

GENERAL PSYCHOLOGY

LECTURE OUTLINE

SJRCC, MEEHAN, SPRING 2006

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I. Introduction to Psychology

A. Basic Terms

- | | | |
|----------------------|-------------------------|--------------|
| 1. Psychology | 5. Environment | 9. Learning |
| 2. Stimulus | 6. Cognition | 10. Behavior |
| 3. Internal Stimulus | 7. Theory | 11. Reality |
| 4. External Stimulus | 8. Empirical Constructs | |

B. Psychology's Roots

1. Philosophy: a. Plato b. Aristotle c. Hippocrates
2. Theology:
3. Scientific Method:

C. (Some) Major Contributors to Psychology's Beginning

- | | |
|---------------------------|--------------------------|
| 1. Paul Broca, 1860 | 9. John Watson, 1913 |
| 2. Wilhelm Wundt, 1879 | 10. Carl Jaspers, 1913 |
| 3. William James, 1890 | 11. Jean Piaget, 1932 |
| 4. E.B. Titchener, 1892 | 12. B. F. Skinner, 1938 |
| 5. Edward Thorndike, 1898 | 13. Erik Erickson, 1950 |
| 6. Sigmund Freud, 1900 | 14. Carl Rogers, 1961 |
| 7. Alfred Binet, 1905 | 15. Albert Bandura, 1961 |
| 8. Ivan Pavlov, 1906 | |

D. Contemporary Approaches to Psychology

1. Behaviorism:
 - a. Classical Conditioning = I. Pavlov
 - b. Operant Conditioning = B. F. Skinner
 - c. Social Cognitive Theory = A. Bandura
2. Psychoanalysis:
 - a. Psychoanalytic Theory = S. Freud
 - b. Psychosocial Theory = E. Erikson
 - c. Analytical Psychology = C.G. Jung
3. Humanism:
 - a. Self Theory = C. Rogers
 - b. Hierarchy of Needs = A. Maslow
 - c. Positive Psychology = M. Csikszentmihalyi

4. Psychophysiological Psychology:
 - a. Endocrinology
 - b. Genetics
 - c. Neurology
 - d. Somatic Factors
5. Cognitive Psychology:
 - a. Cognitive Development = J. Piaget
 - b. Information Processing = H. Simon
6. Evolutionary Psychology: D. Buss
7. Sociocultural Psychology: R. Brislin

E. Mental Health Professionals who apply Psychology

1. Psychiatrist
2. Psychologist
3. Clinical Social Worker
4. Psychiatric Nurse
5. Mental Health Counselor

II. Biological Foundations and Neuroscience

A. Major Areas

1. **Endocrinology** - book & reading review
2. **Genetics (Heredity)** - book & reading review
3. **Neurology** - below
4. **The Evolutionary Perspective**
5. **Somatic Factors** - addressed throughout course

B. Neurology: the study of the structure, functioning, and diseases of the nervous system (including the brain, spinal cord, and all the peripheral nerves).

C. The Neuron: the morphological and functional unit of the nervous system.

1. **The neuron has three basic components:**
 - a. **Cell Body:** contains the nucleus, which directs the manufacture of substances the neuron uses for its growth and maintenance.
 - b. **Dendrite:** the receiving part of the neuron, serving the important function of collecting information and orienting it toward the cell body.
 1. **Plasticity:** a phenomenon in which brain structures physically change in response to environmental stimulation.
 - c. **Axon:** the part of the neuron that carries information away from the cell body.

1. **Myelin Sheath:**
2. **The process by which messages are received and sent** (from one neuron to another) is a dual one: *electrical and chemical*.
 1. **Electrical:** The Action Potential- (book)
 2. **Chemical**
 - a. **Synapse:** the area composed of the axon terminal, the synaptic gap, and the dendrite or cell body of the next neuron.
 - b. **Neurotransmitter:** chemical substances that carry information across the synaptic gap to the next neuron.
 1. **Norepinephrine:** a hormone and neurotransmitter associated with depression and sympathetic nervous system activity.
 2. **Serotonin:** a neurotransmitter associated with the regulation of sleep and depression
 3. **Dopamine:** a neurotransmitter associated with inhibiting neurotransmission, voluntary movements, and schizophrenia.
 4. **Gamma-aminobutyric acid (GABA):** an inhibitory neurotransmitter associated with anxiety.

D. The Nervous System: two major divisions:

- (1) Central Nervous System
- (2) Peripheral Nervous System
1. **Central Nervous System - consists of the brain & spinal cord.**
 - a. **Brain**
 1. **Description & Composition of the Brain**
 - a. How much does the average brain weigh?
 - b. How many neurons are in the brain?
 - c. What percentage of all neurons in our body are located in the CNS?

