**Lecture No: 37**

*Causes of Phobias may include:*
- Result of some traumatic event or disaster
- Hereditary component,
- Prevalent equally in men and women,
- Anxiety,
- Panic attacks.

*SOME COMMON PHOBIAS*

<table>
<thead>
<tr>
<th>Phobias</th>
<th>Fear of:</th>
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<tbody>
<tr>
<td>Acrophobia</td>
<td>Height</td>
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<td>Aerophobia</td>
<td>Flying</td>
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<td>Agoraphobia</td>
<td>Entering public places</td>
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<td>Claustrophobia</td>
<td>Closed spaces</td>
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<td>Hydrophobia</td>
<td>Water</td>
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<td>Mikrophobia</td>
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<td>Nyctophobia</td>
<td>Darkness</td>
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<td>Ophidiophobia</td>
<td>Snakes</td>
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<td>Phonophobia</td>
<td>Speaking out loud</td>
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<td>Pyrophobia</td>
<td>Fire</td>
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<td>Thanatophobia</td>
<td>Death</td>
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<td>Xenophobia</td>
<td>Strangers</td>
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Treatment of Phobias includes:
- Use of behavior therapy especially behavioral-modification therapy.
- Procedure of systematic desensitization is used.
- Biofeedback is also helpful.

Obsessive-Compulsive Disorder:
**Obsession** is an unwanted, recurrent and persistent thought that continuously recurs, and that can be intrusive and inappropriate
A **compulsion** is the uncontrollable urge to perform an apparently strange and unreasonable act repeatedly.

**Symptoms include:**
- Distress,
- Frustration,
- Anxiety etc

**Causes include:**
- Risk factor,
- Stereotype behaviors,
- Brain abnormalities,
- Unpleasant thoughts,
- Some incident etc.

**Prognosis:** It is a chronic illness in which total removal of symptoms is not possible, but improvement through medication and therapy is possible

2. SOMATOFORM DISORDERS
A disorder in which psychological problems take the physical (somatic) form without any apparent physical cause; a state where there are physical symptoms present but no explicable medical cause.

**Symptoms include:**
- Blurred vision,
- Dizziness,
- Vomiting,
- Difficulty in swallowing etc

O There are **two types** of somatoform disorders.
1) Hypochondriasis.
2) Conversion disorders.

**Hypochondriasis:**
Type of somatoform disorder in which the person experiences a persistent fear of illness, and is preoccupied by health concerns.
Even minor pains and aches may be interpreted as a symptom of some serious disease.

**Symptoms involve:**
- In this disorder doctor shopping is very frequent.
Sympathy may exaggerate these complaints.
Patient undergoes surgery and regularly takes medication.
Patient focuses closely on normal physiological states such as rapid heartbeat, sweating, palpitations etc; patient interprets it as some severe disease.
Minor health problems may become severe as a result of persistent stress and discomfort

**Conversion Disorders:**
Disorder in which the persons undergoes an actual, genuine and specific, physical problem and disturbance.
The problem has a purely psychological reason and there is no biological cause involved.
The problem manifests itself suddenly, without any prior indication.
Unexplainable neurological symptoms appear at once when no testable cause is present.

**Symptoms include:**
- Partial blindness.
- Loss of voluntary control over motor and sensory functions.
- Inability to hear and talk.
- Sudden display of emotions: and at times there is no emotion.
- Symptoms may be exaggerated by stress.
O The sufferers frequently do not show a natural concern about the symptoms.

**Causes include:**
- Hereditary component, and observational learning
- A state of severe stress
- People who have other organic problems may develop conversion disorder
- A prior knowledge of the disease and symptoms is there.

3. **Dissociative Disorder**
A disorder in which critical personality facets, that is normally integrated and working together, become separate.
This allows stress avoidance and anxiety reduction by way of escape.
The person uses defense mechanisms for avoiding stress and to deal with traumatic experiences
At a time, two or more personalities, may exist within the person

**Symptoms include:**
- Auditory or visual illusion,
- Feeling of confusion and disorientation,
- Severe anxiety attacks,
- Suicidal attempts,
- Inflicting self-injuries

**Causes involves:**
- High state of stress

**Treatment includes:**
- Psychotherapy
- Self-induced trance
Types of Dissociative Disorder

Dissociative Amnesia:
A state when a selective loss of memory occurs.
The person is unable to recall specific events often as a result of extreme stress.
Significant memory loss occurs about personal information that is not due to an organic cause.
This disorder vanishes abruptly as it begins and rarely re-occurs.

ii. Dissociative Fugue:
- Fugue means, “flight”
- Fugue is a form of amnesia.
- The sufferer takes sudden impulsive trips, at times assuming a new identity.
- Dissociative fugue includes forgetting as well as fleeing from one’s home for days and weeks, also being unable to remember one’s identity.
- Unconscious wandering in which the person has limited social contacts.
- In some instances, person may take over another personality that is more sociable than the previous one.

