B. Social Class & Schizophrenia
   1. Correlation between social class and prevalence of schizophrenia -- not continuous but much more common in the lowest SES group

   2. Sociogenic (social causation) Hypothesis
      -- Stress of being in lowest social class causes schizophrenia

   3. Social-Selection Hypothesis
      -- Impaired functioning during development of schizophrenia may cause person to "drift" in lower SES areas because of reduced earning potential or to reduce social demands

   4. Conflicting Evidence
      i. many studies show schizophrenics as downwardly mobile
      ii. some studies fail to show downward mobility
      iii. fathers of schizophrenics more likely to be from lower social class
      iv. schizophrenics generally lower SES than fathers

C. Family Variables
   1. Schizophrenogenic Mothers
   2. Double-Bind Hypothesis
   3. Faulty Communication
   4. Expressed Emotion (critical, emotional over-involvement, expressed hostility)

VI. Treatment
A. Biological Treatment
   1. Insulin Induced Coma
   2. Psychosurgery (e.g., prefrontal lobotomy)
   3. Shock Treatment (ECT)
   4. Drugs
      a. Neuroleptics (phenothiazines)
         i. Examples are Thorazine, Haldol, Navane
         ii. Effect mainly on Positive Symptoms
         iii. Maintenance dosage required
      iv. Side Effects
         --dry mouth, blurred vision, grogginess, low blood pressure
         --extrapyramidal side effects
            parkinsonism (pill rolling, shuffling gait, rigidity, drooling)
            dystonia: disordered muscle tonicity
dyskinesia: motion of involuntary & voluntary muscles
            akasthesia: inability to stay still
tardive dyskinesia

   b. Newer Drug Treatments (Clozaril)

B. Psychological Treatments
   1. Psychodynamic Therapy (don’t do this)
   2. Family Therapy -- education and reduction of EE
   3. Behavior Therapy -- communication, community living, and occupational skills