- d. Are you born with all the neurons you are ever going to have?
- e. The average neuron has as many as _____ physical connections with other cells.
- f. The brain has the (physical) consistency of _____.
- g. The brain's main fuel is:
- h. Nutrients to sustain optimal neurological functioning.
- i. Other cells/tissues in the brain:
 - 1. **Glial Cells:** non neuron cells that provide support and nutritive functions.
 - 2. **Myelin Sheath:** a layer of fat cells that encases axons and aids in nerve impulses.
 - 3. **Blood vessels** - numerous
 - 4. **Others**

2. Brain Growth & Development

- a. Prenatal Development
 - 1. Fetal Learning
- b. Infancy & childhood
 - 1. Critical Periods
 - 2. What can obstruct optimal growth and development of the brain?
 - 3. Pruning
- c. Adolescence
 - 1. The "immature frontal lobe"
 - 2. Pruning revisited
- d. Adulthood
- e. Senescence
 - 1. Do neurons actually "die off" with age?

3. Brain Structure and Function

- a. **Neurological Localization:** groups of brain cells, in relation to aspects of physiology and chemistry, have specific functions.

4. Divisions of the brain

a. Hindbrain: located at the skull's rear, is the lowest portion of the brain.

1. Medulla: helps control breathing and regulates a portion of reflexes that allows a person to maintain an upright position.

2. Pons: contains several clusters of nerve fibers involved in sleep and arousal.

3. Cerebellum: plays an important role in motor behavior.

b. Midbrain: connects higher and lower portions of the brain.

1. Reticular Formation: a group of neurons involved in stereotyped patterns of behavior such as walking, sleeping, or turning attention to a sudden noise.

c. Forebrain: the highest region.

1. Limbic System: plays a role in learning & emotional behavior.

a. Amygdala: involved in the discrimination of objects that are important to the organism's survival.

b. Hippocampus: plays an essential role in the storage of **new** memories.

2. Thalamus: serves an important relay station, functioning much like a telephone switchboard.

3. Basal Ganglia: essential to starting and stopping voluntary movements.

4. Hypothalamus: regulates hormonal activity and regulatory activities such as eating, drinking, body temperature and sexual function.

5. Neocortex: a region of the forebrain that is the most recently developed part of the brain in the evolutionary scheme.

a. Occipital Lobe:

b. Temporal Lobe:

c. Parietal Lobe:

d. Frontal Lobe:

1. Phineas Gages's Injury

2. Paul Broca

5. Cerebral Hemispheres

a. Corpus Callosum

b. What about being a "right brain" or "left brain" person?

6. Exploring the Brain: Brain Damage, Plasticity, and Repair - see book

b. The Spinal Cord: the portion of the CNS enclosed in the vertebral column, consisting of nerve cells and bundles of nerves connecting all parts of the body with the brain.

2. Peripheral Nervous System: are nerve cells that innervate organ, bone, muscle tissue; and carries information to and from the central nervous system.

1a. All Peripheral Nervous Systems contain:

aa. Sensory Nerves: (afferent nerves)

neurons that carry messages from our glands, organs, bone, and muscle tissues to the central nervous system.

bb. Motor Nerves: (efferent nerves) neurons

that carry messages from the central nervous system to our glands, organs, bone, and muscle tissue.

A. Somatic Nervous System: controls voluntary movement of skeletal muscles and also transmits sensory information (tastes, touch, temperature) to the CNS.

B. Autonomic Nervous System: that part of the PNS that is in control of glands, internal organs and involuntary muscles.

1. Sympathetic Nervous System: a

division of the ANS that prepares the body for dealing with emergencies.

2. Parasympathetic Nervous System:

division of the ANS that is associated with conserving the body's energy, and returning the body to a normal, quiet state.

E. Techniques to Study The Nervous System - see book and readings review

1. Electroencephalogram (EEG)
2. Computerized Axial Tomography (CT Scan)
3. Positron Emissions Tomography (PET Scan)
4. Magnetic Resonance Imaging (MRI)
5. Neuropsychological Testing

III. Memory

A. Memory:

1. Introductory Remarks
2. Memory has **two** sources:

B. Memory Encoding: All of "B" Memory Encoding:

See Readings

1. Rehearsal:
2. Deep Processing:
 - a. Levels of Processing Theory:
3. Elaboration:
4. Imagery:
5. Organization

C. Atkinson - Shiffrin Theory: memory involves a sequence of three stages: sensory memory, short-term memory, and long-term memory.

