Three Minute Review

PERSONALITY
• self-actualization
• peak experiences
• Carl Rogers
  – humanistic psychology
  – congruence between self-concept and self

MENTAL DISORDERS
• What is normal vs. abnormal?
  – continuum of traits vs. bimodal distribution?
  – mental disorders are surprisingly common
    • ~1/3 lifetime prevalence
    • gender differences
      – anxiety and mood disorders: women > men
      – substance abuse and antisocial disorders: men > women
How do you diagnose mental disorders?

- **legal definition**
  - insanity defense

- **Diagnostic and Statistical Manual, version IV**
  - disorder = distress or disability or risk
  - historically, neuroses vs. psychoses, but not anymore
  - Five axes
    1. primary disorder
    2. personality disorders
    3. physical disorders
    4. stressors
    5. level of functioning

- **criticisms**
  - social context important (e.g., homosexuality)
  - billing dependent (e.g., nicotine addiction)
  - too much emphasis on reliability? not enough on validity?

- beware of medical students’ disease
• biopsychosocial approach
  – diathesis (predisposing factors) + stress (precipitating factors) = disorder
  – maintaining factors may prohibit recovery

STRESS
• threat or perception of threat to well-being
• Stress Reactions
  – Physiological response
    • SNS, hormones, long term effects
  – Emotional response
  – Behavioral response
    • healthy coping vs. unhealthy coping vs. disorder

• Sources of Stress
  – environment
  – self-expectations
  – others expectations
  – frustration
  – conflict (approach-approach, avoidance-avoidance, approach-avoidance)
  – change (stress scales)
• Effects of stress
  – Impaired task performance
  – Burnout
    • Selye’s General Adaptation Syndrome
      – alarm-resistance-exhaustion
    – Physical effects
  – Beneficial effects?
• Predictability & control make stressors less stressful
  – learned helplessness
• problem- vs. emotion-focused coping
• friends, family and social networks help a lot!
Test Yourself

Which of the following disorders would be an example of a “psychosis” (as historically defined)?

A. depression
B. arachnophobia (fear of spiders)
C. antisocial personality disorder (psychopathy)
D. schizophrenia
E. drug addiction
If you or someone you know need(s) help

Student Health Services Counselling Centre

- free for UWO students
- confidential
- http://www.shs.uwo.ca/counselling/index.htm
- 661-3771
Psychology 282E

- Psychology 282E (Research Methods and Statistical Analysis in Psychology) requires 1.0 math prerequisite.

- Students who have completed 0.5 of the math prereq may be eligible to register for Psych 282E if they complete the remaining component of the prereq (with the exception of Statistical Science 024a/b) during the fall semester while enrolled in Psychology 282E.

- If the 0.5 credit situation applies to you, contact Prof. Riley Hinson:
  - 661-2111 x84649
  - hinson@uwo.ca
  - SSC 7308
Obsessions and Compulsions

Obsessions

- irrational, disturbing thoughts that intrude into consciousness
- Examples: dirt & contamination, aggression and violence, religion, bodily functions like bowel movements, need for balance and symmetry

Compulsions

- repetitive actions performed to alleviate obsessions
- Examples: cleaning, hand washing (Lady Macbeth), checking (e.g., “Is the stove off?”), counting

“Out, damned spot! out, I say!- One: two: why ….Yet who would have thought the old man to have had so much blood in him”
-- Shakespeare’s Lady Macbeth
Obsessive Thoughts and Compulsive Acts

• While in reality no one is on the road, I’m intruded with the heinous thought that I might have hit someone… a human being! God knows where such a fantasy comes from… I try to make reality chase away this fantasy. I reason, “Well, if I hit someone while driving, I would have felt it.” This brief trip into reality helps the pain dissipate… but only for a second. I start ruminating, “Maybe I did hit someone and didn’t realize it… Oh my God! I might have killed somebody! I have to go back and check.” Checking is the only way to calm the anxiety.

(Rapoport, 1990, in Gazzaniga & Heatherton)
Obsessive-Compulsive Disorder (OCD)

- ~2-3% of population
- usually begins in childhood
- often worsens over time
- can be accompanied by depression
- some genetic basis (based on twin studies)
Biological Basis for OCD

- partially genetic
- part of the basal ganglia (caudate nucleus) involved in suppressing impulses appears dysfunctional
- serotonin drugs enhance caudate activity and reduce OCD
- prefrontal cortex becomes overactive
Panic Disorder

- Panic attacks
  - sudden attacks of terrifying bodily symptoms
    - labored breathing
    - choking
    - dizziness
    - trembling, heart palpitations, chest pain
  - accompanied by feelings of apprehension and impending doom
  - sufferers come to fear having the attacks, especially in public or dangerous places (e.g., shopping malls, while driving)
  - can result in agoraphobia (literally fear of the marketplace)
    - sufferers remain at home because of fear of going out
  - autonomic nervous system overexcitability
    - vicious cycle of attacks and fear of attacks
Post-traumatic Stress Disorder (PTSD)

