

## Chapter 13

### Psychological Disorders

## Psychological Disorders

- Psychopathology—scientific study of the origins, symptoms, and development of psychological disorders
- A pattern of behavioral and psychological symptoms that causes significant personal distress, impairs the ability to function in one or more important areas of daily life, or both

## Diagnosis

*Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*—describes specific symptoms and diagnostic guidelines for psychological disorders

- Provides a common language to label mental disorders
- Comprehensive guidelines to help diagnose mental disorders

## Some DSM-IV-TR Categories

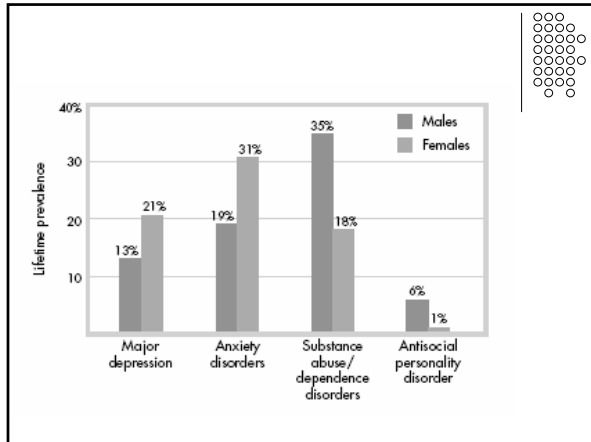
Category	Features	Examples
Infancy, Childhood, or adolescent	Symptoms usually diagnosed in childhood	Autistic Disorder Tourette's Disorder
Substance-related	Effects of seeking or using drugs	Substance abuse
Eating disorders	Disturbances in body image, eating	Anorexia nervosa Bulimia nervosa
Impulse-control disorders	Inability to resist actions that may be harmful	Kleptomania, pyromania

## Prevalence

- Approximately 48% of adults experienced symptoms at least once in their lives
- Approximately 80% who experienced symptoms in the last year did NOT seek treatment
- Most people seem to deal with symptoms without complete debilitation
- Women have higher prevalence of depression and anxiety
- Men have higher prevalence of substance abuse and antisocial personality disorder

## Anxiety Disorders

- Primary disturbance is distressing, persistent anxiety or maladaptive behaviors that reduce anxiety
- Anxiety—diffuse, vague feelings of fear and apprehension

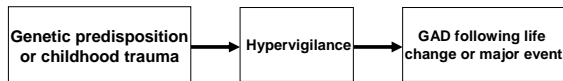


## Generalized Anxiety Disorder (GAD)

- More or less constant worry about many issues
- The worry seriously interferes with functioning
- Physical symptoms
  - headaches
  - stomach aches
  - muscle tension
  - irritability

## Model of Development of GAD

- GAD has some genetic component
- Related genetically to major depression
- Childhood trauma also related to GAD



## Panic Disorder

- Panic attacks—sudden episode of helpless terror with high physiological arousal
- Very frightening—sufferers live in fear of having them
- Agoraphobia often develops as a result

## Cognitive-behavioral Theory of Panic Disorder

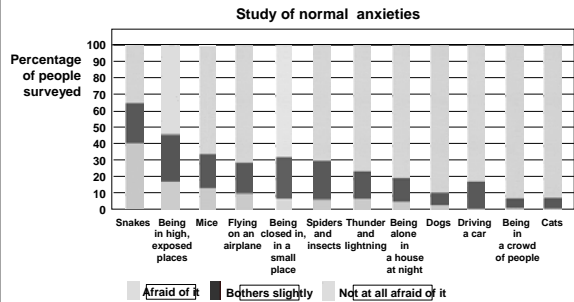
- Sufferers tend to misinterpret the physical signs of arousal as catastrophic and dangerous.
- This interpretation leads to further physical arousal and can lead to a vicious cycle.
- After the attack, the person is very apprehensive of another attack.

## Phobias

Intense, irrational fears that may focus on:

- Natural environment—heights, water, lightning
- Situation—flying, tunnels, crowds, social gathering
- Injury—needles, blood, dentist, doctor
- Animals or insects—insects, snakes, bats, dogs

It is not phobic to simply be anxious about something



## Some Unusual Phobias



- Ailurophobia—fear of cats
- Algophobia—fear of pain
- Anthropophobia—fear of men
- Monophobia—fear of being alone
- Pyrophobia—fear of fire

## Social Phobias



- Social phobias—fear of failing or being embarrassed in public
  - public speaking (stage fright)
  - fear of crowds, strangers
  - meeting new people
  - eating in public
- Considered phobic if these fears interfere with normal behavior
- Equally often in males and females

