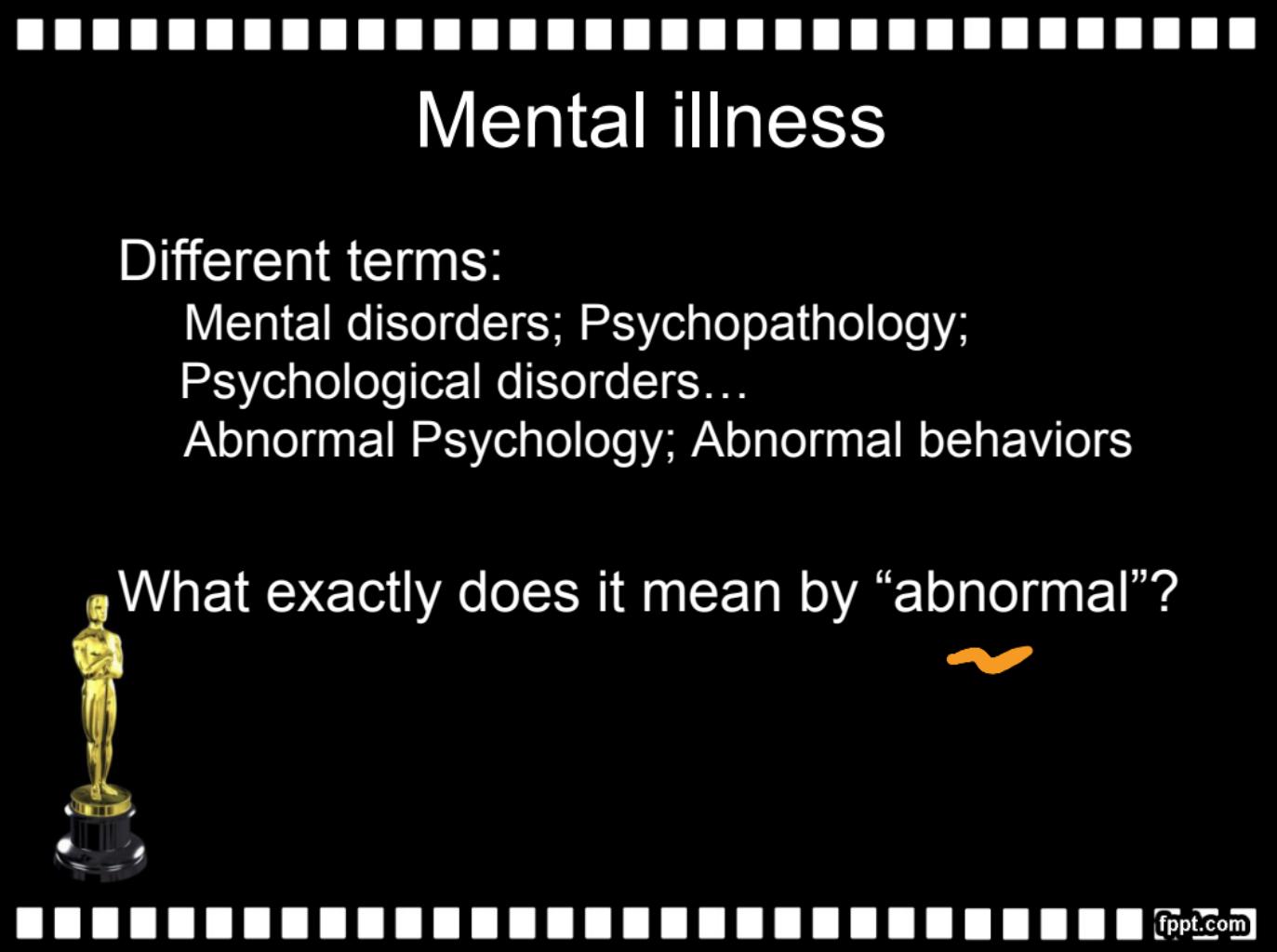


Mental Illness

Scene III – Biography





Mental illness

Different terms:

Mental disorders; Psychopathology;

Psychological disorders...

Abnormal Psychology; Abnormal behaviors

What exactly does it mean by “abnormal”?



History of mental disorders

very long time ago

As early as the pre-history times

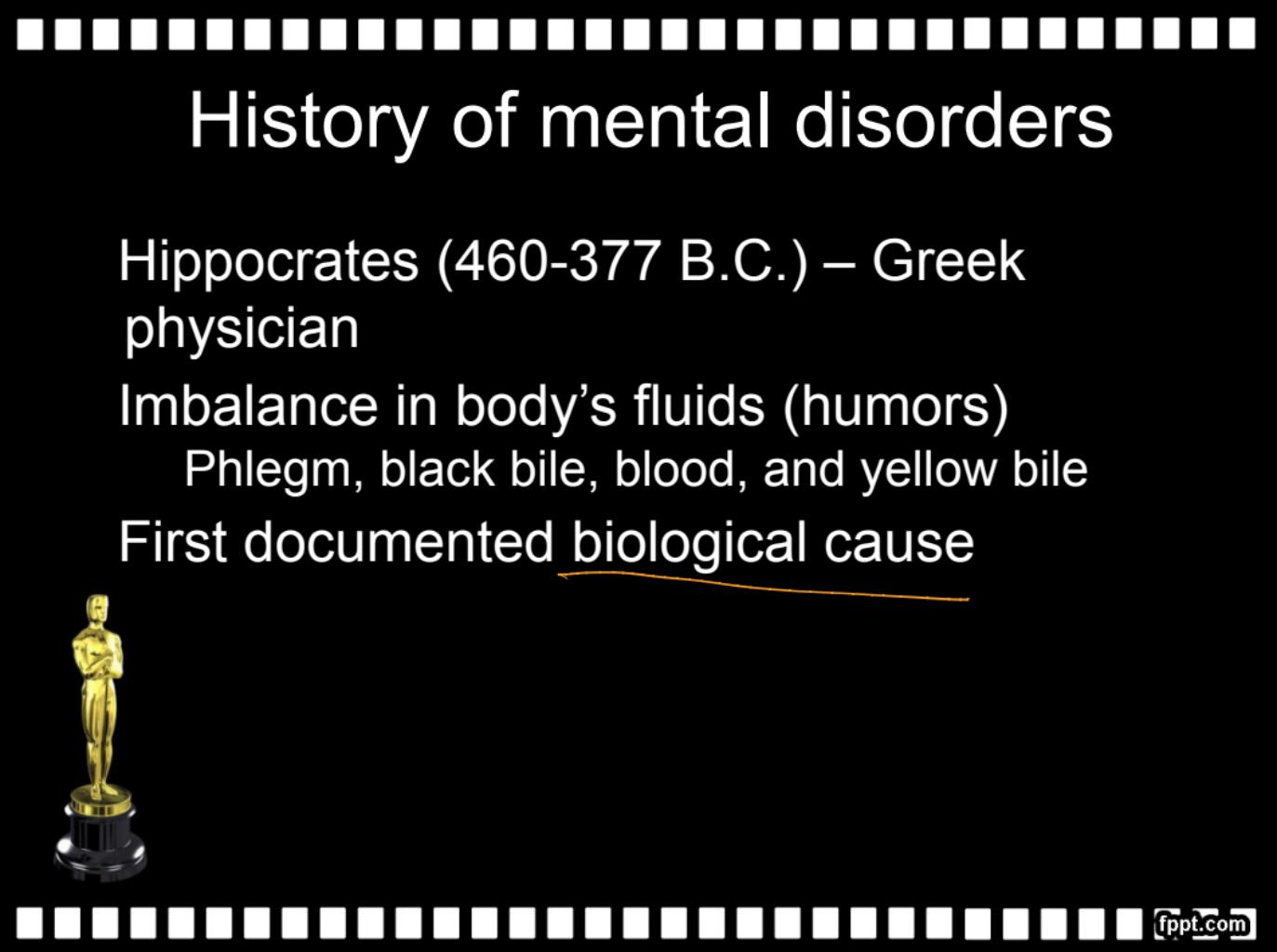
Archeological findings of “trepanning”

Releasing “demons” from the person

make a hole on the scale — treat the person

(become rare, abnormal).
occupied by demons)





History of mental disorders

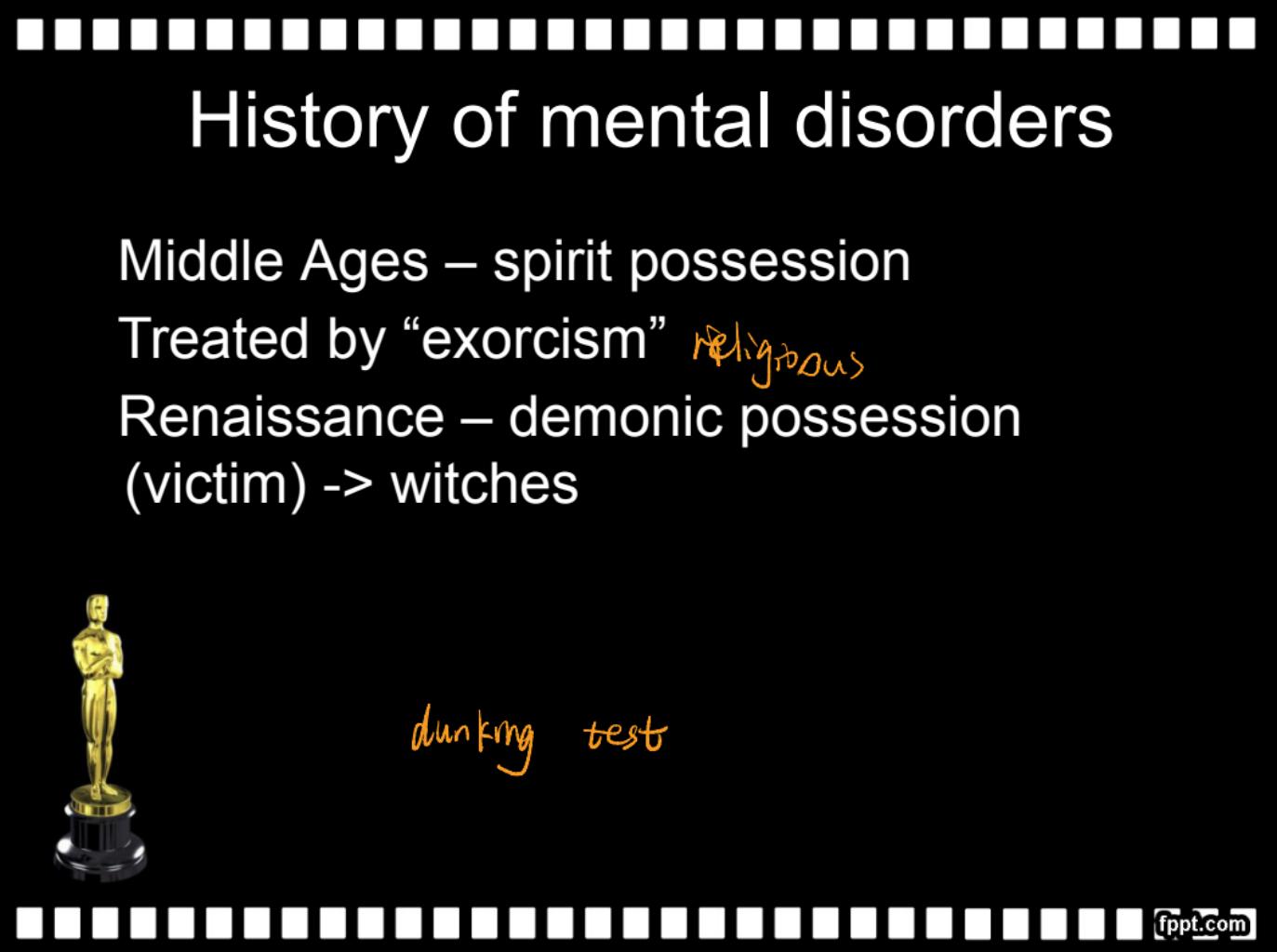
Hippocrates (460-377 B.C.) – Greek physician

