ABNORMAL PSYCHOLOGY

COMPLEMENTARY COURSE

OF

BA SOCIOLOGY/PHILOSOPHY

III SEMESTER

CUCBCSS
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UNIVERSITY OF CALICUT
SCHOOL OF DISTANCE EDUCATION

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STUDY MATERIAL

Complementary Course of

BA SOCIOLOGY/ BA PHILOSOPHY

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Module 1

Concept of normality and abnormality.

Meaning, Definition and classification of mental disorders.

Abnormal psychology lays emphasis on the study of the behavior and the experiences of the abnormal people. The term normal is derived from the word Norma which means carpenters square or rule. The term abnormal (away from) thus came to signify the deviance or variation from the abnormal. But there is some is some difficulty in deciding what is normal and abnormal. As a result the problem of deciding what behavior is or is not normal has proved to be a difficult one. However ,several attempts has been made for describing what is normal or abnormal.

Normality and Abnormality Criteria

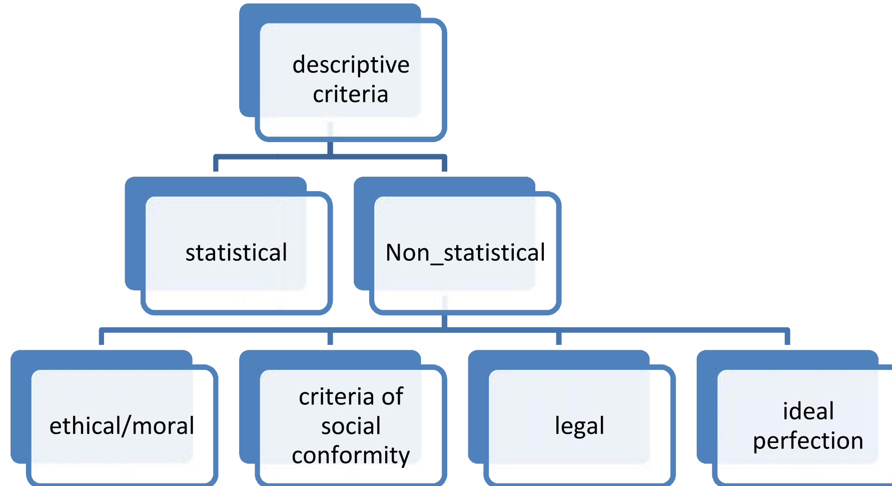
Normality or abnormality is a relative concept for deciding what is normal and abnormal. The different criteria can be grouped as

1. Descriptive
2. Explanatory

Descriptive criteria try to describe which behavior is normal and which is abnormal. The explanatory criteria tell us why the behavior is abnormal

A. Descriptive

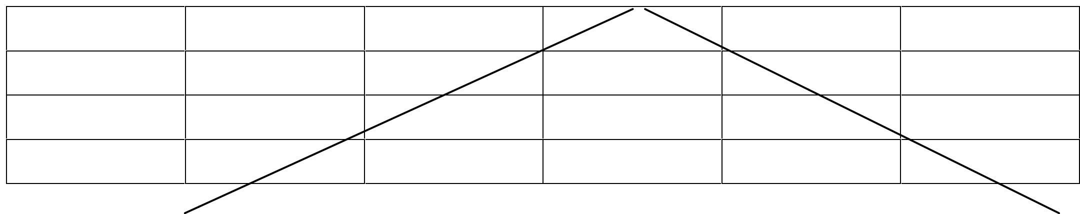
Indicates the types of behavior concluded normal or abnormal. This is further divided in to statistical and non statistical.



i. **Statistical**

According to this criteria, average is normal. A person is abnormal when they deviates from the average.

Eg: IQ distribution



The bell shaped curves illustrate that the cases falling around the middle termed as **normal** and the extreme ends as **abnormal**

Limitations

Any deviation from the average would be abnormal. So genious would be as abnormal as a mentally retarded person.

We all are deviated from one another in some dimension. No two individuals are alike in interests ,abilities or physical appearances

According to this criteria, Gandhi, Vivekananda etc would be listed as abnormal

a)Behaviors which are considered normal in a particular society or another may be labelled abnormal in a different society or culture

b)Inadequacy of this method is its variability of an analysis of personality disturbance

In fact this is to be false assumption. Personality traits and human variations can be expressed as quantitative variations. These are qualitative rather than quantitative.

ii)<u>Non statistical criteria of abnormality</u>

Non statistical criteria can be divided in to 4 types:

Ethical/moral, criteria of social conformity, ideal perfection and legal

a) Ethical/moral :

A person is considered to be abnormal if he/she acts in a immoral manner. For being taken as normal the behavior should be appropriate and desirable from the view point of ethics morality

<u>Defects</u>

- Morality is not an absolute concept ,it may change from place to place and time to time
- Societies have different culture. Different culture have morality It may be difference from place to place
- A person having high morality show mental symptoms. Some have labelled psychological problems not exhibit immoral behavior
  Eg: affected anxiety or depression one not immoral

b) Criterian of social conformity:

Those who conform to social norms are considered **<u>normal</u>** and those who do not care for them are labelled **<u>abnormal</u>**

Eg : is wearing short top, tight jeans or sleeveless blouse gets social approval or else it would be labelled abnormal. So if we accept this criteria, we will have to change our decision from place to place or culture to culture and in the same culture or place from time to time

c) Criteria of legal perfection:

Normal concept is equated with perfection or ideal behavior

A few person attained level of perfection is difficult to be attained by the masses. They become ideals and serve a model for labelling as normal

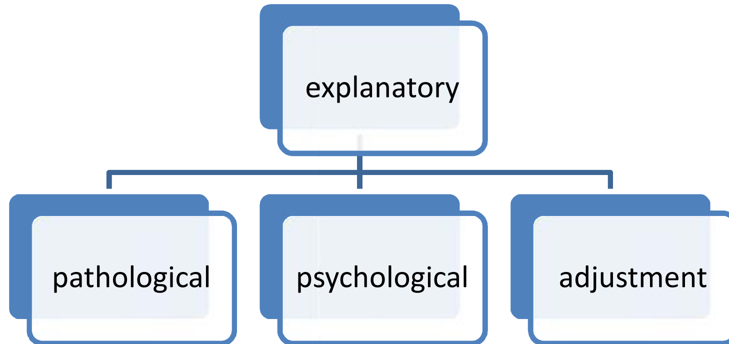
The judgement is subjective

Eg: some thinks that life and behavior of Gandhi as ideal, but activists are not. Activities of S.C. Bose were ideal

d) Legal criterian:

The law abiding citizen is normal. But who are violating the law is labelled abnorma

A. Explanatory



a) Pathological/medical

The normality and abnormality of the behavior depends upon the functions of the nervous system. This view has a wide appeal and has been responsible for arousing mass feeling that abnormal behavior is somehow an indication of an illness or disease.

b) Psychological

Psychological functioning whether affective or normal is the deciding factor of the normal or abnormal behavior.

