# PSYCHOLOGICAL PROBLEMS



#### **KEY DEBATES**

- NATURE (biological) vs. NURTURE (learned/society)
- REDUCTIONISM (nature theories) vs. HOLISM
- FREE WILL (ABC Model) vs. DETERMINISM (Social Rank)

## **SCHIZOPHRENIA**

**BIOLOGICAL THEORY** 

#### **DEFINITION**

A psychotic disorder where people lose their sense of reality. Covers 1% of the population.

#### SYMPTOMS

- Hallucinations (see/hear things that aren't there)
- thought disturbances
- Disorganised speech
- Catatonic behaviour (doesn't respond)
- · Delusions (errors in reality

## LIMITATIONS

- · Ignores nurture -**Dopamine Hypothesis** - Dopamine system is overactive - high levels of importance of dopamine binding to receptors upbringing & life events
- **Brain dysfunction**
- Less blood flow in frontal lobe (responsible for logic, reasoning, problem solving etc.)
- Reduced volume of hippocampus (poor cognitive functioning & accessing/processing memories)

#### SOCIAL DRIFT THEORY

- 'Label' of schizophrenia could lead to the condition worsening - due to the associated stigma around mental illness
- -> discrimination
- Person withdraws from society (due to symptoms & fear of discrimination) then...
- Leads to rejection by society -> leads to further deterioration of mental health







## abnormalities LIMITATIONS

Reductionist-

on brain

focuses too much

- ignores nature biological factors (brain dysfunction & hormones)
- doesn't explain cause & effect just effect of diagnosis

#### CLINICAL DEPRESSION

#### **DEFINITION**

A mood disorder where people have persistent feelings of sadness over a long period of time.

#### SYMPTOMS

- · Low mood (sadness)
- Feeling hopeless
- · Low self-esteem
- No motivation/lack of interest in things
- Suicidal thoughts

#### SOCIAL RANK THEORY(Evolution)

- We behave in a certain way for survival reasons
- When we lose a level of status we can lose confidence in our abilities (depressed state).
- If we to try to regain our rank we may suffer further losses which would be detrimental for our survival (be rejected from the social group). Therefore depression allows us to accept a subordinate role & reduces further conflict.

- Depression is the result of an Activating event,

which leads to irrational Beliefs, which then cause

- According to Ellis the 'B' is the most important part of

- Depression = result of irrational beliefs, individuals

MODEL

negative Consequences.



(winner)

#### LIMITATIONS

- Ignores nurture e.g. other life factors (e.g. trauma)
- Reductionistignores complex nature of depression



 Free will- puts responsibility solely on patient

- · Ignores nature disregards role of chemical processes in the brain

# KEY CONCEPTS

- Good mental health = high self-esteem, autonomy, self-actualisation, accurate perception of reality
- Mental Health Act (1959) aims to reduce stigma & discrimination
- Difficult to measure as not all problems diagnosed. Statistics: 1 in 4 in UK, affects both sex equally, but men develop sz. earlier than women. Asians more likely to develop depression.

#### MENTAL HEALTH CONTINUUM

Healthy	Mild	Moderate	Severe
	Disruption	Disruption	Disruption
Normal functioning		Significant functional impairment	Severe and persistent functional impairment

#### APPLICATIONS OF RESEARCH **NEUROPSYCHOLOGICAL TESTS & SCANS**

## · Wisconsin Card Sort test (WCST)- frontal lobe

- Beck Depression Inventory (BDI) severity of
- PET scan shows blood flow in the brain

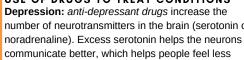
#### USE OF DRUGS TO TREAT CONDITIONS

number of neurotransmitters in the brain (serotonin or depressed.

# PSYCHOTHERAPY - talking therapies (no

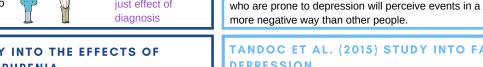
CBT – aims to change how the individual thinks & behaves- to confront the negative irrational thoughts and how they impact on the individual.

Uses Ellis' A-B-C model and adds D= Disputing (questioning) the persons irrational beliefs and E= Effect of changing the interpretation of an event.



Schizophrenia: anti-psychotic drugs act by blocking some of the dopamine receptors. By reducing the level of dopamine, it reduces the effects of the psychotic episode.

# drugs)



## DANIELS ET AL. (1991) STUDY INTO THE EFFECTS OF **AMPHETAMINES ON SCHIZOPHRENIA**

## To see whether amphetamines affect PFC and WCST performance.

10 chronic schizophrenics



- No difference in BAR task (control)
- · Small difference between amphetamine & placebo in the WCST as some areas of the prefrontal cortex were active
- Amphetamines shown to increase the ability of the prefrontal cortex to focus in the WCST.

#### LIMITATIONS OF STUDY

- · Sample too small (can't be generalised) & culturally biased (unrepresentative)
- · Ethical issues: using brain scans for research not medical reasons.

## TANDOC ET AL. (2015) STUDY INTO FACEBOOK & **DEPRESSION**

AIM

To see whether Facebook use predicted depression.

the model.

854 journalism students from 💓 🎑 US university (68% female)



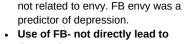
### **PROCEDURE**

Completed questionnaire:

- 1. Facebook usage and surveillance
- 2. Envy Scale
- 3. Depression symptoms
- \*Facebook surveillance involves looking at friends' status' but not commenting or posting own information.



· Size of the network of FB friends



depression. But, FB envy can lead to depression.

#### LIMITATIONS OF STUDY

- Sample culturally biased (unrepresentative & can't be generalised)
- Self-report: participants could have lied due to social desirability.

## SAMPLE FINDINGS & CONCLUSION from same hospital RESEARCH METHOD/ DESIGN

# Lab experiment (double-blind) -

repeated measures design

# **PROCEDURE**

Participant received dose of amphetamine or placebo

swapped (double-blind) \*

Completed the Card sort test (PFC task) and BAR task (control task) on a computer whilst having SPECT scan \* Did same 2-4 days later but

#### Created by @stephhill58