Introduction to Psychological Disorders
Defining Disorder
Psychological Disorder

- A “harmful dysfunction” in which behaviors are maladaptive, unjustifiable, disturbing, and atypical
Maladaptive

• An exaggeration of normal, acceptable behaviors
• Destructive to oneself or others
Unjustifiable

• A behavior which does not have a rational basis
Disturbing

• A behavior which is troublesome to other people
Atypical

• A behavior so different from other people’s behavior that it violates a norm
• Norms vary from culture to culture
MUDA

- Maladaptive
- Unjustifiable
- Disturbing
- Atypical
Understanding Disorders
Early Views of Mental Illness

• In ancient times, mental illness was usually explained through a supernatural model; the person was possessed or a sinner

• During the Middle Ages treatment methods were inhumane and cruel
Philippe Pinel (1745-1826)

- French physician who worked to reform the treatment of people with mental disorders
- Encouraged more humane treatment
Understanding Disorders: The Medical Model
The Medical Model

• Concept that mental illnesses have physical causes that can be diagnosed, treated, and in most cases, cured.

• Psychological disorders can be diagnosed based on their symptoms and treated or cured through therapy.

• Psychological disorders are similar to a physical illness.
Understanding Disorders: The Bio-Psycho-Social Model
Bio-Psycho-Social Model

- Contemporary perspective that assumes biological, psychological, and sociocultural factors combine and interact to produce psychological disorders
Classifying Disorders
DSM-IV-TR

• Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition

• The text of the DSM-IV was recently revised, hence “TR” at the end
Published by the American Psychiatric Association

• Lists and describes all the currently accepted categories of mental disorders
DSM-IV-TR

- Divides mental disorders into 17 major categories
- Includes the symptoms but not the causes of each disease
- Has changed significantly since the first edition
Childhood Disorders
General Overview

• These disorders are developed in the childhood period of one's life.
• Learning disorders [such as ADD/ADHD], substance abuse, autism, depression, and suicide are common disorders in the young population.
• Childhood disorders can be caused by a combination of many factors.
• Being aware and seeking treatment for these conditions is critical because if treated effectively, they can live a good, healthy adulthood.
ADD/ADHD

- ADD- Attention Deficit Disorder
- ADHD- Attention Deficit Hyperactivity Disorder
- Technically, ADD is more common, it is possible to have just ADD, but it isn’t possible to just have ADHD
ADD/ ADHD Symptoms

- ADHD is common in children and teens, but adults also can have ADHD
- The two main symptoms of ADHD include inattention and/or hyperactivity.

**Inattention**
- difficulty paying attention to details and tendency to make careless mistakes; easily distracted
- difficulty finishing tasks, good deal of procrastination

**Hyperactivity**
- fidgeting, squirming when seated
- getting up frequently to walk or run around; has difficult staying quite and still
Effects of ADD/ADHD

Physical (due to emotional stress, leads to):
- headaches
- stomach/back aches
- pains in the hands/legs

Psychological:
- aggressive or violent behavior
- withdrawal, anxiety and depression
- low self-esteem
Autism

- Autism is a complex neurobiological disorder that typically lasts throughout a person's lifetime.
- 1 in 150 individuals is diagnosed with autism, making it more common than pediatric cancer, diabetes, and AIDS combined.
- It occurs in all racial, ethnic, and social groups and is four times more likely to strike boys than girls.
Symptoms of Autism

Three Common Symptoms are:

• Social interactions and relationships
  – Significant problems developing nonverbal communication skills, such as eye-to-eye gazing, facial expressions, and body posture.

• Verbal and nonverbal communication
  – Delay in, or lack of, learning to talk. As many as 40% of people with autism never speak

• Limited interests in activities or play
  – An unusual focus on pieces or parts on something
Effects of Autism

Physical:
• appear physically normal and have good muscle control
• odd repetitive motions
  – cause a stressful surrounding environment

Psychological:
• inherent emotional differences in autistic people, way think of things. love of patterns and predictability, decreased need for interaction
• differences due to lack of social communication of emotions
Anxiety and Mood Disorders
Anxiety and Anxiety Disorders

• Anxiety: Vague feeling of apprehension or nervousness
• Anxiety disorder: where anxiety begins to take control and dominate a person’s life
Types of Anxiety Disorders

• Anxiety disorders are divided into:
  – Generalized Anxiety Disorder
  – Panic Disorder
  – Phobia
  – Obsessive-Compulsive Disorder
  – Posttraumatic Stress Disorder
Anxiety Disorders

