**Psychopathology 2 (Module)**

**Module: Schizophrenia**

**Subtopic: Symptoms of Schizophrenia  
­-Paranoid:** positive symptoms: increased presentations in schizophrenics; new behaviours that emerge  
-**Disorganized:** negative symptoms: decreased presentation in schizophrenics  
-**Catatonic:** catatonic symptoms: movement behaviours not associated with environment (extreme rigidity)

**Subtopic: Positive Symptoms  
-**disorders of thought, delusions, hallucinations  
-**Disorders of Thought:** loose associations; individual’s train of thought may consist of ideas that are often only loosely related to each other  
-speech may be vague and abstract  
-**Delusions:** a belief or irrational, or unsupported by external evidence; common delusions involve the idea that the individual is being persecuted by others, or that events or objects have special significance for the individual  
-may think the TV is talking to them directly; often, delusions are about thought or thinking itself  
**-Delusions of Thought Broadcast:** belief that others can hear one’s thoughts  
-**Delusions of Though Withdrawal:** belief that the individual’s thoughts are being removed from his head before he can think of them  
-**Delusions of Thought Insertion:** the belief that thoughts are being places in the individual’s head by others  
-**Hallucinations:** perceptions of things that are not really there; auditory hallucinations are more common that visual hallucinations  
-may hear voices, or speaking to her from other parts of her body  
-voices are usually negative things, commenting on individual’s behaviour or giving orders

**Subtopic: Negative Symptoms  
-**decrease in individual’s engagement with the outside world; less interested in people and events in the outside world and are more concerned with internal ideas or fantasies  
-may lead to a growing estrangement from family and coworkers, and an increasing neglect of one’s person appearance  
-**Affect:** emotional responsiveness  
-person with flat or blunt affect show very little emotional response  
-patient with inappropriate affect shows emotional reactions that are inappropriate for the situation (may laugh when someone speaks of the loss of a family member)

**Subtopic: Catatonic Behaviour  
-**unrelated to stimuli from the outside world  
- **Catatonic rigidity (stupor):** may involve dramatic reduction in movement, sometimes to the point of ceasing to move at all; may maintain single posture for long periods of time and resist being moved  
-**Waxy Flexibility:** patients arms and legs can be moved into a variety of positions- like a wax figure-then very slowly move back to the original position  
-repeated and stereotyped motor movements that seem to have no purpose at all, and are unrelated to the current situation  
-**Catatonic Excitement:** involve active or even frantic movements

**Subtopic: Subtypes of Schizophrenia  
-**Paranoid, catatonic and disorganized  
**-Paranoid:** delusions and auditory hallucinations; thought, affect, and motor behaviour are normal  
-individual often shows anger or anxiety related to the disturbing content of the delusions  
**-Catatonic:** strong motor disruption (psychomotor disturbances); stupor (rigidity); excitement  
-**Disorganized:** incoherent thought and speech; disorganized behaviour; possible motor disturbance; social withdrawal  
-**Undifferentiated:** categorize cases which do not fit into any of the other three categories

**Subtopic: Causes of Schizophrenia  
-**strong genetic component (diathesis) of schizophrenia  
-external factors (stress) may trigger genetic predisposition  
-**Diathesis-stress Hypothesis:** genetic predisposition for disorder and some environmental stress triggers the symptoms  
-chemical differences in brain and neurotransmitter behaviour  
-stress and problems with relationships with others, especially immediate family  
-higher levels of dysfunction within a family that has schizophrenia

**Subtopic: Treatment of Schizophrenia  
-**chronic care  
-pharmacological treatment is now the most common therapy  
-drugs effective for alleviating schizophrenic symptoms have severely unpleasant side effects of their own  
-psychotherapy alone is not very effective but it is helpful is patients develop coping strategies once drugs have relieved symptoms  
-in CBT, patients are taught how to think about their psychosis in order to better cope and they learn how to identify and avoid triggers  
-CBT is also often used to encourage patients to comply with medicinal instructions through rewarding adherence  
-CBT-family therapy, to t4each families how to interact in positive and supportive manner  
-family therapy also helps educate the family about schizophrenia and teach them how to react to episodes and best support the patient

