

CHAPTER 13

Biopsychosocial model: physical illness caused by complex interaction of bio, psych, and sociocultural factors

Health Psychologist seeks to determine importance of psychological factors in illness, prevention & health maintenance

Stress - circumstances that threaten, or are perceived to threaten, one's well-being and tax one's coping abilities.

Types of Stress:

Pressure - expectations to behave certain way

Change - having to adapt

Frustration - Blocked goal

Conflict - 2+ incompatible motivations

Types of Conflict

Avoidance vs Avoidance (bad & bad/ex. unemployment & degrading job) similarly bad

Avoidance vs Approach (bad & good/dating & rejection)

Approach vs Approach (good & good/pizza & spaghetti) similarly good

Vacillation: making a choice on a goal that has both attractive and unattractive aspects

Emotional Responses to Stress

- anger/annoyance, anxiety/fear, sadness/grief, positive emotions (laughing)

subjective cognitive appraisal: personalized perceptions of threat

- subjective appraisal of the event has major influence on type of emotion resulted by stress

Social Readjustment Rating Scale (SRRS): measures life change as a form of stress, giving higher points for more stressful events {+ive & -ive events of varying magnitudes}

inverted-U hypothesis relates lvl of arousal & performance

Fredrickson's Broaden-and-build theory:

positive emotions under duress, promotes creative thinking when it comes to problem solving

Fight or Flight (FF) Response: a psychological reaction to threat in which the autonomic nervous system (ANS) mobilizes organism for fighting or fleeing an enemy

Seyle's General Adaptation Syndrome - physiological responses to stress

Alarm Stage - occurs when organism recognizes threat & mobilizes resources (enters FF), allows ppl to function @ high lvl despite stress

Resistance Stage - occurs when stress is prolonged, physiological arousal stabilizes (but still above baseline as organism copes with the stressor)

Exhaustion Stage - occurs when body resources are depleted, this is when diseases of adaptation came in

Coping with Stress

Coping: active efforts to master, reduce, or tolerate the demands created by stress. active efforts to master, reduce, or tolerate the demands created by stress.

- giving up, blaming yourself (learned helplessness - *passive behaviour produced by exposure to unavoidable aversive events*)

- striking out at others (aggression, usually caused by frustration)

- self indulgement (treating yourself)

- defense mechanisms: unconscious reaction protects person from unpleasant emotions (ex: denial, overcompensation, intellectualization, undoing, fantasy)

- constructive coping: healthy efforts ppl make dealing with stressful events. (realistically appraising situations and confronting problems directly)

burnout: *physical, mental, and emotional exhaustion due to long-term involvement in emotionally demanding situations*

PTSD (Post Traumatic Stress Disorder): *enduring psychological disturbance attributed to the experience of a major traumatic event (ex: war, rape). caused by direct exposure to a stressor.*

*stress can promote personal growth & self improvement

Psychosomatic Diseases: *physical ailments with a genuine organic basis that are caused in part by psychological factors, especially emotional distress (ex: hypertension, ulcers, asthma, eczema, and migraine headaches)*

Type A Personality consists of; strong competitiveness, impatience, anger & hostility

Type B - the opposite of Type A

- Stress decreases immune response, slowing down defensive reaction to invasion, getting rid of white blood cells called lymphocytes

- High Lvl's of social support = increased Lvl's of immune activity

Albert Ellis

- + changing cognitive appraisal of stress to change their response to stress
- + catastrophic thinking: if not good enough for something = waste of time

CHAPTER 14

Medical Model

- proposes abnormal behaviour as a disease
- uses the concepts of diagnosis, etiology, and prognosis when describing psych disorders

Criteria for Abnormal Behaviour:

- 1) deviance - goes against societal norms
- 2) maladaptive - impair everyday behaviour
- 3) personal distress

diagnosis: *when a psych compares symptoms indiv. experiencing w/ symptoms of other diseases to find specific disorder*

etiology: *the causation and development of an illness*

prognosis: *forecast of the course of an illness*

epidemiology: *studies patterns, causes, and effects of health & disease conditions*

*primary use of DSM-IV is for diagnosis

DSM-IV: Classification System used by psychologists to identify psychological disorders.

