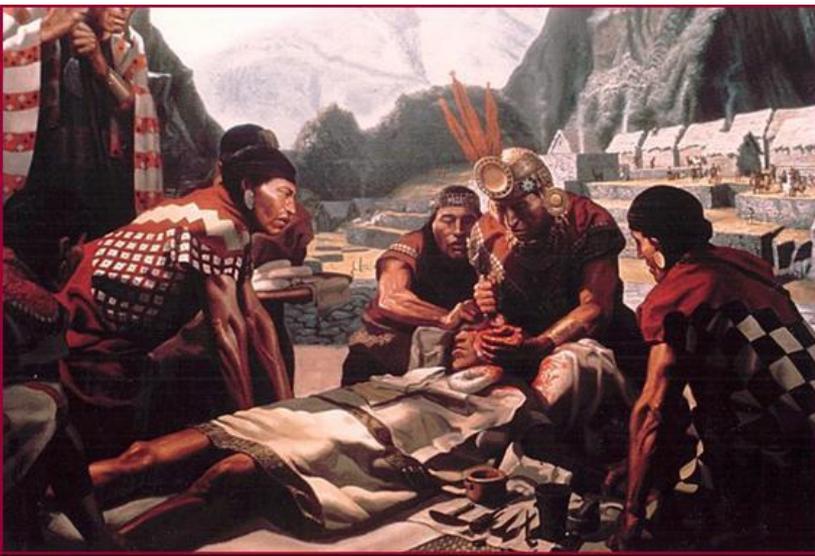




Early Theories



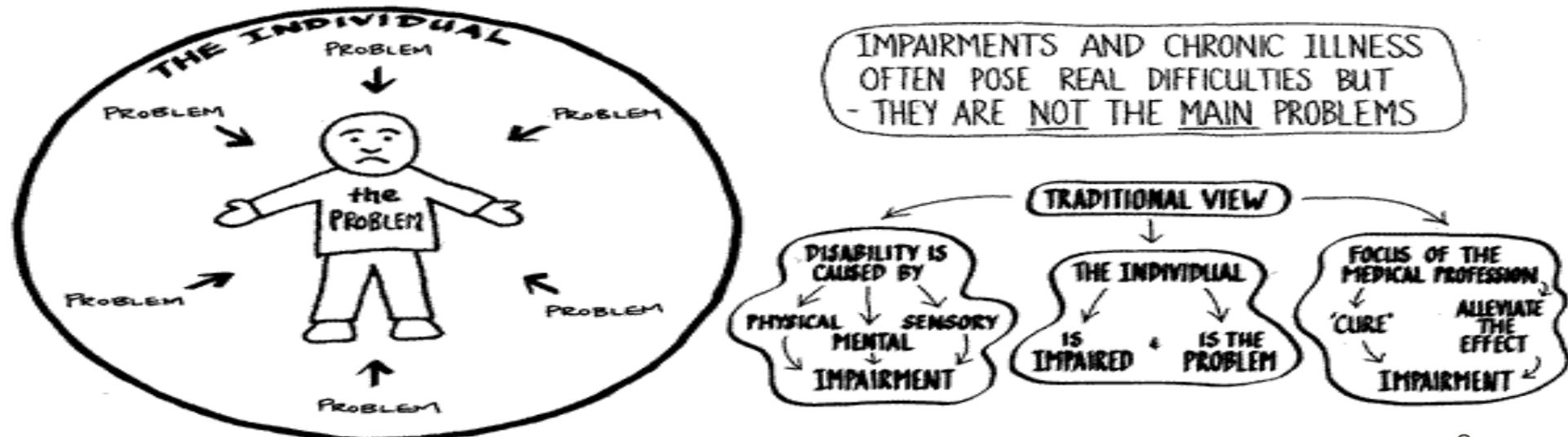
- Abnormal behavior was evil spirits trying to get out, godlike powers, movement of stars
- Treatments: institutionalized, castration, drilling holes in skull, transfusion of animal blood, and more



