Unit 1 Notes: Psychological Disorders

Dysfunctional Behavior

- Dysfunctional or abnormal behavior is any behavior judged to be disturbing, atypical, maladaptive or unjustifiable
- It can be irrational, unpredictable and unconventional
- The person can feel distress and discomfort from their behaviors

- It is different from insanity which is a legal defense
  - Insanity means that the individual could understanding the difference between right and wrong, and is unable to control their actions

Major Perspectives

- There are four perspectives on psychopathology or the study of dysfunctional behavior:
  - medical (or biological) model: dysfunctional behavior is the result of an organic cause
    - Philippe Pinel and Emil Kraepelin created two of the first medical classification systems for psychological disorders
  - behavioral model: abnormal behavior is the result of maladaptive learning (reinforcement)
  - cognitive model: dysfunctional behavior is the result of irrational or distorted thinking that leads to emotional problems and maladaptive behaviors
  - psychoanalytic model: dysfunctional behavior is the result of internal, unconscious conflicts and motives stemming from childhood

Reasons for Classification

- Psychological disorders have been classified for four main reasons:
  1. describe the disorder
  2. predict the course it will take in the future
  3. render appropriate treatment
  4. prompt further research into its causes and treatments

DSM-V

- In the United States, the DSM-V (or Diagnostic and Statistical Manual for Mental Disorders, 5th edition) is considered the authoritative source on diagnosing and treating psychological disorders
- The DSM-V distinguishes between:
  - neurotic disorders which are affective (or emotional) disorders
  - psychotic disorders which are affective and cognitive (or thinking) disorders.

Medical Student Syndrome

- One caution in examining both mental and physical disorders is a phenomenon called medical student syndrome
- In this, students who study specific disorders begin to convince themselves that they are suffering from that disorder because they may have one or more general symptoms
- Typically this is not the case and worry shifts from the current disorder being studied to the next

Determining “Normal”

- Who determines what’s "normal?"
  - you: individuals constantly assess the normalcy of their behaviors
  - society: society imposes labels of normal and abnormal behavior
  - the experts: applying their skill and knowledge in diagnosing and treating psychological disorders
Psychologists have established six criteria in determining the distinction between normal and abnormal behavior:
- unusualness
- social deviance
- emotional distress
- maladaptive behavior
- dangerousness
- faulty perceptions or interpretations of reality.

Labeling
- Experts caution that labeling individuals with certain disorders can predispose them to certain self-fulfilling prophecies and cause those around them to perceive them differently based on stereotypical beliefs

Anxiety Disorders
- Anxiety disorders involve:
  - behaviors that surround overwhelming anxiety
  - attempts to reduce this anxiety through maladaptive means
- Anxiety disorders are among the most common psychological disorders treated by professionals

Generalized Anxiety Disorder
- Generalized anxiety disorder (GAD) is one in which the individual feels continually and unexplainable tense or anxious, worries that bad things might happen
- This anxiety occurs consistently for at least six months
- The individual typically can hide these symptoms but physical symptoms such as insomnia or racing heart may occur
- Lifetime prevalence: 5%

Panic Attack
- A panic attack or panic disorder is a condition in which a person suffers a period of intense anxiety
- Physical reactions include disorientation, tunnel vision, a feeling of disconnectedness, increased blood pressure, increased heart rate, shortness of breath
- Panic attacks typically begin in the mid-20s
- Lifetime prevalence: 1.4%

Phobias
- A simple phobia is an intense irrational fear
- The individual usually actively avoids the situation or object of their phobia
- Specific phobias involve fear and avoidance of specific objects or situations
- Social phobias involve fear and avoidance of social situations or performance situations
- Lifetime prevalence: specific phobia 7-11%, social phobia 3-13%

