



Chapter 13 – Psychopathology

- I. Hippocrates
 - a. Imbalance of humors
 - b. Humors = Blood, Phlegm, Black Bile, Yellow Bile
 - c. Introduction to notion of biological base to psychological disorders
 - d. Advanced compared to what was to follow
- II. Middle Ages
 - a. Witchcraft, Superstition, Possession.
 - b. Salem Witch Trials
 - i. Researcher traced back to Ergot contamination of wheat supply.
 - ii. Ergot used to make LSD, causes convulsions, etc.
- III. Medical Model
 - a. Biological causes of psychological disorders.
 - b. “True Cause,” as opposed to correlation.
 - c. Doesn’t attack the character of those with disorders, helps lead to better treatment.
 - d. Even if no CURE is found, allows to provide better CARE.
 - e. Asylums
 - i. Put people away to cure/treat
 - ii. No harm to society.
 - iii. Started well, but deteriorated rapidly.
 - iv. Tours run (“See the crazy folks!”), kept like animals. No real ‘treatment.’
 - v. Ultimately only kept those committed away from society.
 - f. Disadvantage >> If everything is biological, when is anyone EVER responsible for their actions? At what point is the ‘line’ drawn of what’s biological and what’s a “personality quirk?”
- IV. Psychological Models
 - a. Mesmer – Hypnotism.
 - i. Animal magnetism (“way complicated”). Energy (unseen) affecting actions.
 - ii. Unlocked via hypnosis.
 - b. Charcot
 - i. Psychogenic
 - ii. Symptoms of ailments not demonstrated of hypnosis. (People who think they’re blind can see, etc)
 - iii. If the problem is biological, why can it be solved by psychological means? (Conflicts with Medical Model)
 - c. Cognitive-Biological Approach
 - i. Behavioral >> Environmental Influences
 - ii. Cognitive >> Perception of environment.
 - iii. Combine to create the problems.
- V. Biopsychology
 - a. Fine line between biopsychology and the Medical Model.
 - b. Find *correlations* between biology and behavior.
 - c. Medical Model >> Trying to find *Causes*, not just correlations.
- VI. Indicators of Normality
 - a. Distress (key factor)
 - b. Maladaptiveness
 - c. Irrationality
 - d. Unpredictability
 - e. Unconventionality
 - f. Observer discomfort
 - g. Measured with standard deviation curve. *Id est, everyone* gets distressed – it’s the people at the upper-most end of the curve who are the troubled ones.
- VII. DSM IV
 - a. National/International official guidebook on mental disorders.

- b. Insurance companies use to determine who gets coverage.
- c. Influenced by politics of psychiatrists. Why would people pay for treatment if they have no disorder?
- d. Initial: Neurosis (minor problems), Psychosis (major problems). Only one axis.
- e. Current Classifications
 - i. Axis I.
 - 1. Clinical Syndromes – Anxiety, Depression, Etc.
 - 2. Affective Disorders
 - a. Unipolar
 - i. Deviation from “norm” in only one direction.
 - ii. Depression or Mania.
 - iii. Dysthymia >> Minor depression.
 - iv. Seasonal Affective Disorder >> Founded in light-dark cycle. Not enough light entering thalamus / hypothalamus (suprachiasmatic nucleus).
 - b. Bi-Polar
 - i. Switches between each direction from normal.
 - ii. Depression AND Mania.
 - iii. Much less common than unipolar.
 - iv. Cyclothymia >> Minor Mania.
 - 3. Anxiety Disorders
 - a. Panic Disorders
 - i. Can't handle a situation – develop anxiety.
 - ii. Agoraphobia (fear of open spaces) – really fear of having a panic attack in public.
 - iii. No specific cause.
 - b. Phobias
 - i. Specific causes
 - ii. Obsessive-Compulsive Disorder
 - 1. Obsession – Thoughts
 - 2. Compulsion – Behavior to alleviate thoughts.
 - iii. Post-Traumatic Stress Disorder (PTSD)
 - 1. Battle/Combat or Rape common causes
 - 2. Longer exposure = More stress
 - 3. Amygdala reconfigured (autopsies)
 - 4. Permanent / Semi-Permanent
 - 4. Somatoform Disorders
 - a. Conversion Disorder (“Missing” limbs)
 - b. Hypochondriasis >> Convinced they have a disorder. (Hypochondriac)
 - c. No biological or physiological cause MOST of the time.
 - 5. Dissociative Disorders
 - a. Dissociative Fugue.
 - i. Amnesia & Flight
 - ii. Forget who they are, run away and try to start new life.
 - b. Depersonalization Disorder (out-of-body experience)
 - c. Dissociative Identity Disorder (Multiple Personalities)
 - 6. Eating Disorders
 - a. Anorexia Nervosa >> Persistent loss of appetite due to psychological causes.
 - b. Bulimia >> Binging and Purging
 - 7. Psychotic Disorders
 - a. “Generally Crazy”
 - b. Schizophrenia
 - i. Distortions of thought / perception / emotion.
 - ii. Positive and Negative

1. Disorganized (Word Salad)
 2. Catetonic (Frozen)
 3. Paranoid (Voices in Head, Conspiracy Theories)
 4. Undifferentiated (Garbage Bag)
 5. Residual
- iii. Twin Studies >> 50% Chance.
 - iv. Diathesis-Stress Hypothesis >> Must be both predisposed genetically, and then raised in unhealthy environment.
- ii. Axis II / Personality Disorders
 1. Obsessive-Compulsive Personality Disorder
 - a. Neat Freaks. Not really o-c cycle.
 - b. Adjustment disorders / other conditions. More temporary.
- iii. Axis III
 1. Concurrent Medical Disorders
 2. Ex: Person in body cast with depression.
 3. Medical problems relating to the disorders above.
 4. Ex: Enlarged ventricles in Alzheimer's patients.