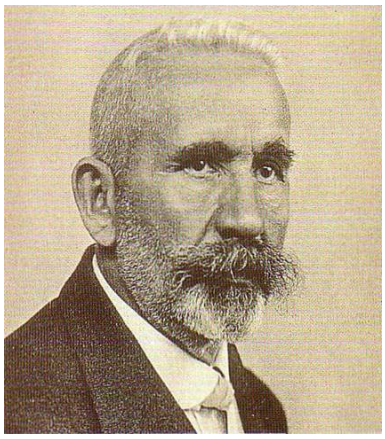
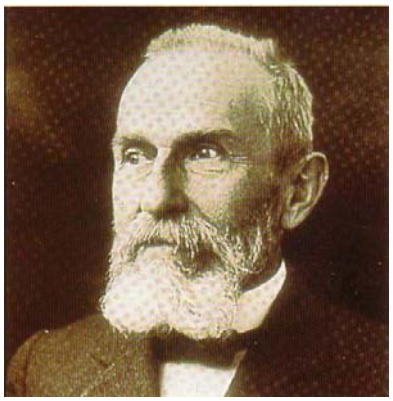
THE CLINICAL CHARACTERISTICS OF SCHIZOPHRENIA

Of all the disorders identified in psychiatric classificatory systems, schizophrenia is the most serious. The disorder was originally called **dementia praecox** (or *senility of youth*) by **Emil Kraepelin (1883)**. He believed that it occurred early in adult life and was characterised by a progressive deterioration or dementia.



Emile Kraepelin

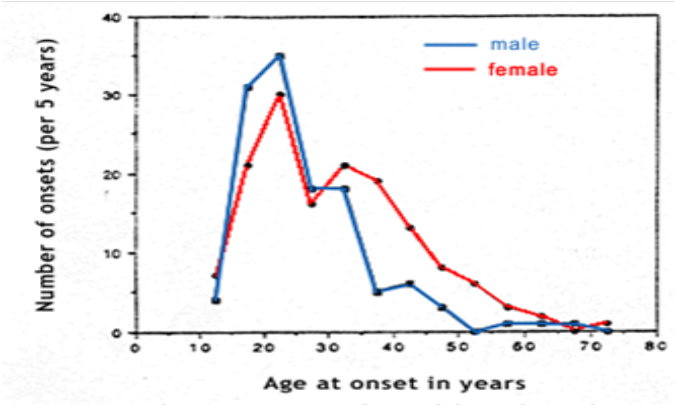
However, **Eugen Bleuler (1911)** observed that the disorder sometimes began later than Kraepelin believed, and that it is not always characterised by a progressive deterioration. Bleuler coined the word **schizophrenia** as a replacement for dementia praecox. The word 'schizophrenia' comes from the Greek words 'schizein' (to split) and 'phren' (the mind), and refers to a splitting of the various functions of the mind, in which 'the personality loses its unity'.



Eugen Bleuler

The population incidence of schizophrenia world-wide is between 0.2% and 2%. The condition typically occurs in late teens/early 20s (males) and late 20s (females). Its onset may be slow and gradual (**chronic onset**) *or*

sudden and severe (**acute onset**). It begins with the **prodromal phase**. This is followed by the **active phase**. The final phase is called the **residual phase**. Note also that there are wide **social class** differences in schizophrenia - the disorder is more common amongst the working class than the middle class.



Age at onset in schizophrenia

Schizophrenia is more likely at some ages than others

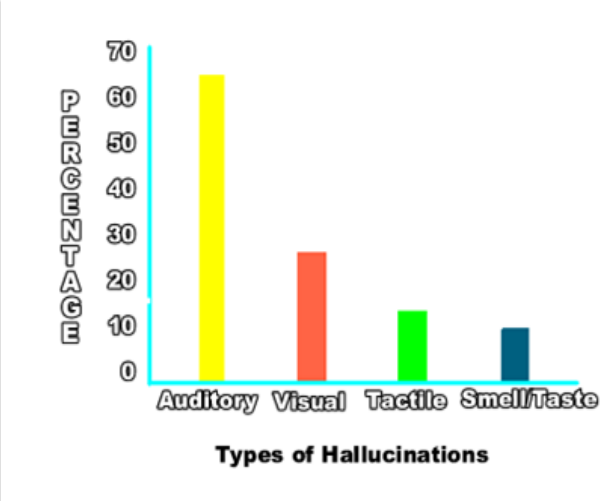
As previously noted, schizophrenia is a condition in which the personality loses its unity. It is important not to confuse schizophrenia with *multiple personality disorder*, a disorder in which the personality splits into two or more separate *identities*, each of which is largely unaware of the others' existence. The confusion probably arises because of the literal meaning of schizophrenia ('to split the mind'). As we will see, schizophrenia results in a 'splitting' between thoughts and feelings, the consequences being bizarre behaviours which are maladaptive.

