CHAPTER 6

Stress Disorders

TOPIC OVERVIEW

Stress and Arousal: The Fight-or-Flight Response

The Psychological Stress Disorders: Acute and Posttraumatic Stress Disorders
- What Triggers a Psychological Stress Disorder?
- Why Do People Develop a Psychological Stress Disorder?
- How Do Clinicians Treat the Psychological Stress Disorders?

The Physical Stress Disorders: Psychophysiological Disorders
- Traditional Psychophysiological Disorders
- New Psychophysiological Disorders
- Psychological Treatments for Physical Disorders

Putting It Together: Expanding the Boundaries of Abnormal Psychology

LECTURE OUTLINE

I. STRESS, COPING, AND THE ANXIETY RESPONSE

A. The state of stress has two components:
   1. Stressor: Event creating demands
   2. Stress response: the person's reactions to the demands
      a. Our stress response is influenced by how we appraise (a) the event, and (b) our capacity to react to the event effectively
      b. People who sense that they have the ability and resources to cope are more likely to take stressors in stride and respond constructively
   3. When we appraise a stressor as threatening, the natural reaction is arousal and a sense of fear.
      a. The fear response is a "package" of responses—physical, emotional, and cognitive

B. Stress reactions, and the fear they produce, often are at play in psychological disorders
   1. People who experience a large number of stressful events are particularly vulnerable to the onset of GAD, social phobia, panic disorder, and OCD, as well as other psychological problems

C. In addition, stress plays a more central role in certain psychological disorders, including:

1. Acute stress disorder
2. Posttraumatic stress disorder

D. And, it plays a role in certain physical disorders called *psychophysiological disorders*
   1. These disorders are listed in the DSM-IV-TR under "psychological factors affecting medical condition"

E. The features of arousal and fear are set in motion by the hypothalamus
   1. Two important systems are activated:
      a. Autonomic nervous system (ANS)—an extensive network of nerve fibers that connect the central nervous system (the brain and spinal cord) to the body's other organs; contains two systems: sympathetic and parasympathetic
      b. Endocrine system—a network of glands throughout the body which release hormones
   2. There are two pathways by which the ANS and the endocrine system produce arousal and fear reactions—the sympathetic nervous system and the hypothalamic-pituitary-adrenal pathway
      a. When confronting a dangerous situation, the hypothalamus first activates the sympathetic nervous system which stimulates key organs either directly or indirectly
      b. When the perceived danger passes, the parasympathetic nervous system helps return bodily processes to normal
   3. The second pathway is the hypothalamic-pituitary-adrenal (HPA) pathway
      a. When confronted by stressors, the hypothalamus also signals the pituitary gland, which signals the adrenal cortex to release corticosteroids—the stress hormones—into the bloodstream

F. The reactions on display in these two pathways are referred to as the fight-or-flight response
   1. People differ in their particular patterns of autonomic and endocrine functioning and therefore also in their particular ways of experiencing arousal and fear
   2. The experience of fear/anxiety differs in two ways:
      a. People differ in the general level of anxiety—called "trait anxiety"
         (a) Some people always are tense, others always are relaxed
         (b) Differences appear soon after birth
      b. People also differ in their sense of threat—called "state anxiety"
         (a) Situation-based (e.g.: fear of flying)

II. THE PSYCHOLOGICAL STRESS DISORDERS

A. During and immediately after trauma, many people become highly aroused, anxious, and depressed
   1. For some, feelings will persist well after the upsetting situation is over
      a. These people may be experiencing:
         (a) Acute stress disorder
            (i) Symptoms begin within four weeks of event and last for less than one month
         (b) Posttraumatic stress disorder (PTSD)
            (i) Symptoms can begin at any time following the event but must last for longer than one month
            (ii) May develop from acute stress disorder (about 80 percent of all cases)

B. The situations that cause these disorders usually involves actual or threatened serious injury to self or others and would be traumatic to anyone (unlike other anxiety disorders)

C. Aside from differences in onset and duration, symptoms of acute and posttraumatic stress disorders are almost identical:
   1. Reexperiencing the traumatic event (flashbacks, nightmares)
   2. Avoidance
   3. Reduced responsiveness
   4. Increased arousal, anxiety, and guilt

D. These disorders can occur at any age and affect all aspects of life
   1. They affect about 3.5 percent of U.S. population per year and about 7-9 percent of U.S. population per lifetime

2. Around two-thirds of sufferers seek treatment at some point
3. Women are twice as likely as men to develop stress disorders; after trauma, 20 percent of women vs. 8 percent of men develop disorders

