



# Chapter 14

## Psychological Disorders

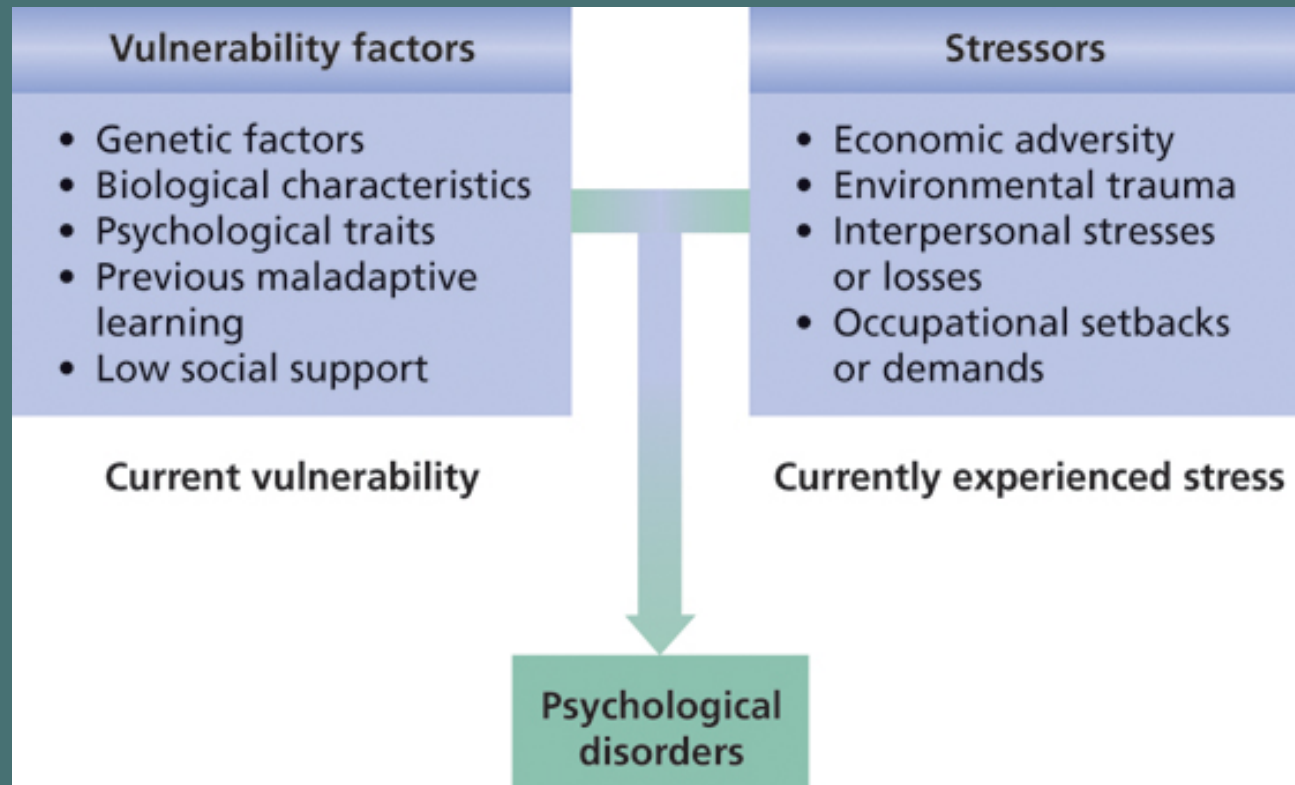
# Historical Perspectives

- Historical explanations for abnormal behavior:
  - Supernatural forces/demonic possession
    - Trephination: ancient treatment that involved chiseling a hole in the skull to allow evil spirits to escape
  - Hippocrates (5th century B.C.): mental illnesses are just like physical disorders
  - Freudian psychoanalysis (early 1900s) marked the beginning of psychological interpretations of disordered behavior

# Historical Perspectives

- Vulnerability-Stress Model: modern theory stating that each of us has some degree of vulnerability for developing a psychological disorder, given sufficient stress
  - Vulnerability (predisposition) can be biological, environmental, or cultural
  - Disorder is created when a stressor is combined with a vulnerability

# Historical Perspectives

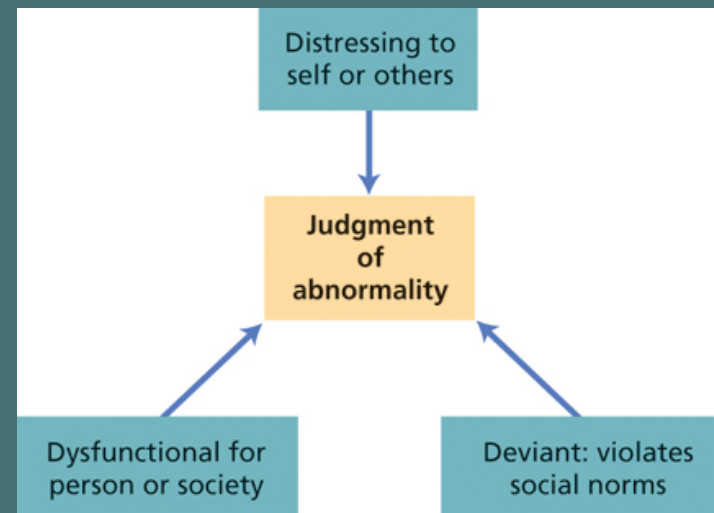


# Defining and Classifying Disorders

- What is abnormal?
  - Differs depending on the time and the culture
- Three criteria:
  - Behavior is *distressing* to the individual
    - Not always the case
  - Behavior is *dysfunctional*, either for the individual or for society
  - Behavior *deviates* from society's judgment concerning "normal" behavior

# Defining and Classifying Disorders

- Abnormal Behavior: behavior that is personally distressing, personally dysfunctional, and/or so culturally deviant that other people judge it to be inappropriate or maladaptive



# Diagnosing Disorders

- A useful classification system must demonstrate:
  - Reliability: clinicians using the system should show high levels of agreement in their diagnostic decisions
  - Validity: the diagnostic categories should accurately capture the essential features of the various disorders

