

Chapter 16 Psychological Disorders

Sec 1: What are Psychological Disorders?

Defining & Identifying Psychological Disorders

1. Deviation from Normality – abnormality is any deviation from the average or from the majority
 - a. Because the majority is not always right or best, deviance is not by itself a useful standard
2. Adjustment – abnormal people are the ones who fail to adjust to society
3. Psychological Health – abnormality is like a physical illness
 - a. There is some ideal way for people to function psychologically, just as there is an ideal way for people to function physically

The Problem of Classification – causes & symptoms of psychological disturbances & cures are rarely obvious or clear-cut

DSM-IV – fifth version of the American Psychiatric Association's (APA) Diagnostic & Statistical Manual of Mental Disorders, used to classify abnormal symptoms

1. For each disorder:
 - A. Essential Features – characteristics that define the disorder

- B. Associated Features – additional features that are usually present
 - C. Differential Diagnosis – how to distinguish the disorder from other disorders it may be confused with
 - D. Diagnostic Criteria – list of symptoms, taken from the essential & associated features, that must be present for the patient to be given a particular diagnostic label
2. Axes – used to describe a person’s mental functioning, each axis reflects a different aspect of a patient’s case
- A. Axis I – classifies current symptoms into explicitly defined categories, includes mood disorders and anxiety disorders
 - B. Axis II – describes developmental disorders and long standing personality disorders or maladaptive traits (compulsiveness, over-dependency, aggressiveness)
 - i. Also describes developmental disorders: mental retardation, language disorders, reading or writing difficulties, autism, & speech problems
 - C. Axis III – includes relevant general medical conditions from which the person is currently suffering (brain damage, diabetes)
 - D. Axis IV – includes special psychosocial or environmental problems the person is facing, such as school or housing problems (current stress level)
 - E. Axis V – describes the highest level of adaptive functioning present within the past year

- i. Adaptive Functioning refers to 3 major areas:
 - a. Social Relations – quality of a person’s relationships w/ family and friends
 - b. Occupational Functioning – functioning as a worker, student, or homemaker & the quality of work accomplished
 - c. Use of Leisure Time – includes recreational activities or hobbies & the degree of involvement & pleasure a person has in them

Sec 2: Anxiety Disorders

Anxiety – general state of dread or uneasiness in response to vague or imagined dangers

1. Anxiety disorders are most common type of mental illness

Generalized Anxiety Disorder – marked by persistent & excessive feelings of anxiety & worry about numerous events & activities

1. Most people are able, with some difficulty, to carry on social relationships & job responsibilities
2. Physical Symptoms: muscle tension, inability to relax, poor appetite, difficulty sleeping
3. Causes: learning, hereditary, traumatic childhood experiences, major life changes

Phobic Disorder

Phobia – an intense & irrational fear of a particular object or situation

1. Specific Phobia – an intense & irrational fear of a particular object or situation, **Same as Phobia**
2. Social Phobias – fear embarrassing themselves in a public place or social setting
3. Agoraphobia – people fear leaving home & traveling to public places, where they fear they may develop alarming symptoms & be unable to escape or receive help
4. Individuals develop elaborate plans to avoid things they fear
5. Treatment: Provide phobic individuals w/ opportunities to experience the feared object under conditions which they feel safe

Panic Disorder – anxiety disorder marked by recurrent & unpredictable panic attacks

1. Panic Attack – victim experiences sudden & unexplainable attacks of intense anxiety, feel a sense of inevitable doom or fear that they're about to die
2. Symptoms: choking, difficulty breathing, faintness or dizziness, nausea, & chest pains
3. Causes: hereditary, stressful event, misinterpretation of physiological arousal

Obsessive-Compulsive Disorder – individuals have recurrent & unwanted thoughts and/or a need to perform repetitive & rigid actions or mental acts

1. Obsession – uncontrollable pattern of thought
2. Compulsion – repeatedly performed coping behaviors
3. Everyone has obsessions & compulsions, only when they interfere w/ what a person wants & needs to do are they considered a problem
4. Causes:
 - A. Serve as diversions from a person's real fears & their origins & thus may reduce anxiety somewhat
 - B. Gives individuals evidence that they are doing something well
 - C. Hereditary
5. Individuals realize that their thoughts & actions are irrational, they feel unable to stop them

