# Unit 2: Problems of Anxiety and Mood Abnormal Psychology

#### Key People:

Sigmund Freud
Aaron Beck
Martin Seligman
Peter Lewinsohn
Edwin Shneidman
Emile Durkheim

### CH 4: Anxiety, Obsessive-Compulsive, and Related Disorders

#	Description	Text pages
4.1	Describe the DSM category of the anxiety disorders and how common these disorders are.	106
4.2	Discuss the features, major <u>etiological theories</u> , and <u>treatments</u> for <b>generalized anxiety disorder</b> .	107-119
4.3	Define phobia; then distinguish between <b>specific phobias</b> and <b>agoraphobia</b> ; discuss the major <u>etiological theories</u> and <u>treatments</u> for each type.	119-127
4.4	Discuss the characteristics, etiological theories, and treatment of social anxiety disorder.	127-131
4.5	Describe the features of <b>panic disorder</b> and discuss the <u>biological and cognitive</u> <u>explanations</u> and <u>therapies</u> of this disorder.	132-136
4.6	Distinguish between obsessions and compulsions. Discuss the major <u>etiological theories</u> and <u>treatments</u> for <b>obsessive-compulsive disorder</b> .	137-142
4.7	Describe the new Obsessive-Compulsive-Related Disorders group in DSM-5.	143-147

#### **CH 5: Disorders of Trauma and Stress**

#	Description	Text pages
5.1	Describe how the body responds when faced with stressors.	149-152
5.2	Distinguish between <b>acute stress disorder</b> and <b>posttraumatic stress disorder</b> (PTSD) and describe typical symptoms	152-153
5.3	Discuss triggers for the psychological stress disorders, including combat, disasters, and victimization.	154-158
5.4	Detail the various factors that put people at risk for developing a psychological stress disorder and discuss treatments for these conditions.	158-165

5.5	Describe the general characteristics of the dissociative disorders: <b>dissociative amnesia</b> (including dissociative fugue) and <b>dissociative identity disorder</b> .	166-169
5.6	Compare the various <u>etiological explanations</u> of dissociative disorders (including psychodynamic explanations, behavioral explanations, state-dependent learning, and self-hypnosis).	170-175
5.7	Discuss treatment for dissociative amnesia and dissociative identity disorders.	176-177
5.8	Describe depersonalization-derealization disorder.	177-179

## **CH 6: Depressive and Bipolar Disorders**

#	Description	Text pages
6.1	Describe the symptoms and prevalence of the depressive disorders (a.k.a. "unipolar depression")	183-187
6.2	Compare <u>etiological explanations</u> of depression and the associated <i>treatment approaches</i> from these key perspectives: biological, psychodynamic, behavioral, cognitive, and sociocultural.	188-210
6.3	Describe the bipolar disorders and their key symptoms.	211-213
6.4	Describe what is known about the biological factors that cause bipolar disorder.	214-215
6.5	Discuss the major biological treatments for bipolar disorders.	215-217
6.6	Describe adjunctive psychotherapy for bipolar disorder and its importance.	217-218

#### CH 7: Suicide

#	Description	Text pages
7.1	Define suicide and its current prevalence.	221-223
7.2	Apply <b>Shneidman's model</b> to understand the varied motivations behind suicidal thinking and behavior (e.g., death seekers, death initiators, death ignorers, and death darers) as well as <b>subintentional</b> death.	224-225
7.3	Describe the effects of cultural factors, race, and sex on suicide rates. Explain how the limits of <b>retrospective analysis</b> make it difficult to determine cause.	226-227
7.4	Identify <u>internal</u> and <u>external</u> triggering factors that have been linked to suicide, including stressful events, mood and thought changes, mental disorders, alcohol and other drug use, and modeling.	227-231

7.5	Apply theoretical models to explain why some people are more vulnerable to suicide than others, including <u>psychodynamic views</u> , <u>Durkheim's sociocultural view</u> , and the <u>biological view</u> .	232-235
7.6	Describe how age impacts suicidal behavior among children, adolescents, and the elderly.	235-241
7.7	Discuss the characteristics of suicide treatment and prevention programs.	242-246