Medical Model

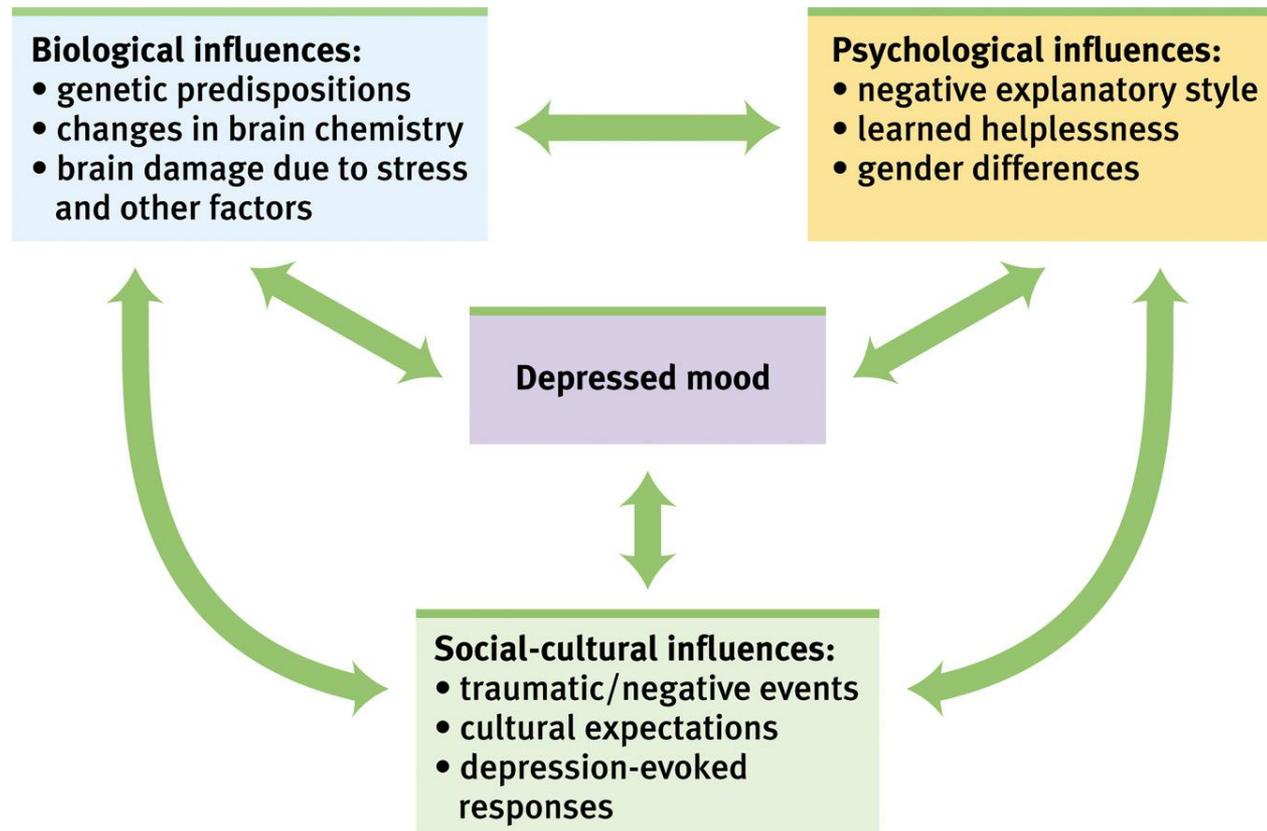
- By the 1800s, we started reforming the way we looked at mental illness and developed the medical model
- Mental illness needs to be diagnosed on basis of symptoms and cured through therapy and treatment

