



PSYCHOPATHOLOGY OF THE EVERYDAY LIFE (SAMPLE)

Abstract

This subject covers phenomena such as hallucinations and delusions, anxiety, somatisation, depression, dissociation, and changes in memory and cognition, and places them in the context of everyday experiences. It discusses the various factors, processes and mechanisms thought to lead some people who experience such phenomena to develop full-blown disorders. A theoretical basis for this continuum model is provided and students are encouraged to consider mental health issues from this humanistic perspective in comparison to the traditional categorical model.

WEEK 1 PSYCHOPATHOLOGY OVERVIEW.....	4
CONCEPT OF 'ABNORMAL'	4
PSYCHOPATHOLOGY.....	4
TERMINOLOGY.....	x ERROR! BOOKMARK NOT DEFINED.
CLASSIFICATION OF MENTAL ILLNESS	x ERROR! BOOKMARK NOT DEFINED.
MODELS OF MENTAL ILLNESS / PSYCHOPATHOLOGY.....	x
TUTORIAL INFORMATION	x
READINGS.....	ERROR! BOOKMARK NOT DEFINED.
WEEK 2 STRESS, ANXIETY AND TRAUMA.....	5
STRESS	5
ANXIETY	6
WORRY	6
GENERALISED ANXIETY DISORDER	6
POSTTRAUMATIC STRESS DISORDER.....	8
READINGS.....	10
W3 LP OCD AND RELATED DISORDERS.....	11
OBSESSIVE-COMPULSIVE DISORDER (OCD)	13
BODY DYSMORPHIC DISORDER	25
HOARDING DISORDER	27
TRICHOTILLOMANIA	27
EXCORIATION	28
READINGS.....	29
WEEK 4 PANIC, PHOBIAS AND SOCIAL ANXIETY	30
SEPARATION ANXIETY DISORDER	30
PANIC	30
ANXIETY VS. FEAR.....	33
SPECIFIC PHOBIAS	33
SOCIAL ANXIETY DISORDERS.....	34
AGORAPHOBIA.....	35
READINGS.....	35
WEEK 5 MOOD DISORDERS.....	36
DEPRESSION	36
DISRUPTIVE MOOD DYSREGULATION DISORDER	37
MAJOR DEPRESSIVE DISORDER	37
PERSISTENT DEPRESSIVE DISORDER (DYSTHYMIA)	38
PREMENSTRUAL DYSPHORIC DISORDER	41
POST-NATAL DEPRESSION	41
MANIA.....	42
BIPOLAR DISORDERS	43
READINGS.....	46
WEEK 6 SUBSTANCE USE DISORDERS.....	48
DEFINITIONS.....	48
DSM V CRITERIA	49
THEORIES OF ADDICTION	49
ALCOHOL.....	51
CANNABIS.....	53

READINGS	54
WEEK 7 EATING DISORDERS.....	56
ANOREXIA NERVOSA.....	56
BULIMIA NERVOSA	57
BINGE EATING DISORDER	58
GENERALISED SYMPTOMOLOGY AND INFORMATION	59
MALES AND EDs.....	60
RISK FACTORS OF EDs	60
AN INTEGRATED AETIOLOGICAL RISK FACTOR FOR EDs	62
READINGS	64
WEEK 8 SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS.....	66
PSYCHOTIC DISORDERS.....	67
GENERAL INFORMATION	69
CHANGES IN CONCEPTUALISATIONS ABOUT PSYCHOSIS	69
AETIOLOGY	70
ILLNESS COURSE.....	73
ONGOING CONTROVERSIES	74
READINGS	75
WEEK 9 SOMATOFORM DISORDERS	78
SOMATISATION	79
SOMATIC SYMPTOM DISORDER.....	80
ILLNESS ANXIETY DISORDER.....	81
CONVERSION DISORDER	82
FACTITIOUS DISORDER IMPOSED ON SELF	82
FACTITIOUS DISORDER IMPOSED ON ANOTHER	82
DISSOCIATIVE DISORDER.....	83
DISSOCIATIVE AMNESIA.....	85
DEPERSONALISATION/DEREALISATION DISORDER	86
READINGS	87
WEEK 10 CEREBRAL DISORDERS AND MENTAL HEALTH ISSUES IN LATER LIFE.....	88
NEUROCOGNITIVE DISORDERS	88
MENTAL HEALTH IN LATER LIFE.....	94
OLDER ABUSE.....	95
READINGS	97
WEEK 11 PERSONALITY DISORDERS	99
CLUSTER	99
BASIC FACTS ABOUT PDs	101
AETIOLOGY	102
RECONCEPTUALISING PDs	104
READINGS	108
WEEK 12 CULTURE, STIGMA AND OTHER INFLUENCES RECONCILING UNDERSTANDING AND DESCRIPTIVE APPROACHES.....	109
CULTURE AND MENTAL HEALTH.....	109
STIGMA	112
POSITIVE PSYCHOLOGY	112
READINGS	115
SUMMARIES	115

Week 1

Psychopathology Overview

Concept of 'abnormal'

What is 'Normal'?

