Unit 1: Introduction

- Psychological disorders are caused when coping with challenges in life become difficult. For instance, having a sick family member, unfaithful partner, and trying to find a job while being unemployed.

- However, psychological disorders are more than just tough life challenges, they revolve around inexplicable feelings, including, but not limited to intense sadness, crippling fear of strangers, and periodic hallucinations.

Unit 2: What Is Abnormality?

- Many clinicians use a fixed set of criteria to broadly define abnormality, summarized as the “four D’s”: Deviance, Distress, Dysfunction, and Danger. However these are not absolute, nor are they concrete. Just because someone exhibits one or more of these characteristics, does not label them as being abnormal.

- Deviance: Refers to having thoughts, emotions, and behaviours that fall far outside of the standards of what others are doing. But this does not mean that all people who differ from the norms of the group have a psychological disorder. For instance, the cultural practices of minority populations (i.e. Native Indians).

- Distress: Experiencing intense negative feelings due to their behaviour, such as anxiety, sadness, or despair. However there are some exceptions; a person who is free of distress is not necessarily psychologically healthy. For example, bipolar patients in the manic phase often feel extremely elated and larger than life – certainly not distressed. Another example are patients with antisocial personality disorders. They feel no remorse or distress when causing harm to other people.

- Dysfunction: Behaviour of an individual tends to interfere with the person’s ability to function properly in their daily lives. They can no longer go to work, earn a living, or run a household. Behaviours that are dysfunctional are described as maladaptive because they prevent an individual from adapting to their environment. However, dysfunctional behaviour doesn’t correlate to a person having a disorder. A person may choose to stop functioning in society as a means of protest – like a hunger strike.

- Danger: A person engages in risky behaviour that leads to a drug addiction or violent outcomes. The danger can be inflicted to oneself or another. However, this is not sufficient to diagnose a disorder. Many people engage in dangerous behaviours such as athletes who participate in extreme sports or factory workers.

Unit 3: Classifying Disorders

- There are no clear cut guidelines for diagnosing a mental disorder. In order to properly diagnose a disorder, clinicians refer to a book called the Diagnostic and Statistical Manual [DSM]. The DSM categorizes and describes mental disorders so clinicians have a common set of criteria for applying a diagnostic label to the symptoms of patients. It also allows researchers to talk to each other about mental disorders.

- Introduced in 1952, the DSM has undergone revisions. Previously unrecognized disorders have now been added, such as the hoarding disorder; which is now included in the DSM-5. Other disorders such as homosexuality have been removed. DSM began as a categorical model and is now a dimensional model.

- In a categorical classification model, the items differ from each other in kind. For example, using height as a classifier, in a categorical model, individuals are considered “short” or “tall”. In a nutshell, categories are defined by rigid boundaries, and you can only belong to one specific kind of category.

- In a dimensional classification model, the items differ from each other in degree. At the end of the spectrum there are short and tall people, but in between there are a variety of heights.

- DSM-5 has a high degree of comorbidity among many of its diagnoses – disorders overlap to much.

- Comorbidity: The coexistence of two or more disorders at the same time – very common occurrence.

Unit 4: Epidemiology

- Epidemiology is the study of the distribution of psychological disorders in a population. Disorders often differ based on sex and culture. For instance, major depressive disorder is twice as common in women as it is in men. In collectivist cultures like Japan, people suffering social anxiety typically fear offending others in social situations, whereas in individualist cultures like Canada, they fear self-embarrassment.

- Epidemiology also includes information like the typical prognosis or the probable course of an illness.

- An acute prognosis is short-lasting with sudden onset. For example, a heart attack can be considered acute.

- Chronic disorders are long-lasting and develop over time. These are the most common.

- Episodic prognoses have recurrent phases, separated by periods of normal functioning. i.e. Depression.

- The prevalence of a disorder is the percentage of a population that exhibits that disorder during a specific time period. Prevalence can be measured at a point, annually, or over a lifetime.

- Point prevalence is measured at a specific instance in time. A person may have displayed symptoms of a particular disorder at some point, recently, even though they are not displaying the symptoms immediately.

- Annual prevalence includes anyone who has the disorder, or has had the disorder, within the past year.

- Lifetime prevalence includes anyone who has had the disorder, or has had the disorder, within their lifetime.

Unit 5: Symptomatology

- Symptomatology is defined as the collection of any behaviours, thoughts, or feelings that may be a potential indicator of a specific psychological disorder. This process is complicated due to heterogeneity.

- Heterogeneity: When two people diagnosed with the same disorder may experience different symptoms.

- Depression is the result of intense, recurrent episodes of sadness. This interferes with an individual’s life and can prevent them from working, eating, and running or managing a household or any other entity.

- Generalized anxiety disorder is marked by constant, severe anxiety that interferes with daily activity. A person with GAD feels worried about minor things like trivial life events and routine activities. People with GAD always feel tense which leads to dizziness, sleep problems, muscle tension, headaches, fatigue, and sometimes even nausea. They have difficulty concentrating and can often feel irritable.