Not everyone who develops schizophrenia displays the same behaviours. It is a condition with very many characteristics! In Britain, the diagnosis of schizophrenia relies on what **Schneider (1959)** has called **first rank symptoms**. 'The presence of these, in the absence of any form of brain disease, is likely to result in a diagnosis of schizophrenia being made. There are three first rank symptoms.

(1) Passivity experiences and thought disturbances: These include **thought insertion** (the belief that thoughts are being inserted into the mind from the outside, under the control of external forces), **thought withdrawal** (the belief that thoughts are being removed from the mind under the control of external forces), and **thought broadcasting** (the belief that thoughts are being broadcast or otherwise made known to others). External forces may include 'the Martians', 'the Communists', and

'the Government', and the mechanism by which thoughts are affected is often a 'special ray' or a radio transmitter.

(2) Hallucinations: Hallucinations are perceptions of stimuli that are not actually present. These may occur in any sense modality, but the most common are **auditory**:



Types of Hallucinations

Typically, voices are heard coming from outside the individual's head, and offer a 'running commentary' on behaviour in the third person (such as 'He is washing his hands. Now he'll go and dry them.'). Sometimes, they will comment on the individual's character, usually insultingly, or give commands. However, they may also be perceived as amusing and reassuring.

(3) Primary delusions: Delusions are false beliefs which persist even in the presence of disconfirming evidence. The following are some of the different types of delusion seen in schizophrenia:

- **Delusion of grandeur:** The belief that one is somebody who is or was important or powerful (such as Jesus Christ or Napoleon)
- **Delusion of persecution:** The belief that one is being plotted or conspired against, or being interfered with, by certain people or organised groups
- **Delusion of reference:** The belief that objects, events, and so on have a (typically negative) personal significance. For example, a person may believe that the words of a song specifically refer to him/her
- **Delusion of nihilism:** The belief that nothing really exists and that all things are simply shadows. The belief that one has been dead for years and is observing the world from afar is also common.

First rank symptoms are **subjective experiences**, and can only be inferred on the basis of the individual's verbal reports. Hallucinations are the least important first rank symptom, because they are not exclusive to schizophrenia (although this is also true of delusions!). **Slater & Roth (1969)** identify four different characteristics of schizophrenia directly observable from behaviour.

(1)Thought process disorder: Although constantly bombarded by sensory information, we are usually able to attend selectively to some and exclude the rest. This ability is impaired in schizophrenia, and leads to overwhelming and unintegrated ideas and sensations which affect concentration. Thus, schizophrenics are easily distracted. Their failure to maintain an 'attentional focus' is reflected in the inability to maintain a focus of thought. In turn, this is reflected in the inability to maintain a focus in language.

The classic disturbance in the *form* of schizophrenic thought (as opposed to its *content*) involves **loose associations** (or **derailment**). The individual shifts from topic to topic as new associations arise, and fail to form coherent and logical thoughts. As a result, language is often rambling and disjointed. Often, one idea will trigger an association with another, and when associations become too lose incoherence results. This is called **word salad**.

LOOSE ASSOCIATIONS AND WORD SALAD

"I am the nun. If that's enough, you are still his. That is a brave cavalier, take him as your husband, Karoline, you well know, though you are my Lord, you were just a dream. If you are the dove-cote, Mrs K. is still beset by fear. Otherwise I am not so exact in eating. Handle the gravy carefully. Where is the paint brush? Where are you Herman?"

(From **Bleuler, 1911**)

A word's sound may also trigger an association with a similar sounding word, as in the following: "The King of Spain feels no pain in the drain of the crane. I'm lane, you're tame, with fame, I'll be the same." This is called **clanging** or **clang associations**. Schizophrenic thought is also reflected in **neologisms**, that is, the invention of new words (such as

'planded' and 'wooger'), or the combination of common words in a unique fashion (such as 'belly bad luck and brutal and outrageous' to describe stomach ache).

Poverty of content refers to schizophrenic language which, whilst being grammatically correct, conveys or communicates very little.

POVERTY OF CONTENT (WITH LOOSE ASSOCIATIONAL THOUGHT) IN A LETTER WRITTEN BY A SCHIZOPHRENIC

Dear Mother,
I am writing on paper. The pen which I am using is from a factory called 'Perry & Co.' The factory is in England. I assume this. Behind the name Perry & Co., the city of London is inscribed, but not the city. The city of London is in England. I know this from my schooldays. Then, I always liked geography. My last teacher in that subject was Professor August A. He was a man with black eyes. There are also blue and grey eyes and other sorts too. I have heard it said that snakes have green eyes. All people have eyes. There are some, too, who are blind. These blind people are led about by a boy. It must be terrible not to be able to see. There are people who can't see and, in addition, can't hear. I know some people who hear too much. One can hear too much.

