaping the confines of self and as being experienced by others around.

7. *'Made' feelings or affect.*

8. *'Made' impulses.*

9. *'Made' volition or acts*: In 'made' affect, impulses and volitions, the person experiences feelings, impulses or acts which are imposed by some external force. In 'made' volition, for example, one's own acts are experienced as being under the control of some external force.

10. *Somatic passivity*: Bodily sensations, especially sensory symptoms, are experienced as imposed on body by some external force.

Thank you