CHAPTER 14

Schizophrenia

TOPIC OVERVIEW

The Clinical Picture of Schizophrenia
- What Are the Symptoms of Schizophrenia?
- What Is the Course of Schizophrenia?
- Diagnosing Schizophrenia

How Do Theorists Explain Schizophrenia?
- Biological Views
- Psychological Views
- Sociocultural Views

Putting It Together: Psychological and Sociocultural Models Lag Behind

LECTURE OUTLINE

I. PSYCHOSIS
   A. Psychosis is a state defined by a loss of contact with reality
      1. The ability to perceive and respond to the environment is significantly disturbed; functioning is impaired
      2. Symptoms may include hallucinations (false sensory perceptions) and/or delusions (false beliefs)
   B. Psychosis may be substance-induced or caused by brain injury, but most appears in the form of schizophrenia

II. SCHIZOPHRENIA
   A. Schizophrenia appears to have been present in humans throughout history
   B. It affects approximately 1 in 100 people in the world
      1. Currently there are about 2.5 million Americans experiencing the disorder
   C. The financial and emotional costs are enormous
      1. One estimate is greater than $63 billion per year
      2. Sufferers have an increased risk of suicide and physical—often fatal—illness
   D. The disorder appears in all socioeconomic groups but is found more frequently in lower levels
1. Leading theorists argue that the stress of poverty causes the disorder
2. Other theorists argue that the disorder causes victims from higher social levels to fall and remain at lower levels
   a. This is called the downward drift theory
E. Equal numbers of men and women are diagnosed
   1. In men, symptoms begin earlier and are more severe
F. Rates of diagnosis differ by marital status
   1. 3 percent of divorced or separated people
   2. 2 percent of single people
   3. 1 percent of married people
   4. It is unclear whether marital problems are a cause or a result

III. THE CLINICAL PICTURE OF SCHIZOPHREния
A. This disorder produces many “clinical pictures”
   1. The symptoms, triggers, and course of schizophrenia vary greatly
   2. Some clinicians have argued that schizophrenia is actually a group of distinct disorders that share common features
B. What are the symptoms of schizophrenia?
   1. Symptoms can be grouped in three categories:
      a. Positive symptoms
      b. Negative symptoms
      c. Psychomotor symptoms
C. Positive symptoms
   1. These symptoms are bizarre additions to a person’s behavior—“pathological excesses,” including:
      a. Delusions—Faulty interpretations of reality
         (a) Delusions may have a variety of bizarre content: being controlled by others; persecution; reference; grandeur; control
      b. Disordered thinking and speech
         (a) May include loose associations; neologisms; perseverations; clang:
            (i) Loose associations (derailment):
               1. “The problem is insects. My brother used to collect insects. He's now a man 5 foot 10 inches. You know, 10 is my favorite number, I also like to dance, draw, and watch tv.”
            (ii) Neologisms (made-up words):
               1. “This desk is a cramstile,” “He’s an easterhorned head”
            (iii) Perseveration
               1. Patients repeat their words and statements again and again
            (iv) Clang (rhyme):
               1. How are you? “Well, hell, it’s well to tell”
               2. How’s the weather? “So hot, you know it runs on a cot”
      c. Heightened perceptions
         (a) Sufferers may feel that their senses are being flooded by sights and sounds, making it impossible to attend to anything important
      d. Hallucinations—sensory perceptions that occur in the absence of external stimuli
         (a) Auditory are most common and seem to be spoken directly to the hallucinator or overheard
         (b) Hallucinations can involve any of the other senses—tactile, somatic, visual, gustatory, or olfactory
      e. Inappropriate affect—emotions that are unsuited to the situation
D. Negative symptoms
   1. These symptoms are characteristics that are lacking in an individual—“pathological deficits”; They include:
      a. Poverty of speech (alogia)
         (a) Long lapses before responding to questions or failure to answer
(b) Restriction on quantity of speech or speech content

b. Blunted and flat affect—shows less emotion than most people
   (a) Avoidance of eye contact
   (b) Immobile, expressionless face
   (c) Monotonous voice, low and difficult to hear
   (d) Anhedonia—general lack of pleasure or enjoyment

c. Loss of volition (motivation or directedness)
   (a) Feeling drained of energy and interest in normal goals
   (b) Inability to start or follow through on a course of action
   (c) Ambivalence—conflicted feelings about most things

d. Social withdrawal
   (a) May withdraw from social environment and attend only to their own ideas and fantasies
   (b) This seems to lead to a breakdown of social skills, including the ability to recognize other people’s needs and emotions accurately

