Unit 10: Psychological Disorders

What is a psychological Disorder?

It is defined as: Deviant, distressful and dysfunctional patterns of thoughts, feelings and behaviors. (Remember the 3 D's and remember they **ALL** must be present for it to be considered a psychological disorder)

Deviant- Does the behavior violate group **norms**?

Norms- The rules in society that define "right" and "wrong".

One example of deviance is **statistical rarity**. (i.e. Gifted/mentally retarded people)

Distressful- Is the person content with their life.

Common rule of thumb: No distress: No disorder.

Do the **behaviors** in question disrupt everyday functioning?

Explaining Psychological Disorders

Ancients Societies -Supernatural vs. Natural

Remember **Hippocrates**? –Mental illness due to natural causes.

Ancient Egypt - First society to take care of mentally I'll and first known psychiatric text.

Medieval Europe – Witchcraft? Malleus Maleficarum and the genocide of many women.

Evil Spirits – Demonic possession

Led to drilling holes in skulls and performing **Exorcisms**

Asylums – Institutions offering shelter and support for mentally ill.

1800's – we have a **Medical Model** for explaining mental disorders.

The Biopsychosocial Approach

Using "Bio" "Psyche" and "Social" characteristics to explain mental disease.

DSM (IV) –Diagnostic and Statistical Manual for Mental Disorders

Axis 1 –Clinical symptom

Axis 2 –Personality disorders/Mental retardation

Axis 3 – Generic medical disorders.

Axis 4- Psychological/environmental problems.

Axis 5 – Global assessment of well doing (1-100 rated scale)

Pros: Paints a portrait of a patient, Standardized diagnosis and treatment, Reliable

Cons: Where is the line for diagnosis, continually more disorders, promotes labeling.

Labeling Psychological Disorders

Labels = Top down processing, and create expectations.

Remember **Rosenhan** – tricked 7 hospitals into admitting and treating 7 psychologically stable people, large eye opener. How well does the system work?

Anxiety

State of fear, with tension dread, apprehension usually of something in the future.

Physiological – (muscle tension, increased heart rate, breathing, dizziness)

Behavioral – (feared situations, impaired speech)

Anxiety Disorders

-Psychological disorder characterized by distressing persistent anxiety or maladaptive behaviors that reduce anxiety.

-Most common class of disorder – 18% of Americans- 42 billion dollars into treating each year.

Generalized Anxiety Disorder

-Persistent state of tension, anxiety, apprehension

Symptoms: jittering, restlessness, insomnia, difficulty concentrating, irritability, along with constant increased heart rate, muscle tension, listlessness due to insomnia.

-Often people experience **secondary anxiety** – anxieties about anxieties.

- Present in all ages, developed early childhood, 2/3 of GAD are female.

Panic Disorder

-the state of recurring **Panic Attacks** in which sudden unpredictable periods of intense fear take over causing extreme physiological responses (5-10 min).

- feel disconnected from reality

-Attacks can be either **cued** by some stimulus or **uncued.**

Agoraphobia

-Fear of the "marketplace", but essentially fear of public situations where help may not be available.

-often people become reclusive

-**DSM-IV –** relates **Agoraphobia** as a complication of **PD.**

-More common in women, and it is often seen cross culture, however different panic fears or elements are present in different cultures.

Phobias

-Intense persistent fear of an object, situation and avoidance of that stimulus.

-Symptoms similar to any anxiety disorder.

Social Phobia (Social Anxiety Disorder)

-avoid embarrassment or humiliation from social situations

-similar means of dealing as **Agoraphobia,** however different causes

Obsessive Compulsive Disorder (OCD)

-Anxiety disorder characterized by unwanted repetitive thoughts and behaviors.

-No conscious desire, yet uncontrollable

-Most commonly obsessed with: Germs/dirt, something terrible happening, order/symmetry

-Common compulsions: hand washing, checking rituals

Post Traumatic Stress Disorder (PTSD)

-Constant stress following a seriously traumatic event.

-Most environmental of disorders

-Often a traumatic or near death event will be the catalyst.

Explaining Anxiety Disorders

Learning Perspective- fear conditioning. (little Albert)

Biological Perspective – Naturally fear is a useful thing. (heights, dark)

Genetics –predispositions for anxious reactions, same in monkeys.

What's going on in the Brain when we are anxious?

PD, GAD, and Agoraphobia – Biologically can be explained due to an excess of the neurotransmitter **Norepinephrine.**

OCD – Often excessive activity in the **Anterior Cingulate Cortex,** the part of the brain that monitors our actions, checks for instances, etc. **SSRI's** inhibit **OCD** symptoms.

PTSD- mostly environmental however, during anxious spurts **Norepinephrine** tend to rise.

Mood Disorders

Mood: relatively lasting affective state- like an emotion, but less specific, less intense, and more long lasting

Mood Disorders: Psychological Disorder marked by emotional extremes

Major Depressive Disorder

Depressive episode: characterized by at least 2 weeks of low mood, feelings of worthlessness, and diminished in most activities

Dysthymia: depressed mood and two other symptoms for 2 years

Risk Factors for recurrence of MDD: greater number of previous episodes, younger age at first episode, more painful recent events, less family support, more negative cognitions

Median # of episodes: 4 **Median length of episode:** 4.5 months

Rumination prolongs depression. Distraction relieves depression.

