Only related to positive symptoms → maybe excess DA activity limited to certain neural pathways (e.g. mesolimbic pathway – Davis et al., 1991) → result in reduced activity

**Psychological Theories**

Used to describe cog & behave’al deficits caused by poss underlying bio functions/explain how environmental stressors might activate psychotic symptoms/some psych’al processes may shape some of deluded thinking etc

**Psychodynamic Theories**

Freud (1915) → caused by regression to previous ego state – **Primary Narcissm** - gives rise to preoccupation with self (oral stage)

- Caused by cold, unnurturing parents
- Thought disorder/communication disorder/withdrawal = typical of self-centred focus
- Attempts to re-establish with reality = hallucinations & delusions

Dysfunctional family dynamics...

**Schizophrenogenic mother** (Bateson & Laing, 1948) → cold, rejecting, distant & dominant mother causes SZ/demand dependency and emotional expressions from children but don’t return (conflicting demands) – child withdraws & loses touch with reality/avoid stress with mother

[-] Evidence meagre – genetic accounts accepted as large contributor

[-] Little evidence that mothers actually possess these characteristics.

**Behavioural Theories**

Learning & conditioning as explanation of why unusual behaviour patterns are typical of psychosis

Ullman & Krasner (1975) → bizarre behaviours of SZ developed because they are rewarded by operant reinforcement

- Because of the disturbed family life often experienced & attentional difficulties, such indivs find it difficult to attend to normal social cues & involves themselves in normal social interactions
- Instead, attention attracted to irrelevant cues → makes them look more bizarre → more attention → reinforced

[+] May account for frequency of inappropriate behaviour (Ayllon, Haughton & Hughes, 1965 → broom)

[+] Extinction procedures (used to eliminate/reduce behavs) → withdraw attention/rewards when behav emitted (Ayllon, 1963)

**Cognitive Theories**

Three diff cognitive factors:

**Attentional Processes**
If indivs unable to understand intentions or mental states of others, then they may begin to believe that others are either hiding their intentions or their intentions are hostile

[+] SZ performed worse in tasks designed to test ability of indivs to understand situations in which indivs hold false beliefs or intend to deceive (Frith & Corcoran, 1996)

[-] Unclear whether specific to paranoid delusions

**Sociocultural Theories**
Generate stressors that activate diathesis-stress model

**Social Factors**

SZ found more in poorer-inner city areas/low SES:

**Sociogenic hypothesis** → indivs in low socioeconomic classes experience sig’ly more life stressors – asoc with unemployment, poor educational levels & crime/poverty

- May trigger psychotic symptom in vulnerable people

BUT...

[+] Parental socioeconomic class is not sig risk factor

**Familial Factors**

Focus not on indiv family member but on patterns of interaction communications within family

Maybe way parents and child communicate...

**Double-bind Hypothesis** (Bateson et al., 1956)

→ Psychotic symptoms are a result of individual being subjected within the family to contradictory messages from loved ones – conflict

Superseded by...

**Communication Deviance** – in families & which is related to the development of psychotic symptoms → communications that would be difficult for ordinary listeners to follow and leave them puzzled & unable to share a focus of attention with the speaker

→ E.g. abandoned/abruptly ceased remarks/inconsistent references to events/using words oddly

[+] Stable characteristic of families with offspring who develop psychotic symptoms (Wahlberg et al., 2001)

[+] Children with bio predisposition to SZ have been adopted (by parents without bio disposition to SZ) CD found to be independent predictor of child developing psychotic symptoms (Wahlberg et al., 2004)

Another construct closely link to appearance/reappearance of psychotic symptoms...