Founders House of Hope

Psychosocial Rehabilitation Program

Curriculum for Symptom Management and Relapse Prevention Group

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Contents:

What is Schizophrenia?

Schizophrenia is a chronic, severe and disabling brain disorder that affects about 1% of the Americans.
Individuals with Schizophrenia:

1) May hear voices (auditory hallucinations)
2) May believe others are reading their minds
3) Are fearful others are plotting against them (paranoia)
4) The individual may be incoherent and not make sense when communicating

Symptoms of Schizophrenia

Psychosis: which reveal a loss of contact with reality; severity of symptoms depends on whether the individual is receiving treatment

Unusual thoughts or perceptions which include auditory hallucinations, delusions (false beliefs) thought disorder and disorder of movement.

Hallucinations: a hallucination is something someone sees, hears, smells or feels that no one else experiences.

In Schizophrenia voices are the most common type of hallucination (auditory). The voices may comment on their behavior, order or command them to do things or warn them of impending danger.

Other types of hallucinations include seeing people or objects that are not there (visual hallucination), smelling odors others do not detect and experiencing sensations of invisible fingers touching their bodies (tactile hallucination)

Schizophrenia includes the following:

Positive Symptoms: readily observable behaviors

Delusions are false beliefs that are not part of the individual's culture despite being told these thoughts are illogical. The delusions can be very bizarre such as believing their neighbors are controlling their thoughts with magnetic waves or people on television are directing special messages to them, or radio stations are broadcasting their thoughts to the public.

Delusions of Grandeur include claiming to be famous historical figures. Individuals with paranoia believe that others are deliberately cheating, harassing, poisoning, spying or plotting against them (delusions of persecution)

Thought Disorder includes unusual thought processes such as disorganized thinking where the individual encounters difficulty organizing thoughts or connecting them logically. Speech may be garbled or difficult to understand and he/she may experience thought blocking where he/she stops abruptly in the middle of a thought. If the person is asked why he /she may respond with the thought was removed from his/her head. Finally, the individual may create unintelligible words or neologisms.

Disorders of Movement include being clumsy and uncoordinated, or show involuntary movements and they may grimace or exhibit unusual mannerisms. The individual may repeat certain motions repeatedly and in some cases, become catatonic where by he/she is immobile and unresponsive. Catatonia is rare now with newer medications.

Negative Symptoms:

These symptoms represent a loss or a decrease in the ability to initiate plans, speak, express emotion or find pleasure in everyday life.

Negative symptoms are more difficult to recognize as part of the disorder and can be mistaken for laziness or depression.

The term negative symptoms refers to reductions in normal emotional and behavioral states and includes the following:

1) flat affect (immobile facial expression, monotonous voice)
2) lack of pleasure in everyday life
3) diminished ability to initiate and sustain planned activity
4) speaking infrequently
5) neglecting hygiene

Cognitive Symptoms:

These are cognitive deficits and include problems with attention, memory and executive functions that allow us to plan organize and solve problems. Cognitive deficits maybe difficult to recognize and are very disabling because they interfere with daily life.

Deficits in executive functions means an inability to absorb and interpret information to make rational decisions, inability to sustain attention and problems with working memory meaning difficulty retaining recently learned information to use in daily living.

Onset of Schizophrenia

Psychotic symptoms such as hallucinations and delusions usually emerge in men in their late teens and early 20's and in women in their mid-20's to early 30's.

These symptoms seldom occur after age 45 and rarely before puberty.

In adolescents the first signs include a change in friends, drop in grades, sleeping disturbances and irritability. A diagnosis can be difficult to make in adolescence because adolescents exhibit these behaviors.

Potential for Violence

Individuals with schizophrenia are not especially prone to violence and often prefer to be left alone.

Studies indicate that if an individual has no record of criminal violence before they develop schizophrenia and they are not substance users, they are unlikely to commit crimes after becoming mentally ill.

Substance use increase potential for violent behavior regardless of the presence of schizophrenia.
If an individual suffers from paranoid schizophrenia and is violent, the violence is often directed at family members and usually occurs at home.

Substance Abuse

A percentage of individuals who abuse substances show symptoms similar to schizophrenia and individuals with schizophrenia may be mistaken for being under the influence of substances.

Substance use can reduce the effectiveness of treatment for schizophrenia and stimulants such as amphetamines, cocaine, pcp, marijuana may worsen the symptoms of schizophrenia.

The most common form of substance abuse in schizophrenics is addiction to nicotine; 3 times the rate of the general population.