THE MEDICAL MODEL OF DISABILITY

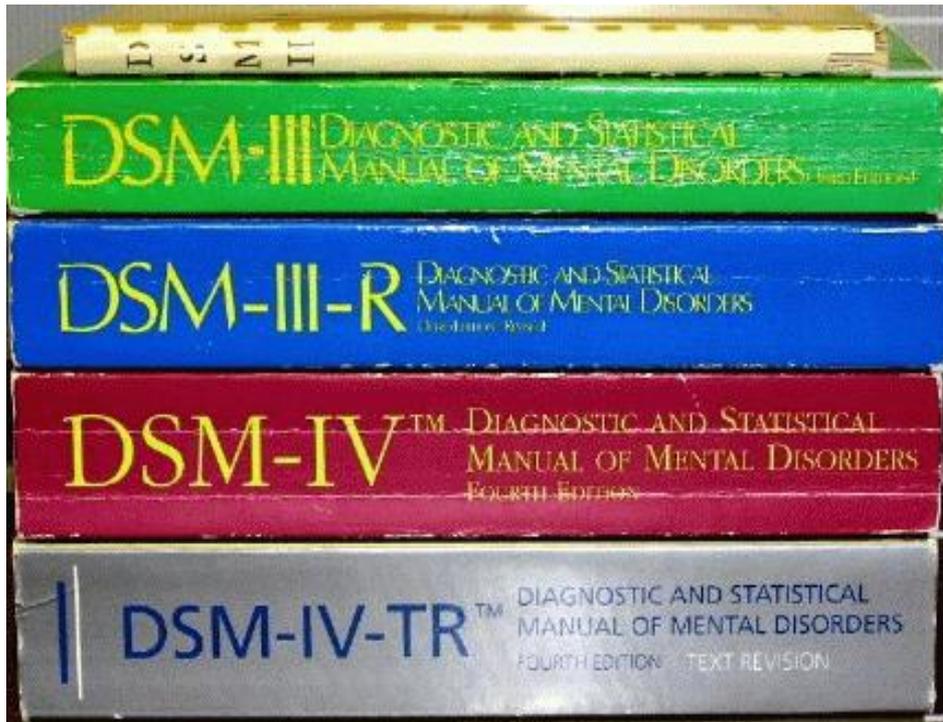


Biopsychosocial Approach

- considers combination of biological, psychological, and social factors as contributing to development of disorders



DSM V



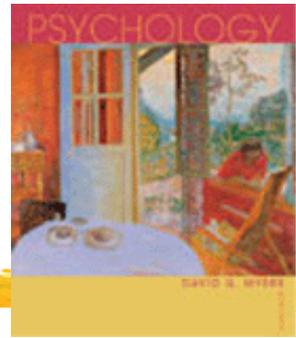
- American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, a widely used system for classifying psychological disorders
- Lists symptoms, examples, etc.
- Helps psychologists diagnose disorders
- Used by insurance companies

Criticisms

- Are people with disorders truly mentally ill or are they just deviating from social norms?
- **Rosenhan Study:** associates were malingering symptoms of hearing voices.
- They were ALL admitted for schizophrenia.
- None were exposed as imposters.
- They all left diagnosed with schizophrenia in remission.
- What are some of the questions raised by this study?



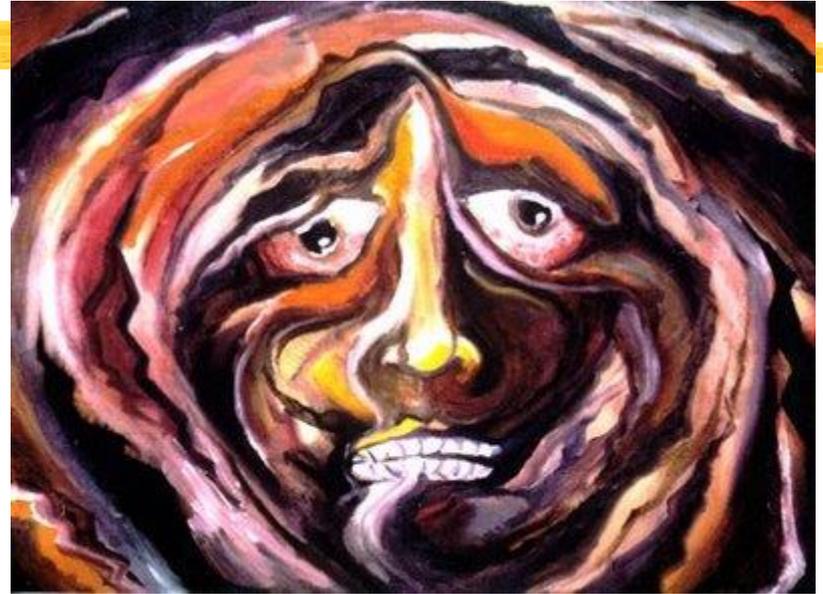
Psychological Disorders- Etiology



- **Neurotic Disorder** (term seldom used now)
 - usually distressing but that allows one to think rationally and function socially
- **Psychotic Disorder**
 - person loses contact with reality
 - experiences irrational ideas and distorted perceptions

