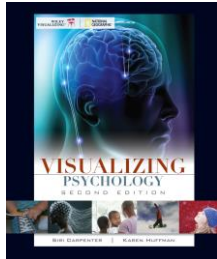




CHAPTER 13

Psychological Disorders





Lecture Overview

- Studying Psychological Disorders
- Anxiety Disorders
- Mood Disorders
- Schizophrenia
- Other Disorders
- How Gender & Culture Affect Abnormal Behavior





Studying Psychological Disorders

- **Abnormal Behavior:** patterns of emotion, thought, & action considered pathological for one or more of four reasons:
 - deviance
 - dysfunction
 - distress
 - danger





Four Criteria for Abnormal Behavior

The 4 D's

Deviance



Dysfunction



Distress



Danger

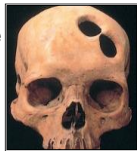




Studying Psychological Disorders

• *Historical perspectives:*

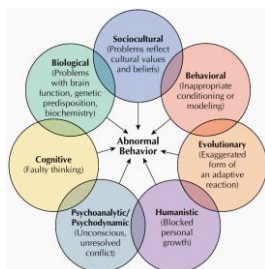
- Stone Age--demons thought to cause abnormal behavior & boring holes in the skull (**trepining**) allowed evil spirits to escape
- Middle Ages--treatment involved exorcism of evil spirits
- 15th century-- "witches" were tortured, imprisoned or executed
- Asylums
- In the 1790s, Pinel & others emphasized disease & physical illness, which later led to the *medical model* & subsequent modern **psychiatry**





Studying Psychological Disorders (Continued)

- *Modern psychology* includes seven major perspectives on abnormal behavior.





Studying Psychological Disorders: Classifying Abnormal Behavior

• **Diagnostic & Statistical Manual of Mental Disorders (DSM-V):**

- provides detailed descriptions of symptoms
- contains 400 disorders grouped into 17 major categories







Classifying Disorders

- We Classify *disorders*, not *people*
- We use terms such as
 - *person with schizophrenia*
 - rather than describing the
 - *schizophrenic*





Category	Description	Examples	
Anxiety Disorders	Problems associated with severe anxiety	phobias, obsessive-compulsive disorder, posttraumatic stress disorder	 Anxiety disorders
Mood Disorders	Problems associated with severe disturbances of mood	depression, mania, bipolar disorder	
Schizophrenia and Other Psychotic Disorders	A group of disorders characterized by major disturbances in perception, language and thought, emotion, and behavior	schizophrenia, brief psychotic disorder	 Mood disorders
Dissociative Disorders	Disorders in which the normal integration of consciousness, memory, or identity is suddenly and temporarily altered	amnesia, dissociative identity disorders	
Personality Disorders	Problems related to lifelong maladaptive personality traits	antisocial personality disorders, borderline personality disorders	
Substance-related Disorders	Problems caused by alcohol, cocaine, tobacco, and other drugs	substance dependence, substance abuse	
Somatoform Disorders	Problems related to unusual preoccupation with physical health or physical symptoms with no physical cause	pain disorder, hypochondriasis	

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Factitious Disorders	Disorders that the individual adopts to satisfy some economic or psychological need	factitious disorder	Mood disorders
Sexual and Gender Identity Disorders	Problems related to unsatisfactory sexual activity, finding unusual objects or situations arousing, or gender identity problems	sexual dysfunctions, sexual desire disorders	
Eating Disorders	Problems related to food	anorexia nervosa, bulimia	
Sleep Disorders	Serious disturbances of sleep	insomnia, sleep terrors, hypersomnia	
Impulse Control Disorders (not elsewhere classified)	Disorders involving failure to resist an impulse or temptation to perform an act that is harmful to the person or others	kleptomania, pyromania, pathological gambling	
Adjustment Disorders	Problems involving excessive emotional reaction to specific stressors	excessive emotional reaction to divorce, family discord, or unemployment	Substance-related disorders

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Disorders usually first diagnosed in infancy, childhood, or early adolescence	Problems that appear before adulthood	mental retardation, language development disorders	
Delirium, Dementia, Amnesia, and Other Cognitive Disorders	Problems caused by known damage to the brain	Alzheimer's disease, strokes	
Mental disorders due to a general medical condition (not elsewhere classified)	Problems caused by physical deterioration of the brain due to disease, drugs, etc.	personality change due to a general medical condition	
Other conditions that may be a focus of clinical attention	Symptoms that may or may not be related to mental disorders but are severe enough to warrant clinical attention	medication-induced movement disorders	

Eating disorders

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Pause & Reflect: Assessment

1. What are the four major standards for identifying **abnormal behavior**?
2. The **DSM-V** provides detailed descriptions of the key symptoms of **abnormal behavior**.



