

## Mental Illness

### Part II

## Some procedural issues

- Reading responses completed
- Essays completed
- Experimental requirement up until May 7
- Exam next Monday

## Final exam

- Old material: 30
- Cognitive neuro (Chun lecture): 5
- Individual differences: 8
- Sex: 7
- Food (Brownell lecture): 5
- Morality: 7
- Self and other: 9
- Sleep, Laughter: 5
- Clinical: 14
- Happiness: 6

## Review sessions

- Thursday from 6-8 (Dunham 220)
- Friday from 4-6 (Dunham 220)

## Notions of mental disorders

Demonic possession  
(no)

Social deviance  
(sometimes)

Illness  
(contemporary view)

## Some mental illnesses that we have already encountered

- aphasia
- Prosopagnosia
- bulimia
- fetishism
- amnesia
- autism

## Some mental illnesses

- Mood disorders
- 
- Schizophrenia
- Anxiety disorders
- Dissociative disorders
- Personality disorders

# Schizophrenia

## What is Schizophrenia?

- About 1% of the world population
- Most common reason for being in a mental hospital
- “the lepers of the twentieth century”
- Comes from Greek meaning “split” and “mind”
  - ‘split’ refers to loss of touch with reality
  - not ‘split personality’
- Equally split between genders, males have earlier onset
  - 18 to 25 for men
  - 26 to 45 for women

## Symptoms of Schizophrenia (need at least 2/5)

- Positive symptoms:
  - 1. hallucinations
  - 2. delusions
  - 3. disorganized speech (e.g., word salad)
  - 4. disorganized behaviors
- Negative symptoms
  - 5. absence of normal cognition or affect (e.g., flat affect, poverty of speech)

## Subtypes of Schizophrenia

- Paranoid type
  - delusions of persecution
    - believes others are spying and plotting
  - delusions of grandeur
    - believes others are jealous, inferior, subservient
- Catatonic type - unresponsive to surroundings, purposeless movement, parrot-like speech
- Disorganized type
  - delusions and hallucinations with little meaning
  - disorganized speech, behavior, and flat affect

## The basic psychological malfunction?

- Inability to sequence and coordinate thoughts and perceptions
- Further problems arise from loss of contact with others

## Schizophrenia and Genetics

- Sz risk increases with genetic similarity

## Some possible environmental triggers

- Early
  - difficult birth (e.g., oxygen deprivation)
  - prenatal viral infection
- Later
  - Stress-producing circumstances
  - Difficult family environment

## The Dopamine Theory

Sz caused by excess dopamine

- Drugs that reduce dopamine reduce symptoms
- Drugs that increase dopamine produce symptoms even in people without the disorder

But:

- explanation of negative symptoms?
- structural brain differences?
  - enlarged cerebral ventricles and reduced neural tissue around the ventricles
  - PET scans show reduced frontal lobe activity

## Cultural Differences in Schizophrenia

- Prevalence of Sz symptoms is similar no matter what the culture
- Less industrialized countries have better rates of recovery than industrialized countries
  - families tend to be less critical of the Sz patients
  - less use of antipsychotic medications, which may impair full recovery
  - think of Sz as transient, rather than chronic and lasting disorder

## Anxiety Disorders

## Anxiety Disorders

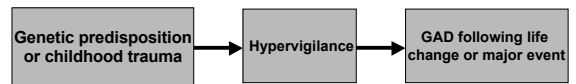
- Primary disturbance is distressing, persistent anxiety or maladaptive behaviors that reduce anxiety
- Anxiety - diffuse, vague feelings of fear and apprehension
  - everyone experiences it
  - becomes a problem when it is irrational, uncontrollable, and disruptive

## Generalized Anxiety Disorder (GAD)

- About 5% of people, at some time in their lives
- More or less constant worry about many issues
- The worry seriously interferes with functioning
- Physical symptoms
  - headaches
  - stomachaches
  - muscle tension
  - Irritability

## Model of Development of GAD

- GAD has some genetic component
- Related genetically to major depression
- Childhood trauma also related to GAD



## Phobias

- Intense, irrational fear that may focus on:
  - category of objects
  - event or situation
  - social setting

## Development of Phobias

- Classical conditioning model
  - e.g., dog = CS, bite = UCS
  - problems:
    - often no memory of a traumatic experience
    - traumatic experience may not produce phobia
- Preparedness theory

## Obsessive-Compulsive Disorder (OCD)

- Obsessions - irrational, disturbing thoughts that intrude into consciousness
- Compulsions - repetitive actions performed to alleviate obsessions
- Checking and washing most common compulsions
- Heightened neural activity in caudate nucleus

## Dissociative Disorders

## Dissociative Disorders

- What is dissociation?
  - literally a dis-association of memory
  - person suddenly becomes unaware of some aspect of their identity or history
  - unable to recall except under special circumstances (e.g., hypnosis)
  - Some degree of dissociation is normal
- Three types are recognized
  - dissociative amnesia
  - dissociative fugue
  - dissociative identity disorder

### Dissociative Amnesia

- Marian and her brother were recently victims of a robbery. Marian was not injured, but her brother was killed when he resisted the robbers. Marian is unable to recall any details from the time of the accident until four days later.

