

Chapter 13 - Psychological Disorders

What is Abnormal?

Deciding what is normal and what is abnormal is a value judgment. Mental illness judgments are based on cultural values, social trends, political forces, as well as scientific knowledge.

Four criteria for defining abnormal behavior:

- Statistical infrequency
- Disability or dysfunction
- Personal distress
- Violation of norms

Classifying Psychological Disorders:

- **Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition – Text Revision (DSM-IV-TR)**
 - Lists all the acceptable labels for all psychological disorders with descriptions for each disorder and explanations of how to distinguish them from similar disorders
 - Five axes of the DSM-IV
 - Axis I: Clinical Disorders
 - Axis II: Personality Disorders and Mental Retardation
 - Axis III: General Medical Conditions
 - Axis IV: Psychosocial and Environmental Problems
 - Axis V: Global Assessment of Functioning

Types of Axis I - Clinical Disorders:

- Anxiety Disorders: A class of disorders marked by feelings of excessive apprehension and anxiety
- Mood Disorders: A class of disorders marked by emotional disturbance of varied kinds that may spill over to disrupt physical, perceptual, social, and thought processes
- Schizophrenic Disorders: A class of disorders marked by delusions, hallucinations, disorganized speech, and deterioration of adaptive behavior
- Dissociative Disorders: A class of disorders in which people lose contact with portions of their consciousness or memory, resulting in disruption in their sense of identity
- Somatoform Disorders: Physical ailments that cannot be fully explained by organic conditions and are largely due to psychological factors (these disorders are not on the exam)

What Causes Abnormal Behavior?

There are seven major perspectives that emphasize different factors believed to contribute to abnormal behavior

1. Biological → problems with brain function, genetic predisposition, or biochemistry
2. Sociocultural → problems reflect cultural values and beliefs
3. Behavioral → inappropriate conditioning or modeling
4. Cognitive → faulty thinking
5. Humanistic → blocked personal growth
6. Psychoanalytic/Psychodynamic → unconscious, unresolved conflict
7. Evolutionary → exaggerated form of an adaptive reaction

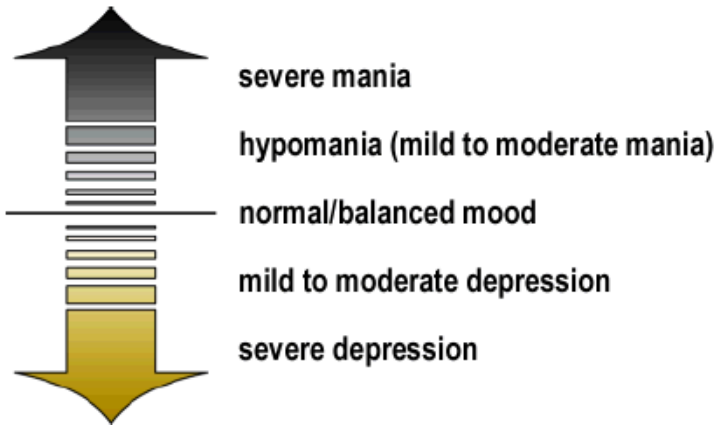
Anxiety Disorders

Anxiety: A generalized feeling of fear and apprehension that may be related to a particular situation or object and is often accompanied by increased physiological arousal

Anxiety disorders are quite common – occurring in roughly 15% of the population in the United States and about 15% of Europe. They are more prevalent in women than in men.

- Generalized anxiety disorder (GAD): Chronic, high level of anxiety that is not tied to any specific threat (not focused on any particular object or situation)
- Phobic disorder: A persistent and irrational fear of an object or situation that presents no realistic danger
 - Three basic kinds:
 - **Agoraphobia**: Anxiety characterized by marked fear and avoidance of being alone in a place from which escape might be difficult or embarrassing (such as airplanes, tunnels, being in crowds)
 - **Social phobia**: Fear of, and desire to avoid, situations in which one might be exposed to scrutiny by others and might behave in an embarrassing or humiliating way - Irrational fear of embarrassing self in social situations
 - **Specific phobia**: Anxiety disorder characterized by irrational and persistent fear of a particular object or situation, along with a compelling desire to avoid it
- Panic disorder: Recurrent attacks of overwhelming anxiety (panic attacks) that usually occurs suddenly and unexpectedly
 - Panic attack – acute anxiety accompanied by sharp increases in autonomic nervous system arousal that is not triggered by a specific event
- Obsessive-compulsive disorder (OCD): Persistent, uncontrollable intrusions of unwanted thoughts (obsessions) and urges to engage in senseless rituals (compulsions)
 - **Obsessions**: persistent irrational thoughts or ideas - often center on inflicting harm on others, personal failures, suicide, or sexual acts
 - **Compulsions**: intentional behaviors or mental acts performed in response to an obsession and in a stereotyped fashion - usually involve stereotyped rituals that may temporarily relieve the anxiety produced by one's obsessions
 - Most people with OCD have multiple obsessions and compulsions
 - Research shows that OCD sufferers constantly check, doubt, wash, hoard, order, obsess, and mentally neutralize their unacceptable thoughts and behaviors.
 - People with OCD usually experience intense anxiety or panic attacks if they are prevented from performing their rituals
- Post-traumatic stress disorder (PTSD): Enduring psychological disturbance attributed to the experience of a major traumatic event; follows exposure to a life-threatening or other extreme event that evoked great horror or helplessness.