Obsessive-Compulsive Disorder
- An obsession is an uncontrollable thought
- A compulsion is an uncontrollable act
- These frequently go together in the form of an obsessive-compulsive disorder (OCD)
- This disorder is characterized by a combination of repetitive thoughts and uncontrollable acts
- The onset of this disorder occurs in childhood or adolescence
- Research now indicates that there is a biological link to OCD
  - part of the problem lies in the pathway between the basal ganglia and the frontal lobe
• Drug medication that regulates an individual's serotonin level has shown great success in two-thirds of patients
• The most common obsessions are dirt or germs (40%), that something terrible will happen (24%), symmetry or order (17%) and religious obsessions (13%)
• The most common compulsions are ritualized hand washing and showering (85%), repeating rituals (51%), checking (46%), removing contaminants from contacts (23%) and touching (20%)
• Lifetime prevalence: 2-3%.

Post-Traumatic Stress Disorder
• Posttraumatic stress disorder (PTSD) involves overwhelming anxiety, flashbacks and troubling recollections of a highly traumatic event
  – veterans who have seen heavy combat duty and women who have been raped or assaulted may suffer from this
  – The individual attempts to avoid situations or objects that might trigger the disorder

Causes of Anxiety Disorders
• The causes of anxiety disorders depend on the model of psychopathology:
  – biological: disorders are the result of organic causes; neurotransmitter imbalances (anxiety, mood and schizophrenic disorders) and hereditary genetics (schizophrenia) cause the disorder
  – behavioral: behaviors result from prior reinforcement or conditioning of the maladaptive behavior: rewarding avoidance behaviors can contribute to phobias; relieve from anxiety (negative reinforcement) reinforces OCD
  – cognitive: anxiety is based on incorrect reasoning, a distortion of real events and unrealistic expectations; misinterpretation of minor changes in bodily sensations promotes anxiety and panic attacks; social phobias may occur because of an obsessive fear of social embarrassment or negative judgments
  – psychodynamic: anxiety disorders are the result of an unconscious conflict or fear; desire to avoid a previously abrasive experience can generate ritualistic behaviors to reduce anxiety (OCD); phobias may be a result of childhood traumas that have been repressed

Psychosomatic Disorders
• Psychosomatic (or psychophysiological) disorders are where there are real physical disorders but no organic or biological cause
• These illnesses are brought on by psychological not physiological factors
• The two most common types of psychosomatic disorders are migraine headaches and stomach ulcers
• These are usually brought on by overwhelming stress

Somatoform Disorders
• Somatoform disorders are where there is an apparent physical illness but no organic or biological cause.

  Somatozation disorder is a disorder where the person has vague physical symptoms and repeatedly seeks medical treatment but no organic cause is found for the illness
  Conversion disorder is a disorder where the person suffers from paralysis, blindness, deafness, seizures, loss of feeling or false pregnancy but with no physiological reason for it
    – in about 80% of suspected cases, the cause turns out to be medical
    – this disorder is rare
  Hypochondriasis is a disorder where a person takes insignificant physical symptoms and interprets them as a sign of a serious illness despite a lack of evidence of any organic cause.
  Body dysmorphic disorder is a disorder in which a person become preoccupied with his or her imagined physical ugliness that makes normal life impossible
Causes of Somatoform Disorders

- The causes of somatoform disorders depend on the model:
  - **biological**: there is no biological argument since there are no biological reasons for these disorders
  - **behavior**: believe the disorder allows the person to avoid the anxiety-producing situation (see psychodynamic explanation); further reinforcement for the disorder comes in the form of sympathy and support from others for having the physical ailment
  - **cognitive**: people are misinterpreting and exaggerating minor bodily sensations as signs of serious illness
  - **psychodynamic**: these disorders are an outward sign of an unconscious conflict; in stopping the expressions of the id by the ego, leftover sexual or aggressive energy is converted into a physical symptom
    - the symptom itself is symbolic of the underlying struggle (e.g. immobilization of the arm would prevent the person from carrying out a violent act)
    - the symptom has the secondary gain of preventing the person from having to confront the conflict

Dissociative Disorders

- **Dissociative disorders** involve a separation of conscious awareness of the world around the individual and previous thoughts and memories, called depersonalization
- This can cause a sudden memory loss or even the person may not be able to remember their own identity
- Stress is so extreme that the individual blocks out part of their memory to reduce their anxiety
- The causes of dissociative disorders may involve an attempt to disconnect from consciousness to avoid awareness of traumatic or painful experiences
- It may be an attempt to protect the self from this trauma
- Severe and continual physical or sexual abuse as a child is a prominent precursor to dissociative identity disorders.

