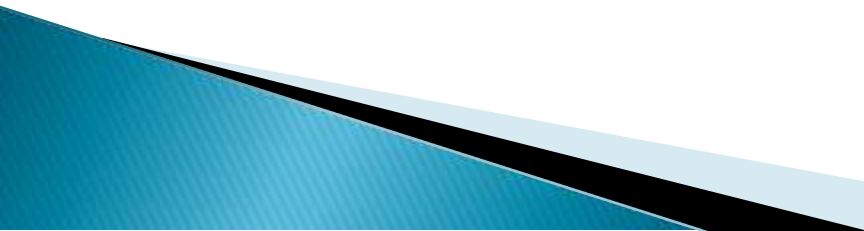


**PATNA UNIVERSITY
M.A(PSYCHOLOGY)
SEMESTER-2
PSYCHOPATHOLOGY(CC7)
TOPIC: SCHIZOPHRENIA**

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SCHIZOPHRENIA

- ▶ Schizophrenia is a devastating psychological disorder that is characterized by major disturbances in thought, perception, emotion and behaviour. Also, it has severe personality disorganization, distortion of reality and inability to function in daily life. Most people with Schizophrenia experience significant difficulties in many day to day activities, such as holding a job, paying bills, caring for oneself and maintaining relationships with others.
 - ▶ About 1% of the population experience Schizophrenia in their lifetime and usually the disorder is first diagnosed during early adulthood. People with Schizophrenia require hospitalization.
 - ▶ Schizophrenia was first coined by Swiss Psychiatrist Eugen Bleuer. It derives from two Greek words- Schizo and Phren. Schizo means splitting of and Phren means psychic functions. So, Schizophrenia means splitting of psychic functions.
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Symptoms of Schizophrenia

- ▶ The symptoms of Schizophrenia is divided into two parts- Positive symptoms and Negative symptoms
- ▶ **Positive symptoms-** It includes adding something that is not normally there- excessive and bizzare behavior, seeing and hearing things that do not exist. It also includes delusions, hallucinations, distorted motor activities, disorganized thinking and disturbances in attention.
- ▶ **Negative symptoms-** Negative symptoms include the absence of functions and reactions that most persons show. One such symptom is flat affect- in which a person shows no emotions in his facial expressions and movements. Another negative symptom is Avolition- which is lack of motivation for meaningful activity. Patients do not involve in their basic tasks. Another negative symptom of Schizophrenia is social withdrawal and lack of interest for engagement in social interactions.
- ▶ Alogia refers to the lack of speech. A final negative symptom, Anhedonia, refers to an inability to experience pleasure.

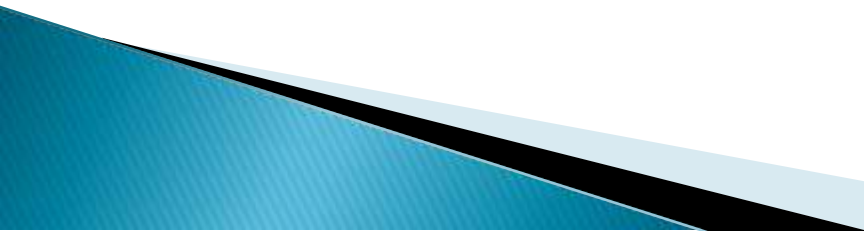
Types of Schizophrenia

1. Catatonic Schizophrenia -The Catatonic type is characterized by Mutism and odd postures. It has motor disturbances ranging from muscular rigidity to random motor activity. Some patients go into an extreme form of withdrawl known as a catatonic stupor. They remain motionless and seem oblivious to the environment. Some get catatonic excitement. They become hyperactive and impulsive. This can also involves negativism or motor rigidity or even purposeful excitement.

2. Disorganized (Hebephrenic) Schizophrenia- It is characterized by silliness and completely inappropriate behavior. It contains incoherence, severe emotional disturbance, wild excitement alternating with fearfulness and vivid hallucination. Also absurd delusions that are prolific, fleeting and frequently concerned with ideas of sex change, cosmic identity and rebirth. Disorganized Schizophrenia also includes Forgetting or loosing things, having problems in understanding everything, inability to think, lack of impulse control and social withdrawl.