Axis I = Clinical Syndromes (Diagnosis)

Axis II = Personality Disorders/Retardation (Diagnosis)

Axis III = General Medical Conditions (physical disorders)

Axis IV = Psychosocial & Environmental Problems (stress history)

Axis V = Global Assessment of Functioning (current lvl of adaptive functioning)

DISORDERS

Anxiety

panic - recurring events of overwhelming anxiety (suddenly/unexpectedly)

generalized - chronic, high lvl of anxiety, not related to specifics

OCD

phobic - persistent irrational fear, doesn't offer real threat

Dissociative Disorder: losing contact w/ portions of their consciousness or memory, which results in disruption in their sense of identity

Amnesia - sudden loss of memory of important personal info

Fugue - lose memory of their entire lives, along with sense of identity

Identity Disorder (multiple personality disorder) - coexistence in one person for two largely different personalities

Mood Disorder: class of disorders marked by emotional disturbances of varied kinds that possibly affect other processes

Unipolar - major depressive disorder

Dysthymic - chronic depression, insufficient enough for diagnosis

Bipolar (manic-depressive disorder) - emotions are up & down, can go through phases called manic episodes in which you feel euphoria

- ppl given diagnosis of cyclothymic when exhibit chronic relatively mild bipolar disturbance
- genetic vulnerability from mood disorders in the brain (norepinephrine & serotonin synapses)

Cognitive Model; negative thinking, focusing/maintaining one's problems, poor social skills all may lead to likelihood of depression

anhedonia: when a person loses satisfaction out of things that usually made them happy

- + bipolar disorder has a stronger influence on the etiology of mood disorders than major depressive disorder

Martin Seligman's learned helplessness theory states cognitive factors involving pessimistic explanatory style

Symptoms of Schizophrenia

- Delusions/Irrational Thought - false beliefs
- Deterioration of rational behaviour - decrease in quality functioning
- Hallucinations - sensory perceptions that don't exist
- Disturbed Emotions - little emotional responses or inappropriate emotional response (laughing at dead child)

4 Subtypes of Schizophrenia

- 1) paranoid - delusions
- 2) catatonic - motor disturbances
- 3) disorganized - severe deterioration of adaptive behaviour
- 4) undifferentiated - if they don't fit in the above 3 types

variations in schizophrenic disorders are the presence of;

positive symptoms: behavioural excesses or peculiarities (hallucinations, delusions, bizarre behaviour, etc.)

negative symptoms: flattened emotions, social withdrawal, impaired attention, etc.

High expressed emotion: relative of a schizophrenic is highly critical or emotionally overinvolved

this usually causes the patient to relapse

Personality Disorders

- anxious-fearful cluster (avoidant, dependent, obsessive compulsive)
- dramatic-impulsive cluster (overly dramatic (histrionic), narcissistic, unstable (borderline), antisocial)
- odd-eccentric cluster (not capable of forming social relationships, social deficits, paranoid)

Psychological Disorders & the Law

- Insanity is a legal term not a diagnosis
- M'Naghten "Can they distinguish between right and wrong?"
- Involuntary Commitment (Danger to self, others, or in need of treatment)

**pancultural: basic standards of normality & abnormality are much the same around the world*

Culture and Pathology

Culture Bound Disorders: diversity of abnormal behaviour, culture influence

- *Koro: penis will invert into one's body*
- *Windigo: ppl will crave flesh, turn into cannibal*
- *Anorexia: eating disorder*
- *Bulimia: eating disorder, thought of "can only eat so much, must get rid of rest" (vomit)*

CHAPTER 15

Types of Treatment

Psychotherapy: diverse approaches used to treat mental disorders & psychological problems

- Insight Therapy ("talk therapy")
- Behaviour Therapy (changing overt behaviour)
- Biomedical Therapy (biological functioning interventions)

Providers of Treatment

- Clinical & Counselling Psychologists; specialize in diagnosis & treatment of psychological disorders & behaviour problems
- Clinical Social Workers; provide wide range of therapeutic services
- Psychiatrists; specialize in diagnosis & treatment of psychological disorders
- Counsellors; found in schools & work, provide ppl with someone to talk to
- Psychiatric Nurses; hospital inpatient treatment

Insight Therapies: verbal interactions intended to enhance clients' self knowledge

Psychoanalysis - focuses on recovery of unconscious conflicts, motives & defences

Sigmund Freud - goal: discover unresolved unconscious conflicts

Free Association; expressing how they feel with no filter, dissected later

Dream Analysis; interpreting symbolic meaning of clients' dreams

Interpretation: therapists attempts to explain inner significance of clients thoughts, feelings, mems, and behaviours

