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 ____________ which is a legal defense
  - ____________ 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:
  - ____________ 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
  - ____________ model: abnormal behavior is the result of maladaptive learning (reinforcement)
  - ____________ model: dysfunctional behavior is the result of irrational or distorted thinking that leads to emotional problems and maladaptive behaviors
  - ____________ model: dysfunctional behavior is the result of internal, unconscious conflicts and motives

Other Perspectives

- Also considered are these perspectives:
  - ____________ model: abnormal behavior is the result of roadblocks that people encounter on the path to self-actualization whereby people become detached from their true selves and adopt a distorted self-image which leads to emotional problems
  - ____________ model: dysfunctional behavior is the result of a lack of or improper ethical values
  - ____________ model: abnormal behavior is the result the stress involved in coping with poverty and other social ills such as unemployment and racism

Perspective: dysfunctional behavior is the result of a complex interaction between biological processes and genetic predispositions, psychological dynamics and social influences

Reasons for Classification

- Psychological disorders have been classified for four main reasons:
  1.
  2.
  3.
  4.
In the United States, the DSM-IV (or Diagnostic and Statistical Manual for Mental Disorders, 4th edition) is considered the authoritative source on diagnosing and treating psychological disorders. The DSM-IV distinguishes between:

- neurotic disorders which are
- psychotic disorders which are

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:

Labeling

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

Anxiety Disorders

- **Anxiety disorders** involve:
- Anxiety disorders are among the most common psychological disorders treated by professionals
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

Generalized Anxiety Disorder

- Generalized anxiety disorder (GAD) is one in which the individual feels

  - 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
  - Freud called this a "free-floating" anxiety because the individual cannot identify what's causing their anxiety; this makes it hard to control it
  - 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

  - Panic attacks typically begin in the mid-20s
  - Agoraphobia is an intense fear of situations with no escape or help in the event of a panic attack
  - Lifetime prevalence: 1-4%

Phobias

- A phobia is
- 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
- A compulsion is
- 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 ______________________ 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
  - 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
- Success of treatment depends on:
  - whether the individual had any psychological disorders prior to PTSD
  - their social support group
  - whether the individual is currently experiencing any other psychological disorders.

Psychosomatic Disorders

- Psychosomatic (or psychophysiological) disorders are where there are
- These illnesses are brought on by psychological not physiological factors
- The two most common types of psychosomatic disorders are
- These are usually brought on by overwhelming stress

Somatoform Disorders

- Somatoform disorders are where there is
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

**Somatoform Disorders**

- **__________ 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
- **__________ 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
- **__________ 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.
- **________________________ disorder** is a disorder in which a person become preoccupied with his or her imagined physical ugliness that makes normal life impossible

**Dissociative Disorders**

- **Dissociative disorders** involve
  - 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

- Major dissociative disorders include the following:
  - ________________ 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
  - ________________ (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
  - ________________ 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.
  - 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

Major mood disorders include the following:
– ________________ 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

– ________________ 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
– Dysthmic disorder is a mild, chronic depression for long period of time, typically five years or more
  • Lifetime prevalence: 6%

– Mania is a period of
  • it is an wildly optimistic, euphoric state
– When this manic behavior is coupled with depression, the individual experiences
  • this is extreme mood swings between both mania and depression
  • bipolar disorder is rare
  • lifetime prevalence: .4-1.6%

– ____________ 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

Schizophrenia
• Schizophrenia is a collection of several disorders that are characterized by:
  • Schizophrenic has a flattened affect (or lack of emotional dynamic) and tend to become withdrawn from social settings
  • Life prevalence: 1%
• The causes of schizophrenia fall predominantly around the biological model
• Freud did not have any good explanation for schizophrenia

• The causes of schizophrenia fall predominantly around the biological model
• Freud did not have any good explanation for schizophrenia
• 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 ____________ and Mellaril reduce dopamine activities

• *Brain abnormalities* also seem to contribute to schizophrenia
• These abnormalities develop during certain critical prenatal periods
• Areas that are most effected 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

• Schizophrenia is frequently confused with dissociative identity disorder because the word "schizophrenia" literally means "split mind"
• This is because their 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
• 50% have reoccurrences which
• 25% show

Process v. Reactive

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

Positive Symptoms

• Some schizophrenic patients have positive symptoms which include:
  –
  –
  –
• Those exhibiting these symptoms tend to have:
  –
  –
  –

Negative Symptoms

• Other patients have negative symptoms which include:
  –
  –
  –
• Those exhibiting these symptoms tend to have:
  –
  –
  –
Types of Schizophrenia

- The major types of schizophrenia are:
  - Obsessive-compulsive: 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
  - Catatonic: disorganized thinking and speech patterns accompanied by flat emotions and/or grossly inappropriate behavior
  - Paranoid: a freezing up of the body in response to overwhelming stress accompanied by extreme negativism and/or mimicking of language patterns or body movements
  - Residual (residual): schizophrenic symptoms that do not fit one of the specific types listed above

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
- The DSM-IV classifies three types of personality disorder

- Obsessive-compulsive personality disorder: extreme suspiciousness and mistrust of others based on unjustified reasoning
- Narcissistic personality disorder: indifference or lack of interpersonal relationships
- Paranoid personality disorder: an overexaggeration of self-importance and love of one's self
  - requires constant attention and admiration
- Borderline 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
- Antisocial 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