

Lecture 7: Mental Health

Overview

This lecture covers the fundamentals of clinical psychology, mental illness, and the spectrum of psychopathology. The instructor discusses historical and current approaches to diagnosing and treating mental disorders, including the limitations of traditional models and the emergence of the HiTOP model as a more integrated framework. Examples of major disorders such as depression, anxiety, bipolar disorder, and schizophrenia are provided, along with treatment approaches ranging from psychotherapy to medication and physical health strategies.

1. What is Psychopathology?

Psychopathology means "soul sickness" or the breakdown of the psyche. It refers to clinically significant disturbances in **cognition (thoughts)**, **emotion**, or **behavior**, usually stemming from underlying **psychological, biological, or developmental dysfunctions**.

To qualify as a disorder, it must:

- Be **clinically significant** (not just mild or everyday sadness)
- Impair **work or relationships** (love and work, per Freud)
- Cause **distress** to the individual or others
- Not be culturally normative (e.g., grief or religious practices)
- Not be just a societal conflict (e.g., crime or political action)

2. Diagnosing Mental Illness

DSM (Diagnostic and Statistical Manual)

- Published by the **American Psychiatric Association** (APA)
- Now in its 5th edition (DSM-5)
- Provides criteria for diagnosing mental disorders for clinical and insurance purposes

Most practitioners make **quick diagnoses** to match insurance requirements and begin treatment—often without deep analysis—since treatments overlap among disorders.

3. From Categorical to Dimensional Models

Old Model: Axis I and Axis II

- **Axis I:** Disease-like, treatable disorders (e.g., depression, schizophrenia)
- **Axis II:** Personality disorders (e.g., narcissism, borderline), seen as embedded traits

New Model: HiTOP (Hierarchical Taxonomy of Psychopathology)

- Treats disorders as **dimensional**, not categorical
- Individuals may have predispositions that manifest under stress
- Mental health is seen as a spectrum rather than discrete categories

Top Level: The P-Factor

General factor for poor mental health:

- High **neuroticism** (fear, anxiety)
 - **Impulsivity** (low self-control)
 - **Antagonism** (meanness, narcissism)
 - **Introversiion** (detachment, isolation)
 - **Psychoticism** (disordered thinking, delusions)
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4. Six Spectra of Disorders (HiTOP)

1. Somatoform Disorders

- Bodily symptoms without physical causes
- Examples: hysterical blindness, paralysis

2. Internalizing Disorders (Most common)

- Turn distress inward
- Linked to **neuroticism**
- Examples:
 - **Anxiety disorders** (GAD, phobias, panic disorder, agoraphobia)
 - **Depression** (Major Depressive Disorder, Dysthymia)
 - **Eating disorders** (binge eating, anorexia, bulimia)

3. Thought Disorders

- Disordered thinking, delusions
- Linked to **bad openness**
- Examples:
 - **Bipolar Disorder** (mania + depression)
 - **Schizophrenia** (delusions, hallucinations, negative symptoms)

4. Disinhibited Externalizing Disorders

- Outward, impulsive behavior
- Linked to **low conscientiousness**
- Examples: substance abuse, gambling, internet addiction

5. Antagonistic Externalizing Disorders

- Hostile, exploitative behavior
- Linked to **low agreeableness**
- Examples:
 - **Narcissistic Personality Disorder**
 - **Antisocial Personality Disorder**
 - **Borderline Personality Disorder** (emotion regulation issues)

6. Detachment Disorders

- Social withdrawal and lack of emotional response
 - Linked to **low extraversion**
 - Examples:
 - **Schizoid Personality Disorder**
 - **Avoidant Personality Disorder**
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5. Treating Mental Disorders

1. Psychotherapy

- First-line treatment in many cases
- **Psychoanalysis** (Freud): talking cure, dream analysis, transference
- **Cognitive Behavioral Therapy (CBT)**: change thoughts and behaviors
- **DBT (Dialectical Behavior Therapy)**: useful for borderline personality
- **ACT (Acceptance and Commitment Therapy)**: mindfulness + behavioral change

2. Medication

- **SSRIs**: for depression, anxiety
- **Benzodiazepines**: fast-acting anti-anxiety, addictive potential
- **Mood stabilizers (e.g., lithium)**: for bipolar
- Often prescribed quickly without deep diagnostic work

3. Physical and Lifestyle Interventions

- **Exercise** and **diet** shown to be highly effective
- **Sunlight exposure** helps mood regulation

4. Group Therapy and Social Interventions

- **AA/NA**: Support and accountability
- **DBT groups** and others useful for personality disorders

5. Extreme Treatments

- **ECT (Electroconvulsive Therapy):** for extreme depression
 - **Psychosurgery:** rare, high risk, not commonly used anymore
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Conclusion

Mental illness is multifaceted. Disorders often overlap and are best understood dimensionally rather than categorically. While extreme cases may require medical intervention, many can be addressed with lifestyle changes, therapy, and social support. Psychotherapy works for most people—especially when they stick with it—and the goal is often to return people to a state of functioning where they can then continue to improve on their own.

"You don't have to become perfect. You just have to stop being in extreme distress so you can get up, work, relate, and live."