Imbalance in body's fluids (humors)

Phlegm, black bile, blood, and yellow bile

First documented biological cause





History of mental disorders

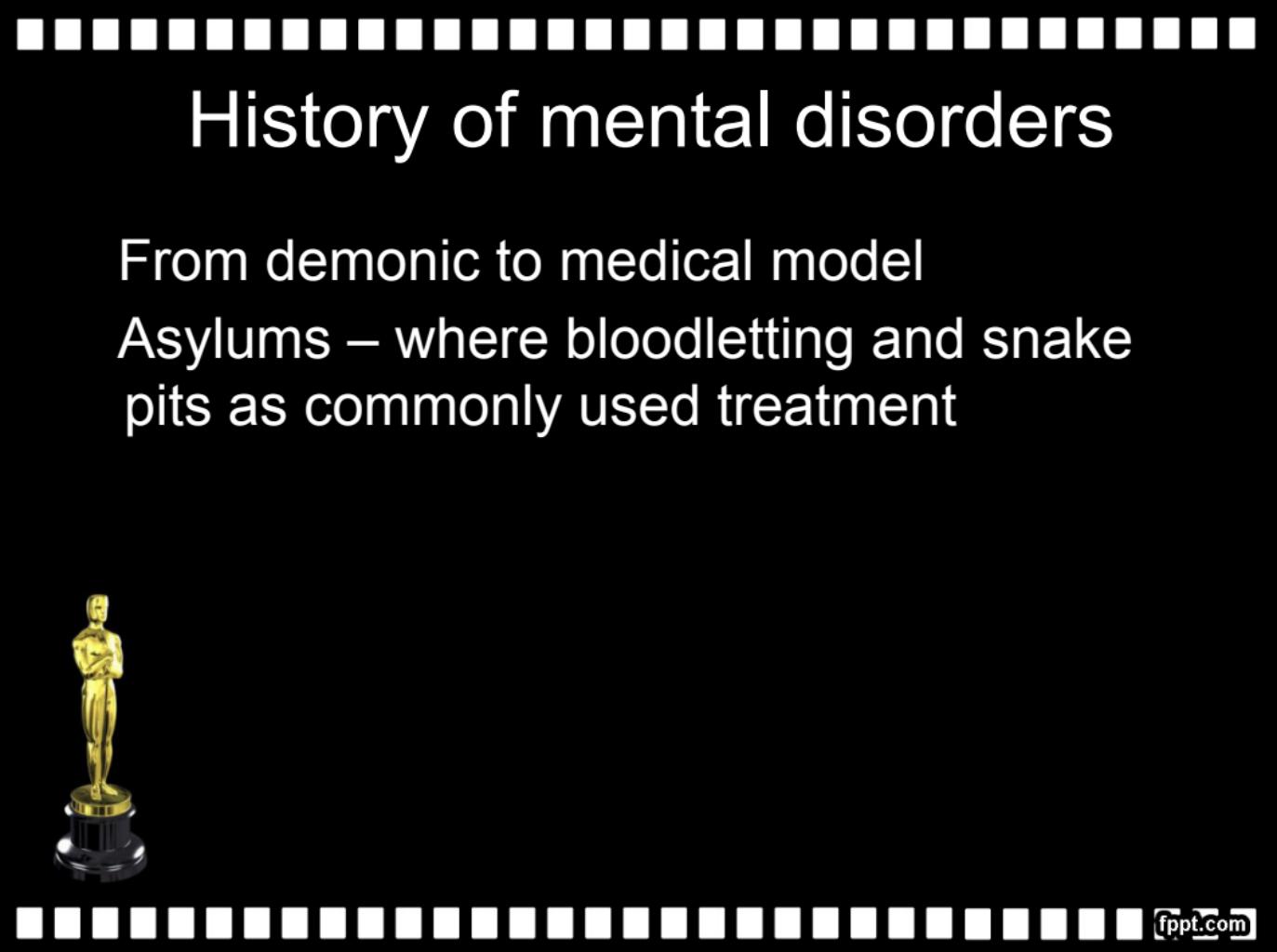
Middle Ages – spirit possession

Treated by “exorcism” *religious*

Renaissance – demonic possession
(victim) -> witches



dunking test

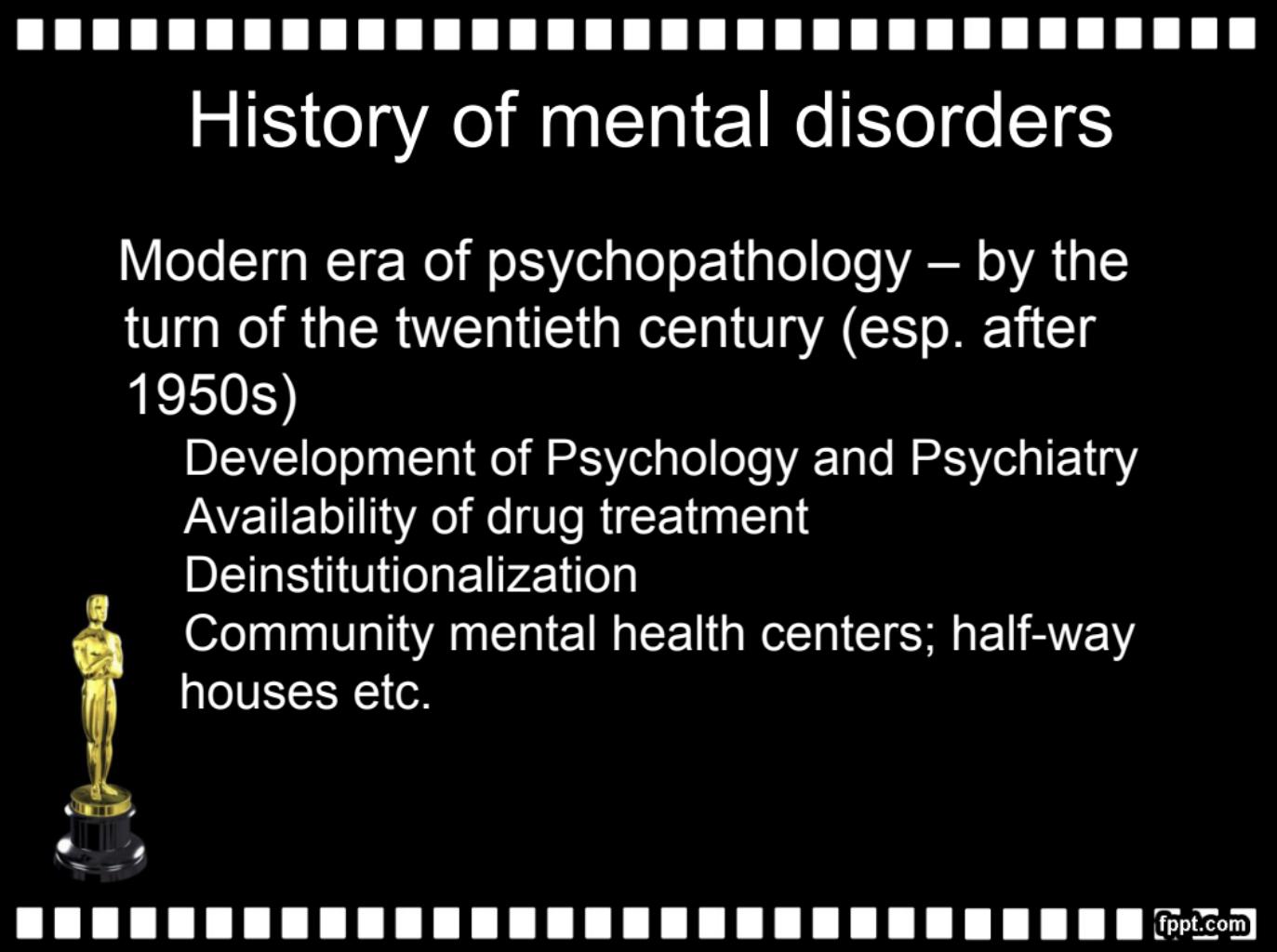


History of mental disorders

From demonic to medical model

Asylums – where bloodletting and snake pits as commonly used treatment





History of mental disorders

Modern era of psychopathology – by the turn of the twentieth century (esp. after 1950s)

