

PSYCHOLOGICAL DISORDERS

CHAPTER 14

LEARNING OBJECTIVES

Discuss the definition of abnormality

- Explain the criteria for defining abnormality
- Discuss the potential effects of labeling

Discuss how psychological disorders are classified

- Describe common anxiety, somatoform, dissociative, and mood disorders
- Describe the characteristics of schizophrenia and personality disorders

Explain the origin of psychological disorders

- Discuss the biological, psychological (cognitive) and environmental origins of these disorders

THINK



What is abnormal behavior?

How do you think someone who is psychologically unwell will act? How do you know if someone has a problem?

Being sane in insane places

- Rosenhan and students in New York
- Presented in ER reporting hearing voices saying “hollow”, “empty”, “thud”
- Once admitted they immediately acted “normal”
- How long before they were discharged?

Statistic:

- One out of every four Americans will suffer from a major mental disorder.

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OUTLINE

- Introduction
- Affective Disorders
- Anxiety Disorders
- Somatoform Disorders
- Dissociative Disorders
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CONCEPTUALIZING ABNORMALITY

Symptoms reflecting abnormality are hard to define

- Professionals agree that anxiety before an exam or sadness following death of a pet are not enough
- Have to be persistent, harmful, and uncontrollable

Psychopathological functioning

- Involves disruptions in emotional, behavioral, or thought processes that lead to personal distress, or that block one's ability to achieve important goals.
- Functioning is on a continuum of pathology

“Med Student” syndrome

- As you read descriptions and are concerned about your behavior you need to take a step back

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MODERN VIEWS

- Biological approach
 - Psychological disturbances are directly caused by underlying biological causes (anatomy, imbalance in neurotransmitters)
- Psychological approach
 - Cognitive approach
 - Behavioral approach
- Interactionist approach
 - Psychological disorders are the product of a complex mixture of biological, psychological, and social factors
 - Multiple paths to the same disorder

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ECOLOGICAL MODEL

Opposite of Medical Model

Pathology should not be seen as an illness

- Interaction between person and society
- Mismatch between individual's abilities and norms of society
- Thomas Szasz – Mental illness is a means of controlling people's behavior through interventions

World Health Organization findings

- Schizophrenia is found in every society, but varies in incidence and symptoms

Society specific disorders in DSM-IV

All cultures recognize pathology, but have different symptoms

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AFFECTIVE DISORDERS

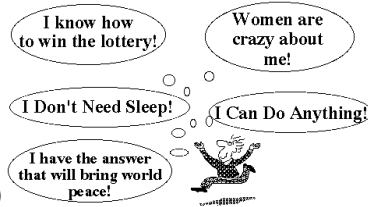
Abnormal disturbances in emotion or mood

Bipolar disorder (manic-depression)

- Periods of severe depression alternating with periods of mania

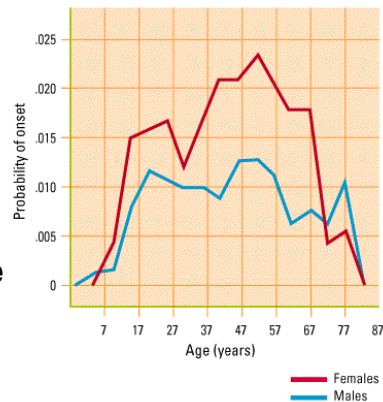
Unipolar depression (major depression)

- One of the most common
- Not just feeling a little sad or blue
- Seasonal Affective Disorder
- Suicide



DEPRESSION: AGE OF FIRST ONSET

- Depression is seldom identified before adolescence
- Diagnosed increases in early adulthood
- Most commonly diagnosed in middle age
- First diagnosis rare among the elderly



AFFECTIVE DISORDERS

Biological Causes

- Genetics may have a role
- Neurotransmitters play a role – serotonin
- Medications are effective with bipolar

Psychological Causes

- Cognitive Triad – cognitive errors lead to depression
- Learned Helplessness - learn you have no control over environment

Social Causes

- Women report more depression than men
- Different social pressures and ways to respond to problems

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ANXIETY DISORDERS

Generalized Anxiety Disorder

- Unrelenting worry that is not focused on a particular threat
- Produces a sense of loss of control

Panic disorder

- Panic attacks are unexpected and feared
- Feels like you are going to die, but you don't
- Apprehension about future attacks
- Agoraphobia (fear of open places) is common



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ANXIETY DISORDERS

Phobias

- Persistent and irrational fears of a specified object, activity, or situation. Fear is excessive and unreasonable
- Specific phobias
 - Blood-injury-injection phobia - fainting
 - Animal phobia – dogs, spiders, snakes
 - Natural environment – height, dirt, weather
 - Situational – closed spaces, bridges
 - Separation anxiety – fear something will happen to parents
 - Preparedness hypothesis – fear of lambs?
- Social phobia

