Mental Illnesses and Mental Health Care – An Introduction[1]

Choose the most appropriate answer or answers :

1. Patients who are "deinstitutionalized" …

a) can live with their family
b) are dangerous for the community
c) do not need antipsychotic drugs
d) cannot benefit from therapy
e) may stop taking their drugs

2. Family therapy aims to …

a) identify the cause of a mental illness
b) improve compliance
c) improve communication
d) reduce psychotic symptoms
e) avoid drug therapy

3. Diagnostic categories of mental illnesses are based on …

a) the course of the illness
b) interpretation of dreams
c) brain imaging techniques (CT, MRI)
d) descriptions of speech and behavior
e) genetic screening (gene tests)

4. Different anxiety disorders include …

a) insomnia
b) post-traumatic stress disorder
c) manic-depressive illness
d) depression
e) phobias (e.g. agoraphobia)

5. "Unipolar" disorder refers to …

a) manic-depressive illness
b) mania
c) depression
d) anxiety
e) schizophrenia

6. Patients with schizophrenia frequently have … (p. 23)

a) hallucinations
b) hormonal imbalances
c) multiple alternating personalities
d) blunted affect (no emotions)
e) irrational beliefs (delusions)

7. Match the following categories of drugs with the illnesses they are used to treat : (p. 29)

a) Selective serotonin reuptake inhibitors (SSRIs)
b) D2 (dopamine) receptor antagonists
c) GABA receptor agonists
d) Mood stabilizers

- *anxiety disorders*
- *depression*
- *manic-depressive illness*
- *psychotic disorders (e.g. schizophrenia)*

8. Use the examples in the second column to describe each of the following approaches to psychotherapy : (p. 30)

a) Dynamic psychotherapy
b) Cognitive-behavioral therapy (CBT)
c) Behavioral therapy
d) Interpersonal therapy

focuses on …

- *un-learning conditioned behaviors, and learning new behaviors through observation and role-playing*
- *understanding relationships and modifying communication strategies*
- *developing awareness of thoughts and feelings, testing unrealistic assumptions and beliefs*
- *understanding unconscious sources of conflict (e.g. repression) and early childhood experiences*

VOCABULARY *in context*. Match the following definitions with words from the reading passage below, then give an appropriate translation in French.

1. *1. Relating to the mind ; intellectual 2. Relating to, or affected by a disorder of the mind : _____*
2. *The overall condition of an organism at a given time. Freedom from (absence of) disease or abnormality. A condition of optimal well-being : _____*
3. *A pathological condition of mind or body. An abnormal physical or mental condition. : _____*
4. *Relating to the branch of medicine that deals with the diagnosis, treatment, and prevention of mental and emotional disorders : _____*
5. 1. To contain as a part ; include ; To have as a necessary feature or consequence ; entail. 2. To engage as a participant : _____
6. Mental or emotional unbalance or disorder : _____
7. *1. An intense mental state that arises subjectively rather than through conscious effort and is often accompanied by physiological changes ; a strong feeling 2. The part of the consciousness that involves feeling ; sensibility : _____*
8. *The manner of conducting oneself. The actions or reactions of persons in response to stimuli : _____*
9. *Disease of body or mind ; poor health ; sickness : _____*
10. A period of ten years : _____
11. *A place for the care of persons who are destitute, disabled, or mentally ill : _____*
12. *Having an intended or expected effect. Producing a definite effect : _____*
13. *Powerful tranquilizers (as the phenothiazines or butyrophenones) used especially to treat psychotic disorders, such as schizophrenia, paranoia, and manic-depressive psychosis and believed to act by blocking dopamine nervous receptors. also called neuroleptic ; Counteracting or diminishing the symptoms of psychotic disorders, such as schizophrenia, paranoia, and manic-depressive psychosis : _____*

[1] Adapted from : *The Merck Manual Home Edition, Mental Health Disorders*

14. *The release of institutionalized individuals from institutional care (as in a psychiatric hospital) to care in the community :* _____
15. Special attention or effort directed toward something : _____
16. To see. To think of in a particular way ; regard : _____
17. Scholarly or scientific investigation or inquiry. Close, careful study : _____
18. *To raise to a more desirable or more excellent quality or condition ; make better :* _____
19. To make inferior in quality, condition etc. To cause deterioration or degeneration : _____
20. Surprisingly. In a remarkable, surprising or spectacular way : _____
21. To stop ; To keep (block) from happening ; To present an obstacle : _____
22. *Suffering from a disease or ailment of long duration or frequent recurrence :* _____
23. At any time (up to now) : _____
24. One in helpful association with another. A partner or associate : _____
25. *A physician who practices the specialty of family medicine. Also called family physician, family practitioner, general practitioner :* _____
26. *To restore to good health or useful and constructive activity through therapy and education :* _____
27. *To have a high probability of :* _____
28. Deprived of freedom or liberty. Restricted or limited in freedom of action : _____
29. *To release, as from confinement, care etc. To let go :* _____
30. *Treatment in which a patient is not hospitalized overnight but visits a hospital, clinic, or associated facility for diagnosis or treatment :* _____
31. *Institutional health care of patients during the day. The patients return home at night. :* _____
32. The context and environment in which a situation is set : _____
33. Having a high price or cost : _____
34. Less in number. Of an even smaller number : _____
35. *A group of people organized to work together. The doctors and surgeons regularly attached to a hospital and helping to determine its policies and guide its activities :* _____
36. *A form of psychotherapy that involves sessions guided by a therapist and attended by several clients who confront their personal problems together. The interaction among clients is considered to be an integral part of the therapeutic process. Therapy in the presence of a therapist in which several patients discuss and share their personal problems :* _____
37. *A rehabilitation center where people who have left an institution, such as a hospital (as for mental disorder or drug addiction) are helped to readjust to the outside world and private life :* _____
38. A part or portion : _____
39. Not any more. Not now as in the past : _____
40. *To place in or commit to an institution offering specialized care (as for mental illness, substance abuse, or epilepsy) :* _____
41. *The mental faculty by which one deliberately chooses or decides upon a course of action ; volition. A desire, purpose, or determination :* _____
42. *Having no place to live :* _____
43. *The rights belonging to an individual by virtue of citizenship, fundamental freedoms and privileges :* _____
44. To make available. To offer. _____
45. Necessary. Required or desired : _____

Mental health disorders (psychiatric disorders) involve disturbances in thinking, emotion, and behavior. These disorders are caused by complex interactions between physical, psychologic, social, cultural, and hereditary influences.

Mental Illness in Society

A movement in recent decades to bring mentally ill patients out of institutions has been made possible by the development of effective antipsychotic drugs. With the deinstitutionalization movement, greater emphasis has been placed on viewing mentally ill people as members of families and communities.

Research has demonstrated that certain interactions between families and patients can improve or worsen mental illness. Therefore, family therapy techniques have been developed that dramatically prevent the chronically mentally ill from needing to be reinstitutionalized. Today the family of a mentally ill patient is more involved than ever as an ally in treatment. The family doctor also plays an important role in rehabilitating a patient into the community. In addition, mentally ill people who must be hospitalized are less likely to be isolated and restrained than in the past, and they* are often discharged early into partial hospital programs and day treatment centers. These settings* are less expensive because fewer staff are involved, the emphasis is on group therapy rather than individual therapy, and patients sleep at home or in halfway houses.

Family therapy

Family therapy is a branch of psychotherapy that works with families to nurture change and development. It emphasizes family relationships as an important factor in psychological health. As such, family problems have been seen to arise as an emergent property of systemic interactions, rather than to be blamed on individual members.

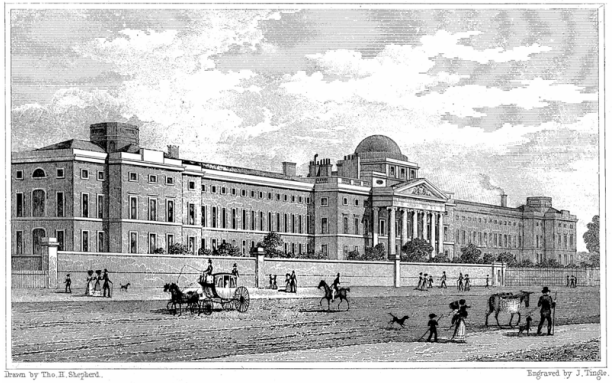
Family therapists may focus more on how patterns of interaction maintain the problem rather than trying to identify the cause, as this can be experienced as blaming by some families.

Family therapy has been used effectively for :

- *serious psychological disorders (e.g. schizophrenia, anxiety, depression, personality disorders, conduct disorders[2], ADHD, addictions and eating disorders);*
- *interactional and transitional crises in a family's life cycle (e.g. conflict, estrangement, divorce, child and adolescent issues);*
- *and as a support of other psychotherapies and medication.*

A family therapist usually meets several members of the family at the same time. This has the advantage of making differences between the ways family members perceive mutual relations as well as interaction patterns in the session apparent both for the therapist and the family. Therapy interventions usually focus on relationship patterns rather than on analyzing impulses of the unconscious mind or early childhood trauma of individuals as a Freudian therapist would do.

However, the deinstitutionalization movement has had its* share of problems. Because mentally ill people who are not a danger to themselves or society can no longer be institutionalized or treated against their* will, many* have become homeless. Although these legal measures protect people's civil rights, they* make it* more difficult to provide needed treatment to many patients, some of whom* may be extremely irrational. […]



1.

2.

Before deinstitutionalization : 1. Bethlem Hospital, a.k.a. "Bedlam" asylum, of London *was the world's first and oldest institution to specialise in mentally ill patients. Treatment for the "insane" (i.e. mentally ill patients) until the 18th and early 19th centuries was dominated by the attempt to rectify the humoral imbalances (especially "black bile" or "melancholy") thought to cause madness, through evacuative remedies such as bleeding, purging (emptying the bowel), and vomiting. The administration of purges and vomiting was often arbitrary and violent, as the attendance of medical officers was not required. The routine "dosing" of patients, for sedative reasons, was also common. The Bethlem physician Richard Hale (1670-1728) was praised for handling "maniacs" not so much "with chains and bars, as by sedating them". "Dosing", however, only masked symptoms, without actually treating them. In the 18th and early 19th centuries people used to go to Bedlam to stare at the "lunatics" like animals at a circus. For a penny one could look into their cells and laugh at their antics (strange behavior). In 1814 alone, there were 96,000 such visits. The Hospital became famous and notorious for its cruelty and brutal, inhumane treatment. Mechanical restraints and strait-jackets were widely used, but were generally seen as a necessity rather than a cure. The scandalous discovery in 1814 of the patient James Norris, who had been restrained in chains for fourteen years, was central to the Parliamentary inquiry into "madhouses" of 1815-16. From 1815-1851 the medical staff adopted new practices at Bethlem, in particular advocating the therapeutic value of work for patients. In 1852, Charles Hood became the first physician in permanent residence at Bethlem Royal Hospital. His reforms led to a more humane treatment of patients, and improvements in the comfort of wards.* **2. 'Insane' patient in a strait-jacket**, *by Ambroise Tardieu, 1838.*[3]

[2] NB. *Conduct disorder is a psychiatric category marked by a pattern of repetitive behavior wherein the rights of others or social norms are violated. Symptoms include verbal and physical aggression, cruel behavior toward people and pets, destructive behavior, lying, truancy, vandalism, and stealing. A conduct disorder may develop into antisocial personality disorder, which is related to psychopathy.*

[3] *http://www.rcplondon.ac.uk/history-heritage/exhibitions/Past-exhibitions/inside-bedlam/Pages/Inside-Bedlam.aspx ; http://en.wikipedia.org/wiki/Bedlam_Hospital ; http://news.bbc.co.uk/today/hi/today/newsid_7537000/7537497.stm*

What do the following words refer to ?

a. *"they are often discharged early into partial hospital programs"* → "They" refers to…
b. *"These settings are less expensive"* → "These settings" refers to…
c. *"its share of problems"* → "Its" refers to…
d. *"treated against their will"* → "Their" refers to…
e. *" many* have become homeless "* → "Many" refers to…
f. *"they make it more difficult"* → "They" refers to…
g. *"they make it more difficult"* → "it" refers to…
h. *"some of whom may be extremely irrational"* → "Whom" refers to…

True or False ? (Be ready to explain and discuss).

i. Deinstitutionalization relies on family therapy and rehabilitation as alternatives to drug therapy.
ii. Non-compliance is a major obstacle in deinstitutionalization.
iii. Not all mentally ill patients have benefited from the deinstitutionalization movement.

Questions : (1) Ask questions about the following points, then (2) let someone else answer in a complete sentence (3) using as many of the suggested terms as possible.

WHAT (×3) – HOW

1. Objectives *and methods of* the deinstitutionalization movement. → …

make use of – drugs – which have – possible to – out of – and – techniques – involving – members – and – doctors – in order to – into – community

The deinstitutionalization movement…

2. The advantages *of* partial hospital programs and day treatment centers. → …

patients – less – since – participate in – therapy – and – at home or – Moreover – less – because – require – fewer

Thanks to partial hospital programs and day treatment centers,…

3. Difficulties the deinstitutionalization movement has caused. → …

extremely – not want – and – no longer – against – so long as – dangerous – (because of…) – thus – movement – has made it – to – many

Some mentally ill people who are…

4. Make up one original question of your own relating to this section of the article, and write a 2-3 line answer to it using information either from the article or from outside sources.

Classification and diagnosis of mental illnesses : DSM-IV-TR and ICD-10

VOCABULARY *in context*. Match the following definitions with words from the reading passage below, then give an appropriate translation in French.

46. An area of human activity or interest. A topic, a subject, or an area of academic interest or specialization : _____
47. *A pathological condition of a part, an organ, or a system of an organism resulting from various causes, such as infection, genetic defect, or environmental stress, and characterized by an identifiable group of signs or symptoms :* _____
48. Likewise, in a comparable manner : _____
49. *The branch of medicine that deals with the diagnosis, treatment, and prevention of mental and emotional disorders :* _____
50. Familiarity, awareness, or understanding gained through experience or study : _____
51. *The portion of central nervous system that is enclosed within the cranium, continuous with the spinal cord, and composed of gray matter and white matter. It is the primary center for the regulation and control of bodily activities, receiving and interpreting sensory impulses, and transmitting information to the muscles and body organs. It is also the seat of consciousness, thought, memory, and emotion :* _____
52. Regardless of. In spite of : _____
53. Having many complexly arranged elements : _____
54. An early stage of existence : _____
55. *A search for facts. A scholarly and systematic exposition of a topic. :* _____
56. *The character of being constant and dependable. The extent to which an experiment, test, or measuring procedure yields (produces) the same results on repeated trials. :* _____
57. *The act or process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination, and review of laboratory data. The opinion derived from such an evaluation :* _____
58. Precise to a fine degree. Characterized by great subtlety, precision, etc. : _____
59. To make an effort ; endeavor. To try : _____
60. Having as a fundamental principle : _____
61. *A sign or an indication of disorder or disease, especially when experienced by an individual as a change from normal function, sensation, or appearance. Subjective evidence of disease or physical disturbance observed by the patient. Something that indicates the presence of a physical disorder :* _____
62. An indirect manifestation or result : _____
63. *The series of events or stages comprising process ; progression :* _____
64. *The largest international health agency, with headquarters in Geneva, Switzerland. It was founded by the International Health Conference, convened by the United Nations in New York City in 1946 and began operations on April 7, 1948. It functions in three broad areas. It is first a central clearinghouse of information and research on pestilential disease, new developments in medicine and vaccines, control of drug addiction, and hazards of nuclear radiation. Second, it assists with measures for controlling epidemics by mass campaigns against communicable diseases. Third, it seeks to strengthen and expand the health services of member nations, especially in Third World countries :* _____
65. *Being in agreement with itself ; coherent and uniform. Reliable :* _____
66. In, to, through, or during every part of : _____
67. More than two or three but not many : _____
68. *Visualization of internal bodily organs, tissues, or cavities using specialized instruments and techniques, such as ultrasonography, for diagnostic purposes :* _____
69. *Present and ready for use ; accessible :* _____
70. *Tomography in which computer analysis of a series of cross-sectional scans made along a single axis of a bodily structure or tissue is used to construct a three-dimensional image of that structure. The technique is used in diagnostic studies of internal bodily structures, as in the detection of tumors or brain aneurysms :* _____
71. *The use of a nuclear magnetic resonance spectrometer to produce electronic images of specific atoms and molecular structures in solids, especially human cells, tissues, and organs :* _____
72. *Tomography in which a computer-generated image of a biological activity within the body is produced through the detection of gamma rays that are emitted when introduced radionuclides decay and release positrons :* _____
73. *Examination of a body or bodily part with ultrasound, tomography etc. A depiction (as a photograph) of the distribution of a radioactive material in something (as a bodily organ). An image of a bodily part produced (by computer) by combining radiographic data obtained from several angles or sections :* _____
74. *The fluid consisting of plasma, erythrocytes, leukocytes ; corpuscles, and platelets that is circulated by the heart through the vascular system, carrying oxygen and nutrients to and waste materials away from all body tissues :* _____
75. *The smooth motion characteristic of fluids. A continuous movement or circulation :* _____
76. *1. A part, region or zone. 2. A part of the cerebral cortex having a particular function :* _____
77. To make a representation of a region of the earth or heavens. To make something that suggests such a representation, as in clarity : _____
78. *A person having expert knowledge of one or more sciences, especially a natural or physical science :* _____
79. Intellectual comprehension of a subject : _____

80. To tend toward a certain result : _____

Classification and Diagnosis of Mental Illness

In the field of medicine, the classification of diseases is constantly changing as knowledge changes. Similarly, in psychiatry, the knowledge of how the brain functions and is influenced by the environment and other factors is constantly becoming more sophisticated. Despite advances, knowledge of the intricate mechanisms involved in brain functioning is still in its* infancy. However, because many research studies have shown that mental illnesses can be distinguished from one another* with a high degree of reliability, a standardized approach to diagnosis is becoming more and more refined.

