Psychopathology & Schizophrenia

Target Audience
A2 Psychology students interested in abnormal/clinical psychology and exploring issues in mental health and schizophrenia.

Key Concepts
Schizophrenia symptoms; diagnostic systems in the classification of mental illness: the DSM-IV-TR and the ICD-10; causes of schizophrenia: genetic and environmental components, neural dopamine circuits.

The Activity
As a trainee clinical psychologist, you are to write and present a talk on mental health and schizophrenia, based upon notes you have made from several websites and consideration of an accompanying case study. Your talk will explore the symptoms, diagnosis and causes of schizophrenia, considering whether your case study is typical of the condition.

Background Knowledge
A basic knowledge of brain anatomy and neurotransmission.

Resources
You should first explore and make notes on mental health\(^1\) (please also watch the accompanying video clip) and associated diagnostic systems\(^2\). Next, you are to consider the common symptoms, diagnostic criteria and types\(^3\) of schizophrenia, followed by its likely aetiology\(^4\), causes\(^5\) and treatment\(^6\). The notes made from these websites will be important when preparing your talk. The final part of this activity involves reading the case study of Emily G and answering the accompanying questions.

Outcomes
Imagine you are a trainee clinical psychologist. You have been asked by your university department to give a 20 to 30-minute presentation on mental health and schizophrenia to undergraduate psychology students. The talk should include an introduction to the disorder, its symptoms, diagnosis and likely causes. The organisers of the talk would like a specific example of how the disorder affects the behaviour of a sufferer. Consequently, central to your talk will be a case study analysis of Emily G. Questions relating to the case are provided; your answers to these questions will be useful in structuring your talk. You may either write your talk in the form of notes, and/or construct a PowerPoint presentation. Ideally, you will present your talk to your teacher and the students in your class.

Helpful hints
Some suggestions in the preparation for this activity:

- Ensure you outline characteristic symptoms and types of schizophrenia, differentiating positive and negative symptoms. You may also wish to think about causes of the disorder, misdiagnosis issues and the difference between schizophrenia and psychosis.
- Acknowledge that two main diagnostic classification systems exist and outline the main differences between them. You may use the DSM-IV-TR as a guide to symptoms.
- Remember to provide a clear structure to your talk, introducing the condition, its symptoms and diagnosis, summarising Emily’s case and integrating your answers to the accompanying questions into your talk, perhaps concluding with a consideration of possible treatments.

Going further
Explore gender differences in mental health\(^7\), considering rates and gender specific risk factors.

\(^{1}\) http://www.nhs.uk/Conditions/Mental-health/Pages/Introduction.aspx?u url=Pages/What-is-it.aspx
\(^{2}\) http://www.merck.com/mmhe/sec07/ch098/ch098c.html
\(^{3}\) http://www.schizophrenia.com/diaq.php - common
\(^{4}\) http://www.brainexplorer.org/schizophrenia/Schizophrenia_Aetiology.shtml
\(^{5}\) http://www.schizophrenia.com/hypo.php
\(^{6}\) http://www.nimh.nih.gov/health/publications/schizophrenia/complete-publication.shtml#pub7
\(^{7}\) http://www.who.int/mental_health/prevention/genderwomen/en/
Emily G

Emily was a 32-year old postgraduate politics student. She had never been treated for psychological problems. Emily called Dr. Higgins, a clinical psychologist who taught at the university where she studied, to ask if she could speak to him about her twin sister’s experience with schizophrenia.

When she arrived at his office, she was neatly dressed with a bible tucked tightly under her arm. The next three hours were filled with a rambling discussion of Emily’s experiences during the past ten years. She talked about her education, her experience as a school teacher before returning to university, her relationship with her parents, and most of all her concern for her identical twin sister, Alice, who had spent six of the past ten years in psychiatric hospitals.

Emily’s emotional expression vacillated dramatically throughout the course of this conversation, which was punctuated by silly giggles and heavy sighs. Her voice would be loud and empathic one moment as she talked about her stimulating ideas and special talents. At other moments, she would whisper in a barely audible voice or sob quietly as she described the desperation, fear and frustration that she had experienced watching the progression of her sister’s disorder. She said that she had been feeling very uptight in recent months, afraid that she might be “going crazy” like her sister. She had been scared to death to go home because her parents might sense that something was wrong with her. Her behaviour was frequently inconsistent with the content of her speech. As she described her intense fears, for example, Emily occasionally giggled uncontrollably.

Dr. Higgins also found Emily's train of thought difficult to follow. Her speech rambled illogically from one topic to the next, and her answers to his questions were frequently tangential. For example, when Dr. Higgins asked what she meant by her repeated use of the phrase “the ideal can become real,” Emily replied, “Well, after serving the Word of Christ in Canterbury for 3 years, making a public spectacle of myself, someone apparently called my parents and said I had a problem. I said I can’t take this anymore and went home. I perceived that Mum was just unbelievably nice to me. I began to think that my face was changing. Something about my forehead resembled the pain of Christ. I served Christ, but my power was not lasting”.

At the end of this three-hour interview, Dr. Higgins was convinced that Emily should be referred to the mental health centre for outpatient treatment. He explained his concerns to Emily, but she refused to follow his advice, insisting that she did not want to receive the medication with which her sister had been treated. She agreed to return to Dr. Higgins’ office in three days for another interview, but she did not keep that appointment.

Two weeks later, Emily called Dr. Higgins to ask if he would talk with her immediately. It was very difficult to understand what she was saying, but she seemed to be repeating in a shrill voice “I'm losing my mind.” The door to his office was closed when she arrived, but he could hear her shuffling awkwardly down the hallway, breathing heavily. He opened his door and found Emily standing in a rigid posture, arms stiffly at her sides. Her eyes were opened wide, and she was staring vacantly at the nameplate on his door. In contrast to her prim and neat appearance at their first meeting, Emily’s hair and clothes were now in disarray. She walked stiffly into the office without bending her knees and sat, with some difficulty, in the chair next to Dr. Higgins’ desk. Her facial expression was rigidly fixed. Although her eyes were open and she appeared to hear his voice, Emily did not respond to any of Dr. Higgins’ questions. Recognising that Emily was experiencing an acute psychotic episode, Dr Higgins and one the secretaries took her to accident and emergency at the local hospital.

Case Questions

You have been asked by your university department to give a 20 to 30-minute presentation on schizophrenia to undergraduate psychology students. The talk should include an introduction to the disorder, its symptoms, diagnosis and likely causes. The organisers of the talk would like a specific example of how the disorder affects the behaviour of a sufferer. Consequently, central to your talk will be the above case study analysis of Emily G. Questions relating to the case can be found below; your answers to these questions will be useful in structuring your talk. Use the accompanying questions and your answers to them as a structural guide when talking through Emily’s case.

1) What are the main cognitive and behavioural impairments associated with Emily’s schizophrenia? Indicate Emily’s positive and negative symptoms.

2) How are Emily’s symptoms typical or atypical of schizophrenia?

3) Which type of schizophrenia does Emily’s symptom pattern most likely suggest? Why?