• Follows traumatic event such as war, car accident, rape or assault

• Dissociation
  – occurs immediately after event
  – sufferer feels numb and socially unresponsive
  – frequent nightmares and flashbacks

• PTSD
  – after one month of symptoms, diagnosis becomes PTSD
  – sleep disturbances, angry outbursts, easily startled
  – people who were abused as children may be particularly susceptible
Flashbacks

- flashbacks of soldiers who served as body handlers
  - A dental X-ray technician reported seeing skulls when he saw the teeth of smiling people
  - Soldiers reported seeing bodies when they closed their eyes
  - One soldier reported seeing himself in a dream where he searched through human body parts and found his own ID tag
    - (Garrigan, 1987, in Gleitman)
Mood Disorders
Mood Disorders
• Normal
  – minor mood fluctuations

• Major Depression
  – very severe symptoms that last for at least two weeks

• Dysthymia
  – less severe symptoms than major depression that last for 2+ years

• Bipolar disorder (Manic Depression)
  – includes upward mood swings as well as downward mood swings

• Cyclothymia
  – less severe than bipolar disorder
DSM-IV Diagnostic Criteria for Major Depressive Episode

Patient has experienced **five or more** of the following symptoms **continuously at least over a two week period** and in a way that departs from the patient’s normal functioning:

1. feels **depressed** or sad most of the day
2. is **unable to derive pleasure** from all or nearly all activities that were previously enjoyed
3. has had significant **weight** loss when not dieting or weight gain or a decrease or increase of **appetite** nearly every day
4. is noticeably slowed down or agitated throughout the day
5. experiences **difficulty sleeping** through the night or the need for more sleep during the day
6. reports feeling fatigued or a loss of energy nearly every day
7. experiences **feelings** of worthlessness or extreme or inappropriate guilt
8. reports **difficulties with concentration** or the ability to think (can also be seen as indecisiveness by others)
9. has recurrent thoughts of death or ideas about **suicide** without a specific plan for doing so or has made a suicide attempt
Diathesis-Stress Model

- Genetic liability
  - Highest
  - High
  - Low
  - Lowest

- Chance of onset of major depression (percent)

- SeVERELY STRESSFUL LIFE EVENT
  - Absent
  - Present

Legend:
- Identical co-twins of people with a history of major depression
- Nonidentical co-twins of people with a history of major depression
- Nonidentical co-twins of people with no history of major depression
- Identical co-twins of people with no history of major depression
Cognitive Bases for Depression

- Depressive realism
  - “sadder but wiser” effect
  - typical experiment: when asked to evaluate their interactions with others, non-depressives perceive themselves more positively than outside observers whereas depressives were accurate, giving ratings that closely matched the outside observers’ ratings (Lewinsohn et al.)
  - some suggest depressives see themselves as “lost in a society of cockeyed optimists who barge through life with little grasp of the consequences of their actions or words” (Hapgood, 1985)

Most of us see the world through rose-colored glasses
Cognitive Bases for Depression

• Learned helplessness theory
  (book calls it hopelessness theory)
  – depression results from a pattern of thinking
  – depressed person becomes unable to take initiative to make things better

• Explanatory style
  – negative experiences are due to stable, global reasons
    • e.g., “I didn’t get the job because I’m stupid and inept” vs. “I didn’t get the job because the interview didn’t go well”
  – can predict who will become depressed 2.5 years later (Alloy et al., 1999)
    • negative thinkers: 17% became depressed
    • positive thinkers: 1% became depressed
Maintaining Factors

Jim’s reaction to Mark’s statements reinforce Mark’s feelings of worthlessness.

“Nobody likes me. I’m not good at anything.”

“Mark’s really negative. I don’t like to be around people like that. Next time he calls, I’m going to avoid him.”

Negative attitudes and statements of an individual with depression

Withdrawal reaction to negative attitudes and statements of others
Seasonal Affective Disorder (SAD)

- Cyclic severe depression and elevated mood
- Seasonal regularity
- Unique cluster of symptoms
  - intense hunger
  - gain weight in winter
  - sleep more than usual
  - depressed more in evening than morning

% of sufferers experiencing SAD

We are here
New on the Weather Channel...

• The SAD forecast

• SAD increases with latitude
• indigenous Northerners may be less susceptible
  • less SAD in Iceland than NE US
Bipolar Disorders

- Cycles between mania as well as depression
  - phases may be hours or months long
  - No regular relationship to time of year (like SAD)

- hypomania
  - energetic, confident, elated

- mania
  - uninhibited, feelings of invincibility
  - may go off medication

- psychotic mania
  - terror, feeling out of control

- strong heritable component

- often treated with lithium
Creativity and Mental Illness

- Is there a link?

Vincent Van Gogh (sans ear)
1853-1890

Correlation between likelihood of suffering at least one mental illness and occupation