Subtypes of Schizophrenia:

The subtypes are defined by the prominent symptomatology at the time of evaluation

Paranoid Type: the essential feature here is the presence of prominent delusions or auditory hallucinations; cognitive functioning and affect is preserved and there is absence of flat affect, disorganized speech, catatonic or disorganized speech. Delusions are persecutory or grandiose; delusions are organized around a coherent theme and the hallucinations are related to the delusion. The individual may have a superior or patronizing manner.

Disorganized Type: the essential feature here is disorganized speech, disorganized behavior and flat or inappropriate affect. The disorganized speech may be characterized by silliness and laughter that is not related to the content of the speech. The behavioral disorganization such as lack of goal orientation may lead to severe disruption in the ability to perform activities of daily living such as showering, dressing or preparing meals.

Catatonic Type: the essential feature here is marked psychomotor disturbance that may involve motoric immobility, excessive motor activity, extreme negativism, mutism, ecolalia (senseless repetition of a word or phrase just spoken by another person) or echopraxia. A rigid posture may be seen.

Undifferentiated Type: the essential feature here is the presence of symptoms that meet criterion for Schizophrenia but do not meet criteria for the Paranoid, Catatonic or Disorganized Type.

Ch. 12: Psychological Disorders

How do we define abnormality?

1) Abnormality as deviation from the average: this is a statistically based approach; we observe behaviors that are rare occurring and label them as deviating from the norm-- and are abnormal. The problem here is that if most people eat cornflakes for breakfast-- and you like raisin bran-- is your behavior abnormal?

2) Abnormality as deviation from the ideal: behavior is abnormal if it deviates enough from some kind of ideal or cultural standard; however, society has few standards on which people universally agree. What is ideal? Standards change from time to time.

3) Abnormality as a sense of personal discomfort: here we focus on the psychological consequences of the behavior; behavior is abnormal if it produces distress, anxiety for the person. However-- the problem here is that someone with Schizophrenia reports feeling great hearing soothing voices of G-d.

4) Abnormality as the inability to function effectively: people who can't function effectively and unable to adapt to demands of society are abnormal.

5) Abnormality as legal concept: the word insanity is a legal term meaning the person cannot understand the difference between right and wrong when committing a criminal act.

In sum-- mental health folks define abnormal behavior as behavior that causes the person distress and an inability to function in their daily life.

In human history-- people associated abnormal behavior to superstition and witchcraft; they were accused of being possessed by the devil or demonic G-d; they attempted to drive out the devil by whipping, immersion in hot water starvation or other forms of torture.

Perspectives on Psychological Disorders

Medical Perspective: Many abnormal behaviors are linker to biological causes-- so we look to chemical deficiencies, hormonal imbalances or brain injuries for explanations. However-- some abnormal behaviors have no biological causes

Psychoanalytic Perspective: abnormal behavior stems from childhood conflicts over opposing wishes regarding sex and aggression; we need in therapy to uncover the roots of the disordered behavior; look at childhood experiences.

Behavioral Perspective: the medical and psychoanalytic look at abnormal behavior as symptoms of an underlying problem and the behavioral view sees the behavior as the problem; using principles of learning we can unlearn abnormal behavior; look at abnormal behavior as responses to various stimuli.

Cognitive Perspective: here we assume that cognitions-- people's thoughts and beliefs result in abnormal behavior; so we teach new, more adaptive ways of thinking; we look at people's irrational and distorted thinking; example: if I don't do well in these psychology quizzes and tests I'm a failure in life.

Humanistic Perspective: here we emphasize that people are responsible for their own behavior; Carl Rogers and Abraham Maslow founders of this movement; focus on what makes us unique and different as individuals; we are rational beings oriented toward a rational world motivated to reach self-actualization; as long as the person is not hurting anyone else, let them choose their behaviors.

Sociocultural Perspective: people's behavior, normal and abnormal is shaped by the family, society and culture they are members of; example is that Schizophrenia is more prevalent among lower socioeconomic groups than more affluent groups.

Classifying Abnormal Behavior: Using DSM-IV TR

Mental health professional use a classifying system called the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision to diagnose and classify abnormal behavior.

Includes more than 200 disorders, divided into 17 major categories DSM -IV TR is descriptive and doesn't explain causes of behavior

Includes 5 Axes:

Axis I: Clinical Disorders: disorders that produce distress and impair functioning

Axis II: Personality Disorders and Mental Retardation: enduring, rigid behavior patterns

Axis III: General Medical Conditions: physical disorders that may be related to psychological disorders

Axis IV: Psychosocial and Environmental Problems: problems in a person's life such as stressors or life events that may affect the diagnosis, treatment and outcome of psychological disorders.

