“Portray [people with mental illness] sympathetically, and portray them in all the richness and depth of their experience as people, and not as diagnoses.”

-Elyn Saks, The Center Cannot Hold
Roadmap

TODAY
- Logistics
- Schizophrenia
- Emotions in Schizophrenia
- Take-Away Questions

THURS
- Logistics
- Theories & Treatments
- Other Psychotic Disorders
- Take-Away Questions
Roadmap

**TODAY**
- Logistics
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Logistics

Exam 2 - Next Tuesday 3/19, 9:30am

Similar Format as Exam #1

Bring a Pen
Logistics

Exam 2 - Special Accommodations

MUEN E021, 3/19

Proctored by Graduate TA (Prof in Class for Questions)

RECEIVE EMAIL: If you have not, you must before attending this special accommodations exam.
Logistics

Exam 2 - Review & Q/A Opportunities

1 - REVIEW SHEET

Handed out in class Tuesday, posted on course website

2 - OFFICE HOURS

Tues & Thurs 11-12 (this week)

3 - EMAIL QUESTIONS

Must Email by 5pm Mon 3/18 - Plan in Advance!

Ask Specific Questions (not “what do I need to know” about this term)

4 - LAST MINUTE QUESTIONS

Exam Review Qs: Mon 3/18 4:00-5:00pm (Canvas “Chat”)
Logistics

Guest Lecture 4/11

Dr. Samantha Strife

Instructor and Clinical Psychologist
Department of Psychology and Neuroscience
University of Colorado Boulder

Eating Disorder Prevention and Treatment
QUESTIONS?
Roadmap

Logistics

Schizophrenia

Emotions in Schizophrenia

Take-Away Questions
Clinical Science Expert

Vijay Mittal, Ph.D.
Former Assistant Professor
Department of Psychology and Neuroscience
University of Colorado Boulder
(now at Northwestern University)

Risk for Psychosis in Youth
What is the difference between “normal” beliefs or perceptions and psychosis?
DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS
FIFTH EDITION

DSM-5

AMERICAN PSYCHIATRIC ASSOCIATION
SCHIZOPHRENIA SPECTRUM & OTHER PSYCHOTIC DISORDERS

- Schizophrenia
- Schizoaffective Disorder
- Schizotypal Disorder
- Brief Psychotic Disorder
- Delusional Disorder
SCHIZOPHRENIA SPECTRUM & OTHER PSYCHOTIC DISORDERS

- Schizophrenia
- Schizoaffective Disorder
- Schizophreniform Disorder
- Brief Psychotic Disorder
- Delusional Disorder
What is schizophrenia?
“I am the rear tire of a bicycle, not trusted enough to be a front tire, expected to go round and round in one narrow rut, never going very far, ignored except when I break down. from a freeway…”
...then
I get lots of
frightening, angry
attention
and
I am put into
a
garage, sometimes for
months, where
I forget my function
and
I become afraid
to function
and all functions seem useless.
Next time out
I think I will be
an off-ramp
from a freeway.”
Schizophrenia: Diagnostic Criteria

A. **Characteristic symptoms**: 2 (or more) of the following:
   1. Delusions
   2. Hallucinations
   3. Disorganized speech
   4. Grossly disorganized or catatonic behavior
   5. Negative symptoms

B. **Social/occupational dysfunction**

C. **Duration**: Continuous signs of the disturbance persist for **at least 6 months** (at least 1 month of symptoms or less if successfully treated) that meet Criterion A.
Schizophrenia: Diagnostic Criteria

D. Schizoaffective and Mood Disorder exclusion

E. Substance/general medical condition exclusion

F. Relationship to a Pervasive Developmental Disorder.
<table>
<thead>
<tr>
<th>Positive Symptoms</th>
<th>Negative Symptoms</th>
<th>Disorganized Symptoms</th>
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<td>EXCESS/distortion of normal functioning</td>
<td></td>
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<tr>
<td>2 Types: 1. Delusions 2. Hallucinations</td>
<td></td>
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Positive Symptoms
Delusions

Beliefs that are highly unlikely to be true, or are impossible

- Persecutory delusions
- Delusions of reference
- Grandiose delusions
- Thought Insertion
- Somatic
Hallucinations

Unreal perceptual or sensory experiences

- Auditory hallucinations
- Visual hallucinations
- Tactile hallucinations
- Somatic hallucinations
“In madness, I thought I was the most important person in the world.”

-John Nash
Video 98

Overcoming Schizophrenia: John Nash’s Beautiful Mind

Length: 4:50

Source: “John Nash’s Beautiful Mind,” 60 Minutes (CBS News)

https://www.youtube.com/watch?v=t3_d_fTK5aE
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Negative Symptoms
Negative Symptoms

1. **Affective Flattening** (or Blunted Affect)
   - Severe reduction or complete absence of affective (emotional) responses

2. **Alogia**
   - Severe reduction or complete absence of speech

3. **Avolition**
   - Inability to persist at common, goal-oriented tasks

4. **Anhedonia**
   - Lack of pleasure
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<td>1. Disorganized speech</td>
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<tr>
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<td>4. Avolition</td>
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Disorganized Symptoms

May be tied to fundamental problems in maintaining attention and working memory

Disorganized Speech
• Loosening of associations
• Word salad

Disorganized Behavior
• Inability to organize behavior
• Unpredictable and inappropriate behavior
• Catatonia - extreme lack of responsiveness to outside world
PROGNOSIS
“Rule of Thirds”

1/3 Recover more or less completely

1/3 Episodic impairment

1/3 Chronic Decline
Roadmap

Logistics

Schizophrenia

Emotions in Schizophrenia

Take-Away Questions
How are emotions impacted in schizophrenia?
### Emotion & Psychopathology

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Gruber & Keltner (2007)
Early Observations of Flat Affect

“Even in the less severe forms of the illness, indifference seems to be the external sign of their state; an indifference to everything – to friends and relations, to vocation and enjoyment, to duties or rights, [or] to good fortune ...”

Observation --> Assumption that patients with schizophrenia had diminished internal emotional experience.
Ann M. Kring
Emotion In Schizophrenia:
Old Mystery, New Understanding
Empirical Evidence: Flat Affect in Schizophrenia

Emotion Behavior:
Fewer facial expressions of emotion to films and pictures compared to controls (e.g., Berenbaum & Oltmanns, 1992; Kring et al, 1993; Kring & Neale, 1993).

Emotion Experience:
Similar or more intense internal emotion experience (Kring, 1999).
**Disjunction:** Experience & Expression

**Emotion Experience**

SCHIZOPHREНИA = CONTROLS

**Emotion Behavior**

SCHIZOPHRENIA < CONTROLS (i.e., Flat Affect)
### Emotion & Psychopathology

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Gruber & Keltner (2007)
Expressed Emotion (EE) in Schizophrenia

I. Patients with schizophrenia are more likely to return to the hospital after discharge if living with families than not. Why?
I. Patients with schizophrenia are more likely to return to the hospital after discharge if living with families than not. Why?

II. EE in Family Discussions Examined:
Hostility toward patient
Criticism of patient
Overprotective, over-involved attitudes

III. Which Comes First?
Unusual patient thoughts → increased critical comments
Increased critical comments → unusual patient thoughts
Home, Sweet, Home?

High EE families, contact bad

Low EE families, contact good

(Bebbington & Kuipers, 1994)
Roadmap

Logistics

Schizophrenia

Emotions in Schizophrenia

Take-Away Questions
Thank You!

Psychology 3303

Professor June Gruber