

Psychological Disorders

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Introduction

Syllabus

1. Introduction:
 - Concepts of abnormality and Psychological Disorders
 - Classification of Psychological Disorders
 - Causal factors in abnormal behaviour
 - Concepts of neurosis and psychosis
 - Personnel in Mental Health
2. Anxiety Disorders:
 1. Generalized Anxiety Disorder (GAD)
 2. Phobia
 3. Obsessive Compulsive Disorder (OCD)
 4. Panic Disorder
 5. Post-Traumatic Stress Disorder (PTSD)
3. Mood Disorders:
 1. Depression
 2. Bipolar Disorder
 3. Suicide
4. Other Psychological Disorders:
 1. Substance (Ab)use Disorder
 2. Sleep Disorder
 3. Eating Disorder

Evaluation Pattern

1. Attendance: 20%
2. Documentary: 30%
3. Mid-Exam: 30%
4. Exam: 20%

Mid-Sem Exam pattern

Section I: Multiple choice questions (min. 5)(+2, -2) Section II: fill(min. 5)(+2)
Section III: short question - Question about Characteristics, symptoms and

Diagnostic(write verbatim)

Module 1: Basic Psychological Disorders

- Modernization turned collectivistic culture to individualistic.
- Psychological disorders are a result of **unhandled/mishandled stress**.
- WHO defined **healthy** person not as absence of disease, but rather as **physical, social and psychological well being**.
- Anxiety is irrational fear, i.e. **fear without threat**.
- Clinical psychology involves identifying the problem
- The definition of normality is dependent on our social and cultural aspects.
- Four D's:
 - **Deviate**:
 - * behave different from other people (majority)
 - * **Deviation from the regular behaviour of the individual**.
 - **Distress**:
 - * Experience **Anxiety, fear, etc**
 - **Dis-function**:
 - * Distress is causing problem in day to day function
 - * Inability to **do routine activities**.
 - **Danger**:
 - * Having thought of or actually **harming oneself or someone else**.
- Two approaches:

Deviation from Social norms	Maladaptive
If person is behaving differently from social expectations.	If the person is unable to function properly in day to day life

- Criteria for diagnosis:
 - **DSM 5** (**Diagnostic and statistical Manual for Mental Disorders**): Developed by American Psychological Association
 - * **five axis classification**
 - **ICD** (**International Classification of Diseases**): Developed by **World Health Organization**
- **Abnormal Psychology** is concerned with understanding the **nature**, the **causes** and the **treatment** of mental disorders.
- Mild symptoms can be cured by **behavioural therapy**, where more **severe** condition **needs medication**.
- **Abnormality** is **deviation from clearly defined norms or standards**.
- **COMER 2014**: The most current definitions of abnormality includes **4Ds**
- **Rosenham and Seligman**: Whenever **other people observe ideas** of discomfort, irrationality, violation of ideal standards in some person, then that person is called **abnormal**.
- According to **DSM (Diagnostic and statistical Manual for Mental Disorders)** the **Mental Disorders** is defined as a **syndrome** that is

present in an individual and that involves clinically significant disturbance in behaviour, emotional regulation and cognitive functioning.

- **Syndrome:** Group of symptoms.
- **Merie Jahoda** defined 6 characters for normal person.
 1. Positive attitude towards self
 2. Autonomy - Self reliant.
 3. Resistance to stress.
 4. Environmental Mastery - Adapting to the change.
 5. Accurate perception about the reality.
- The disorders are classified into broad categories, categories and sub-categories

Classification of disorders according to DSM5

1. **Neuro-developmental** disorders:
 1. Intellectual Developmental Disorders
 2. Communication Disorders:
 1. Language
 2. Speech
 3. Attention Deficit Hyperactivity Disorders
 4. Specific Learning Disorders
 5. Motor Disorders
2. **Schizophrenia Spectrum** and **Psychotic Disorders**
3. **Bipolar** and related disorders
4. **Depressive Disorders**
5. **Anxiety Disorders**
6. **Obsessive Compulsive and Related Disorders**
7. **Trauma and Stress related disorders**
8. **Dissociative Disorders**
9. **Somatic Symptom and Related Disorders**
10. **Feeding and Eating Disorders**
11. **Elimination Disorders**
12. **Sleep Wake disorders**
13. **Gender Disphoria**
14. **Disruptive Impulsive and Conduct Disorders**
15. **Substance Related and Addictive Disorders**
16. **Neuro-cognitive disorders**
17. **Personality Disorders**
18. **Paraphilic Disorders**

Classification of disorders according to ICD 11

- **Mental Disorders** as defined
- **Mental Behavioural and Neuro-developmental disorders or syndromes** characterized by clinically significant disturbance in individual's cognition, emotional regulation and behaviour that reflects a dis-function

in the psychological, biological or developmental processes that underline mental and behavioural functioning.

