Psychological disorders can affect persons of any age, race, sex, religion, or income. (Pre-lecture Instructor’s Guide)

Mental illnesses are not the result of a personal weakness, lack of character, or poor upbringing.
Why should I care?

• Because understanding of mental health issues brings awareness to the community and our surrounding ________________.

• We will become a society that is accepting of others who do not fit our idea of a perfect population.
Myths of Mental Illness

• Mental illness is caused by bad parenting.
  Fact: Most diagnosed individuals come from supportive homes.

• The mentally ill are violent and dangerous.
  Fact: Most are ________________ of violence.

• People with a mental disorder are not smart.
  Fact: Numerous studies have shown that many have average or above average intelligence.
Creativity and Mental Illness

- What are some possible reasons that the rate of mental illness (in general) is slightly higher among those in the arts than those in other professions?
Availability Heuristic

• We make a judgment based on what we can remember, rather than complete data. In particular, we use this for judging the frequency or likelihood of events. Various factors can affect availability.
  
  • **MORE NAMES FOR MEN**
  
  • **FEMALE NAMES WERE MORE CURRENT**
  
• High profile or stereotypic views of persons with mental illness are often the EXCEPTION, not the rule.
Defining Normal and Abnormal

• A Psychological Disorder is a condition in which a person’s thoughts, feelings, or behavior is judged to be ________________.
  – Three criteria
    • The person experiences significant pain or distress.
    • Their behavior deviates from acceptable behaviors for that society.
    • Their everyday behavior is maladaptive.
Psychological Disorders: 4 Models of Abnormality

• ________________Model
  – Mental disorders are caused by biology and can be treated medically
  – Historical: Hippocrates’ (460 BC) four humors (Imbalances of bodily fluids)
    – Yellow bile, Phlegm, Blood & Black bile.
  – Modern: Brain treatment
    • drugs, brain surgery, etc.
Models of Abnormality

• ______________Model
  – Mental disorders are caused and maintained by one’s life experiences
    • Death of mother before age 7 doubles risk of depression

• ______________Model
  – Psychological disorders are influenced by culture
    • Poor and unemployed are more often depressed
    • US, troubled teenagers get into fights, take drugs
    • Thailand, troubled teens sulk, go quiet & sleep
    • Eskimos experience *Pibloktoq*: intense excitement followed by seizures and 12 hr coma.
    • *Anorexia nervosa* is uniquely Western.
“Synthetic Model” of Mental Illness

Multiple Interacting Causes
(Genes, Viruses, Toxins, Nutrition, Birth Injury, Parenting, Peers, Experiences . . .)

Brain Structure and Function
(Brain development, plastic changes in response to experience, brain chemistry, changes in response to medications or psychotherapy)

Mind Functions
(Attention, perceptions, thoughts, language, memories, motivations, emotions, arousal . . .)

The Unique Person in a Specific Social World
(An individual's behavior in relation to the people, places, situations, and other aspects of his or her environment)

Specific Mental Illness
(Anxiety disorders, somatoform disorders, dissociative disorders, mood disorders, schizophrenia, personality disorders . . .)
## Common Psychological Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Frequency</th>
<th>Male: Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse</td>
<td>5%</td>
<td>More common for men</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>19%</td>
<td>About 2:3</td>
</tr>
<tr>
<td>_________disorders</td>
<td>7-18%</td>
<td>About 1:2</td>
</tr>
<tr>
<td>Antisocial personality</td>
<td>1-3%</td>
<td>More men than women</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>&lt; 1%</td>
<td></td>
</tr>
</tbody>
</table>
Psychological Disorders: Diagnosis

• **Diagnosis**
  – The process of identifying and grouping mental disorders with similar symptoms

• _______________________.
  – Acronym for the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (4th Edition)
  – Originally 1952 with 60 disorders – today 410
  – Beware medical students’ syndrome (availability heuristic)
Five Axes

- Axis I – Clinical Syndromes
- Axis II – Disorders or Mental Retardation
- Axis III – General Medical Conditions
- Axis IV – Psychosocial and Environmental Problems
- Axis V – Global Assessment of Functioning
Anxiety 1: ______________disorder

- Acute fear, helplessness, hopelessness
- Periods of acute terror
- Shortness of breath, irregular heartbeat, unreality, clammy sweat – feel like going to die
- Anticipatory anxiety – fear of having attack.
  - Attacks are embarrassing, prefer to avoid situations
- 31% men: 19% women
- Medical Model
  - Appears to be inherited
  - Treatable with drugs
- Psychological model
  - 1st attack usually occurs after severe illness or other trauma & become anxious around cues associated with that event
Anxiety 2: _______________Anxiety Disorder

- Free floating anxiety evoked by nothing in particular
- Causes difficulty making decisions
- The “common cold” of psychiatry

Excessive worry or anxiety about multiple issues which lingers six months or more can indicate generalized anxiety disorder.
Anxiety 3: __________ disorders

• Fear of...
  – Agoraphobia – open spaces
  – Social phobia – other people
  – Specific phobias – fear of snakes, spiders, darkness, heights, etc.