E. What triggers a psychological stress disorder?
   1. Any traumatic event can trigger a stress disorder, however, some events are more likely to cause disorders than others, including combat, disasters, abuse and victimization:
      a. Combat and stress disorders
         (a) For years clincians have recognized that many soldiers experience distress *during* combat (called "shell shock," "combat fatigue")
         (b) Post–Vietnam War clinicians discovered that soldiers also experienced distress *after* combat
         (c) About 29 percent of Vietnam veterans suffered an acute or post-traumatic stress disorder
            (i) An additional 22 percent had at least some symptoms
            (ii) About 10 percent are still experiencing problems
         (d) A similar pattern is currently unfolding among veterans of the wars in Iraq and Afghanistan
      b. Disasters and stress disorders
         (a) Acute or posttraumatic stress disorders also may follow natural and accidental disasters such as earthquakes, tornadoes, fire, airplane crashes, and serious car accidents
         (b) Civilian traumas have been implicated in stress disorders at least 10 times as often as combat trauma (because they occur more often)
      c. Victimization and stress disorders
         (a) People who have been abused or victimized often experience lingering stress symptoms
            (i) More than one-third of all victims of physical of sexual assault develop PTSD.
            (ii) As many as half of those directly exposed to terrorism or torture may develop this disorder
         (b) A common form of victimization is sexual assault
            (i) One study found 94 percent of rape survivors developed an acute stress disorder within 12 days after assault
         (c) Ongoing victimization and abuse in the family also may lead to stress disorders
         (d) The experience of terrorism often leads to posttraumatic stress symptoms, as does the experience of torture

F. Why do people develop a psychological stress disorder?
   1. Clearly, extraordinary trauma can cause a stress disorder; however, the event alone may not be the entire explanation
   2. To understand the development of these disorders, researchers have looked to the survivors' biological processes, personalities, childhood experiences, social support systems, and cultural backgrounds, and the severity of the traumas:
      a. Biological and genetic factors
         (a) Traumatic events trigger physical changes in the brain and body that may lead to severe stress reactions and, in some cases, to stress disorders
         (b) Some research suggests abnormal NT and hormone activity (especially norepinephrine and cortisol)
         (c) Evidence suggests that other biological changes and damage may also occur (especially in the hippocampus and amygdala) as a stress disorder sets in
         (d) There may be a biological/genetic predisposition to such reactions
      b. Personality factors
         (a) Some studies suggest that people with certain personality profiles, attitudes, and coping styles are more likely to develop stress disorders, including:
            (i) Preexisting high anxiety
            (ii) A history of psychological problems
            (iii) Negative worldview

(b) Alternatively, a set of positive attitudes (called *resiliency* or *hardiness*) is protective against developing stress disorders

c. Childhood experiences
   (a) Researchers have found that certain childhood experiences increase risk for later stress disorders, including:
      (i) An impoverished childhood
      (ii) Psychological disorders in the family
      (iii) The experience of assault, abuse, or catastrophe at an early age
      (iv) Being younger than 10 years of age when parents separated or divorced

d. Social support
   (a) People whose social support systems are weak are more likely to develop a stress disorder after a traumatic event

e. Multicultural factors
   (a) A careful look at research literature suggests that there may be important cultural differences in the occurrence of PTSD
      (i) It seems that Hispanic Americans might be more vulnerable to PTSD than other racial or ethnic groups
      (ii) Possible explanations include early dissociative reactions to trauma, cultural belief systems, and the cultural emphasis on social relationships

f. Severity of the trauma
   (a) The more severe trauma and the more direct one's exposure to it, the greater the likelihood of developing a stress disorder
   (b) Especially risky: mutilation and severe injury; witnessing the injury or death of others

3. How do clinicians treat the psychological stress disorders?
   a. About half of all cases of PTSD improve within six months; the remainder may persist for years
   b. Symptoms have been found to last an average of three years with treatment and five and a half years without treatment
   c. Treatment procedures vary depending on type of trauma
      (a) General treatment goals include helping the client to:
         (i) End lingering stress reactions
         (ii) Gain perspective on traumatic experience
         (iii) Return to constructive living
   d. Treatment for combat veterans
      (a) Drug therapy
         (i) Antianxiety and antidepressant medications are most common
      (b) Behavioral exposure techniques
         (i) Reduce specific symptoms, increase overall adjustment
         (ii) Use of flooding and relaxation training
         (iii) Use of eye movement desensitization and reprocessing (EMDR)
      (c) Insight therapy
         (i) Bring out deep-seated feelings, create acceptance, lessen guilt
         (ii) Often use family or group therapy formats; rap groups
      (d) Usually used in combinations
   e. Psychological debriefing
      (a) A form of crisis intervention that has victims of trauma talk extensively about their feelings and reactions within days of the critical incident
      (b) Four-stage approach
         (i) Normalize responses to the disaster
         (ii) Encourage expressions of anxiety, anger, and frustration
         (iii) Teach self-helping skills
         (iv) Provide referrals
      (c) Relief workers themselves may become overwhelmed
      (d) Research on this type of intervention continues to call into question its effectiveness

