Psychological Disorders

PSY 1000:
Introduction to Psychology

Abnormal Behavior

- What is abnormal behavior?
  - **Deviance**: abnormal behavior differs from what society considers acceptable (ex. transvestic fetishism)
  - **Maladaptive**: their everyday adaptive behavior is impaired (ex. drug addiction)
  - **Subjective Discomfort**: does the person report distress (ex. depression)
- Psychological disorders refer to patterns of behavior that cause people significant distress, causes them to harm others, or harms their ability to function in daily life
- Diagnoses of psychological disorders involve value judgments about normal vs. abnormal behavior
  - Not as objective as physical disorders
  - Ex. History of homosexuality as a mental disorder
    - Deleted from the list of psychological disorders in 1973

Abnormal Behavior

- The **medical model** proposes that it is useful to think of abnormal behavior as a disease
- Previous models had proposed these behaviors were caused by demonic possession, being a witch, or offending God
- **Diagnosis**: distinguishing one illness from another
- **Etiology**: the apparent causation and developmental history of an illness
- **Prognosis**: a forecast about the probable course of an illness

Theoretical Approaches to Psychological Disorders

- Biological approach (evident in the medical model)
  - Brain structure, biochemical problems, genetics
- Psychological approach
  - Psychodynamic, behavioral, social cognitive, humanistic
- Sociocultural approach
  - Emphasis is placed largely on social context
- Biopsychosocial approach
  - Blends the other three approaches

Stereotypes of Psychological Disorders

- Three common stereotypes:
  - **Psychological disorders are incurable**
    - **TRUTH**: The vast majority of individuals improve with treatment
  - **People with psychological disorders are often violent and dangerous**
    - **TRUTH**: There is only a weak relationship between violence and mental illness
  - **People with psychological disorders behave in bizarre ways and are very different from normal people**
    - **TRUTH**: It is actually difficult to identify most individuals with a psychological disorder

Psychodiagnosis: The Classification of Disorders

- *Diagnostic and Statistical Manual of Mental Disorders* – 5th ed. (DSM-5; American Psychiatric Association, 2013)
- **Epidemiology** is the study of the distribution of mental or physical disorders in a population
- **Prevalence** refers to the percentage of a population that exhibits a disorder during a specified time period
  - In a given year, about 26% of American adults suffer from a mental disorder
  - Only about 6% suffer from severe mental disorder

Yearly Occurrence of Psychological Disorders in the United States

CATEGORY OF DISORDER	SPECIFIC DISORDER	PERCENTAGE OF U.S. POPULATION AND NUMBER AFFECTED*
Depressive disorders	All types	9.5% or 20.9 million
	Major depressive disorder	6.7% or 14.8 million
	Dysthymic disorder	1.5% or 3.3 million
	Bipolar disorder	2.6% or 5.7 million
Schizophrenia	All types	1.1% or 2.4 million
Anxiety disorders	All types	18.1% or 40 million
	Panic disorder	2.7% or 6 million
	Obsessive-compulsive disorder	1% or 2.2 million
	Posttraumatic stress disorder	3.5% or 7.7 million
	Generalized anxiety disorder	3.1% or 6.8 million
	Social phobia	6.8% or 15 million
	Agoraphobia	0.8% or 1.8 million
	Specific phobia	8.7% or 19.2 million

*Percentage of adults over age 18 affected annually and approximate number within the population based on 2004 United States Census data.

Adapted from National Institute of Mental Health (2013).