# Diagnosing Disorders

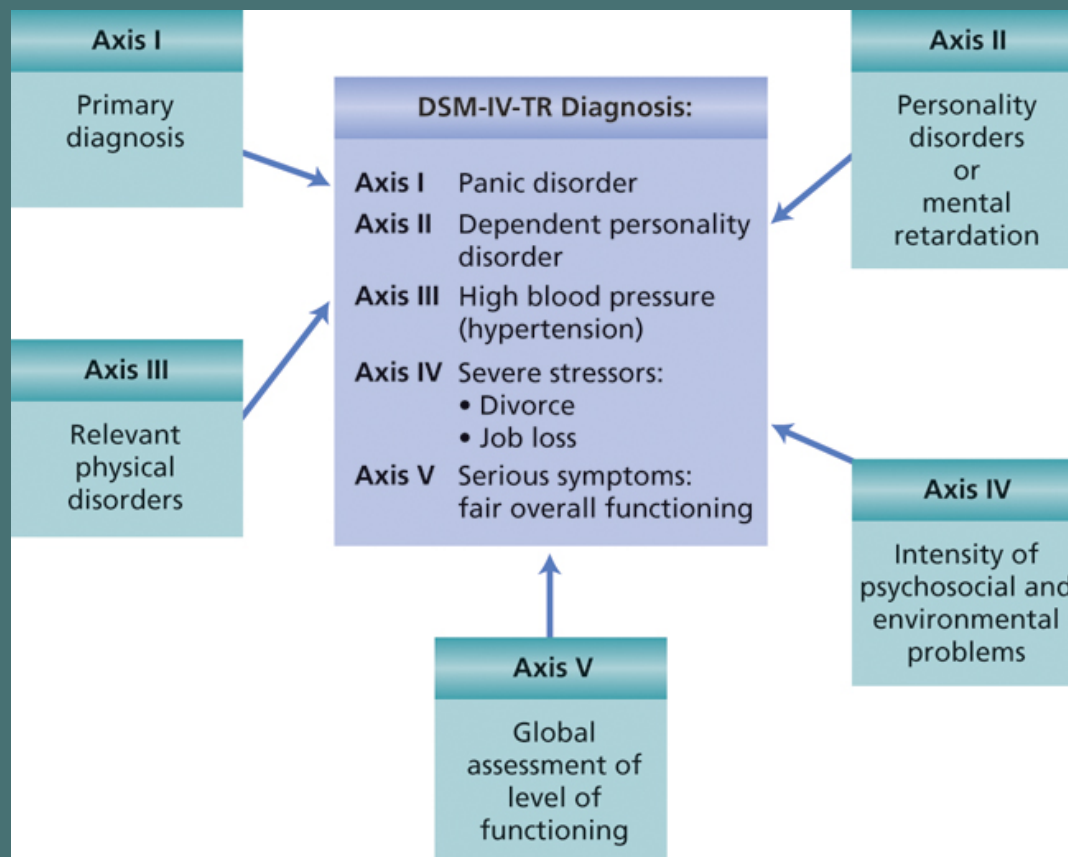
- Diagnostic and Statistical Manual of Mental Disorders (4th Ed., Text Revision) - DSM-IV-TR: most widely-used diagnostic classification system in the U.S.
  - More than 350 diagnostic categories



# Diagnosing Disorders

- Five dimensions (Axes):
  - Axis I: Primary clinical symptoms
  - Axis II: Long-standing personality or developmental disorders
  - Axis III: Relevant medical conditions
  - Axis IV: Intensity of psychosocial environmental stressors
  - Axis V: Coping resources as reflected in recent adaptive functioning (Global Assessment of Functioning Scale)

# Diagnosing Disorders



# Consequences of Labeling

- Social and personal:
  - Easy to accept the label as a description of the individual rather than the behavior
  - Rosenhan experiment (1973)
  - Can create or worsen disorders
    - Accepting the new identity implied by the label
    - Negative stigma may increase fear of seeking treatment

# Diagnosing Disorders

- Legal consequences:
  - Involuntary commitment
    - Loss of civil rights, indefinite detainment
  - Competency: a defendant's state of mind at the time of a judicial hearing
  - Insanity: the presumed state of mind of the defendant at the time the crime was committed

# Anxiety Disorders



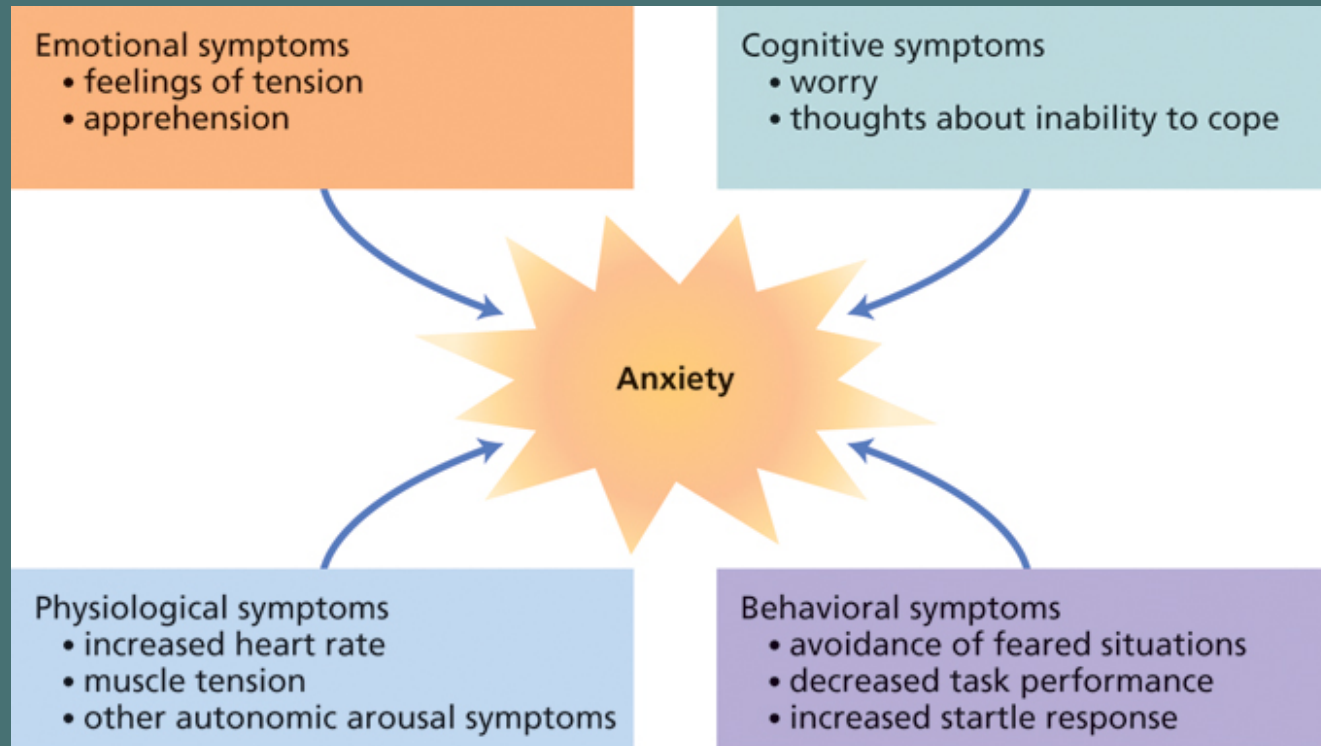
- Anxiety: the state of tension and apprehension that is a natural response to a perceived threat
- Anxiety Disorders: the frequency and intensity of anxiety responses are out of proportion to the situations that trigger them, and the anxiety interferes with daily life

