- phallic
  - oedipus complex
  - sex differences
  - penis envy
- latency
  - learning skills and tasks
  - same-sex friends
- genital
  - puberty
  - hella heteronormative and misogynistic
  o fixations
    - being stuck on one psychosexual stage leads to personality development issues; unconsciously affects personality and relationships
  o *dream interpretation
    - manifest content
      - what happened in the dream
    - latent content
      - symbolic meaning of the dream
  o free association
    - saying whatever comes to mind and the therapist interprets the meaning
  o transference
    - transferring problems to the therapist so they can interpret the meaning
    - staying neutral
    o countertransference
      - therapist including their own problems to the patient
  o psychoanalysis only helps a limited population + is not research-supported
  o behavioral model – scientific approach
    o *classical conditioning (pavlov, watson)
      - ubiquitous, unconscious learning
      - neutral + unconditioned stimuli
      - acquisition of fear
      - can be generalized
      - emotional and physiological
    o challenged psychoanalysis
    o systematic desensitization treatments
    o operant conditioning (thorndike, skinner)
      - ubiquitous form of learning
      - voluntary behavior is controlled by consequences
      - *reinforcements: increase likelihood that behavior will happen again
      - *punishments: decrease likelihood of behavior happening again
      - *positive: putting reinforcements/punishments out
      - *negative: taking reinforcements/punishments away
      - *shaping behavior
• based on temperament, abilities, life experience, assimilation & accommodation
  o assimilation: taking environmental input and generalizing
    ▪ all four legged animals are kitty
  o accommodation: learning differences between groups
    ▪ differences between kitty and doggy!
• schema: underlying structure that represents knowledge – guides what we take in and how we process it
  ▪ *strengths
    • broad appeal – works w/ wide variety of people
    • demonstrated correlation between symptoms and maladaptive thinking – therefore, correlation between changing thinking and progress of symptoms
      o research-based
    • focus is uniquely human – thought processes
    • treatments adapt well to technology
  ▪ *weaknesses
    • too narrow/singular of a focus
      o doesn’t take emotion into consideration
    • overly focused on the present, ignores relevant experiences from the past
      o acknowledging the past without dwelling on it
    • while its effective for many disorders, the model hasn’t been without its failures
      o not complete solution for long-term traumas - ptsd, chronic anxiety, etc
    • how do you test subconscious thought processes?
      o correlational – cannot assume cause
  o cognitive science + the unconscious
    ▪ blind sight
      • unconscious vision
      • damage to occipital lobe – eyes see things, but brain is unable to process what they see
      • dissociation between behavior and the unconscious
    ▪ implicit memory
      • acting on the basis of things from the past, but that you’re unable to remember
    ▪ stroop paradigm
      • red, brown, yellow
      • difficulty concentrating on color of the word rather than the meaning of the word itself
      • overlapping sensory input
• muscle tension: only distinguishing factor between gad and other anxiety disorders
  ▪ threat sensitivity – always hyper vigilant – cannot always visualize what the worry is about
  ▪ frontal lobe activation – decreased left frontal lobe activity (more inhibited and cautious)
  ▪ inheritability – 20%-40%

o treatments
  ▪ benzodiazepines – mild tranquilizers
  ▪ antidepressants
  ▪ cognitive-behavioral treatments
    • exposure to worry process
    • confronting anxiety-provoking images
    • coping strategies
  ▪ acceptance, meditation, long-term results

o panic disorder
  o clinical description
    ▪ unexpected panic attacks
    ▪ anxiety, worry, or fear of another attack (anticipatory anxiety)
    ▪ persists for 1 month or more
    ▪ avoidance can be persistent
    ▪ use and abuse of drugs and alcohol (more often in men)
    ▪ interoceptive avoidance – avoid internal signals/physical sensations
      ▪ 2.7% / year
      ▪ 4.7% / lifetime
      ▪ female: male ratio 2:1
      ▪ acute onset, ages 20-24