- ❖ Abnormality, whatever kind or form it may have is linked with some malfunctioning of certain psychological system
- ❖ Abnormal behavior are psychologically handicapped individuals,but their behavior is not the exclusive product of psychological or sociological causes

c) Adjustment criteria :

- ❖ A person is said to be normal or abnormal to the extend he feels adjusted or maladjusted with his self& his enviornment
- ❖ The normal people always integrate or adjust their needs, motives, emotions, interests, aspirations and other cognitive aspects
- ❖ Abnormal are neither able to achieve proper self actualization nor do they care to contribute towards the well being and progress of the society

Module 2

Anxiety disorders- clinical features, types-Phobias, Agoraphobia, Panic disorder, OCD, GAD and PTSD.

Somatoform disorders-clinical features and types Hypochondriasis, Somatisation disorder, Pain disorder ,Conversion disorder, Body dysmorphic disorder.

Dissociative disorders-clinical features,types-Dissociative amnesia,Fugue,Dissociative identity disorder.

Anxiety disorders

Anxiety disorders are a category of mental disorders characterized by feelings of anxiety and fear, where anxiety is a worry about future events and fear is a reaction to current events. These feelings may cause physical symptoms, such as a racing heart and shakiness. There are a number of anxiety disorders: including generalized anxiety disorder, a specific phobia, social anxiety disorder, separation anxiety disorder, agoraphobia, obsessive compulsive disorder, post traumatic stress disorder and panic disorder among others. While each has its own characteristics and symptoms, they all include symptoms of anxiety.

Anxiety is a normal human emotion that everyone experiences at times. Many people feel anxious, or nervous, when faced with a problem at work, before taking a test, or making an important decision. Anxiety disorders, however, are different. They can cause such distress that it interferes with a person's ability to lead a normal life. An anxiety disorder is a serious mental illness. For people with anxiety disorders, worry and fear are constant and overwhelming, and can be crippling.

Generalized anxiety disorder (GAD)

Generalized anxiety disorder is characterized by persistent, excessive, and unrealistic worry about everyday things. People with the disorder, which is also referred to as GAD, experience excessive anxiety and worry, often expecting the worst even when there is no apparent reason for concern. They anticipate disaster and may be overly concerned about money, health, family, work, or other issues. GAD is diagnosed when a person finds it difficult to control worry on more days than not for at least six months and has three or more symptoms.

Generalized anxiety disorder (GAD) is a common, chronic disorder characterized by long-lasting anxiety that is not focused on any one object or situation. Those suffering from generalized anxiety disorder experience non-specific persistent fear and worry, and become overly concerned with everyday matters. According to Schacter, Gilbert, and Wegner's book *Psychology: Second Edition*, generalized anxiety disorder is "characterized by chronic excessive worry accompanied by three or more of the following symptoms: restlessness, fatigue, concentration problems, irritability, muscle tension, and sleep disturbance". Generalized anxiety disorder is the most common anxiety disorder to affect older adults. Anxiety can be a symptom of a medical or substance abuse problem, and medical professionals must be aware of this. A diagnosis of GAD is made when a person has been excessively worried about an everyday problem for six months or more. A person may find that they have problems making daily decisions and remembering commitments as a result of lack of concentration/preoccupation with worry. Appearance looks strained, with increased sweating from the hands, feet, and axillae, and they may be tearful, which can suggest depression. Before a diagnosis of anxiety disorder is made, physicians must rule out drug-induced anxiety and other medical causes. The disorder comes on gradually and can begin across the life cycle, though the risk is highest between childhood and middle age. Although the exact cause of GAD is unknown, there is evidence that biological factors, family background, and life experiences, particularly stressful ones, play a role.

When their anxiety level is mild, people with GAD can function socially and be gainfully employed. Although they may avoid some situations because they have the disorder, some people can have difficulty carrying out the simplest daily activities when their anxiety is severe.

Phobias

A phobia is an intense fear of a specific thing like an object, animal, or situation. Two common phobias include heights and dogs.We all feel scared of certain things at times in our lives, but phobias are different. People change the way they live in order to avoid the feared object or situation. For example, many people feel nervous about flying, but they will still go on a plane if they need to. Someone who experiences a phobia around flying may not even go to an airport. Phobias can affect relationships, school, work or career opportunities, and daily activities.

The single largest category of anxiety disorders is that of phobic disorders, which includes all cases in which fear and anxiety is triggered by a specific stimulus or situation. Between 5% and 12% of the population worldwide suffer from phobic disorders. Sufferers typically anticipate terrifying consequences from encountering the object of their fear, which can be anything from an animal to a location to a

bodily fluid to a particular situation. Sufferers understand that their fear is not proportional to the actual potential danger but still are overwhelmed by it.

Panic disorder

Panic disorder involves repeated and unexpected panic attacks. A panic attack is a feeling of intense fear or terror that lasts for a short period of time. It involves physical sensations like a racing heart, shortness of breath, chest pain, dizziness, shaking, sweating or nausea. Some people feel like they're having a heart attack or suffocating, or fear that they are dying. However, a panic attack goes away on its own.

Panic attacks can be a normal reaction to a stressful situation or a part of another mental illness. With panic disorder, panic attacks seem to happen for no reason. People who experience panic disorder fear more panic attacks and may worry that something bad will happen as a result of the panic attack. They may avoid places, sensations, or activities that remind them of a panic attack. Some people avoid any situation where they can't escape or find help. They may avoid public places or even avoid leaving their home. This is called agoraphobia.

With panic disorder, a person has brief attacks of intense terror and apprehension, often marked by trembling, shaking, confusion, dizziness, nausea, and/or difficulty breathing. These panic attacks, defined by the APA as fear or discomfort that abruptly arises and peaks in less than ten minutes, can last for several hours. Attacks can be triggered by stress, fear, or even exercise; the specific cause is not always apparent.