- Generalized anxiety disorder
  - Apprehension and tenseness

- Panic disorder
  - Anxiety escalating to overwhelming panic

- Phobia
  - Anxiety becoming a focused fear

- Posttraumatic stress disorder
  - Recurrent memories and dreams of traumatic event

- Obsessive-compulsive disorder
  - Anxiety controlled by repetitive thoughts and behaviors
Anxiety Disorders:
Generalized Anxiety Disorder and Panic Disorder
Generalized Anxiety Disorder

• An anxiety disorder characterized by disruptive levels of persistent, unexplained feelings of apprehension and tenseness.
Symptoms of Generalized Anxiety

• Must have at least three of the following:
  – Restlessness
  – Feeling on edge
  – Difficulty concentrating/mind going blank
  – Irritability
  – Muscle Tension
  – Sleep Disturbance
Panic Disorder

- An anxiety disorder characterized by sudden bouts of intense, unexplained anxiety
- Often associated with physical symptoms like choking sensations or shortness of breath
- Panic attacks may happen several times a day
Anxiety Disorders: Phobia
Phobia

- An anxiety disorder characterized by disruptive, irrational fears of specific objects or situations
- The fear must be both irrational and disruptive.
### Table 30.2

**Some common—and not-so-common—phobias**

*These are common:*

<table>
<thead>
<tr>
<th>Item</th>
<th>Phobia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>hematophobia</td>
</tr>
<tr>
<td>Darkness</td>
<td>nyctophobia</td>
</tr>
<tr>
<td>Enclosed space</td>
<td>clausrophobia</td>
</tr>
<tr>
<td>Germs</td>
<td>spermophobia</td>
</tr>
<tr>
<td>Heights</td>
<td>acrophobia</td>
</tr>
<tr>
<td>Mice</td>
<td>musophobia</td>
</tr>
<tr>
<td>Snakes</td>
<td>ophidiophobia</td>
</tr>
<tr>
<td>Spiders</td>
<td>arachnophobia</td>
</tr>
<tr>
<td>Wasps</td>
<td>spheksophobia</td>
</tr>
</tbody>
</table>

*Phobias can develop to almost anything:*

<table>
<thead>
<tr>
<th>Item</th>
<th>Phobia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air</td>
<td>aerophobia</td>
</tr>
<tr>
<td>Churches</td>
<td>ecclesiophobia</td>
</tr>
<tr>
<td>Eyes</td>
<td>ommatophobia</td>
</tr>
<tr>
<td>Frost</td>
<td>cryophobia</td>
</tr>
<tr>
<td>Shadows</td>
<td>sciophobia</td>
</tr>
<tr>
<td>Swallowing</td>
<td>phagophobia</td>
</tr>
<tr>
<td>Trees</td>
<td>dendrophobia</td>
</tr>
</tbody>
</table>

*Source: Adapted from Melville, 1978.*
Social Phobia

• Phobias which produce fear in social situations
• Fear of speaking in public
Agoraphobia

- Fear of situations the person views as difficult to escape from
- Fear of leaving one’s home or room in the house
Anxiety Disorders: Obsessive-Compulsive Disorder
Obsessive-Compulsive Disorder

- An anxiety disorder characterized by unwanted, repetitive thoughts and actions
- Obsessions – repetitive thoughts
- Compulsions – repetitive actions
- The obsessions/compulsions begin to take control of the person’s life.
### Table 30.3

Common Obsessions and Compulsions Among Children and Adolescents with Obsessive-Compulsive Disorder

<table>
<thead>
<tr>
<th>Thought or Behavior</th>
<th>Percentage* Reporting Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obsessions (repetitive thoughts)</strong></td>
<td></td>
</tr>
<tr>
<td>Concern with dirt, germs, or toxins</td>
<td>40</td>
</tr>
<tr>
<td>Something terrible happening (fire, death, illness)</td>
<td>24</td>
</tr>
<tr>
<td>Symmetry, order, or exactness</td>
<td>17</td>
</tr>
<tr>
<td><strong>Compulsions (repetitive behaviors)</strong></td>
<td></td>
</tr>
<tr>
<td>Excessive hand washing, bathing, tooth brushing, or grooming</td>
<td>85</td>
</tr>
<tr>
<td>Repeating rituals (in/out of a door, up/down from a chair)</td>
<td>51</td>
</tr>
<tr>
<td>Checking doors, locks, appliances, car brake, homework</td>
<td>46</td>
</tr>
</tbody>
</table>

