Secondary symptoms

Positive symptoms

• Depression
• Inability to maintain relationship
• Difficult to find and keep a job.

Hallucinations
- Noises, usually voices in mind, talking to themselves and the person.
- Often say to harm themselves or others
- May be experienced in relation to any sense.

Delusions
* Irrational / false beliefs can take many forms.
  - Of grandeur – believing to be god
  - Of persecution – others are trying to harm
  - Of the body – limbs are under external control
  - Of reference – events directly aimed at them e.g. special message in tv.

Disorganised speech
Result of abnormal thought processes
Problem organising thoughts which is apparent in speech

Disorganised or catatonic behaviour
Inability or motivation to initiate a task or complete it.
Act or dress in bizarre ways
May have rigid posture

Positive symptoms

• Hallucinations
• Delusions

Negative symptoms

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Avolition
Lack of motivation to carry out activities such as self-care, work and general lack of energy.

Speech poverty (alogia)
refers to a reduction in amount and quality of speech often accompanied by a delay in verbal responses in conversation.

Affective flattening
Reduction in range and intensity of emotional expression.
Anhedonia
Loss of interest or pleasure in activities. Can be physical such as food and body contact or social such as inability to express experience from interaction. overlaps with depression.

Secondary symptoms

• Depression
• Inability to maintain relationship
• Difficult to find and keep a job.
**Evaluation of biological**

<table>
<thead>
<tr>
<th>Reductionist</th>
<th>Deterministic</th>
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<tr>
<td>as suggest that a neurotransmitter is the only cause of the symptoms. However, holistic is incompatible with the scientific method in finding cause and effect.</td>
<td>suggest that schizo is entirely the result of biology but some freewill is involved in accepting the label i.e.</td>
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| Greater objectivity in the measures used e.g. scans. | some cases of immune disorders, they have been misdiagnosed as schizophrenia. Research in 2016 found that in 228 diagnosed schizophrenics, 3% had antibodies that attacked NMDA which could be linked to the symptoms of the illness. Could be something else entirely so blood test should be done when diagnosing |

| Led to possibility of treatment and development of drugs. | Assume cause and effect when findings could just be correlational. |

| Very small sample studied so difficult to generalise. | |

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The interactionist approach

The diathesis stress model

Sees schizo because of the interaction between biological and environmental influences.

Tienari

Aimed to test that genetic factors moderate susceptibility to environmental risks associated with adoptive family functioning.

- Reviewed nearly 20,000 women admitted to a Finnish hospital and identified those who had been diagnosed at least once with schizo and this list was checked to find those mothers who had one or more of their offspring adopted.
- The result sample of 145 adoptees was then matched with a sample of 158 adoptees without this genetic risk.
- Both groups assessed after 12 years and 21 years. Psychiatrist also assessed family functioning’s in the adoptive families such OPAS scale.

Found that of 303 adoptees, 14 had developed schizo over the course of the study and 11 from high risk and 3 from low risk.

High risk reared in families with low OPAS ratings were significantly less likely to have developed schizo than high risk reared in high OPAS family.

Evaluation:

Implications for treatment – interactionist model acknowledges both bio and psychological factors and therefore compatible for combining medication and CBTp and this has become the standard practices.

Diatheses may not be entirely genetic thus the original model is over simple.

Most DS models emphasis genetic vulnerability however increased biological risk may be because of brain damage caused by environmental factors.

Urban environments may not necessarily be more stressful Romans-Clarkson found no urban – rural differences in mental health among women in new Zealand.

Stressors may occur just prior to onset of disorder or may have occurred earlier in life.

There are difficulties in determine causal stress.