**Psychopathology 1 (Module)**

**Module: What is Abnormality?**

**Subtopic: The Four D’s  
-**deviance, distress, dysfunction, danger

**Subtopic: Deviance  
-**having thoughts, emotions, and behaviours that fall far outside of the standards of what others are doing; considers those who fall well above and well below standard of the group  
-people with psychological disorders deviate in some way from the typical behaviours of others

**Subtopic: Distress**-intense negative feelings due to their behaviour, such as anxiety, sadness, or despair  
-psychological disorders often, but not always, cause strong feelings of distress

**Subtopic: Dysfunction**-behaviour tends to interfere with the person’s ability to function properly in their daily lives  
-psychological disorders often cause dysfunction in completing everyday tasks, but this dysfunction may also be voluntary

**Subtopic: Danger  
-**danger to oneself or another; engages in risky behaviours that lead to drug addiction or a person who engages in violence towards others  
-psychological disorders often, but not always, cause a person to place themselves or others in danger

**Module: Classifying Disorders**

**Subtopic: The DSM (The Diagnostic and Statistical Manual)  
-**the DSM provides standardized criteria to aid in the diagnosis of psychological disorders  
-categorizes and describes mental disorders so that clinicians will have a common set of criteria for applying a diagnostic label to the symptoms of their patients  
-allows researchers to talk to each other about mental disorders using a common language

**Subtopic: Diagnostic Criteria  
-1.** Disordered behaviour must originate from *within* the person, not as a reaction to external factors  
-**2.** Disordered behaviour must be involuntary (unable to control symptoms)

**Subtopic: Categories in the DSM  
-**The Axes:  
 Axis l: Clinical Syndromes  
 Axis ll: Developmental Disorders & Personality Disorders  
 Axis lll: Physical Disorders  
 Axis lV: Severity of Psychosocial Stressors  
 Axis V: Highest Level of Functioning

**Subtopic: Models of Psychopathology  
-**the DSM does not provide treatment plans for disorders

**Subtopic: Biological Models**-psychological disorders may be due to malfunction in brain activity  
-also known as the medical or disease model  
-brain may malfunction because it is physically damaged, or because there is abnormal activity of chemicals in the brain known as neurotransmitters  
-usually points to genetics, nutrition, disease and stress to explain brain malfunctioning  
-advocates use of drug therapy to treat disorder; in extreme cases, treatment may also include electroconvulsive shock to brain or surgery

**Subtopic: Psychodynamic Model  
-**psychological disorders may be due to mental conflict of the mind  
-may be due to unresolved childhood issues  
-psychological malfunction (mind and processes)  
-usually attributed to maladaptive attempts to deal with strong, unconscious conflicts stemmed from unresolved childhood issues  
-no physical therapy such as drug treatment; only psychological therapy can help the disorder by helping patients understand themselves in order to better cope with their life stressors

**Subtopic: Behaviourist Model  
-**views psychological disorders as external, overt behaviour rather than an internal malfunction  
-disordered behaviours and emotions are not symptoms of anything inside the person, rather, they are the problem themselves  
-argue that disordered behaviours are established through classical and instrumental conditioning  
-contingencies, rewards and punishments received for our actions influence our behaviours  
-classical conditioning can be used quite successfully to treat phobias

**Subtopic: Cognitive Model**-psychological disorders may be due to maladaptive, negative interpretations of life events  
-suggest that mental disorder result from maladaptive or inappropriate ways of selecting and interpreting information from the environment  
-we are anxious or depressed not because of what is happening around us, but rather because of the way we interpret those events  
-cognitive therapy focuses on positive interpretations of situations  
-behaviour therapy focuses on seeking out positive situations and actions; cognitive-behavioural therapies (CBT)

**Module: Mood Disorders**

**Subtopic: Characterizing Mood Disorders  
-**disturbances in emotion, which includes both the depressed mood of depression and the elevated mood of mania  
-two main types of depressed mood disorders: Unipolar depression and Bipolar depression

**Subtopic: Unipolar(Major) Depression  
-**depression can be present in a less severe form and not every symptom needs to be present in order to receive a diagnosis  
-episodes of major depression are recurrent, but can last months if untreated  
-between episodes, a person usually returns to normal functioning  
-suicide risk, harmful effects to a person’s social well-being and physical health  
-symptoms: stay in bed all day, not physical active, little appetite, chronic headaches and muscle soreness, slow movement, hard time focusing on task at hand and constant negative thoughts

**Subtopic: Dysthymia  
-**persistent moderate levels of depression (mildly depressed all of the time)  
-rarely return to normal functioning

**Subtopic: Bipolar Disorder**-alternate between severe depression and mania  
-during mania, person experiences heightened self-esteem, activity, and energy and sleep very little  
-may feel that thoughts are racing ahead of ability to deal with them  
-participates in potentially risky behaviour such as sexual promiscuity, high-risk business investments and unrestrained buying sprees; may become angry at those in the way of his goals