1. **Sensory Memory:** holds information from the world in its original sensory form for only an instant, not much longer than the brief time it is exposed to the visual, auditory, and other senses.

a. What is the purpose of Sensory Memory?

- 1a. Attention: the selection of some incoming information for further processing.

a. Why do we pay attention to some stimuli and not to others? *Three reasons.*

2. **Short-Term Memory:**

- a. Tasks of STM (2)
- b. Duration
- c. Capacity

3. Long-Term Memory:

- a. Tasks of LTM
- b. Duration
 - 1. Factors associated with the storage of information in long-term memory.
- c. Capacity
- d. Long-Term Memory's Contents:
 - 1. Declarative Memory: information that can be communicated to another person including facts and personal information. (two types)
 - a. Semantic Memory: a portion of LTM that stores general facts and information.
 - b. Episodic Memory: that portion of LTM that stores more specific information that has personal meaning.
 - 2. Non-Declarative Memory: memory for the perceptual, motor, and cognitive skills required to perform a task.

D. Memory Retention & Retrieval

- 1. Association:
- 2. Types of Memory Retrieval
 - a. Recall: a type of memory retrieval in which the person reconstructs previously learned material.
 - b. Recognition: a type of memory retrieval in which a person picks bits of information from a group of items.

E. The Nature of Remembering

- 1 Autobiographical Memories: is a person's recollections of his or her life experiences.
- 2 Emotional Memories:
 - a. Flashbulb Memories: memories for events that are shocking or otherwise highly significant in a person's life.
- 3 Personal Trauma: Post Traumatic Stress Disorder
- 4 Repressed Memories: Psychoanalytic Perspective
- 5 Mood-Congruent Memories: people tend to remember information better when their mood is similar at encoding and retrieval.

F. The Neurobiological Basis for Memory

1. What groups of nerve cells are associated with memory?
2. Hormones and Memory

IV. Intelligence

A. Introductory Remarks

B. Intelligence: a specific instance of adaptive behavior, of coping with the environment and organizing (and reorganizing) through thought and action.

C. Gardner's Eight Frames of Mind (8 types of intelligence)

1. Verbal Skills
2. Mathematical Skills
3. Spatial Skills
4. Body Kinesthetic Skills
5. Musical Skills
6. Interpersonal Skills
7. Intrapersonal Skills
8. Naturalistic Skills

D. Intellectual Development

1. Heredity (Genetics)
 - a. Twin Studies
2. Environmental Influences
 - a. Nutrition - prenatal and post-natal development
 - b. Expectant mother's & father's physical health
 - c. Stimulation
 1. Parent-Child Interaction
 2. Opportunity
 - a. Education
 - b. Interactions with kids/people
 3. Play and games
 4. Extracurricular Activities
 - d. Socioeconomic Level
 - e. Cultural Attitudes

E. Intelligence Tests

1. The Genesis of IQ tests
 - a. Alfred Binet (1904) - France
 1. Mental Age
 - b. William Stern (1912)
 1. Intelligence Quotient (IQ)
 2. I.Q. Formula: $IQ = ma/ca \times 100$

c. **Lewis Terman** - Stanford University - the Stanford-Binet IQ Test

2. Most commonly used IQ tests

- Stanford-Binet
- Wechsler Intelligence Scale (WAIS-R)

3. What makes a "good" IQ test?

- a. Reliability
- b. Validity
- c. Standardization

4. The Classification of IQ Scores

5. Criticisms of IQ tests

V. Personality Theory

A. Personality

1. Why study personality Theory?

2. Why do theorists differ in their views of personality?

3. Defining Personality & Theory

a. **Persona - The Masks in Greek Theaters!**

b. **Personality:** 1. the characteristic way in which a person behaves; the ingrained pattern of behavior that each person evolves, both consciously and unconsciously, as his/her style of life or way of being in adapting to his/her environment.

2. the sum total of the physical, emotional, and social characteristics that distinguish one person from another.

c. **Theory:** an overall explanation given for a set of observations, which links them all into a coherent pattern or model.

a. **Empirical Constructs:** information based on observation and experience.