## Development of Phobias



- Classical conditioning model
  - Problems:
    - often no memory of a traumatic experience
    - traumatic experience may not produce phobia
- Preparedness theory—phobia serves to enhance survival

## Posttraumatic Stress Disorder (PTSD)



- Follows events that produce intense horror or helplessness (traumatic episodes)
- Core symptoms include:
  - Frequent recollection of traumatic event, often intrusive and interfering with normal thoughts
  - Avoidance of situations that trigger recall of the event
  - Increased physical arousal associated with stress

## Obsessive-Compulsive Disorder (OCD)



- Obsessions—irrational, disturbing thoughts that intrude into consciousness
- Compulsions—repetitive actions performed to alleviate obsessions
- Checking and washing most common compulsions
- Heightened neural activity in caudate nucleus

## Mood Disorders

A category of mental disorders in which significant and chronic disruption in mood is the predominant symptom, causing impaired cognitive, behavioral, and physical functioning

- Major depression
- Dysthymic disorder
- Bipolar disorder
- Cyclothymic disorder

## Major Depression

A mood disorder characterized by extreme and persistent feelings of despondency, worthlessness, and hopelessness

- Prolonged, very severe symptoms
- Passes without remission for at least 2 weeks
- Global negativity and pessimism
- Very low self-esteem

## Symptoms of Major Depression

- Emotional—sadness, hopelessness, guilt, turning away from others
- Behavioral—tearfulness, dejected facial expression, loss of interest in normal activities, slowed movements and gestures, withdrawal from social activities
- Cognitive—difficulty thinking and concentrating, global negativity, preoccupation with death/suicide
- Physical—appetite and weight changes, excess or diminished sleep, loss of energy, global anxiety, restlessness

## Symptoms of Major Depression

The infographic features a central illustration of a man and a woman sitting on a bench, looking away from each other. Surrounding this illustration are four text boxes, each detailing a category of symptoms:

- Emotional symptoms**
  - Feelings of sadness, hopelessness, helplessness, guilt, emptiness, or worthlessness
  - Feeling emotionally disconnected from others
  - Turning away from other people
- Behavioral symptoms**
  - Dejected facial expression
  - Makes less eye contact; eyes downcast
  - Smiles less often
  - Slowed movements, speech, and gestures
  - Tearfulness or spontaneous episodes of crying
  - Loss of interest or pleasure in usual activities, including sex
  - Withdrawal from social activities
- Cognitive symptoms**
  - Difficulty thinking, concentrating, and remembering
  - Global negativity and pessimism
  - Suicidal thoughts or preoccupation with death
- Physical symptoms**
  - Changes in appetite resulting in significant weight loss or gain
  - Insomnia, early morning awakening or oversleeping
  - Vague but chronic aches and pains
  - Diminished sexual interest
  - Loss of physical and mental energy
  - Global feelings of anxiety
  - Restlessness, fidgety activity

## Dysthymic Disorder

- Chronic, low-grade depressed feelings that are not severe enough to be major depression
- May develop in response to trauma but does not decrease with time
- Can have co-existing major depression

## Seasonal Affective Disorder

- Cyclic severe depression and elevated mood
- Seasonal regularity
- Unique cluster of symptoms
  - intense hunger
  - gain weight in winter
  - sleep more than usual
  - depressed more in evening than morning

## Prevalence and Course



- Most common of psychological disorders
- Women are twice as likely as men to be diagnosed with major depression
- Untreated episodes can become recurring and more serious
- Seasonal affective disorder (SAD)—onset with changing seasons

## Bipolar Disorders



- Cyclic disorder (manic-depressive disorder)
- Mood levels swing from severe depression to extreme euphoria (mania)
- No regular relationship to time of year (SAD)
- Must have at least one manic episode
  - Supreme self-confidence
  - Grandiose ideas and movements
  - Flight of ideas

## Cyclothymic Disorder



Cyclothymic—mood disorder characterized by moderate but frequent mood swings that are not severe enough to qualify as bipolar disorder

## Prevalence and Course



- Onset usually in young adulthood (early twenties)
- Mood changes more abrupt than in major depression
- No sex differences in rate of bipolar disorder
- Commonly recurs every few years
- Can often be controlled by medication (lithium)

## Explaining Mood Disorders



- Neurotransmitter theories
  - dopamine
  - norepinephrine
  - serotonin
- Genetic component
  - more closely related people show similar histories of mood disorders

## Situational Bases for Depression



- Positive correlation between stressful life events and onset of depression
  - Does life stress cause depression?
- Most depressogenic life events are losses
  - spouse or companion
  - long-term job
  - health
  - income

## Cognitive Bases for Depression



- A.T. Beck: depressed people hold pessimistic views of
  - themselves
  - the world
  - the future
- Depressed people distort their experiences in negative ways
  - exaggerate bad experiences
  - minimize good experiences

## Cognitive Bases for Depression



- Hopelessness theory
  - depression results from a pattern of thinking
  - person loses hope that life will get better
  - negative experiences are due to stable, global reasons
    - e.g., "I didn't get the job because I'm stupid and inept." vs. "I didn't get the job because the interview didn't go well."