Axis V: Global Assessment of Functioning: overall level of mental, social, occupational and leisure functioning.

Anxiety Disorders: Anxiety can be an experience of apprehension or tension in reaction to stressful stimuli; there's nothing wrong with having anxiety because it's a normal reaction to stress that ma help; however-- when having anxiety in situations where there's no external stimuli or justification and it impairs daily functioning-- one should seek treatment for the anxiety disorder.

There are 4 types of anxiety disorders:

1) phobic disorder
2) panic disorder
3) generalized anxiety disorder
4) obsessive-compulsive disorder

Types of Anxiety Disorders:

Phobic Disorder: phobias are intense, irrational fears of specific objects or situations; claustrophobia is an example; it's a fear of enclosed places; acrophobia is a fear of high places or xenophobia is a fear of strangers; social phobia is the fear of being judged or embarrassed by others; electrophobia is a fear of electricity.

Panic Disorder: an anxiety disorder that takes the form of panic attacks lasting from a few seconds to as long as several hours; panic attacks do not have any identifiable stimuli; anxiety suddenly comes on without warning, rises to a peak and the person feels impending, unavoidable doom; physical symptoms may include dizziness, faintness, heart palpitations, shortness of breath and sometimes a sense of imminent death; some may develop complications like agoraphobia where they don't leave their home being fearful that they can't escape a situation if they have an attack.

Generalize Anxiety Disorder: a long term, persistent anxiety and uncontrollable worry; may be about an identifiable cause like worry about family, work, money health, etc. they fear something dreadful will happen and can't identify the reason and they experience what is called a "free-floating" anxiety; these people cannot concentrate and put aside their fears; their life is occupied by the worry and they have physiological symptoms like dizziness, muscle tension, headaches, heart palpitations, insomnia.

Obsessive-Compulsive Disorder: a disorder characterized by obsessions and compulsions; one is plagued with unwanted thoughts (obsessions) that they must carry out which is the compulsion.

The obsession is the unwanted thought that keeps recurring; you go on vacation and worry the entire 2 weeks that you left your front door to the house unlocked

The compulsion is the irresistible urge to repeat a behavior that is strange and unreasonable; example is continuous hand washing.

Causes of anxiety disorders: it may be a gene involved in the production of the neurotransmitter serotonin; other chemical deficiencies; maybe an overactive autonomic nervous system in terms of panic disorder; behaviorists think it's learned response to stress and cognitive behavioral theorists think it's irrational thoughts that result in anxiety

Somatoform Disorders

These are disorders that take on a physical (somatic) form for which there is no medical cause.

Hypochondriasis: a disorder in which people have a constant fear of illness and a preoccupation with their health; they believe their everyday aches and pains are symptoms of a dreadful disease; the symptoms are not faked.

Conversion Disorder: a major somatoform disorder that involves an actual physical disturbance, such as the inability to use a sensory organ or the complete or partial inability to move an arm or leg; the cause is psychological and there's no biological reason; some of Freud's cases were about conversion disorders when a woman couldn't use her arm then later was able to.

Pseudocyesis (false pregnancy) is a conversion disorder

Dissociative Disorder: characterized by the separation of different facets of a person's personality that are normally integrated; by dissociating certain parts of who they are, people are able to keep disturbing memories or perceptions from reaching conscious awareness and reducing anxiety for them.

Dissociative Identity Disorder (used to be called multiple personality disorder) is when one displays characteristics of two or more distinct personalities.

Dissociative Amnesia: a disorder in which a significant selective memory loss occurs; the forgotten material is still present in memory but cannot be recalled.

Dissociative Fugue: a form of amnesia in which the person leaves home and sometimes assumes a new identity (what Elie wants to do); one takes sudden, impulsive trips after withdrawing lots of money with the ATM card and then a few years later, realize they're in a strange place and unaware how they got there; are in an existential fugue.

Mood Disorders

Mood Disorder: a disturbance in emotional experience that is strong enough to interfere with daily living.

Major Depression: a severe form of depression that interferes with concentration, decision making and sociability; one of the more common forms of mood disorders, about 15 million people in US suffer from it; about 6-10% of Americans is clinically depressed; women are twice as likely to have major depression; rate of depression increasing in world; symptoms are feeling useless, hopeless, lonely lose appetite, insomnia/hypersomnia, risk for suicide.

