

## Life Events and (Mental) Illness

### History

- Freud's **Seduction Theory**: psychopathology related to repressed childhood sexual trauma
  - quietly abandoned; instead focused on phantasies/intrapsychical conflict causing psychopathology
- DSM-I: **Psychobiological model** (Meyer) – manic-depressive reaction, schizophrenic reaction
  - Mental illness on continuum with normal reactions, anyone can become mentally ill with enough stress
- *Schizophrenogenic mothers*: psychiatrists attacked for “mother blaming” –so ignore environment and blame brain
- DSM-III/1980: **Neo-Kraepelinian model** – mental illnesses are brain diseases
  - Life events not seen as causal or relevant
- **Diathesis-stress model** –privileges biological diathesis (i.e. genetics), stress merely reveals biological vulnerability
- **Trauma-informed care**: Ask not “what’s wrong with you?” but “What has happened to you?”

### Depression

- Brown and Harris: depression associated with life events characterized by *loss, failure, or humiliation*
- **Lack of close confiding relationships** ↑ risk of depression in response to life events
- **Matching events** – events that ‘matched’ features with life events early in the life course ↑ risk of depression
- ‘s’ allele of 5HTTLPR associated with ↑ risk of chronic/recurrent depression in response to life events
  - mediated by early adversity
- Hammen’s **stress-generation hypothesis**: women with chronic depression have no more independent life events (i.e. acts of god) but dependent life events (i.e. job loss, relationship breakdown) – *they are active participants in the life events that make them depressed*
  - Associated with negative cognitive style – self-fulfilling prophecy
- **HPA-hyperreactivity** in childhood may lead to increased response to stressful life events later
- Depressed patients may have fewer close confiding relationships which buffer against stressors
- Interventions: Interpersonal therapy, problem solving therapy, befriending, couples therapy

### Anxiety

- Particularly life events associated with *threat of* loss, failure or humiliation i.e. threat/potential leads to fear
- when anxiety results from event that has already happened: event is experienced as *current threat*
- *daily hassles* and cumulative *microstressors* may also lead to anxiety reactions

### Mania

- Mania associated with goal-striving life events and life events associated with social rhythm disruption
  - Goal-striving = studying for exams, starting residency, starting college, working towards promotion
  - Social rhythm disruption = event disrupting sleep (new baby, new job, marital separation, starting college)
- Stress-sensitization hypothesis – early adversity sensitizes individuals to increased HPA-reactivity
- Manic-defense hypothesis: mania a reaction-formation against depression
  - Had been discounted as psychodynamic mumbo jumbo
  - BUT ↑ evidence patients act like depressed pts on psychological testing (e.g. emotional stroop)
  - Paradoxical elation sometimes seen (i.e. manic grief reaction)

### Psychosis

- *Cumulative events of threatening nature* increase risk of psychosis
- **Traumagenic neurodevelopmental model** – cascade of traumatic events change developing brain leading to psychosis
- Crisis and transitions associated with onset of schizophrenia
- Acute and transient psychotic disorder typically precipitated by stressful life event – good prognosis
  - Concept of “reactive psychoses”: *bouffée délirante* – associated with clouding of consciousness
- Hystero-psychoses (*Latah, Widingo, Pibloktoq*): more like dissociative reactions

### Traumatic Neurosis

- Not just PTSD – wide range of reaction to extreme stress
- functional neurological symptoms – may follow life event (often sexual trauma) – symptom has meaning/function
  - by contrast: chronic or lower level stressors may lead to fatigue, fibromyalgia, CFS, somatization
- amnesia/fugue states – often seen in forensic settings
- **Ganser syndrome** (syndrome of approximate answers) – historically seen in correctional settings
- depersonalization/derealization – thinking without feeling
- Janet’s dissociation vs Freud’s repression – symptoms appear to be result of dissociation rather than repression