  o children
    ▪ hyperventilation
    ▪ cognitive development

  o elderly
    ▪ health focus
    ▪ change in prevalence

  o social/gender roles
    ▪ ~75% of those with agoraphobia are female

  o similar prevalence rates

  o variable symptom expression – somatic symptoms

  o culture-bound syndromes
    ▪ ataque de nervios, susto, kyol goeu

  o nocturnal panic
    ▪ 60% with pd experience nocturnal attack
      • non-rem sleep; delta wave
    ▪ caused by deep relaxation
    ▪ sleep terrors
- generalized subtype
  - statistics
    - 12.1% / life
    - 6.8% / year
    - female: male ratio 1.4:1.0
    - onset: adolescence (peak age 15)
  - causes
    - inherited vulnerability: biological and evolutionary
      - predisposition for anxiety
    - one traumatic experience → direct conditioning
    - observational learning (modeling)
    - information transmission
    - family influence
  - judge own performances more harshly than others do
  - humans are the only animals that get embarrassed + blush
    - self-consciousness
    - temporary drop in self-esteem
    - signals a need to escape the situation
  - treatments
    - medications
      - beta blockers (propranolol) – can’t take if u have asthma
      - tricyclic antidepressents
      - ssri (prozac, paxil, celexa) / snri (effexor, cymbalta)
      - decrease amygdala activity
    - cognitive-behavioral treatment
      - exposure, rehearsal, roleplay, group settings
      - more effective than meds alone
- obsessive-compulsive disorder (ocd)
  - clinical descriptions
    - obsessions
      - *internal, intrusive and nonsensical
      - thoughts, images, urges
      - attempts to resist or eliminate
      - contamination, aggressive impulses, sexual content, somatic concerns, need for symmetry [60% have multiple]
    - compulsions
      - *behavior: thoughts or actions
      - suppress/control obsessions
      - provide relief
      - generally unrelated to the obsessions
      - four major categories
        - checking, ordering arranging, washing/cleaning
diminishes but remains above normal; resistance to new stressors is impaired

- **hypothalamus** secretes corticotropin-releasing hormone (CRH), which stimulates the **pituitary gland** to release adrenocorticotropic hormone (ACTH)
- ACTH stimulates **adrenal cortex** to release stress-related hormones called **corticosteroids** (cortisol, glucocorticoids, mineralcorticoids)
- **glucocorticoids** prepare the body for long-term resistance
  - increased protein breakdown in cells
  - increased sensitivity of blood vessels to constricting agents – increased blood pressure
  - inhibition of inflammatory process – delays healing
  - decrease lymphocytes released from thymus and lymph glands – conserves energy in short run, but increases risk of illness in the long run
- **exhaustion stage**: if the stressor persists, the alarm stage reappears, but it is irreversible; energy reserves are depleted, leading to exhaustion, physical disorders, and potentially death
  - corticosteroid levels remain elevated long after stressor is gone
  - continued high levels weaken the body

- **hypothalamus-pituitary-thyroid gland**
  - hypothalamus signals thyroid gland by secreting thyrotropin-releasing hormone (TRH)
  - thyroid hormones:
    - increase metabolic rate, increased heart rate, nervousness, alertness, decreased GI motility
- Selye’s work is considered the cornerstone of modern stress research

- Stress and the immune system
  - Robert Ader and Nicholas Cohen (1975): empirical connection between immune system and psychological processes – proved mind-body connection
    - classical conditioning: sugar water + nauseating immune suppressant paired together made rats sick at just the sign of the sugar water
    - opened doors to other lines of research in this vein
- Men found it harder to overeat and gain weight over time.
- After the study, they restricted eating and lost weight again.

• Problems with DSM V definition of anorexia nervosa:
  - Refusal/inability to maintain healthy body weight
    - Little predictive value for medical status, prognosis, or outcome
  - Fear of becoming fat/gaining weight
    - May not characterize people with anorexia in non-western cultures
  - Amenorrhea (loss of menstruation)
    - Not reliably associated with degree of weight loss / outcome of disorder
  - Two types of anorexia
    - Does not achieve the goal of identifying and organizing useful information
      – Doesn’t distinguish prognosis or course

• Bulimia nervosa
  - Distinguishing from anorexia
    - Within normal weight range
    - Twice as prevalent as anorexia
  - Two types:
    - Purging type: Vomiting, diuretics, laxatives, enemas
    - Nonpurging type: Other behaviors to prevent weight gain, such as fasting or excessive exercise
  - Binges are typically pleasurable, are eaten in secret, followed by guilt
    - Usually consists of 1000-3000 calories in 2-3 hrs
    - Feels out of control
  - Late-teen/early 20s onset
  - Risky groups: Urban dwellers, people born after 1960, white and Asian females
  - Medical effects of bulimia
    - Swelling of the parotid and salivary glands and erosion of tooth enamel due to chronic vomiting
    - Heart and muscle problems due to use of ipecac syrup
    - Permanent loss of intestinal functioning due to regular laxative use
    - Constipation, abdominal bloating, discomfort, fatigue, irregular menstruation
    - Dehydration and electrolytic imbalance
    - Not lethal like anorexia
  - Course: 50% achieve long periods of remission
  - Comorbidity: Anxiety; depression; substance abuse; personality disorders