In 1952, the American Psychiatric Association first published the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I). The most recent version is the 'Text Revision' of the DSM-IV (1994), also known as the DSM-IV-TR, published in 2000. The next version, DSM-V, is currently in consultation, planning and preparation, due for publication in May 2013. This manual provides a classification system that attempts to separate mental illnesses into diagnostic categories based on descriptions of symptoms – what patients say and do as reflections of how they think and feel – and* on the course of the illness.

The *International Statistical Classification of Diseases and Related Health Problems, 10th Revision* (ICD-10), a book published by the World Health Organization, uses diagnostic categories similar to those* in the DSM-IV. This similarity* suggests that diagnoses of specific mental illnesses are becoming more standard and consistent throughout the world.

Use the descriptions and examples of DSM-IV and ICD-10 diagnostic categories on pages 7-8 to complete the following table :

DSM-IV-TR	ICD-10 codes
• **1. Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence**	
• **2. Delirium, Dementia, and Amnestic and Other Cognitive Disorders**	
• **3. Mental Disorders Due to a General Medical Condition**	
• **4. Substance-Related Disorders**	
• **5. Schizophrenia and Other Psychotic Disorders**	
• **6. Mood Disorders**	
• **7. Anxiety Disorders**	
• **8. Somatoform Disorders**	
• **9. Factitious Disorders**	
• **10. Dissociative Disorders**	
• **11. Sexual and Gender Identity Disorders**	
• **12. Eating Disorders**	
• **13. Sleep Disorders**	
• **14. Impulse-Control Disorders Not Elsewhere Classified**	
• **15. Adjustment Disorders**	
• **16. Personality Disorders**	

DSM-IV-TR Categories (by chapter)[4] :

- **Chapter 1. Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence :** *The provision of a separate section for these disorders is for convenience only and is not meant to suggest that there is any clear distinction between "childhood" and "adult" disorders. Examples include : Mental Retardation, Learning Disorders, Motor Skills Disorder, Communication Disorders, Attention-Deficit and Disruptive Behavior Disorders, Feeding and Eating Disorders of Infancy or Early Childhood, Tic Disorders.*
- **Chapter 2. Delirium, Dementia, and Amnestic and Other Cognitive Disorders :** *The predominant disturbance is a clinically significant* ***deficit in cognition*** *that represents a significant change from a previous level of functioning. For each disorder, the etiology is either a general medical condition, or a substance (i.e., a drug of abuse, medication, or toxin), or a combination of these factors.*
- **Chapter 3. Mental Disorders Due to a General Medical Condition :** *A Mental Disorder Due to a General Medical Condition is characterized by the presence of mental symptoms that are judged to be the* ***direct physiological consequence*** *of a general medical condition. Examples include : Catatonic Disorder Due to a General Medical Condition, Personality Change Due to a General Medical Condition.*
- **Chapter 4. Substance-Related Disorders :** *These include disorders related to* ***drug abuse****, to the* ***side effects*** *of a medication, and to* ***toxin*** *exposure. The substances are grouped into 11 classes: alcohol; amphetamine or sympathomimetics; caffeine; cannabis; cocaine; hallucinogens; inhalants; nicotine; opioids; phencyclidine (PCP) or arylcyclohexylamines; and sedatives, hypnotics, or anxiolytics.*
- **Chapter 5. Schizophrenia and Other Psychotic Disorders :** *These disorders include* ***psychotic symptoms*** *as a prominent aspect of their presentation. Despite the fact that these disorders are grouped together, psychotic symptoms are not necessarily considered to be fundamental features of these disorders, nor do these disorders necessarily have a common etiology. Examples include Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Delusional Disorder, Brief Psychotic Disorder, Shared Psychotic Disorder, Substance-Induced Psychotic Disorder.*
- **Chapter 6. Mood Disorders :** *This section is divided into three parts. The first part describes* ***mood episodes*** *(Major Depressive Episode, Manic, Mixed and Hypomanic Episodes). These episodes cannot be diagnosed as separate entities; however, they serve as the building blocks for the disorder diagnoses. The second part describes the* ***Mood Disorders*** *(e.g., Major Depressive Disorder, Bipolar I Disorder). The criteria sets generally require the presence or absence of the mood episodes described in the first part. The third part includes specifiers that describe either the most recent mood episode or the course of recurrent episodes.*
- **Chapter 7. Anxiety Disorders :** *Anxiety can become a pathologic disorder when it is* ***excessive*** *and uncontrollable, requires* ***no specific external stimulus****, and manifests with a wide range of physical and affective* ***symptoms*** *as well as* ***changes*** *in behavior and cognition[5]. Anxiety disorders include : Panic Disorder With or Without Agoraphobia, Agoraphobia Without History of Panic Disorder, Social Phobia, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, Acute Stress Disorder, Generalized Anxiety Disorder, Anxiety Disorder Due to a General Medical Condition, and Substance-Induced Anxiety Disorder.*
- **Chapter 8. Somatoform Disorders :** *The common feature is the presence of physical symptoms that suggest a general medical condition (hence, the term somatoform) and are* ***not fully explained by a general medical condition****, the effects of a substance, or another mental disorder (e.g., Panic Disorder). The symptoms must cause clinically significant distress or impairment in social, occupational, or other areas of functioning. In contrast to Factitious Disorders, the physical symptoms are* ***not intentional****. Examples include : Somatization Disorder, Pain Disorder, Hypochondriasis, Body Dysmorphic Disorder*
- **Chapter 9. Factitious Disorders :** *Factitious Disorders are characterized by physical or psychological symptoms that are* ***intentionally produced*** *or feigned in order to assume the sick role. The judgment is made both by direct evidence and by excluding other causes. For example, an individual presenting with hematuria is found to have anticoagulants in his possession. The person denies having taken them, but blood studies are consistent with the ingestion of anticoagulants.*
- **Chapter 10. Dissociative Disorders :** *The essential feature of Dissociative Disorders is a* ***disruption*** *in usually integrated functions of* ***consciousness, memory, identity, or perception****. The disturbance may be sudden or gradual, transient or chronic. Examples include : Dissociative Amnesia, Dissociative Fugue, Dissociative Identity Disorder (formerly Multiple Personality Disorder), Depersonalization Disorder.*
- **Chapter 11. Sexual and Gender Identity Disorders :** *This section contains Sexual Dysfunctions, Paraphilias, and Gender Identity Disorders. Sexual Dysfunctions are characterized by disturbance in sexual desire and in psychophysiological changes that characterize the sexual response cycle and cause marked distress and interpersonal difficulty, e.g. Sexual Desire Disorders, Sexual Arousal Disorders, Orgasmic Disorders, Sexual Pain Disorders.*
- **Chapter 12. Eating Disorders :** *Eating Disorders include two specific diagnoses, Anorexia Nervosa and Bulimia Nervosa.* ***Anorexia Nervosa*** *is characterized by a refusal to maintain a normal body weight.* ***Bulimia Nervosa*** *is characterized by repeated episodes of binge eating followed by inappropriate compensatory behaviors such as vomiting; misuse of laxatives; fasting; or excessive exercise. A disturbance in* ***perception of body shape and weight*** *is an essential feature of both Anorexia and Bulimia Nervosa.*
- **Chapter 13. Sleep Disorders :** *Primary Sleep Disorders are those in which etiologies such as another mental disorder, a general medical condition, or a substance is not responsible. Primary Sleep Disorders are subdivided into* ***Dyssomnias*** *(characterized by abnormalities in the amount, quality, or timing of sleep) and* ***Parasomnias*** *(abnormal behavioral or physiological events occurring in association with sleep).*
- **Chapter 14. Impulse-Control Disorders Not Elsewhere Classified :** *This section includes disorders of impulse control that are not classified as part of other disorders. The essential feature is the* ***failure to resist an impulse****, drive, or temptation to perform an act that is harmful to the person or to others, e.g. Intermittent Explosive Disorder, Kleptomania, Pyromania, Pathological Gambling.*
- **Chapter 15. Adjustment Disorders :** *Adjustment disorder (AD) is a stress-related, short-term, nonpsychotic disturbance. Persons with AD are often viewed as* ***disproportionately*** *overwhelmed or intense in their emotional or behavioral reactions to an* ***identifiable stressful event*** *or change in the person's life; such as disappointment in relationships with a family member or friends of the opposite sex, or loss of an attachment figure (eg, pets). The disorder is time-limited, usually beginning within 3 months of the stressful event.[6] People with this disorder often have symptoms of depression, such as general loss of interest, feelings of hopelessness and crying. Unlike major depression however, the disorder generally resolves once the individual is able to adapt to the situation.[7]*
- **Chapter 16. Personality Disorders :** *A Personality Disorder is an enduring pattern of experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.*

[4] Adapted from : *http://dsm.psychiatryonline.org/book.aspx?bookid=22*

[5] *http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/psychiatry-psychology/anxiety-disorder/*

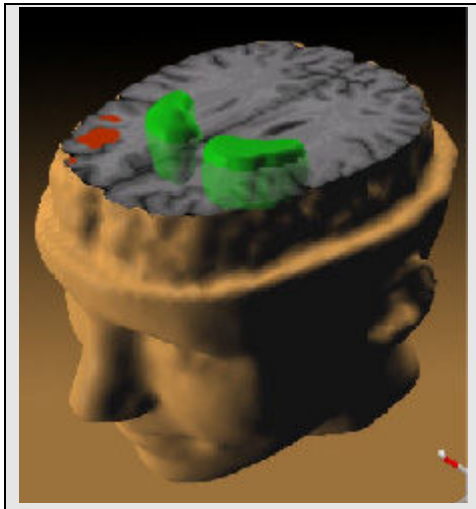
[6] *http://emedicine.medscape.com/article/292759-overview*

[7] *http://en.wikipedia.org/wiki/Adjustment_disorders*

ICD-10 Categories (by code) :

- **F00-F09 Organic, including symptomatic, mental disorders :** *This block comprises a range of mental disorders grouped together on the basis of their having in common* ***a demonstrable etiology in cerebral disease, brain injury,*** *or other insult leading to cerebral dysfunction :* ***Dementia*** *is characterized disturbance of higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement ; Amnesic syndrome is a prominent impairment of recent and remote memory while immediate recall is preserved, with reduced ability to learn new material and disorientation in time ;* ***Delirium*** *is characterized by disturbances of consciousness and attention, perception, thinking, memory, psychomotor behaviour, emotion, and the sleep-wake schedule ; Alteration of personality and behaviour can be a residual or concomitant disorder of brain disease, damage or dysfunction.*
- **F10-F19 Mental and behavioural disorders due to psychoactive substance use :** *This block contains a wide variety of disorders that are all attributable to the use of one or more* ***psychoactive substances****, which may or may not have been medically prescribed. Identification of the psychoactive substance should be based on as many sources of information as possible, e.g. self-report data, blood analysis, physical and psychological symptoms, clinical signs and behaviour, and reports from informed third parties. The main diagnosis should be classified, whenever possible, according to the class of substances that has caused or contributed most to the presenting clinical syndrome.*
- **F20-F29 Schizophrenia, schizotypal and delusional disorders :** *The schizophrenic disorders are characterized in general by fundamental and characteristic* ***distortions of thinking and perception****, and* ***affects that are inappropriate or blunted****. Clear consciousness and intellectual capacity are usually maintained although certain* ***cognitive deficits*** *may evolve in the course of time. The most important psychopathological phenomena include thought echo; thought insertion or withdrawal; thought broadcasting; delusional perception and delusions of control; influence or passivity; hallucinatory voices commenting or discussing the patient in the third person; thought disorders and negative symptoms. The course of schizophrenic disorders can be continuous, episodic with progressive or stable deficit, or there can be one or more episodes with complete or incomplete remission.*
- **F30-F39 Mood [affective] disorders :** *This block contains disorders in which the fundamental disturbance is a* ***change in affect or mood*** *to* ***depression*** *(with or without associated anxiety) or to* ***elation****. The mood change is usually accompanied by a change in the overall level of activity; most of the other symptoms are either secondary to, or easily understood in the context of, the change in mood and activity. These disorders tend to be recurrent and the onset of episodes can often be related to stressful events or situations.*
- **F40-F48 Neurotic, stress-related and somatoform disorders :** *This block contains* ***Phobic*** *disorders, in which anxiety is evoked predominantly in certain well-defined situations that are not currently dangerous ; Other anxiety disorders in which anxiety is not restricted to any particular environmental situation ;* ***Obsessive-compulsive*** *disorder, the essential feature of which is recurrent obsessional thoughts or compulsive acts ; Reaction to severe stress, and* ***adjustment*** *disorders, which differ from other categories in that they are identifiable not only on the basis of symptoms and course, but also the existence of one of two causative influences : an exceptionally stressful life event, or a significant life change leading to unpleasant circumstances ;* ***Dissociative*** *disorders (e.g. amnesia, fugue) are characterized by a partial or complete loss of normal integration between memories of the past, awareness of identity and immediate sensations, and control of bodily movements ; Somatoform disorders are characterized by repeated presentation of physical symptoms, with persistent requests for medical investigations, in spite of repeated negative findings and reassurances by doctors that the symptoms have no physical basis.*
- **F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors :** *This block contains Eating disorders (e.g.* ***Anorexia*** *nervosa, a disorder characterized by deliberate weight loss, and* ***Bulimia*** *nervosa, a syndrome characterized by a pattern of overeating followed by vomiting or use of purgatives to control body weight) ; Nonorganic* ***sleep disorders****, such as insomnia (unsatisfactory quantity and/or quality of sleep), hypersomnia (excessive daytime sleepiness and sleep attacks), sleepwalking, a.k.a. somnambulism (a state of altered consciousness in which phenomena of sleep and wakefulness are combined), and nightmares (ie. dream experiences loaded with anxiety or fear) ;* ***Sexual dysfunction****, not caused by organic disorder or disease ; Mental and behavioural disorders associated with the puerperium (e.g. postpartum depression) ; Psychological and behavioural factors associated with disorders or diseases such as asthma, dermatitis or gastric ulcer ; and Abuse of non-dependence-producing substances.*
- **F60-F69 Disorders of adult personality and behaviour :** *This block includes a variety of persistent behaviour patterns which appear to be the expression of the individual's lifestyle and mode of relating to him- or herself and others. They represent* ***significant deviations*** *from the way in which the average individual in a given culture perceives, thinks, feels and relates to others. Specific personality disorders (e.g. Paranoid, Dissocial or Histrionic personality disorders), are severe disturbances in the personality and behaviour of the individual; often associated with personal distress and social disruption. Enduring personality changes may develop following catastrophic or excessive prolonged stress, or a severe psychiatric illness.* ***Habit and impulse*** *disorders are characterized by repeated acts that have no clear rational motivation, cannot be controlled, and generally harm the patient's own interests and those of other people (e.g. pathological gambling, pyromania, kleptomania). Other disorders of adult personality and behaviour include Elaboration of physical symptoms for psychological reasons or Intentional production or feigning of symptoms or disabilities.*
- **F70-F79 Mental retardation :** *Arrested or incomplete development of the mind, especially characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e.* ***cognitive, language, motor, and social abilities****. Degrees of mental retardation are conventionally estimated by standardized intelligence tests, supplemented by scales assessing social adaptation in a given environment. Intellectual abilities and social adaptation may change over time, and may improve as a result of training and rehabilitation. Diagnosis should be based on the current levels of functioning.*
- **F80-F89 Disorders of psychological development :** *The disorders included in this block have in common : (a) onset during infancy or childhood; (b) impairment or delay in development of functions strongly related to biological maturation of the CNS; and (c) a steady course without remissions and relapses. The functions affected include* ***language, visuo-spatial skills, and motor coordination****. Usually, the delay or impairment will diminish as the child grows older, although milder deficits often remain in adult life.*
- **F90-F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence :** *This block includes* ***Hyperkinetic*** *disorders, characterized by an early onset (usually in the first five years of life), lack of persistence in activities that require cognitive involvement, together with disorganized, ill-regulated, and excessive activity ;* ***Conduct*** *disorders, characterized by a repetitive and persistent pattern of dissocial, aggressive, or defiant conduct ; Mixed disorders of conduct and emotion, characterized by the combination of persistently aggressive or dissocial behaviour with symptoms of depression, anxiety or other emotional upsets ; Disorders of* ***social functioning*** *with onset specific to childhood and adolescence, a heterogeneous group of disorders which begin during the developmental period, but which are not primarily characterized by a social incapacity or deficit in all areas of functioning ; Tic disorders characterized by an involuntary, rapid, recurrent motor movement or vocal production that serves no apparent purpose.*

Advances have been made in diagnostic methods. Several new brain imaging techniques have become available, including computed tomography (CT), magnetic resonance imaging (MRI), and positron emission tomography (PET), a type of scan that measures blood flow to specific areas of the brain. […] These imaging techniques* are being used to map brain structure and function in people with normal and abnormal behavior, giving scientists greater understanding of how the brain functions in people with and without mental illness. Research that has differentiated one psychiatric disorder from another has led to greater precision in diagnosis.



