

# Abnormal psychology- schizophrenia

Science



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Abnormal Psychology- Schizophrenia Introduction There are a number of problems with defining psychological abnormality. They include problems with cultural relativity and social norms, what is normal within one culture or society may be considered abnormal within another. There are also problems with statistics as some abnormalities have too few or too many statistics to compare and the statistics may not always be reliable. Under the medical model all psychological disorders are considered illnesses. There are two classification systems to diagnose different disorders.

These are the International Classification of Diseases & Health Related Problems (ICD) and Diagnostic & Statistical Manual of Mental Disorders (DSM).

The most up to date editions currently in use are ICD-10 and DSM-IV although DSM-V is due to be released in May 2013. (Jabr, F (2013))

Schizophrenia According to the World Health Organisation (WHO) schizophrenia is a severe form of mental illness. It is a treatable psychological condition that affects 24 million people worldwide. It mainly affects 15-35 year olds and is more likely to occur in males but anyone of any age or gender, can develop the condition.

It affects thinking, perceptions and language and causes the patient to hear voices and to have hallucinations and delusions. Symptoms ICD-10 diagnostic criteria

- At least one of:
  - o Thought echo, thought insertion/withdrawal/broadcast
  - o Passivity, delusional perception
  - o Third person auditory hallucination, running commentary
  - o Persistent bizarre delusions
- or two or more of:
  - o Persistent hallucinations
  - o Thought disorder
  - o Catatonic behaviour
  - o Negative symptoms
  - o Significant behaviour change
- Duration
  - o More than 1 month
- Exclusion criteria
  - o Mood disorders,

schizoaffective disorder Overt brain disease o Drug intoxication or withdrawal (Wing, J. K. & Agrawal, N. (2009)) Behavioural Explanations and Therapies The behavioural approach suggests that schizophrenia is simply learned behaviour learned through operant conditioning. Sammons (2008) suggests that the reason schizophrenia tends to run in families is due to children learning the behaviour from their parents. Social learning theory also suggests that although there may be some symptoms present once a patient is around others with schizophrenia they learn symptoms by seeing others demonstrate them.

It is difficult to explain how the hallucinations and delusions suffered by a schizophrenic can be explained as learned behaviour; true behaviourists think this is irrelevant as they are only concerned with the physical behaviours not what is happening in the mind. Paul and Lentz (1977) carried out a study into operant conditioning as a treatment for schizophrenia. They set up a token economy on a hospital ward where they rewarded patients for appropriate behaviour by giving them tokens that they could exchange for luxury items.

It was found that only 11% of the patients in the test group continued to require drugs for their symptoms compared to 100% of the control group. (AQA, (2010)) This demonstrates that operant conditioning as a treatment is very effective; however behaviourists do not care whether the patient is still hearing voices as long as they behave like they are not. In the Paul and Lentz study the patients may still hear voices but have simply learned that if they behave as though they are not they will be rewarded. This means that

the schizophrenia has not actually been cured. Biological Explanations and Therapies

There have been a number of studies conducted that suggest there is a biological cause for schizophrenia. Through family resemblance studies it has been discovered that a normal person with no family history of schizophrenia has around a 0.2-2% chance of developing the condition, whereas a person with one schizophrenic parent has a 13% chance of developing it. The chances increase to 46% if both parents have the condition. (Head, P (2012)) This information may not be reliable as it was based on information from records and memories and memories can easily be distorted or misinterpreted.

The Copenhagen High-risk study looked at children aged 10-18 and classified them into low risk, of developing schizophrenia, and high risk groups. They removed the risk of environmental factors that could distort the results by grouping the children by age, gender, residence and economic status. This made the study highly reliable as it meant the only factor that should affect results was genetics. The study found that only 1.9% of children in the low risk group developed schizophrenia whereas 16.2% of the high risk children did.

This shows support for the genetic explanation for schizophrenia. Iverson (1979) carried out post-mortem studies. He found that there are high levels of dopamine in brains of schizophrenics. It is suggested that schizophrenia is caused by high levels of dopamine in the brain or more dopamine receptors in their brains. This is supported by the success of chlorpromazine drugs as a treatment for the condition. There are however problems with this

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explanation. One problem is that there is no evidence that excess dopamine causes schizophrenia.