B. Major Theories of Personality

1. Psychoanalytic Theories

- a. Psychoanalysis - Sigmund Freud
- b. Analytical Psychology - Carl Jung
- c. Psychosocial Theory - Erik Erikson
- d. Sociocultural Approach - Karen Horney
- e. Individual Psychology - Alfred Adler

2. Humanistic Theories of Personality

- a. Self Theory - Carl Rogers
- b. Hierarchy of Motives - Abraham Maslow

V(a). Psychoanalytic Personality Theory: Sigmund Freud

- A. Introductory Remarks
- B. Psychoanalysis: Freud's Psychoanalytic Theory
- C. The Life of Sigmund Freud
- D. Freud's views of Human Nature
- E. Three major components of Psychoanalytic Personality Theory
 1. Psychosexual Stages of Personality Development (see reading review)
 2. Levels of Consciousness
 - a. Conscious
 - b. Preconscious
 - c. Unconscious: the content of mind or mental functioning that is beyond our awareness and contains our instincts, wishes and desires.
 3. The Dynamics of Personality
 - a. Id: that part of our personality which seeks immediate gratification and is the seat of our urges, desires and instincts.
 1. Instincts: (2 definitions)
 - a. Life Instincts (EROS): serve the purpose of survival of both the individual and the species by seeking to satisfy the needs for food, water & procreation.
 1. Pleasure Principle
 - a. cathexis
 - b. Death Instincts (Thanatos):
 1. Aggressive Drive:
 - b. Superego: the representation of society in personality that incorporates the norms & standards of a surrounding culture.
 1. Morality Principle:

Psychological Issue: CONFLICT AND ANXIETY

- **conflict:** the opposition and simultaneous functioning of mutually exclusive impulses, desires and tendencies.

- **anxiety:** apprehension, tension or uneasiness that stems from the anticipation of danger.

NOTE: Conflict and Anxiety is a result of environmental demands.

- c. **Ego:** the great mediator; the ego comes into existence in order to satisfy the primitive biological drives or instincts of the id and also to satisfy the needs of the superego which is to be as perfect as you can.

1. Reality Principle: prevents the discharge of tension until an object that is appropriate for the satisfaction of that need has been discovered.

2. Defense Mechanisms*: ego functions serving to provide relief from anxiety and conflict.

- a. **Displacement:** a DM in which an emotion is transferred from its original object to a more acceptable substitute.
- b. **Repression:** A DM that banishes unacceptable ideas, emotions, & impulses from consciousness.
- c. **Suppression:** A DM in which the person consciously controls and inhibits an unacceptable impulse, emotion, or idea.
- d. **Projection:** a DM in which what is unacceptable in the self is unconsciously rejected and attributed to others.
- e. **Reaction Formation:** a DM where in attitudes and beliefs adopted are the opposites of feelings and impulses the individual harbors.
- f. **Regression:** a DM in which the individual returns to an earlier stage of development or pattern of behavior in a threatening or stressful situation.

- g. Intellectualization:** a DM in which the individual controls emotions and impulses by way of thinking about them instead of experiencing them.
- h. Rationalization:** a DM in which the individual justifies attitudes, beliefs or behavior that otherwise may be unacceptable.
- i. Denial:** a DM in which the existence of unpleasant realities are disavowed.
- j. Sublimation:** a DM in which an unattainable or unacceptable goal or emotion is diverted into socially acceptable channels.

***NOTE: MAKE SURE YOU KNOW THE DEFENSE MECHANISMS
IN RELATION TO EXAMPLES GIVEN IN CLASS**

F. Criticisms of Psychoanalytic Personality Theory

V (b). Humanistic Theory of Personality

A. Introductory Remarks

B. Humanism:

- 1. Humanism's Views of Human Nature**

C. Self Theory - Carl Rogers

1. The Life of Carl Rogers

2. Rogers View of Human Nature

- a. Self Actualization (Actualizing Tendency)**

3. Personality Development

- a. Organism:** that part of our personality we are born with including our instincts, desires and our genetic make up which has a tendency toward self actualization.

- 1. Organismic Valuing Process:** the process by which an individual values experiences that are perceived as maintaining or enhancing the organism positively (or toward self actualization).

- b. Self:** the view of oneself in relation to feedback from the environment and attitudes about oneself.

1. The Development of the SELF
 - a. Positive Regard: (the need for)
 - (two types)
 1. Unconditioned Positive Regard:

the persistent expression of esteem for the value of a person but not necessarily unqualified acceptance of all of a person's behavior.

 - a. Positive Self Regard:
 - b. Conditions of Worth:
 1. Congruence with the organismic valuing process
 - a. Full Functioning Person:
 2. Conditioned Positive Regard:

judgment of another person's value on the basis of the acceptability of that person's behavior.