Bipolar Disorder: extreme mood shifts; mania leads to an extended state of intense, wild elation; power, invulnerability; period os mania and depression indicates bipolar disorder; alternating between mania and depression may last a few days or months; periods of depression usually longer than periods of mania.

Causes of Mood Disorders: genetic and biochemical roots; neurotransmitters play a role; alterations in the functioning of serotonin and norepinephrine in the brain. Cognitive theories say that depression is a response to learned helplessness; irrational ideas about oneself also contribute to depression where one evaluates him/herself as negative, focusing on negative aspects of the self.

Schizophrenia

A class of disorders where severe distortion of reality occurs; thinking, perception and emotion is disturbed, the person withdraws from social interaction and shows bizarre, oddity of behavior.

Symptoms: 1) decline from previous level of functioning

2) disturbance of thought and language (thought disorder poor linguistic usage)

3) delusions are false beliefs; firmly held with no basis in reality; can say they are being controlled by someone else, persecuted by others and their thoughts are being broadcast to others, being someone famous

4) hallucinations and perceptual disorder include auditory hallucinations where they hear voices, visual hallucinations where they see things, tactile and olfactory hallucinations (feeling and smelling) which aren't present

5) emotional disturbances ;cshow a lack of emotional expression, restricted or flat affect; incongruent affect where one laughs at death of someone

6) withdrawal where the person has no interest in others; isolate

Causes of Schizophrenia: the dopamine hypothesis suggests that Sz occurs when there is excess activity in the areas of the brain that use dopamine; drugs that block dopamine action in the brain reduce symptoms of schizophrenia.

Personality Disorders

These are disorders characterized by a set of inflexible, maladaptive behavior patterns that keep a person from functioning well in society; some people lead normal lives

Antisocial Personality Disorder: the person shows no regard for the moral and ethical rules of society or rights of others; also referred to as sociopathic personality disorder; lack guilt or remorse for their wrongdoing; are impulsive and cannot withstand frustration; are manipulative, have great social skills, are smart and charming and engaging and persuasive; likely to come from lower socioeconomic homes; where a parent may have died and poor supervision.

Borderline Personality Disorder: these people have problems developing a secure sense of who they are; rely of relationships with others to define their identity; rejections then are devastating; they have problems controlling their anger; distrust others; are impulsive and self-destructive; feel empty and alone; form intense, self-serving relationships suddenly; very demanding of the person.

Narcissistic Personality Disorder: here we have grandiose sense of self-importance; disregard feelings of others, are in love with self; cannot feel empathy for others, exaggerates achievements; sense of entitlement, interpersonally exploitative; is arrogant; envious of others; requires excessive admiration; preoccupied with fantasies of unlimited success, power, brilliance and beauty.

Childhood Disorders

About 20% of children and 40% of adolescents experience significant emotional or behavioral disorders.

Attention Deficit Hyperactivity Disorder (ADHD) marked by inattention, impulsiveness, low tolerance for frustration that interferes with daily functioning. It is widespread ranging between 3-5% of school aged children.

The cause is unknown-- but may be caused by dysfunction in central nervous system; unusually low levels of arousal in the CNS and to compensate kids with ADHD seek out stimulation to increase arousal.

Pervasive Developmental Disorder
Autistic Disorder
Rett's Disorder
Childhood Disintegrative Disorder
Asperger's Disorder

Autism: a severe and pervasive, developmental disability that impairs child's ability to communicate and relate to others; usually appears in first 3 years of childhood and continues throughout life; have difficulties in verbal and nonverbal communication and avoid social contact; failure to develop peer relationships appropriate to developmental level; persistent preoccupation with parts of objects; stereotyped and repetitive motor mannerisms (hand or finger flapping); lack of social or emotional reciprocity.

Ch. 13: Approaches to Treatment

There are about 400 varieties of psychotherapy available.
Generally: they fall into 4 categories:

1) psychodynamic
2) behavioral
3) cognitive
4) humanistic

Psychodynamic Approaches

These approaches seek to bring unresolved past conflicts and unacceptable impulses from the unconscious to the conscious-- so you can deal with it more effectively. We look at the defense mechanisms the pt. Uses to protect themselves from unacceptable unconscious impulses.

We use repression to push threatening conflicts back into the unconscious.-- but they can't be buried and some anxiety associated with them can produce abnormal behavior.