In addition to recurrent unexpected panic attacks, a diagnosis of panic disorder requires that said attacks have chronic consequences: either worry over the attacks' potential implications, persistent fear of future attacks, or significant changes in behavior related to the attacks. As such, those suffering from panic disorder experience symptoms even outside specific panic episodes. Often, normal changes in heartbeat are noticed by a panic sufferer, leading them to think something is wrong with their heart or they are about to have another panic attack. In some cases, a heightened awareness (hyper vigilance) of body functioning occurs during panic attacks, wherein any perceived physiological change is interpreted as a possible life-threatening illness (i.e., extreme hypochondriasis).

Agoraphobia

Agoraphobia is the specific anxiety about being in a place or situation where escape is difficult or embarrassing or where help may be unavailable. Agoraphobia is

strongly linked with panic disorder and is often precipitated by the fear of having a panic attack. A common manifestation involves needing to be in constant view of a door or other escape route. In addition to the fears themselves, the term agoraphobia is often used to refer to avoidance behaviors that sufferers often develop. For example, following a panic attack while driving, someone suffering from agoraphobia may develop anxiety over driving and will therefore avoid driving. These avoidance behaviors can often have serious consequences and often reinforce the fear they are caused by.

Social anxiety disorder

Social anxiety disorder (SAD; also known as social phobia) describes an intense fear and avoidance of negative public scrutiny, public embarrassment, humiliation, or social interaction. This fear can be specific to particular social situations (such as public speaking) or, more typically, is experienced in most (or all) social interactions. Social anxiety often manifests specific physical symptoms, including blushing, sweating, and difficulty speaking. As with all phobic disorders, those suffering from social anxiety often will attempt to avoid the source of their anxiety; in the case of social anxiety this is particularly problematic, and in severe cases can lead to complete social isolation.

Social physique anxiety (SPA) is a subtype of social anxiety. It is concern over the evaluation of one's body by others. SPA is common among adolescents, especially females.

Obsessive–compulsive disorder

Obsessive-compulsive disorder is a mental illness. It’s made up of two parts: obsessions and compulsions. People may experience obsessions, compulsions, or both, and they cause a lot of distress.

Obsessions are unwanted and repetitive thoughts, urges, or images that don’t go away. They cause a lot of anxiety. For example, someone might worry about making people they love sick by bringing in germs. Obsessions can focus on anything. These obsessive thoughts can be uncomfortable. Obsessions aren’t thoughts that a person would normally focus on, and they are not about a person’s character. They are symptoms of an illness.

Compulsions are actions meant to reduce anxiety caused by obsessions. Compulsions may be behaviours like washing, cleaning, or ordering things in a certain way. Other actions are not obvious to others. For example, some people may

count things or repeat phrases in their mind. Some people describe it as feeling like they have to do something until it feels 'right.' It's important to understand that compulsions are a way to cope with obsessions. Someone who experiences OCD may experience distress if they can't complete the compulsion.

People who experience OCD usually know that obsessions and compulsions don't make sense, but they still feel like they can't control them. Obsessions and compulsions can also change over time.Obsessive–compulsive disorder (OCD) is a type of anxiety disorder primarily characterized by repetitive obsessions (distressing, persistent, and intrusive thoughts or images) and compulsions (urges to perform specific acts or rituals). It affects roughly 3% of the population worldwide. The OCD thought pattern may be likened to superstitions insofar as it involves a belief in a causative relationship where, in reality, one does not exist. Often the process is entirely illogical; for example, the compulsion of walking in a certain pattern may be employed to alleviate the obsession of impending harm. And in many cases, the compulsion is entirely inexplicable, simply an urge to complete a ritual triggered by nervousness.

In a slight minority of cases, sufferers of OCD may only experience obsessions, with no overt compulsions; a much smaller number of sufferers experience only compulsions.

Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) is a mental illness. It involves exposure to trauma involving death or the threat of death, serious injury, or sexual violence. Something is traumatic when it is very frightening, overwhelming and causes a lot of distress. Trauma is often unexpected, and many people say that they felt powerless to stop or change the event. Traumatic events may include crimes, natural disasters, accidents, war or conflict, or other threats to life. It could be an event or situation that you experience yourself or something that happens to others, including loved ones.

PTSD causes intrusive symptoms such as re-experiencing the traumatic event. Many people have vivid nightmares, flashbacks, or thoughts of the event that seem to come from nowhere. They often avoid things that remind them of the event—for example, someone who was hurt in a car crash might avoid driving. PTSD can make people feel very nervous or 'on edge' all the time. Many feel startled very easily, have a hard time concentrating, feel irritable, or have problems sleeping well. They may often feel like something terrible is about to happen, even when they are safe. Some people feel very numb and detached. They may feel like things around them aren't real, feel disconnected from their body or thoughts, or have a hard time feeling

emotions.People also experience a change in their thoughts and mood related to the traumatic event. For some people, alcohol or drugs can be a way to cope with PTSD.

Post-traumatic stress disorder (PTSD) is an anxiety disorder that results from a traumatic experience. Post-traumatic stress can result from an extreme situation, such as combat, natural disaster, rape, hostage situations, child abuse, bullying, or even a serious accident. It can also result from long-term (chronic) exposure to a severe stressor, for example soldiers who endure individual battles but cannot cope with continuous combat. Common symptoms include hypervigilance, flashbacks, avoidant behaviors, anxiety, anger and depression. There are a number of treatments that form the basis of the care plan for those suffering with PTSD. Such treatments include cognitive behavioral therapy (CBT), psychotherapy and support from family and friends. Posttraumatic stress disorder (PTSD) research began with Vietnam veterans, as well as natural and non natural disaster victims. Studies have found the degree of exposure to a disaster has been found to be the best predictor of PTSD.

Separation anxiety

Separation anxiety disorder (SepAD) is the feeling of excessive and inappropriate levels of anxiety over being separated from a person or place. Separation anxiety is a normal part of development in babies or children, and it is only when this feeling is excessive or inappropriate that it can be considered a disorder. Separation anxiety disorder affects roughly 7% of adults and 4% of children, but the childhood cases tend to be more severe; in some instances, even a brief separation can produce panic.

Situational anxiety

Situational anxiety is caused by new situations or changing events. It can also be caused by various events that make that particular individual uncomfortable. Its occurrence is very common. Often, an individual will experience panic attacks or extreme anxiety in specific situations. A situation that causes one individual to experience anxiety may not affect another individual at all. For example, some people become uneasy in crowds or tight spaces, so standing in a tightly packed line, say at the bank or a store register, may cause them to experience extreme anxiety, possibly a panic attack. Others, however, may experience anxiety when major changes in life occur, such as entering college, getting married, having children, etc.

