

# Psychotic Disorders

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## OBJECTIVES/RATIONALE

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The most prevalent in the group of functional (as opposed to organically based) psychoses is schizophrenia. The student will identify terms associated with psychotic disorders, the characteristics of schizophrenia and its subtypes.

TEKS: 121.26 (c) 1H, 1I

TAKS ELA 1, 3  
Science 2

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## KEY POINTS

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- I. **Schizophrenia** - Contrary to popular belief, schizophrenia is not a “split” personality, but rather a *split* with reality.
  - A. general information —comes from two Greek words:
    1. *schizo-* meaning “to split”
    2. *phrenic* - meaning “pertaining to the mind”
    3. technically meaning that the mind splits from reality
  - B. behavioral patterns of schizophrenic individuals are characterized by:
    1. disorganized thinking, mood changes, and bizarre, unpredictable behavior
- II. Theories of Causes of Schizophrenia
  - A. brain chemistry
    1. neuropsychology theory:
      - a. possible association with elevated levels of neurotransmitter dopamine
      - b. If research supports the theory that schizophrenia has a chemical basis, the psychoses will have to be grouped as organic rather than functional.
    2. psychoanalytic theory: schizophrenic individual appears to have childhood deprived of meaningful relationships with important people in the family circle
- III. Signs and Symptoms of Schizophrenia
  - A. Unusual Affect (*affect* - the mood of emotion an individual feels in response to a given situation or thought)
    1. flat, monotone voice
    2. speech lacks unity, clearness, and coherence
      - a. word salad (fragmentation) – use of disorganized, unconnected words
      - b. neologisms – making up and using new, nonsensical words that have no meaning
  - B. Impaired Interpersonal Functioning
    1. social withdrawal & increased isolation
      - a. progressive shutting out of the world
      - b. emotional detachment with decrease in reaction to surroundings
    2. decreased functioning
    3. lack of initiative to accomplish things
  - C. Poor Grooming
    1. disheveled appearance
    2. poor hygiene
  - D. Unusual Psychomotor behavior

1. rigid posture—resists being moved
2. bizarre catatonic posturing (“freeze” with arm in the air, etc.)
3. eccentric, unexplained, and sudden activities
4. undirected restlessness, fitful behavior; pacing and rocking

E. Psychotic symptoms

1. hallucinations - sensory perceptions that have no basis in fact
  - a. auditory hallucinations – hear voices commanding him/her to do something
  - b. somatic hallucinations – feeling crawling things inside head; feeling something touching the body that is indeed not there, etc.
  - c. visual hallucinations – seeing things that are not there (often evil, frightening things—spiders, devil, etc.)
  - d. olfactory hallucinations – smelling things that aren’t there
2. delusions
  - a. a false, fixed belief based on misinterpretation of fact
  - b. delusions tend to center around themes of persecution, grandiosity, sex, and religion
  - c. dramatization of problems, strivings, and/or conflicts in fantastic delusional beliefs

IV. **Subtypes of Schizophrenia**

A. Paranoid Type

1. adds suspiciousness projection, and delusions of persecution to other schizophrenic traits
2. may refuse medications or food for fear of being poisoned
3. usually highly verbal and will tell about unseen “instruments” that are reading his/her mind
4. at times may become quite aggressive and combative
5. paranoid schizophrenic does not demonstrate the following traits normally associated with other forms of schizophrenia:
  - a. incoherence
  - b. marked loosening of associations
  - c. catatonic behavior
  - d. flat or very inappropriate affect

B. Disorganized Type

1. insidious onset that usually begins in adolescence
2. emotions become shallow and inappropriate
3. withdraws from social contacts
4. appears preoccupied
5. smiles and giggles frequently in silly manner
6. speech becomes badly fragmented (often incoherent)
7. bizarre delusions and hallucinations (often of pleasant type)