Anxiety Disorders



- **Anxiety Disorder:** unrealistic, irrational fear
- Most frequently occurring
- 2x women as men
- Easiest to treat
- Best chances for recovery



Anxiety Disorders

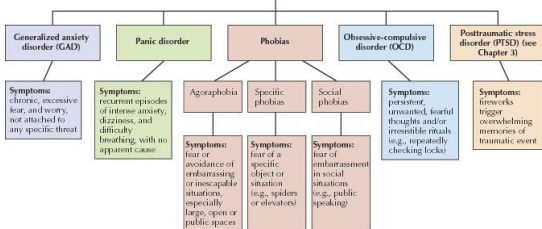
Major Anxiety Disorders:

1. **Generalized Anxiety Disorder (GAD)**
2. **Panic Disorder**
3. **Phobias**
4. **Obsessive-Compulsive Disorder (OCD)**
5. **Posttraumatic Stress Disorder (PTSD)** (Discussed in Chapter 3)





Major Anxiety Disorders





Major Anxiety Disorders

- 1. **Generalized Anxiety Disorder (GAD):** chronic, uncontrollable, & excessive fear that lasts at least 6 months with no focus on particular object or situation (called "free-floating" anxiety)



- 2. **Panic Disorder:** sudden, but brief, attacks of intense apprehension (panic attacks)



Anxiety Disorders (Continued)

- 3. **Phobia:** strong, irrational fear & avoidance of a specific object or situation

- **Agoraphobia** - fear of crowded or wide-open places; refuse to leave home
- **Specific phobia** – fear of specific object or situation:
 - Claustrophobia – fear of closed spaces
 - Acrophobia – fear of heights
 - Arachnophobia – fear of spiders
- **Social phobias** – fear of embarrassing themselves
 - Fear of public speaking
 - Fear of eating in public



Agoraphobia





Anxiety Disorders

- 4. **Obsessive-Compulsive Disorder (OCD):** persistent, unwanted, fearful thoughts (obsessions) &/or irresistible urges to perform an act or repeated ritual (compulsions), which help relieve the anxiety created by the obsession





Anxiety Disorders (Continued)

- 5. **Posttraumatic Stress Disorder (PTSD):** anxiety disorder following extraordinary stress (discussed in Chapter 3)



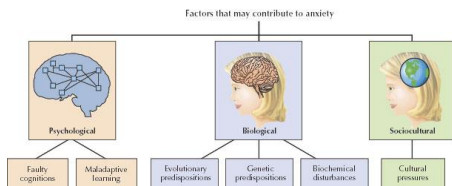


Explanations of Anxiety Disorders

- *Psychological*--faulty cognitions
- Maladaptive learning--conditioning, modeling
- *Biological*--evolution, genetics, brain functioning, biochemistry
- *Sociocultural*--environmental stressors, cultural socialization



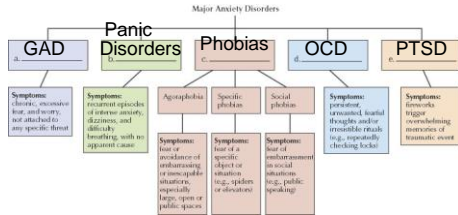
Anxiety Disorders (Continued)





Pause & Reflect: Assessment

Fill-in-the-blanks below:





Mood Disorders

- **Mood Disorders:** extreme disturbances in emotional states
- **Two Main Mood Disorders:**
 - **Major Depressive Disorder:** long-lasting depressed mood that interferes with the ability to function, feel pleasure, or maintain interest in life





Mood Disorders

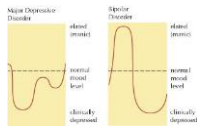
- **Bipolar Disorder:** repeated episodes of mania & depression
 - Manic episode
 - Overexcited
 - Distracted
 - Poor-judgment
 - Depressive
 - 3x as long





Mood Disorders (Continued)

- Note how major depressive disorders differ from bipolar disorders on this hypothetical graph.





Explaining Mood Disorders



- *Biological*--brain functioning, neurotransmitter imbalances, genetics, evolution
- *Psychosocial*--environmental stressors, disturbed interpersonal relationships, faulty thinking, poor self-concept, **learned helplessness**, faulty attributions





Pause & Reflect: Psychology & Life

True or False?

1. Suicide usually occurs with little or no warning.
2. Only depressed people commit suicide.
3. Thinking about suicide is rare.
4. Suicidal people are fully intent on dying.
5. People who talk about suicide are not likely to commit suicide.



Psychology & Life

- 7. Suicidal people remain so forever.
- 8. Men are more likely than women to actually kill themselves by suicide.
- 9. When a suicidal person has been severely depressed and seems to be “snapping out of it,” the danger of suicide decreases substantially.
- 10. Asking a depressed person about suicide will push him or her over the edge and cause a suicidal act.



