# PSYCHOLOGICAL PROBLEMS



## **KEY DEBATES**

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

### SCHIZOPHRENIA 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)

rejection by society

Delusions (errors in reality

# **BIOLOGICAL THEORY**



 Dopamine system is overactive - high levels of dopamine binding to receptors

#### 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

#### LIMITATIONS

- Ignores nurture importance of upbringing & life
- Reductionistfocuses too much on brain abnormalities

#### LIMITATIONS

- 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

who are prone to depression will perceive events in a

MODEL

more negative way than other people.

negative Consequences.



#### LIMITATIONS lanores nurture -

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



#### LIMITATIONS

- · Ignores nature disregards role of chemical processes in the brain
- · Free will- puts responsibility solely on patient

#### depression. MENTAL HEALTH CONTINUUM

KEY CONCEPTS

perception of reality

stigma & discrimination

Good mental health = high self-esteem.

autonomy, self-actualisation, accurate

Difficult to measure as not all problems

women. Asians more likely to develop

Mental Health Act (1959) - aims to reduce

diagnosed. Statistics: 1 in 4 in UK, affects both

sex equally, but men develop sz. earlier than

MENTAL HEALTH CONTINGOM			
Healthy	Mild Disruption	Moderate Disruption	Severe Disruption
Normal functioning		Significant functional impairment	Severe and persistent functional impairmen

#### 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

Depression: anti-depressant drugs increase the number of neurotransmitters in the brain (serotonin or noradrenaline). Excess serotonin helps the neurons communicate better, which helps people feel less depressed.

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.

## PSYCHOTHERAPY - talking therapies (no dru as)

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.

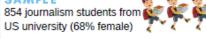
# TANDOC ET AL. (2015) STUDY INTO FACEBOOK & **DEPRESSION**

#### AIM

the model

To see whether Facebook use predicted depression.

US university (68% female)



#### RESEARCH METHOD/ DESIGN Ouestionnaire (online survey)

#### PROCEDURE

Completed questionnaire:

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

- feelings of envy. Size of the network of FB friends
- not related to envy. FB envy was a predictor of depression.

#### LIMITATIONS OF STUDY

- · Sample culturally biased generalised)
  - Self-report: participants could have lied due to social desirability.

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

AIM
To see whether amphetamines affect PFC and WCST performance.

SAMPLE 10 chronic schizophrenics

from same hospital

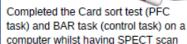


# RESEARCH METHOD/ DESIGN

Lab experiment (double-blind) - \$\frac{1}{8}\$ repeated measures design

#### PROCEDURE

Participant received dose of amphetamine or placebo



\* Did same 2-4 days later but swapped (double-blind) \*

# FINDINGS & CONCLUSION

- 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.







- · Use of FB- not directly lead to depression, But, FB envy can lead to depression.

- (unrepresentative & can't be

