

Introduction to Psychological Disorders

Defining Disorder

Psychological Disorder

- A “harmful dysfunction” in which behaviors are maladaptive, unjustifiable, disturbing, and atypical

Maladaptive

- An exaggeration of normal, acceptable behaviors
- Destructive to oneself or others

Unjustifiable

- A behavior which does not have a rational basis

Disturbing

- A behavior which is troublesome to other people

Atypical

- A behavior so different from other people's behavior that it violates a norm
- Norms vary from culture to culture

MUDA

- A mnemonic device used to remember the four attributes of a psychological disorder
 - Maladaptive
 - Unjustifiable
 - Disturbing
 - Atypical

Understanding Disorders

Early Views of Mental Illness

- In ancient times, mental illness was usually explained through a supernatural model; the person was possessed or a sinner
- During the Middle Ages treatment methods were inhumane and cruel

Philippe Pinel (1745-1826)

- French physician who worked to reform the treatment of people with mental disorders
- Encouraged more humane treatment



Understanding
Disorders:
The Medical Model

The Medical Model

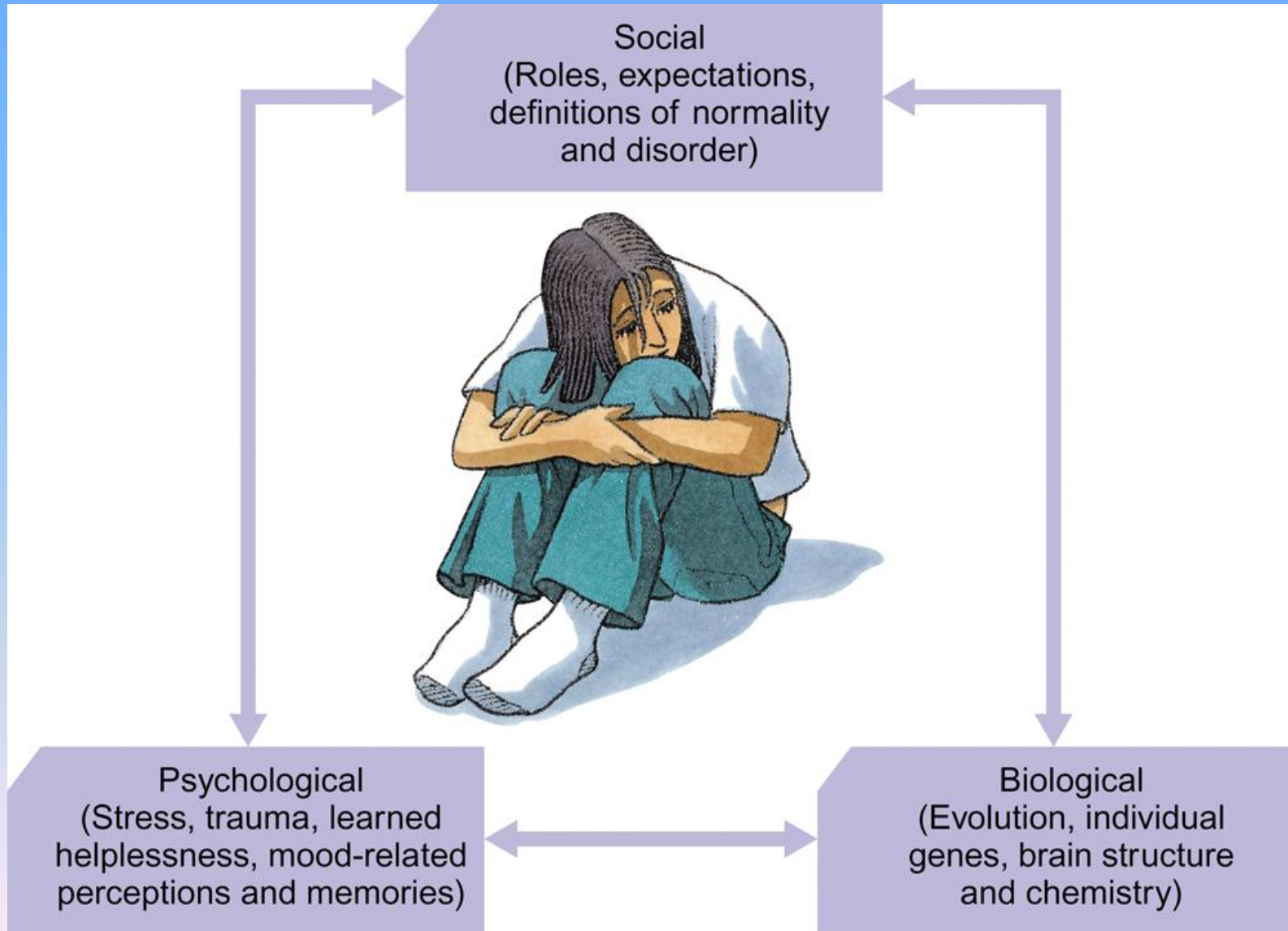
- Concept that mental illnesses have physical causes that can be diagnosed, treated, and in most cases, cured.
- Psychological disorders can be diagnosed based on their symptoms and treated or cured through therapy.
- Psychological disorders are similar to a physical illness.