Seasonal Affective Disorder (SAD): mood disorder marked by depressive symptoms that arise only in the winter; believed to be due to less light exposure

-lag in circadian rhythm causes experience of typical nighttime slow down during the day

Can be cured by **Light Therapy:** exposure to bright artificial light for several hours a day

Suicide: three times more female suicide attempts, three times more male successes

-lifetime risk of suicide attempts rise among mood disorder patients

Bipolar Disorder

Mania: medical condition characterized by extremely euphoric mood, hyperactivity, high energy levels

-racing thoughts, short attention span, irritability, etc.

Manic Episode: most of the day, nearly every day, for one week or longer

4 Types of Bipolar Disorder

1. Bipolar 1: one or more manic episodes
2. Bipolar 2:cycling between mania and major depressive disorder
3. Cyclothymia: manic and depressive episodes that do not meet DSM criteria, more subtle cycling mood that still disrupts functioning
4. Bipolar NOS- Not Otherwise Specifies (catch all diagnosis)

Why do mood disorders happen?

Biological Influences:

Genes- mood disorders run in families, relations in mood disorders between identical twins

The brain:

2 main neurotransmitter imbalances

1. Depression: too little <u>serotonin</u>
2. <u>Norepinephrine</u>: flight or flight response; boosts arousal mood
   -depression: too low
   -mania: too high

Low levels of brain activity in depression; hyperactivity in mania

Omega- 3 fatty acid: enhances brain functioning, low levels of omega-3 in depression

Psychological Influences:

Self defeating beliefs: negative assumptions about self present, future

Explanatory Style: Whom or what do we blame when things don't go well?

Social- Cultural Influences:

Cultural expectations, traumatic or negative events

<u>Psychoses</u>: -class of psychological disorders in which contact with reality is impaired, disrupting everyday life

<u>Schizophrenia</u>: a group of psychotic disorders marked by severe distortion of thoughts, perceptions, mood, and bizarre behavior

Symptoms of Schizophrenia

1. **<u>Disorganized/distorted thought and language</u>**
   -Delusions: firmly held beliefs with no basis in reality
   Common delusion: though tampering
   -Word Salad: jumping from one idea to the next, sometimes within sentences
   -Clanging: pairing of words that have no relation of one another beyond the fact that they rhyme or sound alike
   -Poverty of content: using many words, all grammatically correct, but conveying very little
   -Neologisms: creating new words by combing two or more regular words in new ways

2. **<u>Disturbed Perceptions</u>**
   Breakdown of selective attention causes odd associations, bizarre speech, etc.
   Hallucinations: sensory experiences without sensory stimulation

3. **<u>Inappropriate emotions and behaviors</u>**
   -Emotional reactions inappropriate to situation
   -reduced emotional responsiveness
   Flat Affect: showing no emotion at all
   Blunted Affect: showing little emotion
   -disordered motor behavior

Acute vs. Chronic schizophrenia

Acute: rapid development, often in response to stress; recovery fairly likely

Chronic: more gradual onset, slow development; recovery doubtful

Positive vs. Negative symptoms

Positive: presence of inappropriate behaviors

Negative: absence of appropriate behaviors

Where does Schizophrenia come from?

Genetic: evidence for genetic contribution across cultures

Genetic predisposition exists, but is not sufficient to develop schizophrenia.

Brain abnormalities:

-Dopamine hypothesis: six times as many dopamine receptors as necessary in schizophrenic, intensified brain signals cause positive symptoms (see above).

-a shrinking brain: tissue loss in cortex and thalamus

Psychosocial Factors:

-low birth weight, oxygen deprivation at birth, viral infection during pregnancy

Personality Disorder

-marked by inflexible, long-lasting behaviors that impair social functioning

Dissociative Identity Disorder (DID): disorder in which person exhibits two or more distinct and alternating personalities

Alters: histories, names, self-images, mannerisms, ways of speaking

Dissociation: splitting of the self

Antisocial Personality Disorder (APD): personality disorder marked by lack of conscience for wrongdoing, even toward close others

Potential Causes:

Biology: fearless approach to life- diminished autonomic nervous system activity

Biopsychosocial approach: people exposed to biological and social risk factors were more likely to have APD

Borderline Personality Disorder (BPD): marked by emotional instability

Symptoms of BPD:

-Efforts to avoid real or imagined abandonment

-unstable, intense relationships (idealization vs. devaluation)

-unstoppable identity, sense of self

-self damaging impulsivity

-suicidal, self-destructive behaviors

-instability of mood

-feelings of worthlessness, emptiness

-difficulty controlling anger

-paranoia, delusions, dissociation

Unit 10 - Treating Psychological Disabilities/Therapy

Biomedical therapy: prescribing medications, medical procedures that directly affect the nervous