**Module: Dissociative Disorders**

**Subtopic: Introduction  
-**symptoms that distance individual, either physically or psychologically from anxiety-producing events or memories

**Subtopic: Dissociative Identity Disorder  
-**single individual manifests several distinct personalities, or alters  
-at any time, one of these alters dominates, taking charge of the person’s behaviour  
-usually, the presenting personality, the one that goes in for treatment, know little or nothing about the existence of the alters, though the alters know of the main personality and about each other  
-alter identities can be of different ages, sexes, races, intelligence

**Subtopic: Dissociative Identity Disorder and Sexual Abuse  
-**caused by childhood trauma, specifically prolonged sexual abuse  
-disorder appears to begin in childhood, usually before the age of nine, and the vast majority of reported cases are females  
-alters created In response to traumatic incident (ex: sexual abuse)  
-alter’s purpose was to shield main personality from trauma by carrying away the memory of abuse  
- main personality has no memories of the abuse, which are segregated into the separate personalities and memories of the alters  
-DID is a coping strategy which allow the main personality to function by dissociating traumatic memories into independent personalities  
-in some cases, DID might have been produced not by childhood trauma but by the suggestions and coaxing of well-intentioned therapists eager to help the patient find their alters  
-some memories of sexual abuse in childhood can be implanted through suggestion

**Module: Personality Disorders**

**Subtopic: Introduction  
-Non-personality Disorder:** specific set of symptoms that affect lifestyle in a certain way  
-**Personality Disorder:** generalized symptoms that affect the entire personality  
-in personality disorders, we see cases in which something about the individual’s basic personality leads to maladaptive or inflexible behaviours and thought processes  
-listed in Axis 2  
-personality disorders are divided into three clusters: odd & eccentric (symptoms similar to schizophrenia), anxious & fearful (symptoms similar to general anxiety disorder) and dramatic & erratic

**Subtopic: Antisocial Personality Disorder  
-**antisocial patients show consistent erratic, irresponsible behaviour   
-begins in childhood or early adolescence and continue into adulthood  
-as a child, may have been a liar, a truant, or a thief  
-as an adult, person may fail to honour financial obligations (not paying pills, etc.), be late for work often or be drunk when showing up  
-have difficulty postponing gratification, planning ahead; willing to use, manipulate, or even mistreat others to get what he wants  
-has trouble maintaining a job or close relationships with others and is often sexually promiscuous  
-tends to be aggressive, selfish, self-centred, may have a history of fighting, or spousal or child abuse  
-outgoing, sensation-seeker who likes to take risks and do dangerous things with little concern for the safety of others or self  
-biological factors, environmental factors  
-biological model: points to changes in brain function to show that they may differ from normal individual  
-brain is chronically under aroused, and that the sensation seeking and antisocial behaviour may be ways of bringing the levels of brain arousal back to normal  
-lacks an adequate superego due to faulty or abnormal resolution of the Oedipus Complex  
-no treatments; exceptionally resistant to reform

**Subtopic: Borderline Personality Disorder  
-**unstable and highly changeable emotions and behaviour  
-frequent mood changes, irritable, impulsive, sarcastic, easily angered, and unpredictable  
-unstable view of selves, insecure, demand lots of attention, don’t like to be left alone  
-engage in self-mutilation; high risk of suicide  
-gambling, indiscriminate sexual activity and shopping sprees

**Subtopic: Histrionic Personality  
-**overly dramatic, self-centred  
-shallow, obsessed with attractiveness, uncomfortable not being the centre of attention  
-high rates of depression and poor physical health

**Subtopic: Narcissistic Personality  
-**obsessed with superiority and uniqueness  
-convinced they are perfect and demand respect from everyone else; sees them as inferior  
-convinced self is superior over others  
-relationship difficulties  
-difficulty holding jobs (can’t take criticism)