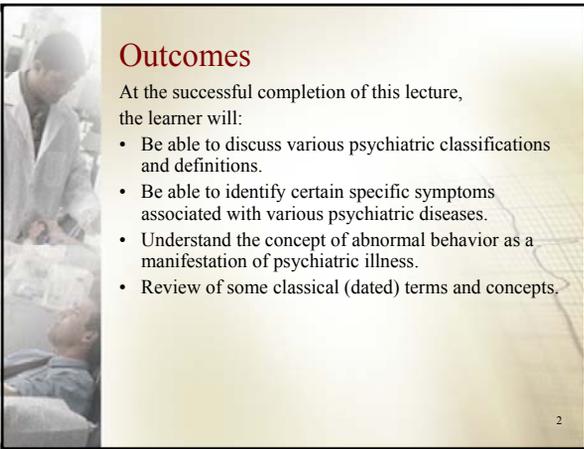


EMC 340 Introduction to Clinical Medicine

38 Introduction to Psychiatric Terms and Concepts

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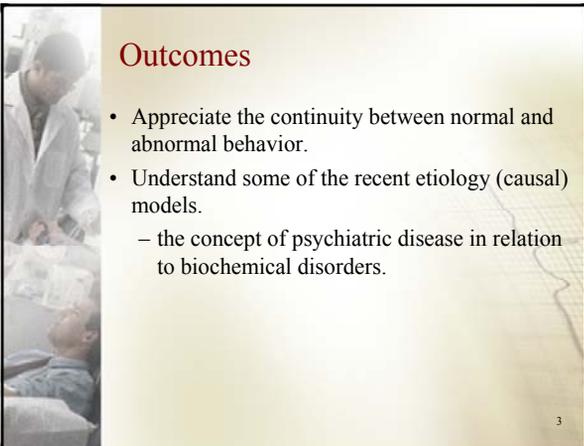


Outcomes

At the successful completion of this lecture, the learner will:

- Be able to discuss various psychiatric classifications and definitions.
- Be able to identify certain specific symptoms associated with various psychiatric diseases.
- Understand the concept of abnormal behavior as a manifestation of psychiatric illness.
- Review of some classical (dated) terms and concepts.

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Outcomes

- Appreciate the continuity between normal and abnormal behavior.
- Understand some of the recent etiology (causal) models.
 - the concept of psychiatric disease in relation to biochemical disorders.

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Method of Study

- Use of case studies
- Avoid the “medical student syndrome”
 - You do *not* have most (any) of these disorders
 - An amateur psychologist may be very irritating to others
 - Exercise restraint
 - Keep a sense of humor
 - Have a professional and scientific attitude

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Professional Attitude

- some students may have strong opinions based on personal experience
- try to maintain some objectivity
- try not to over personalize
- need to keep our personal beliefs and prejudices to ourselves while caring for psychiatric patients
- anonymity and confidentiality

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Professional Attitude and Case Studies

- Use of case studies to illustrate problems (not to show superiority)
- Responding to humorous situations: What is the *difference between humor and ridicule*
 - Can I imagine that *I* might have the illness?
 - Can I imagine relating the patient’s case history or anecdote *in front of the patient’s family* ?
 - If the amusing or instructive tale doesn’t pass these tests, then I am not honoring the patient.
 - And if I am simply taking pleasure in my patient’s illness, then what’s my disorder? (*see below: personality disorder or psychopath*)

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Mental Health Professions

By specialty

- psychiatry (M.D.) - medication
- clinical psychology (M.S. ; Ph.D.)
- social work (M.A.) +/- specialization
- psychiatric nursing

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Psychiatric Terms

- Neurosis - anxiety disorder
- Psychosis - thought disorder
- Schizophrenia
- Anxiety reaction
- Personality disorder
- Defense mechanisms (classical Freudian)
- Coping mechanisms

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Neurosis

- **Characterized by anxiety**
- Any of several anxiety syndromes are caused by:
 - stress +/-or
 - ineffectual coping mechanisms

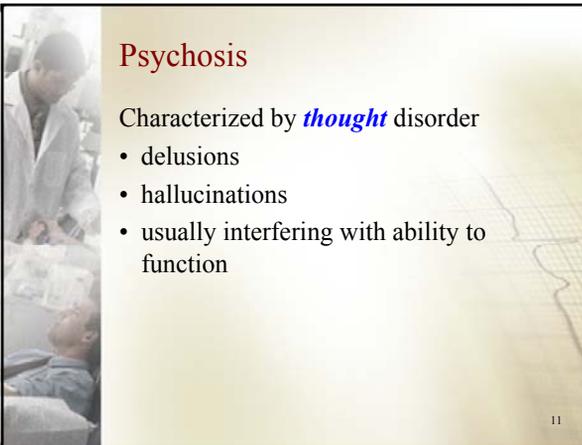
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Anxiety Reaction