Psychodiagnosis: The Classification of Disorders

- Neurodevelopmental Disorders (e.g., Autism Spectrum Disorder, ADHD)
- Schizophrenia Spectrum and Other Psychotic Disorders (e.g., Schizophrenia)
- Bipolar and Related Disorders (e.g., Bipolar Disorder, Cyclothymic Disorder)
- Depressive Disorders (e.g., Major Depressive Disorder)
- Anxiety Disorders (e.g., Generalized Anxiety Disorder, Phobia)
- Obsessive-Compulsive and Related Disorders (e.g., Obsessive-Compulsive Disorder, Hoarding)
- Trauma- and Stressor-Related Disorders (e.g., PTSD)
- Dissociative Disorders (e.g., Dissociative Identity Disorder)
- Somatic Symptom and Related Disorders (e.g., Somatic Symptom Disorder)
- Feeding and Eating Disorders (e.g., Pica, Anorexia Nervosa, Bulimia Nervosa)
- Elimination Disorders (e.g., Enuresis, Encopresis)
- Sleep-Wake Disorders (e.g., Insomnia, Narcolepsy)
- Sexual Dysfunctions (e.g., Erectile Disorder)
- Gender Dysphoria
- Disruptive, Impulse-Control, and Conduct Disorders (e.g., Pyromania, Kleptomania)
- Substance-Related and Addictive Disorders (e.g., Alcohol Use Disorder)
- Neurocognitive Disorders (e.g., Alzheimer's Disease)
- Personality Disorders (e.g., Borderline PD, Narcissistic PD)
- Paraphilic Disorders (e.g., Fetishistic Disorder, Sexual Sadism Disorder, Frotteuristic Disorder)

Psychological Disorders

- The DSM-5 lists more than 250 disorders
- These are the types of disorders we are going to focus on:
  - Anxiety Disorders
  - Obsessive-Compulsive and Related Disorders
  - Trauma- and Stressor-Related Disorders
  - Somatic Symptom and Related Disorders
  - Dissociative Disorders
  - Depressive Disorders
  - Bipolar and Related Disorders
  - Schizophrenia Spectrum and Other Psychotic Disorders

Anxiety Disorders

- **Generalized anxiety disorder** is marked by a chronic, high level of anxiety that is not tied to any specific threat
- **Phobic disorder** refers to a persistent and irrational fear of an object or situation that presents no realistic danger
- **Panic disorder** is characterized by recurrent attacks of overwhelming anxiety that occur suddenly and unexpectedly
  - May lead to **agoraphobia** which is a fear of going out to public places

Etiology of Anxiety Disorders

- Biological factors
  - Genetic predisposition
  - Anxiety sensitivity
  - Neurotransmitters (serotonin, GABA)
- Conditioning and learning
  - Acquired through classical conditioning or observational learning
  - Maintained through operant conditioning
  - However, we acquire some fears (e.g., snakes) more easily than others (e.g., broken glass)
- Cognitive factors
  - Judgments of perceived threat
  - Magnification ("making mountains out of molehills")
  - All-or-nothing thinking ("I must be perfect or I am a failure")

Obsessive-Compulsive and Related Disorders

- **Obsessive compulsive disorder (OCD)** is marked by persistent, uncontrollable intrusions of unwanted thoughts (obsessions) and urges to engage in senseless rituals (compulsions)

Trauma- and Stressor-Related Disorders

- **Posttraumatic Stress Disorder (PTSD)** involves enduring psychological disturbance attributed to the experience of a major traumatic event
  - Previously referred to as "nostalgia" (Civil War), "shell shock" (World War I), and "battle fatigue" (World War II)

Somatic Symptom and Related Disorders

- These are physical ailments that cannot be fully explained by organic conditions and are largely due to psychological factors
  - **Somatic Symptom Disorder** is marked by a history of diverse physical complaints that appear to be psychological in origin
  - **Conversion Disorder** is characterized by a significant loss of physical function (with no apparent organic basis), usually in a single organ system (ex. glove anesthesia, blindness)
  - **Illness Anxiety Disorder** is characterized by excessive preoccupation with health concerns and incessant worry about developing physical illness (formerly known as hypochondriasis)

Etiology of Somatic Symptom Disorders

- Personality factors
  - Histrionic personality characteristics: tend to be self-centered, suggestible, excitable, highly emotional, and overly dramatic
  - Neuroticism
  - Insecure attachment style (e.g., anxious-ambivalent)
- Cognitive factors
  - Pay more attention to physical processes
  - Catastrophic conclusions about minor symptoms
  - Equate good health with complete absence of symptoms and discomfort
- The sick role may be reinforcing
  - Greater attention
  - Escape from problems and responsibilities