Development of Psychology and Psychiatry

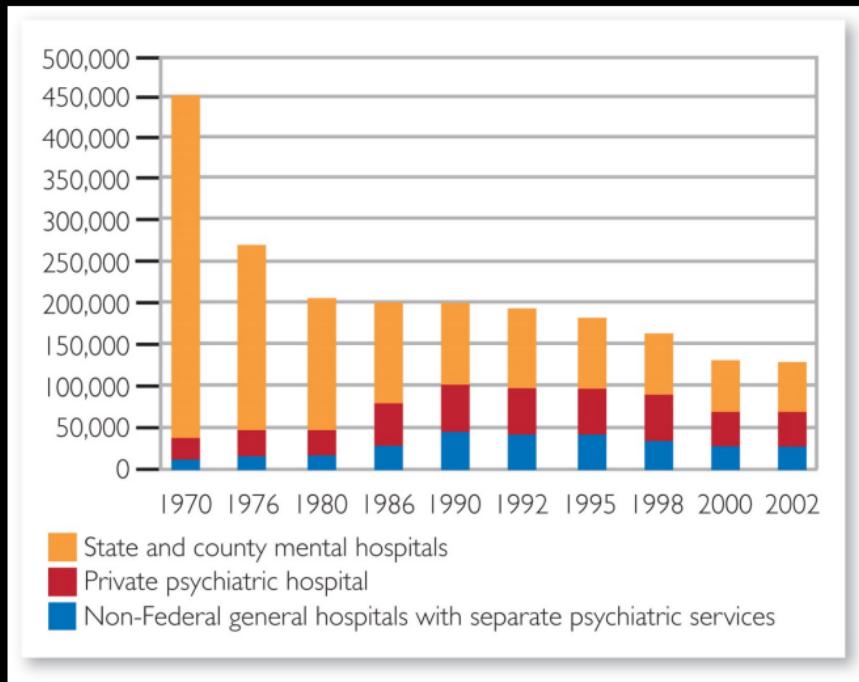
Availability of drug treatment

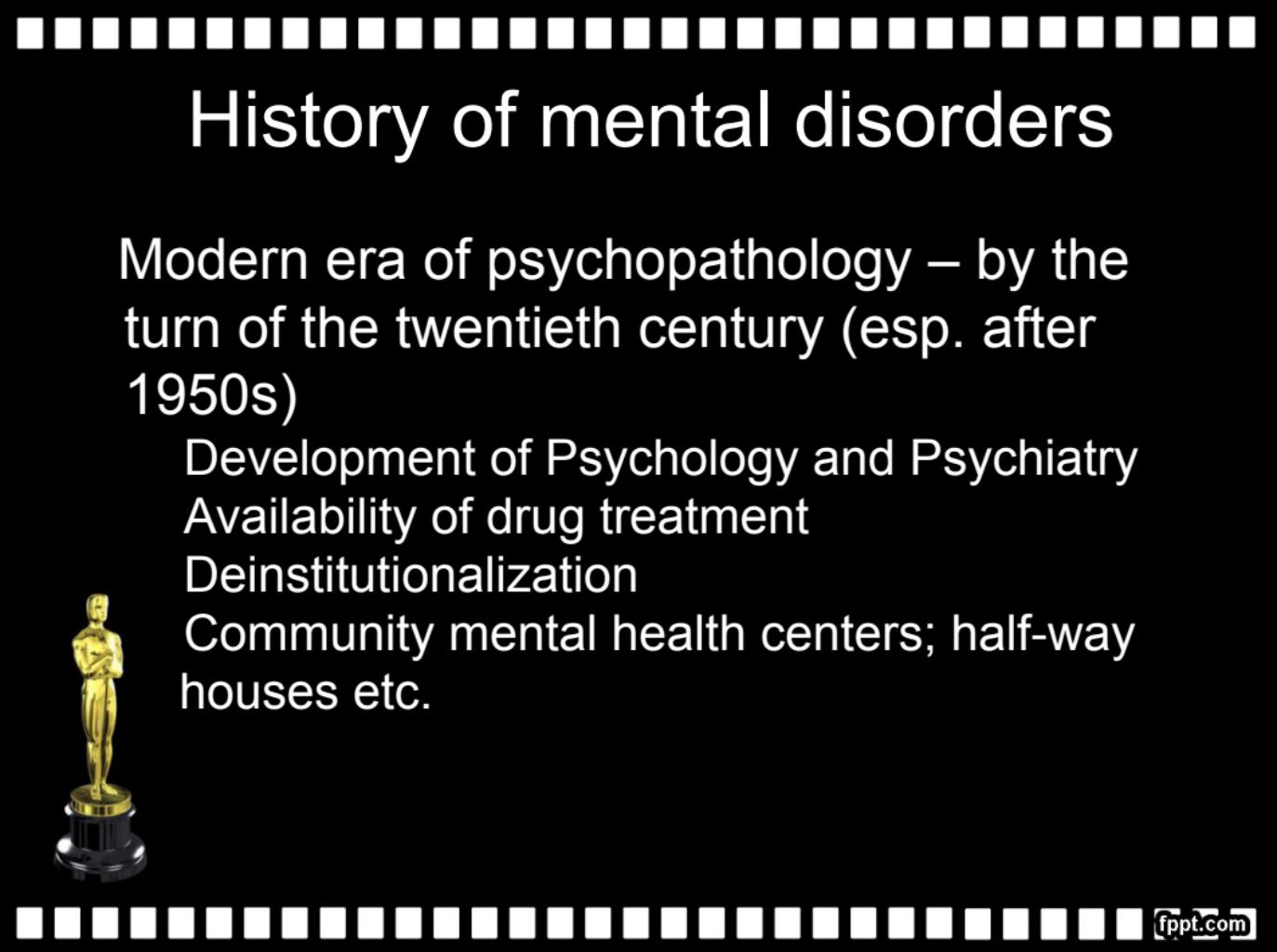
Deinstitutionalization

Community mental health centers; half-way houses etc.



Modern era





History of mental disorders

Modern era of psychopathology – by the turn of the twentieth century (esp. after 1950s)

Development of Psychology and Psychiatry

Availability of drug treatment

Deinstitutionalization

Community mental health centers; half-way houses etc.





What is *abnormal*?

What is abnormal?

Statistical rarity 稀有性

社会不規範

Social norm deviance (cultural relativity)

Subjective discomfort 有病的人主觀不适

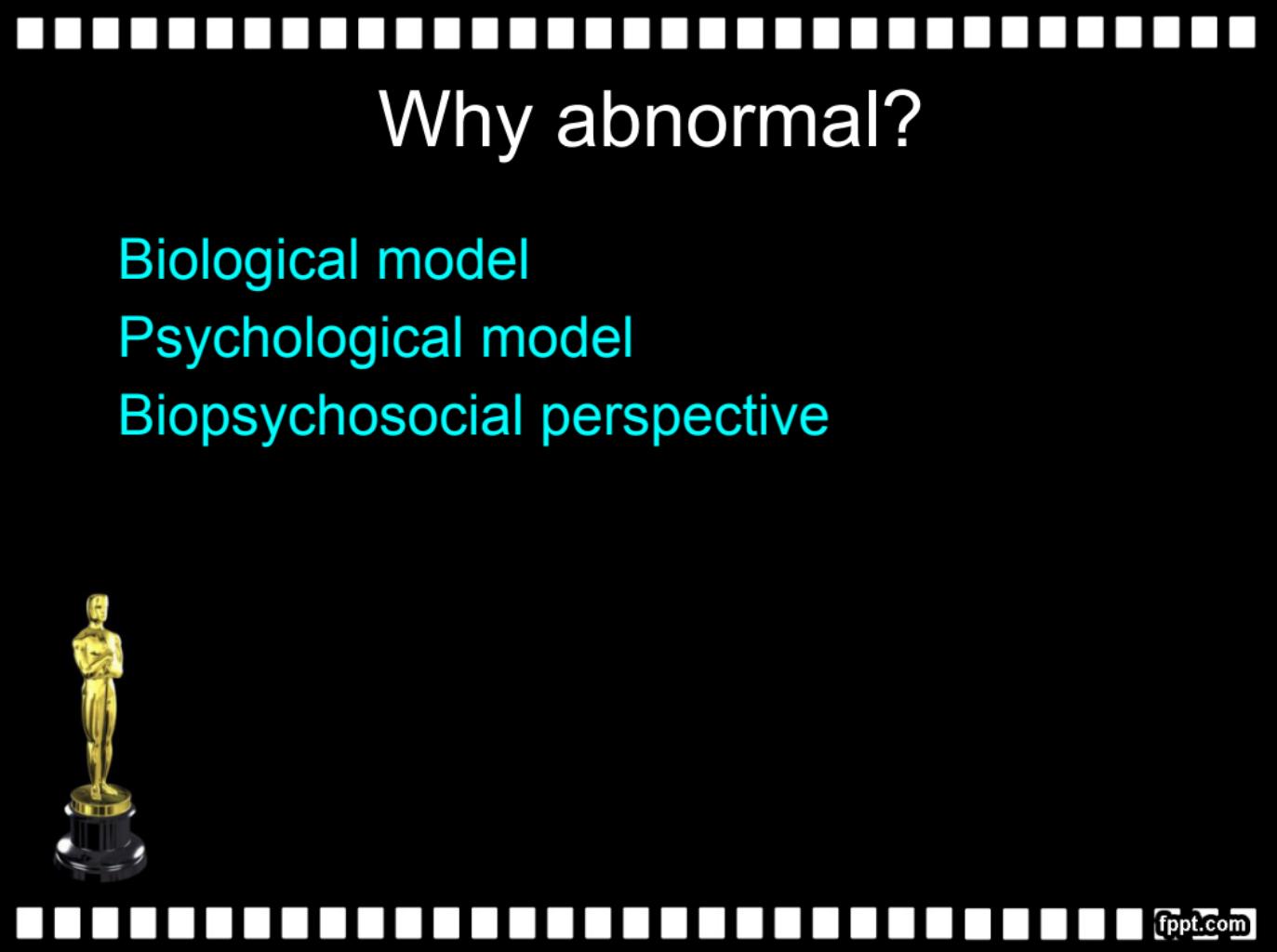
phobia

Inability to function normally (maladaptive)

Causing harms to oneself / others

adapt to
day-to-day
life





Why abnormal?

Biological model

Psychological model

Biopsychosocial perspective



Why abnormal?

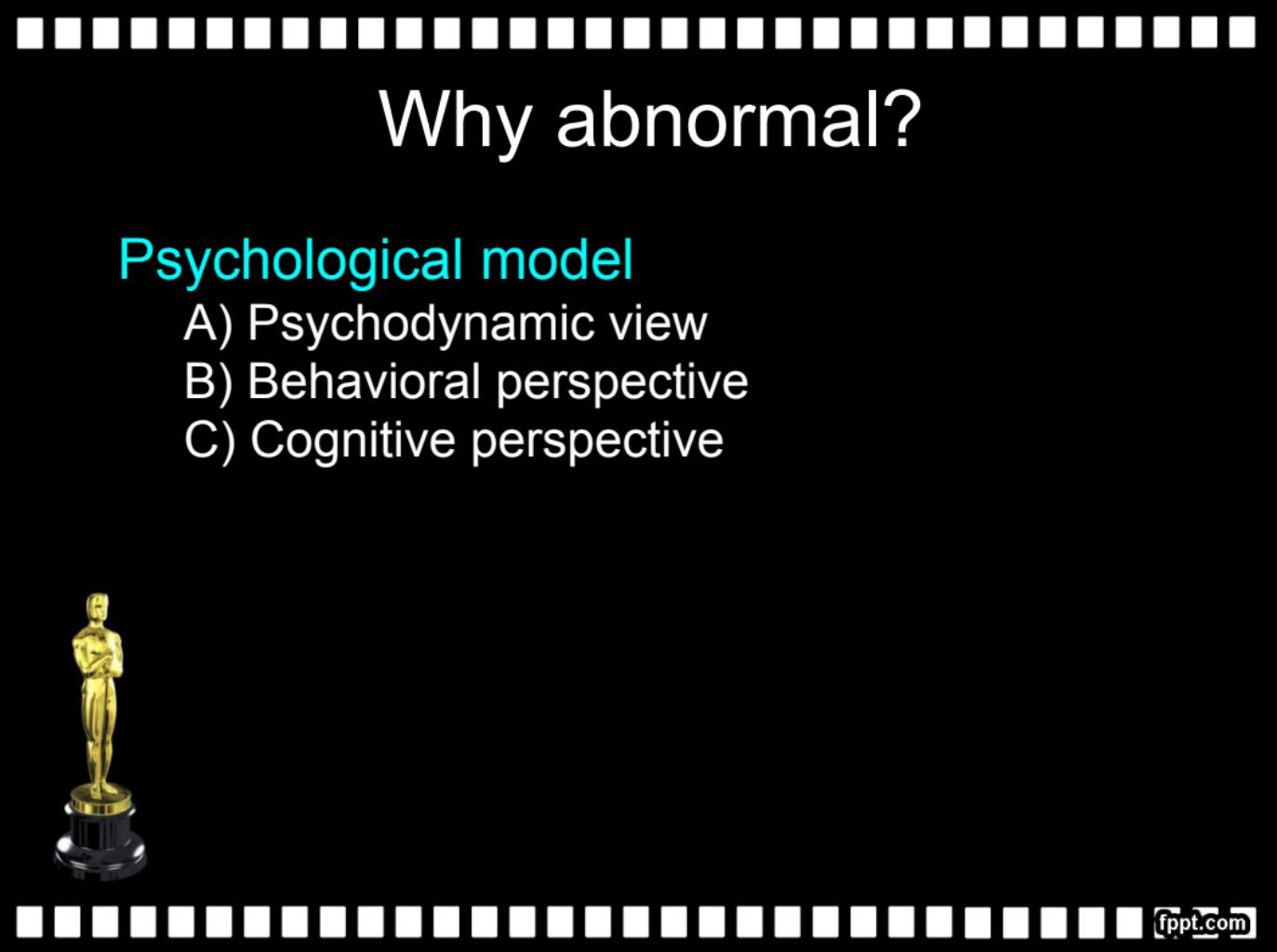
Biological model *in brain*

Chemical imbalance, genetic problem, brain damage or dysfunction

Drawing analogies from medical science;
terminologies used

Controlled vs. Cured





Why abnormal?