E. Psychomotor symptoms
1. People with schizophrenia sometimes experience psychomotor symptoms, including awkward movements, repeated grimaces, and odd gestures
   a. These movements seem to have a magical quality
2. These symptoms may take extreme forms, collectively called catatonia
   a. Includes stupor, rigidity, posturing, and excitement

F. What is the course of schizophrenia?
1. Schizophrenia usually first appears in the late teens and mid-30s
2. Many sufferers experience three phases:
   a. Prodromal—Beginning of deterioration with mild symptoms
   b. Active—Symptoms become increasingly apparent
   c. Residual—A return to prodromal levels
3. One-quarter recover fully; three-quarters continue to have residual problems
4. Each phase of the disorder may last for days or years
5. A fuller recovery from the disorder is more likely in subjects:
   a. With high premorbid (before onset of the disorder) functioning
   b. With a stress trigger
   c. With abrupt onset
   d. With later onset, during middle age

G. Diagnosing schizophrenia
1. DSM-IV-TR calls for a diagnosis only after signs of the disorder continue for six months or more
2. In addition, people must show a deterioration in their work, social relations, and ability to care for themselves
3. The DSM-IV-TR distinguishes five subtypes:
   a. Disorganized—Characterized by confusion, incoherence, and flat or inappropriate affect
   b. Catatonic—Characterized by psychomotor disturbance of some sort
   c. Paranoid—Characterized by an organized system of delusions and auditory hallucinations
   d. Undifferentiated—Characterized by symptoms which fit no subtype; vague category
   e. Residual—Characterized by symptoms which have lessened in strength and number; may continue to display blunted or inappropriate emotions, as well as social withdrawal, eccentric behavior, and some illogical thinking
4. Apart from the DSM-IV categories, many researchers believe that a distinction between Type I and Type II schizophrenia helps predict the course of the disorder
   a. Type I schizophrenia is dominated by positive symptoms
      (a) Seem to have better adjustment prior to the disorder, late onset of symptoms, and greater likelihood of improvement
      (b) May be linked more closely to biochemical abnormalities in the brain
b. Type II is dominated by negative symptoms
   (a) May be tied largely to structural abnormalities in the brain

IV. HOW DO THEORISTS EXPLAIN SCHIZOPHRENIA?
   A. While there is no known cause, research has focused on biological factors (most promising), psychological factors, and sociocultural factors
   B. A diathesis-stress relationship may be at work: people with a biological predisposition will develop schizophrenia only if certain kinds of stressors or events also are present
   C. Biological views
      1. Genetic and biological studies of schizophrenia have dominated clinical research in the last several decades
         a. These studies have revealed the key roles of inheritance and brain activity and have opened doors to important changes in treatment
      2. Genetic factors
         a. Following the diathesis-stress approach, genetic researchers believe that some people inherit a biological predisposition to schizophrenia
            (a) This disposition (and disorder) is triggered by later exposure to extreme stress
         b. This theory has been supported by studies of relatives, twins, and adoptees, and by genetic linkage studies
            (a) Family pedigree studies repeatedly have shown that schizophrenia is more common among relatives of people with the disorder
               (i) The more closely related the relatives are to the person with schizophrenia, the greater their likelihood for developing the disorder
                  1. General population = 1 percent
                  2. Second-degree relatives = 3 percent
                  3. First-degree relatives = 10 percent
               (ii) Factors other than genetics may explain these findings
            (b) Twins have received particular research study
               (i) Studies of identical twins have found that if one twin develops the disorder, there is a 48 percent chance that the other twin will do so as well
               (ii) If the twins are fraternal, the second twin has a 17 percent chance of developing the disorder
               (iii) Again, factors other than genetics may explain these findings
            (c) Adoption studies have compared adults with schizophrenia who were adopted as infants with both their biological and adoptive relatives
               (i) Because they were reared apart from their biological relatives, similar symptoms in those relatives would indicate genetic influences; similarities to their adoptive relatives would suggest environmental influences
               (ii) Researchers have found that the biological relatives of adoptees with schizophrenia are more likely to display schizophrenic symptoms than are their adoptive relatives
         c. Genetic linkage and molecular biology studies indicate that possible gene defects on numerous chromosomes may predispose individuals to develop schizophrenia
            (a) These varied findings may indicate: (a) a case of “mistaken identity”—some of these gene sites do not contribute to the disorder; (b) that various types of schizophrenia are linked to different genes; or (3) that schizophrenia, like many disorders, is a polygenic disorder—caused by a combination of gene defects
   d. Genetic factors may lead to the development of schizophrenia through two kinds of (potentially inherited) biological abnormalities: biochemical abnormalities and abnormal brain structure
   3. Biochemical brain abnormalities
a. One promising theory is the dopamine hypothesis—certain neurons using dopamine fire too often, producing symptoms of schizophrenia

