

**Lecture 31:
Abnormal Psychology:
Anxiety and Schizophrenia**

1

III. PSYCHOPATHOLOGY

B. Anxiety Disorders

- **Anxiety Disorders (distressing):** Persistent anxiety or maladaptive behaviors that reduce anxiety
- **B1. Generalized anxiety disorders:** A continuous state of anxiety marked by feelings of worry and dread, apprehension, difficulties in concentration, and signs of motor tension.
 - **Symptoms**
 - Person is continuously tense, apprehensive and aroused
 - Physiologically or dispositionally anxious
 - History starting in childhood of inability to control or predict environment.

III. PSYCHOPATHOLOGY

B. Anxiety Disorders

- **B2. Post Traumatic Stress Disorder:** An anxiety disorder in which a person who has experienced a traumatic or life threatening event has symptoms such as psychic numbing, reliving of the trauma, and increased physiological arousal.
 - **Symptoms**
 - Sense of detachment
 - Unable to feel loving or happy
 - Insomnia
 - Concentration problems
 - These symptoms may reoccur years or decades later after the original trauma.

III. PSYCHOPATHOLOGY

B. Anxiety Disorders

- **B3. Panic Disorder.** An anxiety disorder in which a person experiences reoccurring panic attacks, feelings of impending doom or death, accompanied by physiological symptoms such as rapid breathing and dizziness.
 - **Symptoms**
 - "Free-floating" anxiety attack
 - Sweating
 - Heart Palpitation
 - Shortness of Breath
 - Occurs out of nowhere, but sometimes after prolonged stress, or prolonged emotion.

III. PSYCHOPATHOLOGY

B. Anxiety Disorders

- **B4. Phobic Disorders:** Specific Irrational Fears to particular stimuli.
 - All manners of fears to situations, activities or objects.
 - Sometimes the phobia is idiosyncratic and very specific (e.g., color purple).
 - Other times the phobia is very general experiences by many others (e.g. tight places).
- **Social Phobias :** Fear of situations in which they will be observed by others.
 - Fear doing or saying something embarrassing
 - Fears of speaking, performing, or eating in public

III. PSYCHOPATHOLOGY

B. Anxiety Disorders

- Fear of being away from a safe place or person: Agoraphobia
 - Set of phobias (often set off by a panic accept) involving the basic fear of being away from the safe person or place
 - Gives rise to many specific fears: Buses, driving in traffic, tunnels

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B. Anxiety Disorders

- **Accounts of Phobias**
 - **Behavioral:** Environmental contingencies.
 - Classical Conditioning: Associate purple (CS) with punishment (UCR).
 - **Evolutionary:** Some fears may be adaptive to our species
 - Snakes & insects (Arachnophobia), heights (acrophobia), fears of small places (Closterphobia)
 - **Genetic:** Identical twins share similar phobias even when raised separately.
 - **Psychoanalytic:** Phobias reflect the resurfacing of the Repressed Thoughts: Little Hans' Fear of Horses.

III. PSYCHOPATHOLOGY

B. Anxiety Disorders

- **Obsessive Compulsive Disorders (OCD):** Anxiety Disorder Characterized by Unwanted Repeated Thoughts (Obsessions) and/or Actions (Compulsions)
 - We all may have trivial Compulsions.
 - Baseball players practice superstitions rituals
 - We obsess over some things when we are nervous
 - In more severe cases,
 - obsessive thoughts may be frightening and repugnant.
 - Becoming contaminated
 - Hurting someone
 - Compulsive acts may feel out of one's control.
 - Must check the furnace
 - wash hands (grooming)
 - check lock (Safety)

III. PSYCHOPATHOLOGY

B. Anxiety Disorders

- **Accounts of OCD**
 - **Biological perspectives.**
 - Frontal lobe activity higher in OCD:
 - Dysregulation of planning abilities
 - They do not inhibit thoughts. They can not let go.
 - Cerebellum activity higher in OCD:
 - Controls motor functions and possibly some cognitive activities and the timing of motions.
 - **Evolutionary perspective**
 - Some Compulsions are some evolutionary-significant behavior gone wild
 - Grooming → repetitive washing
 - Checking boundaries → checking locked door over and over.

III. PSYCHOPATHOLOGY

C. Schizophrenic Disorders

- **Schizophrenic Disorder:** A general label for a variety of disorders
- Schizophrenic means split mind (mind split from reality not multiple personality)
- **Symptoms**
 - **Bizarre delusions**
 - No logic and delusional including false statements
 - Claiming to be a religious leader or a devil
 - Paranoid Statements:
 - Taking mundane events as evidence of complex plots.
 - Breakdown of selective attention

III. PSYCHOPATHOLOGY

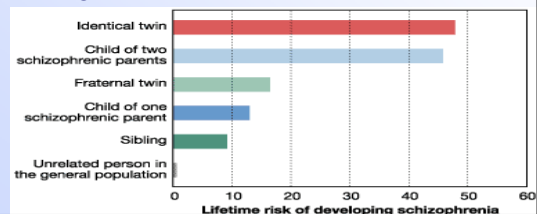
C. Schizophrenic Disorders

- **Disturbed Perceptions:**
 - Hallucinations: Sensory Experiences without sensory stimulation.
 - Voices (dreams breaking into consciousness)
- **Disorganized and incoherent speech**
 - Word Salads
 - Some homeless may be schizophrenic because they seem to be incoherent
- **Disorganized and inappropriate behavior**
 - Inappropriate emotions and actions
 - Sometimes inappropriate, sometimes just flat
 - Compulsive acts.

III. PSYCHOPATHOLOGY

C. Schizophrenic Disorders

- **Factors**
 - **Genetic Factors.**
 - 1-2% likelihood of schizophrenia in population
 - 12% likelihood of schizophrenia if 1 parent is diagnosed
 - 48% likelihood of schizophrenia if 2 parents are diagnosed



III. PSYCHOPATHOLOGY

C. Schizophrenic Disorders

- Factors
 - **Biological Factors**
 - Neurotransmitter
 - Dopamine and Serotonin Excess
 - Brain Abnormalities
 - Small Thalamus
 - Low brain weight: Lower volume in temporal lobe and limbic regions
 - **Environmental Factors**
 - Prenatal Problems
 - Prenatal influenza may contribute.
 - Stress and trauma
 - Importance in the emergence of schizophrenia.
 - No evidence that families cause schizophrenia.

III. PSYCHOPATHOLOGY

C. Schizophrenic Disorders

- **Vulnerability-Stress model**
 - Schizophrenic episode is due to an interaction between a person's:
 - biological vulnerability,
 - stress or change in the environment
 - ability to deal with these environmental factors in terms of their social skills and supports.