

567-598; 599-640

(I was absent for 2 days, so the beginning of the notes are copied lecture notes)

Lecture # 47 Introduction to psychological Disorders and Diagnosis

- Society, the individuals, and the mental health professionals use different standards to judge normal and abnormal behavior
 - Society's main standard is whether behavior conforms to the existing social order; the individuals primary criterion is his or her own sense of well being; and the mental health professional looks chiefly at personality characteristics as well as personal discomfort (the person's experience of inner distress) and life functioning (the person's success in meeting societal expectations for performance in work or school and in social relationships)
- Abnormal Behavior/Mental Processes – Either maladaptive life functioning or serious personal discomfort or both
- Theories of the Causes of Psychological Disorders
 - The basic reason for psychological disorders has some conflicting ideas. 3 models to explain them emerged during the early part of the 20th century.
 - The Biological Model:
 - Psychological disorders caused by physiological malfunctions of the nervous and endocrine system
 - Heredity often plays significant role in the development of abnormal behaviors
 - Growing support for this model
 - The Psychoanalytic Model
 - 19th – Beginning 20th Century by Freud
 - Behavior disorders symbolic expressions of UNCONSCIOUS internal conflict, which can be traced to early childhood
 - Argues that people become aware that the source of their problems lives in infancy before it can be resolved effectively
 - Cognitive-Behavioral Model
 - Grew out of psychological research on learning and cognition during the 20th century
 - Suggests that psychological disorders, like all behavior, are a result of learning
 - Stresses both internal and external learning processes in the development and treatment of psychological disorders
 - Self-fulfilling prophecy
 - The Diathesis-Stress Model and Systems Theory
 - The APA produces a manual that describes and classifies various kinds of psychological disorders

- Manual is called *Diagnostic and Statistical Manual of Mental Disorders (DSM)*
- Has been revised 4 times
 - Intended to provide a complete list of mental disorders, with each category defined in terms of significant behavior patterns so that diagnosis based on it will be reliable
 - The reliability is determined by different mental health professionals arriving at the same diagnosis for the same individual
 - Describes symptoms for different disorders, but does not comment on causes or treatments
 - Most widely used classification of psychological disorders today
- Insanity – Not a psychological, but a legal term concerning a person’s ability to tell right from wrong, understand trial proceedings, or whether they are a direct danger to self or others.

Lecture 48 Anxiety and Somatoform Disorders (Up to Somatoform are copied from notes, after are taken from lecture)

- Every life is a mixture of positive and negative emotions for everyone. But, many people experience excessive levels of the kinds of negative emotions that we identify as being nervous, tense, worried, scared, and anxious (These terms refer to anxiety)
- 10-15 million Americans experience such uncomfortable and disruptive levels of anxiety that they are said to have anxiety disorders – psychological disorders that involve excessive levels of negative emotions such as nervousness, tension, worry, fright, and anxiety (Duh!)
- This dread or uneasiness that occurs in response to a vague or imagined danger caused by nervousness
- Anxiety is considered a sign of psychological disorder. The kinds of anxiety disorders vary a great degree from one another, but all are shared by heightened reactions to anxiety – provoking events and increased vigilance
- Types of Anxiety Disorders
 - Phobic Disorder – An intense, irrational fear that interferes with normal living
 - Anxiety so focused on an object or situation that the individual is uncomfortable around it and will often go to great lengths to avoid it
 - 3 Main Types
 - Specific (Simple) Phobia – Most common anxiety disorder, least disruptive
 - Excessive fear of a particular object or situation
 - To be diagnosed as phobic disorder, fear must lead to avoidance behavior that interferes with a person’s normal life

- Individuals with specific phobias generally have no other psychological problems, and their lives are only disrupted if the phobia creates a direct problem in daily living
- Social Phobia – Persistent fear of social interactions, especially those with strangers and those in which the person may be exposed to the close scrutiny of others
 - Those with social phobias fear doing something embarrassing or humiliating
 - Some fear all social situations
 - Usually have unrealistically negative views of their social skills and attempt to avoid evaluation
 - Can seriously disrupt a person’s social and occupational life
- Agoraphobia – An intense fear of leaving one’s home or other familiar places
 - Most impairing
 - “Fear of Open Spaces”
 - Trip to mailbox may be intolerable
 - Some can travel freely in their own neighborhood
 - Often involves multiple intense fears such as being in public places from which escape may be difficult or being in crowds, or being alone, or traveling in an automobile, going through tunnels... etc.
 - Great dread of separation from sources of security
- Panic Disorder – A pattern of anxiety in which long periods of calm are broken by short periods of intense fear or discomfort
 - No identifiable stimulus
 - Characterized by panic attacks – increased respiration, rapid heartbeat
 - Extremely sensitive to small changes in autonomic nervous system functioning
- General Anxiety Disorder – An uneasy sense of general tension and apprehension – Unrealistic worry about life circumstances that lasts for at least six months
 - Worrying about finances, work, or health
 - Sometimes referred to as “free floating anxiety”
 - Some periods of no anxiety, but very few
 - Inability to relax, constantly feeling restless, muscle tension, sleeping difficulties, etc.
- Obsessive-Compulsive Disorder – Faced with unwanted thoughts, ideas, and images that occur over and over again (obsession) and the irresistible urge to engage in specific irrational behaviors (compulsions)
 - “As good as it gets”
 - Uncontrollable thoughts such as fear of losing control, killing someone, or having incestuous relationships
 - A person getting up 10 times every night to make sure the door is locked