III. THE PHYSICAL STRESS DISORDERS: PSYCHOPHYSIOLOGICAL DISORDERS

A. In addition to affecting psychological functioning, stress also can have an enormous impact on physical functioning

B. The idea that stress and related psychosocial factors may contribute to somatic illnesses has ancient roots—but few supporters before the 20th century
   1. 17th century philosopher René Descartes called a variation on this idea *mind-body dualism*

C. About 80 years ago clinicians first identified a group of physical illnesses that seemed to result from an interaction of biological, psychological, and sociocultural factors

D. Early versions of the DSM labeled these illnesses psychophysiological, or psychosomatic, disorders
   1. DSM-IV-TR calls them psychological factors affecting medical condition
   2. It is important to recognize that these psychophysiological disorders bring about actual physical damage
      a. They are different from "apparent" physical illnesses like factitious disorders or somatoform disorders which will be discussed in Chapter 7

E. Traditional Psychophysiological Disorders
   1. Before the 1970s, the best known and most common of the psychophysiological disorders were ulcers, asthma, insomnia, chronic headaches, high blood pressure, and coronary heart disease
   2. Recent research has shown that many other physical illnesses may be caused by an interaction of psychosocial and physical factors
   3. The psychophysiological disorders of focus include:
      a. Ulcers—lesions in the wall of the stomach resulting in burning sensations or pain, vomiting, and stomach bleeding
         (a) Experienced by 20 million people at some point in their lives
         (b) Causal psychosocial factors: Environmental stress, anger, anxiety, dependent personality style
         (c) Causal physiological factors: Bacterial infection
      b. Asthma—a narrowing of the body's airways that makes breathing difficult
         (a) Affects up to 20 million people in the United States each year
         (b) Most victims are children at the time of first attack
         (c) Causal psychosocial factors: Environmental pressures, troubled family relationships, anxiety, high dependency
         (d) Causal physiological factors: Allergies, a slow-acting sympathetic nervous system, weakened respiratory system
      c. Insomnia—difficulty falling asleep or maintaining sleep
         (a) Affects 35 percent of people in the United States each year
         (b) Causal psychosocial factors: High levels of anxiety or depression
         (c) Causal physiological factors: Overactive arousal system, certain medical ailments
      d. Chronic headaches—frequent intense aches of the head or neck that are not caused by another physical disorder
         (a) Tension headaches affect 40 million Americans a year
         (b) Migraine headaches affect 23 million Americans a year
         (c) Causal psychosocial factors: Environmental pressures, general feelings of helplessness, anger, anxiety, depression
         (d) Causal physiological factors: Abnormal serotonin activity, vascular problems, muscle weakness
      e. Hypertension—chronic high blood pressure, usually producing no outward symptoms
         (a) Affects 65 million Americans each year
         (b) Causal psychosocial factors: Constant stress, environmental danger, general feelings of anger or depression
         (c) Causal physiological factors: obesity, smoking, poor kidney function, high proportion of collagen rather than elastic tissue in an individual's blood vessels
            (i) 10 percent caued by physiological factors alone

f. Coronary heart disease—caused by a blocking of the coronary arteries; including angina pectoris (chest pain), coronary occlusion (complete blockage of a coronary artery), and myocardial infarction (heart attack)
   (a) Leading cause of death in men older than 35 years and women older than 40 years in the United States
   (b) Causal psychosocial factors: Job stress, high levels of anger or depression
   (c) Causal physiological factors: High level of cholesterol, obesity, hypertension, the effects of smoking, lack of exercise

4. A number of factors contribute to the development of psychophysiological disorders, including:
   a. Biological variables
      (a) Defects in the autonomic nervous system (ANS) are believed to contribute to the development of psychophysiological disorders
      (b) Other more specific biological problems also may contribute
         (i) For example, a weak gastrointestinal system may create a predisposition to developing ulcers
   b. Psychological factors
      (a) According to many theorists, certain needs, attitudes, emotions, or coping styles may cause people to overreact repeatedly to stressors, thereby increasing their likelihood of developing a psychophysiological disorder
      (b) Examples include a repressive coping style and the Type A personality style
   c. Sociocultural factors
      (a) Adverse social conditions may set the stage for psychophysiological disorders
         (i) Stressors may be wide-ranging (e.g., nuclear threat such as Three Mile Island) or local (e.g., living in a crime-ridden neighborhood)
         (ii) One of society's most adverse social conditions is poverty
         (iii) Research also reveals that belonging to ethnic and cultural minority groups increases the risk of developing these disorders and other health problems

5. Clearly, biological, psychological, and sociocultural variables combine to produce psychophysiological disorders
   a. In fact, the interaction of psychosocial and physical factors is now considered the rule of bodily function, not the exception
   b. In recent years, more and more illnesses have been added to the list of psychophysiological disorders