b. This theory is based on the effectiveness of antipsychotic medications (dopamine antagonists)
   (a) Originally developed for treatment of allergies, antipsychotic drugs were found to cause a Parkinson’s disease–like tremor response in patients
   (b) Scientists knew that Parkinson’s patients had abnormally low levels of dopamine which caused their shaking
   (c) This relationship between symptoms suggested that symptoms of schizophrenia were related to excess dopamine

c. Research since the 1960s has supported and clarified this hypothesis
   (a) Example: Patients with Parkinson’s disease develop schizophrenic symptoms if they take too much L-dopa, a medication that raises dopamine levels
   (b) Example: People who take high doses of amphetamines, which increase dopamine activity in the brain, may develop amphetamine psychosis—a syndrome similar to schizophrenia

d. Investigators also have located the dopamine receptors to which antipsychotic drugs bind
   (a) The drugs apparently are dopamine antagonists which bind to the receptors preventing further dopamine binding and neuron firing
   (b) These findings suggest that, in schizophrenia, messages traveling from dopamine-sending neurons to dopamine-receptors (particularly D-2) may be transmitted too easily or too often

e. This is an appealing theory because certain dopamine receptors are known to play a role in guiding attention
   (a) Dopamine may be overactive in people with schizophrenia due to a larger-than-usual number of dopamine receptors (particularly D-2) or their dopamine receptors may operate abnormally
      (i) Autopsy findings have found an unusually large number of dopamine receptors in people with the disorder
      (ii) Imaging studies have revealed particularly high occupancy levels of dopamine at D-2 receptors in patients with schizophrenia

f. Though enlightening, the dopamine hypothesis has certain problems
   (a) It has faced some challenge from the discovery of a new type of antipsychotic drugs (called “atypical” antipsychotics) which are more effective than traditional antipsychotics and which also bind to D-1 receptors and to serotonin receptors
   (b) Another challenge to the theory is that some theorists claim that excessive dopamine activity contributes only to the positive symptoms of schizophrenia
      (i) These symptoms respond particularly well to the conventional antipsychotic drugs which bind to D-2 receptors

4. Abnormal brain structure
a. During the past decade, researchers also have linked schizophrenia (particularly cases dominated by negative symptoms) to abnormalities in brain structure
   (a) For example, brain scans have found that many people with the disorder have enlarged ventricles—the brain cavities that contain cerebrospinal fluid
   (b) This enlargement may be a sign of poor development or damage in related brain regions

b. People with schizophrenia also have been found to have smaller temporal and frontal lobes, and abnormal blood flow to certain brain areas

5. Viral problems
A growing number of researchers suggest that the biochemical and structural abnormalities seen in schizophrenia result from exposure to viruses before birth.

(a) Some of the evidence comes from animal model investigations
(b) Circumstantial evidence for this theory comes from the unusually large numbers of people with schizophrenia born in winter months
(c) More direct evidence comes from studies showing that mothers of children with schizophrenia were more often exposed to the influenza virus during pregnancy than mothers of children without schizophrenia
(d) Other studies have found a link between schizophrenia and antibodies to a particular group of viruses found in animals, suggesting that people had at some point been exposed to those particular viruses

6. While the biochemical, brain structure, and viral findings are beginning to shed much light on the mysteries of schizophrenia, at the same time they offer only a partial explanation.

(a) Some people who have these biological problems never develop schizophrenia
(b) Why not? Possibly because biology sets the stage for the disorder but psychological and social/sociocultural factors must be present for it to appear

D. Psychological views

1. As schizophrenia investigators began to identify genetic and biological factors of schizophrenia, clinicians largely abandoned psychological theories

2. In the past decade, however, psychological factors are again being considered important

(a) Leading psychological explanations come from the psychodynamic, behavioral, and cognitive perspectives

3. The psychodynamic explanation

(a) Freud believed that schizophrenia developed from two processes: (1) regression to a pre-ego stage; and (2) efforts to reestablish ego control
(b) He proposed that when their world is extremely harsh, people who develop schizophrenia regress to the earliest points in their development (the stage of primary narcissism), in which they recognize and meet only their own needs
(c) This regression leads to “self-centered” symptoms such as neologisms, loose associations, and delusions of grandeur
(d) Freud’s theory posits that attempts to reestablish ego control from such a state fail and lead to further schizophrenic symptoms
(e) Years later, another psychodynamic theorist elaborated on Freud’s idea of harsh parents