Psychoanalysis: a Freudian psychotherapy where goal is to release hidden unconscious thoughts and feelings in order to reduce their power in controlling behavior.

In psychoanalysis: meet with analyst for 50 minutes a day, 4-5 days a week for several years. The patient free associates-- saying anything that comes to their mind. Dream interpretation is also used; examining dream for their looking at the surface (manifest content) and underlying meaning (latent content) which is the true unconscious meaning of the dream.

Transference: the transfer of feelings to an analyst of love or anger that had originally been directed to a patient's parents or other authority figures. Transference develops because of the intimate/emotionally charged relationship developed between the pt. and the analyst.

Behavioral Approaches

Approaches that build on the basic processes of learning; using reinforcement and extinction, assuming that normal and abnormal behavior are both learned.

People behaving abnormally have failed to learn the skills to cope with the problems of daily living; they have faulty skills that are being maintained and reinforced.

Behavioral psychologists don't focus on the patient's past; they don't see abnormal behavior as a symptom of an underlying problem but as behavior needing to be modified.

Classical Conditioning Treatments:

If you bit into a candy bar filled with ants and took several bites-- you'd get sick and maybe vomit. So-- now you've learned through classical conditioning to avoid candy bars.

Aversive Conditioning: a form of therapy that reduces the frequency of undesired behavior by pairing an aversive, unpleasant stimulus with the undesired behavior.

For example-- an alcoholic may be prescribed antabuse (it's paired with alcohol) that will make the pt. Sick if he drinks alcohol while on antabuse (causes severe nausea and vomiting). The two are paired and the pt. Associates alcohol alone with vomiting.

Systematic Desensitization: gradual exposure to an anxiety producing stimulus is paired with relaxation to extinguish the anxiety.

If you were afraid of flying:

You would first be taught a relaxation technique

The behavioral therapist then constructs with you a hierarchy of fears: a list in order of increasing severity of the things you're fearful/anxious about: you imagine the following during relaxation:

1) watch a plane fly overhead
2) go to airport
3) buy a ticket
4) step into plane
5) see plane door close
6) have he plane taxi down the runway
7)plane take off
8) being in the air

Exposure Treatments:

A behavioral treatment for anxiety where you're confronted either suddenly or gradually with the stimulus you fear; no relaxation is used in this approach.

Graded exposure is usually used; steps are used in exposure to the stimulus; effective for phobias, anxiety disorders, impotence.

Operant Conditioning Techniques

We use toke economy programs here-- where the person receives a reward for the desired behavior. Teachers use this to manage classroom behavior sometimes where kids receive tokens they can exchange for a desired item.

Contingency Contracting: a variant of the token system to produce behavior modification; the therapist and pt. draw up a written contract with behavioral goals for pt. to achieve. The contract frequently states negative consequences if the goals aren't met. For example, if the patient doesn't like the National Rifle Association-- he wants gun control laws legislated, then if he doesn't meet the behavioral goals, the therapist makes him write a check to the National Rifle Association.

Dialectical Behavior Therapy

A treatment where the focus is on getting people to accept who they are, regardless of whether it matches their ideal.

The therapists explains to the patient that they have two choices:

1) they can remain unhappy

2) they can change If the patient agrees to change, it is up to them to modify their behavior

Cognitive Approaches

These approaches teach patients to think in more adaptive ways; changing their dysfunctional cognitions about the themselves; irrational thinking. This approach also called cognitive-behavioral.

The approach assumes that anxiety, depression and negative emotions develop from maladaptive thinking. The therapist encourages the patient to challenge their irrational thoughts and assumptions; to dispute them.

The therapy is short-term, about 20 sessions; therapy is highly structured and focused on concrete problems; therapist is coach and partner in treatment.

Rational Emotive Therapy

Here we try to restructure a patient's belief system into a more realistic, rational and logical view. Albert Ellis created this treatment; many people lead unhappy lives and suffer from psychological problems because of their irrational, unrealistic ideas like the following:

We need the love and approval of all significant people in our lives; that they approve what we do

We should be competent and successful in all possible ways to feel worthwhile

It's horrible when things don't turn out the way we want them to

The A - B - C Model A = negative activating event (break up with lover)

B = irrational belief (I'll never be loved again) C = emotional consequence (depression, sadness)

Ch. 13: Biomedical Therapy: Biological Approaches to Treatment

Drug Therapy is the control of psychological disorders through medications.

These drugs work by altering the operation of neurotransmitters and neurons in the brain.