# Anxiety Disorders

- Four Components:

- *Subjective-emotional*: feelings of tension and apprehension
- *Cognitive*: worrisome thoughts and an inability to cope
- *Physiological*: increased heart rate, muscle tension, etc.
- *Behavioral*: avoidance of certain situations, impaired task performance

# Anxiety Disorders



# Anxiety Disorders

- Anxiety disorders are the most *prevalent* disorders in the U.S. (17.6% of population)
  - Prevalence: the number of people who have a disorder during a specified period of time
- Considered *clinically significant* in 70% of cases
  - Clinically Significant: interferes significantly with life functions or cause the person to seek medical or psychological treatment



# Anxiety Disorders

- Phobias: strong and irrational fears of certain objects or situations
  - Agoraphobia: fear of open or public places from which escape would be difficult
  - Social Phobias: excessive fear of situations in which the person might be evaluated and possibly embarrassed
  - Specific Phobias: such as a fear of dogs, snakes, spiders, heights, etc.

# Anxiety Disorders



- Phobias can arise at any point in life, but childhood is most common
- Degree of impairment depends on how often the stimulus is encountered in the individual's normal activities

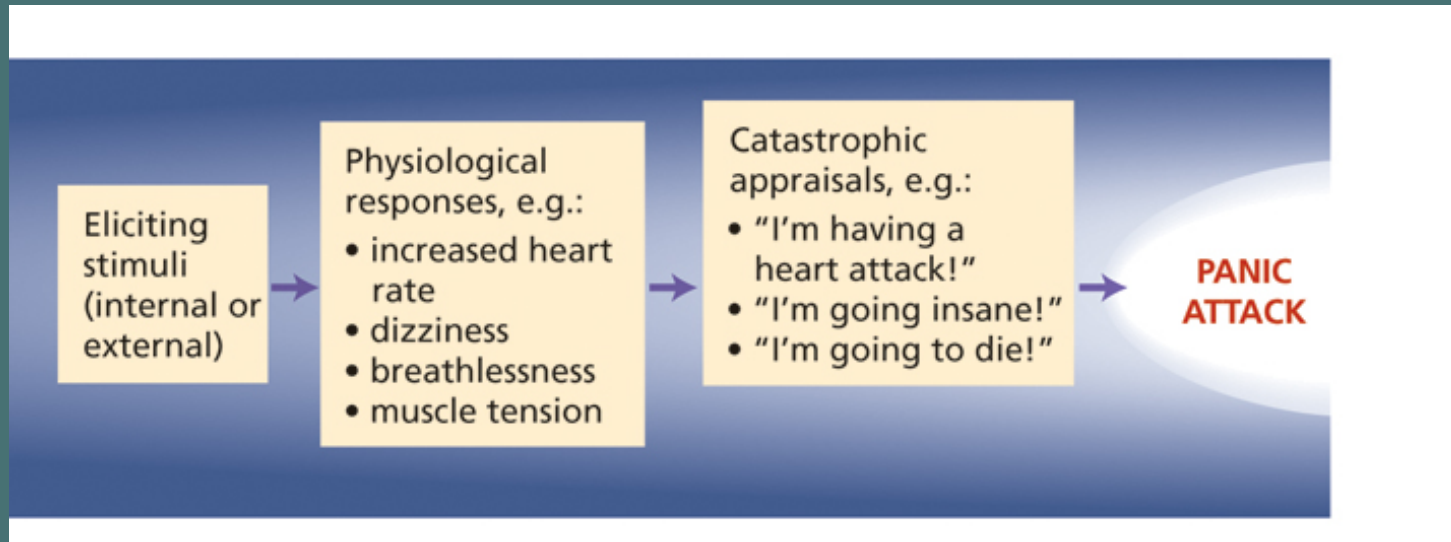
# Anxiety Disorders

- Generalized Anxiety Disorder: a chronic (ongoing) state of diffuse anxiety that is not attached to specific situations or objects
  - Can markedly interfere with daily functioning
    - Difficult to concentrate, make decisions, and remember commitments
  - Onset typically occurs in childhood and adolescence
  - Affects 5% of people between the ages of 15 and 45

# Anxiety Disorders

- Panic Disorder: occurs suddenly and unpredictably; much more intense
  - Typically occur without any identifiable stimulus
  - Many people with recurrent panic attacks develop a persistent fear of future attacks and/or agoraphobia
  - Tends to appear in late adolescence or early adulthood
  - Affects 3.5% of population

# Anxiety Disorders



# Anxiety Disorders

- Obsessive-Compulsive Disorder:

- Obsessions: repetitive and unwelcome thoughts, images, or impulses that invade consciousness, are often abhorrent to the person, and are very difficult to dismiss or control
- Compulsions: repetitive behavioral responses that can be resisted only with great difficulty
  - Compulsions reduce the anxiety associated with the intrusive thoughts
- Affects 2.5% of population; onset in the 20's

# Anxiety Disorders

- Posttraumatic Stress Disorder (PTSD): a severe anxiety disorder that can occur in people who have been exposed to traumatic life events
  - Severe symptoms of anxiety and distress that were not present before the trauma
  - Reliving the trauma recurrently in flashbacks, dreams, and fantasies
  - Becoming numb to the world; avoiding all reminders
  - Experiences intense survivor guilt in instances where others were killed and the individual was somehow spared