Psychological model

- A) Psychodynamic view
- B) Behavioral perspective
- C) Cognitive perspective





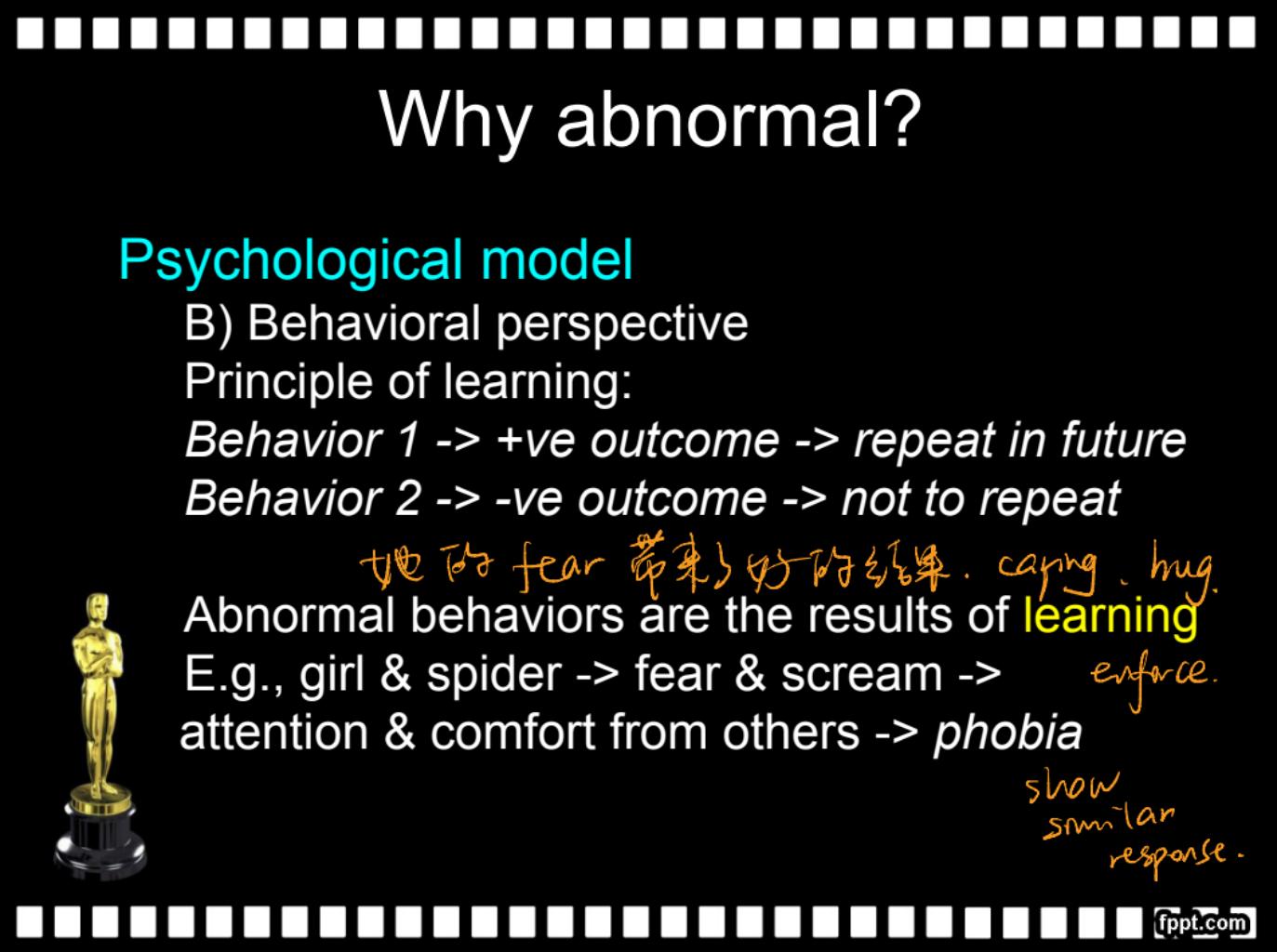
Why abnormal?

Psychological model

- A) Psychodynamic view 心理動力論
- Problem of **hiding** or **repressing** thoughts in unconscious mind
- E.g., sexual drive -> feel dirty -> hand washing -> *obsessive compulsive disorder*

ocd 強迫症





Why abnormal?

Psychological model

B) Behavioral perspective

Principle of learning:

Behavior 1 -> +ve outcome -> repeat in future

Behavior 2 -> -ve outcome -> not to repeat

她的 fear 帶來了好的結果 . coping . hug.

Abnormal behaviors are the results of **learning**

E.g., girl & spider -> fear & scream -> enforce.

attention & comfort from others -> *phobia*



show
similar
response.

Why abnormal?

Psychological model

C) Cognitive perspective

認知的

Problem of irrational or distorted thinking

E.g., “all spiders are horrible and will bite me, and I will die!”





Why abnormal?

Biopsychosocial perspective

All of the above!

E.g., development of an anxiety disorder

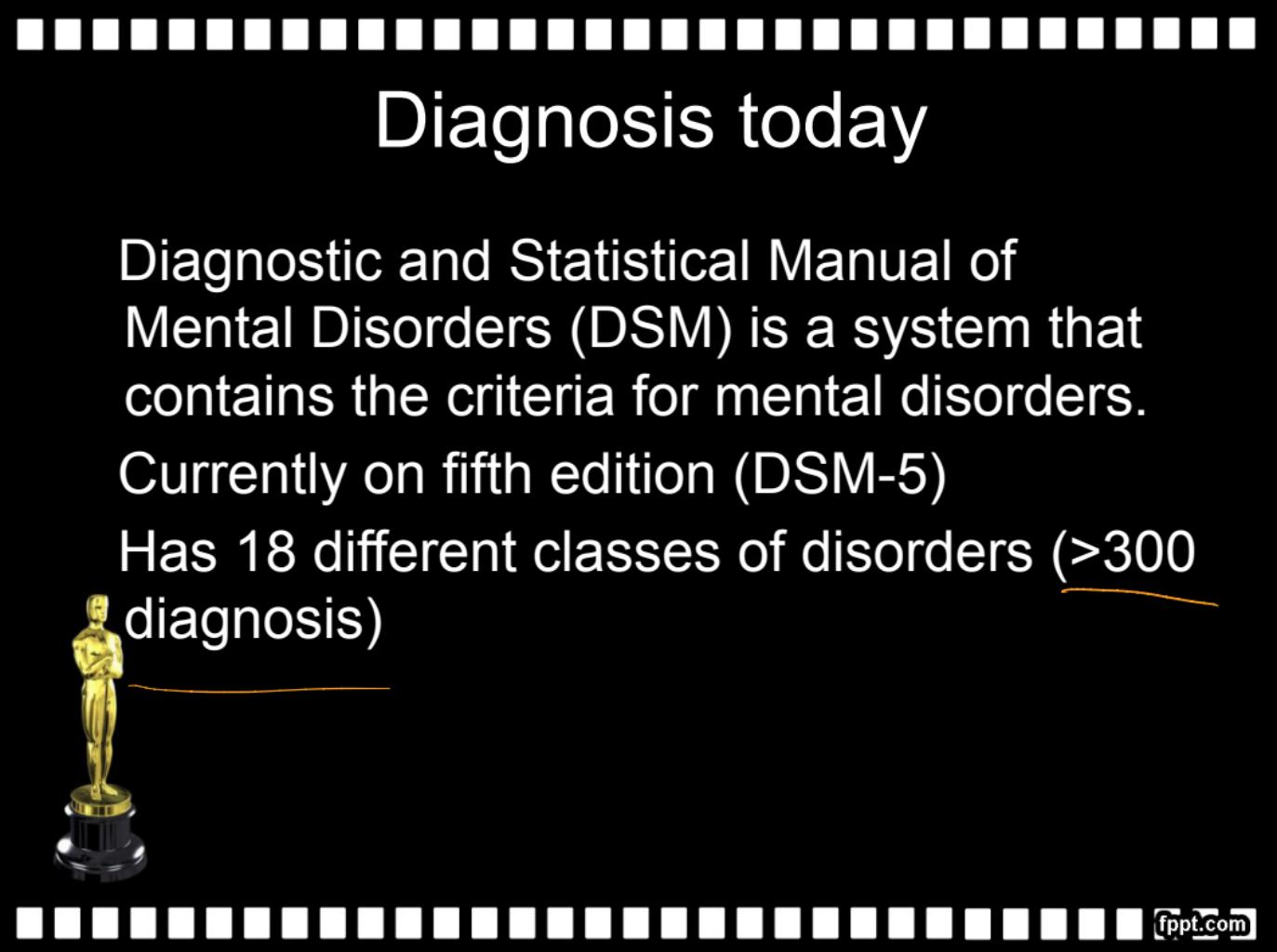
Genetic or biological factors set the tendency

Stressors in the environment and their timing

Socialcultural factors

multiple reasons





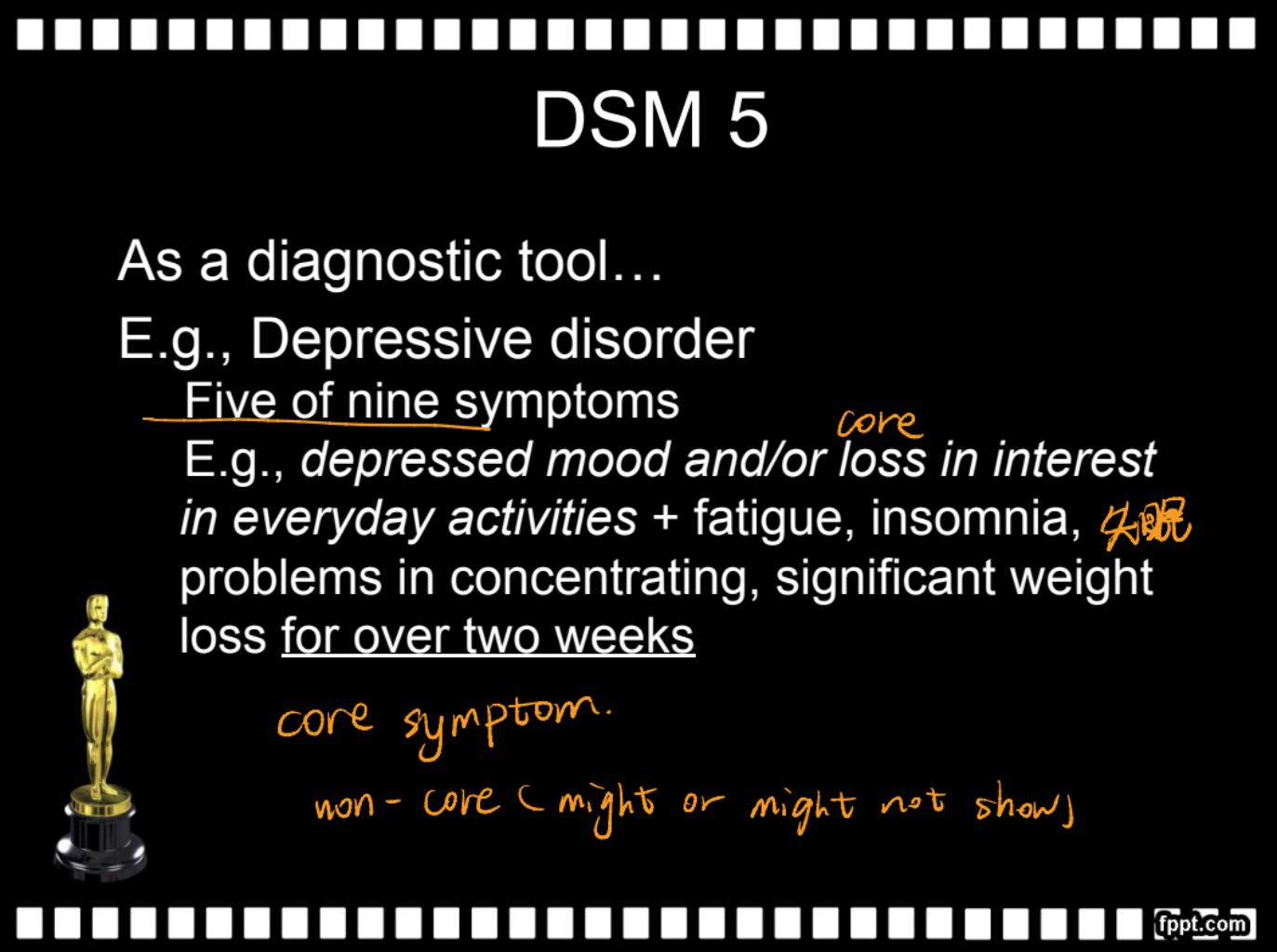
Diagnosis today

Diagnostic and Statistical Manual of Mental Disorders (DSM) is a system that contains the criteria for mental disorders.

