Intern’s Syndrome

- Many symptoms resemble life's normal little problems
- People studying illnesses often start thinking they have those illnesses
Abnormal Behavior

- Dangerousness
- Amt. of distress it causes others
- Suffering it causes the person
- Strangeness

Greater Odds of Being Abnormal
DSM-IV

- DSM-IV (4th edition) was published by American Psychiatric Association.
- Is the most widely used manual by mental health professionals in classifying and diagnosing psychological disorders.
Schizophrenia

- Positive Symptoms:
  Symptoms found in schizophrenics

- Negative Symptoms:
  Normal behaviors that are absent in schizophrenics
Positive Symptoms

- **Hallucinations** (mostly auditory)
- **Delusions** (delusions of grandeur and persecution are most common)
- **Speech disturbances** (including word salad)
- **Disorganized behavior** (including silliness, weird motor behaviors)
- **Inappropriate affect** (emotional responses that are inappropriate for the circumstances, such as crying at comedy shows)
Negative Symptoms

- Social withdrawal, limited speech and action, poor hygiene, apathy
- Flat affect (no emotional response at all)
Onset Timing

Period of greatest susceptibility
Incidence

Schizophrenic (1%)

Normal (99%)

Strikes 1/100
Schizophrenia Types

Disorganized:

- Inappropriate affect & actions
- Incoherent verbal behavior & silliness
- Delusions & hallucinations
Schizophrenia Types

Catatonic:
- Periods of frenzied activity alternating with periods of immobility
- May stay in odd positions for hours
Schizophrenia Types

Paranoid:

- Delusions of grandeur
- Delusions of persecution
- Usually harmless, but may become violent if threatened
Schizophrenia Types

Undifferentiated:

- Used to describe schizophrenics with mixed or unusual symptoms
Causes

- Brain Abnormalities
- Excessive Dopamine Activity
- Stress
Brain Abnormalities

Some schizophrenics have:

- Low frontal lobe activity
- Undersize hippocampus, amygdala, or thalamus
- Larger than normal ventricles
Ventricle Example

Cortex Cross-Sections

Normal

Schizophrenic
Excess Dopamine

- 2/3 of schizophrenics improve when given dopamine reducers
- PET scans show excess dopamine activity in sufferers
- Drugs that increase dopamine cause schizophrenic symptoms
- People taking excessive L-dopa have schizophrenic symptoms
Diathesis-Stress Model

People with a constitutional vulnerability to schizophrenia develop symptoms when placed under stress
Genetic Aspects

- Schizophrenia runs in families
- Concordance is higher among closer relatives
Odds of being schizophrenic if certain relatives are:

- MZ Twins: 51
- Both Parents: 34
- DZ Twins: 17
- One Parent: 0
- Sibling: 0
- Spouse: 0

(Data from Nicole and Gottesman, 1983)
Treatments

- Anti-psychotic drugs such as Phenothiazines, Butyrophenones used to reduce dopamine levels
- Stress reduction also appears helpful
Rule of Thirds

- 1/3 completely recover
- 1/3 recover if drugs continued
- 1/3 never recover
Mood Disorders

- Major Depressive Disorder
- Seasonal Affective Disorder
- Bipolar Disorder
Major Depressive Disorder

- Overwhelming feelings of sadness, despair, hopelessness
- Loss of interest in pleasurable activities
Gender & Depression

(Data from Kessler, et al., 1994)
Prognosis (1 year)

- Stay Depressed (40%)
- Fully Recover (40%)
- Partially Recover (20%)

(APA Data, 1994)
Seasonal Affective Disorder

- A greater than normal mood fluctuation with the seasons
- Related to amount & intensity of light
Seasonal Affective Disorder

*SAD*  Normal

(After Wurtman & Wurtman, 1989)
Bipolar Disorder

- Manic episodes & extreme depression mixed with normal affect
- Mania involves delusional levels of optimism, euphoria, & energy
- Equally common in both sexes
- Sufferers make poor decisions while manic, withdraw when depressed
Bipolar Disorder

(Data from Kessler, et al., 1994)
Genetic Connection

- Moderate in major depressive disorder
- Strong in bipolar depression
Causes & Treatments

- **Depression:**
  low norepinephrine & serotonin levels

- **Mania:**
  high norepinephrine levels

- **Major Depressive Disorder:**
  Antidepressants (serotonin selective reuptake inhibitors, e.g. Prozac)
Causes & Treatments

- Bipolar Depression:
  - lithium carbonate

- Neurotransmitter levels may be symptomatic of depression, not causal
Cognitive Theory

- Cognitive theory attributes depression to distorted thinking

  Distorted thinking includes negative views of the world, the future, and the self

- Tied to poor reality testing, learned helplessness
Suicide Attempts

- Females: 75%
- Males: 25%
Suicide Deaths

- Males (80%)
- Females (20%)
Suicide Methods

Males:
- Hanging (15%)
- Poison (13%)
- Other (6%)

Firearms (65%)
Suicide Methods

Females:

