

2017-01-30

What is a “Psychological Disorder”?

- There are *four* characteristics
 - **Atypical** = the behavior isn’t exhibited by most people
 - **Disturbing** = the behavior evokes a disturbed response from those who observe it
 - **Maladaptive** = the behavior is counter-productive to one’s welfare
 - **Unjustifiable** = the behavior cannot be reasonably pinned on a simple cause

The Medical Model

- **Medical Model** = a theory of mental illness that emphasizes finding the causes for certain illnesses
 - Treatment is often rather hit-and-miss
 - * Lots of different types of treatment
 - Psychoanalysis
 - Therapy
 - Medication
 - Electro-shock therapy
- **Philippe Pinel** = a french person that wrote about how madness was a response to severe stress rather than a demonic ailment
- **Thomas Szasz** = a person who wrote that mental illness is a *social* construct rather than a medical phenomenon
 - Is used to ignore problematic patterns of thought or behavior
- **Diagnostic and Statistical Manual of Mental Disorders(DSM-V)**
= widely considered the central authority on what qualifies as a mental illness and how it should be diagnosed

Prevalence

- About half of adults experience symptoms of a mental illness at one point in their life
- About 80% of those who experienced symptoms in the last year did not seek treatment
 - Generally, men are less likely to seek treatment because of the social stigma
- Though it is quite common, mental illness is not commonly severe enough to completely debilitate someone

- Women are more likely to experience depression and anxiety
- Men are more likely to abuse substances and experience antisocial personality disorder

Neurotic vs Psychotic

- **Neurotic** = a term that describes mental illness that causes suffering to people but doesn't impair their ability to think rationally
- **Psychotic** = a term that describes mental illness that distorts people's perceptions of reality or capacity for rational thinking

Classifying Mental Illness

- Labels make us feel like those afflicted aren't *human*
 - *e.g.* Suicide hotline will dispatch police if they believe you may harm yourself
 - * The autonomy of the depressed person is pretty much ignored
- **David Rosenhan** = ran an experiment where people admitted themselves to a psychiatric hospital and pretended to hear voices
 - All of them were falsely diagnosed with Schizophrenia

Anxiety Disorders

- **Anxiety Disorders** = a mental illness that is associated with distress, persistent feelings of anxiety or harmful behaviors that the person performs to reduce feelings of anxiety
 - People with OCD repeat certain behavioral patterns in order to cope with the feelings on anxiety

Generalized Anxiety Disorder

- **Generalized Anxiety Disorder(GAD)** = a catch-all illness that is associated with the following
 - Tense
 - Apprehensive
 - Abnormally active nervous system
 - More or less anxious about *everything*
 - Headaches
 - Stomach pains
 - Irritable

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Panic Disorder

- **Panic disorder** = a condition characterized by relatively short periods of extreme dread and terror
 - Is often accompanied by
 - * Chest pain
 - * Sense of choking
 - * Shortness of breath

Post-Traumatic Stress Disorder

- **Post-Traumatic Stress Disorder(PTSD)** = an anxiety disorder that is caused by a traumatic experience
 - Often associated with
 - * Flashbacks
 - * Feelings of fear
 - * Feelings of horror
 - * Feelings of helplessness
 - * Social withdrawal
 - * Insomnia

Why Do Anxiety Disorders Exist?

- **Learning perspective** = anxiety disorders are “learned” from the surroundings as one grows up
 - Explains how phobias can be passed on from parent to child without any genetic component
 - **Fear conditioning** = anxiety disorders arise from associations between harmful stimuli and harmless stimuli
 - **Stimulus generalization** = a phobia developed from conditioning can become broader than the stimuli that first caused it
 - * *e.g.* a fear of a white rat can generalize into fear of white, fluffy things
 - **Reinforcement** = an effect of strengthening the association between a harmful stimulus and a harmless one by exerting effort to avoid the causing stimulus
- **Biological perspective** = anxiety disorders can be caused by genetic or physiological factors

- **Genetic** factors can predispose people to certain phobias
 - * Perhaps natural selection is behind some of the most common phobias
 - **Physiology** = anxious symptoms actually manifest in physiological ways
 - * Increased heart rate
 - * Brain activity
 - * Stress hormones
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Somatoform Disorders