C. Catatonic Type

1. Subtype 1: Catatonic Stupor
  - a. shows no interest in environment; stares into space or bows head
  - b. facial expression is vacant
  - c. may lie, sit, or stand very still for long periods of time
  - d. if someone raises individual’s arm he/ she maintains this position (called waxy flexibility)
  - e. repeats words or phrases (echolalia)
  - f. mimics all actions of person who is addressing him/her (echopraxia)
  - g. must be tube fed and given complete physical care

2. Subtype 2: Catatonic Excitement
  - a. impulsive behavior with stereotyped activities that are poorly coordinated and lacking apparent purpose
  - b. hostility and feelings of resentment
  - c. unprovoked outbursts of violence and destructiveness
  - d. frequent hallucinations
  - e. oscillating flow of speech (varies from mutism to rapid or slow speech) seems to suggest flight of ideas
  - f. short panic reactions

## V. Delusional Disorders

### A. Behavioral Pattern Characteristics

1. firm fixed system of delusion in otherwise well-balanced personality
2. delusional system centers around feelings of persecution and grandiosity
3. major areas of delusional activity most frequently involved:
  - a. religion
  - b. politics
  - c. another person
4. delusional system slowly develops after false interpretation of an actual occurrence
5. no hallucinations involved—individual simply becomes convinced that a certain thing or situation is true
  - a. individual will accept no proof, regardless of how convincing it is that his/her concept is wrong

## ACTIVITIES

- I. Student groups will create a collage on poster board that they think represents a schizophrenic individual's perspective of life.
- II. Stage a debate: *Many people who suffer from serious mental illnesses do not believe that they are mentally ill and refuse treatment. They would argue that they have the right to make this personal decision without outside intervention. Others argue that people with mental illness whose thinking is impaired need other people to make this decision for them. Stage a debate to communicate your point of view.*

Affirmative: Mentally ill individuals have the right to refuse treatment.

Negative: Mentally ill individuals need other people to make treatment decisions for them.

## MATERIALS NEEDED

Poster board, glue sticks, old magazines (Collage Activity)

HOSA Debate Rubric – <http://www.hosa.org>

*Breaking the Silence—For High School*; teaching package for educators with cross-curricular activities; National Alliance for the Mentally Ill (NAMI), 800-950-NAMI or [www.westglen.com](http://www.westglen.com), excellent resource that includes multiple lesson plans and activities; teachers—don't miss out on this; packets are free (you may also request packets for elementary and middle school levels—great community peer teaching projects for your high school students)

<http://www.chovil.com/> - (personal story of individual with schizophrenia)

<http://sr7.xoom.com/Digdin/> - (connections to several personal stories)

<http://www.tapping.org/> - interesting site concerning the government's "tests" for schizophrenia screening (good debate or class discussion material)

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### **ASSESSMENT**

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Group Presentation Rubric

HOSA Biomedical Debate Guidelines – <http://www.hosa.org>

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### **ACCOMMODATIONS**

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For reinforcement, the student will review and evaluate personal stories of individual's with schizophrenia. (See on-line story sites under MATERIALS NEEDED.)

For enrichment, the student will present collage to class and describe his/her symbolic representation.

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### **REFLECTIONS**

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# Group Presentation Assessment Rubric

Student(s): \_\_\_\_\_

Date: \_\_\_\_\_

Poster Theme: \_\_\_\_\_

<b>Scoring Criteria</b>	5	4	3	2
	Excellent	Good	Needs Improvement	Poorly Prepared
Clearly and effectively communicate theme of presentation.				
Clearly and effectively communicate symbolic content of collage throughout presentation.				
Each group member takes an active role in presentation explanations.				
Presentation holds audience attention and relates a clear message.				
Each group member makes eye contact and speaks in an articulate fashion.				
The group as a whole demonstrate good posture and professional demeanor.				

**Scale:**

- 26-30 A Excellent
- 21-25 B Good
- 16-20 C Needs Improvement
- 15 or below Poorly Prepared

Total = \_\_\_\_\_