**SCHIZOPHRENIC AND PERSONALITY DISORDERS UNIT 6**

**CHAPTER TWELVE**

**QUESTION 1: DEFINE WHAT IS MEANT BY A POSITIVE SYMPTOM OF SCHIZOPHRENIA. THEN DESCRIBE IN DETAIL FOUR POSITIVE SYMPTOMS OF SCHIZOPHRENIA.**

In the context of schizophrenia, a positive symptom refers to an experience or behavior that is present in the individual with schizophrenia but is not present in individuals without the disorder. These symptoms are called "positive" because they represent the presence of something that is not typically present in a healthy individual's behavior or experience.

*Here are four positive symptoms of schizophrenia:*

1. Hallucinations: Hallucinations are one of the most common positive symptoms of schizophrenia. They can occur in any sensory modality, but auditory hallucinations (e.g., hearing voices) are the most common. Visual hallucinations (e.g., seeing things that aren't there) and olfactory hallucinations (e.g., smelling things that aren't there) can also occur. Hallucinations can be very distressing for the individual experiencing them and can interfere with daily life.

2. Delusions: Delusions are another common positive symptom of schizophrenia. Delusions are fixed, false beliefs that are not based in reality. For example, a person with schizophrenia may believe that they are being followed by the FBI, that they have special

powers, or that they are Jesus Christ. Delusions can be difficult to treat because the individual with schizophrenia is often very convinced that their delusions are real.

3. Disorganized speech: Disorganized speech is a positive symptom of schizophrenia that involves difficulty organizing thoughts and expressing them coherently. This can manifest in a variety of ways, such as speaking in a jumbled, incoherent way, using words that don't make sense, or rapidly changing topics without any apparent connection.

4. Catatonia: Catatonia is a rare but severe positive symptom of schizophrenia that involves a disturbance in movement. Individuals with catatonia may exhibit bizarre and rigid postures, or may remain completely immobile for extended periods of time. They may also exhibit repetitive or purposeless movements. Catatonia can be dangerous because it can interfere with daily activities like eating and drinking, and in extreme cases, can lead to life-threatening complications.

**QUESTION 2: DEFINE WHAT IS MEANT BY A NEGATIVE SYMPTOM OF SCHIZOPHRENIA. THEN DESCRIBE IN DETAIL FOUR POSITIVE SYMPTOMS OF SCHIZOPHRENIA**

Negative symptoms of schizophrenia refer to a group of symptoms that involve a loss or reduction of normal functions or experiences, rather than the presence of abnormal or

hallucinatory experiences. These symptoms can include social withdrawal, lack of motivation, emotional flatness or blunting, and decreased ability to experience pleasure or joy.

*Here are four negative symptoms of schizophrenia:*

1. Avolition: Avolition is the loss of motivation or inability to initiate and sustain goal-directed behavior. People with avolition may struggle to complete tasks, even those that were once important or enjoyable. They may lack the drive to pursue interests, hobbies, or social relationships. This can have a significant impact on daily functioning and can result in difficulty maintaining employment or educational goals.

2. Alogia: Alogia is a reduction in the amount or quality of speech. People with alogia may struggle to initiate or maintain conversations and may appear uninterested or unresponsive. This can lead to social isolation and difficulty forming meaningful relationships. Alogia can also affect other areas of communication, such as writing or expressing emotions.

3. Anhedonia: Anhedonia is the inability to experience pleasure or enjoyment from typically pleasurable activities, such as socializing, eating, or engaging in hobbies. People with anhedonia may feel emotionally flat or indifferent to their surroundings. This can lead to a lack of engagement in activities that were once enjoyable and can contribute to social isolation and depression.

4. Asociality: Asociality refers to a decrease in the desire or ability to form social relationships. People with asociality may avoid social situations or interactions and may have few close relationships. This can lead to feelings of loneliness and isolation, and can

impact overall quality of life. Asociality is different from social anxiety, which is characterized by fear or discomfort in social situations.

**QUESTION 3: EXPLAIN THE DIATHESIS-STRESS MODEL OF SCHIZOPHRENIA**

The diathesis-stress model of schizophrenia is a theory that suggests that a combination of genetic predisposition and environmental stressors may be the underlying cause of schizophrenia. In this model, individuals who have a genetic vulnerability or "diathesis" for schizophrenia are more susceptible to developing the disorder when exposed to stressful life events.

According to the diathesis-stress model, genetic factors play a significant role in the development of schizophrenia. Research has identified several genetic variations that increase the risk of developing the disorder, although no single gene has been identified as the cause of schizophrenia. These genetic factors are believed to contribute to alterations in brain structure and function that make individuals more vulnerable to the effects of stress.

Environmental stressors can also play a role in the development of schizophrenia. Stressful life events, such as trauma, abuse, or exposure to toxins, can trigger the onset of the disorder in individuals who have a genetic vulnerability. Stressful life events can also exacerbate symptoms in individuals who have already been diagnosed with schizophrenia.