### Dissociative Amnesia

- Also known as psychogenic amnesia
- Memory loss the only symptom
- Often selective loss surrounding traumatic events
  - person still knows identity and most of their past
- Can also be global
  - loss of identity without replacement with a new one
- Contrast this with dissociative fugue

### Dissociative Fugue

- Jay, a high school physics teacher in New York City, disappeared three days after his wife unexpectedly left him for another man. Six months later, he was discovered tending bar in Miami Beach. Calling himself Martin, he claimed to have no recollection of his past life and insisted that he had never been married.

### Dissociative Fugue

- Also known as psychogenic fugue
- Global amnesia with identity replacement
  - leaves home
  - develops a new identity
  - apparently no recollection of former life
  - called a 'fugue state'
- If fugue wears off
  - old identity recovers
  - new identity is totally forgotten



## Dissociative Identity Disorder (DID)

- Norma has frequent memory gaps and cannot account for her whereabouts during certain periods of time. While being interviewed by a clinical psychologist, she began speaking in a childlike voice. She claimed that her name was Donna and that she was only six years old. Moments later, she seemed to revert to her adult voice and had no recollection of speaking in a childlike voice or claiming that her name was Donna.

## Dissociative Identity Disorder (DID)

- Originally known as “multiple personality disorder”
- 2 or more distinct personalities manifested by the same person at different times
- VERY rare and controversial disorder
- Examples include Sybil, Trudy Chase, Chris Sizemore (“Eve”)
- Has been tried as a criminal defense
  - Hillside strangler
  - he was (both) convicted

## Dissociative Identity Disorder (DID)

- Pattern typically starts prior to age 10 (childhood)
- Most people with disorder are women
- Most report recall of torture or sexual abuse as children and show symptoms of PTSD

## Causes of Dissociative Disorders?

- Repeated, severe sexual or physical abuse
- However, many abused people do not develop DID
- Combine abuse with biological predisposition toward dissociation?
  - people with DID are easier to hypnotize than others
  - may begin as series of hypnotic trances to cope with abusive situations

## The DID Controversy

- Fewer than 1/4 of psychiatrists believe that this is a valid disorder
- Some curious statistics
  - 1930-60: 2 cases per decade in USA
  - 1980s: 20,000 cases reported
  - many more cases in US than elsewhere
  - varies by therapist - some see none, others see a lot
- Is DID the result of suggestion by therapist and acting by patient?
- To what extent is DID an extreme version of normal psychology?

## Personality disorders

Most murderers are not mentally ill in the usual sense

## Antisocial personality disorder

- “Moral insanity” or “Psychopathy”
- Typically male
- Selfish, callous, impulsive, promiscuous
- Deficit in love, loyalty, guilt, anxiety
- Easily bored, seeks out stimulation

## Therapy

### Care as a social issue -- the history of treatment

- What to do with the severely disturbed?
  - middle Ages to 17th century
    - madness = in league with devil
    - torture, hanging, burning, sent to sea
  - 18th century
    - mentally disordered people = degenerates
    - keep them away from society

### The 19th century & attempts at reform

- Philippe Pinel (1745-1826)
  - reform in Paris mental hospital
  - some patients got better enough to leave hospital

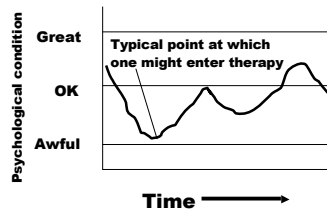
## Hospitals from a patient's perspective

- Rosenhan (1973): "On being sane in insane places"
  - sane people got into mental hospitals as patients
  - "empty, hollow, thud"
  - found very low interaction with staff
  - dehumanizing nature of interactions
  - normal behaviors interpreted pathologically

## Does therapy work?

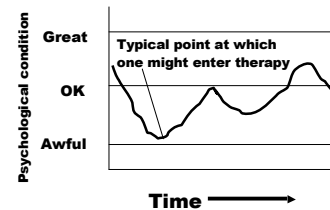
## Does therapy work?

- People report feeling better after therapy
- Maybe they would have gotten better anyway



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## General conclusions about therapy effectiveness

- People in treatment do better than those not
- Some types of therapy work better for specific problems
  - cognitive-behavioral for major depression
  - Medication for bipolar disorder
- Some therapists are better than others

## Nonspecific factors in therapy effectiveness

- Nonspecific = unrelated to specific principles but critical to outcome
- Support
  - acceptance, empathy, encouragement, guidance
- Hope
  - sense of faith in therapy process
  - placebo effect = improvement from belief, rather than actual effect

## Optional

What was the most interesting thing (theory, experiment, result, etc.) that you learned in this class?

Please give this the subject heading "Intro Psych", and send it to [paul.bloom@yale.edu](mailto:paul.bloom@yale.edu)