

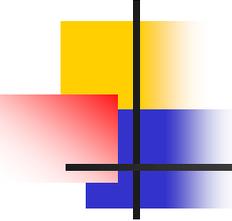
Lecture IV:

Psychological causes of disorder's appearing.

The disease perception.

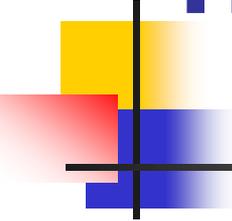


Presented by:
PhD - Cernitanu Mariana



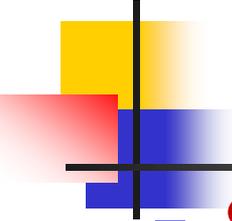
Structure:

1. Psychological factors of disorders appearing (Stress, ASD, PTSD, PT, Crisis, Difficult situation, Emergency situation)
2. The disease perception.
3. The patient attitude toward the illness.
Illness behavior.



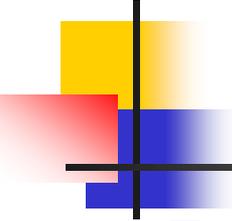
Triggers for a disorders appearing

- Great life disappointments
- Loneliness
- Long term conflicts
- **Stress**
- **Acute stress disorder**
- **Posttraumatic stress disorder**
- **Crisis**
- **Psychological Trauma**
- **Difficult life situations**
- **Chronic emergency situations**



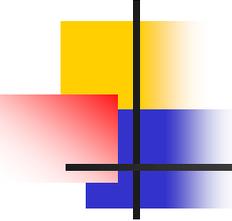
Stress

- **Stress** is a general biologic reaction, “*a specific syndrome corresponding to any unspecific changes brought to a biological system*”.
- Stress comes from **subjective feeling of inefficiency.**
- It appears as a **discrepancy felt by the subject between external request and self-evaluation.**



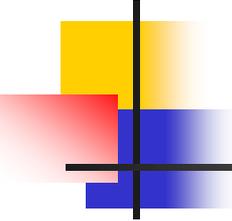
Theories about stress

- H. Selye considers that stress is an innate characteristic of living beings, lack of stress being equivalent to death.
- Selye mentioned the distinction between *eustress* “good stress” and distress “bad stress”.



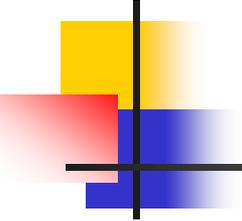
Acute stress disorder (ASD)

- **Acute stress disorder** – anxiety thinking exposed to an extreme stressor (crime, accident, death, etc) appearing immediate to one month after the event.



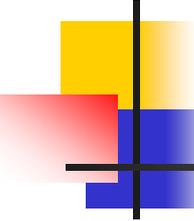
ASD symptoms fall under five broad categories:

- 1. Intrusion symptoms.** These occur when a person is unable to stop revisiting a traumatic event through flashbacks, memories, or dreams.
- 2. Negative mood.** A person may experience negative thoughts, sadness, and low mood.
- 3. Dissociative symptoms.** These can include an altered sense of reality, a lack of awareness of the surroundings, and an inability to remember parts of the traumatic event.
- 4. Avoidance symptoms.** People with these symptoms purposefully avoid thoughts, feelings, people, or places that they associate with the traumatic event.
- 5. Arousal symptoms.** These can include insomnia and other sleep disturbances, difficulty concentrating, and irritability or aggression, which can be either verbal or physical.



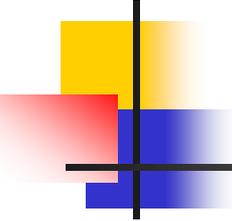
Posttraumatic stress disorder (PTSD)

- Posttraumatic stress disorder – PTSD is an anxiety disorder that can develop after a person experiences a traumatic event.



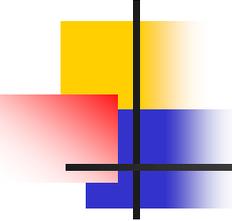
Post-traumatic stress disorder (PTSD)

- Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it.
- Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.



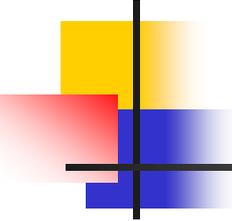
Psychological trauma

- **Psychological trauma** - reaction in face of a dangerous situation, with psychological, behavioral inhibition or hypervigilance.



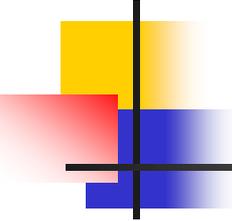
Psychological trauma

- **Psychological trauma** is damage to the mind that occurs as a result of a distressing event. Trauma is often the result of an overwhelming amount of stress that exceeds one's ability to cope, or integrate the emotions involved with that experience.
- Emotional and psychological trauma is the result of extraordinarily stressful events that shatter your sense of security, making you feel helpless in a dangerous world.



