**Chapter 16 Psychological Disorders**

- People are fascinated by the exceptional, the unusual, and the abnormal. This fascination may be caused by two reasons:

To study the abnormal is the best way of understanding the normal.

Defining Psychological Disorders

Mental health workers view psychological disorders as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ thoughts, feelings, and actions.

**Deviant, Distressful & Dysfunctional**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (going naked) in one culture may be considered normal, while in others it may lead to arrest.
2. Deviant behavior must \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. If a behavior is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ it is clearly a disorder.

**Understanding Psychological Disorders**

Ancient Treatments of psychological disorders include trephination, exorcism, being caged like animals, being beaten, burned, castrated, mutilated, or transfused with animal’s blood.

**Medical Perspective**

Medical Model

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Cause and development of the disorder.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Identifying (symptoms) and distinguishing one disease from another.
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Treating a disorder in a psychiatric hospital.
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Forecast about the disorder.

**Biopsychosocial Perspective**

Assumes that biological, socio-cultural, and psychological factors combine and interact to produce psychological disorders.

**Classifying Psychological Disorders**

Goals of DSM

Labeling Psychological Disorders

1. Critics of the DSM-5 argue that labels may stigmatize individuals.
2. Labels may be helpful for healthcare professionals when communicating with one another and establishing therapy.
3. “Insanity” labels raise moral and ethical questions about how society should treat people who have disorders and have committed crimes.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and related disorders**

New classification in DSM-5

Body dysmorphic disorder

Hoarding disorder

Trichotillomania

Obsessive-Compulsive Disorder

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disorder**

people perform excessive, repetitive behaviors or have repetitive mental thoughts due to a perceived or actual defect in their appearance.

The flaw is usually non existent

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disorder**

difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions

has harmful effects—emotional, physical, social, financial, and even legal

often fill up or clutter active living areas of the home or workplace

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Recurrent pulling out of one’s hair, resulting in hair loss.

Repeated attempts to decrease or stop hair pulling.

The hair pulling causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The hair pulling or hair loss is not attributable to another medical condition (e.g., a condition).

The hair pulling is not better explained by the symptoms of another mental disorder (e.g., attempts to improve a perceived defect or flaw in appearance in body dysmorphic disorder).”

**Anxiety Disorders**

**Generalized Anxiety Disorder**

1. Persistent and uncontrollable tenseness and apprehension.
2. Autonomic arousal
3. Inability to identify or avoid the cause of certain feelings.

**Panic Disorder**

Minute-long episodes of intense dread which may include feelings of terror, chest pains, choking, or other frightening sensations.

**Phobia**

Marked by a persistent and irrational fear of an object or situation that disrupts behavior.

**Explaining Anxiety Disorders**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ suggested that we repress our painful and intolerable ideas, feelings, and thoughts, resulting in anxiety.

**The Learning Perspective**

Learning theorists suggest that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ leads to anxiety. This anxiety then becomes associated with other objects or events (stimulus generalization) and is reinforced.

Investigators believe that fear responses are inculcated through observational learning. Young monkeys develop fear when they watch other monkeys who are afraid of snakes.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Perspective**

Natural Selection has led our ancestors to learn to fear snakes, spiders, and other animals. Therefore, fear preserves the species.

Twin studies suggest that our genes may be partly responsible for developing fears and anxiety. Twins are more likely to share phobias

Generalized anxiety, panic attacks, and even OCD are linked with brain circuits like the *anterior cingulate cortex.*

**Trauma- and Stressor-Related Disorders**

**Post-Traumatic Stress Disorder (PTSD):**

**1.**

**2.**

**3.**

**4.**

**5.**

**Resilience to PTSD**

Only about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of men react to traumatic situations and develop PTSD

Holocaust survivors show remarkable resilience against traumatic situations.

All major religions of the world suggest that surviving a trauma leads to the growth of an individual.

**Other Trauma- and Stressor-Related Disorders**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disorder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disorder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disorder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disorder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disorders

PTSD in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been included n the DSM-5

**Dissociative Disorder**

Conscious awareness becomes separated (dissociated) from previous memories, thoughts, and feelings.

Symptoms

1.

2.

3.

**Dissociative Identity Disorder (DID)**

Is a disorder in which a person exhibits two or more distinct and alternating personalities, formerly called multiple personality disorder.

DID Critics

Critics argue that the diagnosis of DID increased in the late 20th century. DID has not been found in other countries.

**Mood Disorders**

**Major Depressive Disorder**

Depression is the “common cold” of psychological disorders. In a year, 5.8% of men and 9.5% of women report depression worldwide (WHO, 2002).

Major depressive disorder occurs when signs of depression last two weeks or more and are not caused by drugs or medical conditions.

**Signs include:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and fatigue
2. Feelings of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Loss of interest in family & friends
4. Loss of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dysthymic Disorder

Dysthymic disorder lies between a blue mood and major depressive disorder. It is a disorder characterized by daily depression lasting \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or more.

