Goal: To understand the many ways that bodily symptoms and our physical health can be linked to different forms of abnormal behavior

PART IID: DIMENSIONS OF PSYCHOPATHOLOGY: PHYSICAL HEALTH

- Mind and body: separate or interconnected?
 - The placebo effect
 - Hypnosis
 - Faith-healing
 - Meditation
 - Health habits
- Physical symptoms are often secondary aspects of mental disorders, but can be primary
- And there are psychological influences on physical health

- Stress and health
 - Selve and the "general adaptation syndrome"—three stages of stress response:
 - Alarm
 - Resistance (coping)
 - Exhaustion
 - Stressors produce physiological responses to ensure survival
 - Stressors also produce psychological responses
- Stress response physiology:
 - Autonomic nervous system
 - Sympathetic responses (e.g., increased heart rate, blood flow increases, secretion of adrenaline)
 - Parasympathetic responses opposite to sympathetic

- Measuring stress/stressors
 - Holmes and Rahe: life change units
 - High scores predict major illness
- Acute vs. chronic stressors
- Predictable/controllable vs. unpredictable/uncontrollable
- The triadic research design: experimental subjects can control or predict adverse event (e.g., electric shock), "yoked" subjects cannot
- Human and animal studies show unpredictable and uncontrollable stressors to be more damaging

The immune system

- Essential to the body's ability to maintain health, fight off disease
- Research with animals has shown that under stress animals:
 - Are less able to fight off injected cancer cells
 - Experience reduced levels of corticosterone, a hormone essential to healthy functioning of the immune system
- Again, unpredictability and uncontrollability appear to increase the adverse effects
- Fewer studies with humans, but similar findings

Individual differences

- Inborn genetic differences in stress response (ANS reactivity, sensitivity)
- Psychological factors are also important:
 - Psychological contexts (e.g., controllability and predictability)
 - Life events can have different meanings for different people
 - People have differing coping styles and abilities
 - People have differing resources to rely upon

- The mystery of mind-body connections
 - Rejecting the Cartesian dichotomy
 - Medical illnesses can be partly mental; mental illnesses can be partly medical
 - DSM-IV focused on mental disorders ("somatoform") where there were physical symptoms with no known medical cause
 - But confirming presence/absence of a medical cause is tricky
 - Many recognized medical conditions are "medically unexplained" (e.g., fibromyalgia, chronic fatigue syndrome)

- What is abnormal?
 - The D's: distress, deviance, disability, dysfunction, degree
- Signs and symptoms:
 - Somatic (e.g., pain, GI distress, disturbed sleep, sexual difficulties, neurological symptoms)
 - Emotional (e.g., anxiety, shame)
 - Behavioral (e.g., attention-seeking, poor health habits)
 - Cognitive (e.g., preoccupation, loss of memory, intellectual deterioration)

- Mind and body: DSM includes mental disorders where physical symptoms—real, imagined, and/or medically unexplained are primary
 - Somatic symptom and related disorders
 - Sexual dysfunctions
 - Motor disorders
 - Elimination disorders
 - Sleep-wake disorders
 - Neurocognitive disorders