

Chapter 14 Notes (Part 1)

- Psychopathology- problematic patterns of thought, feeling, or behavior that disrupt an individual's sense of well-being or social or occupational functioning

The Cultural Context of Psychopathology

- **Culture and Psychopathology**
 - Cultures differ in ways they categorize mental illness and susceptibility to certain illnesses
 - Prevalence rates- percentage of a population with a disorder; vary across cultures
- **Is Mental Illness Nothing But a Cultural Construction?**
 - Some people view mental illness as a way to punish those that don't fit in with societal norms; people should be treated only if they consider their symptoms a problem
 - Labeling theory- psychiatric diagnosis is a way of labeling individuals that a society considers deviant
 - Diagnosis can be dangerous because person is labeled as a patient, whose actions are interpreted as craziness
 - Person may begin to play the part into which they have been labeled

Contemporary Approaches to Psychopathology

- **Psychodynamic Perspective**
 - 3 levels of psychopathology:
 - Neuroses- problems in living, such as phobias, self-doubts, and repetitive interpersonal problems
 - Personality disorders- chronic and severe disorders that substantially inhibit the capacity to love and work
 - Psychoses- gross disturbances involving a loss of touch with reality
 - Etiology- causes of a disorder
 - Psychoses are result of biological abnormalities, while personality disorders and neuroses are caused from environmental influences
 - Psychodynamic formulation- a set of hypotheses about the patient's personality structure and the meaning of a symptom
 - Attempts to answer 3 questions:
 - What does patient wish for and fear?
 - Focuses on motives and conflicts
 - Symptoms result from unconscious conflicts and beliefs
 - What psychological resources does person have?

- Ego functioning- person's ability to function autonomously, make decisions, think clearly, and regulate impulses
 - Does disorder affect how person adapts to environment, or is it an isolated symptom?
 - How does patient experience himself and others?
 - Addresses object relations- person's ability to form meaningful relationships with others and to maintain self-esteem
 - Does disorder affect ability to form relationships with others?
- **Cognitive-Behavioral Perspective**
 - Cognitive behavioral approach- practitioners integrate an understanding of classical and operant conditioning with a cognitive-social perspective
 - Focuses on physiological symptoms and thoughts
 - Conditioned emotional responses- previously neutral response becomes associated with unpleasant emotions
 - Assess conditions under which symptoms arise and tries to discover the stimuli that elicit them
 - Behaviorists focus on finding cause of conditioning, while cognitive psychologists focus on thoughts that run through mind at time of dysfunction
- **Biological Approach**
 - Neural Circuits
 - Looks for roots of mental disorders in brain's circuitry
 - Don't take into account family history of disorders
 - Research disorders by comparing brains of normal and dysfunctional people
 - Also look for evidence of neurotransmitter dysfunction
 - Integrating Nature and Nurture
 - Biological approach compatible with other perspectives
 - Diatheses-stress model- proposes that people with an underlying vulnerability (diathesis) may develop a disorder under stressful circumstances
 - Can be biological or environmental
- **Systems Approach**
 - Explains an individual's behavior in the context of a social group
 - System- group with interdependent parts; person is part of a system
 - Compatible with other perspectives
 - Family Systems
 - Family systems model- suggests that an individual's symptoms are really symptoms of dysfunction in a family
 - Identified patient- person who needs help
 - Symptom bearer- person displaying family's difficulties
 - Identified patient is symptom bearer, but real problem lies in whole family

- Ex: child being disruptive at school as a result of parents having marital problems; they worked together to solve child's behavior problems, fixing both the marriage and behavior problems
 - Family homeostatic mechanisms- methods members use to preserve equilibrium in a family
 - Family roles- parts individuals play in repetitive family interaction patterns
 - Role reversal- child takes care of parent and takes on responsibilities
- Assessing the Family System
 - Marital subsystem- relationship between parents
 - Family boundaries- physical and psychological limits of a family or system
 - Enmeshed- too involved in each others' business
 - Disengaged- minimal contact among family members
 - Family alliances- patterns of taking sides in family conflicts
- **Evolutionary Perspective**
 - Does not offer system for understanding and treating disorders
 - Psychopathology is a maladaptation, and evolution is about natural selection of adaptive traits

Descriptive Diagnosis: DSM-IV and Psychopathological Syndromes

- Descriptive diagnosis- classification of mental disorders in terms of clinical syndromes
- **DSM-IV**
 - Diagnostic and statistical manual of mental disorders, fourth edition (DSM-IV)- manual of clinical syndromes published by the American Psychiatric Association and used for descriptive diagnosis
 - Multiaxial system of diagnosis- places mental disorders in their social and biological context, assessing the patient on 5 axes; covers symptoms, medical conditions, and environmental stressors
 - Axis I- clinical symptoms for which person seeks treatment; ex: schizophrenia or depression
 - Axis II- personality disorders and mental retardation; describes trait disorders- enduring problems with person's functioning)
 - Axis III- general medical conditions that may be relevant to understanding the person's psychopathology (ex: diabetes, hypothyroidism)
 - Axis IV- psychosocial and environmental stressors (ex: life events such as death of a family member)
 - Axis V- rates patient's current level of functioning
 - First-year medical student syndrome- students think they have disease they are currently studying
- **Disorders Usually First Diagnosed in Infancy, Childhood, and Adolescence**
 - ADHD