Dissociative Disorders

- **Dissociative disorders** are a class of disorders in which people lose contact with portions of their consciousness or memory, resulting in disruptions in their sense of identity
  - **Dissociative amnesia** is a sudden loss of memory for important personal information that is too extensive to be due to normal forgetting
  - **Dissociative identity disorder (DID)** involves the coexistence in one person of two or more largely complete – and usually very different – personalities
    - Formerly known as "multiple personality disorder"

Etiology of Dissociative Disorders

- Stress
  - Appears to play a role in amnesia and fugue
- Personality
  - Fantasy proneness and a tendency to become absorbed in personal experiences may be related
- It is unclear whether Dissociative Identity Disorder really exists
  - May be an excuse for personal failings
  - Therapists may accidentally "suggest" that clients have multiple personalities

Depressive Disorders

- **Depressive disorders** are a class of disorders marked by emotional disturbances of varied kinds that may spill over to disrupt physical, perceptual, social, and thought processes
  - **Major depressive disorder** refers to persistent feelings of sadness and despair along with a loss of interest in previous sources of pleasure
    - Around 7%-18% experience this disorder
    - **Dysthymic disorder** is a less severe form of depression that is highly persistent

Bipolar and Related Disorders

- **Bipolar disorder** is characterized by the experience of one or more manic episodes as well as periods of depression
  - About 1%-2.5% experience this disorder
  - Formerly known as "manic-depressive disorder"
  - **Cyclothymic disorder** is a less severe form of bipolar disorder

Comparison of Common Symptoms in Manic and Depressive Episodes

Characteristics	Manic Episode	Depressive Episode
Emotional	Elated, euphoric, very sociable, impatient at any hindrance	Gloomy, hopeless, socially withdrawn, irritable

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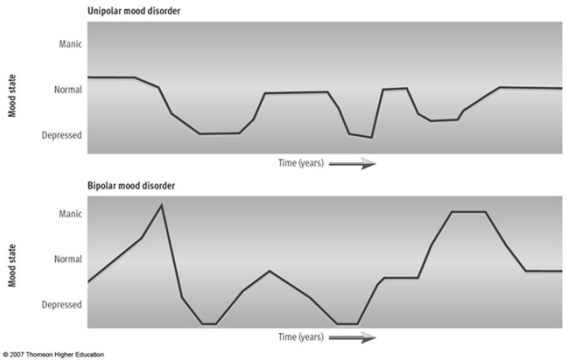
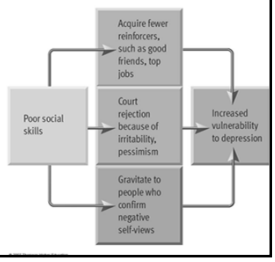
Motor	Hyperactive, tireless, requires less sleep than usual, increased sex drive, variable appetite	Less active, tired, difficulty sleeping, decreased sex drive, difficulty with appetite

Episodic Patterns in Mood Disorders



Etiology of Depressive and Bipolar Disorders

- Biological factors
  - Genetic vulnerability
  - Neurochemical factors: abnormal levels of norepinephrine and serotonin
  - Neuroanatomical factors: small hippocampus (used for memory consolidation) and may be related to the creation of new neurons
- Cognitive factors
  - Learned helplessness
  - Rumination
- Precipitating stress
- Interpersonal roots



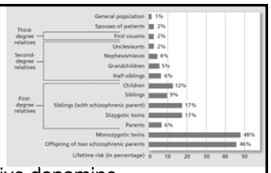
Schizophrenia Spectrum and Other Psychotic Disorders