Some medications inhibit neurotransmitters or receptor neurons-- reducing the activity at particular synapses, the sites where nerve impulses travel from one neuron to another.

Other medications do the opposite-- they increase the activity of certain neurotransmitters or neurons -- allowing particular neurons to fire more frequently.

Antipsychotic Drugs

These medications were introduced in the 1950's to reduce the severity of symptoms associated with Sz and other psychotic disorders.

One of the first drugs was chlorpromazine (Thorazine) and it was the most popular tx for Sz.

New generation of medications includes atypical antipsychotics with fewer side effects and these are:

1) rizperidone
2) olanzapine
3) paliperidone

Most of these medications block dopamine receptors at the brain's synapse.

Some of the side effects: dry mouth, blurred vision, tremors, loss of muscle control

Antidepressant Drugs

These medications are used for depressive disorders; anxiety and bulimia.

They work by changing the concentration of specific neurotransmitters in brain.

Tricyclic drugs increase availability of norepinephrine at the synapses of neurons.

MAO inhibitors prevent the enzyme monoamine oxidase (MAO) from breaking down neurotransmitters.

Newer antidepressants like Lexapro are selective serotonin reuptake inhibitors (SSRI) target the neurotransmitter serotonin-- allowing it to linger at the synapse.

Antidepressants can produce lasting, long-term recovery from depression.

Mood Stabilizers

These drugs are used to treat mood disorders and lithium is a mineral salt used to treat Bipolar Disorder-- to prevent manic episodes.

Other mood stabilizers include Depakote and Tegretol to reduce mania. However-- they do not treat depressive episodes of Bipolar Disorder-- so antidepressants are prescribed during the depressive phases.

Antianxiety Drugs

These drugs reduce the level of anxiety and increases well-being by reducing excitability.

These medications include Xanax, Ativan, Klonopin, Valium

Some of the potential side effects are: (especially with higher doses)

Fatigue, drowsiness, dizziness, stomach upset, blurred vision, slurred speech, forgetfulness

Long term use can produce dependence

Ch. 10: Personality

What is Personality: a pattern of enduring characteristics that produce consistency and individuality in a person. It's what makes each of us unique.

Psychodynamic Approaches to Personality

Freud developed psychoanalytic theory in the early 1900's where he explained that conscious life plays a small role in our psychological makeup.

He argued that much of our behavior is made up of unconscious forces containing our memories, feelings, urges, drives, instincts knowledge and beliefs.

Freud said that to understand personality-- we need to expose what is in the unconscious.

The unconscious disguises what's in there-- so we can't see it directly. So-- we interpret clues to the unconscious in terms of identifying slips of the tongue, fantasies and dreams.

Freud says much of our personality is determined by the unconscious.

The Structure of Personality

Freud's abstract conception of personality includes:

Id= raw, unorganized, inborn part of personality; is there at birth and id attempts to reduce tension created by primitive drives like hunger, sex, aggression and irrational impulses; these drives are fueled by psychic energy which is limitless.

The id operates according to the pleasure principle.

Ego= develops soon after birth balances the desires of the id and the realities of objective, outside world;

The ego operates according to the reality principle; where instinctual energy is restrained to maintain the safety of the individual and integrate the person into society; the ego makes good decisions; it is the executive of personality.

The Superego= last personality structure to develop in childhood; represents the rights and wrongs and right as taught by the child's parents, teachers and other significant folks.

The superego includes the conscience which prevents us from behaving in morally improper ways by making us feel guilty if doing wrong.

Psychosexual Stages of Personality Development

According to Freud, failure to resolve the conflicts at a certain stage can result in fixation-- which means that certain conflicts or concerns can persist beyond the developmental period in which they first occur. Such conflicts may be due to unmet needs or being overindulged.

Please refer to Figure 2 on page 385 of text.

1st Psychosexual Stage: Oral= baby's mouth is focal point of pleasure; 12-18 months child sucks, eat bite so the mouth is the primary site of a kind of sexual pleasure and weaning (withdrawing breast or bottle) is the main conflict in this stage. If infants are overindulged here (fed every time cries) or frustrated in search for oral gratification they may become fixated at this stage. Fixation here can produce adult who is unusually interested in oral activities like eating, talking smoking.

2nd stage: Anal= 12-18 months to 3 years and the emphasis now is on toilet training; source of pleasure now moves from mouth to anal region; children get pleasure from retention and expulsion of feces; if toilet training tough fixation may occur and result in rigidity, orderliness, punctuality or extreme disorderliness and sloppiness in adulthood.