Post-Traumatic Stress Disorder – victims of traumatic events feel severe & long lasting aftereffects

1. Common among war veterans, terrorism witnesses, natural disaster survivors, catastrophe witnesses, people who are victims of human aggression (rape or assault)
2. Symptoms: involuntary flashbacks, recurring nightmares, insomnia, feelings of guilt
3. Can be extremely long lasting
4. Social support is very important

Sec 3: Somatoform and Dissociative Disorders

Somatoform Disorder – physical symptoms for which there is no apparent physical cause

1. Conversion Disorder – changing emotional difficulties into a loss of a specific voluntary body function
 - A. Result in a real & prolonged handicap
 - B. People unconsciously invent physical symptoms to gain freedom from unbearable conflict
2. Hypochondriasis – people mistakenly fear that minor changes in physical functioning indicate a serious disease

Dissociative Disorders – marked by major changes in memory that are not due to clear physical causes

1. Dissociative Amnesia – inability to recall important personal events and info, usually associated w/ stressful events
 - A. Not due to physical brain damage, normal forgetting, or drug abuse
2. Dissociative Fugue – a person travels to a new location & may assume a new identity, simultaneously forgetting his or her past
 - A. When individuals come out of it, they have no memory of what happened in the interim
3. Dissociative Identity Disorder (Multiple Personality Disorder) – person exhibits two or more personality states, each w/ its own patterns of thinking & behaving (rare)

- A. Personalities result from individuals trying to escape a part of themselves that they fear
- B. Individuals usually have suffered severe physical, psychological, or sexual abuse during childhood

Sec 4: Schizophrenia and Mood Disorders

Schizophrenia – group of disorders characterized by confused & disconnected thoughts, emotions, & perceptions

1. Has no single cause or cure & its collection of symptoms make it very difficult for individuals to meet the demands of life
2. Symptoms:
 - A. Delusions – false beliefs maintained in the face of contrary evidence
 - B. Hallucinations – perceptions that have no direct external cause
 - C. Incoherence – marked decline in thought processes, often speak in “word salads”
 - D. Disturbances of Affect – emotions that are inappropriate for the circumstances
 - E. Deterioration in Normal Movement – slow movement, nonmovement, or highly agitated behavior
 - F. Decline in Previous Levels of Functioning – sharp drop-off in productivity in work

G. Diverted Attention – person is unable to focus his or her attention

Types of Schizophrenia

1. Paranoid Type – involves hallucinations & delusions, including grandeur (I am the savior of my people) or persecution (someone is always watching me)
2. Catatonic Type – individuals remain motionless for long periods, limbs are often in unusual positions & may take a long time to return to a resting, relaxed position
3. Disorganized Type – incoherent language, inappropriate emotions, giggling for no apparent reason, generally disorganized motor behavior, along w/ hallucinations & delusions
4. Remission Type – applies to anyone whose symptoms are completely gone, expectation is that symptoms will return, or are not severe enough to have earned a diagnosis of schizophrenia in the first place
5. Undifferentiated Type – encompasses the basic symptoms of schizophrenia: deterioration of daily functioning, hallucinations, delusions, inappropriate emotions, & thought disorders
 - Difficult to differentiate between the types, share similar symptoms

Causes of Schizophrenia – ultimate cause is related to the interaction of environmental, genetic, & biochemical factors

1. Biological Influences

A. 1% likelihood that anyone in the general public will develop schizophrenia

B. 10 % if it's already in the family

C. If one twin has schizophrenia, 48% chance the other will develop it

2. Biochemistry & Physiology

A. Dopamine Hypothesis – suggests that an excess of dopamine at selected synapses is related to schizophrenia

B. CAT & MRI scans show deteriorated brain tissue in individuals w/ schizophrenia

C. Women who later develop schizophrenia are likely to have difficult pregnancies and difficulties giving birth

D. Obesity prior to pregnancy, infection during 2nd trimester, and oxygen deprivation to the fetus are correlated with children developing schizophrenia

3. Family & Interactions

A. Studies show that families of individuals who later develop schizophrenia are often on the verge of falling apart

B. Communication problems within the family

C. Diathesis-stress Hypothesis – individuals may have inherited a predisposition toward schizophrenia which is then brought out by stressful life events