(From **Bleuler, 1911**)

Other characteristics of thought process disorder include **literal interpretation** (in which communication is overly concrete in form, as when asked to explain the meaning of a proverb) and **thought blocking**, in which the individual will abruptly stop in the middle of a sentence.

(2) Disturbances of affect: Thought process disorder may be brief and intermittent, at least in some cases of schizophrenia. However, disturbances of affect (also called **emotional disturbances**) tend to be fairly stable. The three main types of emotional disturbance are **blunted affect**, **flattened affect**, and **inappropriate affect**.

Blunted affect refers to an apparent lack of emotional sensitivity in which the individual remains impassive in response to events that would ordinarily evoke a strong emotional reaction. For example, when told that a close relative has died, a schizophrenic might respond in a monotonic voice: "Really? Is that so?"

Flattened affect refers to a more pervasive and general absence of emotional expression in which the person appears devoid of any emotional tone. According to some researchers, this phenomenon reflects a schizophrenic's 'turning off' from stimuli s/he is incapable of dealing with, in order to protect him/herself.

Inappropriate affect is the display of an emotion which is incongruous with its context. For example, when asked if a meal was enjoyable or when offered a gift, a schizophrenic may become agitated and violent. Similarly, the receipt of bad news may be followed by uncontrolled giggling.

(3) Psychomotor disorders: In some schizophrenics, **movement** is affected. This might involve the individual assuming an unusual posture which is maintained for hours or even days, a phenomenon known as a **catatonic stupor**). Attempts to alter the posture can be met with resistance and sometimes violence. In **stereotypy**, the individual engages in purposeless, repetitive movements, such as rocking back and forth or knitting an imaginary sweater. Instead of being mute and unmoving, the individual may be wild and excited, showing frenetically high levels of motor activity. This is called **catatonic excitement**.

(4) Lack of Volition: This refers to the tendency of the individual to withdraw from interactions with other people. This sometimes involves living an asocial and secluded life, because the individual loses drive, interest in the environment, and so on. More disturbed individuals appear to be oblivious to the presence of others, and completely unresponsive when others (such as friends and relatives) attempt contact.

Types of schizophrenia

Psychiatric classificatory systems distinguish between different types of schizophrenia. This is because the characteristics of the disorder are so variable.

Simple schizophrenia usually appears during late adolescence, and has a slow and gradual onset. Principally, the simple schizophrenic withdraws from reality and has difficulty in making or maintaining friends, is aimless and lacks drive, and shows a decline in academic or occupational performance. Male simple schizophrenics often become drifters or

tramps, whilst females may become prostitutes. Note that simple schizophrenia is **not** recognised in some classificatory systems.

Hebephrenic schizophrenia (which is also known as **disorganised schizophrenia**) is the most severe form of the disorder. It is most usually diagnosed in adolescence and young adulthood, and is usually progressive and irreversible. It main characteristics are incoherent language, disorganised behaviour, vivid hallucinations (which are often sexual or religious) and a loosening of associations. It is also characterised by flattened or inappropriate affect, and accompanied by extreme social withdrawal and impairment.

Catatonic schizophrenia has a striking impairment of motor activity as its principal characteristic. The individual may hold unusual and difficult positions for hours or even days, even as his/her limbs grow swollen, stiff, and blue from lack of movement. A particularly striking characteristic is **waxy flexibility**, in which the individual will allow his/her limbs to be moved into an unusual position, which will then be maintained.

Waxy flexibility

Immobility is not the only motor disorder. Catatonic schizophrenics may show **agitated catatonia**, that is, bouts of wild, excited movement, and they may become dangerous and unpredictable. In **mutism**, the individual is apparently totally unresponsive to external stimuli. However, catatonic schizophrenics often *are* aware of what others were doing or saying during the catatonic episode, as evidence by their reports given after the episode has subsided. One interesting characteristic is **negativism**, in which the individual sits either motionless and resistant to instructions, or does the opposite of what has been requested.

Paranoid schizophrenia has the presence of well-organised, delusional thoughts as its dominant characteristic. Paranoid schizophrenics show the highest level of awareness and least impairment of the ability to carry out daily functions. Thus, language and behaviour appear relatively normal in this type of schizophrenia. However, the delusions are usually accompanied by hallucinations, which may be auditory, visual, or olfactory, and these are typically consistent with the delusions. Paranoid schizophrenia tends to have a later onset than other schizophrenias, and the disorder is the most **homogenous** type (that is, paranoid schizophrenics are more alike than simple, hebephrenic, and catatonic schizophrenics).

Undifferentiated (or **atypical**) **schizophrenia** is a 'catch-all' category for those individuals who either satisfy the criteria for more than one type or do not appear to be of any clear type. For example, disorders of thought, perception, and emotion, without the features particular to the types described above, would result in the label 'undifferentiated' being applied. that are not easily classified.