- Major dissociative disorders include the following:
  - **Dissociative amnesia** involves partial or total memory loss
    - This is usually caused by overwhelming stress
    - Amnesia is usually limited to memories associated with anxiety-producing or traumatic events that result in a strong, negative emotional reaction
    - This disorder is rare
  - **Dissociative fugue (or generalized amnesia)** involves memory and identity loss
    - The individual may forget their home and past life for days to years
    - This is extremely rare
  - **Dissociative identity disorder (DID)** was previously called multiple personality disorder or MPD
    - This involves the two or more distinct personalities inhabiting the same body
    - Identities can be either sex and handedness sometimes switches
    - Brain studies indicate that eye-muscle balance and visual acuity are different in the different personalities
      - this study was compared to subjects pretending to be have multiple identities in which there were no differences in these factors
    - This disorder is extremely rare
    - There is still some skepticism regarding the existence of DID
    - Only a few cases were reported prior to 1970; thousands have been reported in the 1990s
    - Some psychologists believe DID is a legitimate disorder; others believe it is a form of attention-seeking role playing
    - Others believe these alternate personalities are a result of therapy
    - To help deal with a history of abuse, therapists promote the enactment of alternate personalities to cope with these feelings; patients identify too closely with this role and it becomes reality to them
Mood Disorders

- Mood disorders (also called affective disorders) involve extremes in emotion.

- Major mood disorders include the following:
  - Major depressive disorder involves feelings of worthlessness, a depressed mood and a reduction in pleasure from most activities for a period of at least two weeks
    - this is an extreme depression, not to be confused with feeling blue from time to time.
    - Lifetime prevalence: 10-25% for women and 5-12% for men
  - Dysthymic disorder is a mild, chronic depression for long period of time, typically five years or more
    - Lifetime prevalence: 6%
  - Seasonal affective disorder (SAD) is a pattern of severe depression in the fall and winter, and elevated moods in the spring and summer
    - this has been successfully treated with artificial light therapy
  - Mania is a period of hyperactivity where the individual has unrealistic hope and dreams
    - it is a wildly optimistic, euphoric state
  - When this manic behavior is coupled with depression, the individual experiences bipolar disorder
    - this is extreme mood swings between both mania and depression
    - bipolar disorder is rare
    - lifetime prevalence: .4-1.6%
  - Cyclothymic disorder is a milder form of bipolar disorder, with less severe swings in mood
    - unlike unipolar depression which is more common in women, bipolar and cyclothymic disorder are equally common among both men and women

Causes of Mood Disorders

- The causes of depression are explained from different perspectives:
  - biological: disorders are the result of organic causes, particularly levels of serotonin and norepinephrine
  - behavioral: feelings result from lack of positive reinforcement and an overabundance on punishment
    - this is an imbalance between behavioral output and reinforcement input
    - this becomes a viscous cycle as behavior diminishes and reinforcement is consequently absent
  - cognitive: feelings are caused by negative thinking, pessimistic views of self and the world
    - this becomes a distorted thinking pattern and a mental filter that bias people toward exaggerating events and conflicts
  - psychodynamic: anxiety disorders are the result of an unresolved childhood emotions and unconscious conflicts
    - Freud believed depression was anger turned inward against one's self

Schizophrenia

- Schizophrenia is a collection of several disorders that are characterized by:
  - disorganized thinking and language
  - delusions (or false beliefs)
  - hallucinations (or false sensory experiences)
  - grossly inappropriate behavior
- Schizophrenic has a flattened affect (or lack of emotional dynamic) and tend to become withdrawn from social settings
- Life prevalence: 1%
Schizophrenia is frequently confused with dissociative identity disorder because the word "schizophrenia" literally means "split mind". This is because there is a break with reality and a disintegration of personality. Because of this, schizophrenic disorders are considered psychotic disorders.