Data from a PET study suggests that the less the frontal lobes are activated during a working memory task, the greater the increase in abnormal dopamine activity, thought to be related to the neurocognitive deficits in schizophrenia.

Brain imaging studies : schizophrenia – *Studies using neuropsychological tests and brain imaging technologies such as fMRI and PET to examine functional differences in brain activity have shown that differences seem to most commonly occur in the frontal lobes, hippocampus, and temporal lobes. These differences have been linked to the neurocognitive deficits often associated with schizophrenia.*
There have also been findings of differences in the size and structure of certain brain areas in Schizohrenia, starting with the discovery of ventricular enlargement in those for whom negative symptoms were most prominent. However, this has not proven particularly reliable on the level of the individual person, with considerable variation between patients. More recent studies have shown various differences in brain structure between people with and without diagnoses of schizophrenia. However, as with earlier studies, many of these differences are only reliably detected when comparing groups of people, and are unlikely to predict any differences in brain structure of an individual person with schizophrenia.

What do the following words refer to ?

i. *"still in its infancy"* → "Its" refers to…
j. *"distinguished from one another"* → "One another" refers to…
k. *"similar to those in the DSM-IV"* → "Those" refers to…
l. *"and* on the course of the illness"* → The course of the illness is a criterion on which …
m. *"This similarity suggests"* → "This similarity" refers to the similarity between…
n. *"These imaging techniques are being used to map brain structure"* → "These imaging techniques" refers to…

True or False ? (Be ready to explain and discuss).

iv. Brain imaging techniques have become a mainstay in the diagnosis of mental illnesses.
v. Dissociative Disorders (e.g. amnesia, dissociative identity disorder) involve a partial or complete loss of normal integration between memories of the past, awareness of identity and immediate sensations, and control of bodily movements.
vi. Somatoform Disorder is classified as a type of Dissociative disorder in ICD-10.
vii. Kleptomania, Pyromania and Pathological Gambling are examples of specific Anxiety Disorders.
viii. Standardized diagnostic categories are based on descriptions of symptoms.

Questions : (1) Ask questions about the following points, then (2) let someone else answer in a complete sentence (3) using as many of the suggested terms as possible.

WHAT (×3) – HOW

5. ***Requirements for*** **a standardized approach to diagnosis of mental illnesses.** ***The basis for*** **the categories in the DSM-IV.** → …

consistent – which – to distinguish – from one another – high degree – in the DSM-IV – for example – symptoms, i.e. – of what – and

A standardized approach to diagnosis…

6. ***The current use of*** **imaging techniques.** ***Ways in which*** **research with imaging techniques has helped scientists. →** …

such as – and – scanning – which are – to map – helped – to – brain – better – and – one – from another

Research with imaging techniques…

7. **Make up one original question of your own relating to this section of the article, and write a 2-3 line answer to it using information either from the article or from outside sources.**

Anxiety and anxiety disorders

VOCABULARY *in context*. Match the following definitions with words from the reading passage below, then give an appropriate translation in French.

81. *A state of intense apprehension, uncertainty, and fear resulting from the anticipation of a threatening event or situation, often to a degree that the normal physical and psychological functioning of the affected individual is disrupted :* _____

82. *A psychoneurotic disorder characterized by anxiety unattached to any obvious source and often accompanied by physiological manifestations of fear (as sweating, cardiac disturbances, diarrhea, or vertigo) also called anxiety neurosis, anxiety reaction, anxiety state :* _____

83. *To participate in personally ; undergo. To be physically aware of through the senses :* _____

84. *A feeling of agitation and apprehension caused by the presence or imminence of danger :* _____

85. *Characteristic of the healthy, normal functioning of a living organism :* _____

86. 1. Exterior. 2. Existing independently of the mind : _____

87. *A possibility of danger or harm : risk, peril, menace :* _____

88. Someone who enters forcefully without permission ; a stranger or criminal : _____

89. Out of control : _____

90. Offensive ; disagreeable : _____

91. *A mental or emotional condition :* _____

92. *Evident to the mind ; Easily perceptible ; distinct. Free from doubt or confusion ; certain :* _____

93. *A reaction to a specific stimulus :* _____

94. *A mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health, usually characterized by increased heart rate, a rise in blood pressure, muscular tension, irritability, and depression :* _____

95. The discontinuance of a relationship, as a marriage or a friendship ; separation, rupture : _____

96. *A continuing attachment or association between persons :* _____

97. *An instance of being subjected to an action or an influence :* _____

98. *Systematically organized knowledge applicable in a relatively wide variety of circumstances, especially a system of assumptions, accepted principles, and rules of procedure devised to analyze, predict, or otherwise explain the nature or behavior of a specified set of phenomena :* _____

99. A response to a stimulus. The state resulting from such a response : _____

100. *To exclude (painful or unpleasant memories, for example) from the conscious mind :* _____

101. *A sudden spontaneous inclination or incitement to some unpremeditated action ; an abrupt inclination. A propensity (motivating force) or natural tendency usually other than rational. :* _____

102. *To counteract the normal operation of something. To be more significant than ; surpass, exceed :* _____

103. *An unconscious mental process (such as repression, projection, or sublimation) that makes possible compromise solutions to personal problems :* _____

104. *A strong motivating tendency or instinct, especially of sexual or aggressive origin, that prompts activity. Any of the basic biological impulses or urges, such as self-preservation, hunger, sex, etc. :* _____

105. In restraint ; under control : _____

106. As being what is indicated or suggested. Since it is like this : _____

107. *Mental struggle (difficulty or opposition) resulting from incompatible or opposing needs, drives, wishes, or external or internal demands :* _____

108. *The quality of being able to do something ; potential, aptitude, capacity :* _____

109. Within the class of. From one to another : _____

110. *To take place ; come to exist ; present itself :* _____

111. *Improper. Not occurring at a favorable time ; inopportune :* _____

112. *Continuing or remaining for a long time :* _____

113. To come between so as to be an obstacle : _____

114. *Causing mental suffering :* _____

115. To become affected with ; contract : _____

116. *An anxiety disorder characterized by consistent feelings of anxiety for a period of at least six months and accompanied by symptoms such as fatigue, restlessness, irritability and sleep disturbance. :* _____

117. *A source of concern or uneasiness, a state or feeling of anxiety :* _____

118. *A persistent, abnormal, or irrational fear of a specific thing or situation that compels one to avoid the feared stimulus. :* _____

119. *A pathological fear of being in public places where escape is perceived as difficult. :* _____

120. *A psychiatric disorder characterized by anxiety about being in public or social gatherings. :* _____

121. The art or practice of making speeches to large audiences. : _____

122. A room equipped with toilets and lavatories for public use. : _____

123. *An anxiety disorder affecting individuals who have experienced or witnessed profoundly traumatic events, such as torture, rape, military combat, or a natural disaster, characterized by recurrent flashbacks of the traumatic event, nightmares, anxiety, fatigue, forgetfulness, and social withdrawal. :* _____

124. 1. The act of recalling something from memory; the ability to remember 2. Something remembered; a memory : _____

125. Overpowering in effect or strength, very intense : _____
126. A dream arousing feelings of intense fear, horror, and distress. : _____
127. 1. A cinematic device in which an earlier event is inserted into the normal chronological order of a narrative. 2. (Psychology) A recurring, intensely vivid mental image of a past traumatic experience : _____
128. To involve oneself; participate : _____
129. 1. A person who has seen or can give first-hand evidence of some event 2. To be present at or have personal knowledge of. : _____
130. A severe, rotating tropical storm with heavy rains and cyclonic winds exceeding 74 mi (119 km) per hour : _____
131. *For the most part ; mainly : _____*
132. *Pathologically excessive production of thyroid hormones. The condition resulting from excessive activity of the thyroid gland, characterized by increased metabolic rate, enlargement of the thyroid gland, rapid heart rate, and high blood pressure. also called hyperthyroidism, thyrotoxicosis ; cf. Graves' Disease : _____*
133. *Designated for use as a remedy : _____*
134. *Prohibited by law. illegal : _____*
135. *1. A substance used in the diagnosis, treatment, or prevention of a disease or as a component of a medication. 2. A chemical substance, such as a narcotic or hallucinogen, that affects the central nervous system, causing changes in behavior and often addiction : _____*
136. *Steroid hormones produced by the adrenal cortex (such as corticosterone, cortisone, and aldosterone) or their synthetic equivalents used especially as anti-inflammatory agents : _____*
137. *A colorless or white crystalline alkaloid, $C_{17}H_{21}NO_4$, extracted from coca leaves, sometimes used in medicine as a local anesthetic especially for the eyes, nose, or throat and widely used as an illicit drug for its euphoric and stimulating effects : _____*
138. *An account of the past health of a patient's family : _____*
139. And in addition. In addition to : _____
140. *Transmitted genetically from parent to offspring (children) : _____*
141. *To reduce or eliminate pain, anxiety, or distress : _____*

Anxiety Disorders

Anxiety disorders are the most common type of psychiatric disorder. All people experience fear and anxiety. Fear is an emotional, physiologic, and behavioral response to a recognized external threat – for example, an intruder or a runaway car. Anxiety is an unpleasant emotional state that has a less clear source.

Anxiety is a response to stress, such as the breakup of an important relationship or exposure to a life-threatening disaster. One theory holds that anxiety may also be a reaction to a repressed sexual or aggressive impulse that is threatening to override the psychologic defenses that normally keep such drives in check. As such, anxiety indicates the presence of psychologic conflict.

The ability to tolerate anxiety varies among people, and determining what constitutes abnormal anxiety can be difficult. However, when anxiety occurs at inappropriate times or is so* intense and long-lasting that it* interferes with a person's normal activities, then* it* is properly considered a disorder. Anxiety disorders can be so distressing and interfere so much with a person's life that they* can lead to depression. Some people have an anxiety disorder and depression at the same time. Others develop depression first and an anxiety disorder later.

300.02 Generalized Anxiety Disorder – *According to the Diagnostic and Statistical Manual IV-Text Revision (DSM-IV-TR), the following criteria must be met for a person to be diagnosed with Generalized Anxiety Disorder.*

1. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months, about a number of events or activities (such as work or school performance).
2. The person finds it difficult to control the worry.
3. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).

- restlessness or feeling "keyed up" or "on edge"
- being easily fatigued
- irritability
- muscle tension
- difficulty falling or staying asleep, or restless unsatisfying sleep
- difficulty concentrating or the mind going blank

Symptoms can also include nausea, vomiting, and chronic stomach aches.

Generalized anxiety disorder consists of excessive, daily worry (lasting 6 months or longer) about many activities or events. People with generalized anxiety disorder constantly feel worried or distressed and have difficulty controlling these feelings. Common worries include work responsibilities, money, health, safety, or car repairs. **Phobias** involve persistent, unrealistic, intense anxiety about certain situations, circumstances, or objects. Agoraphobia is anxiety about being trapped in situations or places with no way to escape if anxiety develops. Social phobia is anxiety about exposure to certain social situations such as public speaking, eating with others or using a public restroom. The anxiety caused by phobic disorders can interfere with daily living because people avoid certain activities and situations. **Post-traumatic stress disorder (PTSD)** is characterized

by recurrent, intrusive recollections of an overwhelming traumatic event. Nightmares are common, as are flashbacks in which events are relived as if happening again. Events that can lead to posttraumatic stress disorder include engaging in combat, experiencing or witnessing a sexual or physical assault, or being involved in a natural or man-made disaster, such as a hurricane or a severe automobile accident. Intense distress often occurs when people are exposed to an event or situation that reminds them of the original trauma.

Diagnosis and Treatment

The diagnosis of an anxiety disorder is based largely on its* symptoms. However, symptoms identical to those* of an anxiety disorder can be caused by a medical condition (for example, an overactive thyroid gland) or by the use of a prescribed or illicit drug (for example, corticosteroids or cocaine). A family history of an anxiety disorder may help the doctor make the diagnosis, since the predisposition to a specific anxiety disorder as well as a susceptibility to anxiety disorders in general often is hereditary.

Accurate diagnosis is important because treatment varies from one anxiety disorder to another. Depending on the anxiety disorder, drug therapy or psychotherapy (such as behavior therapy), alone or in combination, can significantly relieve the distress and dysfunction of anxiety for most people.

Anxiety Disorders (DSM-IV-TR)[8]

- *300.02 Generalized Anxiety Disorder*

Panic Disorder

- *300.21 With Agoraphobia*
- *300.01 Without Agoraphobia*

- *300.22 Agoraphobia Without History of Panic Disorder*
- *300.29 Specific Phobia*
- *300.23 Social Phobia*
- *300.3 Obsessive-Compulsive Disorder*
- *309.81 Posttraumatic Stress Disorder*
- *308.3 Acute Stress Disorder*

Anxiety Disorder

- *293.89 Anxiety Disorder Due to…[Indicate the General Medical Condition]*
- *300.00 Anxiety Disorder NOS (Not otherwise specified)*

What do the following words refer to ?

o. *"when anxiety … is so* intense and long-lasting"* → When anxiety is intense and long-lasting, the result is …
p. *"that it interferes with a person's normal activities"* → "It" refers to…
q. *"then it is properly considered a disorder"* → "Then" refers to…

r. *"then it is properly considered a disorder"* → "It" refers to…
s. *"they can lead to depression"* → "They" refers to…
t. *"based largely on its symptoms"* → "Its" refers to…
u. *"identical to those of an anxiety disorder"* → "Those" refers to…

True or False ? (Be ready to explain and discuss).

ix. All people experience anxiety disorders.
x. Depression is a common symptom of anxiety disorder.
xi. Drugs or hormonal imbalances may sometimes cause anxiety disorder.

Questions : (1) Ask questions about the following points, then (2) let someone else answer in a complete sentence (3) using as many of the suggested terms as possible.

WHAT (×2) – WHY – WHEN – HOW

8. Anxiety & its causes. *The difference between* anxiety and fear. → …

an unpleasant – similar to – but – not have – external – Rather, – caused by – such as – or – or by – e.g. – repressed – or

Anxiety is…

9. *The reasons* anxiety disorders can be difficult to diagnose. → …

to diagnose – first of all – because all – while the ability – from one – to another – Moreover, – identical – be caused by – condition – or – the effects of

It can be…

[8] http://en.wikipedia.org/wiki/DSM-IV_Codes#Anxiety_Disorders

10. *The moment at which* doctors can make a diagnosis of anxiety disorder. → …

as a – when – interferes with – life – i.e. – inappropriate – intense and – when – leads to – and when – no – or – …-related cause

Doctors can diagnose…

11. *Ways in which* different anxiety disorders can interfere with a patient's daily life. → …

phobia – or – cause – avoid – about which – unrealistic – intense – Likewise – when – exposed to – which reminds – traumatic – Moreover, – generalized – difficulty – asleep – or – nightmares – occur in

Certain disorders, such as …

12. Make up one original question of your own relating to this section of the article, and write a 2-3 line answer to it using information either from the article or from outside sources.

Mood disorders : Depression and Bipolar disorder

VOCABULARY *in context*. Match the following definitions with words from the reading passage below, then give an appropriate translation in French.

