

Chapter 12

Psychosis and Schizophrenia

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Defining Psychosis

- Case vignette
- Psychosis: Profound loss of contact with reality or "gross impairment in reality testing"
 - Hallucinations: Psychotic sensory experiences
 - Delusions: Fixed, false, bizarre beliefs
 - Extremely disorganized *process* of thought, speech or behavior

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Defining Schizophrenia

- A disorder closely associated with symptoms of psychosis
- Debunking myths - what schizophrenia *isn't*:
 - Not "split personality"
 - Not inherently violent or homicidal
- DSM-IV-TR definition:
 - Presence of psychosis
 - six month duration and decline in functioning

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Classifying Psychosis and Schizophrenia

- Cultural and historical relativism
 - Kraepelin's vs. Bleuler's classifications
 - U.S. vs. U.K. differences

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DSM-IV-TR criteria:

- Type I/positive symptoms: pathological excesses (psychosis)
- Type II/negative symptoms: pathological deficits (e.g., alogia, avolition)
- Temporal criteria

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Subtypes of Schizophrenia

- DSM-IV-TR subtypes
 - Paranoid
 - Disorganized
 - Catatonic
 - Undifferentiated
 - Residual

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Other related disorders

- Symptoms < 1 month = Brief psychotic disorder (formerly acute or reactive schizophrenia)
- 1-6 months = Schizophreniform disorder
- "Schizophrenic spectrum" also includes:
 - Schizoaffective disorder
 - Delusional disorder
 - Shared delusional disorder
 - Paranoid and schizotypal personality disorders

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Classification in demographic context

- Prevalence
- Class and culture:
- Age and gender

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Explaining and Treating Schizophrenia

- Biological components
 - Brain function abnormalities: e.g., hypofrontality; dopamine hypothesis
 - Brain structure abnormalities: e.g., enlarged ventricles
 - Neuropsychological/neurophysiological abnormalities: e.g., impaired cognition, sensory gating, visual tracking

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Genetic factors

- Genetic research methods
 - Family studies
 - Twin studies
 - Adoption studies
 - Genetic linkage studies
- Diathesis-stress model

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Biological interventions

- Early interventions: Coma, lobotomy, ECT
- Phenothiazines in 1950s: Led to deinstitutionalization movement
- Second generation anti-psychotics in 1980s
- Current prevention approaches

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Psychodynamic components

- Freud: schizophrenia as withdrawal from world, not treatable with psychotherapy
- Fromm-Reichmann: The "schizophrenogenic mother" theory
- Contemporary views: Psychotherapy as helpful adjunct to other interventions

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Cognitive components

- Abnormal attentional processes in schizophrenia
 - Positive symptoms linked to impaired sensory gating
 - Negative symptoms linked to abnormal orienting responses
- Cognitive interventions
 - Cognitive restructuring

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Behavioral components

- Behavioral interventions
 - Reinforcement techniques to shape more appropriate behaviors
 - Token economies
 - Social skills training

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Family systems components

- Double-bind communications (Bateson)
- Communication deviance
- Expressed emotion theory
- Family interventions improve family communication and reduce relapse rates

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Sociocultural components

- Epidemiology of schizophrenia (e.g., prevalence rates and SES)
- The “anti-psychiatry” perspective on schizophrenia (Laing, Szasz)
- Sociocultural interventions
 - Mileau treatment
 - Partial hospitalization/halfway houses
 - Assertive community treatment

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Multiple Causality of Schizophrenia

- Diathesis-stress model
- Biological, psychological, and sociocultural components all important
- Treatment: multi-modal treatments most effective
 - Example: Hogarty's “personal therapy”

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Case Vignette: Treatment

- Peter: Treatment of schizophrenia, paranoid type

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Related Topics

- The Politics of Psychosis: Mark Vonnegut and *The Eden Express* (Box 12.1)
- Focus on Psychology in Society: Patients' Rights and the Insanity Defense (Box 12.5)

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