

# Schizophrenia: Explanations and Treatments

## BIOLOGICAL APPROACH

### Genetics

Heston (1966)

**Aim:** Investigated the role of genetics in schizophrenia

#### Method:

- Compared 47 adopted children whose biological mother had schizophrenia
- With control group of no schizophrenia history

**Results:** None of the controls were diagnosed, 16% of the schizophrenic mothers' offspring had the illness.

**Conclusion:** Inheritance does play a part on the disorder

#### Evaluation

- Inheritance can put people at risk, stress can also play a part
- Could be several genes responsible for the symptoms

#### Biochemical Explanations

- Excess of **dopamine** has been implicated in schizophrenia
- **Dopamine** - active in the limbic system in the brain governing emotion.

#### Evidence

- **Kimble** - anti-psychotic drugs which reduce the levels of dopamine are effective in reducing the symptoms
- **Iverson** - Schizophrenics patients show high levels of dopamine in brain.

### Evaluation

- Does excess dopamine cause schizophrenia, or does schizophrenia have an affect on dopamine levels
- May be that receptors in the brain are more sensitive

### Biological Treatment

- **Anti-psychotic drugs** - reduce positive symptoms
- **Chlorpromazine** - blocks dopamine receptors in the brain, so neurons don't respond to dopamine
- **Side effects** - weight gain, tremors, drowsiness

### Evaluation

- Reduced the number of long-stay patients in hospitals
- Some patients do not find the side effect difficult to cope with
- Drug treatments aren't a cure, can return if they stop taking drugs

### PSYCHODYNAMIC APPROACH

- Schizophrenia due to conflict in personality
- Adult Schizophrenia - ego is overwhelmed by either the id or superego
- Ego goes back to youth
- Individual has delusions of self-importance, like the demanding behaviour of a baby
- Fantasies become confused with reality, as the ego tries to get control
- Hallucinations and delusions will emerge, as the ego tries to gain sense of reality

### Evaluation

- No scientific evidence
- **STIRLING and HELLEWELL** - schizophrenic behaviour no similar to infant
- Research not found a correlation between early childhood experiences and following diagnosis

### Psychodynamic Treatments

- Didn't use psychoanalysis – patients incapable of forming close relationship with therapist
- **SULLIVAN** – used psychotherapy
  - Sufferer returns to a child-like state, because they experienced childhood trauma and are unable to handle adult communication
  - A trusting relationship could be slowly built-up with the patient which would lead to success

### Evaluation

- Sullivan's patients only mildly disturbed, may not have been diagnosed with schizophrenia

### BEHAVIOURAL APPROACH

- Explains schizophrenia as a learned response
- People will behave in a schizophrenic way if they reinforced by it, develops by operant conditioning
- May observe behaviour of other schizophrenics

### Evaluation

- Doesn't explain how schizophrenics get symptoms in the first place
- Simplifies distressing condition to attention seeking strategy
- Social learning can explain how patient's symptoms can multiply as they are in contact with other patients in hospital.

### Behavioural Treatments

#### Experiment: PAUL AND LENTZ (1977)

**Aim** – Investigated the effectiveness of operant conditioning by reinforcing appropriate behaviour with schizophrenic patients.

**Method** –

- Set up token economy system in hospital ward
- Patients given tokens as reward when behaved appropriately
- Could be exchanged for luxury items

### Results

- Positive and negative symptoms were significantly reduced
- 11% of patients need drug treatment, compared to 100% of the control group

**Conclusion** - operant conditioning is an affective means of treating people with chronic schizophrenia

### COGNITIVE APPROACH

- Faulty information processing
- **PICKERING** - catatonic breaking in auditory attention, making social interaction difficult, as individual overloaded with auditory information. Withdrawal from world keep sensory manageable.
- **FRITH** - Schizophrenics fail to monitor their own thoughts

### Evaluation

- No causes to what causes cognitive changes
- Diagnosed in adulthood, no link to childhood
- Approach is being used to develop new strategies of coping with the disorder

### Cognitive Treatment

- Voice-hearers can be helped to bring voices under their control
- Psychotherapy - controlling thought processes instead of uncovering unconscious (Bentall)
- Asks the patient to focus on the voice - whether male or female, tone
- Patients are told that the voice represent part of their thought processes
- Encouraged to develop strategies to protect themselves against the voices
  - Relaxation techniques, talking to others.

### Evaluation

- May support delusional thinking in their patients

- Paying attention to voice may result in doing what the voices say
- **ROMME and ESCHER** - focusing reduces harm to the self or others

## **SOCIOCULTURAL EXPLANATIONS**

### **Labelling**

#### **Scheff**

- Those receiving help carried a stigma or mark of social disgrace
- Labelling creates expectations; patients may behave differently and create a self-fulfilling prophecy.

#### **Experiment: ROSENHAN**

**Aim:** Provided a powerful example of the effect of labelling.

#### **Method:**

- 8 normal people admitted to hospitals
- 7 diagnosed with schizophrenia
- Instructed to act normally, do not take any medication

#### **Results:**

- Participants often ignored by staff - powerless and fear
- Other real patients recognised normality and asked pseudo-patients if they were reporters
- None of them managed to convince the staff they were sane

**Conclusion** - perceptions of patients affected by the labels they have been given.

#### **Evaluation**

- Contributed a revision to diagnosis and patient care
- Labelling theory has provoked any practitioners to re-examine their own expectations.

### Family Dysfunction

- Concentrates on the cultural and social environment
- '**Schizogenic mother**' – cold, dominant, created conflict and caused schizophrenia in the child. Said to be rejecting, overprotective, and fearful of intimacy.
- **BATESON** – thought that the faulty communication within families was a cause. Double bind – child in no win situation contradictory messages.

### Evaluation

- No clear evidence that families creates schizophrenia

### Effectiveness of Treatment Methods

- Most effective antipsychotic drugs
- Behavioural treatments good for changing behaviour of long term delusions
- No effective psychotherapy, investigated more cognitive treatments, to deal with symptoms
- All treatments ignore social/environmental factors

### Institutional care and community care

- Patients can imitate other patients behaviour
- Doesn't teach how to fend for self
- **Community care**
  - Provide help to patients outside hospital ward
  - Occupational therapist – building social skills
  - Nurses – visit patients at home
  - Can attend day centres where they can meet with others

### Evaluation

- Concerned with the quality between two services
- Some don't get the attention and care they need
- Institutionalisation – allows close monitoring, support and treatment. Prevents self-harm.