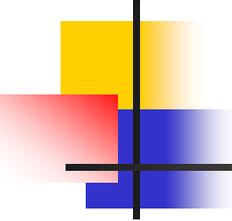
Difficult life situations

Difficult life situations – any unpleasant, heavy or potential dangerous situation (ex: end of a relationship; financial difficulties; grief; immigration; school bullying; traumatic childbirth; unemployment; violence; etc



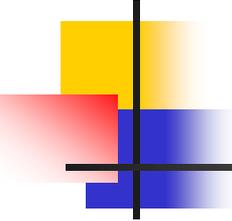
Difficult life situations

- People have their own, individual ways of dealing with **difficult situations in life**. Sometimes the method used depends on the problem: in the case of school bullying, you have to look at adults for help, and financial difficulties usually require rearrangements in your finances. In times of grief, support from loved ones is usually important.



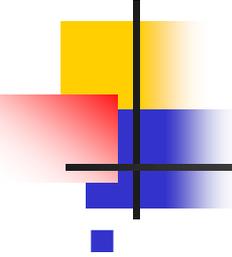
Chronic emergency situations

- **Chronic emergency situations** – combination of circumstances necessitating an immediate action.



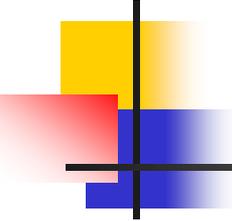
Chronic emergency situations

- Most emergencies require urgent intervention to prevent a worsening of the situation, although in some situations, mitigation may not be possible and agencies may only be able to offer palliative care for the aftermath.



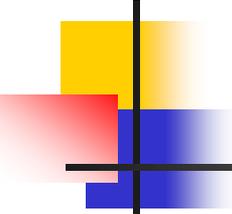
Crisis

Crisis - is a personal (traumatic or stressing event) or social situation implying a sudden, unexpected change of the homeostasis of that individual or group, following the exhaustion (collapse) of coping mechanisms.



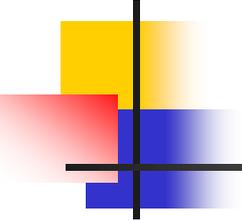
Crisis

- **Crisis** is a difficult life situation where an individual's learned approaches and coping strategies are insufficient or do not work. Something new and difficult to handle, such as a painful loss or some kind of life change, has happened.
- People in crisis feel helpless and distressed. Their feeling of basic security is weakened and they feel like they are losing control over their own life.



Characteristics of crisis situations:

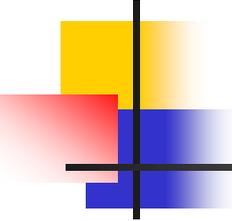
- - Limited in time (a few days-weeks);
- - The individual is unable to solve the situation with his own resources;
- - High personal vulnerability (suicide risk, homicide, accidents, etc);
- - Resolution by discovering new resources, coping strategies or developing some pathology;
- - Empowering of personal experience and source for the progress if resolved satisfactory.



CRISIS INTERVENTION

imply the following steps:

- 1. Considers the person in crisis as a normal person in an abnormal situation;
- 2. Immediate intervention with short interactive form of psychotherapy to promote (stimulate) the personal resources;
- 3. Facilitation of understanding of causes;
- 4. Focusing on problem solving;
- 5. Encouragement in own forces.

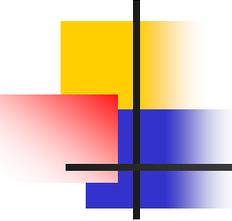


Some guidelines to keep in mind when coping with a crisis:

- **Focus on what's important.**
- **Find support.**
- **Process your feelings** (write in your journal, talk to a good friend, or consult a therapist);
- **Take care of yourself** (to eat a healthy diet, get enough sleep, exercise regularly, and do other things to keep your body functioning at its best;
- **Be patient with yourself;**
- **Seek help if you need to.**

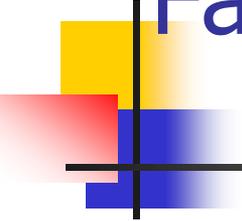
Effective tips for dealing with stress for integrating them into daily life

- **1. Get Organized.** Setting clear timelines will help eliminate unexpected complications from daily events and create a sense of empowerment and control.
- **2. Work it Off.** A regular exercise program provides physical and mental benefits.
- **3. Develop Strategies.** To help deal with life's stressful situations, take some time to develop strategies to deal with unexpected moments.
- **4. Take (5).** Being able to detach from an unexpected or difficult situation, even for a few (5) minutes, will provide reasonable solution and a fresh point of view).
- **5. Set Realistic Goals.** (Keep daily goals well focused, task oriented, and realistic).
- **6. Take a Nap.** (Studies have shown that even short 15 or 20 minute nap breaks markedly improve mood, outlook, and stress-handling ability).
- **7. Stay Involved.** (Boredom creates discontent and stress. Keep your days interesting and varied with a little preplanning).
- **8. Eat Well.** (Poor nutrition both alters biochemical profiles, leading to feelings of exhaustion and stress).
- **9. Play.** (Personal recreation is a vital part of stress management).
- **10. Connect.** (Social connections are fundamental to the human experience).