F. New psychophysiological disorders
1. Since the 1960s, researchers have found many links between psychosocial stress and a range of physical illnesses
2. Are physical illnesses related to stress?
   a. The development of the Social Adjustment Rating Scale in 1967 enabled researchers to examine the relationship between life stress and the onset of illness
   b. Using this measure, studies have linked stresses of various kinds to a wide range of physical conditions
   c. Overall, the greater the amount of life stress, the greater the likelihood of illness
      (a) Researchers have even found a relationship between traumatic stress and death
   d. One shortcoming of the Social Adjustment Rating Scale is that it does not take into consideration the particular stress reactions of specific populations
      (a) For example, women and men have been shown to react differently to certain life changes measured by the scale
3. Researchers have increasingly looked to the body's immune system as the key to the relationship between stress and infection
   a. This area of study is called *psychoneuroimmunology*—the immune system is the body's network of activities and cells that identify and destroy antigens (foreign invaders, such as bacteria) and cancer cells

b. Among the most important cells in this system are the lymphocytes, white blood cells that circulate through the lymph system and bloodstream and attack invaders
c. Lymphocytes include helper T-cells, natural killer T-cells, and B-cells
d. Researchers now believe that stress can interfere with the activity of lymphocytes, slowing them down and increasing a person's susceptibility to viral and bacterial infections
e. Several factors influence whether stress will result in a slowdown of the system, including biochemical activity, behavioral changes, personality style, and degree of social support
    (a) Biochemical activity
        (i) Stress leads to increased activity of the sympathetic nervous system, including a release of norepinephrine
        (ii) In addition to supporting nervous system activity, this chemical also appears to slow down the functioning of the immune system
        (iii) Similarly, the body's endocrine glands reduce immune system functioning during periods of prolonged stress through the release of corticosteroids
    (b) Behavioral changes
        (i) Stress may set into motion a series of behavioral changes—poor sleep patterns, poor eating, lack of exercise, increase in smoking, and/or drinking—that indirectly affect the immune system
    (c) Personality style
        (i) An individual's personality style, including their level of optimism, constructive coping strategies, and resilience, may also play a role in determining how much the immune system is slowed down by stress
    (d) Social support
        (i) People who have few social supports and feel lonely seem to display poorer immune functioning in the face of stress than people who do not feel lonely
        (ii) Studies have shown that social support and affiliation with others may actually protect people from stress, poor immune system functioning, and subsequent illness, or help speed up recovery from illness or surgery

5. As clinicians have discovered that stress and related psychosocial factors may contribute to physical disorders, they have applied psychological treatment to more and more medical problems
    a. The most common of these interventions are relaxation training, biofeedback training, meditation, hypnosis, cognitive interventions, insight therapy, and support groups
    b. The field of treatment that combines psychological and physical interventions to treat or prevent medical problems is known as *behavioral medicine*
        (a) Relaxation training
            (i) People can be trained to relax their muscles at will, a process that sometimes reduces feelings of anxiety
            (ii) Relaxation training can be of help in preventing or treating medical illnesses that are related to stress
            (iii) Relaxation training often is used in conjunction with medication in the treatment of high blood pressure
            (iv) Relaxation training often is used alone to treat chronic headaches, insomnia, asthma, pain after surgery, certain vascular diseases, and the undesirable effects of cancer treatments
        (b) Biofeedback training
            (i) Patients given biofeedback training are connected to machinery that gives them continuous readings about their involuntary bodily activities

(ii) This procedure has been used successfully to treat headaches and muscular disabilities caused by stroke or accident
(iii) Some biofeedback training has been effective in the treatment of asthma, irregular heartbeat, migraine headaches, high blood pressure, stuttering, and pain from burns

(c) Meditation
(i) Although meditation has been practiced since ancient times, Western health care professionals have only recently become aware of its effectiveness
(ii) The technique involves turning one's concentration inward and achieving a slightly changed state of consciousness
(iii) Meditation has been used to treat pain, high blood pressure, heart problems, insomnia, and asthma

(d) Hypnosis
(i) Individuals undergoing hypnosis are guided into a sleeplike, suggestible state during which they can be directed to act in unusual ways, to remember unusual sensations, or to forget remembered events
(ii) With training, hypnosis can be done without a hypnotist (self-hypnosis)
(iii) This technique seems to be particularly helpful in the control of pain and is now used to treat such problems as skin diseases, asthma, insomnia, high blood pressure, warts, and other forms of infection

(e) Cognitive interventions
(i) People with physical ailments have sometimes been taught new attitudes or cognitive responses as part of treatment
(ii) One example is self-instruction training where patients are taught to rid themselves of negative self-statements and to replace them with positive self-statements

(f) Insight therapy and support groups
(i) If negative psychological symptoms (e.g., depression, anxiety) contribute to a person's physical ills, therapy to address these emotions should help reduce the ills
(ii) These techniques have been used to treat a variety of illnesses including HIV, asthma, cancer, headache, and arthritis

(g) Combination approaches
(i) Studies have found that the various psychological treatments for physical problems tend to be equal in effectiveness
(ii) Psychological treatments often are most effective when used in combination and with medical treatment
(iii) With these combined approaches, today's practitioners are moving away from the mind-body dualism of centuries past

LEARNING OBJECTIVES

1. Distinguish between fear and anxiety.
2. Define stress disorder and posttraumatic stress disorder, list typical symptoms, and provide psychological explanations and treatments for these disorders.
3. Discuss abuse and victimization in terms of stress disorders.
4. Describe the traditional psychophysiological disorders: ulcers, asthma, chronic headaches, hypertension, and coronary heart disease.