The diathesis-stress model proposes that schizophrenia results from a complex interplay between genetic vulnerability and environmental stressors. Genetic factors may set the stage for the development of the disorder, while environmental stressors trigger its onset or exacerbate symptoms. This model highlights the importance of understanding the role of both genetic and environmental factors in the development of schizophrenia and suggests that early intervention and prevention strategies may be more effective in reducing the impact of the disorder.

**QUESTION 4: A PERSON HAS JUST BEGUN TO HAVE STRANGE AND UNSUAL SENSATIONS AND TURNS TO FRIENDS AND FAMILY TO DISCUSS THEM. FROM A COGNITIVE POINT OF VIEW, HOW WOULD YOU EXPLAIN IN HOW SCHIZOPHRENIA MIGHT DEVELOP FROM THIS POINT ON?**

Schizophrenia is a complex mental disorder that can develop gradually over time, and it can be difficult to identify its early stages. However, some individuals may experience strange and unusual sensations or thoughts that may eventually progress into the hallmark symptoms of schizophrenia, such as hallucinations, delusions, and disordered thinking.

From a cognitive perspective, the development of schizophrenia may involve several cognitive processes, including perception, attention, memory, and reasoning. These cognitive processes may interact with environmental and social factors to influence the onset and progression of the disorder.

Perception is the process of interpreting sensory information from the environment, and it is a critical factor in the development of schizophrenia. Individuals with schizophrenia may experience changes in perception, such as altered sensory experiences or perceptual distortions. These changes may contribute to the development of hallucinations or delusions, which are common symptoms of the disorder.

Attention is another cognitive process that can influence the development of schizophrenia. Individuals with schizophrenia may experience difficulties with sustained attention or filtering irrelevant information, which can make it difficult to process and organize incoming information. These attentional deficits may contribute to the disordered thinking that is characteristic of schizophrenia.

Memory is another cognitive process that may play a role in the development of schizophrenia. Individuals with schizophrenia may have difficulty with working memory, which is the ability to hold and manipulate information in the short-term. Working memory deficits may contribute to difficulties with decision-making and problem-solving, which are common symptoms of the disorder.

Reasoning and problem-solving are also important cognitive processes that may be affected in individuals with schizophrenia. These processes involve the ability to use information to make decisions and solve problems. Individuals with schizophrenia may have difficulties with abstract reasoning, which can contribute to the development of delusions or other psychotic symptoms.

In addition to these cognitive processes, environmental and social factors may also contribute to the development of schizophrenia. Stressful life events, such as trauma or substance abuse, may trigger the onset of the disorder in individuals who have a genetic vulnerability. Social isolation and lack of support may also contribute to the development of schizophrenia, as social support is important for maintaining mental health and well-being.

Once an individual begins to experience strange and unusual sensations, it is important to seek professional help as early intervention can improve outcomes. A mental health professional can conduct a thorough evaluation to determine if the individual is experiencing symptoms of schizophrenia or another mental health condition. If the individual is diagnosed with schizophrenia, treatment may involve a combination of medication, psychotherapy, and support services.

Medication is often used to treat the positive symptoms of schizophrenia, such as hallucinations and delusions. Antipsychotic medications can help to reduce these symptoms and improve overall functioning. However, medication alone may not be sufficient to address all of the symptoms of schizophrenia, and psychotherapy may be necessary.

Psychotherapy, such as cognitive-behavioral therapy, can help individuals with schizophrenia to manage their symptoms and improve their coping skills. This type of therapy can help individuals to identify and challenge negative thoughts and beliefs, develop problem-solving skills, and improve communication and social skills.

In conclusion, the development of schizophrenia from strange and unusual sensations involves a complex interplay between cognitive processes, environmental and social factors, and genetic vulnerability. Early intervention and a comprehensive treatment approach that addresses both the positive and negative symptoms of schizophrenia can help to improve outcomes and quality of life for individuals with the disorder.

**CHAPTER THIRTEEN**

**QUESTION 1: DISTINGUISH BETWEEN THE COMPONENTS OF PERSONALITY AND THE COMPONENTS OF A PERSONALITY DISORDER**

Personality refers to the unique set of traits, behaviors, and patterns of thinking that characterize an individual's way of interacting with the world around them. Personality can be divided into several components, including the following:

1. Temperament: The natural tendencies and predispositions that individuals are born with, such as activity level, emotional reactivity, and sociability.

2. Character: The learned aspects of personality, including values, beliefs, and attitudes, that guide an individual's behavior and decision-making.

3. Self-concept: An individual's perception of themselves and their identity, including their thoughts, feelings, and beliefs about who they are.

On the other hand, a personality disorder refers to a maladaptive pattern of personality traits and behaviors that deviates significantly from the cultural norms and expectations of the individual's environment. Personality disorders are typically characterized by the following components:

1. Enduring pattern: The maladaptive patterns of personality traits and behaviors must be pervasive and persistent, beginning in adolescence or early adulthood and continuing throughout the individual's life.

2. Impairment: The maladaptive patterns of personality must cause significant impairment in social, occupational, or other areas of functioning.

3. Inflexibility: The maladaptive patterns of personality are inflexible and resistant to change, even when they cause significant distress or problems.