- This dis-function or disturbances usually associated with distress or impairment in personal, family, social, educational, occupational and other important areas of functioning
- Classification:
 1. Neuro-developmental Disorders
 2. Schizophrenia or Primary Psychotic Disorders
 3. Catatonia (related to movements)
 4. Mood Disorders
 5. Anxiety or Fear Related Disorders
 6. Obsessive Compulsive Disorders
 7. Disorders significantly associated with Stress
 8. Dissociative Disorders
 9. Feeding or Eating Disorders:
 1. Leading cause is “Body Image Dissatisfaction”
 10. Elimination Disorders
 11. Disorder of bodily distress
 12. Disorders due to Substance Use or Addictive Disorders
 13. Impulse control disorders
 14. Disruptive or dis-social behaviour
 15. Personality Disorders and related traits
 16. Neuro-cognitive disorders
 17. Mental Disorders associated with pregnancy and child birth

Some important disorders

1. Neuro-developmental disorders:
 - Neuro-developmental disorders are the disorder that influence how the brain functions.
 - The people with neuro-developmental disorders will have impairments in cognition, Communication, behaviour and Intellectual capacity.
 - Major examples are Down’s syndrome, ADHD and Autism, cosporgous disease.
2. Schizophrenia Spectrum and Psychotic Disorders
 - People experience altered state of conciousness/reality. These people suffer from Hallucinations.
 - Disorganized speech.
3. Bipolar and related disorders
 - It causes Extreme mood swings that include Mania (high energy, reduced need for sleep, loss of touch with reality) to depression (low energy, low motivation, loss of interest, sadness, helplessness, hopelessness).
 - They have two states Mania and Depression.
 - In Mania, they feel energetic and hyped. They will be out of reality.
 - Can live without sleep.

4. Anxiety Disorders
 - They share common features of excessive irrational fear.
5. Somatic Symptom and Related Disorders
 - In somatic symptom disorders, the person has significant focus on physical symptoms such as pain, weakness, shortness of breath to a level that causes distress.
 - The physical symptoms may or may not be associated with the diagnosed medical condition, but the person experiences the symptoms and believes they are sick.
6. Sleep Wake disorders
 - Sleep disorders involves problems with the quality of sleep, timing of the sleep, and amount of the sleep which may result in day time distress and impairment in functioning
 - Insomnia is not the only sleep disorder.
7. Substance Related and Addictive Disorders
 - Substance use disorder involves Compulsive Substance use despite knowing harm consequences.
 - Substance use disorder involved with Compulsive

Causes of abnormal behaviour

- To understand the causation of any particular behaviour is tremendously complex.
 - Different people have different perspective for the behaviour.
1. Medical model
 - This assumes biological and psychological feature as cause of abnormal behaviour, disease or mental illness.
 - It believes that all the illness can be cured with help of medication.
 2. Psycho-dynamic model
 - According to this model the psychological disorders are the conflict between conscious and unconscious. The treatment will focus on identifying the conflict.
 - This is mostly caused due to childhood abuse.
 3. Behaviouristic model
 - Faulty or ineffective learning, treatment will be focusing upon reshaping the disordered behaviour
 - We learn things from observations.
 4. Cognitive model
 - According to cognitive perspective, people engage in abnormal behaviour because of particular thoughts and behaviours that are often based on their false assumptions
 5. Socio-cultural model
 - Abnormal behaviour is learnt is the social context ranging from family, community and the culture.
 6. Humanistic model

- When the individual do not realize their potential and self to solve the problem, they start experiencing mental health problems.
7. Inter-personal model
 - It concentrates on unsatisfactory Inter-personal relationships. as a root cause of abnormal or maladaptive behaviour.
 - Overall, we can say that the cause is it is interconnection between biological, psychological, social and cultural etc factors.

Contents * Biological factors * Psycho-social factors * Socio-cultural factors

Biological factors

1. Genetic Vulnerability In the family, if a person has psychotic or neurotic problem, then others are also vulnerable to these problems.
2. Malnutrition Malnutrition affects not only our physical health but also our mental health.
3. Sleep deprivation Sleep is way for the body to rejuvenate itself.
4. Brain Pathology Brain dis-function

Psycho-social factors

1. Maternal deprivation A person's parents does not give him sufficient amount of care and attention. It is called faulty development. eg. Children from orphanages and those have experienced hostels from very young age
2. Faulty parent-child relationships
 - overprotection (lack of autonomy)
 - rejection
 - restrictiveness
 - over-indulgence
3. Early Psychological Trauma If a person experiences psychological Trauma or abuse at very young age it
4. Life events
 - Failure
 - Loss
 - Lack of Resources
 - Guilt
 - Loneliness

Socio-cultural factors

1. War and Violence
2. Group Prejudice and Discrimination
3. Economic and employment problems
4. Pressures of modern life
 - Competition
 - Academic pressure
 - Occupation