- State of diffuse, often nameless apprehension
- occasionally manifest as panic

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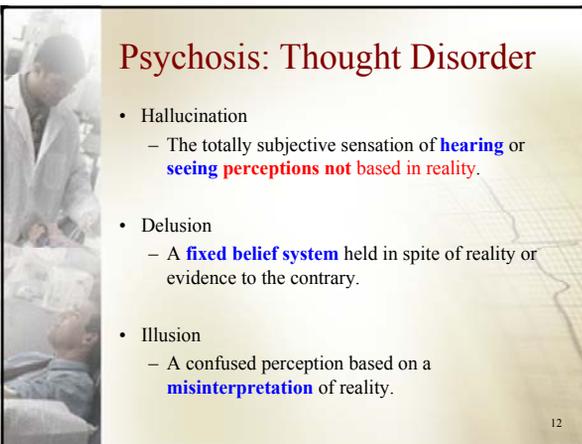


Psychosis

Characterized by *thought* disorder

- delusions
- hallucinations
- usually interfering with ability to function

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Psychosis: Thought Disorder

- Hallucination
 - The totally subjective sensation of **hearing** or **seeing perceptions not based in reality**.
- Delusion
 - A **fixed belief system** held in spite of reality or evidence to the contrary.
- Illusion
 - A confused perception based on a **misinterpretation** of reality.

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Psychosis: Thought Disorder

- Hallucination
 - “I can hear voices telling me that I have to kill my children to save them.”
- Delusion
 - “God has appointed me gardener of the world.”
- Illusion
 - “It sure seemed as if I could see a puddle of water ahead of me on the highway.”

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Psychosis

Types of Psychosis

- Schizophrenia
- Psychotic Depression
- Bipolar Disorder

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Schizophrenia

- **Simple Schizophrenia**
 - characterized simply by an inability to consistently function.
- **Catatonic Schizophrenic**
 - Almost always has a combination of delusions, hallucinations, and **motor** disturbances.
- **Paranoid Schizophrenia**
 - Bizarre, disjointed, unconvincing conspiracy or delusional thought. Often dangerous.

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Folie a deux

Group psychosis

- Two (or more) persons sharing the same delusional belief
- Cults

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Psychotic Depression

- Withdrawn, quiet
- Organized delusions
 - delusions of self-loathing, self-depreciation dominate person's thinking
- Dejection
 - May lead to suicide
- Psychomotor Retardation
 - Mask-like faces
 - Slow moving, slow speaking
 - “Vegetative symptoms”

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Manic Reactions

- Mood and thought disorder
 - Exaggerated elation or exaggerated self-assertion
 - Often delusional
- Intoxication
 - Stimulant induced manic reaction

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Inadequate Personality

- Without obvious physical or mental defects
- show poor judgment
- are generally inept in life

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Personality Disorder

- Sociopath or “psychopath”
- Character disorder +/- thought disorder
 - lacks moral development, +/-or
 - does not connect actions with human consequences
 - lacks emotional bonding
- Examples
 - T. McVeigh
 - M. Atta

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Antisocial Behaviors

- Sociopathic
 - dangerous
- Passive-Aggressive
 - uncooperative, sabotaging behavior

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Passive-Aggressive Behavior

- Stubborn, uncooperative, ineffective, inefficient, +/- demoralizing behavior
- Behavior
 - masking anxieties and insecurities.

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Psychosomatic Disorder

- Disease caused by tension released through the autonomic nervous system.
- Dated, classic examples
 - Peptic ulcer disease
 - Muscle tension headaches
 - “spastic colon”
- Now considered “multifactorial”

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Secondary Gain

- Accidentally discovered advantages in being neurotic
- Advantages are quite apart from tension reduction
- “attention-getting”
- Manipulative behavior

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Defense Mechanism

- A minimal and often self-defeating attempt to manage anxiety of:
 - external stressors +/-
 - internal fears and insecurities
- Often habitual, rather than conscious.
- Often self-defeating attempt

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Coping Mechanism

- A mature means of mastering stress and anxiety
- Often consciously learned
- Often taught as stress management strategies

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Relaxation Response

- A healthy **suspension of external distractions** and stimuli
- Allowing for harmony between bodily, mental, and emotional functions.
- Stressors, internal fears, and anxiety are seen in a different perspective after a healthy engagement in exercise, sleep, prayer, sex, music, meditation, creative work, or playful activity.