**Subtopic: Causes of Depression  
-Biological Model:** abnormal levels of chemical activity of neurotransmitters in brain (treatment may include drug therapy, antidepressants work to change the balance of neurotransmitters in the brain help alleviate symptoms)  
**-Behavioural Model:** arises in those who lack social skills, making it difficult for them to elicit normal positive social reinforcements from others; may lead to lowered mood and self-blame of depression  
-the depressive symptoms may elicit sympathy, attention, and concern from others, and this may unintentionally lead to further reinforcement of the symptoms  
-another theory arising from behavioural model is learned helplessness which suggests that depressive symptoms arise from a sense of helplessness about a situation in which the subject learns to withhold responding  
-**Cognitive Model:** arises in individuals who have a particular (and maladaptive) way of evaluating themselves and their experiences (depressogenic schemata)  
-under stress, people with these tendencies develop unrealistically negative and demeaning interpretations of those events, leading to negative views of self, the world and the future  
-**Psychological treatments** include psychoanalysis therapy and cognitive-behavioural therapy  
-psychoanalysis tries to promote insight and awareness  
-goal is for the patient to have an increased understanding of herself (skills can help to strengthen coping strategies of patients)  
-CBT aims to make people more aware of how they think and to understand how the way they think contributes to the way they feel  
-encourages to set goals and do tasks such as calling up a friend (practise behavioural skills)  
-effective therapy for a large population against relapse of future depression  
-often, CBT and psychological treatments are used together for more severe cases of depression (suicide risk)

**Module: Anxiety Disorders**

**Subtopic: Anxiety Disorders  
-**anxiety disorders cause persistent feelings of anxiety that interfere with daily activity  
-suffer from intense, prolonged feelings of fright and distress that often interferes with relationships and may sometimes even interfere with ability to work  
-**Generalized Anxiety Disorder:** causes continuous anxiety throughout various trivial situations  
-experiences these extreme feelings of anxiety repeatedly for at least 6 months  
-constant worry can affect physical healthy negatively  
people with GAD always feel tense, and this can lead to dizziness, sleep problems, muscle tension, headaches, fatigue sometimes even nausea  
-**Obsessive Compulsive Disorder:** recurring obsessions or compulsions that disturb the person, or interfere with day-to-day living  
-an obsession is an idea, or impulse or image that we can’t get out of our minds  
-may be recurring idea that we have done something wrong or the persistent fear that a loved one has been injured  
-compulsion is a behavioural ritual that a person feels compelled to perform repeatedly  
-person know it is unreasonable, but still feels anxious if ritual is not completed  
-**Post-Traumatic Stress Disorder:** occurs following a highly traumatic incident or an extremely stressful event; feelings of persistent anxiety and intrusive thoughts about the event occur  
-trigger may be a terrifying experience that caused or threatened to cause physical harm to you or someone close to you  
PTSD can affect soldiers in batter, survivors of sexual abuse, natural disasters and accidents; also death  
-person with PTSD may have flashbacks of traumatic event (re-living the situation)  
-people with PTSD may feel the need to avoid certain situations, objects, or people that remind them of the traumatic event  
-may also suffer from intrusive thoughts and nightmares, feel depressed, irritable, easily startles, hyper vigilant, and have trouble concentrating  
-PTSD sufferers have symptoms that last for many years, even decades after event has happened  
-helpful to discuss the event with one another as often as possible, and in as much detail as they can remember  
-**Etiology and Treatment  
-**psychoanalytic model views most anxiety disorders as displaced tension between the Ego and the Id  
conflict arises from the id impulses, which are seeking expression, and the Ego, which cannot allow it, thus creating anxiety  
-how this anxiety s displaced can lead to symptoms of anxiety disorders  
-biological model looks for physical causes (genetic predisposition)  
-most effective therapy is combined drug therapy with psychotherapy therapy  
-behavioural and cognitive models are often used together  
-CBT uses a variety of techniques to reduce symptoms  
-cognitive restructuring helps people turn their anxious interpretations of events into more rational thoughts; behavioural component may involve repeated exposure to feared objects or situations (ex: for PTSD, repeatedly discussing the event and helping people control their anxiety)

**Module: Somatoform Disorders**

**Subtopic: Psychophysiological Disorders  
-Somatoform Disorder**: psychologically caused disorders with physical symptoms that, unlike psychophysiological disorders, cannot be explained by physiology  
-**Conversion Disorder:** (type of somatoform disorder) display physical symptoms (like pain) without physiological causes; there is a specific sensory or motor symptom without any physiological cause  
-may have sudden vision loss, suffer from paralysis for no physiological reason  
-usually develop during a stressful situation, and symptoms appear suddenly  
-**Hypochondriasis:** persistent fears of having a serious illness, despite medical evaluations and reassurances to the contrary; may report pattern of symptoms consistent with particular illness they believe they have  
-misinterpretations of bodily signals