5. Discuss how perceptions of control, personality, mood, and social support affect immune system functioning.
6. Discuss typical psychological treatments for psychophysiological disorders.

KEY TERMS

acute stress disorder
adrenal glands
antigen
arousal
asthma
autonomic nervous system (ANS)
behavioral medicine
biofeedback training
central nervous system
coronary heart disease
corticosteroids
critical incident stress debriefing
endocrine system
eye movement desensitization and reprocessing (EMDR)
fight-or-flight response
flashback
hormones
hypertension
hypnosis
hypothalamic-pituitary-adrenal (HPA) pathway
hypothalamus
immune system
insomnia
lymphocytes
meditation
migraine headache
mind-body dualism
muscle contraction, or tension, headache
parasympathetic nervous system
pituitary gland
posttraumatic stress disorder
psychological debriefing
psychological factors affecting medical condition
psychoneuroimmunology
psychophysiological disorders
rap group
rape
relaxation training
resiliency or "hardiness"
self–hypnosis
self-instruction training
situation ("state") anxiety
stress response
stressor
sympathetic nervous system
torture
trait anxiety
Type A personality style
Type B personality style
ulcer

MEDIA RESOURCES

Abnormal Psychology Student Tool Kit

Produced and edited by Ronald J. Comer, Princeton University and Gregory Comer, Princeton Academic Resources. Tied directly to the CyberStudy sections in the text, this Student Tool Kit offers 57 intriguing Video Cases running three to seven minutes each. The Video Cases focus on persons affected by disorders discussed in the text. Students first view the video and then answer a series of thought-provoking questions. Additionally, the Student Tool Kit contains multiple-choice practice test questions with built-in instructional feedback for every option.

Video Cases and Discussions:

- How might stress and anxiety affect performance?
- Observe "fight-or-flight" reactions in operation.
- How do physical, psychological, and sociocultural factors affect health?

Practical, Research, and Decision-Making Exercises:

- Linking modern-day pressures to psychological symptoms
- Examining the connection between life changes and health

PowerPoint Slides

Available at the Instructor's site on the companion Web site are comprehensive PowerPoint slide presentations and supplemental student handouts for Chapter 6. The slide files reflect the main points of the chapter in significant detail. Student handouts were created

using the instructor slides as a base, with key points replaced as "fill-in" items. Answer keys and suggestions for use also are provided.

DSM-IV-TR Masters

B-16–17 DSM-IV-TR Diagnostic Criteria for Posttraumatic Stress Disorder
B-18 DSM-IV-TR Diagnostic Criteria for Acute Stress Disorder
B-19 DSM-IV-TR Criteria for Psychological Factors Affecting General Medical Condition

Internet Sites

Please see Appendix A for full and comprehensive references.

Sites relevant to Chapter 6 material are:

http://www.ncptsd.org/
This Web site of the National Center for PTSD is provided as an educational resource concerning PTSD and other enduring consequences of traumatic stress.

http://www.nimh.nih.gov/health/publications
This Web site, provided by the National Institute of Mental Health, supplies downloadable links to PDF files and booklets on a variety of mental health topics.

Mainstream Films

Films relevant to Chapter 6 material are listed and summarized below:

Key to Film Listings:
P = psychopathology focus
T = treatment focus
E = ethical issues raised

Please note that some of the films suggested may have graphic sexual or violent content due to the nature of certain subject matters.

Born on the Fourth of July
This 1989 film stars Tom Cruise in the true story of Ron Kovic, a Marine wounded in Vietnam and a well-known antiwar activist. **P, serious film**

The Deer Hunter
From 1978 and starring a now-famous cast, this film details the relationship between friends and the impact of the Vietnam War, including posttraumatic stress disorder. **P, serious film**

The Fisher King
This 1991 film follows Jack Lucas (Jeff Bridges), an irreverent radio talk show host who sinks into alcoholism after a tragedy. He is rescued by a delusional, homeless man (Robin Williams) on a quest for the Holy Grail. **P, serious film**

Full Metal Jacket
This 1987 film by Stanley Kubrick tackles the training of a squad of Marines and the climactic battle of the 1968 Tet Offensive (the turning point of the Vietnam War). **P, serious film**

