

DID

Dissociative Disorders

-avoid troubling thoughts, feelings or memories.....remove them from conscious awareness

Freud's view: classic repression

3 types:

1) Psychogenic Amnesia - patient unable to remember specific events, time in life/ identity

-**still only have ONE personality...doesn't change or engage in alternate lifestyles

2) Psychogenic Fugue- patient wanders from home...but develops a new identity

-**not a multiple personality...just a new one

3) DID -> dissociative Identity Disorder

-2+ separate identities that co-exist

-under stress patient switches from one to the other

Criteria

(i)-2+ identities

(ii)-at least 2 of the identities take control of behavior

(iii)-amnesia for important personal data

(iv)-not due to substance abuse

**92% are female!

Max identities=60

Considerable co-morbidity (have something else) : depression, mood-swings, hallucinations, conversion disorder etc.

"Sara" & "Maud" -> sara is original, librarian, conservative, wears glasses

Maud- smoke, drank and promiscuous, didn't need glasses

Etiology

-emotional crisis before age of 6

-extreme physical/sexual abuse

-disorder not typically discovered until adulthood

-patient becomes curious about "blackouts" and memory lapses

-rare outside of north america...none found in india or japan

*sociocultural perspective

Possible explains: role-playing, popularity of movies etc

REAL?

-evoked potential differences...brain patterns differences

-distinct handedness and acuity differences...glasses vs not...right vs left handedness

-involvement of hippocampus
*switch from guardian to marine personalities....shifts different memory structures

Splitting of PERSONALITIES...NOT splitting of the mind like schizo

Chance of getting any mental disorder -> 50%

Anxiety & mood disorders, depression, bipolar, DID etc -> women are more likely

Men only more likely than woman for substance abuse

April 5

What are various options for somatic (non-talking) therapy?

Why would you employ psychosurgery or ECT?

How do psychoactive drugs work?

Somatic Therapies:

1) Psychosurgery: -brain surgery in absence of obvious organic damage

-separate prefrontal lobes from rest of brain

-patient becomes more docile, but....eventually died!...so refined procedure:

Cingulectomy -> cut cingulum bundle (fibers that connects prefrontal lobes to limbic system)...side effects: can influence strategy choice, *effective for OCD

2) ECT: Von Meduna used heavy drugs...Cerletti uses electricity rather than drugs to induce seizure

-brief, less than 1 sec...it sets off a wild firing of neurons=>seizures and convulsions

-today: anesthetized and partially paralyzed to eliminate convulsions

-right hemisphere ONLY...b/c less damage to verbal memory

3) Drugs: introduced only 50 years ago

-chlorpromazine -> dramatic effect on schizophrenia

-relieve symptoms by altering synaptic communication

-Anti-Anxiety: tranquilizers -> calming effect, lower excitability, heavily prescribed

E.g. Valium: binds at specific receptor site and increases the sensitivity of GABA

Antidepressant: "mood elevators", alter neurotransmitters: NE, serotonin, dopamine

E.g. Tricyclic (Alluvial): inhibit the re-uptake of serotonin and NE

MAO inhibitors (Nardil)-inhibits MAO...effectively leaving serotonin and NE in synapse

-need daily use, need special diet...thus tricyclic prescribed more often

Atypical Antidepressant: prozac!!! Preferred over both MAO inhibitors and tricyclics

Prozac is SSRI-> inhibits reuptake of serotonin

Anti-Mania: Lithium Carbonate -> Bipolar...eliminates manic phase and depression does not return

-accompanied with psycho/talking therapy etc

Antipsychotic: (Thorazine)-reduces symptoms of schizo....reduces dopamine

Two pathways of dopamine:

1) brain stem (movement/Parkinson's etc)

2) cerebral cortex and frontal limbic

-patients develop movement disorder