Psychopathology of Common Psychiatric Disorders

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Objectives

At the end of class students will be able to answer

- brief introduction of Major Psychiatric Disorders
- psychosocial factors related to psychiatric disorders
Brief explanation of psychosocial factors Related to Psychiatric Disorders
Psychopathology is the scientific study of mental disorders, to understand their genetic, biological, psychological, and social causes. In recent years, it is acknowledges that biological, psychological and socio-cultural factors all interact and play a role in psychopathology of different psychiatric illness.
SCHIZOPHRENIA
About schizophrenia

- A chronic and debilitating neuropsychiatric condition.
- Characterised by distortions in thinking, perception, emotions, language, and behaviour.
- Deficits in attention, concentration, and memory is central to the clinical condition.
- Common experiences include hallucinations (hearing voices or seeing
Schizophrenia is characterized by *positive symptoms* of psychosis such as hallucination and delusion; with *negative symptom* of lack of motivation and poverty of speech; *cognitive deficits* such as problem with attention, memory and problem solving.
psychosocial difficulties such as poor social relationship, unemployment, high rates of substance abuse and strained family relationships.
There may be *certain psychosocial abnormality* from childhood is responsible for the onset of psychosis. Psychosocial abnormality in developmental milestones and critical learning opportunities play significant role to develop schizophrenia in later age.
Psychodynamic Approach is concerned with unconscious processes.

According to the psychodynamic approach, abnormality is caused by unresolved conflict between the ID, EGO, and SUPER EGO that has been repressed into the unconscious.

This causes “Inner Turmoil” which leads to schizophrenic behaviour.
Freud believed that schizophrenia develops from two processes:
- Regression to a pre-ego stage
- Efforts to re-establish ego control

He proposed that when their world is extremely harsh, people who develop schizophrenia regress to the earliest points in their development (primary narcissism), in which they recognize and meet only their own needs.

This regression leads to self-centered symptoms such as neologisms, loosening associations, and delusions of grandeur.
Freud argued that if the world of the schizophrenic is particularly harsh, a child may become fixated at a particular stage of development. For example, if the child’s parents are cold and uncaring, a child becomes fixated at the oral stage, which could explain the sense of ‘loss of reality’ experienced by schizophrenics (because the Ego has no control – auditory hallucinations could be the Ego trying to regain control).

Prior to the Ego developing, the child is ruled by the ID (selfish desires). Schizophrenia can therefore represent a regression to this time.

Further links:
Some symptoms represent the ego’s attempt to re-establish itself.
As described by Margaret Mahler, there are distortions in the reciprocal relationship between the infant and the mother in the oral phase of development. Which play significant role to develop schizophrenic symptoms in late life.
Harry Stack Sullivan viewed schizophrenia is an adaptive method used to avoid panic, terror, and disintegration of the sense of self.
According to learning theories, the development of some forms of schizophrenic behavior can be understood in terms of the principles of conditioning and observational learning.

Children learn irrational reactions and ways of thinking by imitating parents who have their own significant emotional problems.
In learning theory, poor models for learning during childhood develops poor interpersonal relationship in schizophrenia.
Family Dynamics

It is important, not to overlook pathological family behavior that can significantly increase the emotional stress and later develop schizophrenic symptoms.
Double Bind

The double-bind concept was formulated by Gregory Bateson and Donald Jackson to describe a hypothetical family in which children receive conflicting parental messages about their behavior, attitudes, and feelings.
Theodore Lidz described two abnormal patterns of family behavior. In one family type, with a prominent schism between the parents, one parent is overly close to a child of the opposite gender.
In the other family type, a skewed relationship between a child and one parent involved a power struggle between the parents and the resulting dominance of one parent.
Pseudomutual and Pseudohostile Families

As described by *Lyman Wynne*, some families suppress emotional expression by consistently using pseudomutual or pseudohostile verbal communication. In such families, a unique verbal communication develops, and when a child leaves home and must relate to other persons, problems may arise. The child’s verbal communication may be incomprehensible to outsiders.
Expressed Emotion