*Seventy children and adolescents reported their symptoms.  
*Source: Adapted from Rapoport, 1989.*
Anxiety Disorders: Posttraumatic Stress Disorder
Posttraumatic Stress Disorder

• An anxiety disorder characterized by reliving a severely upsetting event in unwanted recurring memories (flashbacks) and dreams
Anxiety Disorders: Causes of Anxiety Disorders
Biological Factors

- Hereditary factors may result in a predisposition for developing anxiety disorders.
- Brain functions appear to be different in an anxiety disorder patient.
- Evolutionary factors may lead to anxiety disorders.
Learning Factors

• Through classical conditioning people may associate fear with an object.
• Observational learning--watching another experiencing fearfulness--may result in developing fear.
• Fear of an object may be reinforced when by avoiding the feared objects.
Mood Disorders
Mood Disorders

• Classification of disorders where there is a disturbance in the person’s emotions

• Major types of mood disorders include:
  – Major Depressive Disorder
  – Bipolar Disorder
  – Dysthymic Disorder
Mood Disorders

- **Major depressive disorder**: Depressed mood lasting at least 2 weeks, diminished interest in activities, and other symptoms
- **Bipolar disorder**: Alternating periods of mania and depression
Mania

• Period of abnormally high emotion and activity
Depression

• Extended period of feeling sad, listless, and drained of energy
Mood Disorders: Major Depressive Disorder
Major Depressive Disorder

- A mood disorder in which a person, for no apparent reason, experiences at least two weeks of
  - depressed moods,
  - diminished interest in activities, and
  - other symptoms, such as feelings of worthlessness
Mood Disorders: Bipolar Disorder
Bipolar Disorder

• A mood disorder in which the person alternates between the hopelessness of depression and the overexcited and unreasonably optimistic state of mania

• Formerly called manic-depressive disorder

• Many times will follow a cyclical pattern
Mood Disorders: Causes of Mood Disorders
Biological Factors

• Mood disorders have a hereditary nature to them.

• Depressed individuals tend to have depressed brains.
  – PET scans indicate less activity during periods of depression.
Social-Cognitive Factors

• Depression may be a variation of learned helplessness.

• Depressed individuals attribute events using the following characteristics:
  – Stable: the bad situation will last for a long time
  – Internal: they are at fault
  – Global: all of life is bad
Dissociative, Schizophrenia, and Personality Disorders
Dissociative Disorders
Dissociative Disorders

• Disorders in which the sense of self has become separated (dissociated) from previous memories, thoughts, or feelings
Types of Dissociative Disorders

• Three main types:
  – Dissociative Amnesia
  – Dissociative Fugue
  – Dissociative Identity Disorder
Dissociative Disorders: Dissociative Amnesia
Dissociative Amnesia

• A dissociative disorder characterized by loss of memory in reaction to a traumatic event

• Example: soldiers in combat
Dissociative Disorders: Dissociative Fugue
Dissociative Fugue

• A dissociative disorder characterized by loss of identity and travel to a new location

• The person may develop a new identity and begin a new life.
Dissociative Disorders: Dissociative Identity Disorder
Dissociative Identity Disorder

• Rare and controversial dissociative disorder in which an individual experiences two or more distinct and alternating personalities

• Formerly called multiple personalities
Dissociative Identity Disorder

- Personalities can be different ages, sex, and self perception of characteristics
- Three Faces of Eve
- Sybil
Schizophrenia Disorders
Schizophrenia

- Group of severe disorders characterized by disorganized and delusional thinking, disturbed perceptions, and inappropriate emotions and actions
- Is not one disorder but a family of disorders
- Is not “split personality”
- Occurs in about 1% of the population
Schizophrenia Disorders: Symptoms of Schizophrenia
Symptoms of Schizophrenia

- Symptoms of schizophrenia include:
  - Delusions (false beliefs)
  - Hallucinations (false perceptions)
  - Inappropriate emotions or behaviors
Delusions

• False beliefs that are symptoms of schizophrenia and other serious psychological disorders

• Four major types of delusions:
  – Grandeur
  – Persecution
  – Sin or guilt
  – Influence
Delusions of Grandeur

• False beliefs that a person is more important than they really are
• Patients may believe they are a famous person (e.g. Napoleon)
Delusions of Persecution