# Anxiety Disorders



- Traumas caused by human actions (war rape, and torture) are five times more likely than natural disasters to cause PTSD
- Women experience PTSD twice as often as men
- PTSD rate of 20% in those living close to the World Trade Center
- PTSD may increase vulnerability to the later development of other disorders



# Anxiety Disorders

- Biological Factors:
  - Overreactive autonomic nervous system
  - Overreactive neurotransmitter systems involved in emotional responses
  - Overreactive right hemisphere sites involved in emotions
- Psychological factors:
  - Neurotic Anxiety: occurs when unacceptable impulses threaten to overwhelm the ego's defenses and explode into consciousness

# Anxiety Disorders

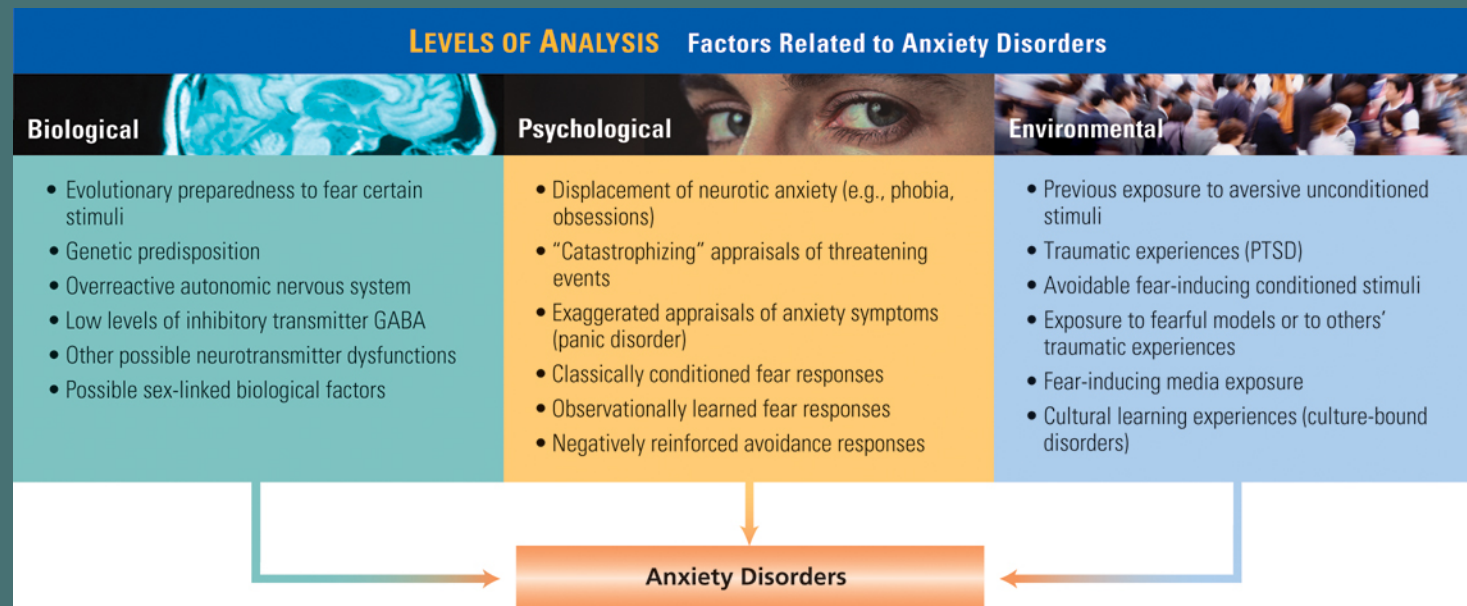
- Cognitive factors:
  - Maladaptive thought patterns and beliefs
  - Exaggerated misinterpretations of stimuli
- The Role of Learning
  - Classically conditioned fear responses after a traumatic experience
  - Observational learning
  - Operant conditioning
    - Motivation to reduce or escape anxiety

# Anxiety Disorders



- Sociocultural factors:
  - Culture-Bound Disorders: disorders that occur only in certain locales
    - Example: anorexia nervosa is found almost exclusively in developed countries, where being thin is a cultural obsession

# Anxiety Disorders



# Somatoform Disorders

- Somatoform Disorders: involve physical complaints or disabilities that suggest a medical problem but that have no known biological cause and are not produced voluntarily by the person
  - Hypochondriasis: people become unduly alarmed about any physical symptom they detect and are convinced that they have or are about to have a serious illness

# Somatoform Disorders

- Pain Disorder: the experience of intense pain that is either out of proportion to whatever medical condition they might have or for which no physical basis can be found
- Conversion Disorder: serious neurological symptoms, such as paralysis, loss of sensation, or blindness, suddenly occur
  - *La belle indifference*: a lack of concern about their symptom and its implications

# Somatoform Disorders

- Predisposition may involve a combination of biological and psychological vulnerabilities
  - Genetics, environmental learning, and social reinforcement for bodily symptoms
  - Somatoform patients are very suggestible
- Incidence of somatoform disorders is higher in cultures that:
  - Discourage open discussion of emotions
  - Stigmatize psychological disorders

# Dissociative Disorders

- Dissociative Disorders: involve a breakdown of normal personality integration, resulting in significant alterations in memory or identity
- Three forms:
  - Psychogenic amnesia
  - Psychogenic fugue
  - Dissociative identity disorder



# Dissociative Disorders

- Psychogenic Amnesia: a person responds to a stressful event with extensive but selective memory loss
- Psychogenic Fugue: a more profound dissociative disorder in which a person loses all sense of personal identity, gives up his or her customary life, wanders to a new faraway location, and establishes a new identity
  - May last from a few hours to several years
  - Ends when the person suddenly “wakes up”

# Dissociative Disorders

- Dissociative Identity (Multiple Personality) Disorder: two or more separate personalities coexist in the same person
  - A primary (host) personality appears more often than the other (alter) personalities
  - May or may not know about the existence of the others
  - Can differ in age, gender, behaviors, etc.
    - Can also differ physiologically

# Dissociative Disorders

- Trauma-Dissociation Theory: the development of new personalities occurs in response to severe stress
  - Often begins in early childhood, frequently in response to physical or sexual abuse
- Controversial diagnosis
  - Large increase in cases in recent years - real or made-up?
  - Publicity or therapist expectations

# Mood Disorders

- Mood Disorders: includes depression and mania
  - High *comorbidity* (co-occurrence) involving anxiety and mood disorders
- Depression:
  - Most feel temporary depression at some point
    - Typically due to a traumatic or sad event
    - 25-30% of college undergrads
    - Typically fade after the event has passed