• Learned via classical conditioning or vicarious conditioning

• Biological basis – more likely to fear snakes than cars
Anxiety Disorders
Frequency of the Most Prevalent Simple Phobias

- **Simple Phobia:** An intense, irrational fear of a specific object or situation.
Figure 13.4 Conditioning as an explanation for phobias

(a) Classical conditioning: Acquisition of phobic fear

- **CS**
  - Snow
- **UCS**
  - Buried in avalanche
- **CR**
  - Fear
- **UCR**

(b) Operant conditioning: Maintenance of phobic fear
(negative reinforcement)

- **Response**
  - Avoid snow
- **Aversive stimulus removed**
  - Fear reduced

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Anxiety 4: **Obsessive-compulsive**

- ___________ – thoughts that will not go away - *dirty*
- Compulsions – behaviors one must keep performing – *washing hands*
- Compulsive behavior defends against anxiety – typically cleaning
- Obsessions – fear/uncertainty/doubt
  - Anxiety will do something terrible (rarely do) - *have heart attack, wet self*
Anxiety Disorders

___________ Phobias I

• Social Phobia
  – An intense fear of situations that invite public scrutiny

• Socially phobic and non-phobic adults prepared a speech. Both groups showed increased heart rate in anticipation of the speech, but those with social anxiety react more strongly.
Anxiety Disorders

________________________Phobias II

• However, only those with social phobia reported feeling more anxious.
Anxiety Disorders

Influences

• Three findings from cross-cultural comparisons are:
  – Anxiety is universal and is exhibited by the same bodily reactions.
  – Culture influences the cognitive component of anxiety, i.e., what people worry about and their beliefs about the causes of it.
  – Treatment needs to acknowledge cultural diversity.
Disorders

• Somatization Disorder
• Conversion Disorder
• Hypochondriasis
• Etiology of somatoform disorders
  – Cognitive factors
  – Personality factors
  – The sick role
Dissociative Disorders

- **Dissociative amnesia and fugue**
- **Dissociative ___________disorder**
  - Etiology
    - severe emotional trauma during childhood
  - Controversy
    - Media creation?
Mood Disorders
Major Depressive Disorder

• Characterized by sadness, despair, feelings of worthlessness, and low self-esteem
• Depression is universal.
• Depression rates are on the rise.
• Women are 2x more likely to seek treatment
• Some people get depressed on a seasonal basis. [Seasonal Affective Disorder: SAD]
• Depressive episodes often last only a few weeks.

• Dysthymic Disorder: Chronic state but not severe enough to be classified as major depression
What is ________________?

Depression is a medical issue that affects a persons mood to be down, blue and/or fed up.

Depression is the most common mood disorder, affecting approximately 20 million people each year.
Signs and ___________ of Depression

- Fatigue or loss of energy
- Thoughts of death or suicide, including suicide attempts
- Feeling guilty, hopeless or worthless
- Difficulty concentrating, remembering or making decisions

• Persistent sad, anxious or empty mood
• Sleeping too much or too little; odd time of waking
• Reduced or increased appetite which results in weight gain or loss.
• Irritability or restlessness
Triggers

Evidence that some people have a genetic predisposition to major depression, but not everyone with a family history develops depression.

Some life event that may trigger episodes of depression:
• Death of a ___________one
• Major loss or change
• Chronic stress
• Alcohol and drug abuse
• Heart disease and cancer
• medications
The Cycle of Depression

- Increased sensitivity to pain
- Reduced serotonin levels
- Fewer pleasant experiences

Overstimulated stress hormone production

Over dreaming (REM) and less deep sleep (recuperation)

Impaired sleep patterns

Tiredness or exhaustion by morning

Impaired motivation

Impaired basic needs (relationships, exercise, goals etc.)

Emotionally arousing rumination

Depressive thinking styles

Feelings of hopelessness and anxiety

Red arrows = key path

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Mood Disorders
Depression: Ages of First __________.

- Depression is seldom identified before adolescence.
- Rates of depression increase through adulthood.
- It is most commonly diagnosed in middle age.
- First onset of depression is rare among the elderly.
Mood Disorders

styles and Depression

- Explanatory styles among first-year college students
- Two years later, those with a negative style (tendency to attribute negative events to factors that are internal, stable, and global) were more likely to experience depression.
Mood Disorders

The Vicious ______________ of Depression

• Depression can lead to behaviors that cause social rejection, which worsens depression.
Mood Disorders & ______________.

- Roughly one million people worldwide commit suicide each year.
- Women are three times more likely to attempt suicide but men are four times more successful.
- About 75% of suicides are committed by people who suffered from depression.
- The single best predictor is a sense of hopelessness.
What is Mania?

Mania is part of a condition called bipolar disorder, also known as ________________________.

Bipolar disorder usually causes a person’s mood to alternate between symptoms of depression and mania, a heightened energetic state.