(a) The theory of schizophrenogenic mothers proposed that mothers of people with schizophrenia were cold, domineering, and uninterested in their children’s needs
(f) Both of these theories have received little research support and have been rejected by most psychodynamic theorists

4. The behavioral view

(a) Behaviorists cite operant conditioning and principles of reinforcement as the cause of schizophrenia
(b) They propose that some people are not reinforced for their attention to social cues and, as a result, they stop attending to those cues and focus instead on irrelevant cues (e.g., room lighting)

(a) As such, their responses become increasingly bizarre
(c) Support for this model has been circumstantial and the view is considered (at best) a partial explanation

5. The cognitive view

(a) Leading cognitive theorists agree that biological factors are producing symptoms
(b) They argue, though, that further features of the disorder emerge due to a faulty interpretation and misunderstanding of symptoms
(a) Example: A man experiences auditory hallucinations and approaches his friends for help; they deny the reality of his experience; he concludes that they are trying to hide the truth from him; he begins to reject all feedback and starts feeling persecuted

c. There is little direct, clear research support for this view

E. Sociocultural views
1. Sociocultural theorists believe that three main social forces contribute to schizophrenia:
   a. Multicultural factors
   b. Social labeling
   c. Family dysfunction
2. Although these forces are considered important in the development of schizophrenia, research has not yet clarified what the precise relationships might be
3. Multicultural factors
   a. Rates of the disorder differ by ethnicity and race
      (a) About 2 percent of African Americans are diagnosed compared with 1.4 percent of Caucasians
      (b) According to the census, however, African Americans are also more likely to be poor and to experience marital separation
      (c) When controlling for these factors, rates of schizophrenia become closer between the two racial groups
      (d) Consistent with the economic explanation, Hispanic Americans who also are, on average, economically disadvantaged, appear to have a much higher likelihood of being diagnosed than White Americans
   b. Rates also differ between countries, as do the course and outcome of the disorder
      (a) Some theorists believe the differences partly reflect genetic differences from population to population
      (b) Other argue that the psychosocial environments of developing countries tend to be more supportive than developed countries, leading to more favorable outcomes for people with schizophrenia
4. Social labeling
   a. Many sociocultural theorists believe that the features of schizophrenia are influenced by the diagnosis itself
      (a) Society labels people who fail to conform to certain norms of behavior
      (b) Once assigned, the label becomes a self-fulfilling prophecy
   b. The dangers of social labeling have been well demonstrated
      (a) Example: Rosenhan’s “pseudo-patient” study
5. Family dysfunctioning
   a. One of the best known family theories of schizophrenia is the double-bind hypothesis
      (a) This theory says that some parents repeatedly communicate pairs of mutually contradictory messages that place the children in so-called double-binds—the child cannot avoid displeasing the parents because nothing they do is right
         (i) In theory, the symptoms of schizophrenia represent the child’s attempt to deal with the double binds
      (b) Double-bind messages typically consist of a verbal (primary) communication and an accompanying—and contradictory—nonverbal communication (meta communication)
      (c) According to the theory, a child repeatedly exposed to these communications will adopt a special strategy for coping with them—possibly progressing toward paranoid schizophrenia
      (d) This theory is closely related to the psychodynamic notion of a schizophrenic mother; it has been similarly unsupported by research (but popular in clinical practice)
b. A number of studies suggest that schizophrenia often is linked to family stress:
   (a) Parents of people with the disorder often (1) display more conflict, (2) have greater difficulty communicating, and (3) are more critical of and overinvolved with their children than other parents
   (b) Family theorists long have recognized that some families are high in “expressed emotion”—family members frequently express criticism and hostility and intrude on each other’s privacy
      (i) Individuals who are trying to recover from schizophrenia are almost four times as likely to relapse if they live with such a family

F. R. D. Laing’s View (a sociocultural-existential view)
   1. This explanation of schizophrenia is the most controversial and argues that the disorder is actually a constructive process in which people try to cure themselves of the confusion and unhappiness caused by their social environment
   2. Most theorists reject this notion; research has largely ignored it

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**LEARNING OBJECTIVES**

1. Describe the positive symptoms of schizophrenia: delusions, disorganized thinking, heightened perceptions and hallucinations, and inappropriate affect.
2. Compare and describe delusions of persecution, reference, grandeur, and control.
3. Discuss the negative symptoms of schizophrenia, that is, poverty of speech, blunted and flat affect, and social withdrawal.
4. Describe the psychomotor symptoms of schizophrenia.
5. Summarize the characteristics of the prodromal, active, and residual phases of schizophrenia.
6. Compare and contrast disorganized, catatonic, paranoid, and undifferentiated schizophrenia.
7. Describe residual schizophrenia.
8. Summarize evidence from twin and adoption studies that supports the genetic view of schizophrenia.
9. Discuss the dopamine hypothesis and evidence that both supports and fails to support it.
10. Describe the abnormal brain structures of schizophrenic people.
11. Discuss the psychodynamic, behavioral, existential, and cognitive views of schizophrenia.
12. Discuss the sociocultural view of schizophrenia.