- 70% diagnosed have both obsessions and compulsions
 - 25% only obsessions
 - 5% only compulsions
 - Post-Traumatic Stress Disorder
 - Caused by extremely stressful experiences in which the person later experiences anxiety and irritability
 - Upsetting memories, dreams, flashbacks of the experience
 - Tries to avoid any reminders of experience
 - Some are successfully treated, for others, it becomes chronic
 - Usually occurs a few months after event
 - Caused by rape, child abuse, accidents, etc.
 - Episode may be imagined by innocent stimulus
 - Like a car horn
- Somatoform Disorders (Hardest to distinguish between)
 - Soma – Latin for body
 - Disorders in which individuals experience the symptoms of physical health problems that have psychological rather than physical causes
 - Mainly say that result from stress
 - Disorders
 - Conversion Disorder
 - Most dramatic
 - Individuals experience a change in or a loss of functioning in a major body part with no medical explanation
 - Glove Anesthesia – More common conversion disorder – Paralysis in hand
 - Temporary deafness, blindness, inability to speak
 - An individual experiencing it does not care – Beautiful indifference
 - Somatoform Pain Disorder
 - A specific and chronic pain that has a psychological rather than physical cause
 - Doesn't follow nerve pathways
 - May believe result of psychological stress
 - Gets people out of stressful situations
 - Somatization Disorder
 - Intense and chronic psychological discomfort that involves numerous symptoms of bodily discomfort without cause
 - Headaches all the time, fatigue
 - Extreme – Become so convinced they have some illness and take medicine and have surgeries they don't need
 - Hypochondriasis
 - Mild

- Intense and unrealistic fear of having poor health, must last for at least 6 months
 - Take vague ailments and make it seem extreme
 - Usually not associated with anxiety or depression
- Mood Disorders – Psychological Disorders associated with abnormal extremes of happiness or sadness
 - Major Depression
 - A disorder characterized by the loss of interest in life
 - Increase or decrease in sleep
 - Loss of energy
 - Difficulty concentrating
 - Increased or decreased emotional or physical reactions
 - Episodic Disorder
 - Comes and goes
 - Average length 12 weeks
 - Bi-Polar Disorder
 - (Manic Depression)
 - Condition in which individuals experience periods of mania or extreme excitement that alternates with periods of extreme depression
 - Mania – Characterized by hyperactive chaotic behavior, inflated self esteem, racing thoughts; often engage in wild behaviors
 - On average, shift from mania to depression 3 to 4 times per year
- Schizophrenia – Psychological disorder involving cognitive disturbance, disorganized behavior and reduced social functioning
 - Most serious of disorders
 - Experience total loss of contact with reality
 - Usually occurs at young age
 - Difficult to treat
 - Typically worsens over time
 - Hallucinations – False sensory experience
 - Delusions – False beliefs (extreme in schizophrenia)
 - Illogical Emotion – Emotions that don't fit situation
 - Causes of schizophrenia
 - Heredity
 - Dopamine Theory
 - Brain abnormalities
 - Enlarged ventricles in the brain
 - Producing too much dopamine
 - Types of Schizophrenia
 - Paranoid Schizophrenia
 - Least severe

- Delusions and frequent hallucinations
- Live in constant fear
- Delusions of grandeur
 - Belief of exceptional importance
 - Inventor
 - Jesus
 - Government agent
- Delusions of persecution
 - Belief people are attempting to plot against because of delusions of grandeur
- Disorganized Schizophrenia
 - Social Withdrawal
 - Disorganized thought, behavior, and action
 - Disorganized in hygiene
 - Severe cases; lose control of bladder
 - Delusions and hallucinations
 - More fragmented paranoia
 - Illogical Emotions
- Catatonic Schizophrenia
 - Long periods in coma or statue like state
 - Catatonic Stupors
 - Some experience delusions and hallucinations
 - Most normal hallucinations
 - Brief periods of normal functioning
- Delusional Disorder
 - A non-schizophrenic Disorder that is characterized by delusions of grandeur and persecution that are more logical than those of a paranoid schizophrenic
 - No Hallucinations
- Personality Disorders
 - 2nd most common
 - Disorder where personality patterns disrupt social life which cause trouble for self and others
 - All begin at early age and are difficult to treat
 - Paranoid Personality Disorder
 - Highly suspicious and distrustful of others' motives
 - Difficult to get along with
 - See themselves as morally "correct"
 - Difficult to treat
 - Irritable, sensitive, and unfeeling to others
 - Schizoid Personality Disorder

- Detach Themselves from social relationships and withdraw into a solitary existence
- Refuse to become attached to people
- No delusions or hallucinations
- Blunted emotions
- Often considered cold, stand-offish lovers
- Extremely shy as children, but not abnormally withdrawn
- Begin to withdraw completely in adolescence
- Deterioration in hygiene and social norms
- Large number believed homeless
- Anti-Social Personality Disorder (Socio-Pathic)
 - Behavioral patterns that violate social rules and disregard the rights of others
 - Actually like to be around other people, rejection does not change behavior
 - Most find themselves in prison
 - Behavior shows itself early on
 - Begin to kill animals
 - Sweet-talking, likable at first
 - Can't hold jobs, very skillful in conning
- Avoidant Personality Disorder
 - Desire relationships but avoid them because of an excessive fear of disapproval
 - No anxiety in a crowd
 - Sensitive to rejection
 - Low self-esteem
- Narcissistic Personality Disorder
 - Love themselves
 - Preoccupied with thoughts of future success
 - Love praise and hate criticism
 - High sense of entitlement
 - Manipulative
- Histrionic Personality Disorder
 - Self-centered
 - NEED to be center of attention
 - When not, very angry, overly emotional, dramatic
 - Typically manipulate others through extreme emotions
- Borderline Personality Disorder
 - Impulsive
 - Unpredictable
 - Unstable in all relationships
 - Almost always need to be with others
 - Extreme emotions
 - Change without warning