Garden State
This independent film follows Andrew Largeman (Zach Braff), an underemployed actor returning home for his mother's funeral after being estranged from his family for a decade. **P, T, comedy-drama**

Gods and Monsters
From 1998, this film is the story of James Whale, the director of *Frankenstein* (1931) and *Bride of Frankenstein* (1935), in the period following the Korean War. **P, serious film**

Man in the Gray Flannel Suit
This 1956 drama stars Gregory Peck as a man struggling to realize the American Dream without sacrificing his family and his soul. While Tom Rath seems a typical, solid business- and family man, he suffers from posttraumatic stress disorder. **P, serious film**

Ordinary People
This 1980 film examines the treatment of a teenager suffering from depression, anxiety, and posttraumatic stress disorder in the aftermath of his brother's death. **P, T, serious film**

The Pianist
This Oscar-winning film recounts the experiences of a Polish Jewish musician trying to survive the destruction of the Warsaw ghetto of World War II. **P, serious film**

Stop Loss
Starring Ryan Phillippe, this 2008 drama focuses on an Iraq war veteran called back up for duty. **P, serious film**

The War
This 1994 film explores the summer of 1970, when a returning soldier (Kevin Costner) struggles with his emotional and psychological scars, including posttraumatic stress disorder. **P, serious film**

Other Films:

Apocalypse Now (1979) posttraumatic stress disorder. **P, serious film**

The Bell Jar (1979) anxiety and depression. **P, T, serious film**
Crash (1996) posttraumatic stress disorder. **P**, **serious film**
Fearless (1993) posttraumatic stress disorder. **P, T, serious film**
Platoon (1986) posttraumatic stress disorder. **P, serious film**
Punch-Drunk Love (2002) social phobia, Type A personality pattern. **P, commercial/serious film**
The Royal Tennenbaums (2001) posttraumatic stress disorder. **P, comedy/serious film**
Sleeping with the Enemy (1991) **P, serious film**
Sophie's Choice (1982) posttraumatic stress disorder. **P, serious film**
Tommy (1975) posttraumatic stress disorder. **P, T, rock musical**
An Unmarried Woman (1978) stress reaction. **P, T, serious film**

Comer Video Segments

Available as a supplement, this revised set of videotapes contains short clips depicting various topics related to abnormal psychology. Please see the accompanying Video Guide for specific clips linked to Chapter 6.

Recommendations for Purchase or Rental

The Comer Video Segments include excerpts from many superb clinical documentaries. While the segments alone are ideal for use in lectures, it often is useful to assign the entire documentary for special class screenings or library use by students. The following videos and other media are available for purchase or rental and appropriate for use in class or for assignment outside of class.

EMDR: A Closer Look
Guilford Publications, Inc.
72 Spring Street
New York, NY 10012
tel: (800) 365-7006
or (212) 431-9800
fax: (212) 966-6708
(800) 365-7006
www.guilford.com

The Keys of Paradise
Lionheart Television International, Inc.
630 Fifth Avenue, Suite 2220
New York, NY 10111
(212) 373-4100

CLASS DEMONSTRATIONS AND ACTIVITIES

Case Study

Present a case study to the class.

Guest Speaker

Invite a medical doctor or practitioner who specializes in treatment of psychophysiological stress disorders. He or she can speak to the prevalence and impact as well as the biological, psychological, social causes, and interventions for such disorders.

Diathesis-Stress Model

Direct genetic causation of illness and abnormal behavior is rare. Recent research has indicated that many illnesses are now understood in terms of the interaction of hereditary and environmental factors, the diathesis-stress model. According to this theory, certain genes or hereditary vulnerability give rise to a diathesis or a constitutional predisposition. When an individual's predisposition is then combined with certain kinds of environmental stress, illness may result. With diseases like heart disease, high blood pressure, and cancer, both hereditary and environmental factors play a role. A major effort in abnormal research and clinical practice is to identify specific risk factors in a given individual, including both family history and personal lifestyle, then predict the onset of a mental disorder.

"Pretend, for a moment, that you are a victim of a terrible trauma"

The symptoms of posttraumatic stress disorder (PTSD) are fairly well known and intuitively obvious to most people. To emphasize this, ask students to pretend that they went through some trauma, such as a motor vehicle accident in which someone died, or war combat, or being assaulted. Ask them to imagine what they would go through over the next few days and weeks. It is likely that students will generate the concepts of reexperiencing the trauma (e.g., dreams, intrusive recollections) and avoiding stimuli that might remind them of the trauma. It is unlikely that they will realize,

intuitively, that there is a general numbing of responsiveness to the external world as well.

The Anonymous Five-Minute Essay: Type A Personality

Ask for anonymous descriptions of individuals with whom students are familiar that fit the description of the Type A personality. Likely examples will be Little League coaches, teachers, parents, and even some friends. Inform students that you may select their example for reading to the class.

