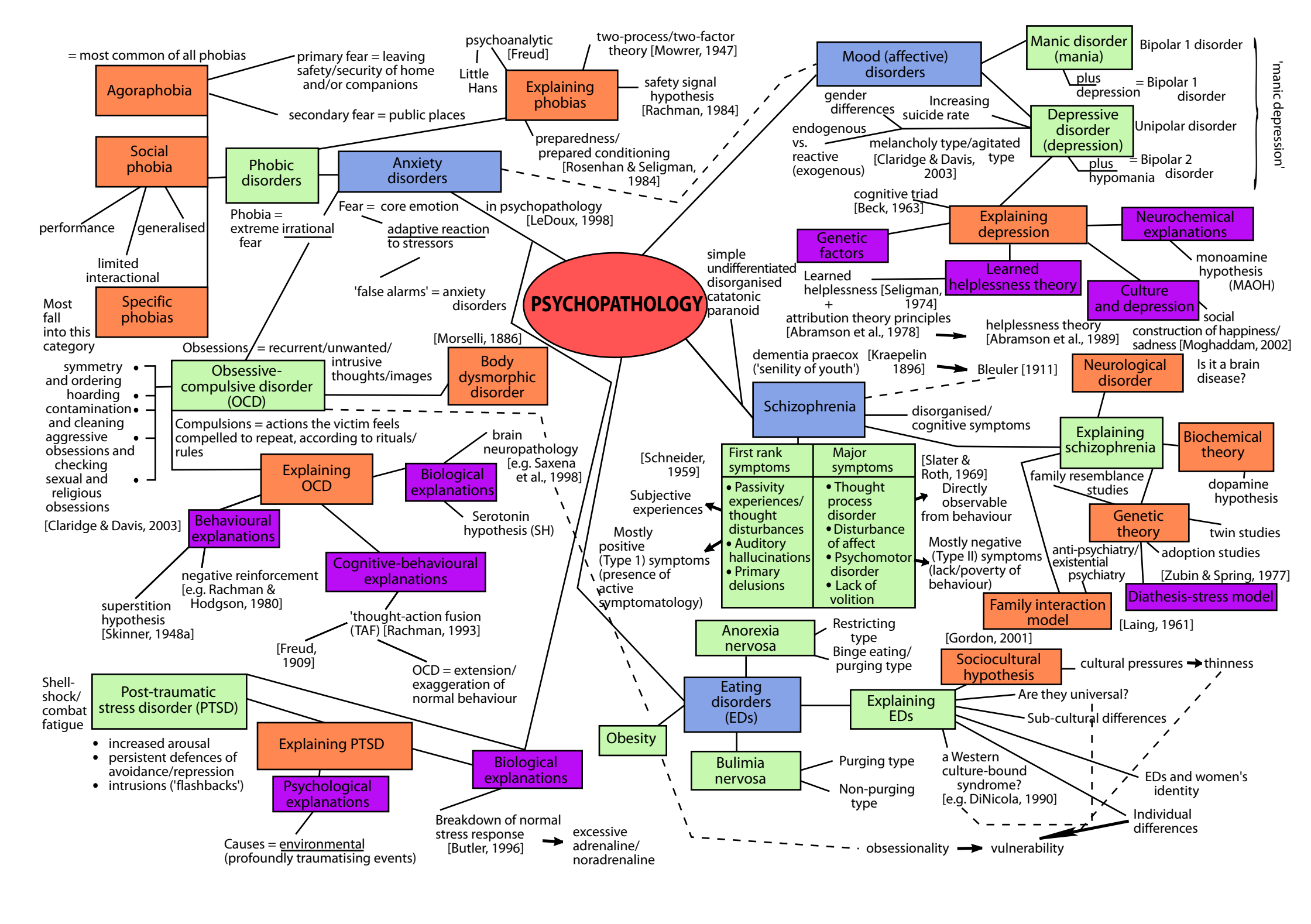
PSYCHOPATHOLOGY
Agoraphobia
= most common of all phobias
primary fear = leaving safety/security of home and/or companions
secondary fear = public places
Social phobia
performance
generalised
limited interactional
Specific phobias
Most fall into this category
Phobic disorders
Phobia = extreme irrational fear
Anxiety disorders
Fear = core emotion
adaptive reaction to stressors
'false alarms' = anxiety disorders
in psychopathology [LeDoux, 1998]
Explaining phobias
psychoanalytic [Freud]
Little Hans
two-process/two-factor theory [Mowrer, 1947]
safety signal hypothesis [Rachman, 1984]
preparedness/ prepared conditioning [Rosenhan & Seligman, 1984]
Obsessive-compulsive disorder (OCD)
Obsessions = recurrent/unwanted/ intrusive thoughts/images
symmetry and ordering
hoarding
contamination and cleaning
aggressive obsessions and checking
sexual and religious obsessions
[Claridge & Davis, 2003]
Compulsions = actions the victim feels compelled to repeat, according to rituals/ rules
Body dysmorphic disorder
[Morselli, 1886]
Explaining OCD
Biological explanations
brain neuropathology [e.g. Saxena et al., 1998]
Serotonin hypothesis (SH)
Behavioural explanations
negative reinforcement [e.g. Rachman & Hodgson, 1980]
superstition hypothesis [Skinner, 1948a]
Cognitive-behavioural explanations
'thought-action fusion (TAF) [Rachman, 1993]
[Freud, 1909]
OCD = extension/ exaggeration of normal behaviour
Post-traumatic stress disorder (PTSD)
Shell-shock/ combat fatigue
increased arousal
persistent defences of avoidance/repression
intrusions ('flashbacks')
Explaining PTSD
Psychological explanations
Causes = environmental (profoundly traumatising events)
Biological explanations
Breakdown of normal stress response [Butler, 1996]
excessive adrenaline/ noradrenaline
Mood (affective) disorders
Manic disorder (mania)
Bipolar 1 disorder
plus depression
= Bipolar 1 disorder