Somatoform disorders

Somatoform disorders are mental illnesses that cause bodily symptoms, including pain. The symptoms can't be traced back to any physical cause. And they are not the result of substance abuse or another mental illness.People with somatoform disorders are not faking their symptoms. The pain and other problems they experience are real. The symptoms can significantly affect daily functioning. Doctors need to perform many tests to rule out other possible causes before they diagnose a somatoform disorder.

A diagnosis of a somatoform disorder can create a lot of stress and frustration for patients. They may feel unsatisfied that there's no known explanation for their symptoms. Stress often leads patients to become more worried about their health. This creates a vicious cycle that can persist for years.

Types and Symptoms of Somatoform Disorders

Symptoms and their severity vary depending on the type of somatoform disorder. There are several types of somatoform disorders:

Somatization disorder.

This is also known as Briquet's syndrome. Patients with this type have a long history of medical problems that starts before the age of 30.

The symptoms involve several different organs and body systems. The patient may report a combination of:

- pain
- neurologic problems
- gastrointestinal complaints
- sexual symptoms
- A history of somatic complaints over several years, starting prior to the age of 30.
- Such symptoms cannot be fully explained by a general medical condition or substance use OR, when there is an associated medical condition, the impairments due to the somatic symptoms are more severe than generally expected.
- Complaints are not feigned as in malingering or factitious disorder.

Many people who have somatization disorder will also have an anxiety disorder.

Hypochondriasis .

People with this type are preoccupied with concern they have a serious disease. They may believe that minor complaints are signs of very serious medical problems. For example, they may believe that a common headache is a sign of a brain tumor. The predominant characteristic is the fear patients exhibit when discussing their symptoms (e.g., an exaggerated fear of having acquired human immunodeficiency virus despite reassurance to the contrary)

Body dysmorphic disorder.

People with this disorder are obsessed with -- or may exaggerate -- a physical flaw. Patients may also imagine a flaw they don't have. Body dysmorphic disorder involves a debilitating preoccupation with a physical defect, real or imagined. In the case of a real physical imperfection, the defect is usually slight but the patient's concern is excessive. For example, a woman with a small, flat keloid on the shoulder may be so self-conscious of it that she never wears clothing that would reveal it, avoids all social situations in which it may be seen by others, and feels others are judging her because of it. The disorder occurs equally in men and women

The worry over this trait or flaw is typically constant. It may involve any part of the body. Patients can be obsessed with things such as wrinkles, hair, or the size or shape of the eyes, nose, or breasts

Conversion disorder

A **conversion disorder** causes patients to suffer from neurological symptoms, such as numbness, blindness, paralysis, or fits without a definable organic cause. It is thought that symptoms arise in response to stressful situations affecting a patient's mental health. Conversion disorder is considered a psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5).

DSM-IV defines conversion disorder as follows:

- One or more symptoms or deficits are present that affect voluntary motor or sensory function suggestive of a neurologic or other general medical condition.
- Psychological factors are judged, in the clinician's belief, to be associated with the symptom or deficit because conflicts or other stressors precede the initiation or exacerbation of the symptom or deficit. A diagnosis where the stressor precedes the onset of symptoms by up to 15 years is not unusual.
- The symptom or deficit is not intentionally produced

- The symptom or deficit, after appropriate investigation, cannot be explained fully by a general medical condition, the direct effects of a substance, or as a culturally sanctioned behavior or experience.
- The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation.
- The symptom or deficit is not limited to pain or sexual dysfunction, does not occur exclusively during the course of somatization disorder, and is not better accounted for by another mental disorder.

Typically conversion syndrome begins with some stressor, trauma, or psychological distress that manifests itself as physical symptoms. Usually the physical symptoms of the syndrome affect the senses and movement. For example, someone experiencing conversion syndrome may become temporarily blind due to the stress of the loss of a parent or spouse. While there can be a wide range in severity and duration, symptoms are typically short-lived and relatively mild. Some of the most typical symptoms include blindness, partial or total paralysis, inability to speak, deafness, numbness, sores, difficulty swallowing, incontinence, balance problems, seizures, tremors, and difficulty walking. These symptoms are attributed to conversion syndrome when a medical explanation for the afflictions cannot be found.[8] Symptoms of conversion syndrome usually occur suddenly, however symptoms are usually relatively brief, with the average duration being 2 weeks up to years in people hospitalized for conversion syndrome-related presentations. While symptoms do not usually last a long time, recurrence is frequently seen. In fact, about 20% to 25% of conversion syndrome sufferers reported a symptomatic episode within a year. Conversion disorder is typically seen in individuals 10 to 35 years old.

Conversion disorder can present with motor or sensory symptoms including any of the following:

Motor symptoms or deficits:

- Impaired coordination or balance
- Weakness/paralysis of a limb or the entire body (hysterical paralysis or motor conversion disorders)
- Impairment or loss of speech (hysterical aphonia)
- Difficulty swallowing or a sensation of a lump in the throat
- Urinary retention

- Psychogenic non-epileptic seizures or convulsions
- Persistent dystonia
- Tremor, myoclonus or other movement disorders
- Gait problems (astasia-abasia)
- Loss of consciousness (fainting)

Sensory symptoms or deficits:

- Impaired vision (hysterical blindness), double vision
- Impaired hearing (deafness)
- Loss or disturbance of touch or pain sensation

Dissociative disorders

What is dissociation?

Your sense of reality and who you are depend on your feelings, thoughts, sensations, perceptions and memories. If these become 'disconnected' from each other, or don't register in your conscious mind, your sense of identity, your memories, and the way you see yourself and the world around you will change. This is what happens when you dissociate. It's as if your mind is not in your body; as if you are looking at yourself from a distance; like looking at a stranger.

Everyone has periods when we feel disconnected. Sometimes this happens naturally and unconsciously. For example, we often drive a familiar route, and arrive with no memory of the journey or of what we were thinking about. Some people even train themselves to use dissociation (i.e. to disconnect) to calm themselves, or for cultural or spiritual reasons. Sometimes we dissociate as a defence mechanism to help us deal with and survive traumatic experiences.

Dissociative disorders (**DD**) are conditions that involve disruptions or breakdowns of memory, awareness, identity, or perception. People with dissociative disorders use dissociation, a defense mechanism, pathologically and involuntarily. Dissociative disorders are thought to primarily be caused by psychological trauma.