• Similarities and differences of bulimia + anorexia
  - Both usually onset after a period of dieting
  - Both have fear or reluctance of becoming obese
  - Both have preoccupation with food, weight, and appearance
  - Both have feelings of anxiety + depression
  - Both tend to be perfectionistic
  - Bulimics tend to have: History of mood swings, poor frustration tolerance, and poor coping skills
o alertness, increased blood pressure, irritability
o usually inhaled with co2 – not enough o2
o #1 preventable cause of death in the united states [respiratory + cardiac]
o 70% of users say they want to quit – only 3% are successful
o ~44.5 million adults currently smoke
o earlier you start smoking, the harder it is to quit

hallucinogens

• *produce delusions, hallucinations, and other sensory changes
• typically produced in a lab, but can be naturally derived (shrooms – ergot fungus)
• psychedelic drugs – cause ‘trips’
• natural – mescaline, psilocybin
• lab – lsd, ecstasy
• can cause convulsions, limb loss, etc

cannabis - thc

• produce sensory changes, but has depressant and stimulant effects
• hashish – solidified resin of cannabis plant
• marijuana – buds, crushed leaves, flowering tops
• amotivational syndrome – lack of motivation
• no evidence for withdrawal or tolerance
• heavy users – reverse tolerance

ketamine

• memory loss, decrease in cognition
• studies for treating pain

combinations of substances

• *cross-tolerance: two or more drugs are so similar in their actions on the brain and body that, as people build a tolerance for one drug, they are simultaneously developing a tolerance for the other (even if they’ve never taken it)
• *synergistic effects: when different drugs are in the body at the same time, they may multiply/potentiate each other’s effects – often greater than the sum of the two drugs
• *other synergistic effects: when drugs have opposite effects
  o ex – cocaine + alcohol mask each other’s effects, can be lethal

what causes substance use disorders?

• combination of sociocultural, psychological, biological explanations
• risk factors in general population for substance use disorders
  o negative affective state, more sensitive to internal cues – overreaction – hyperfocused internally that can lead to self-medicating, poor self-esteem, lack of sense of self-control, experienced poor role performance (not fitting in), impaired social skills, poor coping skills, lack of social support
• individual risk factors
  o deinstitutionalization – homelessness/no healthcare, downward shift to poorer living/poverty, self-medication, stigma against mental illness, growing accessibility to drugs
• more likely to develop under stressful socioeconomic conditions
• substance use is valuedmodeled in some families/communities
• drug-addicted parents spend less time monitoring their kids
• drug-addicted parents + younger drug use in their children
• psychodynamic theorists – dependency needs in early years
  o impulsivity links with later substance use
• ***cognitive-behavioral views – operant conditioning – rewards and reinforcement
  o using drugs to remove anxiety
  o increases likelihood to repeat actions
  o doesn’t cause substance abuse disorders in and of itself
  o cognitive: expectation that the substance will be rewarding – motivation to do it again at times of tension
• opponent processing – positive + negative reinforcement that continue behavior even in shitty situations
  o u can only stay happy for so long
  o in order to avoid negative emotions, ppl use more substances
  o relationship grows over time
• *classical conditioning at work – conditioned stimuli can introduce withdrawal symptoms even if someone’s been clean
• drug misuse may have biological causes – genetic predisposition
  o identical twins: 54%
  o fraternal twins: 28%
  o adoption studies – adoptees more similarly resemble biological parents in terms of alcoholism
  o types of alcoholics
    ▪ type 1: less severe, later onset, evenly divided gender, environmentally related, less evidence of genetic link
    ▪ type 2: more severe, earlier onset, men outnumber women, genetic link
  o abnormalities in dopamine-2 receptor in most ppl with substance use disorders
  o biochemical factors
    ▪ dopamine reward system – pleasant feelings
      • particularly stimulants – can trigger psychotic episodes
    ▪ ‘pleasure pathway’ – drugs all light up the same pathway of dopamine in one way or another
- AA – peer support, moral and spiritual guidelines, abstinence goal
- 12-step facilitation run by a professional – motivational enhancement therapy (met)
  - motivation is essential to change – 5 stages: precontemplation, contemplation, preparation, action, maintenance (preventing relapse, support, knowledge, etc)
  - changing habits – 5 r’s: relevance, risks, rewards, repetition, results
    - culture- and gender-sensitive programs
    - community prevention programs

chapter 6 [stress] – lecture slides *20 questions
*no dissociative/ptsd/stress disorders
chapter 11 [eating disorders] – lecture + book *13 questions
chapter 12 [substance use] – lecture *17 questions