 - a. Positive Self Regard:
 - b. Conditions of Worth:
 1. Incongruence with organismic valuing process
 - a. Mental Disorders
4. Criticisms of Humanism & Self Theory

VI. LEARNING THEORY

- A. Introductory Remarks
 1. Major Proponents of Learning Theory
 - a. I.Pavlov & J.Watson: Classical Conditioning
 - b. E.Thorndike & B.F.Skinner: Operant Conditioning
 - c. A. Bandura: Social-Cognitive Theory
 2. Behaviorism & Learning
 3. Learning:
 - a. In order for learning to occur (prerequisites)
 1. Conditioning (plus others)
 4. Classical Conditioning: I. Pavlov (1849-1936)

The Father of Modern Learning Theory

 - a. Introductory Remarks - an accidental discovery

b. Classical Conditioning: a type of learning in which an organism learns to transfer a natural response from one stimulus to another (previously a neutral stimulus). **1. Neutral Stimulus:**

c. Elements of Classical Conditioning

- 1. Unconditioned Stimulus (US):** a stimulus that leads to a response without previous training.
- 2. Unconditioned Response (UR):** a response that occurs naturally and automatically when the unconditioned stimulus is presented.
- 3. Conditioned Stimulus (CS):** a neutral stimulus that, after training, leads to a response.
- 4. Conditioned Response (CR):** a learned response to a conditioned stimulus.

d. Pavlov's Experiment

Food (US)	-----	Salivation (UR)
Bell (NS)	-----	Orientation
*Bell (CS)	-----	Salivation
Food (US)		
Bell (CS)	-----	Salivation (CR)

* Pairing the CS with the US

1. Interstimulus Interval

e. Phenomena in Classical Conditioning

- 1. Generalization:**
- 2. Discrimination:**
- 3. Extinction:** decrease in strength of frequency of a learned response due to a failure to continue pairing the CS and the US.
- 4. Spontaneous Recovery:** the reappearance of a previously extinguished response after time has elapsed without exposure to the conditioned stimulus.

f. Conditioning of Emotions: John Watson (1878-1958) & the application of Classical

Conditioning

1. Introductory Remarks:

- a. Do humans have individual differences?
- b. Unconditioned Emotional Responses humans are born with:
 1. fear
 2. love
 3. rage/anger

2. The Case of Little Albert

Loud Noise (US)----- Fear (UR)
White Rat (NS)----- Orientation
*White Rat (CS)----- Fear
Loud Noise (US)
White Rat (CS)----- Fear (CR)

*Pairing the CS with the US

- g. Can Classical Conditioning be used to "unlearn" a behavior? - Mary Jones (1924)

5. Operant Conditioning: B.F. Skinner (1905 -1990)

a. Introductory Remarks

1. **Edward Thorndike: Law of Effect:**
behaviors followed by positive outcomes are strengthened, whereas behaviors followed by negative outcomes are weakened.

- b. **Operant Conditioning:** a type of learning in which the likelihood of a behavior is increased or decreased by the use of reinforcement or punishment.

1. Reinforcement:

- a. **Positive Reinforcement:** a stimulus which when added to a situation increases the probability of a response occurring again.
- b. **Negative Reinforcement:** a stimulus when taken away from a situation increases the probability of a response occurring again.
- c. **Continuous Reinforcement:**

d. Shaping:

2. Schedules of Reinforcement:

timetables that determine when a response will be reinforced.

a. Ratio Schedule of Reinforcement:

the number of correct responses the person makes between reinforcement.

1. Fixed Ratio Schedule:

reinforcing a behavior after a set number of responses.

2. Variable Ratio Schedule:

reinforcing a behavior an average number of times, but on an unpredictable basis.

b. Interval Schedule of

Reinforcement: the amount of time that elapses before reinforcement is made.

1. Fixed Interval Schedule:

reinforcing a behavior after which a specific amount time has elapsed.

2. Variable Interval Schedule:

reinforcing a behavior after which a varied amount of time has elapsed.

3. Eliminating Behavior

a. Extinction

4. Punishment: a negative consequence that decreases the likelihood of a behavior occurring again.

a. Prerequisites to Effective Punishments

6. Criticisms of Learning

VII. ABNORMAL PSYCHOLOGY (MENTAL DISORDERS)

A. Introductory Remarks

1. Mental disorders on a continuum.
2. What is normal? What is abnormal?
- a perspective

B. Criteria Used to Define Mental Disorders

1. There is **no** universal definition for a mental disorder.

C. Causes of Mental Disorders

1. Medications (prescribe, over the counter & illicit drugs)
2. Disease
3. Genetics

a. Diathesis Model: a constitutional predisposition toward a disease, mental disorder or characteristic when environmental factors are present.