iii. Dissociative identity disorder/Multiple personality:
- Rare disorder in which the person may take over two or more personalities that are entirely different from one another
- The first one is usually restrained, restricted and dull but the other one is entirely different from the previous one; one’s mannerisms, vocal, movements are entirely different from one another

4. MOOD DISORDERS
Psychological and affective disturbances characterized by emotional extremes that are enough to produce troubles in daily living.
The emotional response is disturbed and so strong that it disturbs everyday living.
Mood disorders mainly include:
1. Major depression
2. Mania
3. Bipolar disorder

i. Major Depression:

Previously known as “melancholia”
Major depression is a severe form of depression.
Common form of mood disorders
A disorder characterized by lack of concentration, decision-making, sociability, withdrawal from others, and a feeling of worthlessness and inadequacy.
Depression is labeled as depressive disorder when it persists for long and hampers daily life.
Symptoms include:
• Concentration problems,
• Irritability and restlessness,
• Persistent sadness, anxious and empty mood
• Fatigue,
• Appetite changes
• Feeling of agitation
• Sleep disturbances
• Hopelessness and pessimism
• Loss of interest in activities, which are pleasurable
• Suicidal thoughts.

Causes include:
• Hereditary cause,
• Stress,
• Chemical imbalances in the brain; the sufferer however has the belief that it is a medical illness rather than a psychological one
• Most commonly occurs in people with low self-esteem
• Women are twice as likely to develop major depression as men.
• Learning experiences may contribute to the development of depression
• Serious loss in business or some other disaster,
• Relationship problems, financial setbacks etc

Treatment includes:
• Use of medication,
• Psychotherapy,
• Behavioral therapy.

ii. Mania

Mania is the opposite state of depression.

It is an extended state of intense wild elation.

iii. Bipolar Disorder:

• Bipolar disorder is a combination of depression and mania.
• The sufferer alternates between periods of extreme euphoria and elation i.e., mania, and bouts of depression.
• Side Effects of Mood Disorders
• The height of elation may lead to high creative output, although it does not ensure high quality of the creative output.
• The manics are often reckless and end up with self-injury.

Causes

Psychodynamic explanation: Feeling of loss that can be real or potential.

Hereditary factor: These disorders appear to be running in families.

The role of neurotransmitters: Serotonin and nor epinephrine have been found to be related to these disorders.
Alterations in the level of these chemicals have a role to play in mood disorders.

Behavioral explanation: Lack of, or reduction in, positive reinforcement leads to mood disorders.

Cognitive explanation: the sufferers of depression believe that they are life’s losers; they are failures, inadequate, and not meant to be the ‘winners’ in life. They have a pessimistic view of life.

Evolutionary psychology explanation: Considering the impact of the genetic factors, it states that depression is an adaptive response to unattainable goals.

5. SCHIZOPHRENIA

Schizophrenia is a category of mental disorders marked by severe distortion of reality.

- There is a deep division between the real world and the schizophrenic’s world.
- What makes schizophrenia different from other disorders?
- Significant decline from a previous level of functioning.
- Disturbances of thought and language

Symptoms in Schizophrenia:
Delusions,
Hallucinations,
Emotional disturbances,
Withdrawal.

Delusions:
Unshakable, firm, and deeply believed in beliefs are held by the schizophrenic. Delusions can be about one’s being grand, or being persecuted by others, or others planning against him, or one’s thoughts being relayed to others who are out of physical reach.

Hallucinations and Perceptual Disorders:
The schizophrenic has sensory experiences that ordinary people do not have. They may hear voices, see people or objects, and/or smell things that others find to be non-existent.
The hallucinations mean reality to the schizophrenic.
Hallucinations are usually based on the delusions.
The sense of own body is also affected in schizophrenia.

Emotional Disturbances:
Overall the schizophrenics show a flat, blank, and bland emotional response.
Also, their emotional responses are inappropriate.
Withdrawal:
Schizophrenics live in an isolated world of their own. Schizophrenics withdraw from others. They avoid socializing. They are not interested in others. In extreme cases they are oblivious of the presence of others.

Types of Schizophrenia:

a. Disorganized or hebephrenic type:
Marked by inappropriate emotion: inappropriate giggling, laughter, silliness, incoherent speech, infantile behavior, and strange and at times obscene behavior.

b. Paranoid Schizophrenia:
• The patient experiences delusions and hallucinations of his own greatness.
• Behavior is unpredictable, and erratic.
• Sense of judgment is lost.

c. Catatonic Schizophrenia:
• Catatonic schizophrenia is marked by disturbances in the motor activity and muscular control.
• Major disturbances occur in movement.
• At times all motion stops and the patient just freezes in one position.
• This frozen posture may last for hours and even days.
• In some phases the patient exhibits wild, free floating, and even violent movement.

d. Undifferentiated Schizophrenia
This variety of schizophrenia involves a combination of the major symptoms found in other varieties. This diagnosis is used when patients do not fit into any one of the major categories of schizophrenia.

e. Residual Schizophrenia
Residual schizophrenia consists of minor signs of schizophrenia after a major, more serious, episode.