Symptoms and signs of dissociative disorders depend on the type and severity, but may include:

- Feeling disconnected from yourself

- Problems with handling intense emotions
- Sudden and unexpected shifts in mood – for example, feeling very sad for no reason
- Depression or anxiety problems, or both
- Feeling as though the world is distorted or not real (called ‘derealisation’)
- Memory problems that aren’t linked to physical injury or medical conditions
- Other cognitive (thought-related) problems such as concentration problems
- Significant memory lapses such as forgetting important personal information
- Feeling compelled to behave in a certain way
- Identity confusion – for example, behaving in a way that the person would normally find offensive or abhorrent.
- Dissociative disorders occur when you have continuing and repeated episodes of dissociation. These usually cause what many people describe as ‘internal chaos’, and may interfere with your work, school, social, or home life. However, you may be someone who appears to be functioning well, and this may hide the distress you are experiencing.

Different types of dissociative disorder

Occasional, mild episodes of dissociation are part of ordinary, everyday life. Sometimes – at the time of a one-off trauma or during the prolonged ‘identity confusion’ of adolescence, for instance – more severe episodes are quite natural. four main types of dissociative disorder, including:

- Dissociative amnesia
- Dissociative fugue
- Depersonalisation disorder
- Dissociative identity disorder.

Dissociative amnesia

Dissociative amnesia is when a person can’t remember the details of a traumatic or stressful event, although they do realise they are experiencing memory loss. This is also known as psychogenic amnesia. This type of amnesia can last from a few days to one or more years. Dissociative amnesia may be linked to other disorders such as an anxiety disorder .

The four categories of dissociative amnesia include:

- **Localised amnesia** – for a time, the person has no memory of the traumatic event at all. For example, following an assault, a person with localised amnesia may not recall any details for a few days.
- **Selective amnesia** – the person has patchy or incomplete memories of the traumatic event.
- **Generalised amnesia** – the person has trouble remembering the details of their entire life.
- **Systematised amnesia** – the person may have a very particular and specific memory loss; for example, they may have no recollection of one relative.

Dissociative fugue

Dissociative fugue is also known as psychogenic fugue. The person suddenly, and without any warning, can't remember who they are and has no memory of their past. They don't realise they are experiencing memory loss and may invent a new identity. Typically, the person travels from home – sometimes over thousands of kilometres – while in the fugue, which may last between hours and months. When the person comes out of their dissociative fugue, they are usually confused with no recollection of the 'new life' they have made for themselves.

Depersonalisation disorder

Depersonalisation disorder is characterised by feeling detached from one's life, thoughts and feelings. People with this type of disorder say they feel distant and emotionally unconnected to themselves, as if they are watching a character in a boring movie. Other typical symptoms include problems with concentration and memory. The person may report feeling 'spacey' or out of control. Time may slow down. They may perceive their body to be a different shape or size than usual; in severe cases, they cannot recognise themselves in a mirror.

Dissociative identity disorder

Dissociative identity disorder (DID) is the most controversial of the dissociative disorders and is disputed and debated among mental health professionals. Previously called multiple personality disorder, this is the most severe kind of dissociative disorder .

The condition typically involves the coexistence of two or more personality states within the same person. While the different personality states influence the person's behaviour, the person is usually not aware of these personality states and experiences them as memory lapses. The other states may have different body

language, voice tone, outlook on life and memories. The person may switch to another personality state when under stress. A person who has dissociative identity disorder almost always has dissociative amnesia too.

Module 3

Schizophrenia-signs, symptoms, clinical features and types
-Paranoid, catatonia, Disorganised, Residual and undifferentiated.
Clinical
picture of delusional disorders and schizoaffective disorder

Schizophrenia

Introduction

Belgian Psychiatrist described the case of schizophrenia in1860.He used the term' Demence Precoce'.The Latin form of this term -dementia Precox-was adopted by the German psychiatrist Emil kraeplin in late 19th century to refer to a group of conditions that all seemed to have the features of mental deterioration beginning early in the life. The term schizophrenia was used by the Swiss Psychiatrist Eugen Bleuler in 1911, it means split mind.

Clinical picture of schizophrenia

There are two general symptom patterns or syndrome of schizophrenia-1]Positive and 2] Negative syndrome schizophrenia.

- Positive sign or syndrome: These syndromes are those in which something has been added to a normal repertoire of behavior and experience. It also known as type I schizophrenia.The symtoms are hallucination, delusion, derailment of association, bizarre behavior, minimal cognitive impairment, sudden onset, and variable course. The above symptoms plus good response to drugs, limbic system abnormalities and normal brain ventricle are also present.
- Negative signs or syndrome refers to an absence of or deficit of behaviors normally present in an individual's repertoire. It is also known as Type II schizophrenia. The symptoms are
    - Emotional flattening
    - Poverty of speech
    - Lack of sociability
    - Apathy
    - Significant Cognitive impairment
    - Insidious onset
    - Chronic course

The above symptoms plus uncertain respond to drug, frontal low abnormalities, and Enlarged brain ventricle are the features present in negative syndrome.

Major symptoms of schizophrenia.

1. Disturbance of associative linking

Often referred to as formal thought disorder. Associative disturbance is usually considered as prime indicative of a schizophrenic disorder. Basically, an affected person fails to make sense despite seeming to confirm to the semantic and syntactic rules governing verbal communication

2. Disturbance of thought content

Typically involve certain standard types of delusion or false belief. Prominent among these are beliefs that one's thought, feelings or actions are being controlled by external agents, that one's private thoughts are being broadcast indiscriminately to others and that thoughts are being inserted into one's brain by alien forces etc

3. Disruption of perception

Unable to sort out and process the great mass of sensory information to which all of us are constantly exposed. Hallucination (false perception) such as voices that only the schizophrenic person can hear. Auditory hallucinations are often seen, also visual and olfactory hallucination.

4. Emotional dysfunction.

This include the following features

1. Inappropriate emotions
2. Anhedonia-inability to, experience joy or pleasure
3. Emotional shallowness or blunting, lack of intensity or clear definition
4. May appear emotionless

5. Confused sense of self

1. May feel confused about their identity to the point of loss of subjective sense of self
2. Delusional assumption of a new identity including an identity like Jesus Christ etc
3. Persons may be confused about aspect of their own body including gender,or may be uncertan about the boundaries separating the self from the rest of the world.

