

CHAPTER 8: EXPERIENCING PSYCHOSIS: SCHIZOPHRENIA SPECTRUM RESEARCH QUESTIONS

- The course of schizophrenia appears to be less severe in developing countries than in developed ones. Are the reasons for this related to cultural differences in (1) the support role of the family, (2) beliefs about the origins of psychological disorders, or (3) the stigma associated with psychological disorder?
- Why is the reporting of psychotic symptoms almost twice as high in people of African-Caribbean origin in the UK than in whites?
- Studies across a range of countries have shown that immigrant populations have been shown to exhibit significantly higher rates of schizophrenia diagnosis than members of the endogenous population. Why is this?
- Why do individuals diagnosed with schizophrenia have a significantly shorter life span than normal, and tend to die around 10 years earlier than individuals who have never been diagnosed with schizophrenia?
- Why do the large majority of individuals who develop psychotic symptoms show the first signs of symptoms during late adolescence? What is important about this period of life that triggers these symptoms?
- Evidence suggests there is an important inherited component to psychosis, but what is it that is transmitted genetically that gives rise to psychotic symptoms?
- How is excess dopamine activity involved in the production of psychotic symptoms?
- If antipsychotic drugs have their effect by reducing levels of dopamine activity in the brain, why do these drugs take up to 6 weeks to have an effect on symptoms when we know that such drugs start blocking dopamine receptors almost immediately?
- A diagnosis of schizophrenia is associated with enlarged ventricles in the brain, but is this enlargement a cause of symptoms or simply a consequence of the symptoms?
- A diagnosis of schizophrenia is associated with brain abnormalities in the frontal lobes, the temporal lobe-limbic system, and the basal ganglia and cerebellum. However, are these abnormalities a cause of psychotic symptoms or simply a consequence of the disorder?
- Are the brain abnormalities found in individuals diagnosed with schizophrenia a result of *prenatal* abnormal brain development?
- How do individuals with delusional disorder acquire cognitive biases in attention, reasoning, attribution and interpretation that appear to be involved in the acquisition and maintenance of delusions?
- Regular cannabis use has been associated with higher risk for developing psychotic symptoms. Does this reflect a form of 'self-medication', in which individuals may start using cannabis because of a predisposition for psychotic symptoms, or is there a direct causal link between regular cannabis use and the development of psychotic symptoms?

- Are 'theory of mind' (TOM) deficits a contributing factor to the development of paranoid delusions, or do TOM deficits have some broader role to play in generating a range of different symptoms (e.g. thought disorder, negative symptoms)?
- How do high levels of expressed emotion (EE) in the families of individuals diagnosed with schizophrenia contribute to an increased risk of relapse?