


Psychological Factors

Psychological and environmental factors can trigger schizophrenia if the individual is genetically predisposed (Nicols & Gottesman, 1983).



The genetically identical Genain sisters suffer from schizophrenia. Two of them suffered more than the other two; thus there are contributing environmental factors.

Genain Sisters

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Social Class and Schizophrenia

- Schizophrenia is most common at lower socioeconomic status (SES) levels
- **“Breeder” Hypothesis**
 - stressors associated with low SES increase the likelihood that schizophrenia will develop
- **Social Selection (“Downward Drift”) Theory**
 - individuals with schizophrenia drift into low SES areas because they cannot function in other environments
- **Research supports social selection**

Etiology of Schizophrenia: Psychological Stress

- **Reaction to stress**
 - Individuals with schizophrenia and their first-degree relatives more reactive to stress
 - During stressful situations, show greater decreases in positive mood and increases in negative mood

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Etiology of Schizophrenia: Family Factors

- **“Schizophrenogenic” mother ??**
 - Cold, domineering, conflict inducing
 - No support for this theory
- **Communication deviance (CD)**
 - Hostility and poor communication
 - Family CD predicted onset in one longitudinal study (Nesher, 1987)
 - BUT CD not specific to families of schizophrenic patients

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Etiology of Schizophrenia: Families and Relapse

- Family environment impacts rehospitalization
- Expressed Emotion (EE; Brown et al., 1966)
 - Hostility, critical comments, emotional overinvolvement
- Bi-directional association
 - Unusual patient thoughts → increased critical comments
 - Increased critical comments → unusual patient thoughts

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Warning Signs

Early warning signs of schizophrenia include:

1. A mother's long lasting schizophrenia.
2. Birth complications, oxygen deprivation and low-birth weight.
3. Short attention span and poor muscle coordination.
4. Disruptive and withdrawn behavior.
5. Emotional unpredictability.
6. Poor peer relations and solo play.

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Personality Disorders

Personality disorders are characterized by inflexible and enduring behavior patterns that impair social functioning. They are usually *without* anxiety, depression, or delusions.



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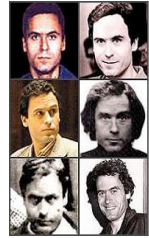
Classifying Personality Disorders

- **10 personality disorders classified into 3 clusters:**
 - Cluster A Odd/Eccentric (paranoid, schizoid, schizotypal)
 - Cluster B Dramatic/Erratic (histrionic, antisocial, narcissistic, borderline)
 - Cluster C Anxious/Fearful (obsessive-compulsive, dependent, avoidant)

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Antisocial Personality Disorder

- DSM-IV Criteria for ASPD
 - Must be at least 18 years old
 - Three or more of the following:
 - Conduct disorder before the age of 15
 - Disregard for the rights of others since age 15
 - Impulsive, irresponsible behavior
 - Deceitfulness
 - Irritability and aggressiveness
 - Reckless disregard for the safety of others
 - Lack of remorse
 - Low tolerance for frustration and boredom



- Similar to a “psychopath” (e.g., Ted Bundy)

Prevalence of ASPD

- Prevalence: 3.6% in general population
 - 5.5% in men
 - 1.9% in women
- Approximately 10 - 25% of incarcerated offenders meet criteria for psychopathy, closer to 40% for ASPD

What is psychopathy?

- Predates DSM-IV-TR category
- Core features:
 - Psychopaths lack remorse
 - Poverty of emotions (positive & negative)
- Superficially charming
- Pathological liars & cheaters
- Impulsive; sensation seekers
- Manipulative, will change story to fit facts
- Less responsive to fear/anxiety
- Immoral
- Usually diagnosed in men

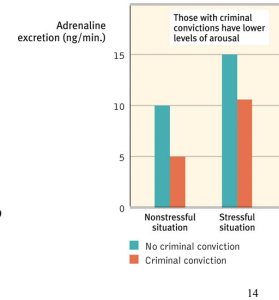


ASPD and Psychopathy

- Most psychopaths would qualify as having ASPD, but not all individuals with ASPD are psychopaths
 - For example, all serial killers would probably qualify as psychopaths, but not all psychopaths are serial killers
- A key difference: **Lack of remorse** -- is needed to be considered a psychopath, but not for the diagnosis of ASPD.