Depressive disorder (depression)
Unipolar disorder
plus hypomania
= Bipolar 2 disorder
'manic depression'
gender differences
Increasing suicide rate
endogenous vs. reactive (exogenous)
melancholy type/agitated type [Claridge & Davis, 2003]
cognitive triad [Beck, 1963]
Explaining depression
Genetic factors
Neurochemical explanations
monoamine hypothesis (MAOH)
Learned helplessness theory
Learned helplessness [Seligman, 1974] + attribution theory principles [Abramson et al., 1978]
helplessness theory [Abramson et al., 1989]
Culture and depression
social construction of happiness/ sadness [Moghaddam, 2002]
Schizophrenia
simple undifferentiated disorganised catatonic paranoid
dementia praecox ('senility of youth') [Kraepelin 1896]
Bleuler [1911]
Neurological disorder
Is it a brain disease?
disorganised/ cognitive symptoms
Explaining schizophrenia
Biochemical theory
dopamine hypothesis
family resemblance studies
Genetic theory
twin studies
adoption studies
[Zubin & Spring, 1977]
Diathesis-stress model
anti-psychiatry/ existential psychiatry
[Laing, 1961]
Family interaction model
[Gordon, 2001]
[Schneider, 1959]
First rank symptoms
• Passivity experiences/ thought disturbances
• Auditory hallucinations
• Primary delusions
Subjective experiences
Mostly positive (Type 1) symptoms (presence of active symptomatology)
Major symptoms
• Thought process disorder
• Disturbance of affect
• Psychomotor disorder
• Lack of volition
[Slater & Roth, 1969]
Directly observable from behaviour
Mostly negative (Type II) symptoms (lack/poverty of behaviour)
Anorexia nervosa
Restricting type
Binge eating/ purging type
Eating disorders (EDs)
Bulimia nervosa
Purging type
Non-purging type
Obesity
Sociocultural hypothesis
cultural pressures → thinness
Explaining EDs
Are they universal?
Sub-cultural differences
a Western culture-bound syndrome? [e.g. DiNicola, 1990]
EDs and women's identity
Individual differences
obsessionality → vulnerability