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**KEY TERMS**

- alogia
- amphetamine psychosis
- antipsychotic drugs
- atypical antipsychotic drugs
- avolition
- blunted and flat affect
- catatonia
- clang
- delusion
- derailment
- diathesis-stress
- disorganized
- dopamine hypothesis
- double-bind hypothesis
- downward drift theory
- enlarged ventricle
- expressed emotion
- flat affect
- formal thought disorder
- genetic linkage
- hallucination
Abnormal Psychology Student Tool Kit

Produced and edited by Ronald J. Comer, Princeton University and Gregory Comer, Princeton Academic Resources. Tied directly to the CyberStudy sections in the text, this Student Tool Kit offers 57 intriguing Video Cases running three to seven minutes each. The Video Cases focus on persons affected by disorders discussed in the text. Students first view the video and then answer a series of thought-provoking questions. Additionally, the Student Tool Kit contains multiple-choice practice test questions with built-in instructional feedback for every option.

PowerPoint Slides

Available at the Instructor’s site on the companion Web site are comprehensive PowerPoint slide presentations and supplemental student handouts for Chapter 14. The slide files reflect the main points of the chapter in significant detail. Student handouts were created using the instructor slides as a base, with key points replaced as “fill-in” items. Answer keys and suggestions for use also are provided.

DSM-IV-TR Masters

B-45, DSM-IV-TR Diagnostic Criteria for Schizophrenia
B-46, DSM-IV-TR Diagnostic Criteria for Paranoid Type Schizophrenia
B-46, DSM-IV-TR Diagnostic Criteria for Disorganized Type Schizophrenia
B-46, DSM-IV-TR Diagnostic Criteria for Catatonic Type Schizophrenia
B-47, DSM-IV-TR Diagnostic Criteria for Undifferentiated Type Schizophrenia
B-47, DSM-IV-TR Diagnostic Criteria for Residual Type Schizophrenia
B-48, DSM-IV-TR Diagnostic Criteria for Schizoaffective Disorder
B-49, DSM-IV-TR Diagnostic Criteria for Delusional Disorder
B-50, DSM-IV-TR Diagnostic Criteria for Brief Psychotic Disorder
B-51, DSM-IV-TR Diagnostic Criteria for Shared Psychotic Disorder (Folie à Deux)
B-52, DSM-IV-TR Diagnostic Criteria for Substance-Induced Psychotic Disorder
B-48, DSM-IV-TR Diagnostic Criteria for Schizoaffective Disorder
B-49, DSM-IV-TR Diagnostic Criteria for Delusional Disorder
B-50, DSM-IV-TR Diagnostic Criteria for Brief Psychotic Disorder
B-51, DSM-IV-TR Diagnostic Criteria for Shared Psychotic Disorder (Folie à Deux)
B-52, DSM-IV-TR Diagnostic Criteria for Substance-Induced Psychotic Disorder

Internet Sites

Please see Appendix A for full and comprehensive references. Sites relevant to Chapter 14 material are:

http://www.nimh.nih.gov/health/publications
This Web site, provided by the National Institute of Mental Health, supplies downloadable links to PDF files and booklets on a variety of mental health topics.

http://www.nim.nih.gov/medlineplus/schizophrenia.html
Medline Plus brings together authoritative information from NLM, NIH, and other government agencies and health-related organizations.

http://www.nami.org
Web site of the National Alliance on Mental Illness (NAMI), which offers excellent resources on mental health issues.

http://psychcentral.com
From the site: “The Internet’s largest and oldest independent mental health social network created and run by mental health professionals.” Has information on various disorders and their treatments.

http://www.schizophrenia.org
This Web site is from a nonprofit information, support, and education center.
http://www.schizophrenia.com
The Schizophrenia Home Page contains links to chat rooms and to sites for families of affected individuals and individuals with schizophrenia. It also contains suggestions for dealing with this disorder.

http://www.mentalhealth.com/
Basic facts about schizophrenia produced by The British Columbia Friends of Schizophrenia Society.

Mainstream Films
Films relevant to Chapter 14 material are listed and summarized below.

Key to Film Listings:
P = psychopathology focus
T = treatment focus
E = ethical issues raised

Please note that some of the films suggested may have graphic sexual or violent content due to the nature of certain subject matter.