- Being like the majority
- Autonomous functioning
- Accurate reality perception
- Regulated moods
- Adequate interpersonal relationships

What is 'abnormal'? (5 variations)

- Statistical infrequency? Unexpectedness?
- Psychological dysfunction (cognitive, emotional, behavioural)
- Personal distress
- Norm Violation: Atypical and not culturally expected
- Disability/dysfunction: in daily life (social, educational, occupational, intimate, leisure)
- Notion of harmful dysfunction:
 - Behaviour out of person's control
 - Does not lead to survival of species

? Abnormal: Behavioural, emotional or cognitive dysfunctions that are unexpected in their cultural context and associated with personal distress or substantial impairment in functioning

Psychopathology

- Studies the nature, causes and development of abnormal behaviour, thoughts and feelings
- Clinical Description
 - A descriptive term used to describe behaviour, thoughts or feelings which are indicative of mental illness, even if they do not constitute a formal diagnosis (clinical description)
- For clinicians, considerations of psychopathology cover three aspects of our work:
 - Clinical Description
 - Causation (Aetiology)
 - Treatment and Outcome

Diagnosis of mental illness

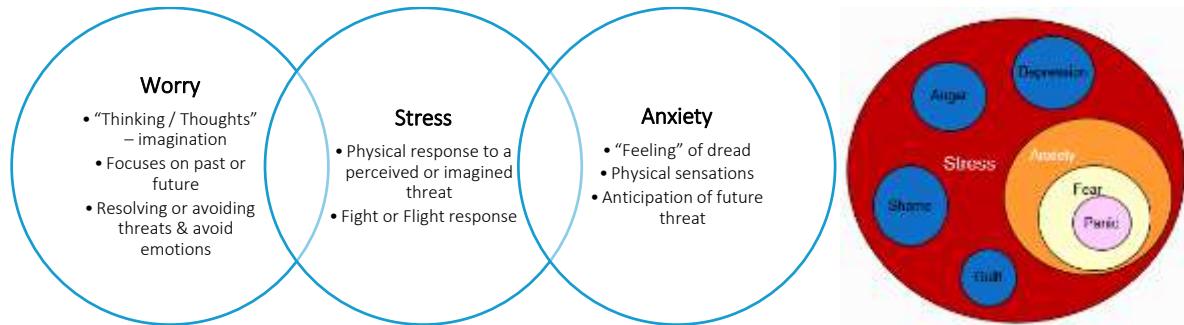
Pros

- Assists communication
- Provides information about the individual's experience, cause, treatment, prognosis

Week 2

Stress, Anxiety and Trauma

Model of Stress, Anxiety and Worry



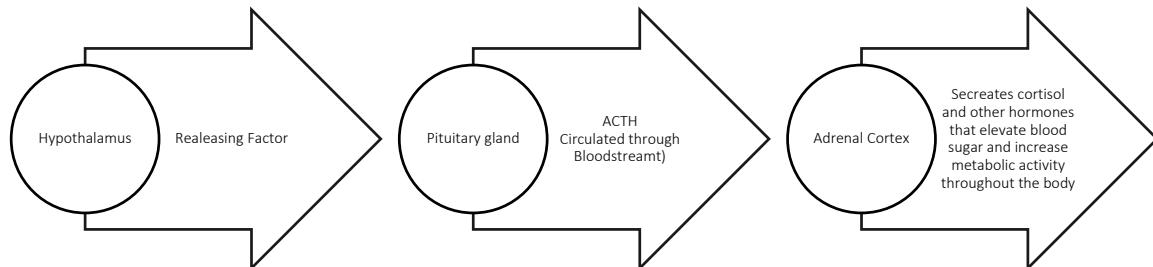
Stress

? Stress is the physical, mental and emotional human response to a particular stimulus, otherwise called as 'stressor'. Similarly stress is a biological and psychological response experienced on encountering a threat that we feel we do not have the resources to deal with.

NOTE: Stress can be acute, episodic and chronic

Biological conceptualisation

HPA Axis



- This conceptualisation is limited as it only focus on the impact of stressors at a biological level and does not fully explain individual responses to stressors.
- Endocrine system activity increases if stressed, primarily through activation of the HPA axis
- Research focus - Neuromodulators or neuropeptides, i.e. hormones affecting the nervous system that are secreted by the glands directly into the bloodstream
- The HPA axis is closely related to the limbic system, which contains the hippocampus (important for storing emotional memories)
- The hippocampus is very responsive to cortisol
- When stimulated by this hormone during HPA axis activity, the hippocampus helps turn off the stress response, completing a feedback loop between the limbic system and the various parts of the HPA axis

Anxiety

? Anxiety: A negative mood state characterized by apprehension about the future- fear of loss. Associated mood states of fear and panic.

? Fear: an immediate alarm reaction to danger characterised by strong escapist tendencies

? Panic: an abrupt experience of intense fear or acute discomfort, accompanied by physical symptoms that usually include heart palpitations, chest pain, shortness of breath and dizziness

Anxiety Disorders

- Prevalence of anxiety disorders is quite high.
- Only 1 in 3 people with any mental health disorder over past 12 months used health services to address those problems (2009)
 - 58.6% affective disorders; 37.8% anxiety disorders; 24.0% substance use disorders
- Comorbidity
 - 50% of those with an affective disorder meet criteria for an anxiety disorder
 - 1 in 3 people with a substance use disorder also experience an anxiety disorder

Worry

? “..A chain of thoughts and images, negatively affect-laden and relatively uncontrollable. The worry process represents and attempt to engage in mental problem-solving on an issue whose outcome is uncertain but contains the possibility of one or more negative outcomes”
Borkovec et al., 1983.

Generalised Anxiety Disorder

- Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- The person finds it difficult to control the worry.
- The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).
 - Restlessness or feeling keyed up or on edge
 - Being easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance (difficulty falling or staying asleep, restless unsatisfying sleep)
- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism)
- Not better explained by another mental disorder