# Mood Disorders

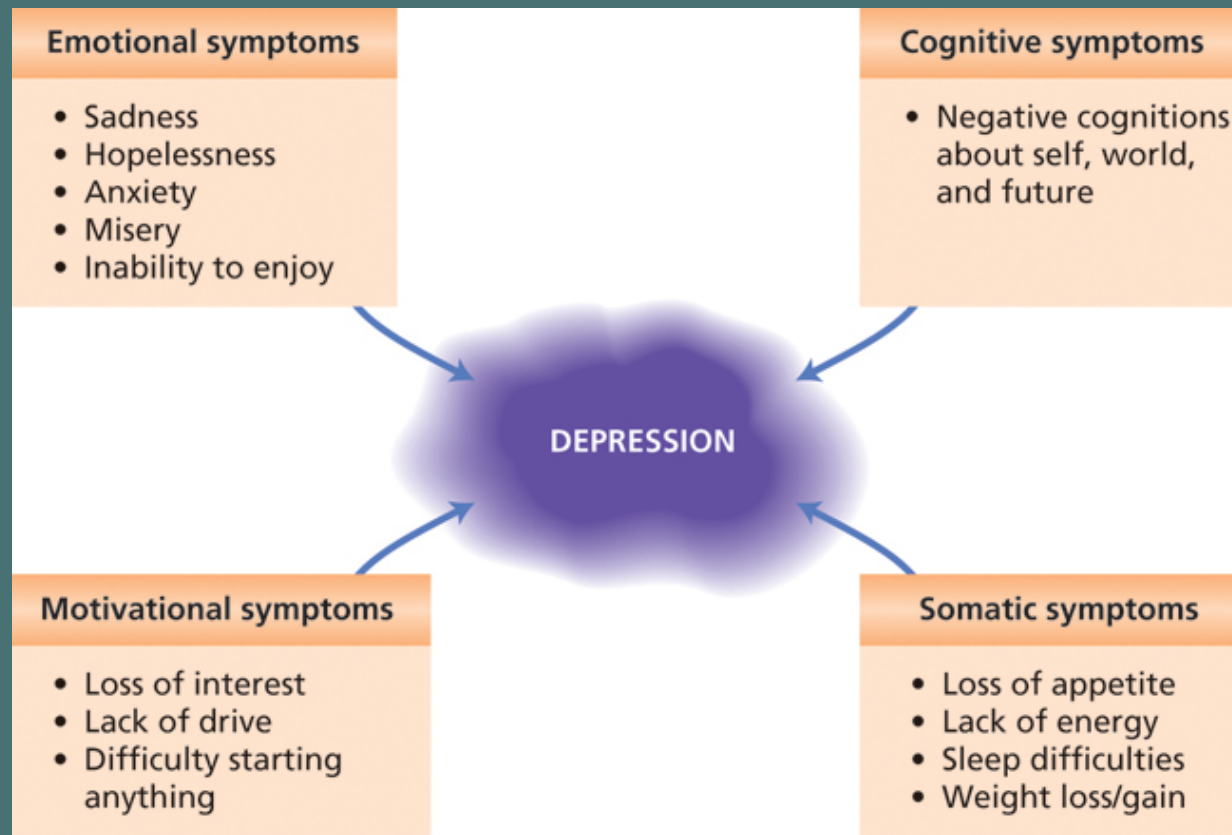
- Major Depression: an intense depressed state that leaves the person unable to function effectively
- Dysthymia: a less intense form of depression that has less dramatic effects on personal and occupational functioning
  - More chronic and longer-lasting

# Mood Disorders

- Symptoms of Depression:

- *Negative mood state*: sadness, misery, loneliness
- *Cognitive symptoms*: difficulty concentrating and making decisions, low self-esteem
- *Motivational symptoms*: inability to perform behaviors that might produce pleasure or accomplishment
- *Somatic (bodily) symptoms*: sudden weight loss or gain, sleep disturbances, fatigue

# Mood Disorders



# Mood Disorders

- Bipolar Disorder: depression (which is usually the dominant state) alternates with periods of mania
  - Mania: a state of highly excited mood and behavior that is quite the opposite of depression



# Mood Disorders

- Symptoms of Mania:

- Person is often euphoric and sees no limits to what he or she can accomplish
- Failure to consider negative consequences
- Hyperactive, frantic behavior
- Irritable and aggressive when questioned
- Rapid speech; lessened need for sleep

# Mood Disorders

- Prevalence of Mood Disorders:

- Nearly 1 in 5 Americans will have a clinically depressive episode at least once in his or her lifetime
- Depression is on the rise among young people (15- to 19-year olds)
- Women are about twice as likely as men to experience unipolar depression
  - No difference in bipolar rates

# Mood Disorders



- Initial episode typically lasts 5-10 months without treatment
  - 40% will not experience another episode
  - 50% will experience a recurrence about 3 years after the initial episode
    - Interval between episodes tends to become shorter over the years
  - 10% will remain chronically depressed
- Manic episodes are less common but far more likely to recur

# Mood Disorders

- Biological factors:

- Underactivity in a family of neurotransmitters that include norepinephrine, dopamine, and serotonin
- Bipolar disorder has a stronger genetic basis than unipolar depression
- Manic disorders may stem from an overproduction of the same neurotransmitters that are underactive in depression

# Mood Disorders

- Psychological factors:
  - Personality-based vulnerability can be created by early traumatic losses or rejections
- Cognitive processes:
  - Depressive Cognitive Triad: negative thoughts concerning:
    - The world
    - Oneself
    - The future