- **Somatoform disorder** = a class of psychological disorders where sensations and symptoms have no discernible cause
 - **Conversion disorder** = a rare type of somatoform disorder with very specific genuine physical symptoms
 - **Hypochondriasis** = a somatoform disorder where normal sensations are misperceived as symptoms of a disease or illness
 - **Munchausens** = kind of a mix between a somatoform disorder and a personality disorder
 - * Victims purposely inflict injuries on themselves for attention
 - * **Munchausens by Proxy** = injuries are consciously inflicted on others for the attention

Mood Disorder

- **Mood disorder** = a psychological disorder characterized by emotional extremes

Major Depressive Disorder

- **Major depressive disorder** = a mood disorder characterized by phases of depressed moods for two or more weeks that isn't caused by any particular event
 - Diagnosis requirements
 - * Persistent, durable symptoms over time
 - * Does not improve for a period of two weeks

- * **Global negativity** = a tendency to view stimuli in a negative way
- * Low self-esteem
- What does it affect?
 - * **Emotional**
 - Sadness
 - Hopelessness
 - Guilt
 - Ignoring friends and family
 - * **Behavioral**
 - Dispondent facial expression
 - Disinterest in hobbies
 - Withdrawal from social situations
 - * **Cognitive**
 - Reduced concentration
 - Inability to concentrate
 - Persistent suicidal thoughts
 - * **Physical**
 - Changes in appetite
 - Change in sleep patterns
 - Low energy

Dysthymic Disorder

- **Dysthymic disorder** = a psychological condition characterized by depressed moods that aren't extreme enough to qualify as major depressive disorder
 - Thought to be related to brain chemistry
 - * Often treated with drugs
 - Can be caused by trauma
 - Doesn't increase in magnitude dramatically with time like major depressive disorder does

Seasonal Affective Disorder

- **Seasonal affective disorder** = a psychological condition characterized by cyclical patterns of severe depression and normal mood
 - Cycles tend to align with seasons
 - * As such, it's thought to be related to sunlight exposure
 - One of the most promising therapies is **light-exposure therapy**

- Unique symptoms
 - * Increased hunger
 - * Weight gain
 - * Excess sleep
 - * Depressive moods in evening

Bipolar Disorder

- **Bipolar disorder** = a psychological disorder associated with alternating states of **mania** or **depression**
 - Used to be called **manic-depressive disorder**
 - **Mania** = an elated state characterized by hyperactivity and irrational optimism
 - **Unipolar** = a term that describes when one state dominates the other
 - Lithium carbonate is the most commonly used drug to treat bipolar
 - Rates of bipolar disorder don't differ substantially between sexes
 - Typically, the early symptoms appear at ages 15-25
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Explaining Mood Disorders

- There are two main causes for mood disorders
 - Neurotransmitter unbalance
 - * Low levels of these neurotransmitters are thought to be related
 - Dopamine
 - Norepinephrine
 - Serotonin
 - Genetics
- Certain factors can exasperbate existing mood disorders
 - Grief following the death of a loved one
 - Unemployment
 - Loss of health
 - Financial troubles

Cognitive Differences in Depressed People

- **A.T. Beck** = a researcher that studied this issue
 - He discovered that depressed people have overly negative views of
 - * Themselves
 - * Their world
 - * Their future
 - Depressed people generally perceive situations as *more* negative
- **Hopelessness theory** = a model of explaining depression that emphasizes specific patterns of behavior or cognition
 - “Learned helplessness” = a term that describes how repeated exposure to negative stimuli decrease the likelihood that a person will look for ways to help their suffering

Dissociative Disorders

- **Dissociative disorder** = a psychological disorder associated with a separation between conscious awareness and prior identity
- Symptoms typically start early
 - Often the result of abuse of trauma early on
 - Females are more prone to the disorder
- **Dissociative Identity Disorder** = a dissociative disorder wherein a person exhibits multiple distinct personalities that alternate between one another
 - The subject is still debated in psychiatry and psychology
 - Used to be caused “multiple personality disorder”
- **Dissociative amnesia** = a symptom of some dissociative disorders that involves memory loss
 - Also called “psychogenic amnesia”
 - Is often caused by trauma
 - **Global amnesia** = a complete loss of identity
- **Dissociative fugue state** = a state of consciousness characterized by global amnesia with a replaced identity
 - Also called “psychogenic fugue”
 - Is subject to much debate
 - * Are the subjects just pretending to avoid responsibility?