Anxiety Disorders

- a group of conditions where the primary symptoms are anxiety or defenses against anxiety.
- the patient fears something awful *will* happen to them.
- Most common group of mental disorders in the U.S.
- They are in a state of intense apprehension, uneasiness, uncertainty, or fear.



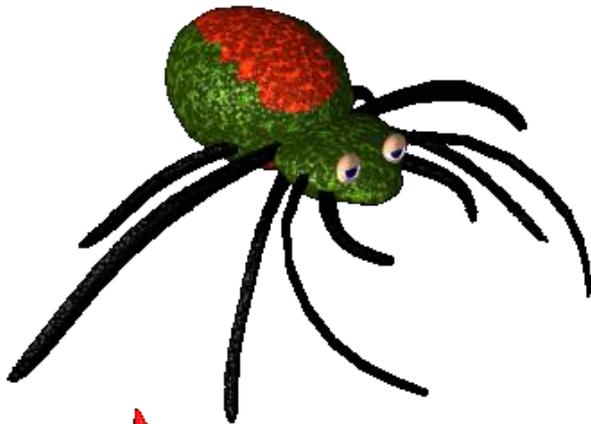
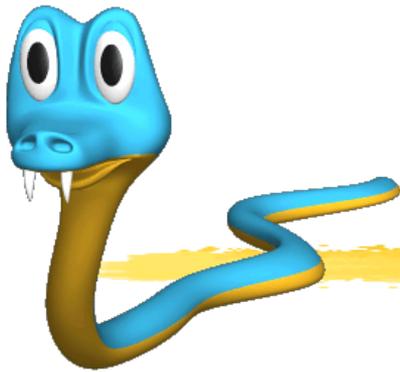
Generalized Anxiety Disorder

GAD



- An anxiety disorder in which a person is continuously tense, apprehensive and in a state of autonomic nervous system arousal.
- Worried, feels inadequate, oversensitive, can't concentrate or sleep
- No obvious cause
- Lasts 6+ months
- 66% of GAD sufferers are female

