Riverside Community College
Directed Learning Activity
Reading Strategy-SQ3R

1. Read the explanation of SQ3R as a reading strategy.

2. After you read, answer the following questions:
   1. What does SQ3R stand for?
   2. What should you do when you survey a chapter?
   3. How do you create the questions for your study guide?
   4. What should you do while you are reading the chapter?
   5. How do you use SQ3R to study for a test?

3. Use the "Schizophrenia" chapter from Abnormal Psychology (Worth Publishers) to practice SQ3R. Begin by previewing the chapter. Write your study guide questions by turning headers and key words into the forms of questions. Leave several spaces after each question.

4. After you read and mark important points, answer the questions on your study guide.

5. Ask an instructor or paraprofessional for the answers that accompany this activity. Check your answers to the questions above. Then, compare your SQ3R study guide with the sample provided with this packet.

6. Use SQ3R to create study notes for one of your classes. Review your work with an instructor or reading paraprofessional.

Instructor/Tutor Signature

Date

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SQ3R is a reading strategy that will help you to better understand and remember what you read, as well as provide you with study notes with which to study for exams. This 5-step process is an effective way to get the most out of the reading assignments for all of your classes.

Survey
Look at the overall structure, organization, or plan of the chapter. This is similar to skimming. Do the following:
   a. Think about the title. Guess what will be included in the chapter.
   b. Read the introduction. The main ideas are presented here.
   c. Read the main headers. These are the main points for the chapter.
   d. Notice bold print, italicized words, graphs and diagrams.

Question
Write main headers and sub-headers into the form of questions. These will be the beginning of your study notes. When you read the material you now have a purpose for reading, to get your questions answered. This technique will encourage you to try answering the question with your existing knowledge. If you don’t know the answer this will focus your attention on the reading to find the answer. Look at the following example:
   Header: Symptoms of Depression
   Question: What are the symptoms of depression?

Read
Read to answer the questions; however, be alert to important ideas for which you did not formulate questions. While you read, make marks in the book to identify the main ideas, major supporting details, and other important ideas. Also, underline words that you do not understand and look them up in the dictionary.

"Rite"
Write the answers to your questions using only key words. Keep it brief. Write your answers in your own words, not the authors. You will also want to write questions to ask in class to help make confusing ideas more clear. Write questions that you think may appear on a test.

Review
Increase retention and cut cramming time by 90% by means of immediate and delayed review. To do this:
   a. Read your written questions.
   b. Try to recite the answer in your own words. If you can’t, look at your notes, and if necessary, reread the text for the answer.
   c. Review again after one week, every month, and again before the exam.
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“Schizophrenia”
Adapted from Abnormal Psychology (Worth Publishers)

People who have schizophrenia, though they previously functioned well or at least acceptably, deteriorate into an isolated wilderness of unusual perceptions, odd thoughts, disturbed emotions, and motor abnormalities. They experience psychosis, a loss of contact with reality. Their ability to perceive and respond to the environment becomes so disturbed that they may not be able to function at home, with friends, in school, or at work. They may have hallucinations (false sensory perceptions) or delusions (false beliefs), or they may withdraw into a private world. As we observed in Chapter 10, taking LSD or abusing amphetamines or cocaine may produce psychosis. So may injuries to the brain and certain neurological diseases. Most commonly, however, psychosis appears in the form of schizophrenia.

Approximately 1 of every 100 people in the world suffers from schizophrenia during his or her lifetime, around 24 million individuals in the United States alone (Andreasen & Black, 2006; Lambert & Kinsley, 2005; Bichsel, 2001). Its financial cost is enormous—according to some estimates, more than $100 billion annually, including the costs of hospitalization, lost wages, and disability benefits (Keltner & Folks, 2001; Black & Andreasen, 1994). The emotional cost is even greater. In addition, sufferers have an increased risk of suicide and of physical—often fatal—illness (Kim et al., 2003). As we discussed Chapter 8, it is estimated that around one-third of persons with the disorder attempt suicide and up to 15 percent of sufferers are successful (Hawton et al., 2005; Meltzer, 2005).

Although schizophrenia appears in all socioeconomic groups, it is found more frequently in the lower levels (Lambert & Kinsley, 2005 see Figure 12-1 on the next page), leading some theorists to believe that the stress of poverty is itself a cause of the disorder. However, it could be that schizophrenia causes its victims to fall from a higher to a lower socioeconomic level or to remain poor because they are unable to function effectively (Munk & Mortensen, 1992). This is sometimes called the downward drift theory.

Equal numbers of men and women receive a diagnosis of schizophrenia. In men, however, the disorder often begins earlier and may be more severe (Folsom et al., 2006). Almost 3 percent of all those who are divorced or separated suffer from schizophrenia sometime during their lives, compared to 1 percent of married people and 2 percent of people who remain single (Keith et al., 1991). Again, however, it is not clear whether marital problems are a cause or a result.

In the United States, as many as 2.1 percent of African Americans receive a diagnosis of schizophrenia, compared with 1.4 percent of white Americans (Folsom et al., 2006). The reason for these different rates is not clear. Some theorists believe that the difference reflects diagnostic biases, economic factors, or both (Barnes, 2004).

People today, like those of the past, show great interest in schizophrenia, flocking to plays and movies that feature the disorder. Yet, as we shall see, all too many people with schizophrenia are neglected in our country, their needs almost entirely ignored. Although effective treatments have been developed, most sufferers live without adequate care and without nearly fulfilling their potential as human beings (Torrey, 2001).