142. (Either of) two antithetical ideas, propensities, forces, or positions : _____
143. *A state of mind or emotion. A conscious state of mind or predominant emotion :* _____
144. *Several psychological disorders characterized by abnormalities of emotional state and including especially major depressive disorder, dysthymia, and bipolar disorder. also called affective disorder :* _____
145. *Pathological euphoria sometimes accompanied by intense pleasure :* _____
146. *The conscious subjective aspect of an emotion considered apart from bodily changes. A feeling or emotion as distinguished from cognition, thought, or action. A strong feeling having active consequences :* _____
147. Relating to the face : _____
148. *A motion of the limbs or body made to express or help express thought or to emphasize speech. The act of moving the limbs or body as an expression of thought or emphasis :* _____
149. *To need ; necessitate :* _____
150. *A psychotic or neurotic condition characterized by an inability to concentrate, insomnia, and feelings of extreme sadness, dejection, and hopelessness :* _____
151. *A feeling of sorrow or unhappiness ; melancholy :* _____
152. *The condition of being deprived or bereaved (grieving over the death) of a loved one. :* _____
153. Beyond or outside the limits of a normal comparative relationship : _____
154. Past. Later than ; after. To a greater degree or amount : _____
155. The amount of time between specified moments ; the duration : _____
156. Probably, approximately : _____
157. In fact. Really, in reality : _____
158. The second of two. Near or nearer to the end. Further advanced in time ; later : _____
159. To give the impression of being ; appear : _____
160. *1. A measure of a part with respect to a whole ; a proportion 2. Speed or rhythm :* _____
161. *Existing or occurring before something else ; earlier. Coming before something else in time or order ; prior, preceding :* _____
162. Partly, partially : _____
163. *Excessive use of addictive substances, especially alcohol and narcotic drugs. :* _____
164. *To continue in time ; go on :* _____
165. To happen again, especially at regular intervals. : _____
166. *The period of time during which an individual is alive :* _____
167. *An affective disorder marked by alternating episodes of mania and depression. :* _____
168. *1. A state of health or physical fitness (in general). 2. A disease or disorder. :* _____
169. *Excitement of psychotic proportions manifested by mental and physical hyperactivity, disorganization of behavior, and elevation of mood (exaggerated gaiety) ; specifically a phase of bipolar disorder :* _____
170. *An affective state of consciousness, such as that resulting from emotions, sentiments, or desires. An awareness or impression. An emotional state or disposition ; an emotion :* _____
171. Flagrantly, in an excessive manner : _____
172. To draw out or lengthen in time ; prolong : _____
173. *To move to action ; motivate :* _____
174. *Not aware :* _____
175. Abnormal, defective, incorrect. Not functioning properly : _____
176. *An occurrence of a (usually) recurrent pathological abnormal condition :* _____
177. *A psychiatric disorder in which there is a depressive phase only :* _____
178. *To remove from consideration ; exclude :* _____
179. *Present but not obvious (apparent) ; latent, hidden :* _____
180. To a small degree or amount : _____
181. To accept (a proposition) as true : _____
182. *An imperfection that causes inadequacy or failure. :* _____
183. *To the same degree. In the same proportion. As much in one as in the other :* _____
184. Occurring widely or frequently : _____
185. *The numbers 13 through 19 (especially adolescence in terms of age) :* _____

Mood Disorders

Depression and mania represent the two major poles of mood disorders. **Mood disorders** are psychiatric illnesses in which* emotional disturbances consist of prolonged periods of excessive depression or elation (mania). Mood disorders are also called *affective disorders*. Affect means emotional state as revealed through facial expressions and gestures.

Although 25 to 30 percent of all people will experience some form of excessive mood disturbance during their life, only about 10 percent will have a disorder severe enough to require medical attention[9].

On the Threshold of Eternity. *In 1890, Vincent van Gogh painted this picture seen by many as symbolizing the despair and hopelessness felt in depression. Van Gogh himself suffered from depression and committed suicide later that same year.*

Depression

Depression is a feeling of intense sadness ; it* may follow a recent loss or other sad event but is out of proportion to that event and persists beyond an appropriate length of time.

After anxiety, depression is the most common psychiatric disorder. An estimated 10 percent of the people who see their doctors for what they* think is a physical problem are actually experiencing depression. Depression typically begins in the 20s, 30s, or 40s. People born in the latter part of the 20th century seem to have higher rates of depression than those* of previous generations, in part because of higher rates of substance abuse.

An episode of depression typically lasts for 6 to 9 months, but in 15 to 20 percent of the people, it* lasts for 2 years or more. Episodes generally tend to recur several times over a lifetime.

DSM-IV-TR criteria According to the DSM-IV-TR criteria for diagnosing a major depressive episode five (or more) of the following symptoms must be present for a period of at least two weeks and represent a change from previous functioning; at least one of the symptoms is either depressed mood or loss of interest or pleasure (anhedonia), that is, one of the first two symptoms listed below:

- *Feelings of sadness or the seeming inability to feel emotion (emptiness).*
- *A decrease in the amount of interest or pleasure in all, or almost all, daily activities.*
- *Changing appetite and marked weight gain or loss.*
- *Disturbed sleep patterns, such as insomnia, loss of REM sleep, or excessive sleep (hypersomnia).*
- *Psychomotor agitation or retardation nearly every day.*
- *Fatigue, mental or physical, also loss of energy.*
- *Intense feelings of guilt, nervousness, helplessness, hopelessness, worthlessness, isolation/loneliness and/or anxiety.*
- *Trouble concentrating, keeping focus or making decisions or a generalized slowing and obtunding of cognition, including memory.*
- *Recurrent thoughts of death (not just fear of dying), desire to just "lie down and die" or "stop breathing", recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for completing suicide.*

Mania and Manic-Depressive Illness

Manic-depressive illness, also called **bipolar** disorder, is a condition in which* periods of depression alternate with periods of mania. Mania is characterized by excessive physical activity and feelings of extreme elation that* are grossly out of proportion to any positive event.

While extreme and protracted sadness (depression) may prompt a visit to a doctor, elation much less commonly does*, because people with mania are unaware that anything is wrong with their mental state or behavior. Although a person can have depression without manic episodes (unipolar disorder), mania most commonly occurs as a part of manic-depressive illness (bipolar disorder). A doctor must therefore* rule out an underlying physical disease in a person who is experiencing mania for the first time, without a previous depressive episode.

Manic-depressive illness affects slightly less than 2 percent of the population to some degree. The illness is believed to be hereditary, although the exact genetic defect is still unknown. Manic-depressive illness is equally common in men and women and typically begins in the teens, 20s, or 30s.

What do the following words refer to ?

v. *"in which emotional disturbances consist of prolonged periods…"* → "Which" refers to…
w. *"it may follow a recent loss or other sad event"* → "It" refers to…
x. *"they think is a physical problem"* → "They" refers to…
y. *"those of previous generations"* → "Those" refers to people born before…

[9] In the United States, lifetime incidence of major depressive disorder is 20% in women and 12% in men. Prevalence is as high as 10% in patients observed in a medical setting. (http://emedicine.medscape.com/article/286759-overview)

z. *"it lasts for 2 years or more"* → "It" refers to…
aa. *"in which periods of depression alternate with periods of mania"* → "Which" refers to…

bb. *"elation much less commonly does"* → "Does" refers to…
cc. *"A doctor must therefore* rule out an underlying physical disease"* → "Therefore" means a doctor must rule out an underlying physical disease because …

True or False ? (Be ready to explain and discuss).
xii. Unipolar disorder is more common than bipolar disorder.
xiii. Mania in the absence of depression is referred to as "unipolar disorder".
xiv. Patients with mania or depression are frequently unaware of their condition.s

Questions : (1) Ask questions about the following points, then (2) let someone else answer in a complete sentence (3) using as many of the suggested terms as possible.

WHAT (×3) – HOW (×2) – WHY (×2)

13. Symptoms *of* mood disorders. *The prevalence of* mood disorders *(NB. prevalence = percentage at a particular time).* → …

prolonged – excessive – or – which – out of – to external – percent of – experience –during – and about – will require

Mood disorders involve…

14. *The prevalence of* depression among patients. → …

most – after – an estimated – and seems – more – among – after

Depression is…

15. *The reason* mood disorders are described as "unipolar" or "bipolar". → …

as "…" – because – alone – in most – (about… out of…) – however, – usually – in alternation with – as – illness – and almost never – hence – term "…"

Depression is…

16. *The reason* mania is less easy to recognize than depression. → …

easily – than depression – because, – whereas depression – prompt – people who – feelings of – not likely – physician – given that – unaware of

Mania is less…

17. The possibility *that* a doctor must first rule out before diagnosing mania in the absence of depression. → …

first – of an underlying – before – without – previous – episode – because – most commonly – as a part of – and – rarely or never

A doctor must…

18. Make up one original question of your own relating to this section of the article, and write a 2-3 line answer to it using information either from the article or from outside sources.

Case Study

VOCABULARY *in context*. Match the following definitions with words from the reading passage below, then give an appropriate translation in French.

186. Of long duration, Of long duration : _____
187. To have its origin in a particular time in the past : _____
188. *The time or state of being a child, the period of development between infancy and puberty. :* _____
189. Three times : _____
190. An unanticipated or sudden check (halt) in progress; a change from better to worse. : _____
191. to a much greater extent or with much greater force than expected : _____
192. The process of forming ideas : _____
193. 1. With a great weight or burden 2. to a considerable degree : _____
194. To reduce the amount of something taken or used : _____
195. A gradual decrease : _____
196. 1. Unwilling; disinclined 2. Offering resistance; opposing. : _____
197. 1. To be of the same opinion 2. To give consent : _____
198. *A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay. :* _____
199. *A medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances and used as a first step in overcoming physiological or psychological addiction. :* _____
200. *An interaction between a professional and a patient, intended to help solve difficulties in psychosocial adjustment :* _____
201. *Close or continuous observation or surveillance :* _____
202. *A reference point used to indicate the initial condition against which future measurements are compared. :* _____
203. *1. The examination of a group of usually asymptomatic individuals to detect those with a high probability of having or developing a given disease. 2. The initial evaluation of an individual, intended to determine suitability for a particular treatment modality. :* _____
204. *A combination of risk factors for heart disease, diabetes, and stroke. It includes abdominal obesity, high blood pressure, high blood glucose levels, and low levels of high-density lipoprotein (HDL) cholesterol (sometimes called insulin resistance syndrome) :* _____
205. To increase, accumulate : _____

Case History 1

"Dennis" is a 52-year-old high school teacher with long-standing difficulties with anxiety dating back to childhood. He had been maintained successfully on lorazepam[10] 2 mg thrice daily for more than 20 years with good control of his anxiety. He had no history of depression or significant alcohol or substance abuse. However, he recently had experienced a series of financial setbacks and his anxiety had "returned with a vengeance" over the past 6 months. He reported that his anxiety was interfering with his concentration at work and that he had developed some depressive symptoms although no suicidal ideation. He had begun to drink alcohol heavily once or twice a week over the past few months to deal with the anxiety, and had been unsuccessful in his attempts to cut down.

Because of the risk due to his continued drinking, Dennis' physician initiated a gradual taper of lorazepam. The patient was also reluctant to enter substance abuse treatment. However, with the encouragement of his wife, he agreed to an evaluation. Inpatient detoxification was not judged to be necessary but counseling and monitoring were started.

Treatment with an atypical antipsychotic was initiated after baseline screening for parameters of metabolic syndrome.[11] The patient experienced gradual improvement in his anxiety and associated sleep difficulties starting after the first week, which continued to accrue over time. Although noting some improvement in mood, the patient reported persistent depressive symptoms, and after 6 weeks of monotherapy with the atypical antipsychotic, he agreed to initiate treatment with an SSRI (sertraline). The sertraline dose was gradually increased to 150 mg/day over the next 2 months and the patient's depressive symptoms resolved. The patient has remained on this combination of medication for 6 months with continued benefit for anxiety and depression. His metabolic profile has remained stable, and with continued counseling he has not used alcohol in 4 months.

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[10] *Lorazepam is used for the treatment of anxiety, insomnia, acute seizures including status epilepticus and sedation of hospitalised patients, as well as sedation of aggressive patients. Lorazepam is thought to have high affinity for GABA receptors, which may also explain its amnesic effects. The main pharmacological effects of lorazepam are the enhancement of the effects of GABA at the GABA-A receptor.*

[11] *Recently, metabolic concerns have been of grave concern to clinicians, patients and the FDA. In 2003, the Food and Drug Administration (FDA) required all manufacturers of atypical antipsychotics to change their labeling to include a warning about the risks of hyperglycemia and diabetes with atypical antipsychotics. The general consensus is that clozapine and olanzapine are associated with the greatest effects on weight gain and decreased insulin sensitivity, followed by risperidone and quetiapine.*

True or False ? (Be ready to explain and discuss).

xv. Signs that Dennis' anxiety had worsened included insomnia, alcohol abuse and mood disturbances.

xvi. Dennis' physician stopped his treatment with lorazepam because it was no longer effective against his anxiety.

Questions : (1) Ask questions about the following points, then (2) let someone else answer in a complete sentence (3) using as many of the suggested terms as possible.

HOW (×3) – WHY – WHAT

19. *The evolution of* Dennis' anxiety disorder. *The effects on* his life. → …

triggered – setbacks – after which – to the point that – work – symptoms – and – abuse

After …

20. *The modifications in* Dennis' drug therapy. *The reasons for this. The* combination of treatment strategies *that* enabled *Dennis' recovery.* → …

tapered – because of – risk – and replaced – while – to help – dependence – Finally – added – in order to – persistent – which – finally – 2 months

First of all, …

Schizophrenia

VOCABULARY *in context*. Match the following definitions with words from the reading passage below, then give an appropriate translation in French.

206. *A group of psychotic disorders usually characterized by withdrawal from reality, illogical patterns of thinking, delusions, and hallucinations, and accompanied in varying degrees by other emotional, behavioral, or intellectual disturbances. The disease, often associated with dopamine imbalances in the brain and defects of the frontal lobe, may have an underlying genetic cause. : _____*

207. 1. To hit sharply 2. To afflict suddenly, as with a disease or an impairment. : _____

208. 1 In the fullest sense ; complete ; absolute !the very opposite of the truth" ; 2 Same ; identical. ; 3 Being just what is needed or suitable. : _____

209. Continuing for a lifetime. : _____

210. *1. The condition of being disabled ; incapacity. The period of such a condition ; 2. A disadvantage or deficiency, especially a physical or mental impairment that prevents or restricts normal achievement. Syn. handicap : _____*

211. A mark, sign, etc. indicating that something is not considered normal or standard. : _____

212. *A degenerative brain disease of unknown cause that is the most common form of dementia, that usually starts in late middle age or in old age as a memory loss for recent events spreading to memories for more distant events and progressing over the course of five to ten years to a profound intellectual decline characterized by dementia and personal helplessness, and that is marked histologically by the degeneration of brain neurons especially in the cerebral cortex and by the presence of neurofibrillary tangles and plaques containing beta-amyloid — abbreviation AD : _____*

213. *A chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in patches throughout the brain or spinal cord or both, interfering with the nerve pathways and causing muscular weakness, loss of coordination, and speech and visual disturbances. It occurs chiefly in young adults and is thought to be caused by a defect in the immune system that may be of genetic or viral origin. : _____*

214. 1. To enter in a list ; register. 2. To put in a specific category. : _____

215. 1. Having a position in the lead ; foremost. 2. Chief ; principal. : _____

216. Involving or extending throughout the entire world ; universal. Throughout the world. : _____

217. The work or skill of a parent in raising a child or children. : _____

218. *1. The emergence of a new individual from the body of its parent. 2. The act or process of bringing forth young (offspring) from the womb. : _____*

219. *An acute contagious viral infection characterized by inflammation of the respiratory tract and by fever, chills, muscular pain, and prostration. : _____*

220. *The period during which a woman has a developing child within the body ; gestation. : _____*

221. The act or an instance of taking something away ; loss. : _____

222. *A child in the earliest period of life, especially before he or she can walk. A very young child ; baby. : _____*

223. *Several immunologically distinct, genetically determined classes of human blood that are based on the presence or absence of certain antigens and are clinically identified by characteristic agglutination reactions. : _____*

224. *The beginning or early stages (of a disease), the initial (first) appearance of symptoms. : _____*

225. *Operating in a slow or not easily apparent manner ; more dangerous than seems evident. Developing so gradually as to be well established before becoming apparent. : _____*

226. *An intermediate number, Usual or ordinary. An intermediate level or degree. The usual or ordinary kind or quality. : _____*

227. 1. The state of being poor ; lack of the means of providing material needs or comforts. 2. Deficiency in amount ; Unproductiveness. : _____

228. The condition of having no home ; of being without a permanent place of residence. : _____

229. *1. To set off ; initiate 2. To fire or explode (a weapon or an explosive charge). : _____*

230. 1. The cannabis plant. 2. A preparation made from the dried flower clusters and leaves of the cannabis plant, usually smoked or eaten to induce euphoria. : _____

231. As much as is needed (to produce a result), enough : _____

232. To work, communicate, cooperate etc. with other people : _____

Schizophrenia, which affects about 1% of the population, is a major health problem throughout the world. Schizophrenia typically strikes young people at the very time they* are establishing their* independence and can result* in lifelong disability and stigma, it* affects men and women equally and is more common than Alzheimer's disease or multiple sclerosis. The World Health Organization lists schizophrenia as the ninth leading cause of disability worldwide.

Causes

What precisely causes schizophrenia is not known, but current research suggests a combination of hereditary and environmental factors*. Fundamentally, however, it* is a biologic problem, not one* caused by poor parenting or a mentally unhealthy environment. Other causes may include problems that occurred before, during, or after birth, such as influenza infection during the 2nd trimester of pregnancy, oxygen deprivation at birth, low birth weight, and mother-infant blood type incompatibility.

The onset of schizophrenia may be sudden, over a period of days or weeks, or slow and insidious, over a period of years. The average age for the onset of schizophrenia is 18 for men and 25 for women. Deterioration in social functioning can lead to substance abuse, poverty, and homelessness. Symptoms may be triggered or worsened by environmental stresses. Drug use, including marijuana, may trigger or worsen symptoms as well. The symptoms are usually sufficiently severe as to interfere with the ability to work, interact with people, and care for oneself.