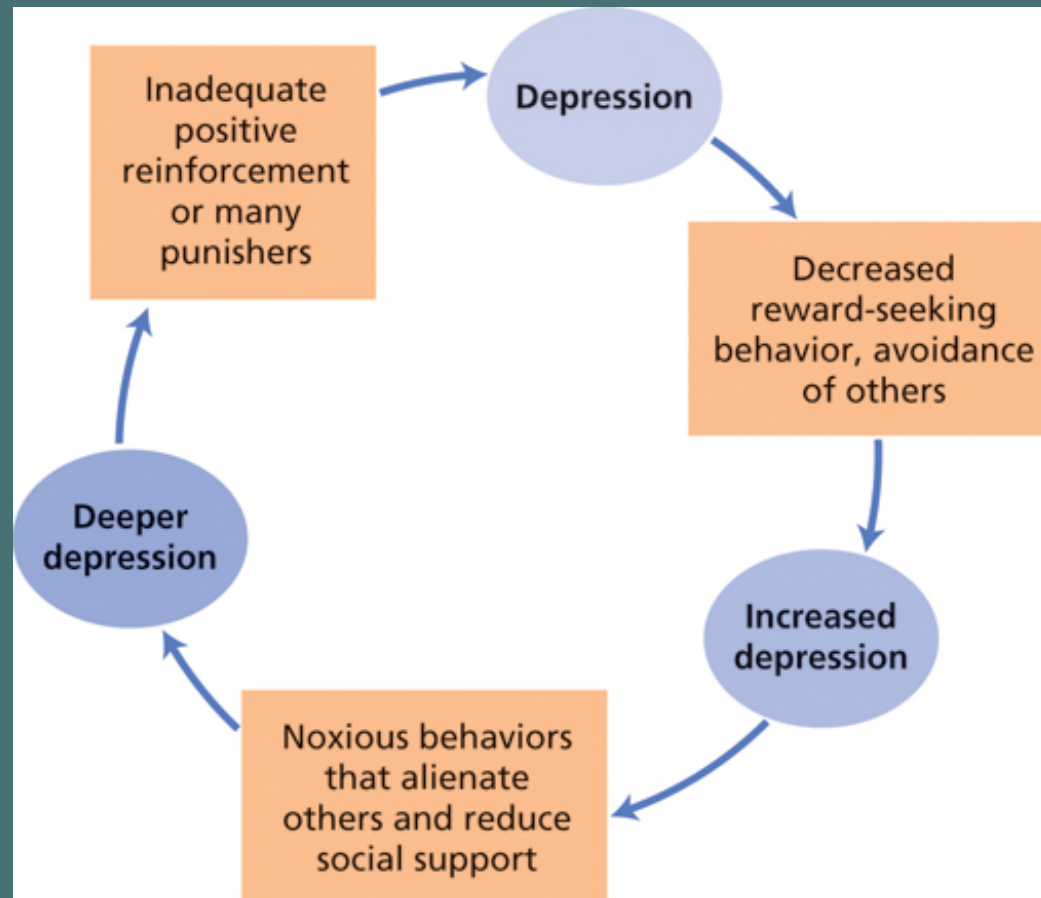
# Mood Disorders

- Cognitive processes (continued):
  - Depressive Attributional Pattern: attributing successes or other positive events to factors outside the self while attributing negative outcomes to personal factors
  - Learned Helplessness: depression occurs when people expect that bad events will occur and that there is nothing they can do to prevent or cope with them

# Mood Disorders

- Learning and environmental factors:
  - Lewinsohn (1985): depression is usually triggered by a loss or some other punishing event
    - Person stops performing positive behaviors, which leads to a loss of positive reinforcement, thus continuing the cycle
    - Recovery can only occur by breaking this cycle

# Mood Disorders





# Mood Disorders

- Sociocultural factors:

- Prevalence of depressive disorders is lower in Hong Kong and Taiwan

- Strong social support

- Affects the ways in which depression is manifested

- Influences who develops depression

- Women are more likely to report depression in technologically advanced countries

- Sex difference is not found in developing countries

# Suicide



- Suicide: the willful taking of one's own life
  - Second most frequent cause of death among high school and college students
  - Women attempt suicide 3 times more often than men, but men are 3 times more likely to actually succeed
    - Higher incidence of depression in women
    - Men's choice of more immediately lethal methods
  - About 15% of clinically depressed individuals will eventually kill themselves

# Suicide



- Motives:

- Desire to end one's life (56%)

- High levels of depression and hopelessness
    - More lethal than other suicide attempts
    - Sometimes based on a desire to stop being a burden to others

- Manipulation of others (13%)

- Induces guilt in others; dramatizes suffering
    - Tends to use less lethal means and makes sure help is available

# Suicide



- Warning Signs:

- Verbal or behavioral threat to commit suicide
- Expressing hopelessness about the future
- Withdrawing from others or favorite activities
- Giving away treasured possessions
- Taking unusual risks
- Having a detailed plan that involves a lethal method
- Substance use and abuse

# Suicide



- Suicide Prevention:

- Talk about it with the person
- Provide social support and empathy
- Help the person to consider positive future possibilities
- Stay with the person and help him or her to seek professional assistance

# Schizophrenia

- Schizophrenia: includes severe disturbances in thinking, speech, perception, emotion, and behavior
  - Psychotic disorder - involves a loss of contact with reality, as well as bizarre behaviors and experiences

# Schizophrenia

- Characteristics of Schizophrenia:

- Diagnosis involves a cluster of symptoms:

- Misinterpreting reality
- Exhibiting disordered attention, thought, or perception
- Withdrawing from social interactions
- Communicating in strange or inappropriate ways
- Neglecting personal grooming
- Behaving in a disorganized fashion

# Schizophrenia

- Delusions: false beliefs that are sustained in the face of evidence that normally would be sufficient to destroy them
  - Persecution or grandeur
- Hallucinations: false perceptions that have a compelling sense of reality
- Disorganized thought and language
  - Nonsensical, rhyming patterns
- Affects emotional expression
  - Blunt, flat, or inappropriate affect



# Schizophrenia



- Paranoid Schizophrenia:

- Delusions of persecution
- Delusions of grandeur
- Suspicion, anxiety, anger
- Hallucinations may also occur

- Disorganized Schizophrenia:

- Confusion and incoherence
- Severe deterioration of adaptive behavior, such as personal hygiene, social skills, and self-care
- Highly inappropriate emotional responses
- Often appear silly and child-like

# Schizophrenia

- Catatonic Schizophrenia:

- Striking motor disturbances ranging from muscular rigidity to random or repetitive movements
- Alternate between stuporous states and agitated excitement
- *Waxy Flexibility*: their limbs can be molded by another person into positions that they will then maintain for hours

# Schizophrenia

- Undifferentiated Schizophrenia:
  - People who exhibit some of the symptoms and thought disorders of the other categories but who do not have enough of the specific criteria to be diagnosed in those categories

# Schizophrenia

- Two main categories of symptoms:
  - Positive: bizarre behaviors such as delusions, hallucinations, and disordered speech and thinking
    - Represent pathological extremes of normal processes
  - Negative: absence of normal reactions, such as a lack of emotional expression, loss of motivation, and an absence of speech