3. Undifferentiate Schizophrenia- In this type of Schizophrenia, the patients' emotions lack depth and ideation is simple and refers to concrete things. It has many symptoms including delusions, hallucinations, incoherence, but does not meet the criteria for any of the other types of disorders. Undifferentiate is the term used to describe when a person displays behaviours that are applicable to more than one type of Schizophrenia.

4. Paranoid Schizophrenia- In this type, a feeling occurs that external reality has changed. It has suspicion and ideas of dedication, references, hallucinations and delusions. Patients believe that they have many enemies who want to harm them. They become suspicious of friends and relatives that they must be enormously important people. They also experience auditory disturbances, unexplained anger, severe anxiety and suicidal thoughts.



5. Residual- This type of Schizophrenia is known by past history of at least one episode of Schizophrenia, but the person has currently no positive symptoms. But it has evidence of negative symptoms such as flat affect, Anhedonia and Avolition. To be diagnosed with Residual Schizophrenia, a person must have had positive symptoms of Schizophrenia for at least six months. Once the positive symptoms disappear, then negative symptoms persist for some time. During this phase of negative symptoms, the patients will be called as having residual type of Schizophrenia.

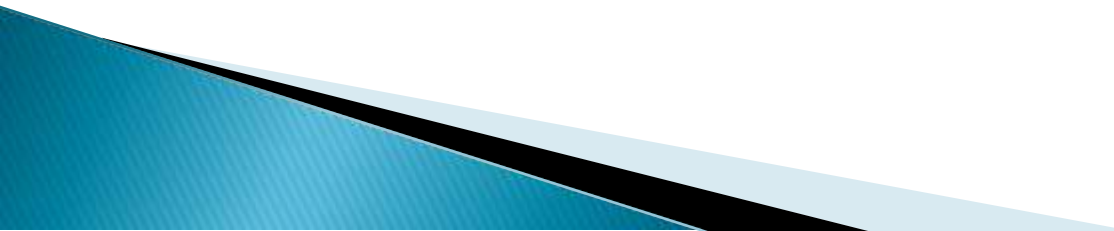
Causes of Schizophrenia

1. Genetic Factors- Schizophrenia is mostly hereditary. Family studies show that there is genetic predisposition for Schizophrenia. Relatives of people with Schizophrenia are more likely to develop the disorder than people from families that are not affected with Schizophrenia. Studies also indicate that a child born to two schizophrenic parents has about 46% probability of developing Schizophrenia.

2. Biochemical Factors- Researches have shown that neurotransmitter dopamine plays an important role in Schizophrenia. Excessive activity in Dopamine system may be related to the appearance of hallucinations, delusions and other symptoms of Schizophrenia. Abnormally low Dopamine system activity has been associated with negative symptoms such as withdrawal.

3. Brain Dysfunction- Schizophrenia also occurs through a number of abnormalities in the structure, functioning and chemistry of the brain. Brain imaging studies have shown that schizophrenic patients have less tissues in the areas of the brain that are involved in emotional expressions, thinking and information processing.

4. Psychological and Socio cultural factors- Psychological processes and socio cultural influences can contribute to the appearance of Schizophrenia. These influences include poverty and other adverse living situations, maladaptive learning experiences, dysfunctional cognitive habits and stressful family communicating patterns.



Treatment of Schizophrenia

- ▶ The treatment of Schizophrenia depends on a number of factors which is the person's ability of adjustment before he or she became Schizophrenic. Quality of adjustment is helpful in dealing with Schizophrenia. Medications and Antipsychotic drugs are useful in this condition. Cognitive Behavior Therapy (CBT) is used in treatment of Schizophrenia. CBT addresses connection between thoughts and behaviour, helping people to learn more about how negative patterns of thought about themselves and the world influence their decision making. Family therapy and Group therapy are also used in the treatment of Schizophrenia.
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