Disorders That Resemble Schizophrenia : *General medical and neurologic conditions such as thyroid disease, brain tumors, epilepsy, kidney failure, toxic reactions to drugs, and vitamin deficiencies can sometimes cause symptoms similar to those seen in schizophrenia. In addition, a number of mental disorders share features of schizophrenia.*

- **Brief psychotic disorder :** Symptoms of this disorder resemble those of schizophrenia but last only for 1 day to 1 month. This time-limited disorder often occurs in people with a preexisting personality disorder or in people who have experienced a severe stress, such as the loss of a loved one.
- **Schizophreniform disorder :** The schizophrenia-like symptoms characteristic of this disorder last for 1 to 6 months. This disorder may resolve or may progress to manic-depressive illness or schizophrenia.
- **Schizoaffective disorder :** This disorder is characterized by the presence of mood symptoms, such as depression or mania, along with more typical symptoms of schizophrenia.
- **Schizotypal personality disorder :** This personality disorder may share symptoms of schizophrenia, but they are generally not so severe as to meet the criteria for psychosis. People with this disorder tend to be shy and to isolate themselves and may show mild suspiciousness and other disturbances in thinking. Genetic studies indicate that schizotypal personality disorder may be a mild form of schizophrenia.

What do the following words refer to ?

dd. *"at the very time they* are establishing their* independence"* → "They" and "their" refer to…

ee. *"and can result* in lifelong disability and stigma"* → Disability and stigma are the consequences of …

ff. *"it* affects men and women equally"* → "It" refers to…

gg. *"current research suggests a combination of hereditary and environmental factors*"* → There are two kinds of factors that cause schizophrenia : …

hh. *"it* is a biologic problem"* → "It" refers to…

ii. *"not one* caused by poor parenting or a mentally unhealthy environment"* → "One" refers to…

True or False ? (Be ready to explain and discuss).

xvii. Schizophrenia is caused by a mentally unhealthy environment.

xviii. Living in an urban environment is a serious risk factor for schizophrenia.

xix. Despite the fact that a significant percentage of people with schizophrenia have been found to use substances (e.g. drugs or alcohol), a clear causal connection between substance abuse and schizophrenia is difficult to establish.

Questions : (1) Ask questions about the following points, then (2) let someone else answer in a complete sentence (3) using as many of the suggested terms as possible.

WHAT – ARE – WHEN – DOES – HOW

21. *The causes of* schizophrenia. *Parental or family responsibility.* → …

precise – unknown – research – at fault – Rather, – combination of – in other words – susceptibility – e.g. – or drug – In addition – perinatal – including – or incompatible

Although …

22. *Sex ratio and onset of* schizophrenia. *Its consequences.* → …

as many – as – earlier – among – than – Once – either – or – usually – a lifetime of – and – isolation – due to

Although …

23. Make up one original question of your own relating to this section of the article, and write a 2-3 line answer to it using information either from the article or from outside sources.

Schizophrenia : symptoms and diagnosis

VOCABULARY *in context*. Match the following definitions with words from the reading passage below, then give an appropriate translation in French.

233. On the whole ; generally : _____
234. *Reduction in strength, value, or quality :* _____
235. *A symptom due to mental distortion, typical of schizophrenia–eg, perceptual distortions–hallucinations, inferential thinking–delusions, disorganized thinking, agitation, in which the behavior adds to what is considered normal. :* _____
236. *A false belief regarding the self or persons or objects outside the self that persists despite the facts and occurs in some psychotic states :* _____
237. *The feeling of being afflicted, harassed or oppressed especially without basis in reality :* _____
238. To cheat or deceive (cause to believe what is not true) : _____
239. To observe secretly with hostile intent. To investigate intensively : _____
240. *The belief that insignificant remarks, events, or objects in one's environment have personal meaning or significance. For instance, a person may believe he is receiving special messages from newspaper headlines. :* _____
241. The words of a song, as distinguished from the music : _____
242. To receive and understand another person's thoughts : _____
243. *The delusion that thoughts have been 'taken out' of the patient's mind. It often accompanies thought blocking. The patient may experience a break in the flow of their thoughts believing that the missing thoughts have been withdrawn from their mind by some outside agency. This delusion is one of Schneider's first rank symptoms for schizophrenia. :* _____
244. *A perception of something (as a visual image or a sound) with no external cause usually arising from a disorder of the nervous system (as in delirium tremens or in functional psychosis without known neurological disease) or in response to drugs (as LSD) :* _____
245. *Vibrations in air, water, etc. that stimulate the auditory nerves and produce the sensation of hearing ; the auditory sensation produced by such vibrations :* _____
246. *The ability to see. The act of seeing ; perception by the eyes :* _____
247. *1. The sense by which odors are perceived ; the olfactory sense. 2. Something that may be perceived by the olfactory sense ; odor :* _____
248. *The sense that distinguishes the sweet, sour, salty, and bitter qualities of dissolved substances in contact with the taste buds on the tongue. This sense in combination with the senses of smell and touch, which together receive a sensation of a substance in the mouth. :* _____
249. *The physiological sense by which external objects or forces are perceived through contact with the body. :* _____
250. To the most extreme or evident degree ; considerably ; to a great degree : _____
251. The sound produced by the vocal organs ; sound made through the mouth, esp. by human beings in talking, singing, etc. : _____
252. To hold a conversation ; talk : _____
253. *The act of speaking ; expression or communication of thoughts and feelings by spoken words :* _____
254. Lengthy and digressive, without connection of ideas : _____
255. To change position, direction, place, or form : _____
256. A subject of discussion or conversation : _____
257. Like or characteristic of a child : _____
258. Lack of point or purpose. Lack of seriousness, frivolity : _____
259. *The way a person acts ; behavior :* _____
260. *An abnormal condition variously characterized by stupor, stereotypy, mania, and either rigidity or extreme flexibility of the limbs, often alternating with phases of excitement. It is most often associated with schizophrenia. :* _____
261. *A position of the body or of body parts :* _____
262. To manifest. To exhibit. To express, as by gestures or bodily posture : _____
263. Lacking an objective ; meaningless or aimless : _____
264. *A symptom involving loss of normal mental function, seen in schizophrenia, depression, and other mental disorders e.g. blunting or decreased range of affect, loss of will, pleasure, fluency, and content of speech, range of emotion, sense of purpose, social drives, poverty of speech, loss of interests. :* _____
265. *Lacking in feeling ; insensitive. :* _____
266. The process or result of making something flat : _____
267. *A psychological condition characterized by inability to experience pleasure in acts which normally produce it :* _____
268. To make, or make seem, smaller ; reduce in size, degree, importance, etc. ; lessen : _____
269. *Refusal of or disinterest in social interaction :* _____
270. A deficiency or an absence : _____
271. The front part of the human head including the chin, mouth, nose, cheeks, eyes, and forehead : _____
272. *Direct visual contact with the eyes of another person :* _____
273. The quality of conveying meaning or feeling : _____
274. *1. A quantity. 2. A number or sum :* _____
275. Rudely brief or abrupt ; concise to the point of rudeness : _____
276. To pass (time) in a specified manner or place : _____
277. To recall to the mind ; think of again. To retain in the memory : _____
278. To make projects, to organize a program : _____
279. The process of finding a solution : _____

280. The plan of events or main story in a narrative or drama. : _____
281. A cinematic narrative, a motion picture : _____
282. A presentation of entertainment, as a theatrical production, TV program, film, etc. : _____
283. According to the lowest possible assessment ; not less than : _____
284. *1. Any of the distinct parts of the face, as the eyes, nose, or mouth. Often plural. The overall appearance of the face or its parts. 2. A prominent or distinctive aspect, quality, or characteristic :* _____
285. *A severe mental disorder, with or without organic damage, characterized by derangement of personality and loss of contact with reality and causing deterioration of normal social functioning. :* _____
286. *An abnormal growth of tissue resulting from uncontrolled, progressive multiplication of cells and serving no physiological function ; a neoplasm. An abnormal benign or malignant mass of tissue that is not inflammatory, arises without obvious cause from cells of preexistent tissue, and possesses no physiological function. :* _____
287. 1. To guarantee or attest 2. To provide adequate grounds for ; justify. 3. To grant authorization ; authorize : _____

Symptoms

Overall, the symptoms of schizophrenia fall into three major groups : positive (nondeficit) symptoms, negative (deficit) symptoms, and cognitive impairment. **Positive symptoms** include *delusions, hallucinations, thought disorder,* and *bizarre behavior*. For example, people with schizophrenia may experience *persecutory delusions*, believing that they* are being tormented, followed, tricked, or spied on. They* may have *delusions of reference*, believing that passages from books, newspapers, or song lyrics are directed specifically at them*. They* may believe that others can read their mind, or that thoughts are being imposed on them* by outside forces (delusions of *thought withdrawal* or thought *insertion*). Hallucinations of sound, sight, smell, taste, or touch may occur, although hallucinations of sound (auditory hallucinations) are by far the most common. A person may "hear" voices commenting on his* behavior or conversing with one another*. Thought disorder refers to disorganized thinking, which becomes apparent when speech is rambling and shifts from one topic to another. Bizarre behavior may take the form of childlike silliness, agitation, or inappropriate appearance, hygiene, or conduct. Catatonia is an extreme form of bizarre behavior in which a person maintains a rigid posture or, in contrast, displays purposeless and unstimulated motor activity.

Negative symptoms of schizophrenia include blunted affect (a flattening of emotions), poverty of speech, anhedonia (diminished capacity to experience pleasure), and asociality (a lack of interest in relationships with other people). In cases of blunted affect, the person's face may appear immobile ; he* makes poor eye contact and lacks emotional expressiveness. Poverty of speech refers to a diminishment of thoughts reflected in a decreased amount of speech. Answers to questions may be terse, perhaps one or two words. A person experiencing anhedonia may take little interest in previous activities and spend more time in purposeless ones.

Cognitive impairment refers to difficulty in concentrating and remembering, organizing, planning, and problem solving. Some people are unable to concentrate sufficiently to read, follow the story line of a movie or television show, or follow directions.

Examination of Mental Status[12] – *The mental status examination is an assessment of current mental capacity through evaluation of general appearance, behavior, any unusual or bizarre beliefs and perceptions (e.g., delusions, hallucinations), mood, and all aspects of cognition (e.g., attention, orientation, memory). Mental status examination evaluates the different parameters of cognitive function. The examiner must first establish that the patient is attentive—e.g., by asking the patient to immediately repeat 3 words. It is not useful to test an inattentive patient further. The parameters of cognitive function to be tested include the following :*

1. **Orientation :** Test the 3 parameters of orientation : (1) person (What is your name ?), (2) time (What is today's date ?), and (3) place (What is the name of this place ?)
2. **Short-term memory :** Ask the patient to repeat 3 objects after a 1-min delay.
3. **Long-term memory :** Ask the patient a question about the past, such as "What color suit did you wear at your wedding ?" or "What was the make of your first car ?"
4. **Math :** Use any simple mathematical test. Serial 7s are common : The patient is asked to start with 100 and to subtract 7, then 7 from that, etc.
5. **Word finding :** Ask the patient to name as many objects in a single category, such as articles of clothing or animals, as possible in 1 min.
6. **Spelling :** Ask the patient to spell a 5-letter word forward and backward.
7. **Object identification :** Hold up an object, such as a pen, book, or ruler, and ask the patient to name it.
8. **Following commands :** Start with a 1-step command, such as "Touch your nose with your right hand." Then test a 3-step command, such as "Take this piece of paper in your right hand. Fold it in half. Put the paper on the desk."
9. **Writing :** Ask the patient to write a sentence. The sentence should contain a subject and an object and should make sense. Spelling errors should be ignored.
10. **Spatial orientation :** Ask the patient to draw a clock and mark it with a specific time. Or ask the patient to copy a simple and then a more complex geometric shape.
11. **Reasoning :** Ask the patient to explain similarities between 3 or 4 objects or to explain a proverb.
12. **Judgment :** Have the patient explain what he would do in a hypothetical situation : "What would you do if you found a fire in your kitchen ?"

[12] Source : http://www.merck.com/mmpe/sec16/ch206/ch206a.html

Abstract reasoning[13] – A patient's capacity to reason abstractly is a particularly important aspect of the patient's intellectual function which is impaired in certain psychotic states, particularly schizophrenia. The capacity for abstraction can be tested in a number of ways, one of which is the use of proverbs.

Match the following proverbs with the appropriate abstract (metaphorical) interpretation :

1. Don't count your chickens before they are hatched.
2. There is no use crying over spilt milk.
3. The wheel that squeaks loudest is the wheel that gets the grease.
4. All that glitters is not gold.

- Don't worry about accidents which have already happened and cannot be changed.
- Appearances may be deceptive.
- Don't make an optimistic assumption which might turn out to be wrong.
- Whoever complains the most obtains the most favors.

Patients with schizophrenia often give literal responses when asked to interpret a proverb :

- Proverb : *People who live in glass houses shouldn't throw stones.*
- Normal interpretation : *We shouldn't complain about other people if we ourselves are not irreproachable.*
- Schizophrenic interpretation : *"It would break the glass."*

Diagnosis

For a diagnosis of schizophrenia to be made, symptoms[14] must persist for at least 6 months and be associated with significant deterioration of work, school, or social functioning. Information from family, friends, or teachers is often important in establishing when the disorder began. Laboratory tests are often performed to rule out an underlying medical, neurologic, or hormonal disorder that can have features of psychosis (e.g. brain tumors or thyroid disease). Testing for drug abuse is sometimes warranted.

What do the following words refer to ?

jj. *"believing that they* are being tormented, followed"* → "They" refers to…

kk. *"They* may have delusions of reference, believing…"* → "They" refers to…

ll. *"directed specifically at them*"* → "Them" refers to…

mm. *"They* may believe that others can read their mind, or that thoughts are being imposed on them*"*→ "They" refers to…

nn. *"commenting on his* behavior"* → "His" refers to…

oo. *"conversing with one another*"*→ "One another" refers to…

pp. *"he* makes poor eye contact"* → "He" refers to…

True or False ? (Be ready to explain and discuss).

xx. Another name for schizophrenia is "multiple personality disorder" (MPD).

xxi. Poverty of speech is a sign of disorganized thinking.

Questions : (1) Ask questions about the following points, then (2) let someone else answer in a complete sentence (3) using as many of the suggested terms as possible.

HOW (×3) – WHY

24. *The difference between* delusions and hallucinations. → …

in that – beliefs – reality – whereas – perceptions – (especially –) – no[15]

Delusions are …

25. *The difference between* "positive" and "negative" symptoms. → …

because – distinctive – additional to – e.g. – while – loss or – normal – such as

"Positive" …

26. *The importance of* information from family and friends in establishing the chronology (onset and history) of schizophrenia. → …

[13] *www.psychiatry.msu.edu/Clerkship/MentalStatusExam.pdf ; www.freewebs.com/schizphren/symptoms.htm*

[14] *According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), the patient must have experienced at least 2 of the following symptoms : delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, or negative symptoms. Only 1 symptom is required if the delusions are bizarre or if auditory hallucinations occur in which the voices comment in an ongoing manner on the person's behavior, or if 2 or more voices are talking with each other. These problems must not be attributable to another condition for the diagnosis of schizophrenia to be made.*

[15] NB. "no+N." = not one, not any, none / *aucun*

obtain – family – in order to[16] – onset – especially if – cognitive – such as – loss – and – significant – functioning

It is important …

27. Make up one original question of your own relating to this section of the article, and write a 2-3 line answer to it using information either from the article or from outside sources.

[16] NB. "in order to" = for the purpose of, so as to / *pour, afin de…*

Schizophrenia : prognosis and treatment

VOCABULARY *in context*. Match the following definitions with words from the reading passage below, then give an appropriate translation in French.

288. *Willingness to follow a prescribed course of treatment :* _____

289. *To fall or slide back into a former state. To regress after partial recovery from illness. :* _____

290. 1. To test by experiment, a standard, etc. ; To establish as true ; demonstrate to be a fact : _____

291. An example that is cited to prove or invalidate a contention or illustrate a point. A case or an occurrence : _____

292. *A peripheral or secondary effect, especially an undesirable secondary effect of a drug or therapy :* _____

293. *1. The mental faculty of retaining and recalling past experience. 2. The act or an instance of remembering ; recollection :* _____

294. In such a way as to be regretted, regrettably, sadly : _____

295. *Reduction of anxiety, stress, irritability, or excitement by administration of a sedative agent or drug :* _____

296. *The feeling or condition of being difficult to bend, rigidity, inflexibility :* _____

297. *An involuntary trembling or quivering, as from nervous agitation or weakness. :* _____

298. *1. Something acquired. The act of acquiring ; attainment. 2. An increase in amount or degree :* _____

299. *Inability to rest, relax, or be still :* _____

300. *Ability that is acquired or developed through experience ; talent, competence, aptitude :* _____

301. To make able (capable) ; supply with (provide) the means, knowledge, or opportunity : _____

302. To visit or buy from (a particular store). : _____

303. To maintain a friendly relationship (with other people) : _____

304. The purpose toward which an endeavor (effort) is directed ; an objective : _____

305. To do ; succeed in doing ; accomplish ; To get or reach by exertion ; attain : _____

306. Remaining after a disease or operation : _____

307. A defect or handicap ; a disability. : _____

308. *To kill oneself intentionally :* _____

Prognosis and Treatment

Adherence to treatment is very important for people with schizophrenia. Drugs taken continuously can reduce the **relapse rate** from 70 to 80% within the first year after diagnosis to about 20 to 30%. Despite the proven benefit of drug therapy, half of people with schizophrenia do not take their* prescribed drugs. Some* do not recognize their* illness and resist taking drugs. In other instances, unpleasant side effects, memory problems, disorganization, or simply a lack of money prevent others* from taking their* drugs.