# Schizophrenia

- Negative symptoms are associated with a poorer prognosis than positive symptoms
- Schizophrenia affects 1-2% of the population, but many need hospitalization
  - About 10% remain permanently impaired
  - About 65% show intermittent periods of normal functioning
  - About 25% recover from the disorder

# Schizophrenia

- Biological factors:

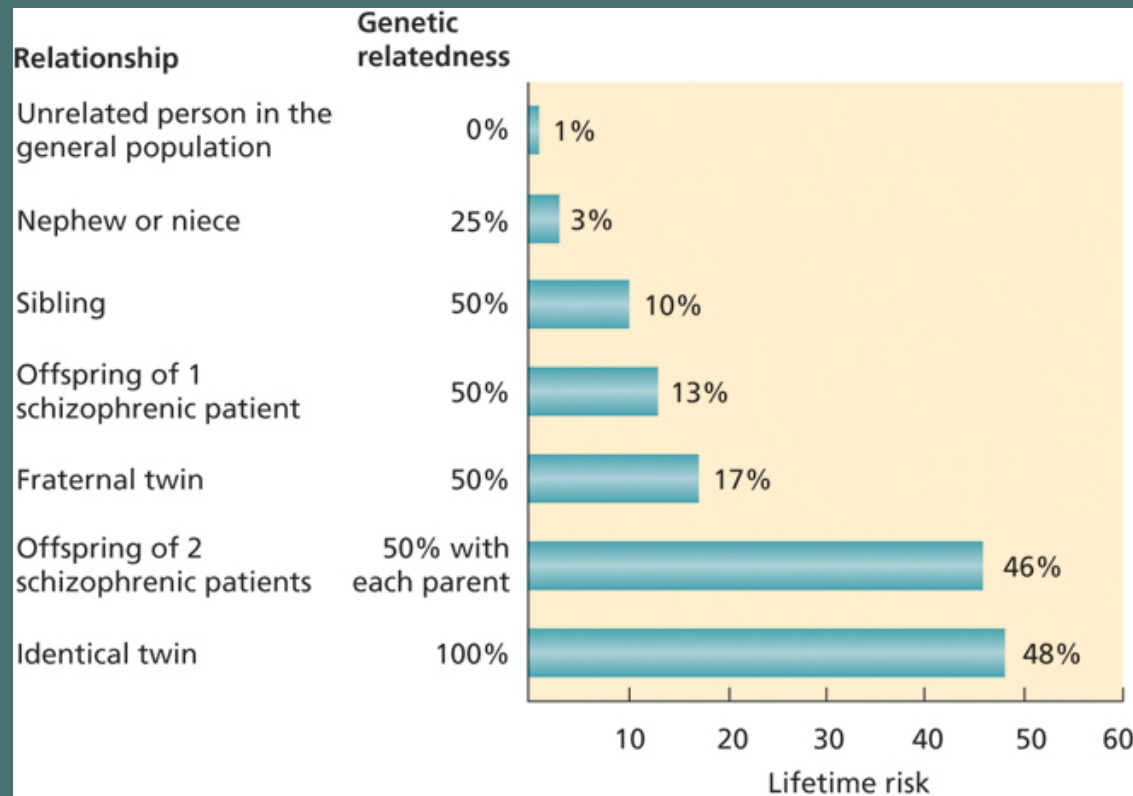
- Strong genetic predisposition

- Closer relationship increases the likelihood of developing schizophrenia

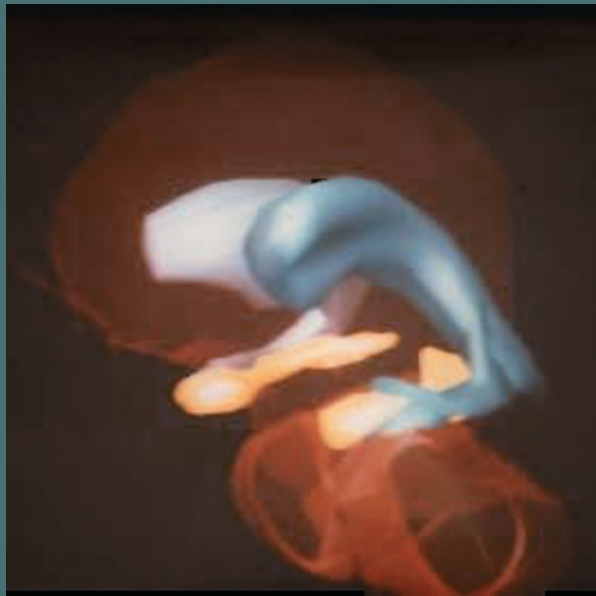
- Brain abnormalities

- *Neurodegenerative hypothesis*: destruction of neural tissue can cause schizophrenia
    - Mild to moderate brain atrophy and enlarged ventricles
    - Abnormalities are more common in patients who exhibit negative symptoms

# Schizophrenia



# Schizophrenia





# Schizophrenia

- Biochemical factors:

- Dopamine hypothesis: the symptoms of schizophrenia (particularly positive symptoms) are produced by over-activity of the dopamine system in areas of the brain that regulate emotional expression, motivated behavior, and cognitive functioning

# Schizophrenia



- Psychological factors:

- Psychoanalytic theorists: schizophrenia is a retreat from unbearable stress and conflict

- Extreme form of regression

- Cognitive theorists: schizophrenics have a defect in the attentional mechanism that filters out irrelevant stimuli

- Environmental factors:

- Stressful life events play an important role in the emergence of schizophrenic behavior