Understanding
Disorders:
The
Bio-Psycho-Social
Model

Bio-Psycho-Social Model

- Contemporary perspective that assumes biological, psychological, and sociocultural factors combine and interact to produce psychological disorders

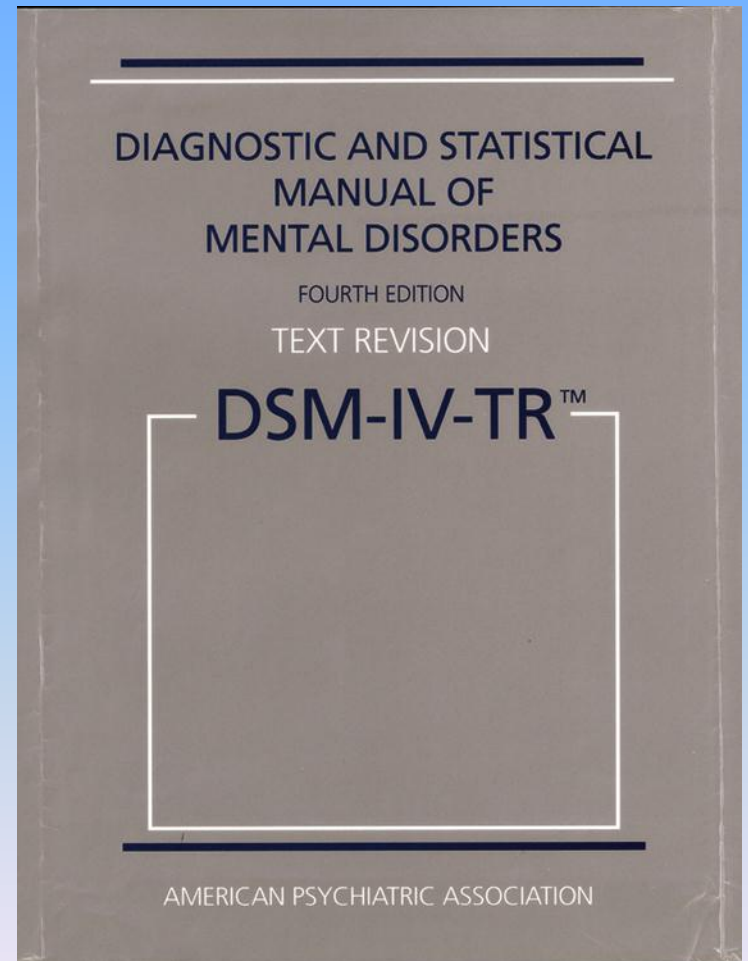
Bio-Psycho-Social Perspective



Classifying Disorders

DSM-IV-TR

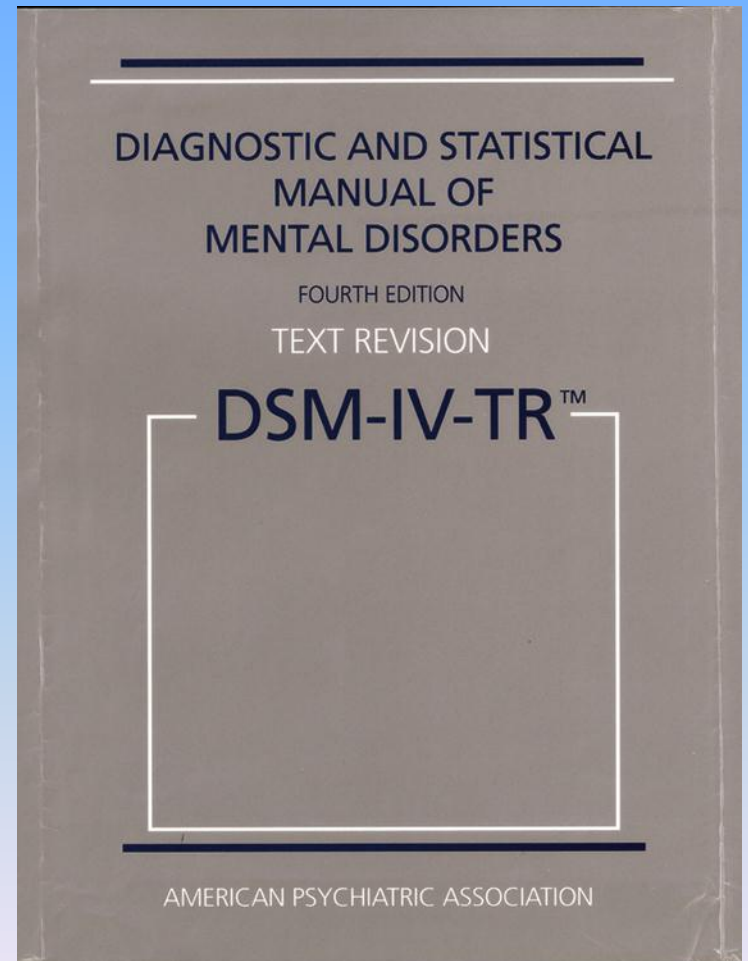
- Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition
- The text of the DSM-IV was recently revised, hence “TR” at the end



DSM-IV-TR

Published by the
American Psychiatric
Association

- Lists and describes all the currently accepted categories of mental disorders



DSM-IV-TR

- Divides mental disorders into 17 major categories
- Includes the symptoms but not the causes of each disease
- Has changed significantly since the first edition

Childhood Disorders

General Overview

- These disorders are developed in the childhood period of ones life.
- Learning disorders [such as ADD/ADHD], substance abuse, autism, depression, and suicide are common disorders in the young population.
- Childhood disorders can be caused by a combination of many factors.
- Being aware and seeking treatment for these conditions is critical because if treated effectively, they can live a good, healthy adulthood.

ADD/ADHD

- ADD- Attention Deficit Disorder
- ADHD- Attention Deficit Hyperactivity Disorder
- Technically, ADD is more common, it is possible to have just ADD, but it isn't possible to just have ADHD

ADD/ ADHD Symptoms

- ADHD is common in children and teens, but adults also can have ADHD
- The two main symptoms of ADHD include inattention and/or hyperactivity.



Inattention

- difficulty paying attention to details and tendency to make careless mistakes; easily distracted
- difficulty finishing tasks, good deal of procrastination

Hyperactivity

- fidgeting, squirming when seated
- getting up frequently to walk or run around; has difficulty staying quite and still