• False beliefs that people are out to get the person
• Believe they are being followed, the phone is wiretapped, etc.
Delusions of Sin or Guilt

- False beliefs that the person is responsible for some misfortune
Delusions of Influence

• False beliefs of being controlled by outside forces
Hallucinations

- False perceptions that are symptoms of schizophrenia or other serious psychological disorders
- Types of hallucinations:
  - Auditory (hearing voices)
  - Visual (seeing things)
  - Tactile (feeling skin sensations)
- Can also have distorted smell and taste
Inappropriate Emotions/Behaviors

• Flat affect – showing little or no emotional response
• Word salad – nonsense talk
• Waxy flexibility – the person’s arms and legs will remain in place after being moved there
Schizophrenia Disorders: Types of Schizophrenia
Types of Schizophrenia

- **Paranoid**
  - Delusions of persecution and grandeur

- **Catatonic**
  - Excitement and stupor phases

- **Undifferentiated**
  - Symptoms that don’t clearly fit one of the other types

- **Disorganized**
  - Bizarre behavior, delusions, and hallucinations
Paranoid Schizophrenia

- Characterized by delusions, especially grandeur and persecution. Auditory and other hallucinations support the delusions.

A Beautiful Mind
Catatonic Schizophrenia

• Characterized by variations in voluntary movement
• Catatonic excitement – rapid movements with delusions and hallucinations
• Catatonic stupor – little or no activity, movement, or speech (waxy flexibility)
Disorganized Schizophrenia

- Characterized by bizarre behavior, delusions, and hallucinations.
- Very disturbed thought and language (word salad)
Undifferentiated Schizophrenia

• Symptoms that don’t clearly fit into one of the other types of schizophrenia but still show clear symptoms of schizophrenia
Schizophrenia Disorders: Causes
Biological Factors - Genetics

- Schizophrenia tends to run in families.
- Genetics appears to produce a predisposition (increased likelihood) to develop schizophrenia.

Genain Quadruplets
Biological Factors – Brain Structure

• Brain structure of those with schizophrenia is different than the normal brain

• Those with schizophrenia have smaller amounts of brain tissue and larger fluid filled spaces.

• The thalamus is smaller in those with schizophrenia.
Biological Factors – Brain Function

• The brain of those with schizophrenia operates differently than the normal brain.
• The frontal lobes show less activity.
• Those with schizophrenia have a larger number of receptor sites for the neurotransmitter dopamine.
Biological Factors – Prenatal Viruses

• A viral infection during the middle of pregnancy may increase schizophrenia risk.
Psychological Factors

• Two main areas:
  – Stress
  – Disturbed family

  – It’s unclear whether these are causes or consequences of schizophrenia.
Personality Disorders
Personality Disorders

• Psychological disorders characterized by rigid and lasting behavior patterns that disrupt social functioning.

• Divided into three clusters:
  – Related to anxiety
  – With odd and eccentric behaviors
  – With dramatic or impulsive behaviors
Personality Disorders Related to Anxiety
Avoidant Personality Disorder

- So sensitive about being rejected that personal relationships become difficult
Dependent Personality Disorder

• Behave in clingy, submissive ways and displays a strong need to have others take care of them
Personality Disorders with Odd or Eccentric Behaviors
Paranoid Personality Disorder

• Shows deep distrust of other people, which gets in the way of personal relationships

• Different than paranoid schizophrenia
Schizoid Personality Disorder

• Is detached from social relationships
• Are true hermits, preferring life alone and avoiding intimate interactions at all costs
Personality Disorders with Dramatic or Impulsive Behaviors
Borderline Personality Disorder

- Exhibit instability of emotions, self-image, behavior, and relationships
Antisocial Personality Disorder

- Personality disorder in which the person shows a lack of conscience for wrongdoing
- Shows no respects for the rights others
- Usually male
- Also known as psychopathic or sociopathic personality disorder
Psychological Therapies
Psychotherapy

• Emotionally charged, confiding interaction between a trained therapist and someone who suffers from psychological difficulties

• There are over 250 different types of therapy.
Four Types of Psychotherapy

• Most therapies can be divided into:
  – Psychoanalytic
  – Humanistic
  – Behavioral
  – Cognitive
Eclectic Approach

• Approach to psychotherapy that, depending on the person’s problems, uses techniques from various forms of therapy
• Uses whichever therapy works best for the problem the person has
Psychoanalysis
Free Association

