Module 9 Notes

**9.01-**

* **Hippocrates-** ancient Greek physician
* **Four humors-** (phlegm, black bile, yellow bile, and blood
* **Abnormality-** any pattern of behavior that causes people significant distress, causes them to harm themselves or others, or affects their ability to function in every day events 
* **DSM IV-TR-** the manual psychologists and psychiatrists use to clinically assess individuals for psychological disorders. There are five axes.
* **Axis I-** clinical disorders: symptoms that cause distress or significantly impair social or occupational functioning
* **Axis II-** personality disorders: personality patterns that are so pervasive, inflexible, and maladaptive that they impair interpersonal or occupational functioning
* **Axis III-** medical conditions that may be relevant to the understanding or treatment of a psychological disorder
* **Axis IV-** psychosocial and environmental problems (such as negative life events and interpersonal stressors) that may affect the diagnosis, treatment, and prognosis of psychological disorders
* **Axis V-** global assessment of functioning-the individual’s overall level of functioning in social, occupational, and leisure activities

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| **Approach** | **Explanation** |
| **Biological Approach** | Explains behavior as caused by changes in the chemical, structural, or genetic systems of the body. |
| **Sociocultural Approach** | Explains abnormal behavior as the product of learning behavior within the context of family and culture. |
| **Psychodynamic Approach** | Explains abnormal behavior as the result of repressing one’s threatening thoughts and memories into the unconscious mind. Abnormal behavior surfaces as a means of keeping the unwanted thoughts and memories repressed. |
| **Behavioral Approach** | Explains abnormal behavior as a learned process just like normal behavior is learned. The abnormal behavior is learned, reinforced, and repeated. |
| **Cognitive Approach** | Explains abnormality as the result of illogical thinking patterns and processes. |
| **Biopsychosocial Approach** | Explains abnormal behavior as the result of the combined forces of biological, psychological, social, and cultural influences. |

**9.02-**

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| **Approach** | **Explanation** |
| **Psychodynamic** | Explains anxiety as repressed conflicts in the unconscious that are trying to surface. |
| **Behavioral** | Believes anxiety is learned from the environment and role models. |
| **Cognitive** | Anxiety is a result of unrealistic thinking patterns. |

**9.03-**

* **Symptoms of Depression-**
	+ **Anhedonia-** loss of pleasure; the individual finds no joy in activities previously enjoyed
	+ Changes in eating and sleeping habits
	+ Social withdraw or isolation
	+ Feelings of helplessness, hopelessness, and guilt
	+ Difficulty concentrating
	+ Possible thoughts or attempts of suicide

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| **Approach** | **Explanation** |
| **Psychodynamic** | Believes depression is anger that was originally directed toward parental figures who were too threatening to directly express that anger. |
| **Behavioral/Social-Cognitive** | Believes depression is learned from the environment. The individual learns to become helpless. The “learned helplessness” phenomenon is discussed in greater detail in module ten. |
| **Biological** | Low levels of serotonin are associated with depression. Other mood disorders are linked with the neurotransmitter levels of norepinephrine and dopamine. Genetics also play a large part in mood disorders. Many individuals with a mood disorder typically have a family member with a mood disorder as well. Page 500 of the e-text discusses the percentages of people with a family history of mood disorders and also describes how chromosomes are linked with depression and bipolar disorder. |

**9.04-**

* **Positive Symptoms of Schizophrenia-**
	+ Delusions
	+ Hallucinations
	+ Disordered behavior
	+ Disorganized speech
* **Negative Symptoms**
	+ Flat affect (appears to be without emotion)
	+ Alogia (brief, slow, empty replies to questions)
	+ Avolition (inability to initiate goal-directed behavior)
* **Subtypes of Schizophrenia**
	+ Paranoid
		- Feelings of persecution, jealousy, and a negative attitude
	+ Disorganized
		- Behavior is bizarre and childish and thinking, speech, and motor actions are very disordered
	+ Catatonic
		- Immobility (or excessive movement on purpose), extreme negativism, and/or parrot like repeating of another’s words or actions
	+ Undifferentiated
		- Do not “fit” into a category based upon their behaviors or though process
	+ Residual
		- Withdrawal after hallucinations or delusions have disappeared; person was once categorized in one of the four previous categories, but the symptoms have lessened in their severity

**9.05-**

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| **Cluster** | **Personality Disorder** |
| **Dramatic or Erratic** | Antisocial, Borderline, Histrionic, Narcissistic |
| **Odd or Eccentric** | Paranoid, Schizoid, Schizotypal |
| **Anxious or Fearful** | Avoidant, Dependent, Obsessive-Compulsive |

* **Histrionic Personality Disorder-** displays shallow, attention seeking behavior
* **Paranoid Personality Disorder-** marked by a pattern of distrust and suspiciousness; has hard time trusting others
* **Schizoid Personality Disorder-** pattern of detachment from social relationships; does not make meaningful relationships as they do not have a desire for intimacy
* **Schizoptypal Personality Disorder-** need for social seclusion and isolation; sensitive to criticism
* **Avoidant Personality Disorder-** avoidance of social interaction for fear of being ridiculed, humiliated, rejected, or disliked; fears criticism and rejection
* **Dependent Personality Disorder-** excessive need to be taken care of; has difficulty making everyday decisions

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| **Approach** | **Explanation** |
| **Psychodynamic** | Personality disorders are a result of the inadequate resolution of the Oedipus complex or failure to move from the anal stage of development. |
| **Behavioral** | Personality disorders are learned traits reinforced through the environment. |
| **Biological** | Longitudinal, twin, and adoption studies have shown evidence that disorders such as antisocial personality disorder and schizotypal personality disorder have a genetic component. |
| **Socio-cultural** | Disturbances in family relationship and communication along with parenting styles have shown a correlation with personality disorders. |

**9.06-**

* **Philippe Pinel-** French physician who promoted the humane treatment of the mentally ill

**9.07-**

* **Dream interpretation-** the analysis of the elements within a person’s reported dream. Freud believed dreams were a glimpse into a person’s unconscious