In summary, while personality and personality disorders share some similar components, such as self-concept, they differ in terms of their patterns of behavior and their effects on functioning. While personality is a normal part of human variation, personality disorders represent maladaptive patterns of personality that cause significant distress and problems in daily life.

**QUESTION 2: DESCRIBE THE THREE CLUSTERS OF PERSONALITY DISORDERS. IN ADDITION, LIST AND BRIEFLY DESCRIBE THE SPECIFIC DISORDERS THAT MAKE UP EACH CLUSTER**

Personality disorders are grouped into three clusters based on similar symptoms and characteristics. Here is a brief overview of the three clusters and the specific disorders that make up each one:

A. **Cluster A**: This cluster is characterized by odd or eccentric behavior. People with Cluster A personality disorders often appear odd, eccentric, or peculiar. They may have difficulty forming and maintaining social relationships, and may have unusual beliefs or perceptions that others find strange.

   *The specific disorders that make up Cluster A are:*

   i.   Paranoid Personality Disorder: People with paranoid personality disorder tend to be suspicious and distrustful of others. They may have unfounded beliefs that others are out to harm them, and may be excessively preoccupied with potential threats.

   ii.  Schizoid Personality Disorder: People with schizoid personality disorder tend to be introverted and withdrawn. They may have difficulty forming close relationships, and may seem indifferent or detached from others.

iii.    Schizotypal Personality Disorder: People with schizotypal personality disorder may have unusual beliefs or perceptions that are not necessarily delusional. They may experience social anxiety, and may have difficulty forming close relationships.

    B.  **Cluster B:** This cluster is characterized by dramatic, emotional, or erratic behavior. People with Cluster B personality disorders tend to be impulsive, emotionally volatile, and may have difficulty controlling their impulses.

    *The specific disorders that make up Cluster B are:*

i.    Antisocial Personality Disorder: People with antisocial personality disorder tend to disregard the rights of others and may engage in criminal or unethical behavior. They may be impulsive, manipulative, and lack empathy for others.

ii.    Borderline Personality Disorder: People with borderline personality disorder tend to have unstable emotions and may experience intense and frequent mood swings. They may have difficulty regulating their emotions, and may engage in self-destructive behaviors.

iii.    Histrionic Personality Disorder: People with histrionic personality disorder may crave attention and may engage in attention-seeking behavior. They may have an exaggerated sense of self-importance and may be overly dramatic or emotional.

iv.    Narcissistic Personality Disorder: People with narcissistic personality disorder tend to have an exaggerated sense of self-importance and may lack empathy for others. They may have a grandiose sense of self and may be preoccupied with fantasies of success or power.

C. **Cluster C**: This cluster is characterized by anxious or fearful behavior. People with Cluster C personality disorders tend to experience high levels of anxiety, fear, and worry. They may be excessively cautious and may avoid social situations or new experiences.

*The specific disorders that make up Cluster C are:*

i. Avoidant Personality Disorder: People with avoidant personality disorder tend to be extremely shy and may experience social anxiety. They may avoid social situations and may be preoccupied with fear of criticism or rejection.

ii. Dependent Personality Disorder: People with dependent personality disorder tend to rely on others for support and may have difficulty making decisions. They may have an intense fear of abandonment and may cling to others for fear of being alone.

iii. Obsessive-Compulsive Personality Disorder: People with obsessive-compulsive personality disorder tend to be preoccupied with order, structure, and rules. They may be perfectionistic and may have difficulty making decisions without careful consideration.

**QUESTION 3: WHY IS PSYCHOTHERAPY SO OFTEN INEFFECTIVE IN TREATING THE ODD PERSONALITY DISORDERS?**

Psychotherapy can be effective in treating personality disorders, but it may be more challenging to treat certain types of personality disorders, particularly those in Cluster A, which are characterized by odd or eccentric behavior.

One reason for the perceived ineffectiveness of psychotherapy in treating odd personality disorders is that people with these disorders often have difficulty forming and maintaining close relationships. They may have a limited capacity for emotional intimacy, trust, and empathy, which can make it challenging to establish a therapeutic alliance with a therapist.

In addition, individuals with odd personality disorders often have rigid and inflexible ways of thinking and behaving, which can make it difficult for them to change their patterns of behavior even with the support of therapy. They may be resistant to feedback and may have difficulty accepting the need for change.

Furthermore, individuals with odd personality disorders may have limited insight into their own behavior and may be unaware of how their behavior affects others. This can make it challenging for them to recognize the need for therapy or to engage fully in the therapeutic process.

Finally, personality disorders are often chronic and long-lasting, and therefore require ongoing treatment and support. Even with therapy, it may be difficult to achieve significant and lasting changes in behavior and personality traits.

Despite these challenges, psychotherapy can still be helpful for individuals with odd personality disorders. Therapists may use a variety of techniques, such as cognitive-behavioral therapy, psychodynamic therapy, and social skills training, to help individuals improve their ability to form and maintain relationships, manage their emotions, and develop more flexible ways of thinking and behaving. It is important for therapists to have a good understanding of the specific challenges associated with treating odd personality disorders and to tailor their approach accordingly.