4. Weather:
 1. The Full Moon Myth
 2. Catastrophic weather conditions
5. Experiential Factors (Psychological Trauma)
 - a. Abuse:
 - b. Neglect:
 - c. Loss:
 - d. Errors in Communication:

D. Terms used in Psychology to facilitate description and explanation of mental disorders. (Medical Model)

- | | |
|-----------------------|-----------------------|
| 1. Mental Disorder | 8. Etiology |
| 2. Patient | 9. Epidemiology |
| 3. Symptoms | 10. Psychosis |
| 4. Prodromal Symptoms | 11. Delusion |
| 5. Syndrome | 12. Hallucination |
| 6. Diagnosis | 13. Malingering |
| 7. Prognosis | 14. Nervous Breakdown |

E. System of Classifying Mental Disorders

1. The Diagnostic & Statistical Manual of Mental Disorder **IV-TR**, Edition.

F. Top Five Mental Disorders in Western Culture

G. Mood Disorders

1. **Introductory Remarks**
 - a. **What is Mood?** - the pervasive feeling, tone, and internal emotional state of an individual.
 - b. **Mood Range** - the difference between normal and abnormal mood.

Mood Range

Depression Sadness "Bad" "No" "Good" Elation Mania
 Mood Mood Mood

2. Depression

a. Introductory Remarks

1. What is the difference between depression and sadness?

b. Depression: a mental and emotional state in which the person experiences feelings of sadness, despair, and unhappiness.

1. Symptoms

2. Etiology of Depression

3. Epidemiology of Depression

3. Mania

a. Introductory Remarks

1. What is Manic-Depression?
2. What is Bipolar Disorder?

b. Mania: a mood disorder characterized by excessive elation, hyperactivity, agitation, grandiosity and accelerated thinking and speaking.

1. Symptoms of Mania

a. Abnormal Mood:

b. Grandiosity: an exaggerated belief of one's importance or identity.

c. Flight of Ideas:

continuous flow of accelerated thinking and speaking.

d. Behavioral Symptoms

e. Somatic Symptoms

1. Sleep
2. Appetite
3. Other

2. Etiology of Mania

3. Epidemiology of Mania

H. Anxiety Disorders

- 1. Introductory Remarks**
 - a. What is the difference between anxiety and stress?
 - b. What is the difference between anxiety and fear?
- 2. Anxiety:** apprehension, tension, and uneasiness that stems from the anticipation of danger.
- 3. Anxiety on a Continuum**
 - a. **Yerkes-Dodson Law:** describes a curvilinear relationship between anxiety and performance on certain tasks.
 - b. Anxiety becomes abnormal and requires treatment when:
- 4. Symptoms of Anxiety**
- 5. What causes anxiety?**
 - a. Biological Predisposition
 - b. Psychosocial Factors
 - c. Social Factors
 - d. Evolutionary Perspective
- 6. Abnormal Anxiety and other mental disorders**
- 7. Medical Illnesses associated with anxiety**
- 8. Types of Anxiety Disorders**
 - a. **Generalized Anxiety Disorder:** characterized by unrealistic or excessive anxiety and worry about many life circumstances.
 - b. **Phobic Disorders:** a persistent fear of a specific object, activity or situation that results in a compelling desire to avoid it.
 - 1. Types of Phobic Disorders**
 - a. **Specific Phobia:**
 - b. **Social Phobia:**
 - c. **Agoraphobia:**
 - c. **Panic Disorder:** the onset of intense apprehension, fearfulness, or terror associated with feelings of impending doom.
 - d. **Obsessive Compulsive Disorder:** an anxiety disorder characterized by the intrusion of unwanted and uncontrollable thoughts, urges, and actions.

e. Post Traumatic Stress Disorder: the development of symptoms of anxiety & other symptoms following a psychologically distressing event.

1. Symptoms:

- a. High levels of generalized anxiety
- b. Re-experiencing the psychologically distressing event.
- c. Avoiding stimuli associated with the psychologically distressing event.
- d. Diminished responsiveness to the world.

I. Personality Disorders

1. Introductory Remarks

a. Personality Disorder: show personality traits that are inflexible, and cause impairment and distress.

2. Types of Personality Disorders

- a. Paranoid P.D.:** a pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent.
- b. Schizoid P.D.:** a pattern of detachment from social relationships and a restricted range of emotional expression.
- c. Antisocial P.D.:** a pattern of disregard for, and a violation of, the rights of others.
- d. Histrionic P.D.:** a pattern of excessive emotionality & attention seeking behavior.
- e. Narcissistic P.D.:** a pattern of grandiosity, need for admiration, and a lack of empathy.
- f. Avoidant P.D.:** a pattern of social inhibition, feelings of inadequacy, and hypersensitivity to rejection.
- d. Dependent P.D.:** a pattern of submissive and clinging behavior related to an excessive need to be taken care of.