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Defense Mechanisms

Examples:

- Denial
- Rationalization
- Identification
- Displacement

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Denial

- Most primitive defense mechanism.
- To deliberately *ignore the intolerable* feeling or thought.

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Repression

- Forgetting of uncomfortable thoughts or feelings.
- Differs from denial in that this is often “automatic” and habitual
- Forgetting or "*burying*" into the subconscious of certain anxiety-provoking uncomfortable thoughts or feelings.

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Conversion Reaction

- *Unconscious* transformation of an anxiety-provoking conflict into a *bodily* symptom.
- The anxiety is often expressed symbolically.
- The symptom often seems to *resolve the conflict* (at least temporarily)
- Emergency clinicians should **NOT** make this diagnosis

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Obsessive Doubting

- Constant uncertainty or *fear*, may be paralyzing
- Constant insecurity
 - over what one will do or will not do
 - or has done or has not done
 - or what disease or calamity may or may not occur (T B, or not T B)
- May be associated with superstitions
- May be associated with OCD

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Fixation

- A stubborn preoccupation
- Often a reflection of unresolved
 - anger
 - ambivalence

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Rationalization

- Anxieties or fears are lessened by
 - Defensive
 - distortion or
 - *change of perspective*
- Cognitive Therapy
 - Deliberate, learned
 - healthy change of perspective

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Ritual

Anxiety is lessened by:

- prescribed, repetitive, sequenced behaviors
 - these behaviors may be:
 - time-consuming
 - Embarrassing, crippling
 - these behaviors may provide
 - socialization
 - enjoyment, +/-or
 - a sense of control.

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Sublimation

- Transformation of impulses
- Neutralization of impulses
- Makeover of impulse into:
 - healthy and practical drives
 - productive
 - socially acceptable drives

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Displacement

- The drive or impulse remains the same; that is, **it is not sublimated**
 - Impulse (anger + aggression) is the same and often immediate
 - But the object of the impulse is shifted onto someone or something else
 - Impulse is often sadomasochistic

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Displacement

Self Destructive Displacement

- Shifting of destructive impulses
 - Away from :
 - an ambivalently loved *and* hated person
 - Onto oneself

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Identification

Attempting to lessen anxiety by:

- forming a cognitive link or emotional bond with:
 - a loved or lost person
 - a winner
 - an aggressor

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Regression

- An expression of inability to function maturely
- Behaviors look like:
 - “childish” (not the same as “child-like”)
 - “baby-like”, infantile
- Inappropriate for the situation
- Eg., the threatened 4 yr.
 - who suddenly becomes “un-toilet trained,” after the arrival of the new baby.

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Projection

- Projection is basis for "scape goating"
- One's own anxieties or impulses are perceived as:
 - belonging to someone else.
- An attempt to lessen anxiety
 - by laying unresolved, anxiety-provoking conflict or anger
 - onto a “whipping boy”

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Reaction Formation

Behavior or adaptation that is:

- Diametrically (180°) opposed to original impulse.
- Eg., the dog-bite 4 yr.
 - who, in later life becomes

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Pathophysiology

- Anatomical changes in psychiatric disease
 - Stress can change the brain's structure
 - Anti depressants can prevent anatomical changes
- Physiological changes
 - Infection and Immunologic changes
 - Anti neuronal antibodies after ? infection
 - Biochemical
 - Stress can change neurotransmitter levels
 - Anti depressants can change neurotransmitter levels

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Search

Anxiety Disorder

- Formerly attributed to “bad mothers”
- In children
- Sydenham's chorea
- Tourette's syndrome
- Depression
- PANDAS
- Plasmapheresis treatment

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Search

Neurologic Disorder

- Plasmapheresis treatment

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Pathophysiology

- Stress can actually change the brain's structure.
- Antidepressant reverses structural changes induced by stress
- Hippocampal alterations by blocking the link between stress and affective depression," or instead, prevents "the link between the affective symptoms and the hippocampus."
- "findings such as these also support the frequent uphill battle for those (*Proc Natl Acad Sci USA* Oct. 2, 2001.)
 - Who study and treat depression
 - Who suffer from it
 - Namely, the battle of convincing others that this is a real biological disorder, rather than some sort of failure of fortitude or spirit."

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Article Review

Antidepressant Reverses Structural Remodeling Induced by Stress (Reuters Health Oct 01)

[\(article\)](#)

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Summary

We have defined and discussed:

- Various classical psychiatric disorders
 - Clinical examples
 - Symptoms and signs of these
- The need for:
 - professionalism
 - an appreciation of the continuity between and normal and abnormal behavior
- Some of the interpersonal, organizational, and treatment implications.

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