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ANXIETY DISORDERS

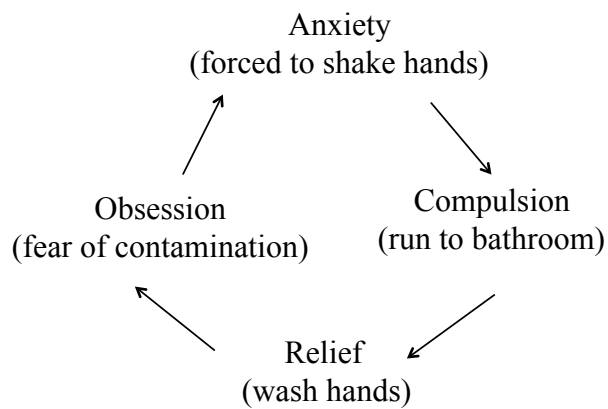
Obsessive-compulsive disorder (OCD)

- Obsession – thoughts images and images that recur despite efforts to suppress them
- Compulsion – repetitive, purposeful acts that are performed under rules, rituals
- Biological causes for OCD
 - Runs in families, people may also exhibit tics
- Behavioral therapy such as extinction of ritual behaviors



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OCD



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SOMATOFORM DISORDERS

Psychological problems that appear in the form of a physical problem

Hypochondriasis

- Excessive worry that symptom is indicative of disease

Somatization disorder

- Preoccupied with symptom, no urgency to get treatment

Conversion disorder

- Paralysis, weakness, loss of sensation without a discernable cause

Body dysmorphic disorder

- Preoccupation with imagined defect in appearance



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DISSOCIATIVE DISORDERS

Dissociative Amnesia

- Sudden memory loss for significant personal information

Dissociative Fugue

- Combination of amnesia and 'flight' from life

Dissociative Identity Disorder

- Multiple personalities
- Often reported childhood. Victims usually report horrific sexual and/or physical abuse
- Personalities become a defense mechanism
- Cognitive theories emphasize role playing

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DISSOCIATIVE IDENTITY DISORDER



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EATING DISORDERS

Morbid fear of gaining weight

Anorexia Nervosa

- Not a loss of appetite, food obsessed (cook books)
- 85% of normal weight
- Perceptual distortions



Bulimia Nervosa

- Normal body weight – harder to detect
- Binge-purge cycles
 - Uncontrollable eating
 - Anxiety about gaining weight
 - Compensatory behaviors – vomiting, laxatives excessive exercise



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SCHIZOPHRENIC DISORDERS

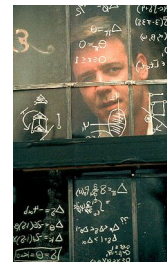
A severe form of psychopathology in which personality seems to disintegrate, thought and perception are distorted, and emotions are blunted

Categories of Symptoms

- Positive – added to normal experience (hallucinations)
- Negative – removed from normal experience (alogia)

Types

- Disorganized – inappropriate behavior, emotions
- Catatonic – rigid behaviors, oppositional
- Paranoid – delusions of grandeur (Dr. John Nash)
- Undifferentiated
- Residual



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SCHIZOPHRENIC DISORDERS

Biological causes

- Antipsychotic drugs and dopamine
- Abnormal brain architecture (larger ventricles)
- Twin studies and adoption studies

Environmental causes

- Drugs only help with positive symptoms
- 90% of relatives are not schizophrenic
- Concordance for twins is only 50%

Diathesis-stress model

- Genetic predisposition leads to vulnerability under specific environmental stressors

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POSITIVE SYMPTOMS OF SCHIZOPHRENIA

■Gerald:

- <http://www.youtube.com/watch?v=gGnl8dqEoPQ>
- <http://www.youtube.com/watch?v=i6h8lc-17R0>

■Heather

- <http://www.youtube.com/watch?v=kvdw4b7tC-8>

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PERSONALITY DISORDERS

Chronic, inflexible, maladaptive pattern of perceiving, thinking, or behaving

Cluster A – Odd/Eccentric

- Paranoid Personality Disorder – consistent distrust and suspiciousness about motives of others

Cluster B – Dramatic/Erratic

- Antisocial Personality Disorder - no remorse at violating norms and laws
- Borderline Personality Disorder – unstable moods, frequent threats of suicide

Cluster C – Anxious/inhibited

- Obsessive-Compulsive Personality Disorder – perfectionistic, need to do everything right, fear of errors (Not OCD)