# STUDY GUIDE

## CHAPTER 4

1. Define psychosis and describe its five symptoms (delusions, hallucinations, disorganized thinking and speech, abnormal motor behavior, and negative symptoms).
2. Distinguish the following *DSM* and *ICD* psychotic disorders: schizophrenia, delusional disorder, brief psychotic disorder (acute and transient psychotic disorder), schizophreniform disorder, schizoaffective disorder, and schizotypal disorder.
3. What is the debate over categorical versus dimensional diagnosis of psychotic disorders?
4. What do people coming from a postmodern view say about the *DSM-5* and psychotic disorders? What do those coming from a medical view say?
5. Define attenuated psychosis syndrome (APS) and explain why the prospect of adding it to the *DSM-5* caused controversy.
6. Outline the history of dementia praecox as a precursor to today’s schizophrenia diagnosis.
7. Who coined the term “schizophrenia,” what does this term mean literally? With what disorder is schizophrenia often confused and why?
8. Explain the following historical treatments for schizophrenia: hydrotherapy, insulin coma therapy, electroconvulsive therapy (ECT), and lobotomy.
9. What is the dopamine hypothesis of schizophrenia and what is its relationship to the use of antipsychotic drugs?
10. Describe the relationship between the dopamine hypothesis and amphetamine psychosis.
11. Define the aberrant salience hypothesis. How is this hypothesis relevant to the dopamine hypothesis?
12. Distinguish first-generation from second-generation antipsychotics. How do these drugs work at a neurochemical level? What differences are there in their effects on psychosis? How do they differ when it comes to side effects?
13. What is the glutamate hypothesis of schizophrenia and how has it impacted drug treatments for psychosis thus far?
14. What symptoms do brain structure theories of psychosis tend to explain compared to brain chemistry theories?
15. Outline the importance of ventricle size and brain volume in schizophrenia. What brain regions have garnered attention as potentially important in schizophrenia?
16. What limitations are there regarding research linking brain volume and psychosis?
17. What is the logic behind twin studies in assessing the genetic influence on schizophrenia? Explain what twin study researchers mean when they speak of concordance rates.
18. What do researchers generally cite as the concordance rate for schizophrenia? What does this mean about genetic and environmental influences on schizophrenia?
19. Summarize criticisms of twin study research on schizophrenia.
20. What are family studies and what do such studies generally conclude about schizophrenia? What are the limitations of family studies?
21. What are adoption studies? Provide some examples of these studies for schizophrenia. What criticisms of adoption studies have been offered?
22. What are genetic marker studies? How are these studies being used to understand the genetics of schizophrenia?
23. Explain the hypothesized evolutionary connection between psychosis and creativity/charisma, as well as criticism of this account.
24. How does an evolutionary perspective view psychosis as an evolved sensitivity to threats? What is the empirical status of this hypothesis?
25. In what ways do evolutionary theorists invoke theory of mind to explain psychosis? How might affective empathy, the ability to discern relevant information, and difficulties with subjective representations serve as examples of theory of mind explanations of psychosis?
26. How might theory of mind symptoms vary depending on which psychotic symptoms someone displays?
27. What is the cliff-edge fitness theory of psychosis?
28. What is the viral theory of schizophrenia?
29. Explain the potential role of inflammation in schizophrenia. What is the research status of hypotheses about inflammation and psychosis?
30. Why do critics of biological approaches complain about treating schizophrenia as a single disorder? How does RDoC hope to address this complaint?
31. Summarize arguments for and against adopting a biological model of schizophrenia.
32. Summarize arguments about the proper role for psychological approaches (such as psychotherapy) when it comes to helping people diagnosed with schizophrenia.
33. How did Sigmund Freud conceptualize psychosis in classic psychoanalytic theory? What was his outlook on treating psychosis with psychoanalysis?
34. How did interpersonally oriented psychodynamic therapists like Frieda Fromm-Reichmann and Harry Stack Sullivan think of psychosis? What did Fromm-Reichmann mean by the term “schizophrenogenic mothers” and what is the status of this concept today?
35. What is the modern psychodynamic approach to schizophrenia? How do psychodynamic therapists treat schizophrenia?
36. What is the current research status of psychodynamic approaches to schizophrenia?
37. Explain the basic cognitive and behavioral conceptualizations of psychosis that are combined in CBTp.
38. Distinguish the syndrome versus symptom approaches to psychosis used in different types of CBTp.
39. Describe the following therapeutic strategies used in CBPp: Socratic questioning, evidential analysis, normalization, and behavioral experiments.
40. Explain the use of social skills training in CBTp, including its inclusion of modeling and behavioral rehearsal.
41. How did Carl Rogers think about psychosis from a person-centered therapy perspective? How was this different from R. D. Laing’s more existential view?
42. On what grounds have humanistic/existential approaches to psychosis been criticized?
43. What is pre-therapy? What is the rationale behind it? What is the status of research on it?
44. How do narrative therapists employ the technique of externalizing the problem with cases of psychosis?
45. What does Paul Lysaker mean when he says psychosis involves impoverished narratives and difficulty with metacognition? What does his narrative therapy for psychosis aim to do and what does he see as the next steps in its development?
46. What is the status of psychological perspectives on schizophrenia and other forms of psychosis?
47. How are inequality and adversity important in understanding psychosis? What about ethnic and racial factors?
48. How does psychosis impact people’s lives? What role does stigma play?
49. Compare consumer movement and the survivor movement perspectives on psychosis and its treatment.
50. What is the community mental health care approach to psychosis? Summarize the following community mental health care models and their research status: Soteria model, Assertive Community Treatment (ACT), Open Dialogue, and the NAVIGATE program.
51. What is a double bind and how have double binds been used to theorize about the family origins of psychosis? What criticisms have been leveled against double bind explanations?
52. What is expressed emotion and how is it implicated in outcomes in schizophrenia cases?
53. What is social drift and why might it occur from a sociocultural perspective?
54. Summarize arguments for and against sociocultural perspectives on psychosis.
55. Define the integrated sociodevelopmental-cognitive model of schizophrenia and explain how it marks an interesting effort to integrate biological, cognitive, and sociocultural perspectives.
56. Why has the deinstitutionalization of psychotic patients often been a cause for concern?
57. Explain the argument for retiring the term “schizophrenia” and replacing it with a new term or multiple new terms.