Antipsychotic drugs, rehabilitation, and psychotherapy represent the three major components of treatment. Antipsychotic **drugs** can be effective in reducing or eliminating symptoms, such as delusions, hallucinations, and disorganized thinking. Unfortunately, antipsychotic drugs also have significant side effects that can include sedation, muscle stiffness, tremors, weight gain, and motor restlessness. **Rehabilitation** is directed at teaching the skills needed to survive in the community. These skills enable a person with schizophrenia to work, shop, care for himself, and get along with others. Generally, the goal of **psychotherapy** is to help the person learn to understand his* disorder, to take antipsychotic drugs as prescribed, and to manage stresses that can aggravate the disorder. A good doctor-patient relationship is often a major determinant of successful treatment.

In general, one third of people with schizophrenia achieve significant and lasting improvement, one third achieve some improvement with intermittent relapses and residual disabilities, and one third experience severe and permanent incapacity. About 10% of people with schizophrenia commit suicide.

What do the following words refer to ?

qq. *"do not take their* prescribed drugs"* → "Their" refers to…

rr. *"Some* do not recognize their* illness and resist taking drugs. In other instances, unpleasant side effects, memory problems, disorganization, or simply a lack of money prevent others* from taking their* drugs"* → "Some, their" and "others" refer to…

ss. *"learn to understand his* disorder"* → "His" refers to…

True or False ? (Be ready to explain and discuss).

xxii. Without drugs, the relapse rate for schizophrenia within the first year is about 70-80%.

xxiii. 20-30% of patients with schizophrenia are not compliant with their prescribed drug therapy.

xxiv. Generally, the goal of psychotherapy is to eliminate symptoms in order to improve the patients' quality of life (QoL).

Questions : (1) Ask questions about the following points, then (2) let someone else answer in a complete sentence (3) using as many of the suggested terms as possible.

HOW (×3) – WHY – WHAT

28. *Reasons for non-compliance*[17] *with prescribed drug therapy.* → …

unpleasant – including – gain – and – discourage… from V-ING – in addition – financial – to recognize

Many…

29. *The importance of* psychotherapy in relation to drug therapy. *The probability of* relapse with or without drug therapy. → …

essential – success of – depends – relationship – between – Indeed, – factors (e.g. – memory – or –) – interfere with – without which – more likely – hence – psychotherapy – teaching – to follow

Although drugs …

30. The skills *that* enable patients to cope with schizophrenia. *The prognosis for recovery* among schizophrenic patients. → …

cope – compliance – in order to – (such as – and disorganized –), – as well as – manage – prevent –When – successful – either – full – or at least – quality – despite

Learning to …

31. Make up one original question of your own relating to this section of the article, and write a 2-3 line answer to it using information either from the article or from outside sources.

[17] NB. compliance = Willingness to follow a prescribed course of treatment / *l'observance*

Treatment of Mental Illnesses : Somatic and Psychotherapeutic treatments

VOCABULARY *in context*. Match the following definitions with words from the reading passage below, then give an appropriate translation in French.

309. *Relating to, or affecting the body, especially as distinguished from a body part, the mind, or the environment ; corporeal or physical :* _____

310. *Relating to treatment of mental or emotional disorder or maladjustment by psychological means especially involving verbal communication (as in psychoanalysis, nondirective psychotherapy, reeducation, or hypnosis) :* _____

311. To take in as a part, an element, or a member. To contain as a secondary or subordinate element : _____

312. *Treatment in which a person takes regular doses of a prescription medication, such as antipsychotics, antianxiety medications, antidepressants, or antimanic medications, intended to reduce symptoms of mental illness :* _____

313. *Administration of electric current to the brain through electrodes placed on the head in order to induce unconsciousness and brief convulsions, used in the treatment of certain mental disorders, especially acute depression. Also called electroshock therapy. Abbr. ECT :* _____

314. *Treatment of mental or emotional disorder or maladjustment by psychological means especially involving verbal communication (as in psychoanalysis, nondirective psychotherapy, reeducation, or hypnosis) :* _____

315. *Repetition so as to develop a skill. Instruction as to a mode of behavior :* _____

316. *A state that resembles sleep but is induced by a person whose suggestions are readily accepted and in which the subject may experience forgotten or suppressed memories or hallucinations :* _____

317. Without help. Exclusively ; only : _____

318. *Very much ; very ; extremely. To an elevated degree :* _____

319. *Extensively, Over a great distance. Including many :* _____

320. *A physician who specializes in the diagnosis, treatment, and prevention of mental and emotional disorders :* _____

321. *Chiefly ; mainly. For the greater or larger part :* _____

322. *A drug used to prevent or relieve mental depression :* _____

323. *To identify a person as having a particular disease or condition by means of a diagnosis. :* _____

324. Providing assistance ; useful, Tending to bring about a particular effect or result ; beneficial : _____

325. Having a beneficial use. Tending to bring about a particular effect or result, beneficial, productive : _____

326. *To react positively or favorably :* _____

327. *Tending to prevent or relieve anxiety antianxiety drugs :* _____

328. *An anxiety neurosis characterized by the occurrence of intense attacks of anxiety (recurrent unexpected panic attacks) followed by a month or more of worry about their recurrence, implications, or consequences or by a change in behavior related to the panic attacks, usually resulting in the development of one or more phobias :* _____

329. *A psychiatric medication such as lithium carbonate, valproic acid, or carbamazepine used to treat mood disorders characterized by rapid and unstable mood shifts (e.g. bipolar disorder, and borderline personality disorder). Most are anticonvulsants, with the important exception of lithium. :* _____

330. *The uppermost part of the body, containing the brain and the eyes, ears, nose, mouth, and jaws :* _____

331. *A number of objects or events arranged or coming one after the other in succession :* _____

332. *Sudden stimulation of the nerves or convulsive contraction of the muscles accompanied by a feeling of concussion that is caused by the discharge through the animal body of electricity from a charged source :* _____

333. 1. To bring or transport to the proper place 2. To throw or strike. To inflict on. : _____

334. To bring about or stimulate the occurrence of ; cause : _____

335. *A sudden attack, spasm, or convulsion, as in epilepsy or another disorder :* _____

336. *With coherence, reliability or uniformity. Regularly, constantly :* _____

337. A representation or description : _____

338. *Not causing harm or injury ; especially having a low incidence of adverse reactions and significant side effects and having a low potential for harm. Without significant danger or risk, inoffensive :* _____

339. *An agent that causes loss of sensation with or without the loss of consciousness :* _____

340. *A substance (as a drug) that relaxes ; specifically one that relieves muscular tension :* _____

341. By a significant amount or to a significant degree : _____

342. *To bring down in extent, amount, or degree ; diminish, decrease :* _____

343. *A person engaged in work intended to advance the social conditions of a community, and especially of the disadvantaged, by providing psychological counseling, guidance, and assistance, especially in the form of social services :* _____

344. *A person who is skilled or trained in caring for the sick or infirm especially under the supervision of a physician :* _____

345. *A person engaged in guidance of the individual by utilizing psychological methods :* _____

346. Having official or legal permission : _____

347. *A person specializing in therapy ; especially one trained in methods of treatment and rehabilitation other than the use of drugs or surgery : _____*

348. To adopt or accept as a member, subordinate associate, or branch : _____

349. *Psychotherapy using Freudian principles. cf. psychoanalysis : _____*

350. *A method of analyzing psychic phenomena and treating mental and emotional disorders that is based on the concepts and theories of Sigmund Freud, that emphasizes the importance of free association and dream analysis, and that involves treatment sessions during which the patient is encouraged to talk freely about personal experiences and especially about early childhood and dreams : _____*

351. *Occurring in the absence of conscious awareness or thought. Without conscious control ; involuntary or unintended : _____*

352. *A model. A mode of behavior or cluster of mental attitudes, beliefs, and values : _____*

353. *A form of psychosocial therapy that assumes that maladaptive, or faulty, thinking patterns cause maladaptive behavior and "negative" emotions. The treatment focuses on changing an individual's thoughts (cognitive patterns) in order to change his behavior and emotional state. Psychotherapy especially for depression that emphasizes the substitution of desirable patterns of thinking for undesirable ones (in order to substitute desirable responses and behavior patterns for undesirable ones). : _____*

354. *A misrepresentation, a misinterpretation or deformation. An incorrect, abnormal perception : _____*

355. *A form of psychotherapy that uses basic learning techniques to substitute desirable responses and behavior patterns for undesirable ones : _____*

356. Adapted or adjusted for. : _____

357. *To forget or try to forget (something learned). To undo the effect of ; put aside (lose) the practice of : _____*

358. *Associated with a secondary stimulus through frequent repetition : _____*

359. In the environment of : _____

360. *Psychotherapy that focuses on a patient's interpersonal relationships and that is used especially to treat depression. Abbr. IPT : _____*

Treatment of Mental Illness

Most psychiatric treatment methods can be categorized as either somatic or psychotherapeutic. Somatic treatments include drug therapy and electroconvulsive therapy. Psychotherapeutic treatments include psychotherapy (individual, group, or family), and behavioral therapy techniques (such as relaxation training and hypnosis). Most studies suggest that for major psychiatric disorders, a treatment approach involving both drugs and psychotherapy is more effective than either treatment method* used alone.

Drug Treatment

Over the last 40 years, a number of psychiatric drugs have been developed that* are highly effective and widely used by psychiatrists and other doctors. These drugs are often categorized according to the disorder for which* they* are primarily prescribed. For example, **antidepressants**, are used to treat depression. Antidepressants work to balance neurotransmitters such as serotonin, norepinephrine, and dopamine. The most common types of antidepressants are called selective serotonin reuptake inhibitors (SSRIs)[18]. Serotonin helps with the modulation of anger, appetite, sexuality, sleep, mood, etc. This* chemical is found in very low amounts in people diagnosed with depression. SSRIs increase the level of serotonin by inhibiting its reuptake (reabsorption by neurons). **Antipsychotic** drugs are helpful for people with psychotic disorders such as schizophrenia. All antipsychotic drugs tend to block D2 receptors in the dopamine pathways of the brain, where excess dopamine has been linked to psychotic experiences. New "atypical" antipsychotic drugs may be useful for some patients who have not responded to other antipsychotic drugs. Atypical antipsychotics (a.k.a. second generation antipsychotics) are a diverse group of drugs that work differently from typical antipsychotics, but most share a common attribute of working on serotonin receptors as well as dopamine receptors. **Antianxiety drugs** may be used to treat anxiety disorders such as panic disorder and phobias. They work by increasing the efficiency of a natural brain chemical, GABA[19], to decrease the excitability of certain neurons. This reduces the communication between neurons and therefore has a calming effect. **Mood stabilizers** have been used with some success in patients with manic-depressive illness. Most mood stabilizers (e.g. carbamazepine) are anticonvulsants, with the important exception of lithium, which is the oldest and best known mood stabilizing drug.

Electroconvulsive Therapy

With electroconvulsive therapy, electrodes are attached to the head and a series of electric shocks are delivered to the brain to induce seizures. This therapy has consistently been shown to be the most effective treatment for severe depression. Contrary to its* portrayal in the media, electroconvulsive therapy is safe and rarely causes any serious complications. The modern use of anesthetics and muscle relaxants has greatly reduced any risk to the patient.

Psychotherapy

[18] *http://www.nimh.nih.gov/health/publications/mental-health-medications/complete-index.shtml*

[19] NB. GABA is the chief inhibitory neurotransmitter in the central nervous system. It plays a role in regulating neuronal excitability throughout the nervous system.

In recent years, significant advances have been made in the field of psychotherapy. Psychiatrists are not the only mental health professionals trained to practice psychotherapy. Others* include clinical psychologists, social workers, nurses, and counselors ; however, psychiatrists are the only mental health professionals licensed to prescribe drugs.

Although individual psychotherapy is practiced in many different ways, most therapists are affiliated with one of four schools of psychotherapy : dynamic, cognitive-behavioral, interpersonal, or behavioral. Dynamic psychotherapy is derived from psychoanalysis and is based on helping the patient understand unconscious conflicts and patterns that may be creating symptoms and difficulties with relationships. Cognitive-behavioral therapy (CBT) focuses primarily on distortions in the patient's thinking. Behavioral therapy is geared toward helping patients unlearn conditioned ways of reacting to events around them. Interpersonal therapy focuses on how a loss or change in a relationship affects the patient. In practice, many psychotherapists combine techniques, depending on a patient's needs.

Approaches to psychotherapy :

Psycho-dynamic	*Psychodynamic psychotherapy, like psychoanalysis, emphasizes* ***unconscious*** *conflicts and early* ***childhood*** *experiences.* ***Free association*** *(1), in which the patient spontaneously expresses ideas, emotions, and feelings without any selectivity or censorship, is commonly used to explore internal conflicts and problems. Particular attention is also given to (2) phenomena of* ***transference****, i.e. the substitution of another person for the original object of repressed emotions relating to childhood experiences, and (3)* ***defense mechanisms*** *(e.g.* ***denial*** *of reality,* ***fantasy****, projection of unacceptable or unwanted thoughts and emotions onto another person,* ***repression*** *of dangerous thoughts or painful memories).*
Cognitive-behavioral	*Cognitive-behavioral therapeutic techniques commonly include (1) keeping a* ***diary*** *of significant events and associated feelings, thoughts and behaviors ; (2) questioning and testing* ***assumptions and beliefs*** *that might be unhelpful and unrealistic ; (3) gradually facing* ***activities*** *which may have been avoided ; and (4) trying out new ways of behaving and reacting. (5)* ***Relaxation*** *and distraction techniques are also commonly included. Cognitive behavioral therapy is often used in conjunction with mood stabilizing medications to treat conditions like bipolar disorder.*
Behavioral	*Techniques used in behavioral therapy to help patients change their behaviors include (1) modeling, where the patient learns a new behavior through* ***observation*** *; (2)* ***role-playing*** *exercises in which the therapist acts out appropriate behaviors or responses to situations ; (3)* ***conditioning****, i.e. reinforcement or punishment to encourage or discourage particular behaviors ; and (4)* ***desensitization****, in which patients are gradually exposed to a situation they fear, either in a role-playing situation or in reality. The therapist will employ relaxation techniques to help patients cope with their fear and eventually eliminate the anxiety altogether.*
Interpersonal	*Four major problem areas are commonplace in IPT : (1)* ***grief****, for which treatment aims at acceptance of difficult emotions, and the replacement of lost relationships ; (2) role dispute, in which a patient is experiencing* ***nonreciprocal expectations*** *about a relationship with someone else, and for which treatment focuses on understanding the nature of the dispute and modifying communication strategies ; (3) role* ***transition****, in which an individual is in the process of giving up an old role and taking on a new one ; and (4) interpersonal deficits for which patients engage in an analysis of their* ***communication patterns****, participate in role playing exercises with the therapist, and work to reduce their overall isolation.*

What do the following words refer to ?

tt. *"more effective than either treatment method used alone"* → "Either treatment method" refers to…

uu. *"that are highly effective and widely used"* → "That" refers to…

vv. *"for which they are primarily prescribed"* → "Which" refers to…

ww. *"This* chemical is found in very low amounts in people diagnosed with depression"* → "This chemical" refers to …

xx. *"for which they are primarily prescribed"* → "They" refers to…

yy. *"Contrary to its portrayal in the media"* → "Its" refers to…

zz. *"Others include…"* → "Others" refers to…

True or False ? (Be ready to explain and discuss).

xxv. The goal of psychotherapy is to discover unconscious components of patients' mental processes.

xxvi. Dynamic psychotherapy focuses on unconscious conflicts, whereas CBT focuses on conscious patterns of thinking.

Questions : (1) Ask questions about the following points, then (2) let someone else answer in a complete sentence (3) using as many of the suggested terms as possible.

HOW MANY – WHEN – WHAT

32. ***The number of*** **main categories of psychiatric treatments.** ***Circumstances in which*** **combining treatments is indicated. →** …

categories of – treatments (including – and…) – and – treatments (such as – and…) – combination – both – and – believed to be – especially for – such as

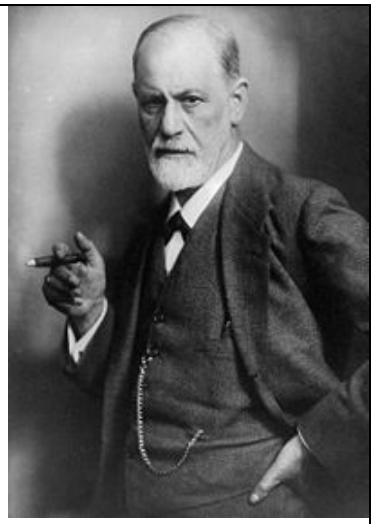
There are…

33. *The focus of* different methods of psychotherapy. → …

most – focus on – conscious – such as – questioning – unrealistic – in – or – role-playing – to learn – in – therapy – psychoanalysis – emphasizes – and – childhood – a source of – like – or – repression

Whereas …

34. Make up one original question of your own relating to this section of the article, and write a 2-3 line answer to it using information either from the article or from outside sources.