Effects of ADD/ADHD

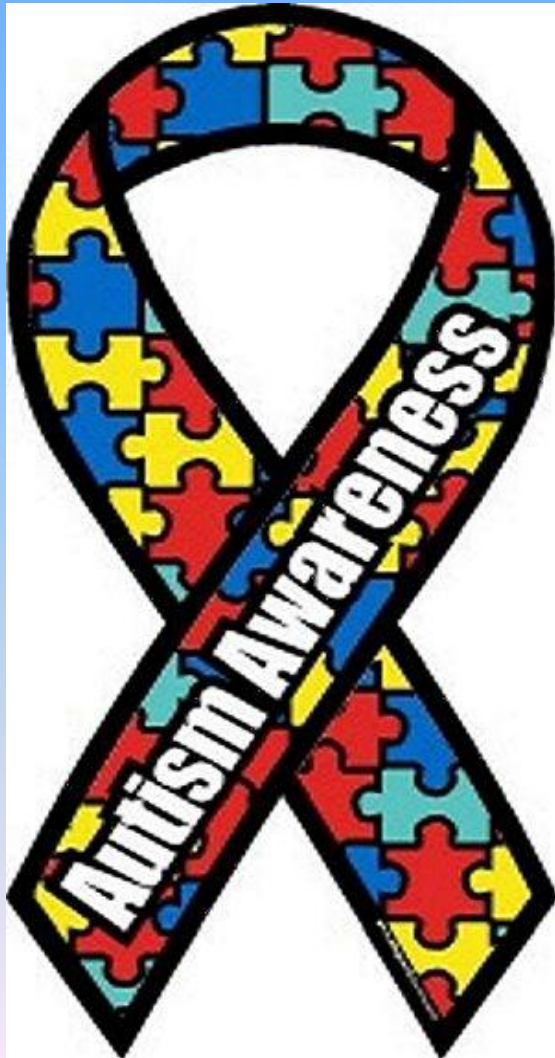
Physical (due to emotional stress, leads to):

- headaches
- stomach/back aches
- pains in the hands/ legs

Psychological:

- aggressive or violent behavior
- withdrawal, anxiety and depression
- low self-esteem

Autism



- Autism is a complex neurobiological disorder that typically lasts throughout a person's lifetime
- 1 in 150 individuals is diagnosed with autism, making it more common than pediatric cancer, diabetes, and AIDS combined
- It occurs in all racial, ethnic, and social groups and is four times more likely to strike boys than girls

Symptoms of Autism

Three Common Symptoms are:

- Social interactions and relationships
 - Significant problems developing nonverbal communication skills, such as eye-to-eye gazing, facial expressions, and body posture.
- Verbal and nonverbal communication
 - Delay in, or lack of, learning to talk. As many as 40% of people with autism never speak
- Limited interests in activities or play
 - An unusual focus on pieces or parts on something

Effects of Autism

Physical:

- appear physically normal and have good muscle control
- odd repetitive motions
 - cause a stressful surrounding environment

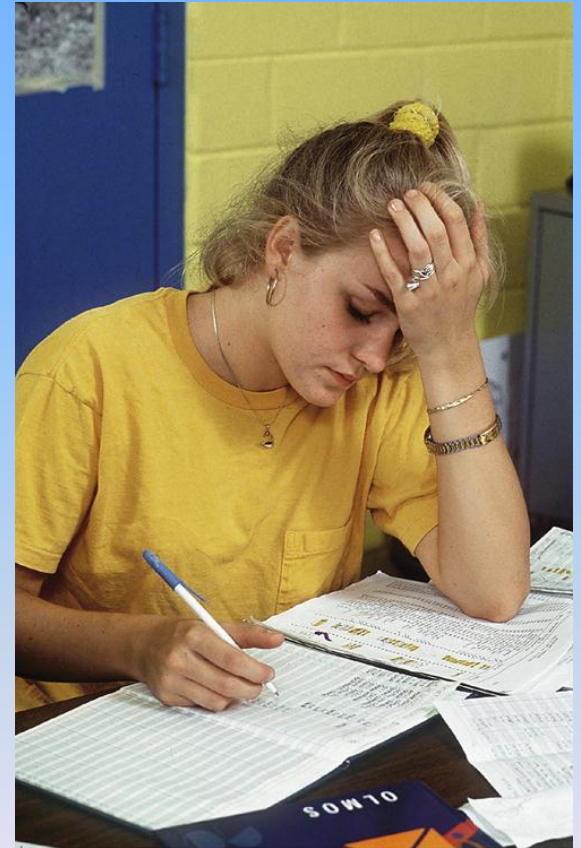
Psychological:

- inherent emotional differences in autistic people, way think of things. love of patterns and predictability, decreased need for interaction
- differences due to lack of social communication of emotions

