

Cluster A

Individuals with familial history of schizophrenia can be at a higher risk for:

Paranoid

- Tendency to experience a sense of being threatened or persecuted (not delusions)
- Less severe than paranoid schizophrenia
- May harm, get jealous, or be suspicious (يشك)
- isolated with few friends
- Hostile (عدائي) + Argumentative (يجادل)
- Little sense of humor, holds grudges, hypercritical of others, and egocentric = يحدد، ما يضحك، ينتقد الآخرين ، أناني
- ADL and IADL are good (but can't accurately process what other people mean and have the tendency to do bad habits)
- Inaccurate processing of social cues
- Education is not successful

Schizoid

- More common in males
- No social activity, no emotions, show negative symptoms of schizophrenia
- Lack of pleasure, emotional coldness, and flattened affect
- Cause is not clearly known but it's a combination of central nervous system dysfunction and a difficult childhood
- Seeking occupations that require limited social interaction, even if they are below their skill level
- All skills are intact except the social part
- Little aggression
- Identified as "loners"
- Combination of behavioral and psychodynamic therapy may be most helpful

Schizotypal

- Discomfort with close relationships, along with cognitive or perceptual distortions
- Eccentric behavior غريب و شاذ بتصرفاته
- Odd beliefs, unusual perceptual experiences, odd thinking and speech and have odd friends
- Paranoia
- The cause can be a CNS dysfunction or learning
- More common in family members of individuals who are schizophrenic
- ADL, social and work can be impaired
- Often described by others as "strange" or "loners"