• Freudian technique of discovering the unconscious mind--where the patient relaxes and says whatever comes to mind, no matter how trivial or embarrassing
Resistance

• In psychoanalysis, the blocking from consciousness of anxiety-laden material
Interpretation

• In psychoanalysis, the analyst’s noting of ideas of the meaning behind dreams, resistances, and other significant behaviors to promote insight

• The analyst’s ideas of the meaning behind the patient’s dreams, resistance, and other behaviors
Transference

• In psychoanalysis, the patient’s transfer of strong emotions linked with other relationships to the analyst

• The patient projects feeling from the past to the therapist.
Psychoanalysis: The Psychodynamic Perspective
Psychoanalytic Influence

- Few therapists follow strict Freudian therapy.
- Heavily influenced other types of therapy (interpersonal therapy)
- Modern approach is the psychodynamic perspective
Psychodynamic Approach

• A more modern view that retains some aspects of Freudian theory but rejects other aspects
• Retains the importance of the unconscious mind
• Less emphasis on unresolved childhood conflicts
Humanistic Therapies
Nondirective Therapy

- Therapist listens without interpreting and does not direct the client (patient) to any particular insight.
Carl Rogers (1902-1987)

- Humanistic psychologist who developed client-centered therapy
Client-Centered Therapy

• Humanist therapy, in which the therapist uses techniques such as active listening within a genuine, accepting, empathic environment to facilitate the client’s growth. The therapy stresses:
  – Empathy
  – Acceptance
  – Genuineness

• Developed by Carl Rogers
Behavior Therapies
Behavior Therapy

- Therapy that applies learning principles to the elimination of unwanted behaviors
- Uses both classical and operant conditioning
- Primary concern is to eliminate the disorder’s behavior, not find the cause of the disorder
Behavior Therapies: Classical Conditioning Techniques
Systematic Desensitization

• A type of counterconditioning that associates a pleasant, relaxed state with gradually increasing, anxiety-triggering stimuli

• Usually used to treat phobias
Systematic Desensitization Process

• Establish a hierarchy of the anxiety-triggering stimuli
• Learning relaxation methods (progressive relaxation)
• Slowly think through the hierarchy, working to relax whenever anxiety is felt
Systematic Desensitization Variations

• Virtual reality- systematic desensitization by way of computerized, anxiety-triggering 3-D stimuli
• Combined with models by having the subjects watch someone perform the anxiety-causing behavior
Aversive Conditioning

- Type of counterconditioning that associates an unpleasant state (such as nausea) with an unwanted behavior (such as alcohol)
- The person is replacing a positive but harmful response with a negative response
- Example with alcoholism: Lace a drink with a drug that makes the person becomes sick
Behavior Therapies: Operant Conditioning Techniques
Token Economy

• Operant conditioning procedure that attempts to modify behavior by rewarding desired behavior with some small item

• The tokens can be exchanged for various privileges or treats

• Form of secondary reinforcement
Cognitive Therapies
Cognitive Therapy

• Teaches people new, more adaptive ways of thinking and acting
• Based on the assumption that thoughts intervene between events and our emotional reactions
Self-Serving Bias

• Tendency to judge oneself favorably
• Severely depressed patients tend to not have a self-serving bias and tend to blame themselves for problems and credit the environment for successes
Cognitive-Behavior Therapy

- Integrated therapy that combines changing self-defeating thinking with changing inappropriate behaviors
Family and Group Therapies
Group Therapy

• Having a therapist work with a number of patients at one time
• Groups usually consist of 6 to 10 people
• Cognitive, behavior, and humanistic therapists all can lead group therapies.
Advantage of Group Therapy

• Therapists can help more than one person at a time.
• Overall session cost is lower.
• Patients interact with others having the same problems as they have.
• Builds a sense of community
Family Therapy

- Therapy that treats the family as a system
- Views the patient’s problems as influenced by or directed at family members
- Attempts to guide the family toward positive relationships and improved communication
# Types of Therapist