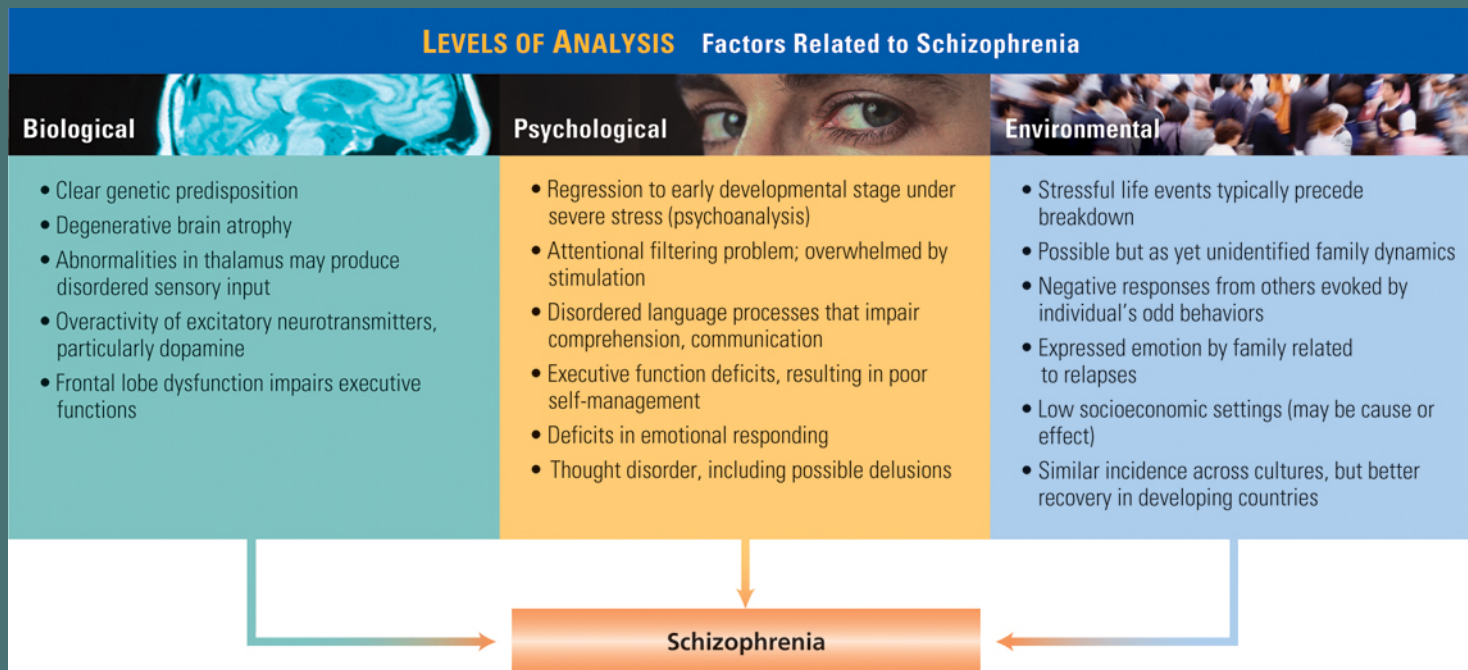
# Schizophrenia

- Sociocultural factors:

- Prevalence of schizophrenia is highest in lower socioeconomic populations

- Social Causation Hypothesis: attributes higher prevalence to increased levels of stress that low-income people experience
- Social Drift Hypothesis: as schizophrenia develops, personal and occupational functioning deteriorates, so that people drift down the socioeconomic ladder

# Schizophrenia



# Personality Disorders

- Personality Disorders: stable, ingrained, inflexible, and maladaptive ways of thinking, feeling, and behaving
- 10 personality disorders; 3 clusters
  - Dramatic and impulsive behaviors
  - Anxious and fearful behaviors
  - Odd and eccentric behaviors
- Affects 10-15% of adults

# Personality Disorders

- Antisocial Personality Disorder: people who seem to lack a conscience
  - Exhibit little anxiety or guilt
  - Tend to be impulsive and unable to delay gratification of their needs
  - Exhibit a lack of emotional attachment to other people
- Males outnumber females 3 to 1
- Often appear intelligent and charming
- Failure to respond to punishment

# Personality Disorders

- Diagnostic criteria for antisocial personality disorder requires evidence of antisocial behavior before the age of 15
  - Habitual lying
  - Early and aggressive sexual behavior
  - Excessive drinking, theft, vandalism, and chronic rule violations
- Cannot be diagnosed until the age of 18, but deviant behavior pattern typically begins in childhood

# Personality Disorders



- Biological factors:
  - Genetic predisposition
  - Dysfunction in brain structures that govern emotional arousal and behavioral self-control
  - Neurological deficits in the prefrontal lobes



# Personality Disorders

- Psychological and environmental factors:
  - Described as people without a conscience
  - Inadequate identification with appropriate adult figures
  - Failure to think about or anticipate long-term negative consequences
  - Many come from abusive, neglectful homes
  - Impaired ability to develop conditioned fear responses when punished

# Personality Disorders

- Borderline Personality Disorder: a collection of symptoms characterized primarily by serious instability in behavior, emotion, identity, and interpersonal relationships
- Occurs in 3-5% of population; 2/3 are women

# Personality Disorders

- Symptoms of BPD:

- Emotional Dysregulation: an inability to control negative emotions in response to stressful life events
- Intense and unstable personal relationships
- Chronic feelings of extreme anger, loneliness, and emptiness
- Engaging in impulsive, self-destructive behaviors

- Extremely difficult to treat

# Personality Disorders

- Causal factors:

- Chaotic personal histories (inconsistent parenting, sexual and physical abuse)
- Splitting: the failure to integrate positive and negative aspects of another's behavior into a coherent whole
- Genetic factors
- Abnormality in neurotransmitter systems or brain areas that regulate emotions

# Childhood Disorders

- Attention Deficit/Hyperactivity Disorder (ADHD): inattention, hyperactivity/impulsivity, or a combination of the two
- 7-10% of American children
- More common in boys than girls
- Potentially overdiagnosed/overmedicated

# Childhood Disorders

- ADHD problems typically persist into adolescence and adulthood
- Causes are unknown
  - Genetic factors are involved
  - No consistent differences in brain activity, brain structures, or neurotransmitters
  - Environmental factors (inconsistent parenting)

# Childhood Disorders

- Autistic Disorder: a long-term disorder characterized by extreme unresponsiveness to others, poor communication skills, and highly repetitive and rigid behavior patterns
- Affects 5 in every 10,000 children; 80% are boys
- Typically appears by age 3
  - 70% remain severely disabled into adulthood and cannot live independently

# Childhood Disorders

- Symptoms of Autism:

- Lack of social responsiveness to others
- Language and communication difficulties
- Becomes extremely upset at minute changes in routine
  - Possibly an attempt to avoid over-stimulation
- Repetitive and stereotyped behavior patterns and interests
- Some develop *savant* abilities



# Childhood Disorders

- Biological factors are clearly involved
  - Different genes may be involved for boys than for girls
  - Anomalies in the structure and functioning of the brain
  - Non-autistic family members often display unusual personality characteristics
- Theory of mind perspective
  - Poor comprehension of others' emotional responses