- Resistance; defensive maneuvers made by the client to hinder the therapy process
- Transference; clients unconsciously start relating therapist in ways that mimic relationships already in their lives

Client-Centered - *provides supportive emotional climate for clients (who dictate tempo)*

Carl Rogers - goal: restructure self concept to better correspond to reality

3 elements for Therapeutic Climate

- 1) Genuineness
- 2) Unconditional Positive Regard
- 3) Empathy

Positive Psychology

Cognitive Therapy - *recognizing & changing -ive thoughts & maladaptive beliefs*

Behaviour Therapies - *application of learning principles to change clients' behaviours*

BF Skinner - goal: unlearning maladaptive behaviour & learning adaptive ones

Systematic Desensitization - *reduce phobic clients' anxiety through counterconditioning*

3 steps; (1) build anxiety hierarchy

(2) muscle relaxation

(3) works through hierarchy trying to stay relaxed

Aversion Therapy - aversive stimulus paired with a stimulus that elicits an undesirable response (pairing two bad things together, scaring the patient off whatever they're struggling with)

Social Skills Training - learning principles associated w/ operant conditioning and observational learning

Cognitive Therapy - *correct habitual thinking errors & maladaptive beliefs*

- made to treat depression
- detect, evaluate their -ive, self defeating thoughts & statements

Rational Emotive Therapy - *change way clients think, detect -ive thoughts, reality testing*

Biomedical Therapies - *interventions intended to reduce symptoms associated w/ psychological disorders (disorders caused by biological malfunctions)*

Psychopharmacotherapy - *treatment of medical conditions using medication (3 types)*

- 1) antianxiety - relieve tension (ex. Vallium, Xanax)
- 2) antipsychotic - gradually reduce psychotic symptoms (ex. Thorazine, Haldol)
- 3) antidepressant - gradually elevate mood (ex. Prozac, Paxil)

Electroconvulsive Therapy - *electric shock is used to produce cortical seizure*

- used when major depression has not responded to antidepressant drugs
- can cause damage to brain

eclectic: psychologist draws ideas from 2 or more systems of therapy instead of one

deinstitutionalization: transferring the treatment of mental illness from inpatient institutions to community based facilities

CHAPTER 16

Social Psychology - *concerned w/ indivs thoughts, feeling, behav, influenced by others*

Person Perception - *subjective process, forming impressions of others*

Factors Influence Person Perception; social schemas (organized clusters of ideas about categories of ppl), physical appearance, stereotypes (beliefs that ppl have characteristics because of membership in particular group)

Prejudice: -ive attitude toward person because of group membership

****discrimination is the ACTION****

Attribution Processes (Attribution) - *inferences ppl draw about causes of events, others' behaviour & their own behaviour*

Internal Attribution: *ascribe causes of behav to personal dispositions, traits, abilities & feelings*

External Attribution: *ascribe causes of behav to sitch demands & environmental constraints*

Fundamental Attribution Error - observers bias in favour of an internal attributions in explaining others' behaviours

Defensive Attribution - tendency to blame victims for misfortune, in order to feel less victimized

Self-Serving Bias - tendency to attribute one's success to personal factors & one's failure to situational factors

Relationships

Matching Hypothesis: males/females of = attractiveness likely to select each other as partners

Similarity Hypothesis: similarities = attraction, marital happiness

Reciprocity Effect: liking those who show they like you

Attitudes - *+ive or -ive evaluations of objects of thought with cognitive, affective, behavioural components*

3 Components:

Cognitive (beliefs, ideas), Behavioural (predispositions to act), Affective (emotions, feelings/classical conditioning principles)

Factors Changing Attitudes

- Source (credible persuasion), message, and receiver

Four Elements of Persuasion

- (1) message (info transmitted)
- (2) channel
- (3) source (conveys the communication)
- (4) receiver

Festinger Dissonance Theory: inconsistent attitudes cause tension, ppl alter attitude to reduce cognitive dissonance

Bem's Self-Perception Theory states attitudes come from behaviour

Elaboration Likelihood Model of Attitude Change

- peripheral route (persuasion depend on nonmessage factors, ex. attractiveness of source)
- central route (carefully ponder content and logic of persuasive message)

*conformity occurs when ppl yield to real or imagined social pressure

*obedience occurs when ppl follow commands (from someone in pos. of authority)