(1) "Here's $25,000 to be awarded to . . . "

Type A personality styles are sometimes displayed by children. Researchers suggest that children as young as 3 can exhibit a marked pattern of impatience and restlessness, expectation of meeting high standards, and above-average competitiveness. Children may carry these personality styles, with their potential impact on health, with them into adulthood. Ask groups to develop a school-based program for encouraging these children to develop healthier personality patterns or styles. Have the groups present their ideas, then have the class vote on which group receives the grant to implement their idea.

(2) "Here's $25,000 to be awarded to . . . "

Discuss how optimism or fatalism affects the chances of eventually recovering from cancer. Recent research indicates that the state of mind concerning recovery is a powerful influence on the recovery rates of cancer patients. The more optimistic and positive the person is, the more likely he or she is to recover. Divide the class into groups, then have them create programs, to be used at hospitals or other sites, to encourage optimism in cancer patients. Have the groups present their ideas, then have the class vote on which group receives the grant to implement their idea.

(3) "Here's $25,000 to be awarded to . . . "

Divide students into groups, then ask each group to propose a method to reduce the occurrence of one of the causes of heart disease, such as smoking, drinking, and being overweight. Have the groups present their ideas, then have a class vote to see which group receives the grant to implement the group's idea.

SUGGESTED TOPICS FOR DISCUSSION

Brainstorming Session: Reducing Stress

Ask students to volunteer something that students could do to alleviate stress. This generally evokes a wide variety of suggestions, illustrating how personal the experience of stress can be.

Psychology and Medical Health

The major causes of morbidity (illness) and mortality (death) have changed in the last century. In the early 1900s, viruses and bacteria were the leading causes of death. Ask students what happened to change this. (Medical and scientific advances such as antibiotics, vaccinations, and improvements in sanitation helped stamp out these causes of death.) Presently, leading causes of death include heart disease (related to smoking, eating, not exercising, being overweight, drinking too much), cancer, motor vehicle accidents, and suicide. Ask students what these causes have in common (all are related to behavior). Psychology is thus becoming increasingly important in overall health care. In particular, the field of health psychology is emerging as an important area of the health care system.

Open Discussion: Stress and Appraisal

The Holmes and Rahe Social Readjustment Rating Scale attempted to quantify stressful events. Researchers have found a relationship between total score (adding up the events) and the likelihood of medical illness. The relationship is complex, however. Not everyone who is stressed gets sick, although being stressed clearly puts one at greater risk for being sick. An important issue is the person's appraisal of the event, which has two parts. During primary appraisal, the person decides whether the event is threatening or not (e.g., not all events are perceived as bad by everyone—a divorce might be a wonderful thing from a certain perspective). During secondary appraisal, the person decides whether he or she has the capacity to cope with the event. Discuss potentially stressful events in the lives of college students, such as midterm exams and term papers. Frame the events in terms of primary and secondary appraisal, then discuss what events are particularly stressful. Typically, these will be events that are both threatening (to good grades) and difficult to cope with (e.g., "impossible midterms," a confluence of deadlines).

Open Discussion: Coping with Stress and War

Currently, as noted in the text (p. 169), nearly 20 percent of U.S. troops returning from Iraq now suffer PTSD. Fewer than half have sought treatment.

The Vietnam War is a useful vehicle for discussing PTSD. Walker and Cavenar (1982) found that 20 to 25 percent of those who served in Vietnam suffered from PTSD. In comparison, it has been estimated that about 1 in 10 World War II veterans suffered PTSD. The events of the war were traumatic and stressful, but World War II is a particularly good example of the effect of the absence of coping factors.

Seeking social support among one's peers is an excellent coping strategy.

- In Vietnam, soldiers were transported (put into and taken out of combat) via jet plane, sometimes overnight. In previous wars, groups of soldiers would be put in and taken out of combat together—ships took soldiers in and out of combat, and the return home would take months, during which experiences could be shared with other combat veterans, catharsis could occur, and a general adjustment could be made.
- During the Vietnam War, it was standard procedure to replace individual soldiers who were killed or wounded with new recruits—rookies who were shunned by more experienced soldiers because, as rookies, they were more likely to do something reckless or dangerous.
- Every soldier had his own DEROS (date of expected return from overseas), which also tended to discourage a sense of being in the war as a group, but rather encouraged an individual's attempts to keep himself alive.

Another effective way to cope with a traumatic incident is to reappraise it, that is, to reexamine one's initial perceptions of it and try to convert a negative appraisal to a positive one.