Sigmund Freud (May 6, 1856 – Sept. 23, 1939), was an Austrian neurologist who founded the psychoanalytic school of psychology. Freud is best known for his theories of the unconscious mind, the defense mechanism of repression and for creating the clinical practice of psychoanalysis. Freud is also renowned for his redefinition of sexual desire as the primary motivational energy of human life, as well as his therapeutic techniques, including free association, his theory of transference in the therapeutic relationship, and the interpretation of dreams as sources of insight into unconscious desires.

The starting point for Freud's dynamic psychology was German physiologist Ernst Wilhelm von Brücke's Lectures on Physiology, in which he set forth the radical view that the living organism is a dynamic system to which the laws of chemistry and physics apply. In October 1885 Freud went to Paris on to study with Europe's most renowned neurologist, Jean Martin Charcot. Charcot specialised in the study of hysteria and its susceptibility to hypnosis, which he frequently demonstrated on stage in front of an audience. Freud later turned away from hypnosis, favoring free association and dream analysis.

A heavy cigar smoker, Freud endured more than 30 operations during his life due to oral cancer. In September 1939, after reading Balzac's La Peau de chagrin in a single sitting he asked his doctor and friend Max Schur to assist him in suicide. Schur administered three doses of morphine that resulted in Freud's death on 23 September 1939.

Case study

VOCABULARY *in context*. Match the following definitions with words from the reading passage below, then give an appropriate translation in French.

361. To receive an academic degree or diploma : _____
362. A place where merchandise is offered for sale etc.; a shop. : _____
363. 172. To an increasing extent, continuously more : _____
364. 1. Actively engaged; occupied 2. Crowded with or characterized by activity : _____
365. To stop (doing something), to resign (from) : _____
366. To shout, scream, etc. in a loud or piercing way : _____
367. The surface on which an image is displayed, as on a television, computer monitor, or radar receiver. : _____
368. Unable to think with clarity or act with understanding and intelligence : _____
369. Following in time or order : _____
370. A monthly stipend provided to aged (65 or older), blind, or disabled persons based on need, paid by the U.S. Government and administered by the Social Security Administration : _____
371. A professional who designs and monitors comprehensive care plans (i.e., services addressing medical, financial, housing, psychiatric, vocational, social needs) for individuals seeking mental health or social services. : _____
372. 1. A group of people organized for a common purpose, especially a group that meets regularly 2. The building, room, or other facility used for the meetings of an organized group. : _____
373. 1. To be present at, to go regularly to (a school, college, etc.) 2. To accompany or assist : _____
374. A printed report giving news or information of interest to a special group. : _____
375. To gain or be paid (money, etc.) in return for work : _____
376. 1. To affect deeply in mind or emotion 2. To submerge, to present with an excessive amount : _____

Case History 2

"Jack" is a 27-year-old man diagnosed with schizophrenia. Jack graduated from high school and got a job working in a video store. After working for about 6 months Jack began to hear voices that told him he was "no good". He also began to believe that his boss was planting miniature videocameras in the shop to catch him making mistakes. Jack became increasingly agitated at work, particularly during busy times, and began "talking strangely" to customers. For example one customer asked for a DVD to be reserved and Jack indicated that the DVD was unavailable because it had "surveillance photos of him that were being reviewed by the CIA". After about a year Jack quit his job one night, yelling at his boss that he couldn't take the constant abuse of being watched by all the TV screens in the store and even in his own home.

Jack became increasingly confused and agitated at home as well. His parents, whom* he lived with at that time, took him* to the hospital where he* was admitted and given* Chlorpromazine, a powerful psychotropic medication. However, he had painful twisting and contractions of his muscles. He was subsequently* switched to Haloperidol and had fewer* side effects. From time to time Jack stopped taking his Haloperidol, and the voices and concerns over being watched became stronger.

During the past 7 years Jack has been hospitalized 5 times. He now receives Supplemental Security Income (SSI) for disabled persons, and with the assistance of a case manager has moved into his own apartment. He is now a member of a psychosocial "clubhouse" for people with mental illness. He attends the clubhouse 3 times a week. He answers the phone, and helps write the clubhouse newsletter. He has a few friends at the clubhouse, but he has never had a girlfriend. Jack told his case manager he would like to get a job so he can earn more money and maybe buy a car. Jack is very worried about looking for a job. He doesn't know how to explain his disorder to a potential employer, and he is afraid of becoming overwhelmed. He likes movies and would like to work with them in some manner.

What do the following words refer to ?

aaa. "*whom* he lived with*" → "Whom" refers to …
bbb. "*took him* to the hospital where he* was admitted*" → "Him" and "he" refer to …
ccc. "*and given* Chlorpromazine*" → … was given …
ddd. "*He was subsequently* switched to Haloperidol*" → Jack was given a different medication after …
eee. "*and had fewer* side effects*" → Jack had fewer side effects with … than …

True or False ? (Be ready to explain and discuss).

xxvii. Jack's case provides an example of the benefits of deinstitutionalization.

Questions : (1) Ask questions about the following points, then (2) let someone else answer in a complete sentence (3) using as many of the suggested terms as possible.

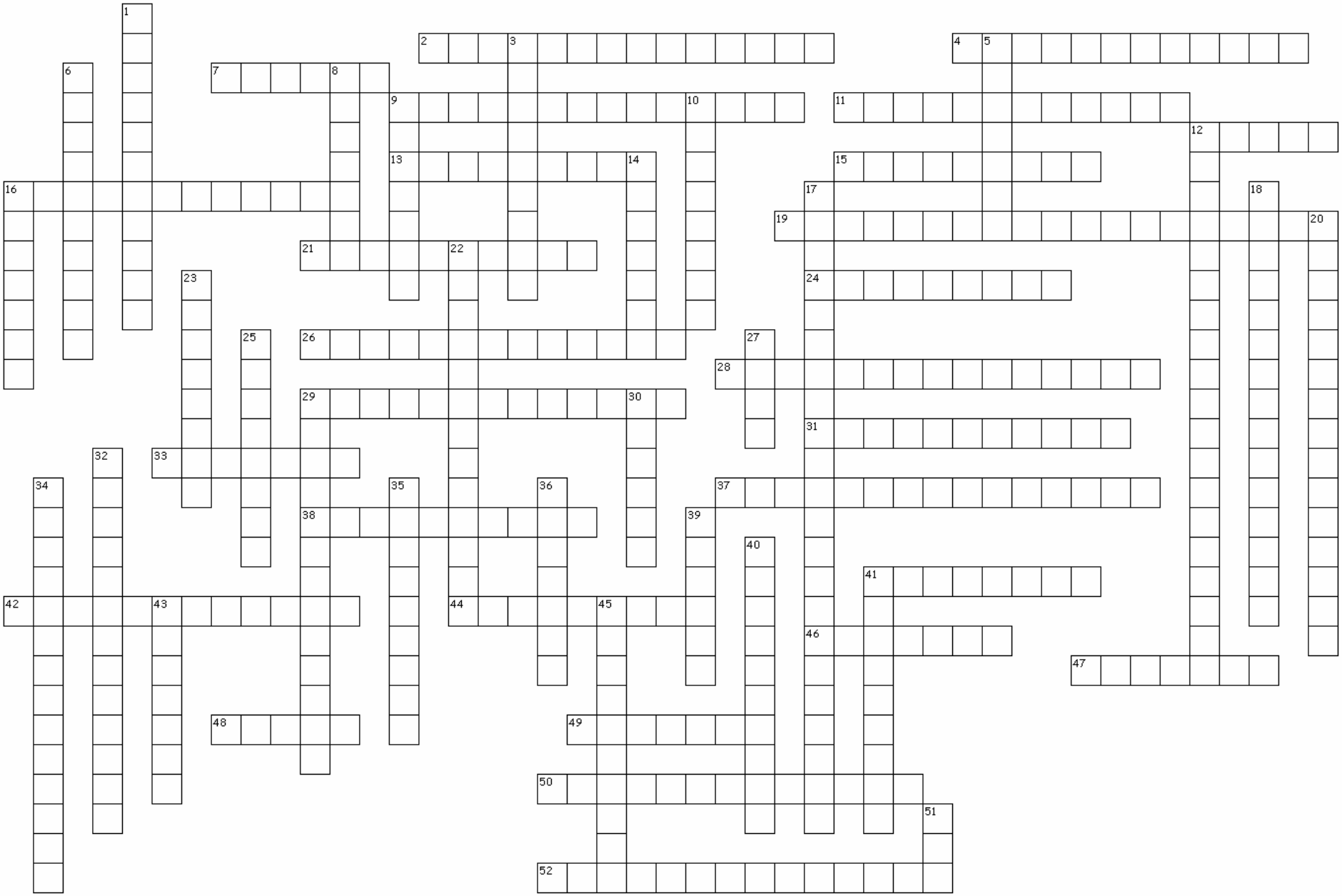
WHAT KIND

35. *Type(s) of symptoms that* Jack presented. → …

symptoms of – namely – talking – and – delusions about – and – CIA

Jack primarily …

36. Make up one original question of your own relating to this section of the article, and write a 2-3 line answer to it using information either from the article or from outside sources.



Across

2. A method of analyzing psychic phenomena and treating mental and emotional disorders that is based on the concepts and theories of Sigmund Freud, that emphasizes the importance of free association and dream analysis, and that involves treatment sessions during which the patient is encouraged to talk freely about personal experiences and especially about early childhood and dreams.

4. A form of psychotherapy that involves sessions guided by a therapist and attended by several clients who confront their personal problems together. The interaction among clients is considered to be an integral part of the therapeutic process. Therapy in the presence of a therapist in which several patients discuss and share their personal problems.

7. 1. The mental faculty of retaining and recalling past experience. 2. The act or an instance of remembering ; recollection.

9. Excessive use of addictive substances, especially alcohol and narcotic drugs.

11. A psychiatric disorder characterized by anxiety about being in public or social gatherings.

12. A strong motivating tendency or instinct, especially of sexual or aggressive origin, that prompts activity. Any of the basic biological impulses or urges, such as self-preservation, hunger, sex, etc.

13. A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.

15. A severe mental disorder, with or without organic damage, characterized by derangement of personality and loss of contact with reality and causing deterioration of normal social functioning.

16. To restore to good health or useful and constructive activity through therapy and education.

19. The feeling of being afflicted, harassed or oppressed especially without basis in reality.

21. A psychotic or neurotic condition characterized by an inability to concentrate, insomnia, and feelings of extreme sadness, dejection, and hopelessness.

24. A dream arousing feelings of intense fear, horror, and distress.

26. Several psychological disorders characterized by abnormalities of emotional state and including especially major depressive disorder, dysthymia, and bipolar disorder. also called affective disorder.

28. A symptom due to mental distortion, typical of schizophrenia–eg, perceptual distortions–hallucinations, inferential thinking–delusions, disorganized thinking, agitation, in which the behavior adds to what is considered normal.

29. Treatment of mental or emotional disorder or maladjustment by psychological means especially involving verbal communication (as in psychoanalysis, nondirective psychotherapy, reeducation, or hypnosis).

31. Occurring in the absence of conscious awareness or thought. Without conscious control ; involuntary or unintended.

33. An affective state of consciousness, such as that resulting from emotions, sentiments, or desires. An awareness or impression. An emotional state or disposition ; an emotion.

37. A psychoneurotic disorder characterized by anxiety unattached to any obvious source and often accompanied by physiological manifestations of fear (as sweating, cardiac disturbances, diarrhea, or vertigo) also called anxiety neurosis, anxiety reaction, anxiety state.

38. An interaction between a professional and a patient, intended to help solve difficulties in psychosocial adjustment.

41. A false belief regarding the self or persons or objects outside the self that persists despite the facts and occurs in some psychotic states.

42. A physician who specializes in the diagnosis, treatment, and prevention of mental and emotional disorders.

44. Willingness to follow a prescribed course of treatment, syn. compliance.

46. Visualization of internal bodily organs, tissues, or cavities using specialized instruments and techniques, such as ultrasonography, for diagnostic purposes.

47. To exclude (painful or unpleasant memories, for example) from the conscious mind.

48. The beginning or early stages (of a disease), the initial (first) appearance of symptoms.

49. A colorless or white crystalline alkaloid, C17H21NO4, extracted from coca leaves, sometimes used in medicine as a local anesthetic especially for the eyes, nose, or throat and widely used as an illicit drug for its euphoric and stimulating effects.

50. Powerful tranquilizers (as the phenothiazines or butyrophenones) used especially to treat psychotic disorders, such as schizophrenia, paranoia, and manic-depressive psychosis and believed to act by blocking dopamine nervous receptors. also called neuroleptic ; Counteracting or diminishing the symptoms of psychotic disorders, such as schizophrenia, paranoia, and manic-depressive psychosis.

52. A drug used to prevent or relieve mental depression.

Down

1. Mental or emotional unbalance or disorder.

3. An abnormal condition variously characterized by stupor, stereotypy, mania, and either rigidity or extreme flexibility of the limbs, often alternating with phases of excitement. It is most often associated with schizophrenia.

5. To remove from consideration ; exclude.

6. The branch of medicine that deals with the diagnosis, treatment, and prevention of mental and emotional disorders.

8. To reduce or eliminate pain, anxiety, or distress.

9. A sudden attack, spasm, or convulsion, as in epilepsy or another disorder.

10. The manner of conducting oneself. The actions or reactions of persons in response to stimuli.

12. The belief that insignificant remarks, events, or objects in one's environment have personal meaning or significance. For instance, a person may believe he is receiving special messages from newspaper headlines.

14. 1. To set off ; initiate 2. To fire or explode (a weapon or an explosive charge).

16. To fall or slide back into a former state. To regress after partial recovery from illness.

17. The release of institutionalized individuals from institutional care (as in a psychiatric hospital) to care in the community.

18. An affective disorder marked by alternating episodes of mania and depression.

20. A symptom involving loss of normal mental function, seen in schizophrenia, depression, and other mental disorders e.g. blunting or decreased range of affect, loss of will, pleasure, fluency, and content of speech, range of emotion, sense of purpose, social drives, poverty of speech, loss of interests.

22. A group of psychotic disorders usually characterized by withdrawal from reality, illogical patterns of thinking, delusions, and hallucinations, and accompanied in varying degrees by other emotional, behavioral, or intellectual disturbances. The disease, often associated with dopamine imbalances in the brain and defects of the frontal lobe, may have an underlying genetic cause.

23. A pathological condition of mind or body. An abnormal physical or mental condition.

25. Lengthy and digressive, without connection of ideas.

27. A state of mind or emotion. A conscious state of mind or predominant emotion.

29. An anxiety neurosis characterized by the occurrence of intense attacks of anxiety (recurrent unexpected panic attacks) followed by a month or more of worry about their recurrence, implications, or consequences or by a change in behavior related to the panic attacks, usually resulting in the development of one or more phobias.

30. A persistent, abnormal, or irrational fear of a specific thing or situation that compels one to avoid the feared stimulus.

32. A perception of something (as a visual image or a sound) with no external cause usually arising from a disorder of the nervous system (as in delirium tremens or in functional psychosis without known neurological disease) or in response to drugs (as LSD).

34. A psychiatric medication such as lithium carbonate, valproic acid, or carbamazepine used to treat mood disorders characterized by rapid and unstable mood shifts (e.g. bipolar disorder, and borderline personality disorder). Most are anticonvulsants, with the important exception of lithium.

35. A psychological condition characterized by inability to experience pleasure in acts which normally produce it.

36. A state of intense apprehension, uncertainty, and fear resulting from the anticipation of a threatening event or situation, often to a degree that the normal physical and psychological functioning of the affected individual is disrupted.

39. A mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health, usually characterized by increased heart rate, a rise in blood pressure, muscular tension, irritability, and depression.

40. To participate in personally ; undergo. To be physically aware of through the senses.

41. The act or process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination, and review of laboratory data. The opinion derived from such an evaluation.

43. A sudden spontaneous inclination or incitement to some unpremeditated action ; an abrupt inclination. A propensity (motivating force) or natural tendency usually other than rational.

45. Direct visual contact with the eyes of another person.

51. A form of psychosocial therapy that assumes that maladaptive, or faulty, thinking patterns cause maladaptive behavior and "negative" emotions. The treatment focuses on changing an individual's thoughts (cognitive patterns) in order to change his behavior and emotional state. Psychotherapy especially for depression that emphasizes the substitution of desirable patterns of thinking for undesirable ones (in order to substitute desirable responses and behavior patterns for undesirable ones).

