

CH15: PSYCHOLOGICAL DISORDERS

Psychological disorders: different/deviant, distressful and dysfunctional patterns of thoughts, feelings or behaviors.

Standards for deviant behavior varies with context and culture

Ex: wartime: mass killing = heroic

Cultures practicing ancestor worship, hearing voices and talking to the dead is normal.

Varies with TIME

Ex: homosexuality was considered an illness in the past.

Deviance alone doesn't define someone as having a disorder

The deviant behavior usually causes distress * and harmful dysfunction

DYSFUNCTION IS KEY TO DEFINING A DISORDER

-intense fear of spiders may be deviant but if it doesn't IMPAIR you its not a disorder

medical model- concept that diseases (psychological disorders) have physical causes that can be **diagnosed, treated and in most cases, cured. Often through treatment in a hospital.**

Philip Pinel (reformer): madness is not demon possession but a sickness of the mind caused by severe stresses and inhumane conditions. Moral treatment = boosting patients' morale by unchaining them and TALKING with them. Gentleness.

Biopsychosocial approach: all behavior, normal or disordered, arises from the interaction of nature and nurture.

-links between specific disorders and cultures: cultures differ in their sources of stress, diff. ways of coping

depression and schizophrenia occur world wide, not culture-bound.

Biological influences: evolution, genes, brain structure and chemistry

Psychological: stress, trauma, learned helplessness, mood related perception and memories

Social-cultural: roles, expectations, definitions of normality and disorder

DSM-IV-TR: the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (4th edition, text revision)* **Widely used sys for classifying psychological disorders.**

-diagnostic labels changed: mental retardation -> intellectual development disorder

Anxiety disorders: psychological disorders characterized by distressing, persistent anxiety or maladaptive behaviors that reduce anxiety

- **Generalized anxiety disorder:** person is unexplainably and continually tense and uneasy. Pathological worry

- 2/3 of people that have this are women
- person may not be able to identify and deal with or avoid its cause.
- Freud: "anxiety" = free-floating
- **panic disorder**- experiences sudden episodes of intense dread
 - panic attacks, heart palpitations, shortness of breath, choking sensations, trembling, dizziness
 - smokers: doubled risk
- **phobias: irrational fears**
 - specific phobias
 - social phobia- shyness taken to an extreme, fear of being scrutinized by others, avoid potentially embarrassing social situations: speaking up, eating out, parties, etc.
- **OCD**- anxiety disorder characterized by unwanted repetitive thoughts (obsessions) and/or actions (compulsions)
- **Post traumatic stress disorder**: lingering memories, nightmares for weeks after a threatening, uncontrollable event
 - The greater ones emotional distress during the trauma, the higher the risk for post traumatic symptoms
 - Persistent right temporal lobe activation
 - Survivor resiliency – those who don't develop PTSD
 - **Post traumatic growth**: positive psychological changes as a result of struggling with extremely challenging circumstances and life crisis

THE LEARNING PERSPECTIVE-

Fear conditioning:

Stimulus generalization: ex: attacked by dog -> fear of ALL dogs

Reinforcement: maintains the phobias after they arise

Avoiding/escaping the feared situation reduces anxiety: reinforcing the phobic behavior

Observational learning: observing others fears

Ex: wild monkeys fear snakes but lab monkeys don't

Cognition

THE BIOLOGICAL PERSPECTIVE-

Natural selection: biologically prepared to fear threats faced by ancestors

Genes: sensitive, high strung temperament & traumatic event -> phobia,

-genes regulate neurotransmitters: anxiety gene that affects serotonin lvls: influences sleep and mood

-glutamate: with too much, the brain's alarm centers become overreactive

The brain: anterior cingulate cortex: monitors actions and checks for errors, seems esp. likely to be hyperactive in those with OCD

MOOD DISORDERS- psychological disorders characterized by emotional extremes.

- **Major depressive disorder:** mood disorder in which a person experiences, in the absence of drugs or another medical condition, two or more weeks of sig. depressed moods or diminished interest or pleasure in most activities along with at least four other symptoms:
 - Depressed mood most the day
 - Diminished interest/pleasure in activities
 - Sig. weight loss/gain when not dieting, sig. decrease/increase in appetite
 - Insomnia
 - Worthlessness, inappropriate guilt
 - Daily problems in thinking, concentration or making decisions
 - Recurring thoughts of death and suicide
- **Bipolar disorder (manic-depressive disorder):** mood disorder in which person alternates between hopelessness and lethargy of depression and the overexcited state of mania
 - Mania: hyperactive, wildly optimistic state -> bad decisions
 - Need protection from their own poor judgement

Genetic influences (Biological perspective)

Mood disorders run in families

Risk of major depression and bipolar increases if you have a parent or sibling with it.

Left frontal lobe: active during (+) emotions, less during depressed states

Hippocampus: memory processing center linked with brain's emotional circuit is vulnerable to stress-related damage.

Norepinephrine: increases arousal and boosts mood: scarce during depression, overabundant during mania.

Drugs that relieve depression increase norepinephrine or serotonin supplies by blocking either their reuptake or their chemical breakdown

Social-cognitive perspective: depression is a whole-body disorder

-roles of thinking and acting: depressed people view life with low self-esteem.

Negative thoughts and negative moods interact: depression prone people respond to bad events in a self-focused and self-blaming way

Depression is common among young westerners: individualism and decline of commitment to religion and family -> personal responsibility for failure or rejection

Non-western cultures: close-knit relationships -> major depression is less common and less tied to self blame over personal failure

Successful coping: temporary ("I will get through this") -> specific ("I miss him but I have my friends") -> external (it wasn't meant to be)

Depression: stable ("ill never get over this") -> global ("without him I cant do anything") -> internal ("all my fault")