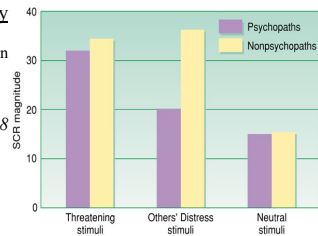
Understanding Antisocial Personality Disorder

Like mood disorders and schizophrenia, antisocial personality disorder has biological and psychological origins. Youngsters with antisocial personality characteristics, (even before committing any crimes), respond with lower levels of stress hormones than others do at their age.



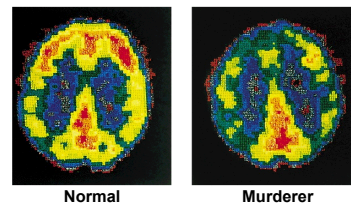
Antisocial Personality Disorder

- Emotion and psychopathy
 - Lack of fear or anxiety
 - Low baseline levels of skin conductance (sweating)
 - *Low skin conductance reactivity at age 3 predicted APD at age 28 (Glenn et al., 2007)*
- Makes it difficult for them to avoid behavior that leads to punishment
- Also show less SCR to other's distress
 - Lack empathy



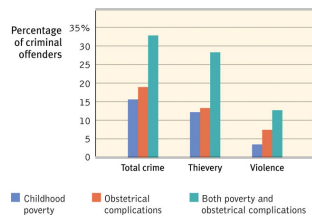
Understanding Antisocial Personality Disorder

PET scans of 41 murderers revealed reduced activity in the frontal lobes. In a follow-up study, repeat offenders had 11% less frontal lobe activity compared to normal individuals (Raine et al., 1999; 2000).



Cultural Influences Also Matter. Understanding Antisocial Personality Disorder

The likelihood that one will commit a crime doubles when childhood poverty is compounded with obstetrical complications (Raine et al., 1999; 2000).



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Rates of Psychological Disorders

PERCENTAGE OF AMERICANS WHO HAVE EXPERIENCED SELECTED PSYCHOLOGICAL DISORDERS IN THE PRIOR YEAR

Disorder	Percentage
Alcohol abuse	5.2
Generalized anxiety	4.0
Phobias	7.8
Obsessive-compulsive disorder	2.1
Mood disorder	5.1
Schizophrenia	1.0
Antisocial personality	1.5
Any mental disorder	14.9

(Some people experience two or more of these disorders, such as depression and alcohol abuse, simultaneously.)

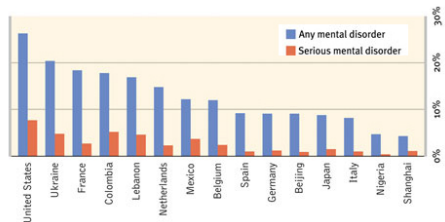
Source: Data from Narrow & others, 2002.

Depression 8%

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Rates of Psychological Disorders

The prevalence of psychological disorders across different countries (WHO, 2004).



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Risk and Protective Factors

Risk and protective factors for mental disorders (WHO, 2004).

RISK AND PROTECTIVE FACTORS FOR MENTAL DISORDERS

Risk Factors	Protective Factors
Academic failure	Aerobic exercise
Birth complications	Community offering empowerment, opportunity, and security
Caring for chronically ill or patients with dementia	Economic independence
Child abuse and neglect	Feelings of security
Chronic insomnia	Feelings of mastery and control
Chronic pain	Good parenting
Family disorganization or conflict	Literacy
Low birth weight	Positive attachment and early bonding

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Risk and Protective Factors

Low socioeconomic status	Positive parent-child relationships
Medical illness	Problem-solving skills
Neurochemical imbalance	Resilient coping with stress and adversity
Parental mental illness	Self-esteem
Parental substance abuse	Social and work skills
Personal loss and bereavement	Social support from family and friends
Poor work skills and habits	
Reading disabilities	
Sensory disabilities	
Social incompetence	
Stressful life events	
Substance abuse	
Trauma experiences	

Source: World Health Organization (2004a,b)