Parents or other caregivers may behave with overt criticism, hostility and over involvement toward a person with schizophrenia. Many studies have indicated that in families with high levels of expressed emotion, the relapse rate for schizophrenia is high.
MOOD Disorders

Brought to you by Psychiatric Times
Depression Symptoms

- low mood
- changes in appetite
- sleep disturbance
- agitation
- fatigue
- difficulty concentrating
MANIA

Signs of a Manic Episode

- Less sleep
- Risky behavior
- Irritability
- Flight of Ideas
- Rapid speech
- Hypersexuality
Factors Related To Mood Disorders
Life Events and Environmental Stress

Stressful life events play significant role to development of mood disorder (Depression & Mania). One theory proposed to explain this observation that the stress is associated with long-lasting changes in the brain's biology. These long-lasting changes may alter the functional states of various neurotransmitter and intra-neuronal signaling systems. Some clinicians believe that life events play the primary or principal role in depression; others suggest that life events have only a limited role in the onset and timing of depression.
The most compelling data indicate that the life event most often associated with development of depression is losing a parent before age 11 years. The environmental stressor most often associated with the onset of an episode of depression is the loss of a spouse. Another risk factor is unemployment; persons out of work are three times more likely to report symptoms of an episode of major depression than those who are employed. Guilt may also play a role.
Personality Factors

No single personality trait or type uniquely predisposes a person to depression; all humans, of whatever personality pattern, can and do become depressed under appropriate circumstances.
Psychodynamic Factors

The psychodynamic understanding of depression defined by Sigmund Freud and expanded by Karl Abraham is known as the classic view of depression. That theory involved some points;

1) Disturbances in the infant-mother relationship during the oral phase (the first 10 to 18 months of life) predispose to subsequent vulnerability to depression

2) Depression can be linked to real or imagined object loss
3) Introjections of love objects loss

4) Because the lost object is regarded with a mixture of love and hate, feelings of anger are directed inward at the self.
Karen Horney – Horney believed that children with rejection and unloving parents, are prone to feelings of insecurity and loneliness.

Fear of criticism and rejection, make them vulnerable to feeling of depression and helplessness.
John Bowlby – Bowlby believed that separation of infants from mothers (or other caregivers) early in life leads to feelings of depression and hopelessness.
Adverse interactions between persons and their psychosocial environments responsible for development of depression.
Most theories of mania view manic episodes as a defense against underlying depression. Abraham, for example, believed that the manic episodes may reflect an inability to tolerate a developmental tragedy, such as the loss of a parent. The manic state may also result from a tyrannical superego, which produces intolerable self-criticism that is then replaced by euphoric self-satisfaction.
Bertram Lewin regarded the manic patient's ego as overwhelmed by pleasurable impulses, such as sex, or by feared impulses, such as aggression.

Klein also viewed mania as a defensive reaction to depression, using manic defenses such as omnipotence, in which the person develops delusions of grandeur.
Mania, often characterized by intense and unrealistic feelings of excitement and euphoria.

**Psychoanalytic Approach**

The psychoanalytic approach to bipolar disorder says that the cause of both manic/depressive episodes arise from a low self-concept. Depressive episodes represent this, while manic episodes represent a defense against the low self-concept.
Operant conditioning states that depression is caused by the removal of positive reinforcement from the environment (Lewinsohn, 1974). Certain events, such as losing job, induce depression because they reduce positive reinforcement from others.
Learned Helplessness: Seligman’s Theory of Depression

Learned Helplessness

- Seligman (b. 1942) began his research career by studying learned helplessness in dogs, and later, in humans.

- He applied his findings to psychological problems, including depression.

- Seligman developed techniques to teach people to overcome feelings of helplessness, habitual pessimism, and depression.
Learned helplessness is behavior that occurs when the subject undergo repeatedly painful or aversive stimuli which it is unable to escape from or avoid. When person come to understand (or believe) that they have no control over what happens to them, they begin to think, feel, and act as if they are helpless.
According to cognitive theory, depression results from specific cognitive distortions present in persons susceptible to depression. These distortions, referred to as depressogenic schemata.
Aaron Beck postulated a cognitive triad of depression that consists of:

- Negative views about oneself
- Negative views about the world
- Negative views about the future
According to Aaron Beck, specific cognitive distortions present in persons prone to depression. There are four systematic cognitive errors used by depressed people: overgeneralization, magnification, minimization and selective abstraction.