A Beautiful Mind
This Oscar-winning film from 2001 stars Russell Crowe as real-life mathematician John Nash, Jr., a Nobel prize-winner who developed a groundbreaking economic theory while struggling with schizophrenic delusions. P, T, E, serious film

Benny & Joon
From 1993, this film portrays an artist with psychological dysfunctioning who is finding love. After watching the film, the diagnosis of the main character has been questioned—some argue schizophrenia, some argue schizotypal personality disorder. P, serious film

Canvas
From writer-director Joseph Greco, this 2006 drama stars Joe Pantoliano in an outstanding portrayal of mental illness. P, T, E, serious film

Clean Shaven
This accurate and graphic 1993 film depicts life through the eyes of an untreated man with paranoid schizophrenia searching for his daughter. P, serious film

The Couch Trip
This 1988 comedy stars Charles Grodin as a stressed-out radio shrink, whose producer ends up unwittingly hiring a schizophrenic patient (Dan Aykroyd) to replace him during his hiatus. P, T, E, comedy

Don Juan DeMarco
In this 1995 comedy, Johnny Depp portrays a patient in a psychiatric hospital who claims to be Don Juan, the world’s greatest lover. Marlon Brando plays the psychiatrist who tries to analyze his patient’s apparent delusion. P, T, E comedy/serious film

Donnie Darko
From 2001, this film stars Jake Gyllenhaal as a disturbed teen who has visions of a human-sized rabbit telling him to do bad things. P, T, serious film

The Fisher King
This 1991 film follows Jack Lucas (Jeff Bridges), an irreverent radio talk show host who sinks into alcoholism after a tragedy. He is rescued by a delusional, homeless man (Robin Williams) on a quest for the Holy Grail. P, serious film

I Never Promised You a Rose Garden
From 1977, this gripping drama recounts a schizophrenic teenager’s struggle to cope with her illness with the help of a caring psychiatrist. P, T, E, serious film

Love Actually
In a secondary plotline, this Hugh Grant film from 2003 depicts the impact of schizophrenia on a family. P, T, comedy

Pi
From 1998, this thriller follows a paranoid mathematician. P, serious film

Proof
This Gwyneth Paltrow/Anthony Hopkins film shows the work of a psychotic mathematician and his relationship with his possibly psychotic daughter. P, serious film

Other Films:
Network (1976) psychosis. P, serious film
They Might Be Giants (1971) schizophrenia, treatment. P, T, E, commercial/serious/comedy film

Comer Video Segments
Available as a supplement, this revised set of videotapes contains short clips depicting various topics related to abnormal psychology. Please see the accompanying Video Guide for specific clips linked to Chapter 14.
Recommendations for Purchase or Rental

The Comer Video Segments include excerpts from many superb clinical documentaries. While the segments alone are ideal for use in lectures, it often is useful to assign the entire documentary for special class screenings or library use by students. The following videos and other media are available for purchase or rental and appropriate for use in class or for assignment outside of class.

**The Brain: Madness**
Annenberg/CPB Project
P. O. Box 2345
South Burlington, VT 05407-2345
(800)-LEARNER

**Living with Schizophrenia**
Guilford Publications, Inc.
72 Spring Street
New York, NY 10012
tel: (800) 365-7006
or (212) 431-9800
fax: (212) 966-6708
(800) 365-7006
www.guilford.com

**Preventing Relapse in Schizophrenia**
P. O. Box 2053
Princeton, NJ 08543-2053
Phone: 800-257-5126
Fax: 609-275-3767
Email to: custserv@films.com

**Dark Voices: Schizophrenia**
P. O. Box 2053
Princeton, NJ 08543-2053
Phone: 800-257-5126
Fax: 609-275-3767
Email to: custserv@films.com

**Schizophrenia**
This specially adapted Phil Donahue program is regarded as one of the most helpful programs on schizophrenia addressed to nonspecialist audiences. (28 min.)
P. O. Box 2053
Princeton, NJ 08543-2053
Phone: 800-257-5126
Fax: 609-275-3767
Email to: custserv@films.com

**Psychiatric Interview #18: Evaluation for Diagnosis**
Educational Media Collection
Box 353090
University of Washington
Seattle, WA 98195-3090
Scheduling: (206) 543-9909
Preview: (206) 543-9908
Reference: (206) 543-9907

**Full of Sound and Fury: Living with Schizophrenia**
Filmakers Library
124 East 40th St. Suite 901
New York, NY 10016
ph (212) 808-4980
fax (212) 808-4983
Email: info@filmakers.com
Web: http://www.filmakers.com

**Dialogues with Madwomen**
Women Make Movies
462 Broadway, 5th FL
New York, NY 10013
ph (212) 925-0606
fax (212) 925-2052
Email: info@wmm.com
Web: http://www.wmm.com/

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**CLASS DEMONSTRATIONS AND ACTIVITIES**

**Case Study**
Present a case study to the class.

cussion of the problems impacting those with severe mental illness and their loved ones.

