

Psychology - lecture notes

PSYCHOLOGICAL DISORDER

- Psychological Dysfunction
 - breakdown in cognitive, emotional, behavioral functioning
- Personal Distress
 - impairment, suffering
- Atypical/ not culturally expected
- Difficulties

Prevalence of mental disorders

27% of adult Europeans is or has been affected by at least one mental disorder in the past 12 months.

13.9% - MOOD DISORDERS

13.6% - ANXIETY DISORDERS

13.4% - PERSONALITY DISORDERS

5.2% - ALCOHOL DISORDERS

MOOD DISORDERS

1/20 GP's visits

4/150 direct and indirect costs

Approximately 50% of people with depression never gets to a specialist

Predictions:

in the next few years depression in the first place among the diseases responsible for an impaired ability to work

2020 – depression main cause of deaths

69% patients in GP's office the only reason for medical visit – somatic problems

afterwards: depression diagnosis

The importance of TRUST

Major Depressive Disorder

A. Five (or more) symptoms, 2-week period (most of the day, nearly every day); change from previous functioning; at least one of the symptoms is either depressed mood or loss of interest or pleasure

1. Depressed mood

(subjective report: feels sad, empty/ observation made by others)

2. Markedly diminished interest or pleasure in activities

3. Significant weight loss or weight gain/ decrease or increase in appetite

4. Insomnia or hypersomnia

5. Psychomotor agitation or retardation (observable by others)

6. Fatigue or loss of energy

7. Feelings of worthlessness or excessive or inappropriate guilt (delusional)

8. Diminished ability to think or concentrate, indecisiveness

9. Recurrent thoughts of death, suicidal ideation without specific plan, or suicide attempt or a specific plan for committing suicide

- B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- C. The episode is not attributable to the physiological effects of a substance or to another medical condition (addition to the normal response for significant loss should be carefully considered)
- D. The occurrence of the major depressive disorder is not better explained by other disorders
- E. There has never been a manic/ hypomanic episode

Bipolar and related disorders DSM-5

Separated from the depressive disorders and placed between chapters on schizophrenia spectrum and other psychotic disorders

Bipolar I Disorder

Bipolar II Disorder

Cyclothymic Disorder

Manic Episode

- A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day
- B. Three or more following symptoms (a noticeable change from usual behavior):
 1. Inflated self-esteem/ grandiosity
 2. Decreased need for sleep (e.g. rested after 3 hours of sleep)
 3. More talkative/ pressure to keep talking
 4. Flight of ideas/ subjective experience that thoughts are racing
 5. Distractibility
 6. Increase in goal-directed activity (socially, work-school, sexual...)/ psychomotor agitation
 7. Excessive involvement in activities that have a high potential for painful consequences
- C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning/ necessity of hospitalization to prevent harm to self or others/ there are psychotic features
- D. The episode is not attributable to the physiological effects of substance or another medical condition

Depression in kids – warning signs

Persistent low self-esteem

Negative thoughts and feelings about him or herself, the world and the future

Irritability, and/or emotional lability (cries easily), complaints of boredom

Difficulty in concentrating and/or a decline in school performance

Change in eating/ sleeping habits

Loss of interest in activities he/she used to enjoy, as well as school, friends and family

Social or emotional withdrawal

Frequent physical complaints, requests to stay home from school

Seemingly unaffected by praise or rewards or punishment

Neglect of personal appearance

Aggressive or rebellious behavior or running away

Drug/ alcohol abuse

Preoccupation with violence and/or death

PSYCHOLOGICAL APPROACH TO DEPRESSION

Psychoanalytic/Psychodynamic theories

Sigmund Freud's theory

depression as a result of particular personality structure and specific childhood experiences
Rage felt in reaction to threatened or real abandonment is turned inward against
Being sensitive to situations that are actually or symbolically similar to those childhood experiences (adult situations trigger feelings associated with the childhood experiences) as long as the personality structure remains unchanged

Grief - external focus of loss (directed at the loss, no effect on self-esteem)

Depression - internal focus of loss (decreased self-esteem, self-recriminations, internal impoverishment)

Ego-oriented theories

Depression as a result of an intolerable „credibility gap“
superego – ego (self esteem)

A depressed individual constantly seeks external feedback to build/ maintain a satisfactory sense of self through others, rather than the self, self-esteem and self-worth is maintained
lack of support in the environment, overwhelming disparity, depression

Theory of attachment J. Bowlby

Attachment behaviour – any behavior that enables to attain or retain proximity to some other differentiated and preferred individual; distinct from feeding or sexual – leads to the affectional bonds specific experiences in the family during infancy and later

Attachment patterns:

secure

anxious – ambivalent

anxious - avoidant

Hopelessness, helplessness, feeling unwanted, unlovable, disconnected → depressive symptoms

Experiences that interfere with ability to establish stable affectional relationship (one or the combination of all)

1. no stable/ secure relationships with parents despite repeated efforts (attempts to meet unrealistic demands and expectations) → a tendency to interpret any future loss as another failure to make or maintain a stable relationship
2. messages about how unlovable, inadequate or incompetent individual is → low self esteem and expect others to be unavailable, hostile and rejecting
3. actual loss of parent during childhood, when consequences of the loss were beyond his power to change → the belief that any effort that might be made to change the situation is doomed to failure.

Cognitive model of depression

Beck's Cognitive theory of depression

- a) The cognitive triad – negative thoughts about:
 - self
 - ongoing experience
 - the future

b) Errors in logic
Selective abstraction
Overgeneralization
Magnification/ minimalization
Personalization

Learned helplessness model M.Seligman

Generalized expectation of lack of control
caused by experience of no connection
between action and consequences

Helplessness deficits:

- motivational
- emotional
- cognitive

Attribution theory Abramson, Seligman, 1978

Internal	External
I am stupid	Tricky test
Stable	Unstable
Lack of ability	Lack of effort
Global	Specific
Lack of intelligence	Lack of mathematical ability
Failure	Success
Decreased self-esteem, predisposition to depression	

Suicide risk

Approximately 15-20% commit a suicide

Risk factors:

substance abuse

traumatic life events

prior suicide attempts

pain

exposure to the suicidal behavior