It could be that schizophrenia causes excess dopamine. (AQA, 2010) Biological treatments for schizophrenia are anti psychotic drugs and chlorpromazine which blocks dopamine receptors in the brain. These drugs have been proven to work as they reduce the number of patients spending a long time in hospital; however drugs are not a cure. They only control the symptoms if a patient stops taking these drugs the symptoms will soon return. This is known as the ‘ revolving door syndrome. ’ There can be a number of reasons for this to happen; firstly a patient may have a fear of getting well. The patient may find it difficult to imagine life without schizophrenia or enjoy some part of it. Another reason is that the patient may stop taking the drugs they are prescribed due to side effects. (Fritscher, L (2012)) The side effects of these drugs can include drowsiness, dizziness, disturbed vision, weight gain, blood clots and tremors. (Netdoctor(2012)) Patients may feel that the side effects are worse than the original illness and stop taking the prescribed medication which then starts the cycle again.

#### Psychodynamic Explanations and Therapies

The psychodynamic explanation for schizophrenia is that the Ego is being over taken by either the Id or Superego. Freudians would suggest that there has been a problem in childhood, most likely a problem with the mother, the ego doesn't develop as well as it should which means the id can easily take control. (Sammons (2008)) The Ego loses control and the patient will enter a child like state, known as ‘ primary narcissism’, which causes fantasy to be

confused with reality and delusions of self importance which cause the patient to be highly demanding similar to a baby.

Hallucinations and delusions are caused by the Ego trying to regain control and reality. There are problems with the psychodynamic approach; firstly there is no scientific evidence to support the explanations. Secondly it has generally been regarded that since anti psychotic drugs work to treat the symptoms that the biological explanation is more reliable. (Sammons (2008)) Freud did not see any point in treating schizophrenics as he believed that it had been caused by the broken ego which is the part of the psyche that he would engage with, as this was so badly damaged he believed there was no way to cure schizophrenia.

More recently the main psychodynamic treatment for schizophrenia has been psychotherapy. Rosen (1946) brought patients into a child like state to be able to then nurture them to redevelop a strong ego and ultimately rebalance the psyche. There have been problems with this form of treatment as it is out of date and the results that were found by Rosen are less likely to be effective today as the definition of schizophrenia has changed and the cases Rosen treated would not be considered to be schizophrenic today. Also Drake & Sederer (1986) actually found that his form of therapy could worsen symptoms and prolong the patients stay in hospital. Cognitive Explanations and Therapies The cognitive approach agrees with the biological evidence that there is a high genetic contribution to schizophrenia but realises that there must also be other causes and it is important to take these into account. The cognitive model suggests that although genes can create a

disposition to develop schizophrenia it only actually develops as a response to stresses such as trauma or infections.

Cognitive psychologists fail to take environmental factors such as family and lifestyle into account. Cognitive psychologists believe that the faulty thought patterns are what cause schizophrenia and not a result of the condition. It is suggested that there is a fault with the way in which schizophrenics process information and that it is difficult for them to filter out irrelevant information. Hemsley (1993) suggested that schizophrenics have problems processing information in their memories and new information coming in. It is also suggested that there is a problem with the functioning of the in built schemas.

Hemsley explains that the reason schizophrenics hear voices is because they do not realise that their thoughts come from memories and therefore believe them to be voices. There is however very little evidence to support Hemsley's ideas except for some research on animals which cannot be directly compared with human behaviour. Frith (1992) suggested that people with schizophrenia find it difficult to distinguish whether the information is coming from an internal or external source. He believed that most of the symptoms of schizophrenia can be explained by problems in three different cognitive processes.

The first is the inability to generate willed action. The second is the inability to monitor willed action, and the third is the inability to monitor the beliefs and intentions of others. Frith suggests that these problems come from faulty wiring in the brain. There is evidence to support this from his study where he gave specific tasks to schizophrenics and monitored the cerebral

blood flow. He found that this was different to what he would expect to see in a person without schizophrenia. The cognitive explanation of schizophrenia is very popular in terms of helping ordinary people understand the condition. It is also made more reliable by the fact that they take into account other factors such as genetics as well as psychological factors. The cognitive approach also has limitations as although it does well to explain the symptoms of schizophrenia it cannot explain the causes alone without looking at the biological model. PAGE 13-14 Conclusions In conclusion there are a wide range of explanations for schizophrenia including genetics, environment and traumatic experiences. There are also a wide range of treatments including drugs, psycho therapy and behavioural therapy.

All of these explanations and therapies have credit on their own but also have limitations. The best way to treat schizophrenia is through a combination of treatments such as drugs used with cognitive-behavioural therapy. Most people with schizophrenia are managed through treatments however many people will relapse. This would then trigger a new round of treatments. Continued support even after recovery helps to reduce the chances of relapse. (NHS choices (2012))

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