Currently on fifth edition (DSM-5)

Has 18 different classes of disorders (>300 diagnosis)





DSM 5

As a diagnostic tool...

E.g., Depressive disorder

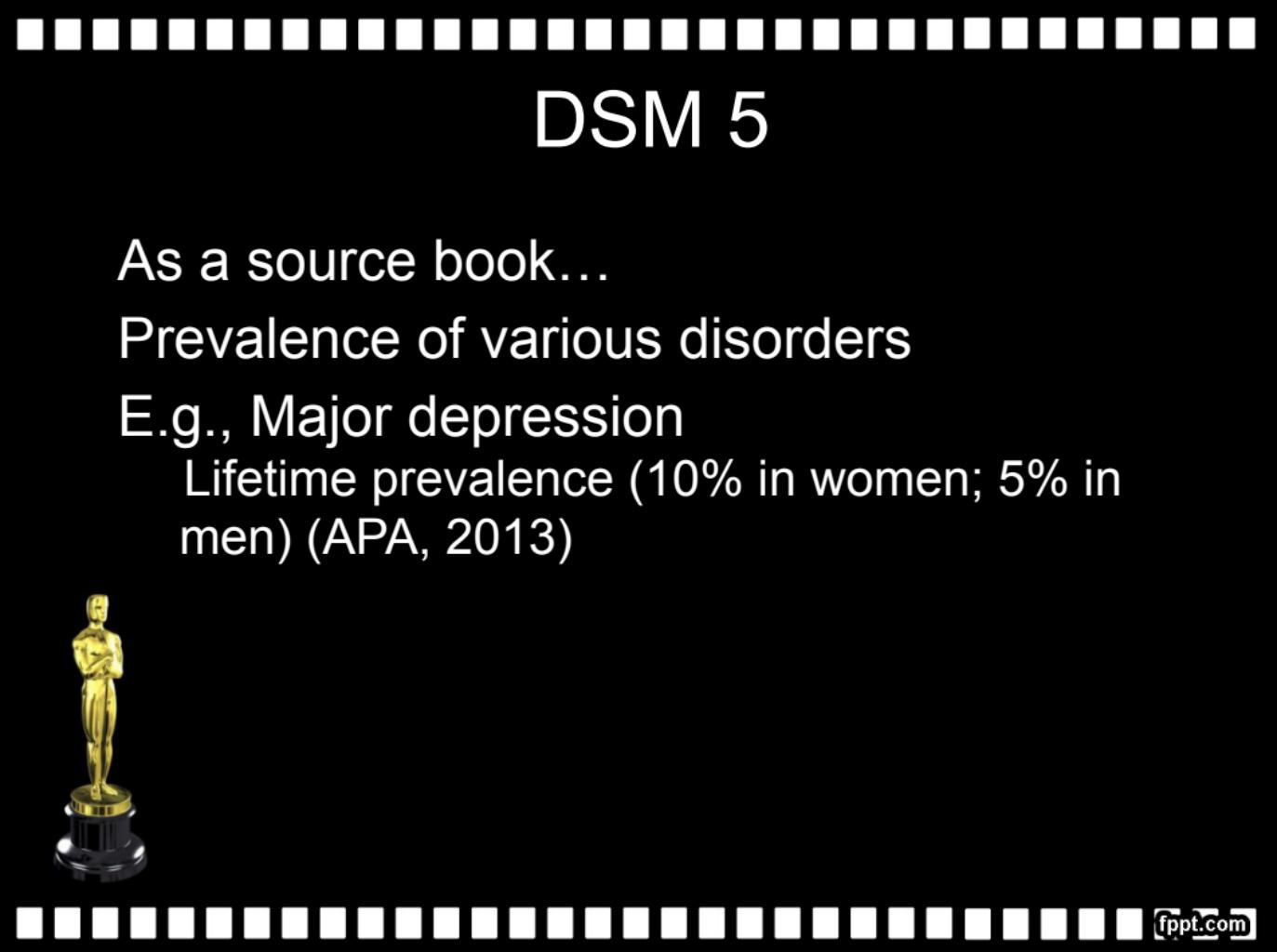
Five of nine symptoms

E.g., *depressed mood and/or loss in interest in everyday activities + fatigue, insomnia, ~~problems~~^{core} problems in concentrating, significant weight loss for over two weeks*



core symptom.

non - core (might or might not show)



DSM 5

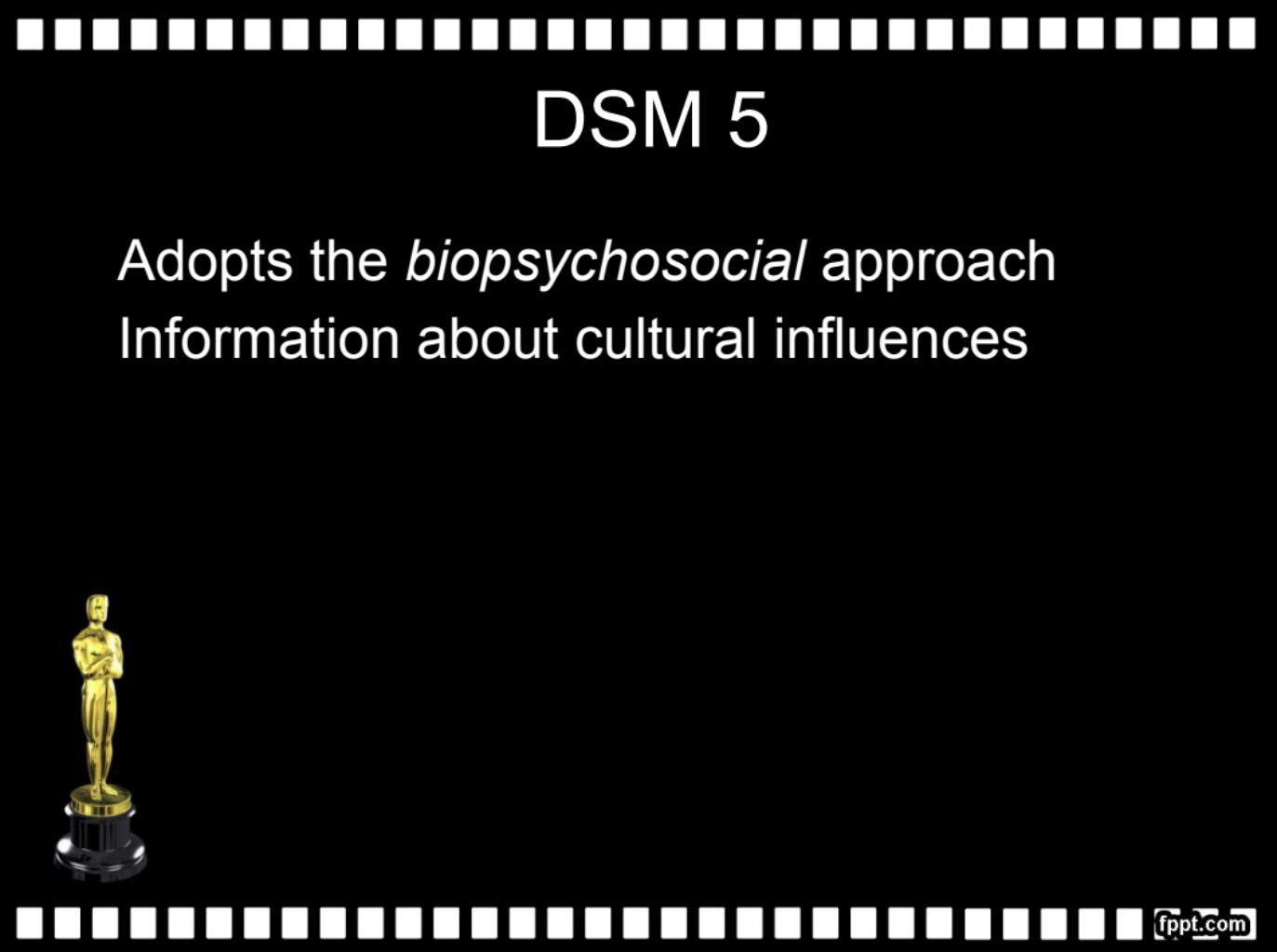
As a source book...

Prevalence of various disorders

E.g., Major depression

Lifetime prevalence (10% in women; 5% in men) (APA, 2013)





DSM 5

Adopts the *biopsychosocial* approach
Information about cultural influences





Mental disorders

- Dissociative Identity Disorder (DID)
- Schizophrenia

精神分裂



Dissociative Identity Disorder (DID)

Formerly known as “multiple personality” disorder

At least two or more distinct personalities

One reported case of 4500 (Acocella, 1999)

种族

Can be of different names, genders, or races...

“core” personality usually knows nothing about other personalities most of the time