## Personality Disorders



Inflexible, maladaptive pattern of thoughts, emotions, behaviors, and interpersonal functioning that are stable over time and across situations and deviate from the expectations of the individual's culture

## Paranoid Personality Disorder



- Pervasive mistrust and suspiciousness of others are the main characteristic
- Distrustful even of close family and friends
- Reluctant to form close relationships
- Tend to blame others for their own shortcomings

## Antisocial Personality Disorder



- Used to be called psychopath or sociopath
- Evidence often seen in childhood (conduct disorder)
- Manipulative, can be charming, can be cruel and destructive
- Seems to lack "conscience"
- More prevalent in men than women

## Borderline Personality Disorder



- Chronic instability of emotions, self-image, relationships
- Self-destructive behaviors
- Intense fear of abandonment and emptiness
- Possible history of childhood physical, emotional, or sexual abuse
- 75% of diagnosed cases are women

## Dissociative Disorders

- What is dissociation?
  - literally a dis-association of memory
  - person suddenly becomes unaware of some aspect of their identity or history
  - unable to recall except under special circumstances (e.g., hypnosis)
- Three types are recognized
  - dissociative amnesia
  - dissociative fugue
  - dissociative identity disorder



## Dissociative Amnesia

Margie and her brother were recently victims of a robbery. Margie was not injured, but her brother was killed when he resisted the robbers. Margie was unable to recall any details from the time of the accident until four days later.



## Dissociative Amnesia

- Also known as psychogenic amnesia
- Memory loss the only symptom
- Often selective loss surrounding traumatic events
  - person still knows identity and most of their past
- Can also be global
  - loss of identity without replacement with a new one



## Dissociative Fugue

Jay, a high school physics teacher in New York City, disappeared three days after his wife unexpectedly left him for another man. Six months later, he was discovered tending bar in Miami Beach. Calling himself Martin, he claimed to have no recollection of his past life and insisted that he had never been married.



## Dissociative Fugue

- Also known as psychogenic fugue
- Global amnesia with identity replacement
  - leaves home
  - develops a new identity
  - apparently no recollection of former life
  - called a 'fugue state'
- If fugue wears off
  - old identity recovers
  - new identity is totally forgotten



## Dissociative Identity Disorder (DID)

Norma has frequent memory gaps and cannot account for her whereabouts during certain periods of time. While being interviewed by a clinical psychologist, she began speaking in a childlike voice. She claimed that her name was Donna and that she was only six years old. Moments later, she seemed to revert to her adult voice and had no recollection of speaking in a childlike voice or claiming that her name was Donna.



## Dissociative Identity Disorder



- Originally known as “multiple personality disorder”
- 2 or more distinct personalities manifested by the same person at different times
- VERY rare and controversial disorder
- Examples include Sybil, Trudy Chase, Chris Sizemore (“Eve”)
- Has been tried as a criminal defense

## Dissociative Identity Disorder



- Pattern typically starts prior to age 10 (childhood)
- Most people with disorder are women
- Most report recall of torture or sexual abuse as children and show symptoms of PTSD

## Causes of Dissociative Disorders?



- Repeated, severe sexual or physical abuse
- However, many abused people do not develop DID.
- Combine abuse with biological predisposition toward dissociation?
  - people with DID are easier to hypnotize than others
  - may begin as series of hypnotic trances to cope with abusive situations

## The DID Controversy



- Some curious statistics
  - 1930–60: 2 cases per decade in USA
  - 1980s: 20,000 cases reported
  - many more cases in US than elsewhere
  - varies by therapist—some see none, others see a lot
- Is DID the result of suggestion by therapist and acting by patient?