- Schizophrenia is marked by disorganized thoughts and behaviours. Most schizophrenic symptoms can be described as either positive or negative. Positive increase in someone with schizophrenia, and vice versa.

- Positive symptoms include hallucinations and delusions. Hallucinations are perceptions of things that are not really there. Most common are auditory hallucinations where individuals hears voices saying negative things in their head, or speaking to them from parts of their body. A delusion is an irrational belief such as believing someone is being persecuted by others, or that one’s thoughts are being manipulated.

Positive symptoms include disorganized thinking and motor behaviour. Disorganized motor behaviour may involve dramatic reductions in movement, classified as catatonic stupor. Conversely, repeated, frantic motor movements that have no purpose at all is referred to as catatonic excitement.

- Negative symptoms involves a decrease in engagement with the world. The individual becomes less interested in people and real world events, and more concerned with internal ideas or fantasies. This leads to a growing estrangement from family/coworkers, real world events, and neglect in personal appearance.

- Negative symptoms include flat and inappropriate affect. Affect refers to emotional response. A person with flat or blunted affect shows very little emotional response, like not caring about the death of a family member. A person with inappropriate affect shows inappropriate emotional reactions, such as laughing when speaking about the death of a family member.

Unit 6: Conclusion

- Psychological disorder is not a fixed entity that can be easily identified; each case is different, and not all symptoms always appear. The distinction between “abnormal” and “normal” is not very clear.

Unit 1: Introduction

- The DSM only describes a pattern of symptoms, it does not offer an explanation for the disorder or suggest treatment methods. It is hard to identify treatment plans because symptomology is clouded by heterogeneity, and comorbidity.

- Etiology is the study of cause, or set of causes, of a disorder. If “X” causes GAD, then removing “X” should alleviate those symptoms.

- Etiology can be broken down into four models, biological, environmental, behavioural, and cognitive.

Unit 2: The Biological Model

- The biological model, also known as the medical or disease model, assumes that a psychological disorder is the result of a malfunction in the brain. It usually points to genetics, atypical neurotransmitter activity, or abnormal brain structures.

- Genetics may predispose individuals for psychological disorders. Identical twins are more likely to share a specific disorder than fraternal twins, concluding that genetics play a larger role in that disorder’s etiology. However, we are far away from discovering how specific genes develop and maintain psychological disorders.

- Abnormal levels of neurotransmitter activity in the brain seems to be linked with psychological disorders. For example, patients with depression often have low levels of dopamine and norepinephrine activity. Serotonin and GABA are often implicated in the etiology of depression and anxiety. However, drug therapies that aim to restore chemical imbalances have varied with unpredictable success, leading clinicians to believe that neurotransmitter activity is part of the explanation, but not the whole story.

Unit 3: The Environmental Model

- The environmental model considers the effects of the environmental factors, such as were we live, who we socialize with, and what we eat, on causing psychopathology.

- Depression is twice as common in females as is in males. One theory explaining this is that women face more adversity than men. It is possible that being at higher risk for sexual abuse or living in poverty may lead to a higher risk for depression.

- Schizophrenia is explained using the environmental model. A prominent etiological explanation is the diathesis-stress hypothesis. Schizophrenia is thought to develop a genetic predisposition, or diathesis, is paired with environmental stress.

- Schizophrenia is triggered by an environmental component. Individuals born with a high diathesis only have to experience a minimal amount of life stress in order to develop the disorder. An individual with a low diathesis will have to experience more amounts of stress to develop schizophrenia. Thus, environmental stress directly effects schizophrenia’s etiology, because the environment dictates stress factors.

Unit 4: The Behavioural Model

- States that external factors are not the issue, but rather, our behaviours and emotions in response to them.

- Behaviourists argue that disordered behaviors are established through classical and instrumental conditioning. Contingencies, rewards, and punishments received for our actions influence our behaviour. For instance, if behaviour leads to sympathy and attention of others or keeps you out of anxious situations

- Depression arises in individuals who lack social skills, making it difficult for them to elicit normal positive social reinforcement from others. This may lead to lowered mood and self-blame of depression. However, the emotional support from others may unintentionally lead to further reinforcement of symptoms.

- The theory of learned helplessness assumes that depressive symptoms result from a sense of helplessness about a situation in which the subject learns to withhold responding. In one study, dogs were given mild electric shocks, but placed in an inescapable environment. At first the dogs would try to escape but in time they gave up and accepted the shocks. In phase 2, the shocks were now avoidable but the dogs didn’t care.

Unit 5: The Cognitive Model

- The cognitive model suggests that mental disorder results 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. For example, people who are nervous about public speaking are not anxious because of the audience, but rather, the way they, the speaker, interprets the situation. “Is it a chance to deliver an effective message or be negatively evaluated?”

- If a person doesn’t notice you, you would ignore it, but someone with depression will blame themselves.

Unit 6: Conclusion

- The symptoms given a common label are going to be seen differently tomorrow.

- The human mind is much more complex than anything else we have encountered.