

Psychological Disorders

differing from the norm

- Patterns of thoughts/feelings/actions that are deviant, distressful and dysfunctional
- Can be seen as Psychopathology, "illness of the mind"
- Disorders can be diagnosed
- Can be treated

DSM - Diagnostic and Statistical Manual

Diagnostics - Create labels for associated symptoms

- allow study of similar cases
- guide treatment

Critics - calls too many people "disordered"

- border line between "normal" seems inconsistent
- disorders seem to be judged on what society considers normal (homosexuality was considered a disorder)
- labels have an impact - positive or negative

Anxiety Disorders

Generalized Anxiety Disorder - GAD

Person is tense and uneasy for no reason

Emotional - worry

anxious thoughts and feelings

- free floating

- occurs with mild but persistent depression

Physical - autonomic arousal

- trembling

- sweating

- fidgeting

- agitation

- sleep disruption

Panic Disorder - fear of unexpected panic attacks

Person experiences sudden episodes of intense dread

- Chest pains
- Choking
- Numbness
- Like a heart attack

Fight or flight, easily triggering autonomic nervous system

Can trigger agoraphobia - fear of environments that are difficult to escape from

Phobias - most common

Uncontrollable, irrational, intense desire to avoid phobia

Even just an image can trigger a reaction

Obsessive-Compulsive Disorder - OCD

Person troubled by repetitive thoughts or actions

It is a disorder when it is distressing or dysfunctional - interfering with daily life

Post-Traumatic Stress Disorder - PTSD

Person has lingering memories, nightmares after traumatic event

- repeated recall of memories
- nightmares, re-experiencing
- social withdrawal
- hypervigilance
- insomnia

Mood Disorders

Major Depressive Disorder - MDD

- More than just "feeling down"
- More than just feeling sad about something

Bipolar Disorder

- More than "mood swings"
- Depression & mania

most seeked help for

Depression can cause ANHEDONIA - inability to feel pleasure
AVOLITION - severe lack of motivation

Seasonal Affective Disorder - recurring seasonal pattern of depression

More people cry during winter

Bipolar Disorder

Depression 3-7 weeks → Mania 3-7 days

- | | |
|---|--------------------------------|
| • Exaggerated pessimism | • Exaggerated optimism |
| • Social withdrawal | • Hypersociality and sexuality |
| • Lack of felt pleasure | • Delight in everything |
| • Inactivity and no initiative | • Impulsivity and overactivity |
| • Difficulty focusing | • Racing thoughts |
| • Fatigue and excessive desire to sleep | • Little desire to sleep |

Understanding Mood disorders

Biological aspects and explanations - Evolutionary, Genetic, Brain/Biology
Self-explanatory thinking

Social - aspects and explanations - Negative thoughts/, Explanatory/Vicious cycle
Cognitive

Biology of Depression

Evolution - Under stress, depression is a social emotional hibernation. Allows humans to:

- conserve energy
- avoid conflicts/risks
- let go of unattainable goals
- contemplation time

Critics - leads to suicide, elimination of natural selection

Genetics - Depressed gene regions

Brain Activity ↓ depression, ↑ mania

(Communication: ↓ norepinephrine) ↑ norepinephrine
(Neurotransmitters) ↓ serotonin

Structure - when depressed, smaller frontal lobes
when bipolar, fewer axons

Preventing/Reducing - ↑ serotonin with medication
exercise

↓ brain inflammation with healthy diet
especially olive/fish oils
✗ excessive alcohol

Associated: Low self-esteem
with Learned helplessness

Rumination (Stuck focusing on what's bad)

Discounting the positive

→ **Depressive Explanatory Style**

Global
Stable
Internal

Letting the problem be
Overthinking or not
Self-blame vs Situation

Specific
Temporary
External

Depression

Successful coping

Psychosis - mental split from reality and rationality

Schizophrenia

Mind is split from reality, so they appear as hallucinations

- Symptoms - Disorganized/delusional thinking
- Disturbed perceptions
 - Inappropriate emotions/actions

Positive Symptoms

- Hallucinations (especially auditory)
- Delusions (especially thinking being persecuted)
- Disorganized thought/
nonsensical speech

Negative Symptoms

- Flat affect - showing no emotion
- Reduced social interaction
- Anhedonia ✗ enjoyment
- Avolition ✗ motivation
- Alogia ↓ speaking
- Catatonia ↓ moving

Typical symptoms develop at end of adolescence, later in women
~ 1/100 people develop schizophrenia, men more than women

Development - Acute/Reactive - reaction to stress, show more positive symptoms
- Chronic - over time, more negative symptoms

No real cure, but lots of treatment

Subtypes - Paranoid - hallucinations, delusions

Disorganized - flat effect, incoherent speech, random behavior

Catatonic - copies other's actions

Undifferentiated - many varied symptoms

Residual - withdrawal after positive symptoms disappeared

Understanding - Too much dopamine - paranoia and hallucinations

- Poor coordination in neurons in frontal lobe
- Thalamus fires - make hallucinations seem real
- General shrinking of brain areas

Therapy

Psychotherapy - working with a professional to understand and change behaviour, thinking, relationships and emotions

Psychoanalytic / Psychodynamic Therapy

- Reduce inner conflict
- Childhood shapes unconscious thoughts and feelings

Humanistic Therapy

- Boosts self-fulfillment and self-growth
- Patient's conscious self-perceptions
- Active listening
- Nondirective - without judgment

Behavioural Therapy

- Replace maladaptive (learned) symptom with new behaviors
 - Exposure therapy gradual exposure to phobia e.g. spider
 - VR therapy for fear of heights inside comfort of room
 - Aversive therapy e.g. use of nausea drugs to treat alcoholism
 - Counter-conditioning pairs trigger stimulus with new response

Cognitive Therapy

- Teaching new way of thinking and feeling
- Overcoming self-defeating thoughts

Biomedical Therapy

- Drugs
- Neurostimulation