Psychological Disorders

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

- 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 a severe mental disorder)
  - Only about 5.8% suffer from severe mental disorder
### 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., Frotteuristic 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 (e.g., 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Manic Episode</th>
<th>Depressive Episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Elated, euphoric, very sociable, impatient at any hindrance</td>
<td>Gloomy, hopeless, socially withdrawn, irritable</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Racing thoughts, flight of ideas, desire for action, impulsive behavior, talkative, self-confident, delusions of grandeur</td>
<td>Slowness of thoughts, obsessive worrying, inability to make decisions, negative self-image, self-blame</td>
</tr>
<tr>
<td>Motor</td>
<td>Hyperactive, tireless, requires less sleep than usual, increased sex drive, variable appetite</td>
<td>Less active, tired, difficulty sleeping, decreased sex drive, difficulty with appetite</td>
</tr>
</tbody>
</table>

### Episodic Patterns in Mood Disorders

![Graph showing episodic patterns in mood disorders](image)

### 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

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Disorder</th>
<th>Description</th>
<th>% Male/% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidant personality disorder</td>
<td>Excessively avoidant of rejection or ridicule</td>
<td>50/50</td>
<td></td>
</tr>
<tr>
<td>Dependent personality disorder</td>
<td>Excessively dependent on others for approval or comfort</td>
<td>30/70</td>
<td></td>
</tr>
<tr>
<td>Obsessive-compulsive personality disorder</td>
<td>Preoccupied with organization, routines, details</td>
<td>30/70</td>
<td></td>
</tr>
</tbody>
</table>

- DSM-5

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)