DISEASE perception

- **Generally the disease implies:**
 - The subjective sensations of suffering (personal attitude to his situation).
 - Physical, somatic disturbances
 - Socio-professional consequences like exemption of social responsibilities, special attitude, social isolation, etc.



Factors which influence the illness state

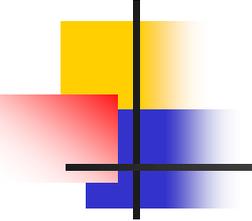
Disease symptoms

Relationship with
the medical team

Illness

The conception
about illness

Patient's personality

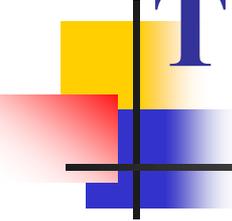


Illness behavior

- individual ability to perceive the sickness, to correctly interpret it and to take decisions to facilitate the cure, varying between normality and exaggeration or catastrophic reactions.

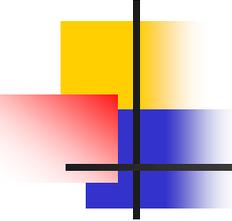


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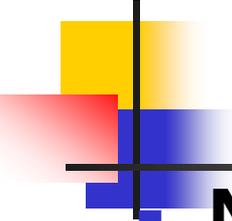
The sick role of a patient implies:

- Exemption of social responsibilities;
- The right to be helped;
- The obligation of the sick person to consider his sickness undesirable and to cooperate for his cure;
- The obligation of the sick person to ask for specialized help, which mean accepting the diagnosis and the treatment.



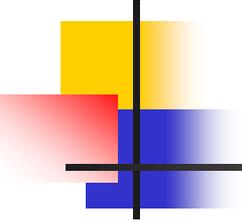
Maintaining factors of illness behavior:

- Personality traits (depression, hypochondria, anxiety).
- Education
- Cultural model
- Socio-economic status
- Subjective reactions to disease like: inactivity, isolation, cure uncertainty, helplessness, guilty, death anxiety, etc



Main types of disease perception

- **Normal situation** - mobilize the individual to fight against it and increase the adherence to the treatment.
- **Enemy** - meaning ignoring, denial of the disease or surrender in front of the disease.
- **Deserved/Undeserved punishment**
- **Salvation or gain** – unconscious defensive mechanism (ex: soldiers wounded on the battle front).
- **Benefice manipulation.**
- **Irreversible loss:** (ex: dental extraction).
- **Special value,** help the patient to reevaluate his value system.

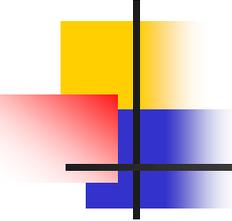


Attitude toward sickness

- *The acceptance of the disease* implies acknowledging the disease, accepting the illness role.

It can be:

- *Realistic, rational balanced*, with a satisfactory cultural level), lead to medical consulting and treatment adherence.
- *Unbalanced* (neurotic persons, personality disorders, etc.)

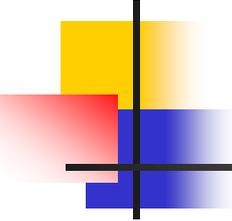


Unbalanced attitude toward sickness

- ***The ignorance of the disease*** (in mentally retarded persons, psychiatric, neurologic patients, low cultural level, or focalized on other problems).
- ***The denial of disease*** implies delay of medical consulting by hopping that it will pass by.

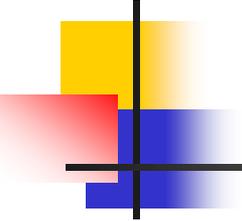


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- *The major precondition of successful treatment is development of conscious motivation on active overcoming of illness.*



Bibliography:

- 1. CERNITANU Mariana, Etco Constantin *Medical psychology* (courses for medical students) Editorial-Polygraphic Center Medicina, Chisinau, 2011.
- 2. MAYOU Richard, SHARPE Michael, CARSON Alain *ABC of medical psychology* First published in 2003 by BMJ Books, BMA House, Tavistock Square, London. 2007.
- 3. PLANTE Thomas G. *Contemporary clinical psychology*. Second Edition. Santa Clara University. 2005.



Thanks for your attention