- In previous wars, soldiers came home—after having done terrible things—to parades and encouragement that they did what needed to be done.
- In contrast, soldiers in Vietnam came home to parades protesting the war and belittling those who served in it. It was just as honorable, in some people's eyes, to refuse to serve as it was to serve. The combat veterans may have felt they were doing the right thing, going to risk life and limb for one's country, but they came home and were told over and over again that the war was wrong and that they were wrong to go.
- Currently, as noted in the text (p. 169), nearly 20 percent of U.S. troops returning from Iraq now suffer PTSD. Fewer than half of them have sought treatment.

Open Discussion: Social Adjustment Rating Scale

Hand out or display the Holmes and Rahe Scale. What are the most common and least common stressors experienced by students in the class? Alternatively, point to specific examples on the list and ask for a show of hands regarding whether such an event would be (or was) stressful. Discuss why or why not. This emphasizes the subjective nature of stress and the importance of appraisal.

Open Discussion: Student Health

Conduct a class discussion on the relationship between health and academic stress. Ask students whether health problems fit a semester pattern. Discuss students' beliefs about their own role in health and sickness. Can they affect the course of a disease? Can they do things that prevent diseases? Is the patient to blame for being ill?

ASSIGNMENTS/EXTRA CREDIT SUGGESTIONS

"Write a Pamphlet"

With the use of a software program like Microsoft Publisher or simply paper and markers, students can create a pamphlet on the stress or psychophysiological disorders. Students should be encouraged to be as accurate and up-to-date as possible and also to present all sides of the disorder (e.g., alternate treatment approaches or theories).

Keep a Journal

In addition to helping students synthesize material, this activity is helpful in developing writing skills. Have students keep a journal of their thoughts on course material through the semester. This can be done in the first or last five minutes of class or as an out-of-class assignment. Faculty generally should have students submit their journals for review on an ongoing basis as stu-

dents can have the tendency to delay writing until the end of the semester. Some suggestions for journal topics include: reactions to the case examples; strengths and weaknesses of prevailing theoretical explanations; hypothetical conversations with sufferers of specific disorders, etc.

Abnormal Psychology Students Tool Kit Video Questions

As a homework assignment, have students watch a video clip and answer the accompanying questions. Students can answer the questions directly into the on-line assessment feature. The results of these quizzes report to the site's built-in grade book.

Web Site Quiz

For homework or extra credit, have students complete the quizzes for Chapter 6 located on the companion Web site. Students can complete an on-line test of the key chapter material (using questions NOT from the test bank) and have their scores e-mailed directly to the course instructor.

Essay Topics

For homework or extra credit, have students write an essay addressing one (or more) of the following topics:

(1) Between the Lines (on p. 178 in the text) addresses sociocultural differences in the experience of stress. What do you think might explain these findings?

(2) Psych Watch (on pages 174–175 in the text) focuses on the psychological aftermath of September 11, 2001. What was the experience like for you at the time? What (if any) stress symptoms did you experience? Where were you living? Did you talk to anyone about your experiences or feelings? Should you talk to someone now?

(3) A Closer Look (on p. 177 in the text) addresses the diagnostic categories of adjustment disorder. Do you agree or disagree with the use of the diagnosis as a "catch-all?" Do you think people truly have difficulty adjusting to life circumstances? What type of evidence would you like to see?

(4) Using the box on p. 172 in the text as a platform, write an essay on the role of psychologists in government interrogations. Do you agree with APA's stance?

Research Topics

For homework or extra credit, have students write a research report addressing one (or more) of the following topics:

(1) Conduct a "Psych Info" search and write an annotated bibliography on EMDR—the newest treatment for PTSD.

(2) Conduct a "Psych Info" search and write an annotated bibliography on the fight-or-flight response. What is the current biological research?

(3) Conduct a "Psych Info" search and write a brief literature review on "hardiness" or resiliency. Is this personality characteristic being actively researched? If so, what are the main findings?

(4) Research APA's official stance on torture (see box on p. 172 in the text). What justification and data are provided?

Film Review

To earn extra credit, have students watch one (or more) of the mainstream films listed earlier in this chapter and write a brief (3–5) page report. Students should summarize the plot of the film in sufficient detail to demonstrate familiarity, but should focus their papers on the depiction of psychological abnormality. What errors or liberties did the filmmaker take? What is the message (implicit or explicit) concerning the mentally ill?

Case Study Evaluations

To complement the Comer and Gorenstein supplemental case study text, case study evaluations have been created. Students can be assigned the appropriate case study and evaluation as homework or for class discussion. While case study evaluation questions are listed in their entirety on the companion Web site at www.worthpublishers.com/comer, the relevant case studies are referenced below.

Case Study 1: Posttraumatic Stress Disorder

Case Study 7: Psychological Factors Affecting Medical Condition: Type A Behavior Pattern

Case Study 8: Psychological Intervention for a Medical Problem: Cancer Treatment for a Child

Crossword Puzzles

As a homework assignment or for extra credit, have students complete and submit Crossword Puzzle #6.

Word Searches

As a homework assignment or for extra credit, have students complete and submit Word Search #6.