Mood Disorders

1. Major Depressive Disorder – severe form of lowered mood, person experiences feelings of worthlessness and diminished pleasure or interest in many activities
 - A. Cannot be due to the loss of a loved one (bereavement)
 - B. Must have at least 4 of the following symptoms: problems eating, sleeping, thinking, concentrating, or decision making, lacking energy, thinking about suicide, & feeling worthless or guilty
 - C. Symptoms must be present for at least two weeks
2. Bipolar Disorder – individuals alternate between feelings of mania (euphoria) & depression
 - A. Manic Phase – person experiences elation, extreme confusion, distractibility, racing thoughts, exaggerated sense of self-esteem, & engage in irresponsible behavior
 - B. Depressive Phase – essentially the same as someone who suffers from MDD, marked by lethargy, despair, & unresponsiveness
3. Seasonal Affective Disorder (SAD) – depression that develops during winter
 - A. Tend to sleep and eat excessively during depressed episodes

B. Due to less light being available the brain secretes higher levels of melatonin which causes some people to suffer from SAD

C. Sitting under bright fluorescent lights during the evening or early morning hours can help

Explaining Mood Disorders

1. Personality Traits – Self-esteem
2. Social Support
3. Ability to deal w/ stressful situations
4. Levels of serotonin & noradrenaline
5. Genetic Factors – faulty brain structure & function

Suicide & Depression

1. Each year more than 30,000 Americans end their lives, 1 every 20 min
2. More attempts by women, but more men succeed
3. Most common among elderly but is the 3rd leading cause of death for teens
4. 70% of people who kill themselves threatened to do so within 3 months prior to their suicide

Sec 5: Personality Disorders and Drug Addiction

Personality Disorders – unable to establish meaningful relationships w/ other people, to assume social responsibilities, or to adapt to their social environment

Antisocial Personality – characterized by irresponsibility, shallow emotions, & lack of conscience

1. Symptoms: treat people as objects, thrill seekers, break social rules, feel no shame or guilt, getting caught doesn't matter to them, do not gain from experience

2. Some are intelligent, entertaining, & able to fake emotions they don't feel which helps them get away with things

3. Causes:

A. Imitating their antisocial parents

B. Lack of discipline or inconsistent discipline during childhood

C. Dysfunction of the nervous system

Drug Addiction – covered in the DSM-IV because so many Americans depend on them

1. Psychological Dependence – use of drug to such an extent that a person feels nervous & anxious w/o it

2. Addiction – an individual's system has become so used to the drug that the drugged state becomes the body's normal state

3. Tolerance – physical adaptation to a drug so that a person needs an increased amount in order to produce the original effect

4. Withdrawal – symptoms that occur after a person discontinues the use of a drug to which they were addicted

A. Symptoms: nausea, shakes, hallucinations, convulsions, coma, & death

Alcoholism – country's most serious drug problem

1. 77% of all high school seniors have consumed it at some point in their lives
2. 48% have consumed it w/in the past month
3. 44% of students entering high school have tried it
4. 3% of high school seniors are drinking daily
5. 24% of drivers' deaths in automobile and motorcycle accidents are alcohol related
6. Excessive alcohol use is the 3rd leading lifestyle-related cause of death in U.S.
7. Considered a social drug because it slows down our inhibitions making individuals more relaxed, talkative, & playful
8. Alcohol is a depressant, not a stimulant
9. Problems multiply as the number of drinks increase, one by one the person's psychological & physiological functions shut down
10. Causes: both environmental & genetic factors
 - A. Risk is 3 to 4 times higher if a family member is an alcoholic
 - B. Children raised in a family atmosphere with an alcoholic often develop distrust, overdependence, & stress which leads to alcoholism
11. Medical Model of Alcoholism

- A. Drinking encourages relaxation which encourages more drinking
- B. Secret drinking occurs with blackouts and no memory of drinking
- C. Rationalization to justify drinking
- D. Impaired thinking and compulsive drinking

12. Treatment

- A. Treat delirium tremens (violent withdrawal)
 - i. Drugs & psychotherapy may be needed
- B. Alcoholics Anonymous (AA)
- C. Medical Treatment
 - i. Antabuse – daily pill, makes individuals violently sick if they drink alcohol

13. Major Problem: our society encourages social drinking & tolerates the 1st stage of alcoholism