J. Schizophrenia

1. Introductory Remarks

A. Is schizophrenia the same a multiple personality disorder?

2. **Schizophrenia:** a psychotic disorder characterized by delusions, hallucinations, disorganized speech, grossly disorganized behavior, negative symptoms, and severe social, occupational and interpersonal impairment.
3. **Symptoms of Schizophrenia**
 - a. **Full Blown Symptoms**
 1. **Positive Symptoms**
 - a. **Delusions**
 - b. **Hallucinations**
 - c. **Disorganized Speech:** inability to convey accurately what the person is thinking about or what is going on externally.
 - d. **Grossly Disorganized Behavior:** odd behavior or the inability to perform tasks and goal-directed behavior.
 2. **Negative Symptoms:** a loss of or deficiency in thoughts and behavior that are characteristic of normal functioning.
 4. **Subtypes**
 5. **Epidemiology**
 6. **Etiology**
 7. **Treatment**

VII. Therapies: The Treatment of Mental Disorders

A. Introductory Remarks

1. Does any form of therapy work better than another?
2. Issues associated with therapy:
 - a. cost
 - b. confidentiality
 - c. stigma

B. Characteristics of the Therapist/Counselor

C. Forms of Therapy used to treat mental disorders

1. **Psychotherapy:** psychological treatment based on the relationship and verbal communication between the patient and the therapist.
 - a. **Two Types:**
 1. **Supportive:** aims to foster those defenses or coping mechanisms the person uses in order to maintain mental health.

2. Insight-Oriented: facilitates changing defenses, coping mechanisms and improving self esteem and potential.

a. Goals:

1. Insight: self understanding; the extent of a person's understanding of the nature, origins and mechanisms of attitudes and behavior.
2. Catharsis
3. Perspective: looking back on personal events and understanding them for what they are and the impact they have make on a person's life.
4. Change

b. Approaches to Psychotherapy

1. Psychodynamic Psychotherapy:

treatment of mental disorders as it is related to the dynamics of personality.

a. Psychoanalysis - S. Freud: a form of therapy based on uncovering unconscious conflicts and issues related to abnormal levels of anxiety, that compels the individual to function abnormally.

1. Techniques:

a. Free Association:

spontaneous, uncensored verbalization by the patient of whatever comes to mind.

b. Suggestion:

2. Humanistic Psychotherapy: people are encouraged to understand themselves and to grow personally.

a. Person-Centered Therapy -

1. Rogers: a form of psychotherapy committed to helping the person realize his potential and to become fully functioning.

1. **Techniques:**
 - a. **Non-directive Approach:**
 - b. **Reflection:** a remark or statement by the therapist to focus in on and disentangle confusion on the part of the patient.
 - b. **Phenomena that occurs in Psychotherapy**
 1. **Transference:** the assignment to others the feelings and attitudes associated with important figures in one's early life.
 2. **Resistance:** the reluctance of a patient to reveal painful feelings and examine long-standing behavior patterns.
 - c. **Recent Developments in Psychotherapy**
 1. **Short-term Dynamic Approach:** a form of therapy aimed at the resolution of a set of circumscribed problems.
2. **Behavior Therapy**
 - a. **Introductory Remarks**
 1. What is the basic premise behind behavior therapy?
 - b. **Behavior Therapy:** a therapeutic approach based primarily on the principles of conditioning and aimed at teaching new behaviors.
 1. **Three Types:**
 - a. **Systematic Desensitization:** a behavior therapy technique designed to gradually reduce anxiety or fear about a particular situation.
 - b. **Aversive Therapy:** a behavior therapy procedure aimed at eliminating undesirable behavior patterns by teaching the person to associate them with pain and discomfort.
 - c. **Behavior Modification:** altering patterns of disturbed behavior through the use of rewards and punishments.
 3. **Cognitive Therapy:**
 - a. **Introductory Remarks**
 1. **Tasks of Cognitive Therapy**

b. Cognitive Therapy: emphasizes changing the person's perception of his or her life situation as a way of changing behavior.

1. Types of Cognitive Therapy

a. Rational-Emotive Therapy -
Albert Ellis: a form of therapy based on the assertion that individuals become psychologically disordered because of their beliefs, especially those that are irrational and self-defeating.

b. Behavior-Cognitive Therapy -
David Burns - changing the way a person thinks in relation to how they feel and behave.

