MOOD DISORDERS
(AFFECTIVE DISORDERS)

Extreme Depression and/or Mania

Major Depression
One of the most common behavior disorders ("The common cold of behavior disorders"; 8-12% of men in lifetime; 20-26% of women)
Symptoms
  Sad feelings ("low and slow")
  Feelings of hopelessness, worthlessness, self-reproach, negative thoughts about self
  Loss of pleasure in ordinary activities
  Suicidal thoughts or acts
  Diminished ability to concentrate
  Delusions sometimes
  Appetite and sleep pattern changes
Causes of Major Depression
  Multifactor theory (biological, learning, cognitive)
  Genetics (twin studies)
  Biochemical abnormalities (norepinephrine and serotonin)
  Possible hormonal factors
  Learned helplessness
  Cognitive processes (Aaron Beck)

Bipolar Disorders (Manic-Depressive Disorder)
Mania, delusions, flight of ideas
Causes
  Genetic, biochemical, defense against depression
ETIOLOGY OF MOOD DISORDERS

1. Genetic Vulnerability
   A. Predisposition to mood disorders
   B. Stronger for bipolar disorder than unipolar

2. Neurochemical factors
   A. Heredity may influence susceptibility to mood disorders by creating a predisposition toward certain types of neurochemical abnormalities in the brain
   B. norepinephrine and serotonin

3. Cognitive factors
   A. Martin Seligman’s learned helplessness model of depression and its most recent descendant, hopelessness theory
   B. Theory has changed over the years, but now has a cognitive slant
   C. How people explain the setbacks and other negative events that they experience
   D. A Pessimistic explanatory style
      1. Attribute setbacks to their personal flaws instead of situational factors
      2. Draw global, far-reaching conclusions about their personal inadequacies based on setbacks
   E. Hopelessness theory: a sense of hopelessness is the “final pathway” leading to depression
      1. Other contributing factors: stress, self-esteem
F. In summary: Emphasize people’s cognitive reactions to the events in their lives
G. Also, people who ruminate remain depressed longer
   1. Women ruminate more, explain disparity
H. Cause and effect problem: chicken or egg

4. Interpersonal roots
   A. Inadequate social skills
   B. Lack social finesse needed to acquire many important kinds of reinforces, such as good friends, top jobs, and desirable spouses
   C. Shyness can be a problem
   D. Depressed people tend to be depressing, therefore courting rejection (circular)
      1. Irritable, pessimistic, critical, etc.

5. Precipitating stress
Schizophrenic Disorders

I. Schizophrenia means "split mind"
   A. Fragmentation of thought processes, not "split personality"
   B. Definition: A class of disorders marked by delusions, hallucinations, disorganized speech, and deterioration of adaptive behavior
   C. 1% to 1.5% of population

II. Symptoms
   A. Irrational thought
      1. Central feature of disorder
      2. Delusions
      3. Delusions of grandeur
      4. Loosening of associations
   B. Deterioration of Adaptive Behavior
      1. Work, social relations, personal care
   C. Distorted perception
      1. Hallucinations
   D. Disturbed emotion
      1. Flattening of emotions
      2. Emotionally volatile, unpredictable
Subtypes

I. Paranoid type
   A. Delusions of persecution and grandeur
      I. Being watched and manipulated

II. Catatonic type
   A. Striking motor disturbances, ranging from muscular rigidity to random motor activity
   B. Catatonic stupor or excitement

III. Disorganized type
   A. Severe deterioration of adaptive behavior
   B. Emotional indifference, frequent incoherence, virtually complete social withdrawal

IV. Undifferentiated type
   A. Idiosyncratic mixture

V. Positive versus Negative Symptoms
   A. Better way of looking at types
   B. Negative symptoms involve behavioral deficits, such as flattened emotion, social withdrawal, apathy, impaired attention, and poverty of speech.
C. Positive symptoms involve behavioral excesses or peculiarities, such as hallucinations, delusions, bizarre behavior, and wild flights of ideas