Characteristics

- Schizophrenia is usually diagnosed in the late teens or early twenties and occurs in only 1% of the population.
- There is a fairly strong genetic link to schizophrenia and recent research believes the limbic system is involved in the disorder.
- 25% of those who experience a schizophrenic episode fully recover.
- 50% have reoccurrences which can be controlled through medication.
- 25% show little to no sign of recovery.

Process v. Reactive

- Schizophrenia can be one of two types:
  - process (or chronic) schizophrenia develops gradually over time
  - reactive (or acute) schizophrenia comes on suddenly, usually in response to environmental cues
- Prognosis is worse for process schizophrenia and better for reactive schizophrenia.

Types of Schizophrenia

- The major types of schizophrenia are:
  - paranoid: fear or persecution is present, as are delusions of grandeur, or feelings of extreme self-importance as the reason they are being singled out for persecution
  - disorganized: disorganized thinking and speech patterns accompanied by flat emotions and/or grossly inappropriate behavior
  - catatonic: a freezing up of the body in response to overwhelming stress accompanied by extreme negativism and/or mimicking of language patterns or body movements
  - undifferentiated (residual): schizophrenic symptoms that do not fit one of the specific types listed above

Causes of Schizophrenia

- The causes of schizophrenia fall predominantly around the biological model.
- In terms of genetic factors, one stands a 13% chance of developing schizophrenia if one of his or her parents is schizophrenic, and a 45-50% chance if his or her identical twin suffers from the disorder.
- If heredity was the sole factor, it would be expected that fraternal twins would have a 100% chance of both being schizophrenic.
- In fraternal twins there is about a 17% chance if one has schizophrenia that the other will as well.
- These statistics have been supported through adoption studies as well.

- Biochemical factors involve overreactivity or overabundance of dopamine levels in the brain.
- The brain does not have more dopamine, rather schizophrenia patients seem to have more dopamine receptors and these may be overly sensitive.
- Excess dopamine promotes hallucinations and delusional thinking.
- Antipsychotic drugs such as Thorazine reduce dopamine activities.

- Brain abnormalities also seem to contribute to schizophrenia.
- These abnormalities develop during certain critical prenatal periods.
- Areas that are most affected are the prefrontal cortex (thought formation and organization) and the limbic system (memory and emotion).
• The *diathesis-stress model* suggests that stress works with genetic factors in bringing on schizophrenia in genetically vulnerable individuals
• Sources of stress include early brain trauma, dysfunctional family environments and negative life events
• It is suggested that these factors combine to produce brain abnormalities and disturbances in thinking, memory and perception

**Personality Disorders**
• *Personality disorders* involve enduring, inflexible behavior patterns that impair social functioning
• These are usually first identified in adolescence
• 10-20% of the population has one type of personality disorder

• *paranoid personality disorder*: extreme suspiciousness and mistrust of others based on unjustified reasoning
• *schizoid personality disorder*: indifference or lack of interpersonal relationships
• *narcissistic personality disorder*: an over-exaggeration of self-importance and love of one's self
  – requires constant attention and admiration
• *antisocial personality disorder*: exercises his or her own needs or wants over the feelings of others
  – *hedonistic* (seeks self-gratification); no emotional reaction to others’ suffering
  – commonly called a *psychopath* or *sociopath*
• *histrionic personality disorder*: over-dramatizes situations and behaviors
  – blows things out of proportion and overreacts to situations
• *dependent personality disorder*: overly dependent on others due to low self-esteem and lack of confidence
• *avoidant personality disorder*: avoids relationships because of an exaggerated fear of rejection