3rd stage: Phallic= age 3; interest now on the genitals and pleasure derived from fondling genitals; here child negotiates one of the most important challenges: the Oedipal conflict; child realizes differences in genitals of males and females; the boy develops an unconscious sexual interest in his mother and sees father as a rival and wants to kill father-- as Oedipus dos in the ancient Greek tragedy. However-- father is too powerful, so boy gives it up because of fear that father may remove his penis; this fear leads to the boy experiencing castration anxiety and the boy represses his desires for mother and identifies with father; wanting to be like father and imitating father so that one day he can have a woman like mother.

For girls-- girls begin to feel sexual arousal for their father and they have penis envy; wanting a penis; girls blame their mother for not having a penis and they blame their mothers for not having a penis; the girl like the boy, identifies with the mother and resolves this conflict.

The Oedipal conflict gets resolved-- if not resolved, problems develop in the area of improper sex role behavior and failure to develop a conscience.

4th Stage: At age 5-6 the latency period emerges and lasts until puberty; sexual interests are dormant now and during adolescence sexual feelings re-emerge.

5th Stage: The final stage is Genital which extends to death; and here the focus is on mature, adult sexuality/sexual intercourse.

Defense Mechanisms

So-- to deal with emerging anxiety, which Freud said was a danger signal to the ego, he theorized about defense mechanisms to deal with anxiety.

A defense mechanism is an unconscious strategy one uses to reduce anxiety by concealing its source from themselves and others.

The primary defense mechanism is repression-- in which unacceptable or unpleasant id impulses are pushed back in the unconscious. It is the most direct method for dealing with anxiety; we simply ignore here.

If repression is ineffective-- we use other defense mechanisms.

All of us use defense mechanisms to some degree-- but some use defenses too much to deal with anxiety; using lots of psychic energy hiding and rechanneling unacceptable impulses-- which can result in a neurosis.

Evaluating Freud - he used case studies to formulate his theories; lack of scientific data; he tended to view women as inferior to men; they have weaker superegos and they unconsciously yearn to be men because of penis envy.

The Neo-Freudians

These were psychoanalysts who were trained in traditional Freudian theory but later created their own theories/schools after rejecting some of Freud's ideas.

They placed greater emphasis on the ego; it had more control than the id on day to day activities; focused on the social environment and minimized the importance of sex as a driving force in people's lives. They also focused more on the effects of society and culture on personality development.

Carl Jung

Jung rejected Freud's ideas on unconscious sexual urges-- focused on primitive urges of the unconscious more positive. He said we have a universal collective unconscious-- a common set of ideas, feelings, images and symbols we inherit from our relatives and the human race. Everyone shares the collective unconscious-- common across all cultures like the love of other and a belief in a supreme being.

The collective unconscious contains archetypes: universal symbolic representations of a particular person, object or experience. For example-- a mother archetype shown in art, religion and literature and mythology. Archetypes influence our values and attitudes.

Karen Horney

Horney championed women's issues; first feminine psychologist; theorized personality develops in the context of social relationships and focus on relationship between child and parents.

Trait Approaches to Personality

Trait Theory: a model of personality that seeks to identify the basic traits necessary to describe personality; the consistent traits in one's behavior.

Trait = consistent personality characteristics and behaviors displayed in different situations.

Trait theorists theorize that all people possess certain traits, but the degree that the trait applies varies and it can be quantified. One can be friendly and another unfriendly.

Gordon Allport

Allport theorized there are 3 fundamental categories of traits:

1) Cardinal: a single characteristic that directs the persons activity; a selfless person directs all her energy toward humanitarian activities; mos people don't develop a singe cardinal trait however.

2) Central Trait: honesty and sociability; can have from 5 to 10 of these traits

3) Secondary Trait: thee are characteristics that affect behavior in fewer situations and are less influential than central or cardinal traits; a reluctance to eat meat and love of modern art.

The Big Five Personality Traits

These emerge cross-culturally among different populations like children, college students adults.

1) Openness to experience: independent- conforming, imaginative- practical, prefer variety-prefer routine

2) Conscientiousness: careful-careless, disciplined-impulsive, organized-disorganized

3)Extraversion: talkative-quiet, fun loving-sober, sociable-retiring

4) Agreeableness: sympathetic-fault finding, kind-cold, appreciative-unfriendly

5) Neuroticism (Emotional Stability): stable-tense,calm-anxious,secure-insecure

Learning Approaches

The Psychodynamic and Trait approaches emphasize the inner person

Learning approaches emphasize the external environment-- the outer person.