- *(be) based on / (être) fondé sur, avoir comme base*
- *(keep) in check / contenir, maîtriser*
- *ability (to) / la capacité de*
- *accrue / s'accrôitre*
- *achieve / atteindre, réaliser (un objectif)*
- *actually / en fait, en réalité*
- *adherence (syn. compliance) / l'observance*
- *affect / l'affect*
- *affiliate (with), be affiliated (with) / se rattacher à*
- *agoraphobia / l'agoraphobie*
- *agree (to) / 1. être d'accord 2. consentir à*
- *ally / un allié, un partenaire*
- *alone / seul*
- *Alzheimer's disease / la maladie d'Alzheimer*
- *among / parmi*
- *amount / une quantité*
- *an estimated… / on suppose que, on évalue à… le nombre de, environ*
- *anesthetic / un anesthésique, un anesthésiant*
- *anhedonia / l'anhédonie, l'insensibilité au plaisir*
- *antianxiety / (un) anxiolytique*
- *antidepressant / un antidépresseur*
- *antipsychotic / (un) antipsychotique, un neuroleptique*
- *anxiety / l'anxiété (f.)*
- *anxiety disorder / un trouble d'anxiété*
- *area / une zone, une région*
- *around / autour de*
- *as such / à ce titre, en tant que tel*
- *as well as / ainsi que*
- *asociality / l'asocialité*
- *at least / au moins*
- *attempt to / tenter de*
- *attend / assister à, être présent à (aussi : assister, être au service de)*
- *available / disponible*
- *average / moyen*
- *baseline / initial, de référence*
- *be likely to / avoir des chances de*
- *behavior / le comportement*
- *behavior(al) therapy / la (psycho)thérapie comportementale (comportementaliste)*
- *believe / croire*
- *beyond / au-delà (de)*
- *birth / la naissance*
- *blood / le sang*
- *blood type (blood group) / le groupe sanguine*
- *blunt(ed) / émoussé, engourdi (cf. engourdissement affectif, l'inaffectivité)*
- *brain / le cerveau*
- *breakup / une rupture*
- *busy / occupé, (heure) de pointe*
- *by far / de loin*
- *case manager / ≈ un accompagnateur médico-social (assistante sociale, éducateur spécialisé, ou médecin traitant)*
- *catatonia / la catatonie*
- *childhood / l'enfance*
- *childlike / infantile, enfantin*
- *chronic(ally) / chronique*
- *civil rights / les droits civils, les droits civiques (m.)*
- *clear / clair, distinct, précis*
- *club(house) / une association, une amicale*
- *cocaine / la cocaïne*
- *cognitive(-behavioral) therapy / la psychothérapie cognitive(cognitivo-comportmentaliste)*
- *commit suicide / se suicider*
- *common / fréquent, courant, répandu*
- *computed tomography (CT), computerized tomography / le scanner, la tomographie (assistée par ordinateur), le tomodensitomètre*
- *condition / 1. un état (de santé) 2. une maladie, une affection– MH*
- *conditioned / conditionné*
- *conduct / la conduite*
- *conflict / le conflit*
- *confused / désorienté, embrouillé*
- *consistent / concordant, convergent*
- *consistently / constamment, régulièrement*
- *converse / discuter, converser*
- *corticosteroid / un cortico(stéro)ïde*
- *counseling / un soutien, un suivi psychologique*
- *counselor / un conseiller, un éducateur spécialisé*
- *course / l'évolution, le déroulement*
- *cut down / réduire (la consommation), (consommer) moins*
- *date back to / remonter à*
- *day care (day treatment) / un service de traitement ambulatoire (≈ partial hospitalization)*
- *decade / une décennie*
- *defect / un défaut*
- *defense (mechanism) / un mécanisme de défense*
- *deinstitutionalization / la désaliénation, la réinsertion (cf. aussi la psychiatrie de secteur)*
- *deliver to / 1. faire parvenir, livrer, remettre 2. administrer à, infliger*
- *delusion / un délire*
- *delusion of reference / le délire de référence (idée de référence)*
- *depression / la dépression*
- *deprivation / la privation, un manque, une carence*
- *despite / malgré*
- *detoxification / la désintoxication*
- *develop / développer, contracter*
- *diagnose a patient with X / diagnostiquer X chez qqn*
- *diagnosis / un diagnostic (NB. pl. = diagnosES ; ne pas confondre avec le verbe "to diagnoSE")*
- *diminish / diminuer*
- *disability / une incapacité, une infirmité, un handicap*
- *discharge / libérer, laisser sortir, remettre en liberté*
- *disease / la maladie*
- *disorder / un trouble*
- *display / manifester, afficher, donner à voir*
- *distortion / une déformation*
- *distressing (distressful) / pénible*
- *disturbance / un trouble, un dérangement*
- *dramatically / de manière spectaculaire*
- *drive / un instinct, une pulsion*
- *drug / 1. un médicament 2. une drogue*
- *drug therapy / la thérapie médicamenteuse, par les médicaments, la pharmacothérapie*
- *dynamic psychotherapy / la psychothérapie dynamique, (≈la thérapie psychanalytique)*
- *earn / gagner de l'argent (NB. ne pas confondre "earn" = gagner sa vie, gagner un salaire, avec "win" = gagner la course, gagner au loto, aux jeux etc.)*
- *effective / efficace*
- *elation / l'euphorie (f.)*
- *electric shock / une décharge électrique*
- *electroconvulsive therapy / la thérapie par électrochocs, la sismothérapie*
- *emotion / une émotion, un sentiment*
- *emphasis / l'accent (mis sur…)*
- *enable S to V / render capable, permettre*
- *engage in / participer, prendre part*
- *episode / un épisode, une crise*
- *equally / également, aussi… que*
- *ever / à tout moment jusqu'à présent, (plus que) jamais*
- *expensive / coûteux, cher*
- *experience / ressentir*
- *exposure / l'exposition (à un danger)*
- *expressiveness / l'expressivité*
- *external / extérieur, objectif*
- *eye contact / le contact visuel*
- *face / le visage*
- *facial / du visage*
- *family doctor / médecin de famille, médecin traitant*
- *family history (of) / des antécédents familiaux*
- *fear / la peur*
- *feature / un trait, une caractéristique*
- *feeling / un sentiment, une impression, une sensation*
- *fewer / moins nombreux*
- *field / le domaine de*
- *flashback / un flash-back, un retour en arrière*
- *flattening / l'aplatissement*
- *flow / la circulation, le flux*
- *gain / une augmentation, la prise (de poids)*
- *geared to(ward) / conçu pour, adapté pour, destiné à*
- *generalized anxiety disorder / l'anxiété généralisée*

- *gesture / un geste*
- *get along / s'entendre avec*
- *goal / un but*
- *graduate / être promu, obtenir son diplôme*
- *greatly / fortement*
- *grossly / excessivement, exagérément, outre mesure*
- *group therapy / la thérapie de groupe*
- *halfway house / un appartement associatif, une maison communautaire (centre de réadaptation)*
- *hallucination / une hallucination*
- *head / la tête*
- *health / la santé*
- *heavily / lourdement, fortement, en (grande) quantité, excessivement*
- *helpful (for) / 1. utile 2. efficace, salutaire*
- *hereditary / héréditaire*
- *highly / extrêmement*
- *homeless / sans abri, sans domicile*
- *homelessness / le fait d'être sans-abri, d'être SDF*
- *hurricane / un ouragan*
- *hypnosis / l'hypnose (f.)*
- *ideation / l'idéation*
- *illicit / illicite*
- *illness / une maladie*
- *imaging / l'imagerie médicale (f.)*
- *impairment / une détérioration, un affaiblissement, une diminution*
- *improve / (s')améliorer*
- *impulse / une impulsion*
- *in part / en partie*
- *inappropriate / inopportun, inadéquat*
- *incapacity / une incapacité*
- *include / inclure, comprendre*
- *increasingly / de plus en plus*
- *induce / provoquer, induire*
- *infancy / la petite enfance, les débuts*
- *infant / un bébé, un enfant en bas âge*
- *influenza / la grippe*
- *inpatient / un malade hospitalisé (inpatient treatment = un traitement nécessitant une hospitalisation) ≠ outpatient*
- *insidious / insidieux*
- *instance / un exemple, un cas*
- *institution / un établissement psychiatrique*
- *institutionalize / interner, placer dans un établissement (médical ou médico-social)*
- *interact with / entretenir des relations, communiquer*
- *interfere (with) / entraver, gêner*
- *interpersonal therapy / la (psycho)thérapie interpersonnelle*
- *intricate / complexe*
- *intruder / un intrus, un cambrioleur*
- *involve / impliquer*
- *knowledge / la connaissance*
- *lack / un manque*
- *largely / en grande partie, pour la plupart*
- *last / durer*
- *latter / second*
- *lead to / conduire, mener, aboutir à*
- *leading / majeur, principal, parmi les premiers*
- *length (of time) / durée*
- *licensed to / habilité à*
- *lifelong / à vie, de toute une vie*
- *lifetime / la (durée de) vie, du vivant (de)*
- *list / lister, classer, indiquer ou inclure sur une liste*
- *long-lasting / qui dure (longtemps)*
- *long-standing / de longue date*
- *loss / la perte (d'un être aimé) NB. ne pas confondre avec "to lose" = perdre*
- *magnetic resonance imaging (MRI) / l'imagerie par résonance magnétique (IRM)*
- *mania / la manie*
- *manic-depressive illness, bipolar disorder / la psychose maniacodépressive, maniaque dépressive*
- *map / dresser la carte de, cartographier*
- *marijuana / le cannabis, la marijuana*
- *memory / la mémoire*
- *mental / mental*
- *metabolic syndrome / le syndrome métabolique*
- *monitoring / le suivi*
- *mood / une humeur*
- *mood disorders / un trouble affectif, de l'humeur*
- *mood stabilizer / un antimaniacodepressif, un psychorégulateur*
- *movie / un film (de cinema)*
- *multiple sclerosis / la sclérose en plaques*
- *muscle relaxant / un myorelaxant, un décontracturant*
- *needed / nécessaire, dont qqn. a besoin*
- *negative symptom / un symptôme négatif ou déficitaire*
- *newsletter / le bulletin (d'infos)*
- *nightmare / un cauchemar*
- *no longer / plus jamais, plus maintenant*
- *nurse / une infirmière*
- *occur / se produire*
- *onset / début, commencement, apparition*
- *out of proportion to / sans commune mesure avec, disproportionné*
- *outpatient program (≈ partial hospitalization) / l'hôpital de jour, un traitement ambulatoire (pour patients psychiatriques)*
- *overactive thyroid gland / l'hyperthyroïdie (f.)*
- *overall / dans l'ensemble, globalement*
- *override / l'emporter sur*
- *overwhelm / bouleverser, mettre dans l'embarras, dépasser, déborder (se sentir dépassé)*
- *overwhelming / bouleversant, accablant*
- *panic disorder / le trouble panique*
- *parenting / le role des parents*
- *pattern / un modèle, un schéma*
- *persecutory delusions (persecution complex) / le délire de persécution*
- *phobia / une phobie*
- *physiologic(al) / physiologique*
- *plan / planifier*
- *pole / un pôle*
- *portrayal / une représentation*
- *positive symptom / un symptôme positif ou productif*
- *positron emission tomography (PET) / la tomographie à(par) émission de positrons*
- *post-traumatic stress disorder (PTSD) / le trouble de stress post-traumatique*
- *posture / l'attitude corporelle*
- *poverty / la pauvreté*
- *pregnancy / la grossesse*
- *prescribed / préscrit, sur ordonnance*
- *prevent S from V-ING / empêcher X de faire*
- *previous / precedent, antérieur, d'avant*
- *primarily / principalement*
- *problem solving / la (ré)solution de problemes*
- *prompt / inciter, pousser, motiver*
- *protract / prolonger*
- *prove/proved/proven / prouver, démontrer*
- *provide / fournir, offrir*
- *psychiatric(psy-chi-AT-ric) / psychiatrique*
- *psychiatrist / un psychiatre*
- *psychiatry (psy-CHI-a-try) / la psychiatrie*
- *psychoanalysis / la psychanalyse*
- *psychosis / la psychose*
- *psychotherapeutic / psychothérap(eut)ique*
- *psychotherapy / la psychothérapie*
- *public speaking / (le fait de) parler en public, faire un discours*
- *purposeless / sans but, gratuit, vide de sens*
- *quit (NB. vb. irr. : quit, quit, quit) / arrêter, cesser ; démissionner*
- *rambling / décousu, incohérent (cf. "to ramble" = divaguer)*
- *rate / 1. un taux 2. un rythme*
- *reaction / une réaction*
- *read (someone's) mind / lire dans les pensées de qqn*
- *recollection / un souvenir*
- *recur / réapparaître, revenir*
- *reduce / réduire*
- *refined / raffiné*
- *reflection of / un reflet de*
- *rehabilitate / rééduquer, réinsérer*
- *relapse / une rechute*
- *relationship / une relation*
- *reliability / la fiabilité*
- *relieve / soulager*

- *reluctant to / hésitant, réticent, à contrecoeur, contre son gré*
- *remember sth. / se souvenir de qqch.*
- *repress / refouler*
- *require / nécessiter*
- *research / la recherche*
- *residual / résiduel*
- *respond to / réagir positivement*
- *response / une réponse*
- *restlessness / la nervosité, l'agitation, l'énervement*
- *restrained / retenir, interner*
- *restroom / les toilettes publiques*
- *rule out / exclure (comme possibilité)*
- *runaway / fou, incontrôlé*
- *sadness / la tristesse*
- *safe / sûr, sans danger*
- *scan / l'examen au scanner, une scanographie*
- *schizophrenia / la schizophrénie*
- *scientist / un scientifique*
- *screen / un écran*
- *screening / le dépistage*
- *sedation / la sedation*
- *seem / sembler*
- *seizure / une attaque convulsive*
- *series / une série*
- *setback / un revers (de fortune)*
- *setting / le cadre*
- *several / plusieurs*
- *share (of) / (sa) part de*
- *shift / changer (de sens), glisser*
- *shop / faire les courses, les commissions*
- *show (television show, radio show etc.) / une émission (à la télévision)*
- *side effect / un effet secondaire*
- *sight / la vue (perception visuelle)*
- *silliness / des sottises, de la bêtise*
- *similarly / de façon similaire, de même, de la même façon*
- *skill / une competence, un savoir-faire*
- *slightly / un peu, légèrement*
- *smell / l'odorat, une odeur*
- *social phobia / la phobie sociale*
- *social worker / une assistante sociale, un travailleur social*
- *somatic / somatique, (un traitement) organique*
- *song lyrics / les paroles (d'une chanson)*
- *sound / le son (perception sonore)*
- *speech / la parole, le langage parlé, le discours*
- *spend time (in/on+N) OU spend time (+V-ING) / passer du temps (sur qqch., à faire qqch.)*
- *spy on / espionner*
- *staff / le personnel*
- *state / un état*
- *stiffness / la raideur*
- *stigma / la honte, l'opprobre*
- *store / un magasin*
- *story line / l'intrigue, le scenario*
- *stress / le stress*
- *strike / frapper, atteindre*
- *study / une étude*
- *subsequently / par la suite*
- *substance abuse / l'abus de stupéfiants (ou d'alcool), la toxicomanie*
- *sufficiently…as to / suffisamment pour…*
- *Supplemental Security Income (SSI) / une pension d'invalidité, alllocation aux personnes handicapées*
- *symptom / un symptôme*
- *taper / une diminution graduée, progressive*
- *taste / le gout*
- *teens / l'adolescence*
- *terse / laconique, brusque*
- *the very… / le… précis, le… même*
- *theory / une théorie*
- *therapist / un (psycho)thérapeute*
- *thought withdrawal, thought insertion / l'insertion ou le retrait de pensées, le délire (idées) d'influence*
- *threat / une menace*
- *thrice / trois fois (cf. once = une fois, twice = deux fois)*
- *throughout / partout dans*
- *topic / un sujet (de conversation etc.), le theme (d'un débat)*
- *touch / le toucher*
- *training / l'entraînement, la formation*
- *tremor / un tremblement*
- *trick / tromper, escroquer*
- *trigger / déclencher*
- *tumor / une tumeur*
- *unaware / inconscient, ignorant de*
- *unconscious / inconscient*
- *underlying / sous-jacent*
- *understanding (of) / la compréhension*
- *unfortunately / malheureusement*
- *unipolar / unipolaire*
- *unlearn / désapprendre*
- *unpleasant / désagréable*
- *useful (for) / 1. utile 2. efficace*
- *view / considérer*
- *voice / la voix, une voix*
- *warrant / 1. garantir, 2. justifier, autoriser*
- *widely / largement*
- *will / la volonté, le gré de quelqu'un*
- *with a vengeance / en force, (faire) un retour offensif*
- *witness / 1. un témoin, 2. être témoin de*
- *World Health Organization (WHO) / l'OMS (organisation mondiale de la santé)*
- *worldwide / mondial, partout dans le monde, à travers le monde*
- *worry / l'inquiétude, les soucis (aussi : s'inquiéter)*
- *worsen / empirer, rendre pire*
- *wrong (with) / anormal, défectueux, qui ne va pas (comme il faut)*
- *yell / crier, hurler*