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

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
Classifying Psychosis and Schizophrenia

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

DSM-IV-TR criteria:

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

Subtypes of Schizophrenia

- DSM-IV-TR subtypes
  - Paranoid
  - Disorganized
  - Catatonic
  - Undifferentiated
  - Residual
### 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
Genetic factors

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

Biological interventions

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

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
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

Behavioral components

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

Family systems components

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

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”

Case Vignette: Treatment

- Peter: Treatment of schizophrenia, paranoid type
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)