Psychotherapy: an emotionally charged, confiding interaction between a trained therapist and someone experiencing psychological difficulties

-psychoanalysis: mental illness = result of unconscious impulses, conflicts

- based on Freudian theory

- resistance: blocking anxieties from conscious

- transference: re-focusing strong feelings toward others from early in life to the psychologist

Humanistic Therapy: emphasis on positive growth, reaching potential; "clients" not "patients"; Carl Rogers

- client-centered therapy: creating an accepting, open environment to promote client's health; emphasis on genuineness, accepting, and empathy

- active listening: empathetic listening technique used in client-centered therapy; psychologist as a psychological mirror

Behavioral Therapy: therapy techniques that use learning principles to eliminate unwanted behaviors

- classical conditioning techniques

- counterconditioning: behavior therapy that conditions new behaviors to stimuli that trigger disordered behavior;

- e.g. exposure therapy)show someone a snake)

-operant conditioning techniques

- behavior can be shaped by introducing rewards and/or punishments

- e.g. token economies in mental hospitals, prisons

Cognitive Therapy: technique that teaches new, adaptive ways of thinking;

- e.g. depressed people do not show the self serving basis

- assumptions**:** thoughts, explanatory style critical to maintaining the cycle of depression

- cognitive- behavioral therapy: combines both techniques to eliminate problematic thoughts and behavioral actions

4 types of Psychological Medications

1) Antipsychotic meds

- e.g. Thorazine, Clozapine
- reduce responsiveness to irrelevant info
- best for schizophrenia
- block dopamine receptor sites

2) Antianxiety meds

- e.g. Xanax, Valium
- depress CNS activity (GABA: inhibitory neurotransmitter)
- antidepressants also often used to treat anxiety disorders

3) Antidepressants

- e.g. Prozac, Zoloft
- increase amount of serotonin, norepinephrine (e.g. SSRIs)
- often used in conjunction with psychotherapy

4) Mood-stabilizers

- e.g. Lithium (simple salt)
- evens out mood swings associated with bipolar disorder
- 7/10 bipolar patients experience benefits from Lithium

Electroshock Therapy (Electroconvulsive Therapy—ECT)

- Electrically induced seizures in anesthetized patients to alleviate psychological disorder symptoms, primarily for depression.
- After medication and psychotherapy
- Typically 6-12 sessions, 2-3 times a week
- It Works! But who knows why…

Effects on the Brain

- Some evidence of effects on memory
    - Some events close to treatment potentially lost (Retrograde Amnesia)
    - Some inability to form new memories shortly after treatment (Anterograde Amnesia)
    - But! These effects are not much different than those side effects of using anesthesia…which could be the cause of the amnesia.

Other Therapies

1. Implanted electrodes
    - Can relieve depression, even when ECT fails. However, this is a surgical step, and therefore a last resort.
    - Electrodes connected to limbic system (Vagus Nerve in chest)
2. Magnetic Fields
    - rTMS—Repeated pulses of magneticenergy to stimulate/dampen activity in specific areas of brain (e.g. the limbic system)
    - Painless, no side effects, definite improvement
3. Light Therapy
    - Seasonal affective disorder
4. Eye Movement Desensitization and Reprocessing (EMDR)
    - Imagine traumatic event while following finger moving in front of eyes.
    - Release of traumatic events? Or is this just exposure therapy or a placebo effect?

Psychosurgery

- Surgery that removes/destroys brain tissue. Last resort!
- Frontal lobotomy
    - Surgical procedure used to cut nerves connecting frontal lobe and emotional centers of the brain
    - Developed in 1930's by Egas Moniz; received a Nobel prize
    - Intended to control overly emotional and violent patients
    - A quick and easy procedure to be performed at mental hospitals. 3 easy steps!

1. put patient in coma via shock
2. insert ice pick instrument through each eye socket, along the nose line, and into the brain
3. Wiggle…

- Often left patients unresponsive, and lethargic. Also became immature and impulsive, much like Phineas Gage
    - Ethical objections to brain damage and side effects. And only 1/3 of patients got better…

Does Psychotherapy Work?

1. Client's self report
    - Survey of Consumer Reports Reader (1995): 89% are "fairly well satisfied" with therapy
    - But should we believe patients?
        - Therapy often starts during a person's low point
        - Need to justify effort/cost of therapy
        - Clients tend to like their psychologists
2. Clinician's Report
    - But…therapists are humans too and are subject to same biases (e.g. wanting to believe in effectiveness of therapy in order to justify career)
3. Outcome Research
    - Monitor employment status, salary, relationships, etc: How is this person faring in the world?
    - Therapy speeds up recovery!!!

Specific Treatment for Specific Disorders

- Depression: cognitive, behavioral, psychoanalysis
- Anxiety: cognitive, exposure therapy, stress inoculation (Vaccine of stress)
- Phobias/OCD: Behavioral conditioning
- Anorexia/Bulimia: CBT (Cognitive-behavioral therapy) more effective than medication
- Bipolar/Schizophrenia: Largely biomedical therapy