

1) Positive symptoms are bizarre additions to a person's behavior. Delusions, disorganized thinking and speech, heightened perceptions and hallucinations, and inappropriate affect are the ones most often found in people with schizophrenia. Delusions are ideas that a person believes but that have no basis in fact. The person with delusions may consider the ideas enlightening or may feel confused by them. Some people hold one delusion that dominates their lives and behavior; others have many delusions. People with schizophrenia may suffer from formal thought disorders, meaning they can't think logically or may speak in odd ways. They may demonstrate loose associations, neologisms, perseveration, or clang. People who have loose associations rapidly shift from one topic to another, believing that their incoherent statements make sense.

Some people with schizophrenia use neologisms, made-up words that typically have meaning only to the person using them. Others may have the formal thought disorder of perseveration, in which they repeat their words and statements again and again. Some use clang, or rhyme, to think or express themselves. Some people with schizophrenia may have heightened perceptions, in which they feel that their senses are being flooded by all the sights and sounds that surround them. Another kind of perceptual problem is hallucinations, perceptions that a person has in the absence of external stimuli. Hallucinations can take the form of auditory, tactile, somatic, gustatory, olfactory, and visual. Many people with schizophrenia display inappropriate affect, emotions that are unsuited to the situation. They may smile when making a somber statement or on being told terrible news, or they may become upset in situations that should make them happy. They may also undergo inappropriate shifts in mood.

2) Negative symptoms are those that seem to be "pathological deficits," characteristics that are lacking in a person. Poverty of speech blunted, and flat affect, loss of volition, and social withdrawal are commonly found in people with schizophrenia. People with schizophrenia often experience a reduction in speech or speech content, called alogia. Some people with this negative kind of formal thought disorder think and say very little and others say quite a bit but convey little meaning. Many people with schizophrenia have a blunted affect—they show less anger, sadness, joy, and other feelings than most people. Some show almost no emotions at all, a condition known as flat affect. Many people with schizophrenia experience avolition, or apathy, feeling drained of energy and of interest in normal goals and unable to start or follow through on a course of action.

This problem is particularly common in people who have had schizophrenia for many years, as if they have been worn down by it. Similarly, people with schizophrenia may feel ambivalence, or conflicting feelings, about most things. People with schizophrenia may withdraw from their social environment and attend only to their own ideas and fantasies. Because their ideas are illogical and confused, the withdrawal has the effect of distancing them still further from reality.

3) The diathesis-stress model of schizophrenia says that a diathesis-stress relationship maybe at work: people with a biological predisposition will develop schizophrenia only if certain kinds of events or stressors are also present.

5) The dopamine hypothesis proposes that certain neurons that use the neurotransmitter dopamine fire too often and transmit too many messages, thus producing the symptoms of schizophrenia. Since the 1960s, research has supported and helped clarify the dopamine hypothesis. It has been found, for example, that some people with Parkinson's disease develop schizophrenia-like symptoms if they take too much L-dopa, a medication that raises Parkinson's patients' dopamine levels. Support has also come from research on amphetamines, in that amphetamines and similar stimulant drugs increase dopamine activity in the brain, producing schizophrenia-like symptoms. Investigators have located areas of the brain that are rich in dopamine receptors and have found that phenothiazines and other antipsychotic drugs bind to many of these receptors. Researchers have identified five kinds of dopamine receptors in the brain and have found that phenothiazines bind most strongly to one of those receptors, the D-2 receptor.

The dopamine hypothesis does have certain problems. The biggest challenge to it has come with the recent discovery of a new group of antipsychotic drugs, initially referred to as atypical antipsychotic drugs and now called second-generation antipsychotic drugs which are often more effective than traditional ones. The new drugs bind not only to D-2 dopamine receptors, like the conventional, antipsychotic drugs, but also to many D-1 receptors and to receptors for other neurotransmitters such as serotonin. Thus, it may be that schizophrenia is related to abnormal activity or interactions of both dopamine and serotonin and perhaps other neurotransmitters as well, rather than to abnormal dopamine activity alone. Additionally, it may be that excessive dopamine activity contributes primarily to the positive symptoms of schizophrenia, such as delusions and hallucinations.

21) After watching the video, I do "Mental health and the law." I think people with mental disorder are not responsible for the things they do or say, because that person does not have the ability to think logically and clear, most times they are confused and feeling emotions that they cannot control. In Claude's case I think it was wise to have him stay in a facility because people can be in danger with people that has a mental disorder, they are not responsible for that but at the end of the day people can get hurt, therefore it is important that such people be kept in a facility and stay on their prescribed medication. I am not a big fan of the death penalty because I feel like only God gives life and only him should decide if someone lives or die, regardless of what is being done.

22). One's personality is made up of specific traits that tend to be consistent and predictable throughout life. These traits tend to influence the person's behaviors, emotions, and thoughts and how he or she interacts with others. Those with personality disorders have personality traits that are extreme and dysfunctional, and that lead to problems with others and cause psychological pain for both themselves as well as others.

23) There are a total of 10 personality disorders that are divided into three clusters:(1) The odd personality disorders consist of odd or eccentric behaviors that are like those in schizophrenia. These include suspiciousness, social withdrawal, and odd ways of thinking and perceiving things. The disorders in this cluster include paranoid, schizoid, and schizotypal personality disorders. (2) The dramatic personality disorders have patterns of behavior that are dramatic, emotional, and erratic and include antisocial, borderline, histrionic, and narcissistic personality disorders. (3) The anxious personality disorders consist of anxious and fearful behaviors. These include the avoidant, dependent, and obsessive-compulsive personality disorders.

25) Antisocial personality disorder is one of the main disorders linked to adult criminal behavior. Those with this disorder, who are often termed psychopaths or sociopaths, lie repeatedly, are careless with their finances, and are impulsive, irritable, aggressive, and reckless. They tend to have little regard for their safety and for the safety of others. They are also self-centered and often lack a moral conscience. Treatment for the disorder is generally ineffective. The personality of those with the disorder (lack of conscience, lack of a desire to change, and lack of respect for therapy) hinders their progress through treatment. However, cognitive therapy, which attempts to guide the client to think about moral issues and the ability to empathize with others seems to be somewhat useful for those with this disorder. The use of psychotropic medications may help reduce some of the characteristics of the disorder. It may be that the best treatment is a combination of cognitive therapy and psychotropic medications.