Experience “blackouts” or “awakening” in unfamiliar places



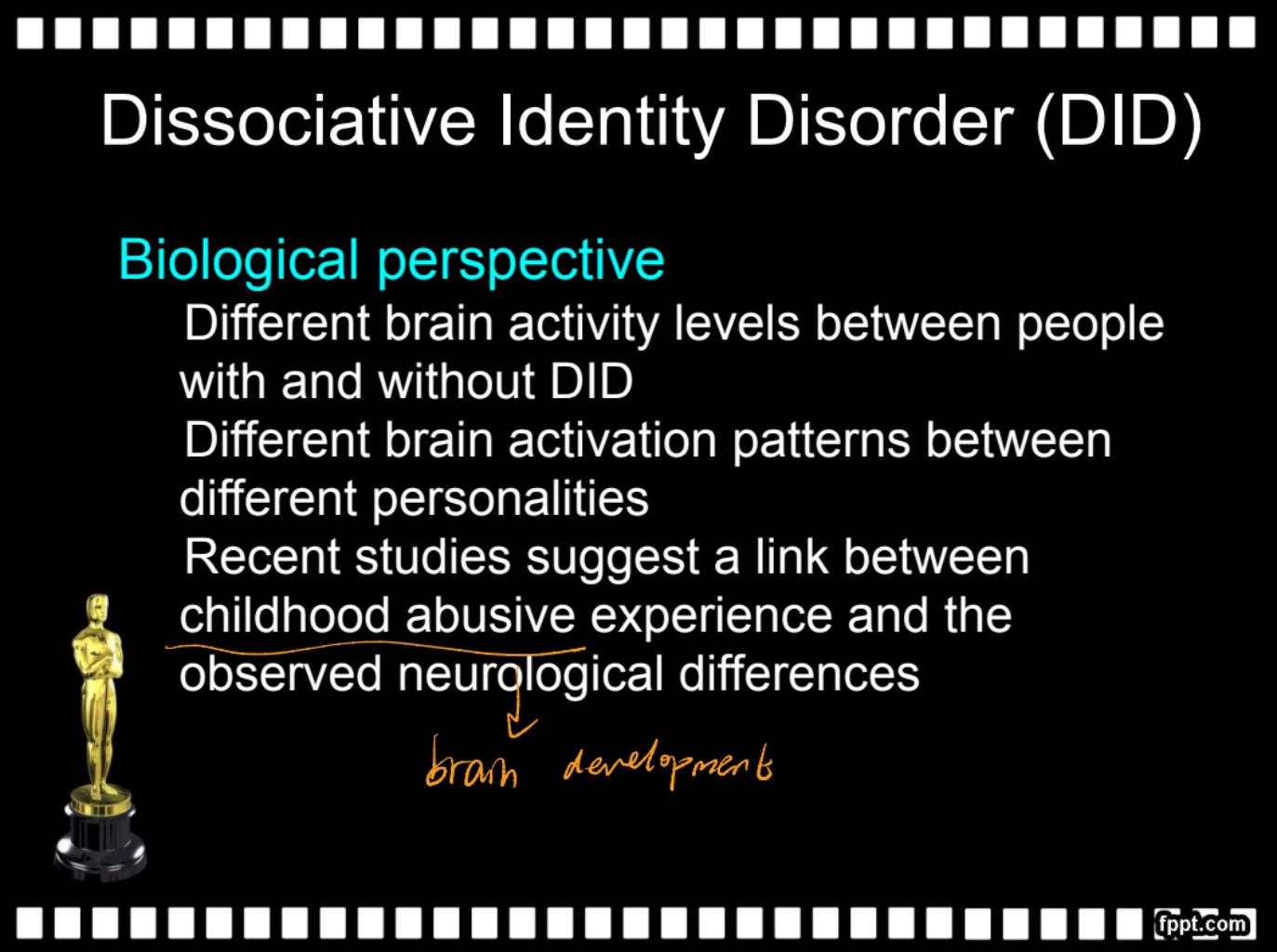
Dissociative Identity Disorder (DID)

Psychodynamic view – repression of
traumatic experiences

压抑创伤的经历

Cognitive and behavioral models – thought avoidance -> reduction in anxiety ->
reinforcement -> habit of “not thinking
about” -> extreme form





Dissociative Identity Disorder (DID)

Biological perspective

Different brain activity levels between people with and without DID

Different brain activation patterns between different personalities

Recent studies suggest a link between childhood abusive experience and the observed neurological differences

brain development





Dissociative Identity Disorder (DID)

At least two or more distinct/opposite personalities

Can be of different names, genders, or races...

“core” personality usually knows nothing about other personalities

Experience “*blackouts*” or “*awakening*” in unfamiliar places

Controversies exist...



Dissociative Identity Disorder (DID)

Evidence for having hundreds of personalities is slim
Might be a product of people's expectations and beliefs

Prior to 1800s: non-existent

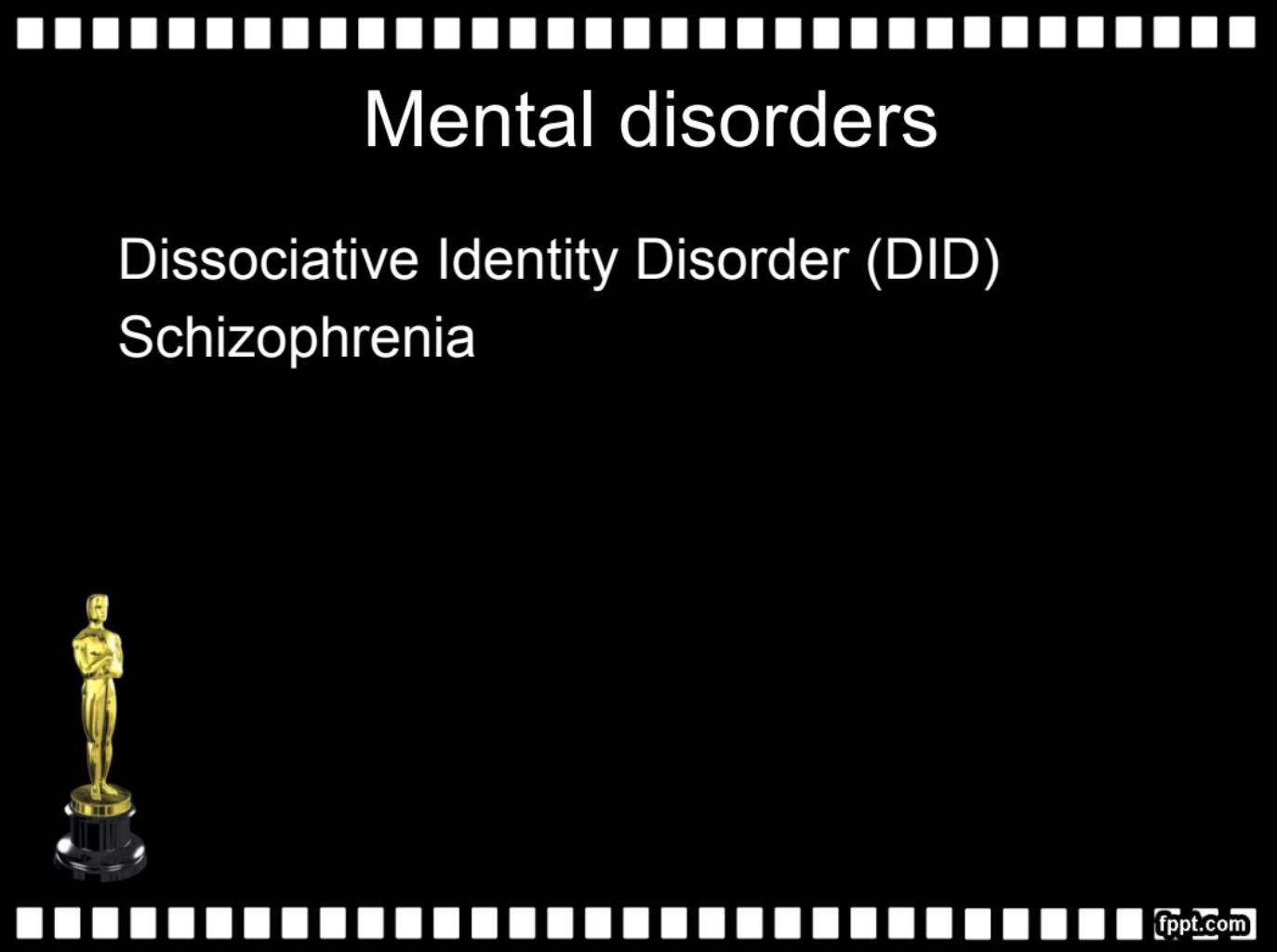
1970s: 79 cases

1980s: 6000 cases

21st century: > 100,000

Certain practices (e.g., hypnosis) in therapy sessions
might encourage the creation (rather than *discovery*) of the
alters





Mental disorders

Dissociative Identity Disorder (DID)
Schizophrenia





Schizophrenia

Dividing (schizo~) the brain (phren)

“split mind” – thoughts, feelings, and behavior

*** A long-lasting *psychotic* disorder
involves an inability to tell the difference
between reality and fantasy





Schizophrenia

*** *Delusions* – false and strongly held beliefs about the world

Commonly seen schizophrenic delusions

Delusions of persecution *kill* 追害

Delusions of reference *deliver message*

Delusions of influence *monitored by other spirit.*

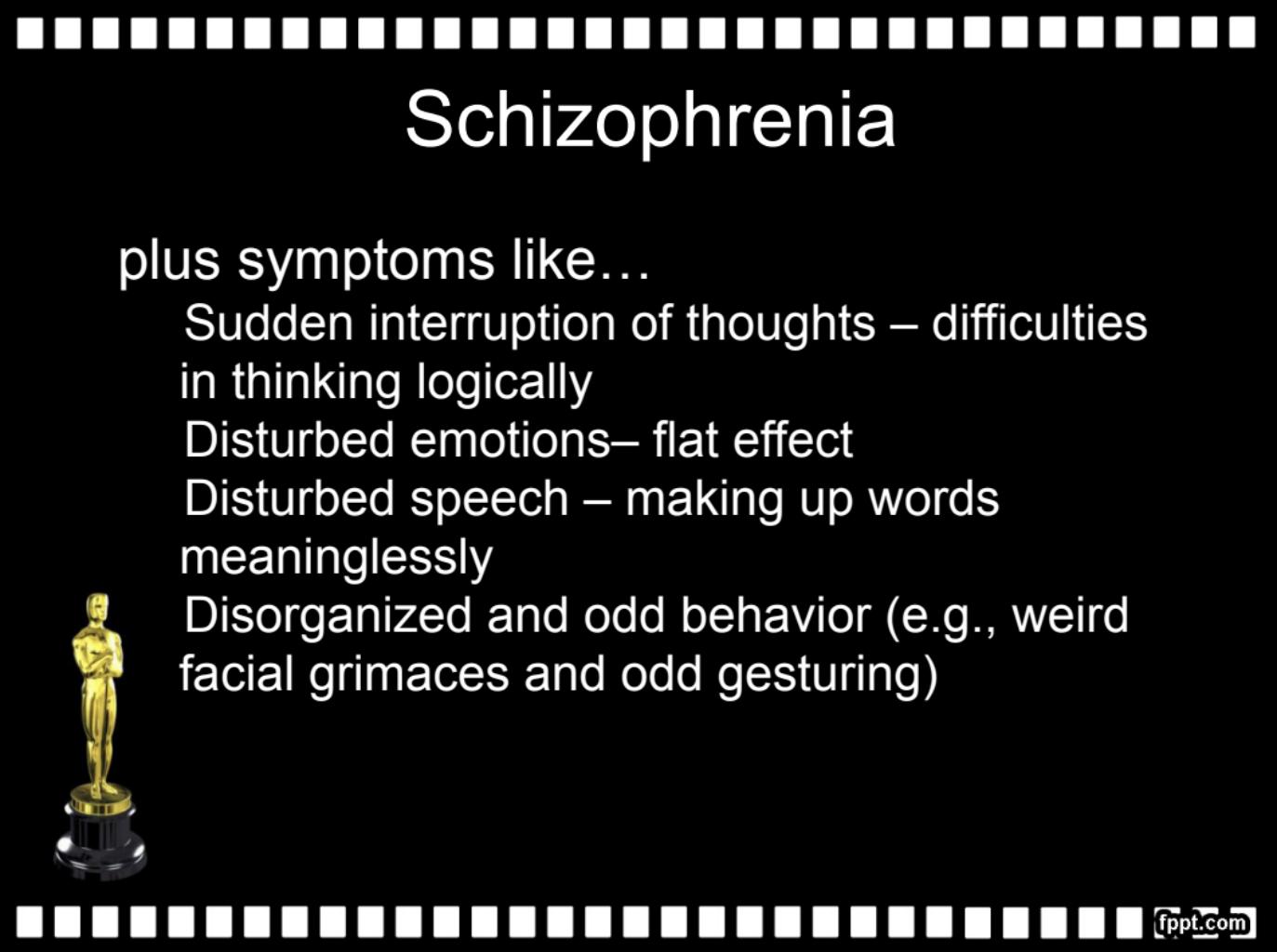
Delusions of grandeur... *unique special purpose*



very valid.

妄想

save the world.



Schizophrenia

plus symptoms like...

