Paulik (2011) → people who consider themselves socially inferior tend to perceive the voices they hear as being more powerful + behave accordingly.

Nayani + David (1996) → interviewed 100 hallucinating patients → majority (73%) reported voices usually spoke at normal conversational volume → voices often those of people the patient knew, sometimes unfamiliar/voices of god/devil were heard → most heard more than one voice → hallucinations were worse when they were alone.

Neuroimaging studies → patients W/ speech hallucinations have reduction in brain (grey matter) volume in left hemisphere auditory + speech perception areas (Allen et al., 2008) → could= failure to correctly identify internally generated speech, tagging it as coming from external source.

PET + FMRI studies → hallucinating patients show increased activity in Broca’s area (involved in speech production) when experiencing auditory hallucinations → pattern of brain activation occurring when patients experience auditory hallucinations = very similar to when healthy volunteers are asked to imagine another person talking to them (Shergill et al., 2000).

Hoffman et al. (2005) → if transcranial magnetic stimulation reduces activity in speech production areas, hallucinating patients show reduction in auditory hallucinations.

Disorganised speech= external manifestation of disorder in thought form → fails to make sense, despite seeming to use language normally + following semantic + syntactic rules.

Formal thought disorder= problems in the way disorganised thought is expressed in disorganised speech.

Disorganised behaviour → goal-directed activity= most universally disrupted → daily functioning affected, e.g. work, social relations + self-care.

Kring + Neale (1996) → unmedicated male patients W/ schiz while watching film clips → some scenes= positive, very negative/neutral → videotapes of patients used + raters stated patients W/ schiz showed less facial expressiveness than controls → BUT…when asked about experiences schiz reported as many emotions as controls + sometimes slightly more → autonomic arousal measures also showed patients exhibited more physiological reactivity than controls.

Subtypes of schizophrenia:
Paranoid schiz (where clinical picture= dominated by absurd + illogical beliefs often highly elaborated + organised into a coherent, though delusional, framework).
Disorganised schiz (characterised by disorganised speech, disorganised behaviour + flat/inappropriate affect) +
Catatonic schiz (involves pronounced motor signs reflecting great excitement/stupor)

Catatonia= striking behavioural disturbance → may show virtual absence of movement + speech + be in catatonic stupor → may hold unusual posture for extended period of time.

Negative symptoms= absence/deficit in behaviours normally present → reduced expressive behaviour + reductions in motivation/pleasure + inability to initiate/persist in goal-directed activity (avolition).

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