## What is Schizophrenia?



- Comes from Greek meaning “split” and “mind”
  - ‘split’ refers to loss of touch with reality
  - not dissociative state
  - not ‘split personality’
- Equally split between genders, males have earlier onset
  - 18 to 25 for men
  - 26 to 45 for women

## Symptoms of Schizophrenia



- Positive symptoms
  - hallucinations
  - delusions
- Negative symptoms
  - absence of normal cognition or affect (e.g., flat affect, poverty of speech)
- Disorganized symptoms
  - disorganized speech (e.g., word salad)
  - disorganized behaviors

## Symptoms of Schizophrenia

- Delusions of persecution
  - 'they're out to get me'
  - paranoia
- Delusions of grandeur
  - "God" complex
  - megalomania
- Delusions of being controlled
  - the CIA is controlling my brain with a radio signal



## Symptoms of Schizophrenia

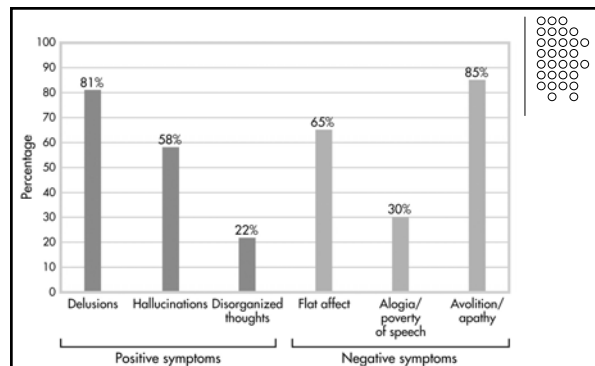
- Hallucinations
  - hearing or seeing things that aren't there
  - contributes to delusions
  - command hallucinations: voices giving orders
- Disorganized speech
  - Over-inclusion—jumping from idea to idea without the benefit of logical association
  - Paralogic—on the surface, seems logical, but seriously flawed
    - e.g., Jesus was a man with a beard, I am a man with a beard, therefore I am Jesus



## Symptoms of Schizophrenia

### Disorganized behavior and affect

- behavior is inappropriate for the situation
  - e.g., wearing sweaters and overcoats on hot days
- affect is inappropriately expressed
  - flat affect—no emotion at all in face or speech
  - inappropriate affect—laughing at very serious things, crying at funny things
- catatonic behavior
  - unresponsiveness to environment, usually marked by immobility for extended periods



Frequency of positive and negative symptoms in individuals at the time they were hospitalized for schizophrenia. Source: Based on data reported in Andreasen & Flaum, 1991.

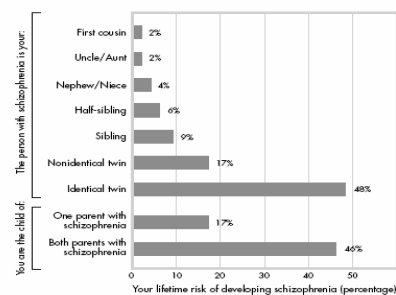


## Subtypes of Schizophrenia

- Paranoid type
  - delusions of persecution
    - believes others are spying and plotting
  - delusions of grandeur
    - believes others are jealous, inferior, subservient
- Catatonic type—unresponsive to surroundings, purposeless movement, parrot-like speech
- Disorganized type
  - delusions and hallucinations with little meaning
  - disorganized speech, behavior, and flat affect



## Schizophrenia and Genetics



## The Dopamine Theory



- Drugs that reduce dopamine reduce symptoms
- Drugs that increase dopamine produce symptoms even in people without the disorder
- Theory: Schizophrenia is caused by excess dopamine
- Dopamine theory not enough; other neurotransmitters involved as well

## Biological Bases of Schizophrenia



- Other congenital influences
  - difficult birth (e.g., oxygen deprivation)
  - prenatal viral infection
- Brain chemistry
  - neurotransmitter excesses or deficits
  - dopamine theory

## Other Biological Factors



- Brain structure and function
  - enlarged cerebral ventricles and reduced neural tissue around the ventricles
  - PET scans show reduced frontal lobe activity
- Early warning signs
  - nothing very reliable has been found yet
  - certain attention deficits can be found in children who are at risk for the disorder
- Father's age—older men are at higher risk for fathering a child with schizophrenia

## Family Influences on Schizophrenia



### Family variables

- parental communication that is disorganized, hard-to-follow, or highly emotional
- expressed emotion
  - highly critical, over-enmeshed families

## Cultural Differences in Schizophrenia



- Prevalence of symptoms is similar no matter what the culture
- Less industrialized countries have better rates of recovery than industrialized countries
  - families tend to be less critical of the patients
  - less use of antipsychotic medications, which may impair full recovery
  - think of it as transient, rather than chronic and lasting disorder

## Summary of Schizophrenia



- Many biological factors seem involved
  - heredity
  - neurotransmitters
  - brain structure abnormalities
- Family and cultural factors also important
- Combined model of schizophrenia
  - biological predisposition combined with psychosocial stressors leads to disorder
  - Is schizophrenia the maladaptive coping behavior of a biologically vulnerable person?