Psychology & Life

- 1. Suicide usually occurs with little or no warning.
(False--Most people send overt &/or covert signals.)
- 2. Only depressed people commit suicide.
(False--There are numerous reasons & factors for suicide.)
- 3. Thinking about suicide is rare.
(False--Almost everyone has thought of suicide.)
- 4. Suicidal people are fully intent on dying.
(False--Most don't want to die; they just don't know how to go on living.)



Psychology & Life

- 7. Suicidal people remain so forever.
(False. People are usually suicidal only for a limited time.)
- 8. Men are more likely than women to actually kill themselves by suicide.
(True. Women are more likely to attempt suicide, but men are more likely to actually commit suicide.)



Psychology & Life

9. When a suicidal person has been severely depressed and seems to be "snapping out of it," the danger of suicide decreases substantially.

(False. They are at greater risk because they now have the energy to actually commit suicide.)

10. Asking a depressed person about suicide will push him or her over the edge and cause a suicidal act.

(False. It gives the people permission to talk. Not asking might lead to further isolation and depression.)



Pause & Reflect: Assessment

1. What are the two major forms of **mood disorders**? Major depressive
Bipolar
2. _____ disorders are characterized by repeated episodes of **mania & depression**.





Schizophrenia

- **Schizophrenia**: group of psychotic disorders, characterized by a general loss of contact with reality
- *Five areas of major disturbance:*
 1. Perception
 - a) **Visual hallucinations**
 - b) **Auditory hallucinations**
 - c) **More likely to be self-destructive**
 2. Language (word salad, neologisms)





Schizophrenia

3. Thoughts (**psychosis, delusions**)
 - a) Delusions of persecution
 - b) Delusions of grandeur
 - c) Delusions of reference
4. Emotion (**exaggerated** or flat affect)
5. Behavior [unusual actions (e.g., catalepsy, waxy flexibility)]



Paranoid	Dominated by delusions (persecution and grandeur) and hallucinations (hearing voices)
Catatonic	Marked by motor disturbances (immobility or wild activity) and echo speech (repeating the speech of others)
Disorganized	Characterized by incoherent speech, flat or exaggerated emotions, and social withdrawal
Undifferentiated	Meets the criteria for schizophrenia but is not any of the above subtypes
Residual	No longer meets the full criteria for schizophrenia but still shows some symptoms



Alternative Classification System

1. **Positive schizophrenia symptoms:** additions to or exaggerations of normal thought processes & behaviors (e.g., bizarre delusions & hallucinations)
2. **Negative schizophrenia symptoms:** loss of or absence of normal thought processes & behaviors (e.g., impaired attention, toneless speech, flattened affect, social withdrawal)





Schizophrenia (Continued)

- Explanations of **Schizophrenia**:
 - *Biological*: genetic predisposition, disruptions in neurotransmitters, brain abnormalities
- May contribute to schizophrenia:

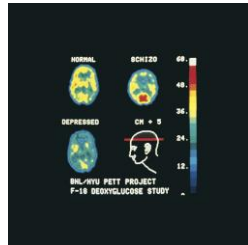


- Prenatal viral infections
- Birth complications
- Immune responses
- Maternal malnutrition
- Advanced paternal age



Disturbed Brain Activity in Schizophrenia

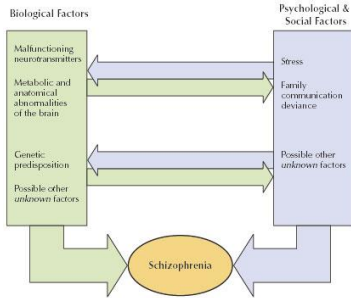
- Note the differing amounts of brain activity in the normal, **schizophrenia**, & **depressed** brains. (Warmer colors = more activity)





Schizophrenia Psychosocial Factors

- **Diathesis-stress model**
 - Stress
 - Inherited predisposition
- **Disturbed Family Communication**
 - Unintelligible speech
 - Fragmented communication
 - Parents sending contradictory messages





Pause & Reflect: Assessment

1. Schizophrenia is a group of psychotic disorders, characterized by a general loss of contact with reality. Diathesis-stress model
2. What are the three biological & two psychological factors, which may contribute to schizophrenia? Disrupted family environment





Other Disorders

- **Substance-related disorder:** abuse of, or dependence on, a mood- or behavior-altering drug (Chapter 5)
- Two general groups:
 - **Substance abuse** (interferes with social or occupational functioning)
 - **Substance dependence** (causes physical reactions, such as *tolerance* & *withdrawal*)





Other Disorders: Substance-Related Disorder

Criteria for Substance Abuse (alcohol and other drugs)