Sudden interruption of thoughts – difficulties in thinking logically

Disturbed emotions – flat effect

Disturbed speech – making up words meaninglessly

Disorganized and odd behavior (e.g., weird facial grimaces and odd gesturing)



Schizophrenia

*** *Hallucinations*

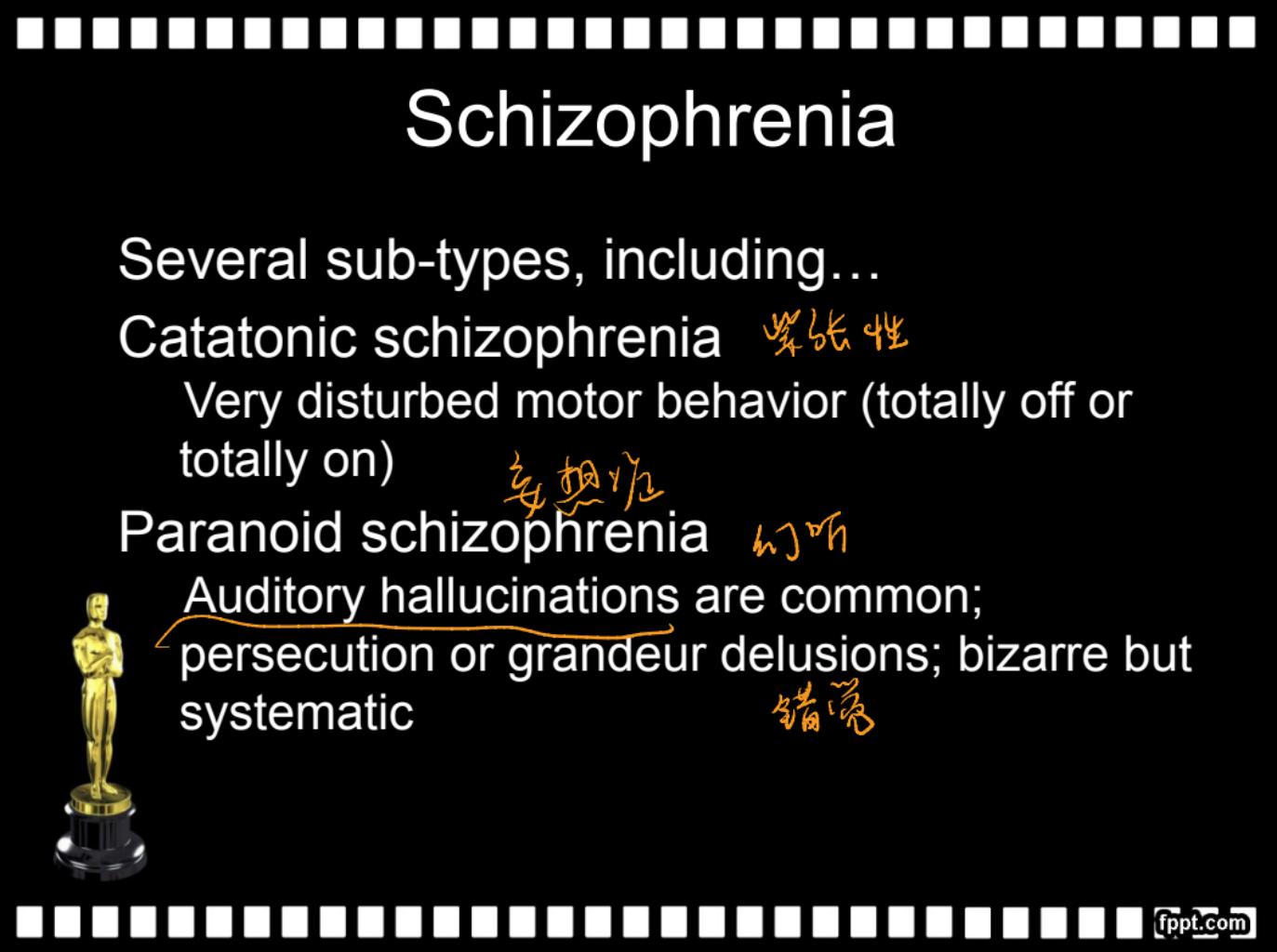
nothing in reality

Hearing voices (most common; different from inner voices/ self-talk) or seeing things that are not physically present

Other senses like touch, smell, and taste are less common but possible

*sound in
the same as ~~the~~ reality*





Schizophrenia

Several sub-types, including...

Catatonic schizophrenia 鬼畜性

Very disturbed motor behavior (totally off or totally on)

鬼畜性

Paranoid schizophrenia 妄想性

Auditory hallucinations are common;
persecution or grandeur delusions; bizarre but systematic

错觉



Schizophrenia

positive symptom

Relation with brain functioning

Over-production of dopamine in the
subcortical (inner) part of the brain

related to
delusion
hallucination

Lower than normal level of blood flow and
dopamine in the prefrontal cortex (the frontal
surface of the brain)

Dilemma of drug use...

concentration

processing

negative
symptom

social functioning

(normal people
should have
sth. missed)

reduce

dopamine

treat positive symptoms
first.



Schizophrenia



Prevalence

Less than 1% but over half in mental institutions

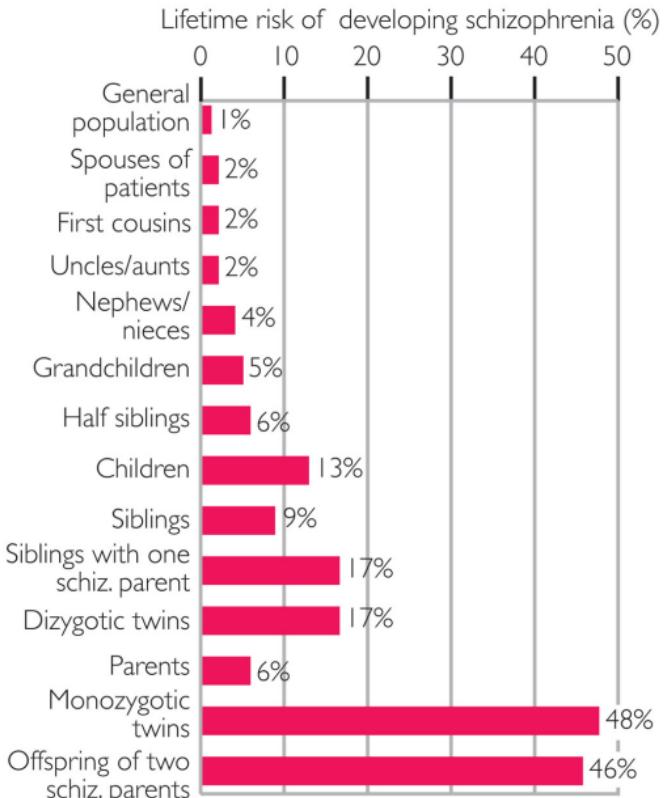
7 – 8 individuals out of 1000 in their lifetime
Regardless of cultures (Saha et al., 2005)!

stable



*** Family, twin, and adoption studies show evidence for a genetic link

not the whole



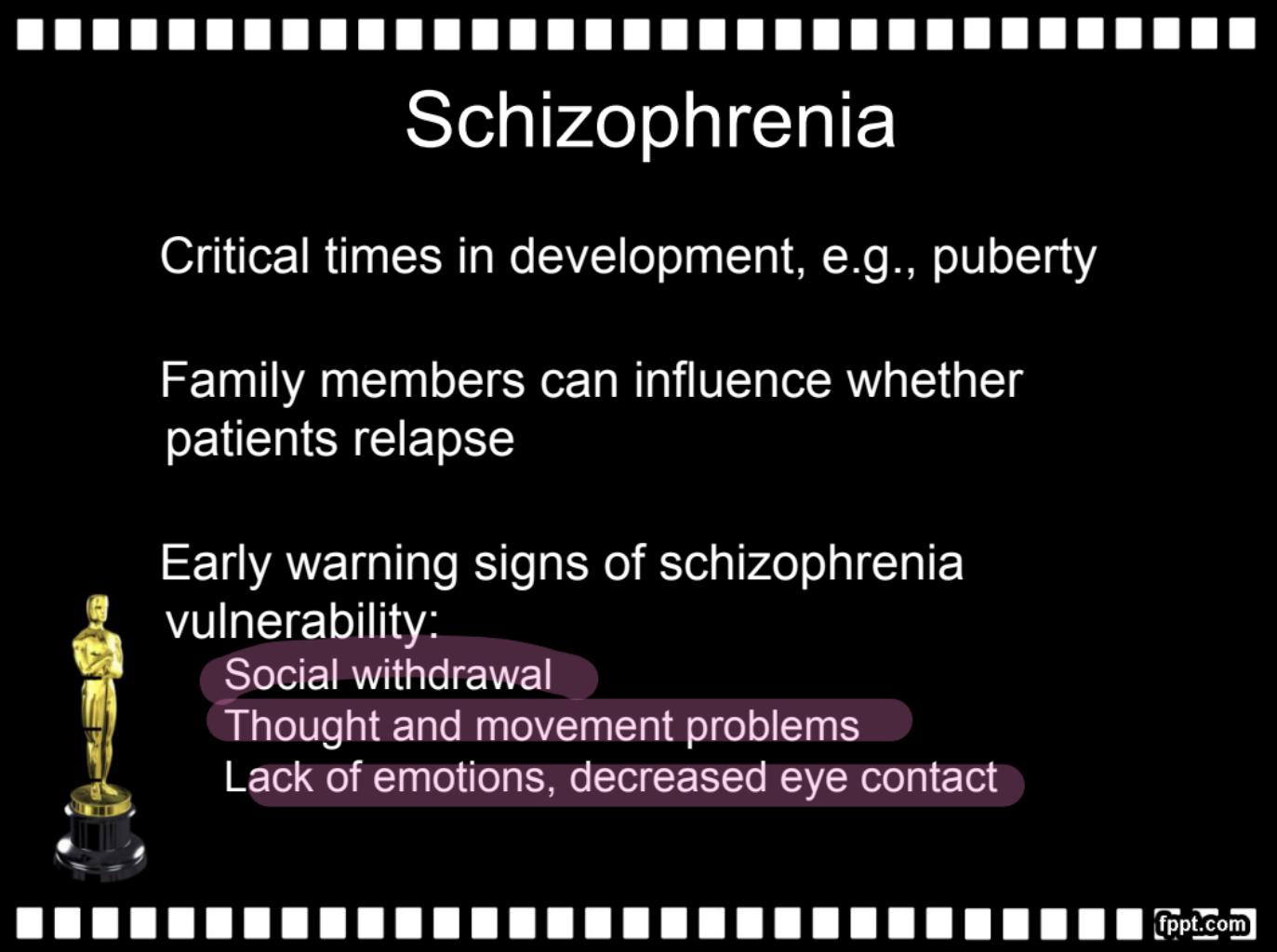
Schizophrenia

Biopsychosocial model

two important 二大应力模型
Diathesis-stress models propose that disorder
is a joint product of a *genetic vulnerability*
(diathesis) and *stressors* that trigger it



Psychosocial factors play a role in schizophrenia, but only trigger it in persons with genetic vulnerabilities.