**Panel Discussion**

Invite a mental health consumer or consumer advocate into your class to discuss his or her experiences with the mental health care system. NAMI (National Alliance on Mental Illness) sponsors several excellent programs designed to foster understanding and dis-

Have students volunteer (or assign them) to portray mental health “workers” from different theoretical perspectives in a panel discussion. Each student should present the main explanation and treatment for the schizophrenia from his or her theoretical perspective. Students in the audience can ask questions of the pan-
elists. Additionally, other students can role-play patients suffering from particular subtypes of schizophrenia. [NOTE: A brief reminder about sensitivity and professionalism is useful here.] Have the panelists attempt to diagnose, based on their theoretical orientation.

“It’s Debatable: Postpartum Psychosis: The Case of Andrea Yates” (see Preface instructions for conducting this activity)

Have students volunteer (or assign them) in teams to opposite sides of the debate topic using A Closer Look on pp. 468–469 in the text as a platform. Have students present their case in class, following standard debate guidelines.

Family Links
Show the class Figure 14-2 (Risk of developing schizophrenia based on familial relationship) and discuss the impact of such data.

“It’s Debatable: People with Schizophrenia Should Be Prevented from Having Children” (see Preface instructions for conducting this activity)

Have students volunteer (or assign them) in teams to opposite sides of the debate topic using Figure 14-2 as a platform. Have students present their case in class, following standard debate guidelines.

“Pretend, for a moment, that you are a . . .”

Ask students to imagine that they are a health professional confronted by a person experiencing paranoid delusions. What questions would they have for the person? Would they want to interview others who know the person? What difficulties might they encounter interviewing this individual?

The Anonymous Five-Minute Essay
Ask students to take five minutes to write down everything they believe about schizophrenia, whether they know it to be true or not. Many students admit that they are under the impression that schizophrenia is impossible to treat, that schizophrenia is a disorder from which no one recovers, and that schizophrenia is associated with severe dangerousness. Subsequent to this, ask students the source of these impressions.

Distinguishing Delusions
Students often have difficulty distinguishing the various types of delusions, and a simple exercise can reinforce the distinctions. Present an overhead with various statements representing different delusions and ask students to identify them (silently, on a sheet of paper). For example, put the following on an overhead: “They are talking about me” (persecution or grandeur, depending on what they are saying), “The radio is sending me a special message” (reference), and “The man who lives above me is stealing my thoughts” (control or thought broadcasting).

SUGGESTED TOPICS FOR DISCUSSION

Family Links
Using Figure 14-2, discuss the implications for individuals diagnosed with schizophrenia and for their family members in terms of future generations and risk of transmission. What do the data NOT mean?

Rosenhan’s On Being Sane in Insane Places
To discuss the problem of “sticky” diagnostic labels and the manner in which they influence others’ perceptions, describe Rosenhan’s study, “On Being Sane in Insane Places” (Science, 1973, pp. 250–257). In this study, eight mentally healthy people, several of them psychologists and psychiatrists, complained of hearing voices that repeated “Empty,” “Dull,” and “Thud,” and were admitted to mental hospitals. Once inside, they acted normally for the remainder of their stay. One of the pseudopatients was a professional artist, and the staff interpreted her work in terms of her illness and recovery. As the pseudopatients took notes about their experience, staff members referred to the
note-taking as schizophrenic writing. Ask students for any other types of behavior that they can think of that would be misinterpreted in this situation. Ask students for other examples, which they have encountered or could imagine occurring, where a psychiatric label (such as depression, anxiety, or eating disorder) might “stick” and influence others’ perceptions.

When discussing this study and students’ reactions to it, it might be worthwhile to discuss criticisms of the study. For example, it will be important to emphasize that auditory hallucinations (such as those supposedly heard by the pseudopatients) are extremely rare and pathognomonic (indicate severe pathology), and that it might have been entirely appropriate for these persons to be hospitalized immediately. Also, the “patients” were discharged with the diagnosis “in remission,” which means “without signs of the illness,” a very rare diagnosis. Regarding the use of the study to criticize psychiatric diagnoses as unreliable or invalid, one author responded: “If I were to drink a quart of blood and, concealing what I had done, come to the emergency room of any hospital vomiting blood, the behavior of the staff would be quite predictable. If they labeled and treated me as having a bleeding peptic ulcer, I doubt that I could argue convincingly that medical science does not know how to diagnose that condition” (Kety, 1974, p. 959).