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical psychologist</td>
<td>Most are psychologists with a Ph.D. and expertise in research, assessment, and therapy, supplemented by a supervised internship. About half work in agencies and institutions, half in private practice.</td>
</tr>
<tr>
<td>Clinical or psychiatric</td>
<td>A 2-year Master of Social Work graduate program plus postgraduate supervision prepares some social workers to offer psychotherapy, mostly to people with everyday personal and family problems. About half have earned the National Association of Social Workers’ designation of clinical social worker.</td>
</tr>
<tr>
<td>social worker</td>
<td></td>
</tr>
<tr>
<td>Counselor</td>
<td>Marriage and family counselors specialize in problems arising from family relations. Pastoral (religious) counselors provide counseling to countless people. Abuse counselors work with substance abusers and with spouse and child abusers and their victims.</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>Physicians can specialize in the treatment of psychological disorders. Not all psychiatrists have had extensive training in psychotherapy, but as M.D.s they can prescribe medications. Thus, they tend to see those with the most serious problems. Many have a private practice.</td>
</tr>
</tbody>
</table>
Biomedical Therapies
Biomedical Therapies

• Treatment of psychological disorders that involve changing the brain’s functioning by using prescribed drugs, electroconvulsive therapy, or surgery
Drug Therapies
Pre-Drug Therapy

• Prior to the discovery of psychological drugs, hospitals had few options with which to treat patients

• Most early treatment techniques are today considered archaic and sometimes cruel
Post-Drug Therapy

• With the discovery of effective drug treatments, patients were able to leave the institutions (deinstitutionalization).
Deinstitutionalization

- Release of patients from mental hospitals into the community
- The development of drug therapies led to an 80% decline in the number of hospitalized mental patients from 1950 to 2000.
- Many of the former patients became part of the homeless population.
Drug Therapy

Drug treatments

Antipsychotic medications for schizophrenia

Antidepressant medications for mood disorders

Antianxiety medications for responding to stress
Drug Therapies: Antipsychotic Drugs
Antipsychotic Drugs

- Category of medications used primarily to treat schizophrenia
- Reduces the levels of hallucinations and delusions and distorted thinking
- Drugs work by blocking the activity of dopamine
Thorazine

• One of the first antipsychotic drugs
• Side effects include: dry mouth, blurred vision, constipation, and tardive dyskinesia
• Tardive dyskinesia – a permanent condition of muscle tremors
Clozaril

- Clozaril: less side effects than thorazine but can cause damage to white blood cells therefore patients need to be tested
- Is very expensive.
Drug Therapies: Antianxiety Drugs
Antianxiety Drugs

• Category of medication used to treat people undergoing significant stress
• Used with anxiety disorders
• Work by boosting levels of the neurotransmitter GABA
• Can produce dependency
• Include: Valium, Librium, and Xanax
• Can cause death if mixed with alcohol
Drug Therapies: Antidepressant Drugs
Antidepressant Drugs

- Category of medications used primarily used to boost serotonin levels in the brain
- Used primarily to treat major depression
- Many take about a month before they become fully effective
Selective Serotonin Reuptake Inhibitors

• Classification of antidepressants which work by blocking the reuptake of serotonin after it has been released
• Includes: Prozac, Zoloft, and Paxil
Prozac and the Brain

Message is sent across synaptic gap. Message is received; excess neurotransmitter molecules are reabsorbed by sending neuron. Prozac blocks normal reuptake of the neurotransmitter serotonin; excess serotonin in the synapse enhances its mood-lifting effect.
Lithium

- Medication used primarily to treat bipolar disorder
- Not known how or why lithium works but a large number of bipolar patients report improvement with the drug
Electroconvulsive Therapy
Insulin Therapy

• Depressed patients are given an overdose of insulin to cause a convulsion.

• Difficulties in determining the proper dosage of insulin led to a decline in use of this therapy.

• Was replaced by Electroconvulsive Therapy (ECT)
Electroconvulsive Therapy (ECT)

- A therapy for major depression in which a brief electrical current is sent through the brain of an anesthetized patient
- The current causes a convulsion.
- Was preceded by insulin therapy.
- Sometimes called “shock therapy.”
ECT Facts

- Used when antidepressants fail
- Most (80%) patients report improvement
- Side effect is memory loss
- How and why the process works is unknown
ECT

- Stimulating electrodes
- Records brainwaves
- ECT device
- Recording
- Records heart rate
- Intravenous line (sedative, muscle relaxer)
- Measures blood-oxygen levels
- Blood pressure cuff monitor
Psychosurgery
Lobotomy

- A form of psychosurgery where the nerves connecting the frontal lobes of the brain to the deeper emotional centers are cut
- Used to try to calm uncontrollably emotional or violent patients
- Regularly done before the advent of antipsychotic drugs
- Rarely used today