6. Disrupted volition

Goal directed activity is almost universally disrupted in them. The impairment always occurs in areas of routine daily functioning such as work, social relation, self care etc

7. Retreat to an inner world

1. Ties to the external world are almost loosened in this disorder.
2. Withdrawal from reality and involve active disengagement from the environment and elaboration of an inner world in which the person develop illogical and fantastic ideas

8. Disturbed motor behavior

1. Peculiarities of movements are observed
2. Most disturbance are ranged from an executed state of hyper activity to a marked decrease in movements
3. Rigid posturing, mutism, ritualistic mannerism

<u>Subtype of schizophrenia</u>

1. Undifferentiated Type

This is something of a waste basket category. They meet a criteria for usual diagnosis of schizophrenia including hallucination, delusion disordered thoughts and bizarre behavior.
But they do not clearly fit into one of the other type. Also they show indication of perplexity,confusion,emotionalturmoil,delusions of reference, excitement,depression and fear etc.

2. Paranoid type of schizophrenia

They show histories of increased suspiciousness and difficulties in interpersonal relations

They show absurd, illogical and often changing delusions.Persecutory delusions are common.

They are highly suspicious of relatives and may complaint of being watched, followed , poisoned and talked about.

Grandiose delusions delusions are common.

These delusions are frequently accompanied by vivid auditory, visual and other hallucination

Impairment of critical judgment, unpredictable and occasionally dangerous behavior

3. Catatonic type of schizophrenia

Pronounced motor signs, either of an excited or a stupor us type. Patients are highly suggestible and will automatically obey command and or imitate the actions of others (ecoproxia) or mimic their phrases (Ecolalia).

- Tendency to remain motionless for hours or even days in a single position(catatonic stupor)
- The clinical picture may undergo an abrupt change, with excitement coming on suddenly and may become violent, may talk or shout, pace rapidly,openly indulge in sexual activity, attempt suicide and impulsively attack and try to kick others.

4. Disorganized type (hebephrenia)

- Represents a more severe disintegration of personality.
- Usually occurs at an early age, emotional distortion manifested as inappropriate laughter, stillness, peculiar mannerism etc.
- Emotional distortion and blunting typically are manifested in inappropriate laughter and silliness, peculiar mannerisms etc.
- Speech become incoherent and include considerable baby talk, childish giggling etc.
- Patients may invent new words[Neologism]
- Auditory hallucination are common

5. Residual type

This category used for people who have experienced episodes of schizophrenia that they have recovered sufficiently as not to show prominent psychotic symptom.

6. Schizophreniform disorder

Schizophrenia like psychosis of less than six month duration.

Schizoaffective disorder

Schizoaffective disorder is a mental disorder characterized by abnormal thought processes and deregulated emotions. The diagnosis is made when the patient has features of both schizophrenia and a mood disorder—either bipolar disorder or depression—but does not strictly meet diagnostic criteria for either alone. The bipolar type is distinguished by symptoms of mania, hypomania, or mixed episode; the depressive type by symptoms of depression only. Common symptoms of the disorder include hallucinations, paranoid delusions, and disorganized speech and thinking. The onset of symptoms usually begins in young adulthood, currently with an uncertain lifetime prevalence because the disorder was redefined, but DSM-IV prevalence estimates were less than 1 percent of the population, in the range of 0.5 to 0.8 percent. Diagnosis is based on observed behavior and the patient's reported experiences.

Signs and symptoms

Schizoaffective disorder is defined by *mood disorder-free psychosis* in the context of a long-term psychotic and mood disorder. Psychosis must meet criterion A for schizophrenia which may include delusions, hallucinations, disorganized speech, thinking or behavior and negative symptoms. Both delusions and hallucinations are classic symptoms of psychosis. Delusions are false beliefs which are strongly held despite evidence to the contrary. Beliefs should not be considered delusional if they are in keeping with cultural beliefs. Delusional beliefs may or may not reflect mood symptoms (for example, someone experiencing depression may or may not experience delusions of guilt). Hallucinations are disturbances in perception involving any of the five senses, although auditory hallucinations (or "hearing voices") are the most common. A lack of responsiveness or negative symptoms include alogia (lack of spontaneous speech), blunted affect (reduced intensity of outward emotional expression), avolition (loss of motivation), and anhedonia (inability to experience pleasure). Negative symptoms can be more lasting and more debilitating than positive symptoms of psychosis.

Mood symptoms are of mania, hypomania, mixed episode, or depression, and tend to be episodic rather than continuous. A mixed episode represents a combination of symptoms of mania and depression at the same time. Symptoms of mania include elevated or irritable mood, grandiosity (inflated self-esteem), agitation, risk-taking behavior, decreased need for sleep, poor concentration, rapid speech, and racing thoughts. Symptoms of depression include low mood, apathy, changes in appetite or weight, disturbances in sleep, changes in motor activity, fatigue, guilt or worthlessness, and suicidal thinking.

Delusional disorder

A person with delusional disorder or paranoid disorder cannot tell what's real or imagined. This is a serious type of mental health disorder called psychosis.The mental health charity Mind says someone with delusional disorder is likely to have a complex, paranoid, but untrue, idea that puts them in conflict with those around them.

The person is likely to feel persecuted and more likely to seek help from a lawyer or the police than from a mental health professional.People with delusional disorder may believe they are being followed, poisoned, deceived, conspired against or loved from a distance. These delusions usually involve the misinterpretation of perceptions or experiences. In reality, however, the situations are either not true at all or highly exaggerated.

People with delusional disorder can often continue to socialise and function normally and, apart from with the subject of their delusion, generally do not behave in an obviously odd or bizarre manner. This is unlike people with other psychotic disorders, who also might have delusions as a symptom of their disorder. In some cases, however, people with delusional disorder might become so preoccupied with their delusions that their lives are disrupted.Delusional disorder is more common in middle to late life and is slightly more common in women than it is in men.Delusional disorder is characterized by the presence of recurrent, persistent non-bizarre **delusions** .

Symptoms of delusional disorder

Delusions are the most obvious symptom of this disorder. A person might also be irritable, angry or sad.They may experience hallucinations - seeing, hearing, smelling or feeling things that are not really there.