Learning theorists assert that the personality is the sum of learned responses to the external environment.

Skinner's Behaviorist Approach

Skinner says personality is a collection of learned behavior patterns; similarities in responses across different situations are caused by similar patterns of reinforcement received in such situations in the past. To change behavior-- we need to modify and control patterns of reinforcers

Albert Bandura

Bandura described Observational Learning: viewing the actions of others and observing the consequences. This is a social cognitive approach; emphasizing the influence of cognition, thoughts, feelings, expectations and values, as well as observation-- and it's influence on personality.

Bandura places emphasis on one's self-efficacy: belief in one's capabilities. If you have high self-efficacy you will likely have high aspirations and greater persistence in working to attain goals and achieve success than folks with low self-efficacy.

Self-esteem: how wee feel about ourselves; need to feel worthwhile and valued otherwise we can become self-defeating.

Low self-esteem leads to low performance expectation which leads to reduced effort and high anxiety which leads to failure.

Humanistic Approaches: The Uniqueness of You

Humanistic approaches emphasize people's inherent goodness and their tendency to move toward higher levels of functioning.

It is the conscious, self motivated ability to change and improve, along with people's creative and unique desires that make up the core of personality.

Carol Rogers: all people have a fundamental need for self-actualization; realizing their highest potential, in a unique way. We develop a need for positive regard and their desire to be loved and respected,

Unconditional positive regard: an attitude of acceptance and respect from another person, no matter what the person says or does.

Please refer to page 403 of text for Figure 7

Name: _____ Date: _____

What are your positive symptoms if you've been diagnosed with Schizophrenia? The medications usually cover and help reduce the positive sx's of Schizophrenia.

Auditory Hallucinations:

Olfactory Hallucinations:

Tactile Hallucinations:

Visual Hallucinations:

Delusions:

Paranoia:

Disordered Thought (disorganized thinking and speech, incoherence, confusion, being irrelevant):

What are your negative symptoms: the negative sx's contribute more to the poor quality of life, functional disability

Restricted Affect:

Poverty of Speech:

Anhedonia (inability to experience pleasure):

Avolition (lack of motivation):

What causes Schizophrenia?

Schizophrenia is believed to be the result of a combination of environmental and genetic factors.
It can be inherited and occurs in 1% of the general population but is seen in 10% of people with a first degree relative; parent, brother, sister with the disorder.

There is a genetic risk for schizophrenia but genes alone are not sufficient to cause the disorder.

Interaction between genes and the environment is likely to cause schizophrenia.

Environmental factors include:

1) exposure to viruses
2) malnutrition in the womb
3) problems during birth
4) psychosocial factors
5) stressful environmental conditions

Brain chemistry

It is likely that an imbalance in the complex, interrelated chemical reactions of the brain involving neurotransmitters such as dopamine plays a role in causing schizophrenia.

Dopamine plays a central role in the nervous system and is linked to the brain's system of motivation and reward.

The Dopamine Hypothesis postulates that an excessive amount of dopamine produced in the brain causes schizophrenia, in addition to a high number of dopamine receptors in the brain. The excess dopamine floods the brain and creates inhibiting functions, causing the neurons to misfire resulting in hallucinations.

The brains of individuals with schizophrenia look different than brains of healthy individuals. The ventricles which are cavities filled with fluid at the center of the brain are larger in individuals with schizophrenia.

Individuals with a second degree relative such as an aunt, uncle, grandparent or cousin with the disease also develop schizophrenia more often than the general population. The identical twin of a person with schizophrenia is most at risk; with a 40 to 65 percent chance of developing the disorder.

How is Schizophrenia Treated?

Current treatments focus on eliminating or decreasing the intensity of the symptoms.

Antispychotic Medications

These medications became available in the mid 1950's and they effectively alleviate the positive symptoms of schizophrenia. However– they do not cure schizophrenia.

Everyone responds differently to these medications and trials of different medications are generally practiced before the right medication is found.

The older antispychotic medications include Thorazine, Haldol, Prolixin and they are not used often due to the extrapyramidal side effects such as rigidity, persistent muscle spasms, tremors, restlessness.

In the 1990's newer medications called atypical antipsychotics were developed that rarely produced side effects.

Newer Medications: these medications do not produce extrapyramidal symptoms but can cause weight gain an increased risk for diabetes

Clozaril Risperdal Zyprexa Seroquel Geodon