**Bipolar Disorder**

Formerly called manic-depressive disorder. An alternation between depression and mania signals bipolar disorder.

Many great writers, poets, and composers suffered from bipolar disorder. During their manic phase creativity surged, but not during their depressed phase.

**Explaining Mood Disorders**

Since depression is so prevalent worldwide, investigators want to develop a theory of depression that will suggest ways to treat it.

**Lewinsohn et al., (1985, 1995) note that a theory of depression should explain the following:**

1. Behavioral and cognitive changes
2. Common causes of depression
3. Gender differences
4. Depressive episodes self-terminate.
5. Depression is increasing, especially in the teens.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The most severe form of behavioral response to depression is suicide. Each year some 1 million people commit suicide worldwide.

**Biological Perspective**

Genetic Influences: Mood disorders run in families. The rate of depression is higher in identical (50%) than fraternal twins (20%).

**Neurotransmitters & Depression**

A reduction of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been found in depression.

Drugs that alleviate mania reduce norepinephrine.

**The Depressed Brain**

\_\_\_\_\_\_\_\_\_\_ scans show that brain energy consumption rises and falls with manic and depressive episodes.

**Social-Cognitive Perspective**

The social-cognitive perspective suggests that depression arises partly from self-defeating beliefs and negative explanatory styles.

**Depression Cycle**

1. Negative stressful events.
2. Pessimistic explanatory style.
3. Hopeless depressed state.
4. These hamper the way the individual thinks and acts, fueling personal rejection.

**Schizophrenia**

If depression is the common cold of psychological disorders, schizophrenia is the cancer.

Nearly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ suffer from schizophrenia, and throughout the world over 24 million people suffer from this disease (WHO, 2002).

Schizophrenia strikes young people as they mature into adults. It affects men and women equally, but men suffer from it more severely than women.

**Symptoms of Schizophrenia**

The literal translation is “split mind.” A group of severe disorders characterized by the following:

1. Disorganized and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_thinking.
2. Disturbed perceptions.
3. Inappropriate emotions and actions.

Disorganized & Delusional Thinking

Many psychologists believe disorganized thoughts occur because of selective attention failure (fragmented and bizarre thoughts).

Disturbed Perceptions

A schizophrenic person may perceive things that are not there (hallucinations). Frequently such hallucinations are auditory and lesser visual, somatosensory, olfactory, or gustatory.

Inappropriate Emotions & Actions

A schizophrenic person may laugh at the news of someone dying or show no emotion at all (apathy).

Positive and Negative Symptoms

Schizophrenics have inappropriate symptoms (hallucinations, disorganized thinking, deluded ways) that are not present in normal individuals (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ symptoms).

Schizophrenics also have an absence of appropriate symptoms (apathy, expressionless faces, rigid bodies) that are present in normal individuals (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ symptoms).

Chronic and Acute Schizophrenia

When schizophrenia is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (chronic/process) recovery is doubtful. Such schizophrenics usually display negative symptoms.

When schizophrenia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(acute/reactive) recovery is better. Such schizophrenics usually show positive symptoms.

Understanding Schizophrenia

Abnormal Brain Activity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overactivity: Researchers found that schizophrenic patients express higher levels of dopamine D4 receptors in the brain.

Abnormal Brain Morphology

Schizophrenia patients may exhibit morphological changes in the brain like enlargement of fluid-filled ventricles.

Brain scans show abnormal activity in the frontal cortex, thalamus, and amygdala of schizophrenic patients. Adolescent schizophrenic patients also have brain lesions

Viral Infection

Schizophrenia has also been observed in individuals who contracted a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (flu) during the middle of their fetal development.

Genetic Factors

The likelihood of an individual suffering from schizophrenia is \_\_\_\_\_\_\_\_\_ if their identical twin has the disease (Gottesman, 1991).

Psychological Factors

Psychological and environmental factors can trigger schizophrenia if the individual is genetically predisposed (Nicols & Gottesman, 1983).

**Personality Disorders**

Personality disorders are characterized by inflexible and enduring behavior patterns that impair social functioning. They are usually without anxiety, depression, or delusions.

**Antisocial Personality Disorder**

A disorder in which the person (usually men) exhibits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for wrongdoing, even toward friends and family members. Formerly, this person was called a *sociopath* or *psychopath.*

**Understanding Antisocial Personality Disorder**

Like mood disorders and schizophrenia, antisocial personality disorder has biological and psychological reasons. Youngsters, before committing a crime, respond with lower levels of stress hormones than others do at their age.

PET scans of 41 murderers revealed reduced activity in the frontal lobes. In a follow-up study repeat offenders had 11% less frontal lobe activity compared to normals (Raine et al., 1999; 2000).

The likelihood that one will commit a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ when childhood poverty is compounded with obstetrical complications (Raine et al., 1999; 2000).

Risk and Protective Factors