**Distorted Thinking in Depression**

- **All or nothing thinking** (seeing things in black or white)
- **Overgeneralization** Mental Filter (seeing a single negative event as part of a large pattern of negative events)
- **Disqualifying the positive** (rejecting positive experiences by discounting them)
- **Jumping to conclusions** (concluding that something negative will happen or is happening with no evidence)
- **Emotional reasoning** (assuming that negative emotions necessarily reflect reality)
- **Should statements** (putting constant demands on oneself)
- **Labeling** (overgeneralizing by attaching a negative, global label to a person or situation)
Anxiety Symptoms

- racing heart
- nausea
- brain zaps
- headaches
- falling sensation
- sweating
- shaking
- weak legs
- difficulty breathing
- yawning
- chest pressure
- tight band around the head
- hearing loss
- blurred vision
- ringing in the ears
- chest pain
- dizziness
- body jolts
- body pain
- memory loss
- depersonalization
- chronic fatigue
- weak limbs
- frequent urination
- startle easy
- anxietycentre.com
ANXIETY DISORDERS
There are several types of anxiety disorders.
Role of Psychodynamic/ Psychoanalytical Aspects

Freud believed that anxiety stemmed from a physiological buildup of libido, he ultimately redefined anxiety as a signal of the presence of danger in the unconscious.
Freud also believed that anxiety was the result of psychic conflict between unconscious sexual or aggressive wishes and corresponding threats from the superego or external reality.

In response to this signal, the ego mobilized defense mechanisms to prevent unacceptable thoughts and feelings from emerging into conscious awareness.
The behavioural or learning theories of anxiety postulate that anxiety is a conditioned response to a specific environmental stimulus (through generalization). In the social learning model, a child may develop an anxiety response by imitating the anxiety in the environment, such as anxious parents.
Psychodynamic Themes in Panic Disorder

1. Difficulty tolerating anger
2. Physical or emotional separation from significant person both in childhood and in adult life
3. May be triggered by situations of increased work responsibilities
4. Perception of parents as controlling, frightening, critical, and demanding
5. Internal representations of relationships involving sexual or physical abuse
6. A chronic sense of feeling trapped
7. Vicious cycle of anger at parental rejecting behavior followed by anxiety that the fantasy will destroy the tie to parents
8. Failure of signal anxiety function in ego related to self fragmentation and self-other boundary confusion
9. Typical defense mechanisms: reaction formation, undoing, somatization, and externalization
The hypothesis that stressful psychological events produce neurophysiological changes in panic disorder. Separation from the mother early in life was clearly more likely to result in panic disorder than was paternal separation in the cohort of 1,018 pairs of female twins.

Another etiological factor in adult female patients appears to be childhood physical and sexual abuse. Approximately 60 percent of women with panic disorder have a history of childhood sexual abuse.
OCD

- Did I turn off the lights?
- Did I unplug the straightener?
- Did I shut the front door?
- I blew the candle out, right?
- I must press the car lock button 3 times!
- My yoga mat must line up with the lines on the floor!
- My clothes must face the same way in the closet
- The alarm is set for tomorrow. The alarm is set for tomorrow.
- I must touch the outside of the airplane before takeoff!
- Did I turn off the lights?
OBSESSIVE COMPULSIVE DISORDER

Earlier OCD was included in anxiety disorder but now it is categorized as a separate disorder in DSM-5. Obsessions as persistent ideas, thoughts, impulses or images that are experienced as intrusive and inappropriate. Compulsions are defined as repetitive acts, behaviours or thoughts that reduces anxiety associated with the obsession.
Psychological Explanations for OCD

Typically emphasise the way a sufferer has learned to avoid certain situations and learned to carry out compulsions that perpetuate the condition