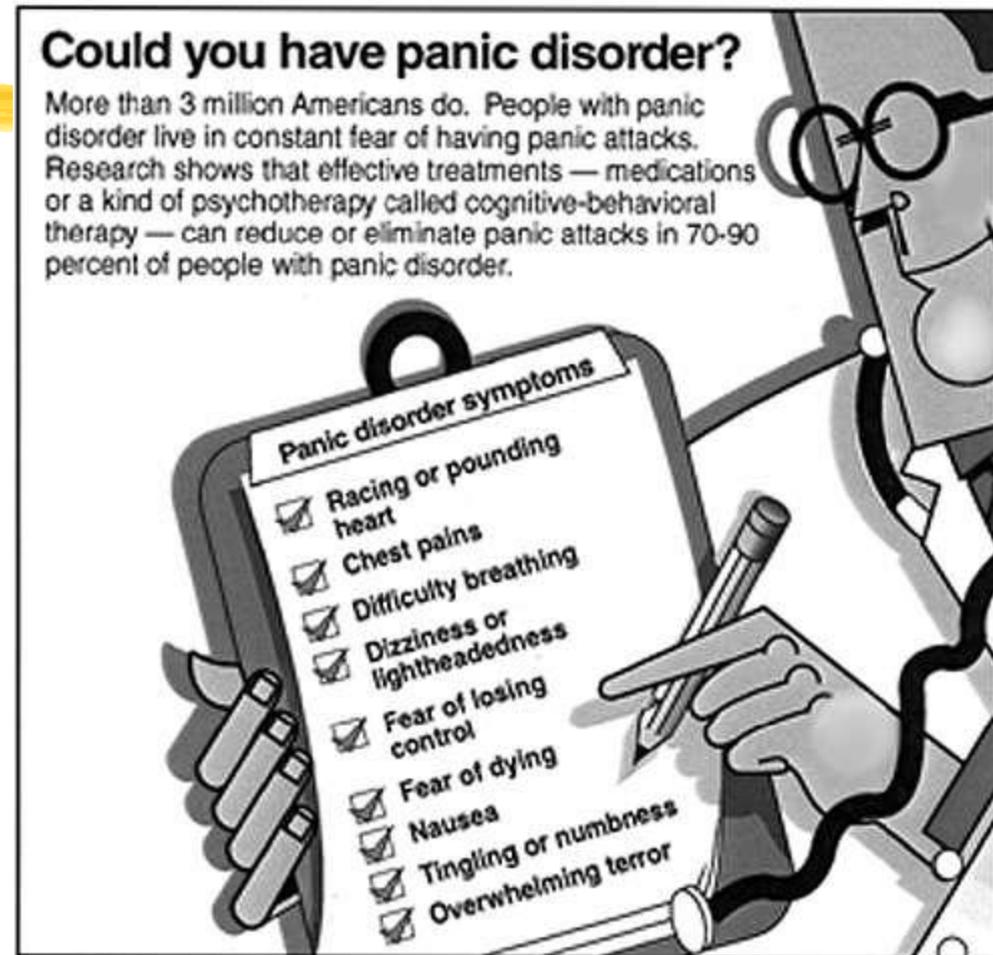
Phobic Disorder



- Persistent, irrational fear of a specific object, event, or person
- A person experiences sudden episodes of intense dread.
- Must be an irrational fear.
- Phobia List

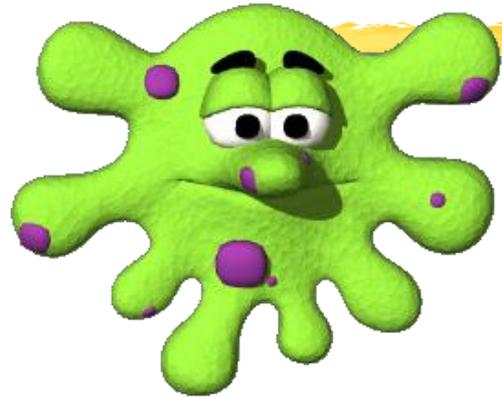
Panic Disorder

- Characterized by repeated panic attacks
- An anxiety disorder marked by a minutes-long episode of intense dread (panic attacks) in which a person experiences terror and accompanying chest pain, choking and other frightening sensations.



- Last a few minutes (common) to an hour (rare)
- Affects 1 in 75 people

Obsessive-Compulsive Disorder (OCD)



- Persistent unwanted thoughts (obsessions) cause someone to feel the need (compulsion) to engage in a particular action.
- Obsession about dirt and germs may lead to compulsive hand washing.
- 2% of population



Post-traumatic Stress Disorder a.k.a. PTSD

- Flashbacks or nightmares following a person's involvement in or observation of an extremely stressful event.
- Memories of the event cause anxiety.



Anxiety Disorders: Explanation

Behavioral Perspective

1. Fear is conditioned. We learn to associate certain things with anxiety-causing events from our past.
2. Generalization – we may generalize. (bit by dog so you fear dogs; over time, you generalize and begin to fear cats too)
3. Reinforcement – escaping feared situation makes you feel better; this is reinforcing the fear behavior
4. Observational – we can learn fears from our parents and friends
 - Are you afraid of sharks from watching jaws?



Anxiety Disorders: Explanation

Biological Perspective

1. People quickly acquire fears of some things (spiders, snakes, heights) and rarely acquire fears of other things (guns, electricity)
2. Compulsions are usually survival skills (grooming, checking locks, etc)
3. Twin studies support biological perspective
4. PET scans support biological perspective (higher activity in frontal lobe in OCD patients)