Mood Disorders



There are two basic types of mood disorders:

- Bipolar disorder: experience emotional extremes at both ends of the mood continuum – both depression and mania
- Unipolar disorder: experience emotional extremes at just one end of the mood continuum – depression

- **Mania**: A condition in which people are constantly active, uninhibited, and either happy or irritable
- **Depression**: A condition in which people are slow, inactive, and inhibited – they feel helpless, guilt-ridden, and sad

Symptoms and Signs of Mania:

- Increased energy, activity, and restlessness
- Excessively “high,” overly good, euphoric mood
- Extreme irritability
- Flight of ideas
- Distractibility
- Little sleep needed
- Unrealistic beliefs in one’s abilities and powers
- Poor judgment
- Spending sprees
- A lasting period of behavior that is different from usual
- Increased sexual drive
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- Provocative, intrusive, or aggressive behavior
- Denial that anything is wrong

Symptoms and Signs of Depression:

- Lasting sad, anxious, or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in activities once enjoyed – including sex
- Decreased energy, a feeling of fatigue or of being “slowed down”
- Sleeping too much or can’t sleep
- Difficulty concentrating, remembering, making decisions Restlessness or irritability
- Change in appetite and/or unintended weight loss or gain
- Chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury
- Thoughts of death or suicide, or suicide attempts

Bipolar Disorder: Formerly known as manic-depressive disorder; People alternate between the extremes of mania and depression

- The depressive episode generally lasts three times as long as the manic episode

Three Categories of Bipolar Disorder:

- **Bipolar I Disorder:** Characterized by one or more manic episodes alternating with major depressive episodes
- **Bipolar II Disorder:** Characterized by at least one major depressive episode and at least one hypomanic episode
- **Cyclothymia:** Characterized by experiences of mild depression and hypomania

Dissociative Disorders

Dissociative disorders are characterized by a sudden but temporary alteration in consciousness, identity, sensorimotor behavior, or memory

- **Dissociative Identity Disorder (DID):** The coexistence in one person of two or more largely complete, and usually very different, personalities; formerly called multiple-personality disorder

To be clinically diagnosed with DID, the following symptoms must be identified:

- The presence of at least two distinct personalities with their own relatively enduring pattern of sensing, thinking about, and relating to self and environment
- At least two of these personalities assume control of behavior repeatedly
- Extensive inability to recall major personal information cannot be attributed to common forgetfulness
- This behavior is not caused directly by substance abuse or a general medical condition

Schizophrenic Disorders

A group of disorders characterized by a lack of reality testing and by deterioration of social and intellectual functioning, beginning before age 45 and lasting at least 6 months

He or she must also exhibit at least two of the following six symptoms:

- Hallucinations
- Delusions
- Incoherent speech
- Grossly disorganized behavior
- Certain thought disorders
- A loss of normal emotional responses and social behaviors

Schizophrenia – literally means “splitting of the mind”

- A split mind is NOT a split between two personalities
- Schizophrenia is NOT the same thing as multiple personalities

Hallucinations: Sensory perceptions that occur in the absence of a real, external stimulus or are gross distortions of perceptual inputs

- Hallucinations are frequently auditory, although they can also be visual, olfactory, or tactile
- The most common hallucination is to hear voices and other sounds that no one else hears
 - Not all schizophrenic people hear voices, but most people who hear voices suffer from schizophrenia

Delusions: False beliefs that are maintained even though they clearly are out of touch with reality

- **Delusions of persecution:** Belief that others are persecuting, spying on, or trying to harm them
- **Delusions of reference:** Belief that objects, events, or other people have particular significance to them
- **Delusions of grandeur:** Belief that they have great power, knowledge, or talent
- **Delusions of identity:** Belief that they are someone else, such as Jesus Christ
- **Delusions of guilt:** Belief that they have committed a terrible sin
- **Delusions of control:** Belief that their thoughts and behaviors are being controlled by external forces

Positive and Negative Symptoms of Schizophrenia:

- **Positive Symptoms:**
 - Behaviors which are notable because of their presence
 - Hallucinations
 - Delusions
 - Thought disorder
- **Negative Symptoms:**
 - Behaviors which are notable because of their absence
 - Lack of emotional expression both in the face and in the tone of voice
 - Deficit in speech
 - Lack of ability to feel pleasure
 - General inability to take care of oneself

If you are diagnosed with schizophrenia... what is the most favorable prognosis?