SYMPTOMS OF SCHIZOPHRENIA
The symptoms of schizophrenia can be grouped into three categories: positive symptoms (excesses of thought, emotion, and behavior), negative symptoms (deficits of thought, emotion, and behavior), and psychomotor symptoms (Andreasen, 2001). Some people with schizophrenia are more dominated by
positive symptoms and others by negative ones, although both kinds of symptoms are typically present (Alves et al., 2005; Blanchard et al., 2005). In addition, around half of people with schizophrenia experience significant problems with memory and other kinds of cognitive functioning (Heinrichs, 2005; Julien, 2005).

**Positive Symptoms** Positive symptoms are “pathological excesses,” or 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 schizophrenia.

**Delusions** Many people with schizophrenia develop delusions, ideas that they believe wholeheartedly but that have no basis in fact. Some people hold a single delusion that dominates their lives and behavior, whereas others have many delusions. Delusions of persecution are the most common in schizophrenia (APA, 2000). People with such delusions believe they are being plotted or discriminated against, spied on, slandered, threatened, attacked, or deliberately victimized. Laura believed that her neighbors were trying to ir_____ and that other people were trying to harm her and her husband.

People with schizophrenia may also experience delusions of reference: they attach special and personal meaning to the actions of others or to various objects or events. Richard, for example, interpreted arrows on street signs as indicators of the direction he should take. People who experience delusions of grandeur believe themselves to be great inventors, religious saviors, or other specially empowered persons. And those with delusions of control believe their feelings, thoughts, and actions are being controlled by other people.

**Disorganized Thinking and Speech** People with schizophrenia may not be able to think logically and may speak in peculiar ways. These formal thought disorders can cause the sufferer great confusion and make communication extremely difficult. Often they take the form of positive symptoms (pathological excesses), as in loose associations, neologisms, perseveration, and clang.

People who have loose associations, or derailment, the most common formal thought disorder, rapidly shift from one topic to another, believing that their incoherent statements make sense.

**Heightened Perceptions and Hallucinations** The perceptions and attention of some people with schizophrenia seem to intensify. The persons may feel that their senses are being flooded by all the sights and sounds that surround them. This makes it almost impossible for them to attend to anything important.

Laboratory studies have repeatedly found problems of perception and attention among people with schizophrenia (Gilmore et al., 2005; Silver & Feldman, 2005). It is possible that these difficulties further contribute to the memory impairments that are experienced by many individuals with the disorder Silver & Feldman, 2005; Hartman et al., 2003).

Another kind of perceptual problem with schizophrenia is hallucinations, perceptions that occur in the absence of external stimuli. Hallucinations can involve any of the senses; however, auditory hallucinations are by far the most common kind in schizophrenia (Folsom et al., 2006). The individuals hear sounds or voices that seem to come from outside their heads. The voices may talk directly to the hallucinator, perhaps giving commands or warning of dangers, or they may be experienced as overheard.

Research suggests that people with auditory hallucinations actually produce the nerve signals of sound in their brains, “hear” them, and then believe that external sources are responsible (Javitt & Coyle, 2004; Keefe et al., 2002). One study measured blood flow in Broca’s area, the region of the brain that helps people produce speech (McGuire et al., 1996, 1995, 1993). The researchers found more blood flow in Broca’s area while patients experiencing auditory hallucinations. A related study instructed six men with schizophrenia to press a button whenever they experienced an auditory
hallucination (Silverveig et al., 1995). PET scans revealed increased activity near the surfaces of their brains, the tissues of the brain’s hearing center, when they pressed the button.

Hallucinations and delusional ideas often occur together. A woman who hears voices, issuing commands, for example, may have the delusion that the commands are being issued by someone else. A man with delusions of persecution may hallucinate the smell of poison in his bedroom or the taste of poison in his coffee. Might one symptom use the other? Whichever comes first, the hallucination and delusion eventually form into each other.

**Inappropriate Affect** Many people with schizophrenia display inappropriate affect, emotions that are unsuited to the situation. They may smile when making a serious 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. During a tender conversation with his wife, for example, a man with schizophrenia suddenly started yelling obscenities at her and complaining about her.

In at least some cases, these emotions may be merely a response to other features of the disorder. Consider a woman with schizophrenia who smiles when told of her husband’s serious illness. She may not actually be happy about the news: in fact, she may not actually be happy about the news; in fact, she may not be understanding or even hearing it. She could, for example, be responding instead to another of the many stimuli flooding her senses, perhaps a joke coming from an auditory hallucination.

**Negative Symptoms** Negative symptoms are those that seem to be “pathological deficits,” characteristics that are lacking in an individual. Poverty of speech, blunt and flat affect, loss of volition, and social withdrawal are commonly found in schizophrenia. Such deficits greatly affect one’s life and activities.

**Poverty of Speech** People with schizophrenia often display alogia, or poverty of speech, a reduction in speech or speech content. Some people with this negative kind of formal thought disorder think and say very little. Others say quite a bit but still manage to convey little meaning.

**Blunted and Flat Affect** Many people with schizophrenia have a blunted affect—they show less anger, sadness, joy, and other feelings than most people. And some show almost no emotions at all, a condition known as flat affect. Their faces are still, their eye contact is poor, and their voices are monotonous. In other cases, however, blunted or flat affect may reflect an inability to express emotion. One study had subjects view very emotional film clips. Subjects with schizophrenia showed less facial expression than the others; however, they reported feeling just as much positive and negative emotion and in fact displayed greater skin arousal (Kring & Neale, 1996).

**Loss of Volition** 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.

**Social Withdrawal** 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 (Venneri et al., 2002). The social withdrawal seems also to lead to a breakdown.