Schizophrenia

Critical times in development, e.g., puberty

Family members can influence whether patients relapse

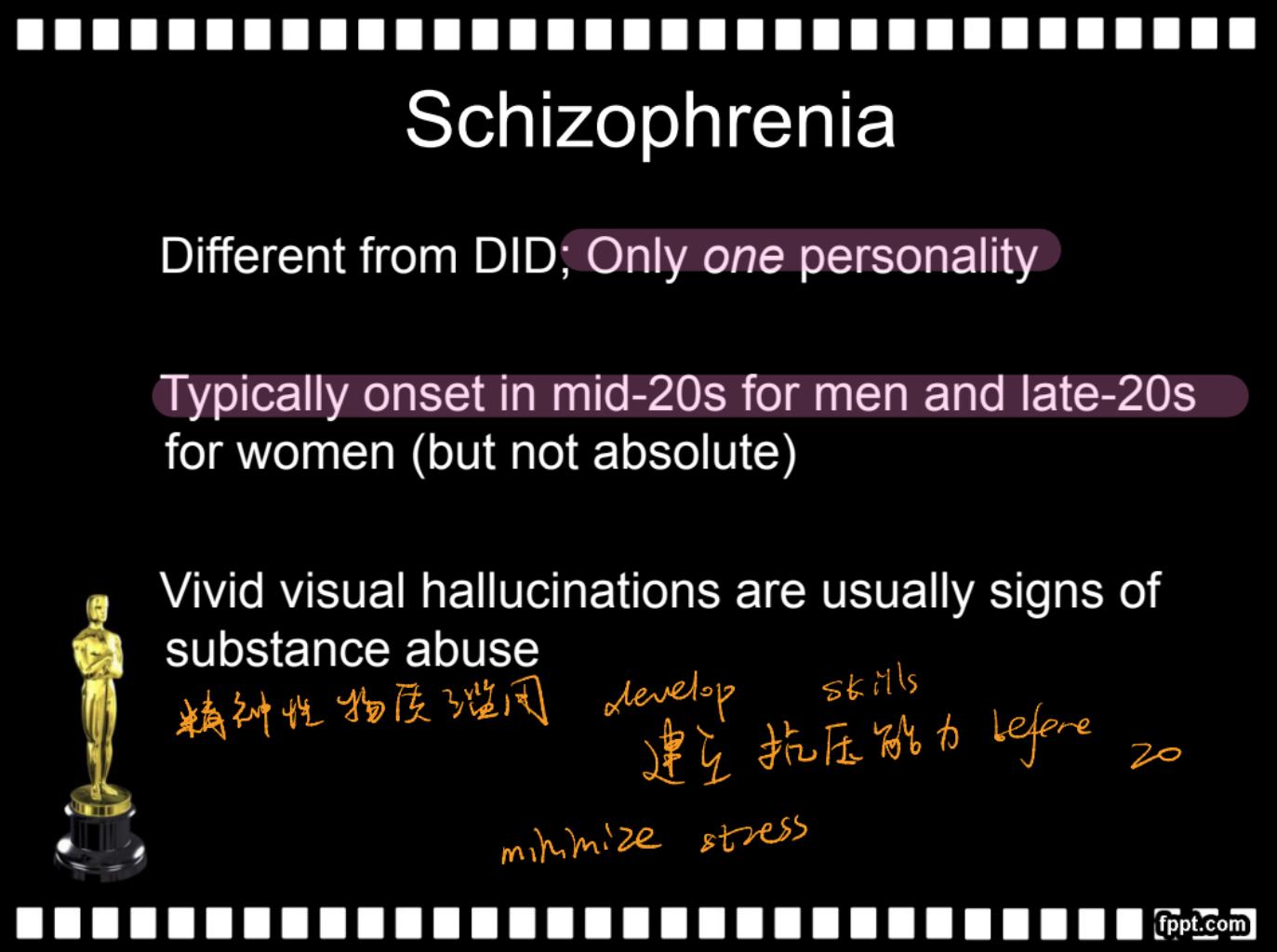
Early warning signs of schizophrenia vulnerability:



Social withdrawal

Thought and movement problems

Lack of emotions, decreased eye contact



Schizophrenia

Different from DID; Only one personality

Typically onset in mid-20s for men and late-20s for women (but not absolute)

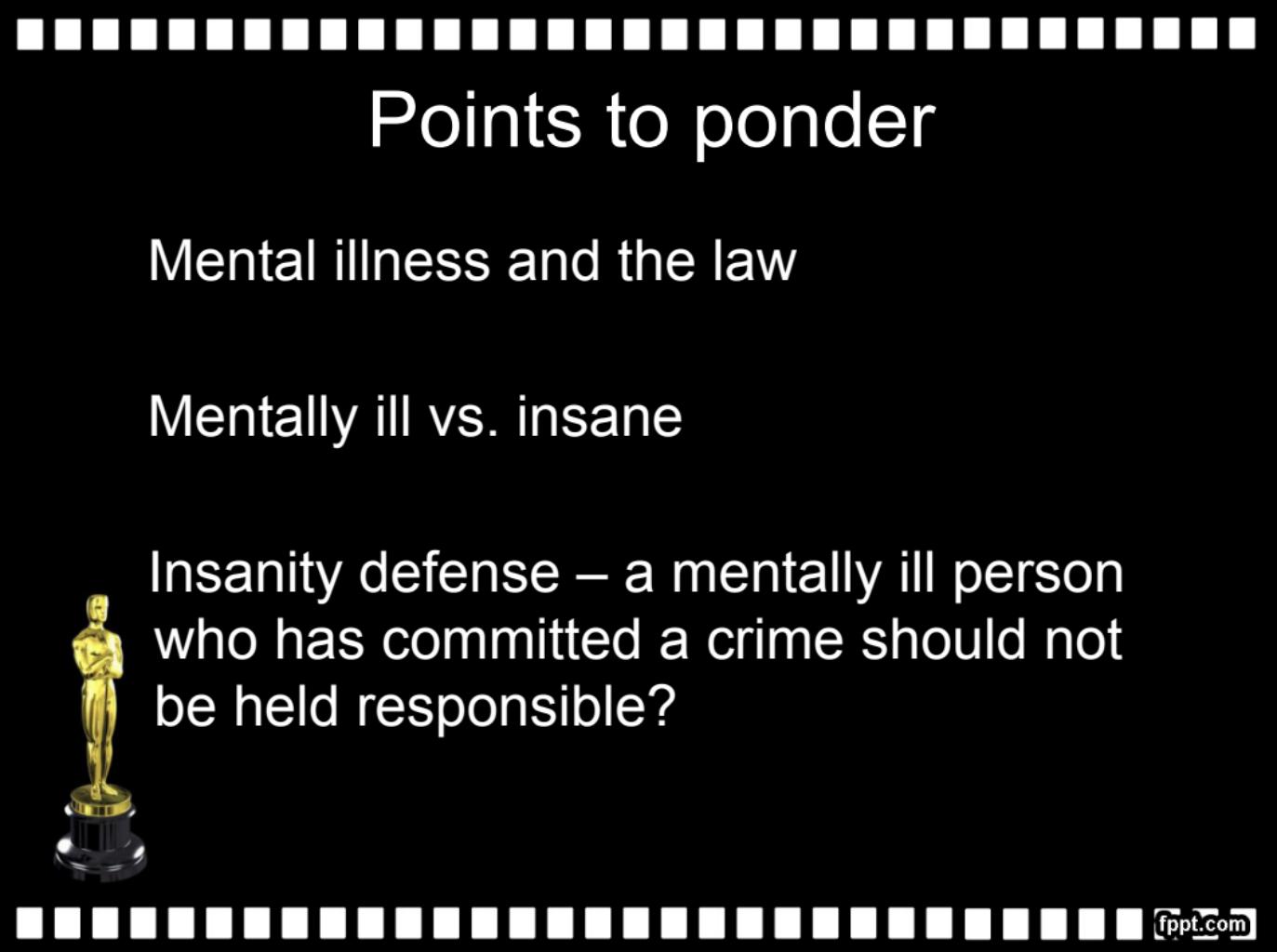
Vivid visual hallucinations are usually signs of substance abuse



精神物质滥用

develop skills
建立 抗压能力 before 20

minimize stress



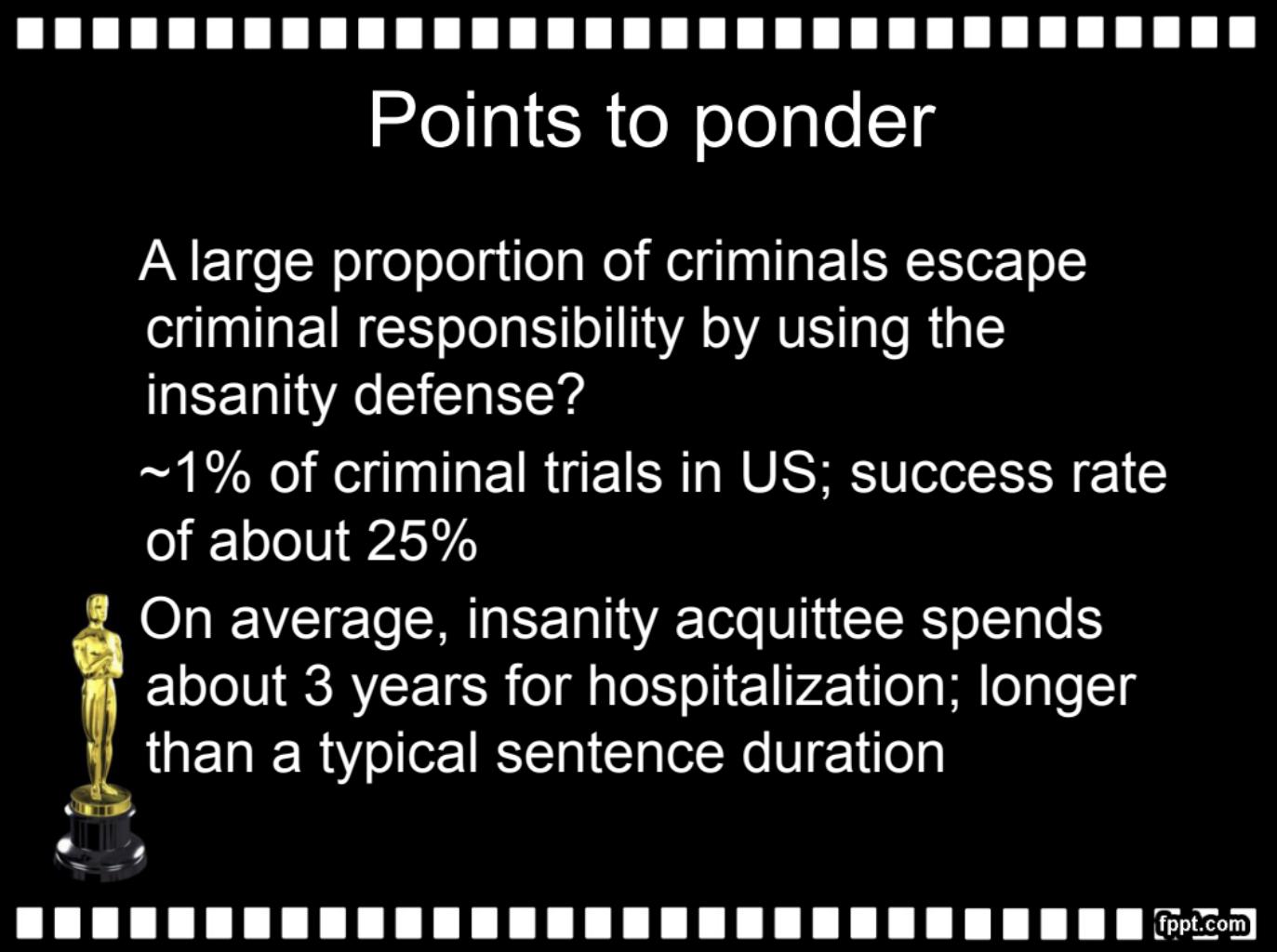
Points to ponder

Mental illness and the law

Mentally ill vs. insane

Insanity defense – a mentally ill person who has committed a crime should not be held responsible?





Points to ponder

A large proportion of criminals escape criminal responsibility by using the insanity defense?

~1% of criminal trials in US; success rate of about 25%



On average, insanity acquittee spends about 3 years for hospitalization; longer than a typical sentence duration