Schizophrenia

- **Schizophrenia** = a psychological disorder involved with many different kinds of symptoms
 - Translated as “split mind”
 - Symptoms
 - * Disorganized or delusional thinking
 - * Incorrect perceptions
 - * Mismatched emotions or actions
 - * Obstructed speech
 - **Word salad** = rapid alternation between sensible speech and nonsense
 - **Clanging** = unintentional rhyming
 - No disparity between sexes
 - * Often, symptoms appear during adolescence
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Three Types of Schizophrenic Symptoms

1. **Positive symptoms** = an element of cognition that is *added* to the experience of a schizophrenic
 - **Hallucinations** = false perceptions
 - Can help reinforce **delusions**
 - Schizophrenics very often hear *voices*
 - * Visual hallucinations are less pervasive
 - **Delusions** = false beliefs, especially of *persecution* or *grandeur*
 - **Delusions of persecution** = the belief that there are people that want to harm you
 - **Delusions of grandeur** = an overinflated ego ++ **Delusions of being controlled** = the belief that cognition itself is compromised by some external entity
2. **Negative symptoms** = an element of cognition that is *removed* from the experience of a schizophrenic
 - Poverty of speech = an inability to speak
 - Flat affect = a lack of emotional expression
3. **Disorganized symptoms** = an element of cognition that involves a perversion of an existing behavior or thought process

- **Erratic speech** = speech patterns that are irrational
 - **Word salad** = a seemingly random jumble of words that has intention but doesn't make sense
 - **Over-inclusion** = coherent thoughts that jump seamlessly from one disparate idea to another
 - * Not like **word salad**, because each individual thought is actual coherent
 - **Paralogic** = faulty logic that reaches absurd conclusions but *feels* correct to the schizophrenic
 - **Clang associations** = unintentional rhyming while speaking
- **Disorganized behavior** = behavioral patterns that are irrational
 - Inadequate emotional expression
 - * *e.g.* Laughing during a funeral
 - * Often times, emotions are actually *reversed*, so sad things evoke a happy response
 - **Catatonic behavior** = a state of complete unresponsiveness
- In addition to these classifications, there are some other terms that used to describe symptoms of schizophrenia
 - **Chronic/Process** = a term that describes a pattern where symptoms emerge slowly and increase in magnitude over time
 - * Generally, recovery from this kind of schizophrenia is unlikely
 - **Acute/Reactive** = a term that describes a pattern where symptoms emerge quickly and rise in magnitude very quickly
 - * Generally, recovery from this kind of schizophrenia is much more likely

Five Types of Schizophrenia

1. Paranoid schizophrenia

- Characterized by obsession with delusions and hallucinations, often with intense paranoia or an inflated ego

2. Disorganized schizophrenia

- Characterized by the disorganized symptoms
 - *e.g.*
 - * Word salad
 - * Flat affect

3. Catatonic schizophrenia

- Characterized by a *catatonic* state, extreme negativity, or mimicking other's actions

4. Undifferentiated schizophrenia

- Kind of a catch-all term for schizophrenia that cannot be otherwise classified

5. Residual schizophrenia

- Characterized by withdrawal following the cessation of hallucinations and delusions

The Dopamine Theory

- A lot of scientists believe that an excess of dopamine can cause schizophrenia
 - As a result, many drugs that target schizophrenia act on reducing the activity of dopamine
 - Dopamine isn't the *sole* cause; other neurotransmitters seem to be related
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Schizophrenia risk: Genetics, Environment, Biology, and Culture

- Scientists believe there is a genetic factor to developing schizophrenia
 - People with no schizophrenic siblings have a 1% chance of developing symptoms
 - People with one schizophrenic sibling have a 10% chance of developing symptoms
 - People with an identical twin that is schizophrenic have a 50% chance of developing symptoms
 - * Similarly, if *both* parents are schizophrenic, the child has a 50% chance of developing symptoms
- Scientists also believe there are some environmental factors that increase the risk of schizophrenia
 - Complications during birth
 - * *e.g.* Oxygen deprivation
 - Viral infection during pregnancy
- Scientists also believe there are biological factors that indicate a high risk of schizophrenia
 - An excess or deficit of neurotransmitter

- **Dopamine theory**
- Abnormal brain structure
 - * Enlarged cerebral ventricles
 - * Reduced tissue surrounding the cerebral ventricles
- Abnormal brain activity
 - * Reduced activity in frontal lobe
- There appears to be *no* substantial difference between cultures
 - Industrialized nations have higher incidence and longer recovery times
 - * That is thought to be related to stress level
 - Developing nations tend to treat it like a physical illness