Chapter 13
Schizophrenia

LEARNING OBJECTIVES

After reading and studying this chapter and participating in lecture and discussion, students should have an understanding of:

- The nature of schizophrenia.
- Alternative understandings of the 'symptoms' of schizophrenia.
- The possible causal role of genetic factors, the family and psychosocial factors.
- Neuronal and neurotransmitter models of the disorder.
- Psychological models of the experiences of people diagnosed with schizophrenia.
- Differing approaches to the treatment of schizophrenia and its constituent elements: delusions and hallucinations.

CHAPTER OUTLINE

13.1 Schizophrenia
- Personal experiences

13.2 Aetiology of schizophrenia
- Genetic factors
- Biological mechanisms
- Psychosocial factors
- A psychobiological model
- Psychological models
- Theory of mind
- Hallucinations as a failure of attention
- A cognitive model of delusions
- A trauma model of hallucinations

13.3 Treatment of schizophrenia
- Antipsychotic medication
- Psychoanalytic approaches

Family interventions
Cognitive behaviour therapy
Stress management
Belief modification

QUESTIONS FOR DISCUSSION

These may be useful to use at the beginning of the teaching session to get a sense of where people lie on these issues, to spark some interest in them, and as a link to refer to as the lecture progresses.

1. Which of the following is the key neurotransmitter associated with schizophrenia?
    a. Serotonin
    b. Dopamine
    c. GABA
    d. Glutamate

2. What percent of people who have a first episode of schizophrenia are likely to experience a full recovery with no residual problems over the next two years?
    a. 15%
    b. 30%
    c. 50%
    d. 70%

3. The ‘theory of mind’ addresses:
    a. The individual’s understanding of their own actions
    b. The individual’s understanding of other people’s thoughts and motivations
    c. Subtleties of communication including sarcasm and irony
    d. All of the above

4. Which of the following is not a treatment for schizophrenia?
    a. Family therapy
    b. Dialectical behaviour therapy
    c. Belief modification
    d. Antipsychotic medication

LECTURE SUGGESTIONS

This chapter delves into the battles – both current and historic – over a range of philosophical and empirical understandings of mental health in general, and of schizophrenia in particular. The very construct of schizophrenia has been questioned, and I did spend much time considering whether to name the chapter 'psychosis'. But in the end, the name schizophrenia is used to identify a particular group of individuals, and generic treatments are targeted at them. Accordingly, while the concept may be questioned by some, there is a whole aetiological and treatment theory based on it, so it's difficult not to use. So, the chapter and talk focus on the wider concept of schizophrenia before focusing more closely on models of delusions and hallucinations in their own right.

Reflecting this issue, this is one chapter of the book that now differs markedly from that of the first edition. This focused on the debate between biological and psychosocial fundamentalists, with little give and take between the two. Now, the battle is rather more muted. It's difficult to deny some degree of genetic influence on the risk of schizophrenia, nor can the role of the environment be disregarded. There is clear evidence of a confluence of risk within the genetic studies, with the diathesis-stress model appearing the best explanation.

In terms of therapeutic interventions, there has also been a shift. At times of acute exacerbation, medical attention is central to any treatment. However, psychological interventions which focus on family dynamics and managing stress, and are supported by empirical evidence, are increasingly becoming available once any acute episode is resolving. More symptom specific aetiological models of hallucinations and delusions focus on a number of cognitive and attentional pathways and provide interesting insights and potential intervention strategies. These models provide a link between normative psychological processes and the apparent chaos and 'madness' of schizophrenia, adding to our insights and making the condition more explicable.

CLASSROOM ACTIVITIES

Small group discussion: Schizophrenia has historically been one of the most misunderstood conditions by the general public. Consider what the stereotypes of schizophrenia are, and how they compare with the reality.

Small group discussion: If risk for schizophrenia is a consequence of both genes and early environment, and in particular parenting style and communication within families, should we be identifying families of 'at risk' children and requiring them to engage in some form of family counselling?

Small group discussion: Drugs or psychotherapy – either, neither or both? What and how should therapy be provided for people with a diagnosis of schizophrenia?