Schizophrenia

The clinical characteristics of schizophrenia

Schizophrenia is a psychiatric disorder characterised by a lack of contact with reality. It is one of the major psychoses. The clinical characteristics of schizophrenia can be divided into two groups; positive symptoms and negative symptoms.

Positive symptoms reflect behaviours the patient is experiencing that they should not be if they were well. In other words, they are things that have been ‘added’ to their personality.

Negative symptoms are behaviours the patient should be showing but is not, such as having conversations. In other words, they are things that have been ‘taken away’ from their personality.

There are many possible clinical characteristics of schizophrenia, but not every patient displays all of them.

Positive symptoms of schizophrenia

1. Hallucinations

The most common hallucinations are auditory, when the person hears something, normally an unknown voice, saying things when there is really no-one there. There are also visual hallucinations, where the person sees things that are not there. Tactile hallucinations occur when people feel as though someone or something is touching them. Rarer are hallucinations that involve the other senses of taste and smell.

2. Delusions

Delusions frequently involve the person losing control of their thoughts. For example, thought broadcasting is the belief that an external force is broadcasting what the individual is thinking to others (on radio or TV). Paranoid delusions are the belief that the individual is being followed by spies or other people who want to harm them, for example.

3. Incoherent or irrelevant speech

This is where speech can be rambling and sparks off in all directions. It can be very difficult to follow the speech of someone experiencing schizophrenia.

4. Catatonic behaviour

This is where the individual makes characteristic movements that are repetitive or purposeless. Someone with catatonia may twist their bodies into strange positions or sometimes not move at all.

Negative symptoms of schizophrenia

1. Flatness of affect

This is where the individual seems apathetic and talks without emotion.
**Bentall's (1994) Cognitive Processing Bias Theory**

According to Bentall, schizophrenics have deficits and biases in how they process information. There is an attentional bias towards stimuli of a threatening and emotional nature, so that stimuli associated with violence, pain etc. receive automatic and subconscious priority in processing. This can be seen in how schizophrenics perform in *emotional stroop tests*. When colour words, like green or red, are substituted for emotional words, like death or laugh, it generally takes schizophrenics longer to name the colour of the ink in which the emotional word is printed than is needed by non-schizophrenics. This kind of attentional bias causes many of the positive symptoms. For example, paranoid delusion may be caused by an individual misinterpreting an event as threatening due to the exaggerated amount of processing it receives, e.g. someone cutting a cake with a knife might be interpreted as threatening.

**Evaluation of Bentall's Cognitive Processing Bias Theory**

There is some support for this theory. For example, research has shown that schizophrenics are more sensitive than normal control participants in judging whether a photograph showing painful electric shocks being administered to someone is genuine or involves an actor. It has been suggested that this sensitivity is due to the stimuli receiving greater processing.

**Other evaluative points**

A study which challenges both Bentall's theory and Frith's model was carried out by McKenna. He found that schizophrenics were not more easily distracted than normal controls in a task which required focused attention. This challenges the theories because one might predict that if schizophrenics had attentional problems then they would not be able to remain focused.

Schizophrenics clearly have disordered thoughts, but it is debatable whether this is a cause of the disorder, or a symptom of it. This means that it is not clear whether cognitive deficits cause schizophrenia or whether the cognitive deficits are an effect of other causes, such as neurochemical changes.

Also, whilst cognitive theories appear to explain many of the positive symptoms of schizophrenia satisfactorily, they don't adequately explain negative symptoms.

**Overall evaluation**

Schizophrenia is a complex disorder and it is unlikely that a single cause will be identified. Most researchers now accept an *integrative approach* that acknowledges the contribution of a number of different factors to its origin. The *diathesis-stress model* of schizophrenia places importance on the interaction between the person and their environment. According to this model, genetic factors or adverse conditions in the womb can lead to a *biological vulnerability* and this can take the form of biochemical or neurochemical abnormalities. This biological vulnerability can lead to *psychological vulnerability* such as the inability to process information appropriately. If the person is exposed to stressful life events, such as a family high in EE, these cognitive difficulties can become exacerbated and go on to produce some of the psychotic symptoms such as delusions and hallucinations.