Maladaptive use of a substance shown by one of the following:

- Failure to meet obligations
- Repeated use in situations where it is physically dangerous
- Continued use despite problems caused by the substance
- Repeated substance-related legal problems

Criteria for Substance Dependence (alcohol and other drugs)

Three or more of the following:

- Tolerance
- Withdrawal
- Substance taken for a longer time or greater amount than intended
- Lack of desire or effort to reduce or control use
- Social, recreational, or occupational activities given up or reduced
- Much time spent in activities to obtain the substance
- Use continued despite knowing that psychological or physical problems are worsened by it



Other Disorders (Continued)

- People with **substance-related disorders** also commonly suffer other psychological disorders, a condition known as **comorbidity**.





Dissociate Disorders

amnesia, fugue, or multiple personalities resulting from avoidance of painful memories or situations



- Types of Dissociative Disorders:
 - Dissociative Amnesia
 - Dissociative Fugue
 - Depersonalization Disorder
 - Dissociative Identity Disorder (DID)



Dissociative Disorders

- Best known supposed dissociative disorder:



- **Dissociative Identity Disorder (DID)**: presence of two or more distinct personality systems in the same person at different times (previously known as *multiple personality disorder*)



Personality Disorders

- **Personality Disorder**: inflexible, maladaptive personality traits causing significant impairment of social & occupational functioning
- Two types of personality disorders:
 - **Antisocial Personality Disorder**
 - **Borderline Personality Disorder (BPD)**



Personality Disorders

- **Antisocial Personality Disorder**: profound disregard for, & violation of, the rights of others
- **Key Traits**: egocentrism, lack of conscience, impulsive behavior, & superficial charm





Other Disorders (Continued)

- Explanations of **Antisocial Personality Disorder**
- *Biological:* genetic predisposition, abnormal brain functioning
- *Psychological:* abusive parenting, inappropriate modeling





Borderline Personality Disorder (BPD)

- impulsivity & instability in mood, relationships & self-image
- depression, emptiness, & intense fear of abandonment
- destructive, impulsive behaviors
- see in absolute terms
- childhood history of neglect, emotional deprivation and physical, sexual or emotional abuse





Pause & Reflect: Assessment

1. People with **substance-related disorders** also commonly suffer from other psychological disorders, a condition known as **comorbidity**
2. A serial killer would likely be diagnosed as having a(n) **Antisocial personality disorder**





Pause & Reflect: Assessment

1. What are the major classes of psychological disorders?

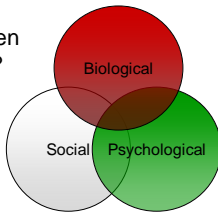
- Anxiety Disorders – phobias, OCD, PTSD
- Mood Disorders – major depressive, bipolar
- Schizophrenia – paranoid, catatonic
- Substance Related – substance abuse, substance dependence
- Dissociative Disorders – DID
- Personality Disorders – antisocial, borderline





How Gender & Culture Affect Abnormal Behavior

– Women more often depressed. Why?
Combination of biological, psychological, & social forces
(biopsychosocial model)





Nervous	Trouble sleeping	Low spirits
Weak all over	Personal worries	Restless
Feel apart, alone	Can't get along	Hot all over
Worry all the time	Can't do anything worthwhile	Nothing turns out right

Source: From *Understanding Culture's Influence on Behavior*, 2nd edition by Brislin. ©2000. Reprinted with permission of Wadsworth, a division of Thomson Learning. www.thomsonrights.com.

- **Culture-General Symptoms:** shared symptoms across cultures





- **Culture-Bound Symptoms:** unique symptoms that differ across cultures

Porto Rican and other Latin cultures <i>Ataque de nervios</i> (“attack of nerves”)	Southeast Asian, Malaysian, Indonesian, Thai Burning amok	West African Brain fog	Ethiopia Possession by the “Zar”	South Chinese and Vietnamese Koro	Western Nations <i>Anorexia nervosa</i> is a (in other countries become <i>Morboza</i>) They’re showing some form cause of abnormal
Symptoms: trembling, heart palpitations, and episodic episodes often associated with the death of a loved one, accidents, or family conflict	Symptoms: wild, out-of-control, aggressive behaviors and attempts to injure or kill others	Symptoms: “Brain tiredness,” a mental and physical response to the challenges of schooling	Symptoms: involuntary movements, mutism, and incomprehensible language	Symptoms: belief that the penis is retracting into the abdomen and that when it is fully retracted, death will result; attempts to prevent the supposed retraction may lead to severe physical damage	Symptoms: occurs primarily among young women; preoccupied with thinness, they exercise excessively and refuse to eat; death can result





End of CHAPTER 13

Psychological Disorders