- Poison (37%)
- Hanging (13%)
- Firearms (40%)
- Other (10%)
Suicide Facts

- 10-14% of those who attempt suicide will eventually succeed in a later attempt
- Suicide rates are highest among the elderly
- Most suicidal people leave clues of their intentions
Suicide Facts

- Most suicidal people have not made a definite decision to die
- Suicide is less frequent for married people and women with children
- The majority of suicide victims are suffering from depression
Anxiety Disorders

Fears & Phobias

Panic Disorder

Generalized Anxiety Disorder

Obsessive Compulsive Disorder
Generalized Anxiety Disorder

- Persistent feelings of worrying in facing everyday problems of living (finances, health, performance at work, social functioning)

- *Physical symptoms: feeling tense, tired, irritable, having difficulty concentrating and sleeping, trembling, palpitations, sweating, dizziness, nausea, diarrhea, etc.*
Panic Disorder

- Intense, short-lived, recurring attacks of overwhelming anxiety or terror
- May involve the limbic system
Lifetime Prevalence

- **Panic Disorder**
  - Males: 3%
  - Females: 7%

- **Generalized Anxiety Disorder**
  - Males: 10%
  - Females: 10%
Phobias

- Phobia: an unreasonable, excessive, or irrational fear
- To be a phobia, there must be great distress or major interference with life
Phobias - Specific

Specific: fear of a specific object, place, or event

1. situational phobias (elevator, airplane)
2. natural environment (water, height)
3. blood-injection-injury
4. animal phobias (dogs, snakes)
Social Phobias:

- fear of embarrassing or humiliating oneself in front of others (public speaking, eating in public places, writing in front of others)
- Lead to avoidance of social situations
Phobias - Agoraphobia

"Fear of the marketplace"

Marked by intense fear when isolated in open spaces or in crowds

May develop after panic attacks.

The person may become “Housebound”.
Phobias: Lifetime Prevalence

- Males
- Females

Prevalence (%)

- Agora-Phobia
- Social Phobia
- Specific Phobia

Prevalence (%)
Systematic Desensitization

- Teach subject to relax
- Create a hierarchy of feared situations, from least to most
- Work through situations, while maintaining relaxation
Systematic Desensitization

Fear of Rats:

- Holding a real rat
- Holding a realistic rubber rat
- Seeing a rat in a cage
- Seeing a picture of a rat
Flooding

- Immerse informed subject in the feared stimulus
- After subject's initial terror wears off and calmness sets in, he/she associates calm with the stimulus
Modeling

- Provide a role model who does not show the fear
- To be effective, the role model must be seen as like the person with the fear
Phobias: Group Therapy

- People with the same phobia often treated together
- Thus, patients with milder fears serve as role models for those with more severe fears
Obsessive Compulsive Disorder

Obsessions: persistent, uncontrollable thoughts
Obsessive Compulsive disorder

Compulsions: ritualistic acts one feels compelled to perform

My 20th Bath Today!
Obsessive Compulsive

Obsessions ——> Reduce ——> Compulsions ——> Anxiety
OCD patients show excessive functioning in the frontal lobes & the limbic system.

OCD patients show serotonin imbalances that respond to depression medications.
Somatoform Disorders

Real physical symptoms with no biological cause:

- **Hypochondriasis**: Excessive attention to state of health, along with preoccupation with the minor aches and pains of living. may "doctor shop".

- **Conversion**: Physical symptoms, such as paralyses and blindness, with no physical explanation.
Dissociative Disorders

- **Dissociative Amnesia**: Total or partial loss of information about the self; usually triggered by a traumatic experience.

- **Dissociative Fugue**: Dissociative amnesia accompanied by fleeing the area; more common in war zones, natural disasters.

- **Dissociative Identity Disorder**: Multiple personalities; usually many rather than 2 or 3; extremely rare.
Personality Disorders

A long-standing, inflexible, maladaptive pattern of behaving and relating to others.

"Problematic Personality"
Antisocial Personality Disorder

Marked by a lack of empathy, chronic underarousal, willingness to lie, cheat, steal, and break the law
Antisocial Personality Disorder

Pattern begins in childhood or early adolescence.

*Possible Causes:

(a) emotional deprivation in childhood,
(b) Observational learning,
(c) problem in moral development,
(d) genetic and biological factors
Sexual Disorders

- Includes sexual dysfunctions and paraphilias
- Only dysfunctions & paraphilias causing distress to self or others are disorders
Paraphilias

- **Voyeurism**: Sexual attraction to watching unconsenting people nude or engaged in sexual activity
- **Fetishism**: Sexual attraction to inanimate objects
- **Pedophilia**: Sexual attraction to prepubescent children
Paraphilias

- **Exhibitionism**: Sexual attraction to exposing one's genitals to unsuspecting strangers
- **Masochism**: Sexual attraction to being bound, beaten, or made to suffer
- **Sadism**: Sexual attraction to hurting others
Paraphilias

- Many arise through classical conditioning
- Most are strengthened when the person fantasizes the attraction while masturbating
Gender Identity Disorders

- Problems accepting one's identity as male or female
- Person may seek gender reassignment surgery