- **Schizophrenia** means "split mind"…but this is not the same thing as Dissociative Identity Disorder
- General symptoms
  - Delusions (false beliefs)
  - Hallucinations (false sensory experiences)
  - Disorganized thinking (often reflected in disorganized speech)
  - Grossly disorganized or abnormal motor behavior (including catatonia)
  - Negative symptoms (e.g., diminished emotional expression, decrease in self-initiated purposeful activities, diminished speech output, decrease in the ability to experience pleasure, lack of interest in social interactions)

Schizophrenia: Course and Outcome

- Schizophrenia usually emerges during adolescence or early adulthood
  - Individual usually has a history of odd behavior and deficits in cognitive or social functioning
- Occurs in about 1% of people
  - About 15%-20% experience a full recovery
- Relatively favorable prognosis when:
  - Sudden onset
  - Later onset
  - Social and work adjustment were good before onset
  - Proportion of negative symptoms is low
  - Cognitive functioning is relatively preserved
  - Good adherence to treatment interventions
  - Healthy, supportive family situation

Etiology of Schizophrenia



- Biological factors
  - Genetic vulnerability
  - Neurochemical factors: excessive dopamine
  - Structural abnormalities of the brain: enlarged ventricles; smaller and less active prefrontal cortex
  - Neurodevelopmental hypothesis refers to problems during prenatal development that lead to subtle neurological damage
    - Prenatal viral infection (possibly related to winter births), prenatal malnutrition, obstetrical complications, and other brain insults
- Precipitating stress may trigger onset of symptoms or exacerbation of symptoms

Personality Disorders

Cluster	Disorder	Description	% Male/% Female
Anxious/fearful	Avoidant personality disorder	Excessively sensitive to potential rejection, humiliation, or shame; socially withdrawn in spite of desire for acceptance from others	50/50
	Dependent personality disorder	Excessively lacking in self-reliance and self-esteem; passively allowing others to make all decisions; constantly subordinating own needs to others' needs	31/69
	Obsessive-compulsive personality disorder	Preoccupied with organization, rules, schedules, lists, trivial details; extremely conventional, serious, and formal; unable to express warm emotions	50/50

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Odd/eccentric	Schizoid personality disorder	Defective in capacity for forming social relationships; showing absence of warm, tender feelings for others	78/22
	Schizotypal personality disorder	Showing social deficits and oddities of thinking, perception, and communication that resemble schizophrenia	55/45
	Paranoid personality disorder	Showing pervasive and unwarranted suspiciousness and mistrust of people; overly sensitive; prone to jealousy	67/33

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Dramatic/impulsive	Histrionic personality disorder	Overly dramatic; tending to exaggerated expressions of emotion; egocentric, seeking attention	15/85
	Narcissistic personality disorder	Grandiosely self-important; preoccupied with success fantasies; expecting special treatment; lacking interpersonal empathy	70/30
	Borderline personality disorder	Unstable in self-image, mood, and interpersonal relationships; impulsive and unpredictable	38/62
	Antisocial personality disorder	Chronically violating the rights of others; failing to accept social norms, to form attachments to others, or to sustain consistent work behavior; exploitive and reckless	82/18

Psychological Disorders and the Law

- **Insanity** is a legal status indicating that a person cannot be held responsible for his or her actions because of mental illness
  - **M'naghten rule** is that insanity exists when a mental disorder makes a person unable to distinguish right from wrong
- Involuntary commitment
  - Danger to self
  - Danger to others
  - In need of treatment (due to severe disorientation)

Culture and Pathology

- Do these psychological disorders exist in other cultures?
- Are the symptom patterns the same across cultures?
- **Relativistic view**: the criteria for mental disorders vary greatly across cultures and there are no universal standards for normality/abnormality
- **Pancultural view**: the criteria for mental illness is similar around the world and basic standards of normality/abnormality are universal
- The principle categories of disorders (e.g., anxiety disorders) appear to exist in all cultures
- Culture-bound disorders
  - **Koro**: fear that one's penis will withdraw into one's abdomen (southern Asia)
  - **Anorexia nervosa**: restriction of food intake (affluent Western cultures)