- Family Demands

Neurosis and Psychosis

- Psychological disorders can be classified as neurosis and psychosis.
- In Neurosis people can perform their day to day activities properly. They do not have delusions about reality. Their brain structure is not affected.
 - It is more psychological in nature
 - Medication is not generally required.
 - Can be cured with psychotherapy
 - eg. Depression, General Anxiety Disorders, Phobia, etc.
- In Psychosis, the people suffer from lot more serious issues. The problems can be seen in brain images.
 - There are biological problems.
 - Psychotherapy is not useful, medication is required.
 - Loss of touch with reality.
 - eg. Schizophrenia

Different People involved

1. Psychological Counsellor
2. Clinical Psychologist
3. Psychiatrist
4. Psychiatric Social worker (Clinical Psychologist that works with communities)

Module 2: Anxiety Disorders

- Having anxiety is common and normal part of human behaviour.
- Generally the anxiety gets reduced once the cause is over.
- Childhood experiences heavily influence people's perception of control.
 - Family dynamics and parenting style.
 - Traumatic experiences such as childhood abuse.

Generalized anxiety disorders

Phobia

- Phobia is Irrational and excessive fear of an object or situation.
- It can cause distress by presence or anticipation of phobic entity.
- Avoid encounters with phobic situations or objects.

Phobia can be further classified as: 1. Social Phobia - Irrational fear of performing activities in presence of other people or interacting with others. - It involves: - Excessive self consciousness - Fear of public humiliation - Fear of negative evaluation 2. Specific Phobia - It is an irrational fear of specific object or stimulus.

3. Agoraphobia - Fear of being in places away from familiar setting of home, in crowds or in situations person cannot leave easily.

Symptoms of Phobia

- Sensation of uncontrollable anxiety when exposed to source of fear.
- A feeling that the source of fear must be avoided at all costs.
- When person is exposed to trigger, they are not able to function properly.

Causes

1. Social Phobia
 - Inhibition during childhood
 - Genetics
 - Increase in adrenaline and epinephrine
 - Dopamine dysfunction
2. Specific Phobia
 - Pairing of specific object or situation with emotions of fear.
 - Observing the reaction in another individual eg. Parents behaviour.
 - Information about the danger.

Diagnostic guidelines

1. Social Phobia
 - Fear or anxiety towards one or more social situation.
 - Fear that other may observe and negatively evaluated by others.
 - Fear is out of proportions compared to actual danger.
 - Lasting for 6 months or more.
 - Significant impairment in social, occupational or other functioning.
 - Not due to use of substance use, medical condition or mental disorder.
2. Specific Phobia
 - Fear about specific object or situation
 - Immediate fear on contact of phobic object.
 - Situation is actively avoided.
 - Fear is out of proportions compared to actual danger.
 - Lasting for 6 months or more.
 - Significant impairment in social, occupational or other functioning.
 - Not due to other mental disorder.

Treatment

- SSRI (Selective Serotonin Reuptake Inhibitors)

Obsessive Compulsive Disorders

- Perfectionism is not same as OCD
- Obsession - Repetitive thoughts

- Persistent thoughts, images or impulses occurring and can't be stopped.
- Obsessions are typically intrusive
- It often causes anxiety, distress or discomfort.
- Individuals often engage in mental rituals to neutralize to alleviate the anxiety caused.
- Individual recognizes the obsessions are irrational.
- Compulsive - Repetitive actions
 - Observable Repetitive Behaviours or Unobservable mental rituals
 - Performed for long time.
 - In response to obsessive thoughts.
 - Involves following strict rule.
 - May experience temporary relief from anxiety or distress
- This is quite common

Symptoms of Obsessions

- It significantly interferes with individual's ability to concentrate, work or socialize, etc
- May become preoccupied with their intrusive thoughts making it difficult to focus on anything else.
- Individual may avoid places and people that trigger the obsessive thoughts.
- Obsession can lead to feelings of guilt, shame or embarrassment.

Symptoms of Compulsions

- It significantly interferes with individual's ability to concentrate, work or socialize, etc
- May consume significant amount of time and energy leading to disruptions in routine
- Individual may experience distress.
- Obsession can lead to feelings of guilt, shame or embarrassment.

Diagnostic guidelines (DSM-5)

- Obsessions, Compulsions or both
- impairment in functions
- Not due to use of substances

Causes

Psychological

- Learned behaviour
- Adaptive function as per evolutionary research
- Attempt to suppress the obsessive thoughts

- Increased sense of responsibility about the thought. (eg. Locking the room)

Biological

Treatment

- Exposure and response prevention
- Medication

Panic Disorders

— some things here —

Treatment

- Psychotherapy
 - CBT - Help individual identify and replace anxiety provoking thoughts.
 - Systematic Desensitization - Systematically make people learn that the cause trigger are not as frightening as they believed.
- Medication:
 - Antidepressants
 - Selective serotonin reuptake inhibitors (SSRI)
 - Anti-anxiety medication

Post Traumatic Stress Disorders (PTSD)

Characteristics

- Experience of traumatic event leads to development of this condition