- Psychodynamic
- Behavioural
- Cognitive
Psychodynamic Factors

SIGMUND FREUD

In classic psychoanalytic theory, OCD was termed obsessive-compulsive neurosis and was considered a regression from the Oedipal phase to the Anal psychosexual phase of development. Fixation in this psychosexual phase developed OCD symptoms in later.
Adler:

- OCD as compensation for feeling’s of inferiority and incompetence.
- Denied chance to develop sense of competence leads to the devp of inferiority. Unconscious adoption of rituals happens to deal with the inferior feeling.
- Rituals in form of excessive cleaning, checking or other forms.
- These rituals will later develops as compulsions.
Behavioural factors

- Obsessions considered as conditioned stimuli

- When a relatively neutral stimulus is coupled with an anxiety-provoking stimulus, through conditioning, it will produce anxiety even when presented alone.

- Compulsions are learnt as a way to reduce anxiety.

- Once relief of anxiety is produced, the relief serves as reinforce to the compulsion, which are then being repeated by the patient.
Learning theory

According to learning theorists, obsessions and compulsions are the result of abnormal learned responses and actions. Obsessions are produced when a previously neutral object is associated with a stimulus that produces fear through a process of respondent conditioning. Thus, previously neutral objects and thoughts become conditioned stimuli and capable to provoke anxiety.
Learning Theory

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- Obsessions are produced when a previously neutral object is associated with a stimulus that produces fear through a process of respondent conditioning. Thus, previously neutral objects and thoughts become conditioned stimuli and capable to provoke anxiety.
Compulsions are formed as the individual attempts to reduce the anxiety produced by the learned fearful stimulus. Avoidance of the object and performance of compulsions reinforces the fear and perpetuates the vicious cycle of OCD. The learned fears also begin to generalize to different stimuli.
Cognitive model of OCD

Early experiences
(making you vulnerable to OCD)

Critical incidents
(what started the OCD off)

Activates

Assumptions, general beliefs
(e.g. not preventing disaster is as bad as making it happen; better safe than sorry)

Intrusive thoughts, images, urges, doubts

Neutralizing actions
(rituals, reassurance, mental argument)

Attention and reasoning biases
(looking for trouble)

Misinterpretations of significance of intrusions – responsibility for actions

Counterproductive safety strategies
(through suppression, impossible criteria, avoidance)

Mood changes
(distress, anxiety, depression)
<table>
<thead>
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<th>Cluster A</th>
<th>Cluster B</th>
<th>Cluster C</th>
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<tbody>
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<td>Paranoid</td>
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<td>Schizotypal</td>
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<td>w/ peculiar language</td>
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<td>Cluster B</td>
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<td>Histrionic</td>
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<td>rule breaker</td>
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<td>ego-centric</td>
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<td>Cluster C</td>
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Psychodynamic theories

- Freudian explanations of arrested development at oral, anal, and genital stages leading to dependent, obsessional, and histrionic personalities; borderline personality organisation.

- Narcissistic and borderline personalities seen as displaying primitive defence mechanisms such as splitting and projective identification.

- Some see antisocial personalities as lacking aspects of superego, but more sophisticated explanation is in terms of a reaction to an overly harsh superego.
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<th>Personality type</th>
<th>Defence mechanism</th>
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<td>Projection</td>
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Cognitive model of personality disorders

Biological factors
   - Temperament of child

Childhood experiences
   - (e.g. attachment to caregivers, trauma, social environment)

Formation of schemas

Core beliefs
   - Self
   - Others

Overdeveloped behavioural strategies

Underdeveloped behavioural strategies
The psychosocial perspective attempt to understand humans not just as biological organisms but also as people with motives, desires and perceptions. There are three major psychosocial perspectives on human nature and behavior:

- Psychodynamic
- Behavioral
- Cognitive-Behavioral
Psychoanalysis and closely related therapeutic approaches are termed psychodynamic in recognition of their attention to inner, often unconscious forces.

The **behavioural** perspective focuses on the role of learning in human behaviour and attributes maladaptive behaviour either to a failure to learn appropriate behaviour or to the learning of maladaptive behaviour.
The **cognitive-behavioral** viewpoint attempts to incorporate the complexities of human cognition, and how it can become distorted, into an understanding of the causes of psychopathology.