This mood disorder affects more than two million Americans.
Signs and Symptoms of Mania

- Increased physical and mental activity & energy
- Excessive irritability, aggressive behavior
- Decreased need for sleep; without experiencing fatigue
- Exaggerated optimism and self-confidence

- ____________speech and thoughts; flight of ideas
- Impulsiveness, poor judgment
- Reckless behavior: erratic driving, sexual indiscretions, spending sprees
- Grandiose delusions
Depression: Bipolar Disorder

• Formerly known as _________________ Disorder
• One or more manic episodes followed by depression
• Mania: mood elevated to point of euphoria
  – Not as fun as it sounds
  – Can’t sleep & need to get lots of things done
• Affects 1-2% of population, both genders equally
• Cyclothymic disorder
  – Bipolar disorder with chronic but relatively mild symptoms
What Causes Mania?
The Symptoms of Schizophrenia

• **Incoherent Thinking**
  – word salad
• ____________________________.
  – **False beliefs**
    • influence, e.g. thoughts broadcast in public
    • grandeur, e.g., President, King, etc.
    • persecution
• **Hallucinations**
  – **Sensory experiences that occur in the absence of actual stimulation**
    • auditory - voices
The Symptoms of Schizophrenia

• Disturbance of Affect
  – flattened – blank expression
  – exaggerated – laughing inappropriately, etc.

• ________________ Behavior
  – Withdrawal
  – Parroting
  – Lack self-insight:
    • “Only sane person in a crazy world”
of Schizophrenia

- **Disorganized**: Exhibit signs of illogical thinking and speech, lack personal hygiene
- **Catatonic**: Exhibit extremes in motor behavior
- **Paranoid**: Delusions or hallucinations often include extreme suspiciousness and hostility
- **Undifferentiated**: Do not clearly fit into a type
- **Residual**: Experienced prior episodes of schizophrenia but are not currently exhibiting symptoms
Types of Schizophrenia

• **Symptoms**
  – cognitive, emotional, and behavioral excesses.
  – hallucinations, delusions, thought disorders, and bizarre behaviors.
  – better prognosis

• **Negative symptoms**
  – cognitive, emotional, and behavioral deficits.
  – apathy, flattened affect, social withdrawal, inattention, and slowed speech or no speech.
  – worse prognosis
What Causes _______________?

There is no one cause to this complex and puzzling illness, but it is believed that some combination of genetic, biological (virus, bacteria, or an infection) and environmental factors play a major role.

There is currently no reliable way to predict whether a person will develop the disease.

John Nash, a famous Schizophrenic. His life story made into a film, *A Beautiful Mind*. 
Figure 13.15 The neurodevelopmental hypothesis of schizophrenia
Figure 13.13 The dopamine hypothesis as an explanation for schizophrenia

1. Drugs that increase dopamine release can create or worsen the symptoms of schizophrenia. Hence, scientists originally attributed overactivity at dopamine synapses to excessive synthesis and release of dopamine. However, research eventually undermined this view.

2. Overactivity at dopamine synapses in schizophrenia could be due to an overabundance of dopamine receptor sites. Scientists have discovered five subtypes of dopamine receptor sites, and evidence suggests that one of these subtypes (D2) is present in increased numbers in schizophrenic patients. However, the significance of this finding is debated because the elevation in D2 receptor sites may be attributable to long-term treatment with antipsychotic drugs.

3. Traditional antipsychotic drugs that are effective in the treatment of schizophrenia appear to work by binding to dopamine receptor sites where they block normal dopamine activity. The clinical efficacy of various antipsychotic drugs correlates with their ability to block activity at D2 receptor sites.
From The Looks of It

Schizophrenic brain

Normal brain
Relationships and Schizophrenia

- The risk of developing schizophrenia in one’s lifetime increases as the genetic relatedness to a person with schizophrenia increases.
- Why isn't risk for identical twins = 100? Why is it 2% for a spouse?
With all three of these illnesses, treatment, with the right combination of medications and/or therapy, can help stabilize the moods that interfere with a productive life.
Environmental Fit & Recovery

- We may operate on a continuum of mental health, and adaptive functioning is related to the “fit” between a person's resources and the demands of the environment.
Eating disorders

• Severe disturbances in eating caused by preoccupation with weight and unhealthy cognitions about eating

• \underline{Anorexia nervosa}
  – Fear of gaining weight, Disturbed body image, Refusal to maintain normal weight, Taking dangerous measures to lose weight

• \textbf{Bulimia nervosa}
  – Habitually out-of-control overeating followed by unhealthy compensatory efforts (laxatives, exercise, vomiting)

• \textbf{Binge eating disorder}
  – Out of control over-eating but NO inappropriate compensatory behaviors
• Which image is your ideal for your gender? Which is closest to your body?
• ________% of eating disorders are diagnosed in females, and anorexia accounts for about half of these cases; about 5 million in US have an eating disorder