**Differential Diagnosis for Schizophrenia**

Schizophrenia was once a wastebasket category for many individuals who did not fit the criteria of other disorders. Discuss the sometimes difficult task of differentiating schizophrenia from other disorders. Ask students to generate possible scenarios or situations wherein delusions or even hallucinations might be “normal” even in the absence of a schizophrenic process. Possibilities include posttraumatic stress, borderline personality disorder, and substance effects.

**Szasz and Schizophrenia**

According to Thomas Szasz, the idea of mental illness, including schizophrenia, is a myth. Szasz believes that schizophrenia should be properly regarded as problems of living in a society that mistreats individuals who are different. Do your students believe this assertion? Have them discuss the pros and cons of this proposition.

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**ASSIGNMENTS/EXTRA CREDIT SUGGESTIONS**

**“Write a Pamphlet”**

With the use of a software program like Microsoft Publisher or simply paper and markers, students can create a pamphlet on schizophrenia or on one of the other psychotic disorders. Students should be encouraged to be as accurate and up-to-date as possible and also to present all sides of the disorder (e.g., alternate treatment approaches or theories).

**Keep a Journal**

In addition to helping students synthesize material, this activity is helpful in developing writing skills. Have students keep a journal of their thoughts on course material through the semester. This can be done in the first or last five minutes of class or as an out-of-class assignment. Faculty generally should have students submit their journals for review on an on-going basis, since students can tend to delay writing until the end of the semester. Some suggestions for journal topics include: reactions to the case examples; strengths and weaknesses of prevailing theoretical explanations; hypothetical conversations with sufferers of specific disorders, etc.

**Abnormal Psychology Student Tool Kit Video Questions**

As a homework assignment, have students watch a video clip and answer the accompanying questions. Students can answer the questions directly into the on-line assessment feature. The results of these quizzes report to the site’s built-in grade book.

**Web Site Quiz**

For homework or extra credit, have students complete the quiz for Chapter 14 located on the companion Web site. Students can complete an on-line test of the key chapter material (using questions NOT from the test bank) and have their scores e-mailed directly to the course instructor.

**Essay Topics**

For homework or extra credit, have students write an essay addressing one (or more) of the following topics:

1. Watch the acclaimed film *A Beautiful Mind* and compare the presentation of Nash’s symptoms in
the film to the text’s description of schizophrenia. What symptoms did he have? What types of treatment did he experience? After watching the film and drafting your essay, look at Psych Watch on pp. 456–457 in the text for a comparison between the cinematic disorder and Nash’s reality.

2) Discuss the topic of postpartum depression/psychosis and the case of Andrea Yates (A Closer Look, pp. 468–469 in the text). Do you agree with the diagnosis? As this manual is going to print, Yates is scheduled to receive a new trial. Assuming the trial has concluded, what was its outcome? What conclusions were made about her mental health? What changes (if any) should be made to the new edition of the DSM to address this disorder?

Research Topics
For homework or extra credit, have students write a research report addressing one (or more) of the following topics:

1) Research and review the literature on schizophrenogenic mothers. Is this topic still being examined? Were schizophrenogenic fathers ever examined?

2) Research and report on other psychotic disorders (see Table 14-2). How are they different from schizophrenia?

Film Review
To earn extra credit, have students watch one (or more) of the mainstream films listed and write a brief (3–5) page report. Students should summarize the plot of the film in sufficient detail to demonstrate familiarity, but should focus their papers on the depiction of psychological abnormality. What errors or liberties did the filmmaker take? What is the message (implicit or explicit) concerning the mentally ill?

Case Study Evaluations
To complement the Comer and Gorenstein supplemental case study text, case study evaluations have been created. Students can be assigned the appropriate case study and evaluation as homework or for class discussion. While case-study evaluation questions are listed in their entirety on the companion Web site at www.worthpublishers.com/comer, the relevant case studies follow.

Case Study 12: Schizophrenia

Web-Based Case Studies
Nine Web-based case studies have been created and posted on the companion Web site. These cases describe the individual’s history and symptoms and are accompanied by a series of guided questions which point to the precise DSM-IV-TR criteria for each disorder. Students can both identify the disorder and suggest a course of treatment. Students can be assigned the appropriate case study and questions as homework or for class discussion. The case relevant to Chapter 14 is referenced below.

The Case of Randy: Schizophrenia

Crossword Puzzles
As a homework assignment or for extra credit, have students complete and submit Crossword Puzzle #14.

Word Searches
As a homework assignment or for extra credit, have students complete and submit Word Search #14.