- When the onset of the disorder has been sudden rather than gradual
- When the onset has occurred at a later age
- When the patient's social and work adjustment were relatively good prior to the onset of the disorder
- When the proportion of negative symptoms is relatively low
- When the patient has a relatively healthy, supportive family situation to return to

Five Subtypes of Schizophrenia

Paranoid Type: Dominated by delusions of persecution along with delusions of grandeur and hallucinations

- Little or no disorganized speech, disorganized or catatonic behavior, or inappropriate or flat affect

Catatonic Type: Marked by striking motor disturbances, ranging from muscular rigidity (catatonic stupor) to random motor activity (catatonic excitement)

- At least two of the following:
 - Extreme motor immobility
 - Purposeless excessive motor activity
 - Extreme negativism (motionless resistance to all instructions) or mutism (refusing to speak)
 - Peculiar or bizarre voluntary movement
 - Echolalia (the involuntary parrot-like repetition of a word or phrase just spoken by another person)

Disorganized Type: A particularly severe deterioration of adaptive behavior

- People exhibit all of the following symptoms:
 - Disturbed thought processes
 - Disorganized speech
 - Disorganized behavior
 - Inappropriate or flat affect
- Delusions and hallucinations may be present but only in fragmentary or non-coherent form

Residual Type: People exhibit inappropriate affect, illogical thinking, and/or eccentric behavior but seems generally in touch with reality

- No longer meets the full criteria for schizophrenia but still shows some symptoms

Undifferentiated Type: Marked by idiosyncratic mixtures of schizophrenic symptoms – their behaviors do not fit any other subtypes

- Characterized by the basic symptoms:
 - Deterioration of daily functioning plus some combination of hallucinations, delusions, inappropriate emotions, thought disorders, etc...

Delusions: False beliefs that are maintained even though they clearly are out of touch with reality

- Persecution: Belief that others are persecuting, spying on, or trying to harm them
- Reference: Belief that objects, events, or other people have particular significance to them
- Grandeur: Belief that they have great power, knowledge, or talent
- Identity: Belief that they are someone else, such as Jesus Christ
- Control: Belief that their thoughts and behaviors are being controlled by external forces

What delusion is he/she suffering from?

- _____ 1. Mary believes that she is the only one with the power to help space creatures take over the world.
- _____ 2. Bernice is certain that the government is communicating with her through ads on television.
- _____ 3. Monica is scared to go back home. She believes that when she is in her bedroom her thoughts are sucked out her mind by a vacuum extractor.
- _____ 4. Vivian believes that she deserves to win a Pulitzer Prize because she dictated the hobbit stories to J. R. R. Tolkien.
- _____ 5. Eduardo frequently gets into arguments with people but he says that's okay because he's the Secretary of State.
- _____ 6. David believes that the FBI is looking for him so that they can put him in jail.
- _____ 7. Benito believes that his thoughts are no longer his alone. The aliens are using them by broadcasting them on the radio.
- _____ 8. Every Sunday, Stephanie collects every local paper to read the want-ads. She believes that the ads are written just for her about a secret job that she must complete.
- _____ 9. Declan is certain that his neighbors are controlling his behavior through magnetic waves.
- _____ 10. Elizabeth was arrested last night while trying to get into the White House. She believes that she is the President of the Unites States and should be allowed to enter the house.

Identify the Psychological Disorder

At your class reunion you encounter several of your old classmates. Classify each person according to the psychological disorder they have:

Bipolar Disorder
Paranoid Schizophrenia
Catatonic Schizophrenia
Phobic Disorder

Panic Disorder
Obsessive-Compulsive Disorder
Dissociative Identity Disorder

- _____ 1. Mark, the class clown, says he is emotionally unstable. He has attempted suicide and at other times he gets uncontrollably elated and excited.
- _____ 2. Alice, voted most likely to succeed, washes her hands repeatedly and dries them with tissues before she will drink the punch at the reunion. She thinks that her hands are contaminated and does not want to contaminate the punch.
- _____ 3. Tom, the prom king, comes to the reunion but immediately leaves because the room is decorated in orange and he is afraid of that color.
- _____ 4. Felicia, the homecoming queen, was making a phone call when she felt her heartbeat suddenly increase. She became dizzy and felt like something horrible was about to happen. She tells you that she has felt the same symptoms in several other situations.
- _____ 5. Samantha, the class valedictorian, was always very shy and prudish in high school. When you talked with Samantha at the reunion, she still appeared shy and prudish. However, all of a sudden, Samantha's voice changed, she became very flirtatious and seductive. She told you that her name wasn't Samantha, it was Veronica.
- _____ 6. Heather, the head cheerleader, wasn't able to eat dinner at the reunion. She has the inability to sit still. She paces back and forth in front of the stage while making repetitive hand movements. When you went to talk to her, she repeated everything you said.
- _____ 7. Gary, the star quarterback, says he is in charge of the CIA and that a group of terrorists plan to take him hostage. Jesus visits him nightly, appointed him to the CIA, and has told him of the terrorist plot.

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