3. Biological Therapies: forms of treatment that directly alters the chemistry and physiology of the mentally ill person.

1. Types of biological therapies

a. Psychopharmacotherapy: the use of specific drugs to treat psychiatric disorders that are refractory to behavioral and psychotherapeutic approaches.

- 1. Antipsychotic Drugs:**
(AKA neuroleptics)
- 2. Anti-depressant Drugs:**
- 3. Anti-Anxiety Drugs:**
- 4. Anti-manic Drugs:**

b. Electroconvulsive Therapy: a biological therapy in which a mild electrical current is passed through the brain for a short period of time.

c. Psychosurgery: a biological treatment in which a small portion of the patient's brain cells are surgically destroyed thus eliminating abnormal behavior.

d. Transcranial Magnetic Stimulation

IX. States of Consciousness

A. Introductory Remarks

B. Consciousness: the general state of being aware and responsive to stimuli in the external and internal environment.

1. Levels of Awareness: Consciousness on a Continuum

Controlled
Processes

Automatic
Processes

Minimal or No
Processes

a. Controlled Processes: the most alert states of consciousness, in which individuals actively focus their efforts toward a goal.

1. Examples of Controlled Processes

b. Automatic Processes: forms of consciousness that require minimal attention and do not interfere with other ongoing activities.

1. Examples of Automatic Processes

c. Minimal or No Processes: forms of conscious that represent thoughts that are beyond a person's awareness or reflect low levels of mental activity.

1. Examples of Minimal or No Processes

2. Altered States of Consciousness: when a person is in a mental state that noticeably differs from normal awareness.

a. Drug Induced Altered States of Consciousness

1. Psychoactive Substance: a drug when taken into the body can alter one's state of consciousness, including mood.

a. Ancillary Information

2. Terminology

a. Tolerance: the need for markedly increased amounts of the substance to achieve intoxication or desired effect.

Note: There is also markedly diminished effect with continued use of the same amount of the substance.

b. Cross Tolerance: tolerance that develops to one drug as a result of exposure to another.

c. Withdrawal: temporary physical disorders which occur as a result of the person failing to receive their normal dose of a psychoactive substance on which they have become dependent.

1. Delirium Tremens: (AKA DT's)transient organic mental disorder characterized by confusion, hallucinations, violent behavior and convulsions.

d. Euphoric Effect: an exaggerated feeling of physical and emotional well being.

e. Analgesic Effect: absence of appreciation of painful sensations.

f. Toxic Effect: the poisoning effect of a drug.

g. Depersonalization: an alteration in the perception or experience of the self so that one feels detached from, and as if one is an outside observer of, one's mental processes or body.

h. Polysubstance Abuse: a disorder characterized by the abuse of at least three different psychoactive substances.

3. Understanding the nature of Substance-Related Disorders

a. Physical Drug Dependence: a compulsive pattern of drug use in which the user develops a drug tolerance coupled with unpleasant withdrawal symptoms when the drug use is discontinued.

- e.g. delirium

b. Psychological drug dependence: a craving or irresistible urge for a drug's pleasurable effects.

4. The Epidemiology of Psychoactive Substance Use

5. Most popular and widely used psychoactive substances

6. Etiology of Drug Use

a. Introductory Remarks

b. Public Health Model: a system for understanding drug or alcohol abuse in terms of the agent, host and environment.

1. Agent

a. Narcotics: any opiate derivative that relieves pain or alters mood.

1. Examples 2. Effects

b. Central Nervous System Depressants: an agent that reduces bodily and neurological functional activity.

1. Examples, 2. Effects

c. Stimulants: a substance that arouses or heightens activity.

1. Examples 2. Effects

d. Hallucinogenic: an agent that primarily produces false sensory perceptions.

1. Examples, 2. Effects

e. Cannabinoids

1.Examples, 2. Effects

f. Entactogens:

psychoactive drugs that have unique effects intermediate to those associated with hallucinogens and stimulants.

1. Examples,
2. Effects

g. Solvents

- 1.Examples,
2. Effects

2. Host

- a. What are some characteristics of the psychoactive substance abuser or dependent?
- b. Early warning symptoms
- c. Physical Response to a psychoactive substance.
 1. Prediction
 2. Relapse
- d. When is one "free and clear" of a psychoactive substance?

3. Environment

- a. What are some environmental factors that contribute to psychoactive substance abuse and dependence?

3. Other States of Consciousness

- a. Sleep - see book and readings review
- b. Hypnosis - see book and readings review

END OF LECTURE OUTLINE