There are several different traits a person with delusional disorder may display:

- **De Clerambault syndrome** (erotomania): Someone with this type of delusional disorder believes that another person, often someone important or famous, is in love with them. The person might attempt to contact the object of the delusion and stalking behaviour is not uncommon.
- **Grandiose:** A person with this type of delusional disorder has an over-inflated sense of worth, power, knowledge or identity. The person might believe they have a great talent or have made an important discovery.
- **Jealous:** A person with this type of delusional disorder believes that their spouse or sexual partner is unfaithful.
- **Persecutory:** People with this type of delusional disorder believe that they (or someone close to them) are being mistreated, or that someone is spying on them or planning to harm them. It is not uncommon for people with this type of delusional disorder to make repeated complaints to legal authorities.
- **Somatic:** A person with this type of delusional disorder believes that they have a physical defect or medical problem. This includes delusional parasitosis – a belief that insects are crawling over them or they have bugs under the skin.
- **Mixed:** People with this type of delusional disorder have two or more of the types of delusions listed above. They may also have a shared delusion with another person, known as folie à deux.

Clinical pictures of delusional disorder

→ Individual feel singled out and taken advantage of mistreated, plotted against, ignored or mistreated by enemies.
→ Delusion mainly center around one major theme such as financial matters, job etc
→ Ideas of persecution is predominant
→ Apart from delusional system such an individual may appear perfectly normal inconventional emotionally and conduct.
→ Hallucination rarely found.

<u>Causes of delusional disorder</u>

As with many other psychotic disorders, the exact cause of delusional disorder is not yet known. Researchers are, however, looking at the role of various genetic, biological, and environmental or psychological factors.

- **Genetic:** The fact that delusional disorder is more common in people who have family members with delusional disorder or schizophrenia suggests there might be a genetic factor involved. It is believed that, as with other mental health disorders, a tendency to develop delusional disorder might be passed on from parents to their children.

- **Biological:** Researchers are studying how abnormalities of certain areas of the brain might be involved in the development of delusional disorders. An imbalance of certain chemicals in the brain, called neurotransmitters, has also been linked to the formation of delusional symptoms. Neurotransmitters are substances that help nerve cells in the brain send messages to each other. An imbalance in these chemicals can interfere with the transmission of messages, leading to symptoms.
- **Environmental/psychological:** Evidence suggests that delusional disorder can be triggered by stress. Alcohol and drug abuse also might contribute to the condition. People who tend to be isolated, such as immigrants or those with poor sight and hearing, appear to be more vulnerable

Module 4

Mood disorders-signs,symptoms,clinical features and types-
Unipolar disorder:Dysthymia,Major Depression,Seasonal affective disorder,Melancholic depression,Psychotic Depression,
Bipolar Disorder-Cyclothymia,Bipolar I Disorder,Bipolar II disorder.

Personality disorders-signs,symptoms,clinical features and types
-Cluster A,Cluster B,Cluster C personality disorders.

MOOD DISORDER

Mood: A temporary but relatively sustained and pervasive affective state with a more specific and short term emotion.
Mood disorder severe alterations in mood and for more prolonged periods of time.

2 key moods-The key moods that is present in mood disorder are mania & depression.

- Mania
- Depression

Mania:This is the phase that is characterized by excitement and euphoria.
Depression:This phase is characterized by the feelings of extra ordinary sadness and dejections.
Manic episode" a mood episode lasting at least one weak, characterized by continuously elevated expansive or irritable mood, sufficiently severe to cause market impairment in social or occupational functioning.

Characteristics

- Inflated self esteem or grandiose ideas or actions, decreased need of sleep, increase talkativeness
- Flight of ideas
- Distractibility
- Increased psycho motor agitation
- Mood disorder can be classified into unipolar disorder and bipolar disorder.

UNIPOLAR DISORDER

Person experience only depressive episodes. The following are the main types of unipolar disorder.

- **Dysthymia**: for atleast the past two years, the person has been bothered for most of the day, for more days, by a depressed mood, and at least two other depressive symptoms, but not of sufficient persistent or severity to meet the criteria for major depression.

Symptoms of dysthymia

The person may experience atleast two of the following six symptoms when depressed.

- Poor appetite or over eating
- Sleep disturbance or insomnia
- Low energy level
- Low self esteem
- Difficulties in concentration or decision making
- Feeling of hopelessness

Adjustment disorder with depressed mood

The person reacts with a maladaptive depressed mood to some identifiable stressor occurring within the past 3 months, does not exceed 6 months.

- **<u>Major depressive disorder</u>**

  The person has one or more major depressive episodes in the absence of any manic or hypo manic episode.

<u>Symptoms</u>

- Prominent and persistent depressed mood
- Loss of pleasure for atleast two weeks, accompanied by four or more symptoms such as poor appetite, insomnia, psycho motor retardation, fatigue, feeling of breathlessness or ill, inability to concentrate and thoughts of death and suicide.

<u>BIPOLAR DISORDER</u>

Person experience both manic and depressive episodes. The following are the different types of bipolar disorder.

- **<u>Cyclothymia, depressed</u>**

At present or during the past two years, the person experienced episodes resembling dysthymia but also had one or more periods of hypomania.

- **<u>Bipolar 1 disorder, depressed</u>**

  The person experiences a major depressive episode and has had one or more manic episodes.

- **<u>Bipolar II disorder, depressed</u>**

  A major depressive episode and had one or more hypo manic episodes.

  <u>Subtypes of major depressive disorder</u>

- **Melancholic or endogenous depression.**

  In addition to meeting the criteria of major depressive disorder, a patient has either loss of interest or pleasure in almost all activities. He may experience atleast three of the following symptoms.

  - Early morning awakening
  - Depression being worse in the morning
  - Marked psycho motor retardation
  - Significant loss of appetite and weight
  - Inappropriate or excessive guilt

Severe major depression disorder with psychotic features

Characterized by lows of contact with reality and including delusions (falls beliefs) or hallucinations may sometimes accompany the other symptoms of major depression.

Mood congruent and mood incongruent

Delusions and hallucination present are mood congruent. If they are appropriate to serious depression. The mood incongruent means delusional thinking is incongruent means delusional thinking is inconsistent with the predominant mood.

Seasonal affective disorder

Mood disorder may show seasonal pattern that is at least two episodes of depression in the past two years occurring at the same time of the year (winter) and full remission of the same time of the year (spring).

Schizo affective disorder

A person must have a period of illness during which he or she needs the criteria for both a major mood disorder (uni polar and bipolar) and at least two major symptoms of schizophrenia (hallucination and delusion)

Personality disorders

Personality disorders are a class of mental disorders characterized by enduring maladaptive patterns of behavior, cognition, and inner experience, exhibited across many contexts and deviating markedly from those accepted by the individual's culture. These patterns develop early, are inflexible, and are associated with significant distress or disability.

Personality, defined psychologically, is the set of enduring behavioral and mental traits that distinguish human beings. Hence, personality disorders are defined by experiences and behaviors that differ from societal norms and expectations. Those diagnosed with a personality disorder may experience difficulties in cognition, emotiveness, interpersonal functioning, or control of impulses. In general, personality disorders are diagnosed in 40–60 percent of psychiatric patients, making them the most frequent of all psychiatric diagnoses.

The se behavioral patterns in personality disorders are typically associated with substantial disturbances in some behavioral tendencies of an individual, usually involving several areas of the personality, and are nearly always associated with considerable personal and social disruption. A person is classified as having a personality disorder if their abnormalities of behavior impair their social or occupational functioning. Additionally, personality disorders are inflexible and pervasive across many situations. This behavior can result in maladaptive coping skills, which may lead to personal problems that induce extreme anxiety, distress, or depression. These patterns of behavior typically are recognized in adolescence and the beginning of adulthood and, in some unusual instances, childhood.

Different kinds of personality disorders

There are different ways to describe mental disorders, and to put them into categories. The first step is to see if there are patterns, or collections of personality traits that are shared by a number of people. Once these patterns have been identified, we can start to find effective ways of helping. Research suggests that personality disorders tend to fall into three groups, according to their emotional 'flavour':

Cluster A: 'Odd or Eccentric

Cluster B: 'Dramatic, Emotional, or Erratic'

Cluster C: 'Anxious and Fearful'

As you read through the descriptions of each type, you may well recognise some aspects of your own personality. This doesn't necessarily mean that you have a personality disorder. Some of these characteristics may even be helpful in some areas of your life. If you do have a personality disorder, some of these traits will be spoiling your life - and often the lives of those around you. A person can have the characteristics of more than one personality disorder. One person may meet the criteria for several different types of personality disorder, while a wide range of people may fit the criteria for the same disorder, despite having very different personalities.

Paranoid personality disorder

Symptoms include:

- find it very difficult to trust other people, believing they will use you, or take advantage of you
- find it hard to confide in people, even your friends
- watch others closely, looking for signs of betrayal or hostility
- suspect that your partner is being unfaithful, with no evidence
- read threats and danger – which others don’t see – into everyday situations.

Schizoid personality disorder

Symptoms include:

- be uninterested in forming close relationships with other people including your

family
• feel that relationships interfere with your freedom and tend to cause problems
• prefer to be alone with your own thoughts
• choose to live your life without interference from others
• get little pleasure from life
• have little interest in sex or intimacy
• be emotionally cold towards others.

Schizotypal personality disorder

Symptoms include:
• find making close relationships extremely difficult
• think and express yourself in ways that others find 'odd', using unusual words or phrases
• behave in ways that others find eccentric
• believe that you can read minds or that you have special powers such as a 'sixth sense'
• feel anxious and tense with others who do not share these beliefs
• feel very anxious and paranoid in social situations.

Antisocial personality disorder (ASPD)

Symptoms include:
• act impulsively and recklessly, often without considering the consequences for yourself or for other people
• behave dangerously and sometimes illegally
• behave in ways that are unpleasant for others
• do things – even though they may hurt people – to get what you want, putting your needs above theirs
• feel no sense of guilt if you have mistreated others
• be irritable and aggressive and get into fights easily
• be very easily bored and you may find it difficult to hold down a job for long
• believe that only the strongest survive and that you must do whatever it takes to lead a successful life, because if you don't grab opportunities, others will
• have a criminal record
• have had a diagnosis of conduct disorder before the age of 15.

You will be at least 18 years old.

This diagnosis includes ‘psychopathy’. This term is no longer used in the Mental Health Act, but a ‘psychopathy checklist’ questionnaire may be used in your assessment.

Borderline personality disorder (BPD)

Symptoms include:
• feel that you don’t have a strong sense of who you really are, and others may describe you as very changeable
• suffer from mood swings, switching from one intense emotion to another very quickly, often with angry outbursts
• have brief psychotic episodes, hearing voices or seeing things that others don’t
• do things on impulse, which you later regret
• have episodes of harming yourself, and think about taking your own life
• have a history of stormy or broken relationships
• have a tendency to cling on to very damaging relationships, because you are terrified of being alone.

The term ‘borderline’ is difficult to make sense of, and some people prefer the term ‘emotionally unstable personality disorder’ or ‘emotional instability disorder’, which is sometimes used in place of ‘borderline personality disorder’.

Histrionic personality disorder

Symptoms include:
• feel very uncomfortable if you are not the centre of attention
• feel much more at ease as the ‘life and soul of the party’
• feel that you have to entertain people
• flirt or behave provocatively to ensure that you remain the centre of attention
• get a reputation for being dramatic and overemotional
• feel dependent on the approval of others
• be easily influenced by others.

Narcissistic personality disorder

Symptoms include:
• believe that there are special reasons that make you different, better or more deserving than others
• have fragile self-esteem, so that you rely on others to recognise your worth and your needs

• feel upset if others ignore you and don't give you what you feel you deserve
• resent other people's successes
• put your own needs above other people's, and demand they do too
• be seen as selfish and 'above yourself'
• take advantage of other people.

Avoidant (or anxious) personality disorder

Symptoms include:
• avoid work or social activities that mean you must be with others
• expect disapproval and criticism and be very sensitive to it
• worry constantly about being 'found out' and rejected
• worry about being ridiculed or shamed by others
• avoid relationships, friendships and intimacy because you fear rejection
• feel lonely and isolated, and inferior to others
• be reluctant to try new activities in case you embarrass yourself.

Dependent personality disorder

Symptoms include:
• feel needy, weak and unable to make decisions or function properly without help or support
• allow others to assume responsibility for many areas of your life
• agree to things you feel are wrong or you dislike to avoid being alone or losing someone's support
• be afraid of being left to fend for yourself
• have low self-confidence
• see other people as being much more capable than you are
• be seen by others as much too submissive and passive.

Obsessive-compulsive personality disorder (OCPD)

Symptoms include:
• need to keep everything in order and under control
• set unrealistically high standards for yourself and others
• think yours is the best way of making things happen
• worry when you or others might make mistakes
• expect catastrophes if things aren't perfect
• be reluctant to spend money on yourself or others
• have a tendency to hang on to items with no obvious value.

OCPD is separate from obsessive compulsive disorder (OCD), which describes a form of behaviour rather than a type of personality.

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