Anxiety and Mood Disorders

Anxiety and Anxiety Disorders

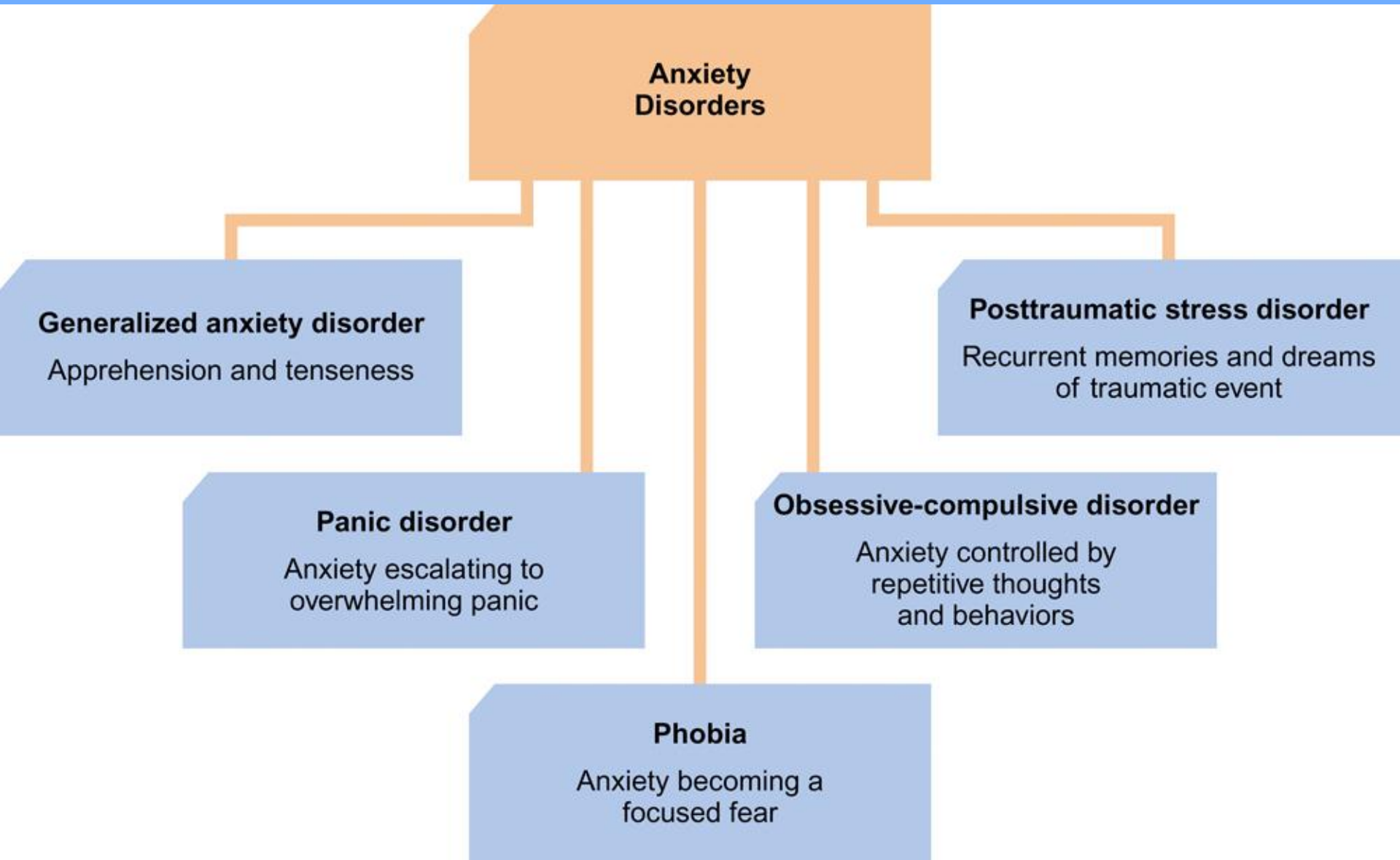
- Anxiety: Vague feeling of apprehension or nervousness
- Anxiety disorder: where anxiety begins to take control and dominate a person's life



Types of Anxiety Disorders

- Anxiety disorders are divided into:
 - Generalized Anxiety Disorder
 - Panic Disorder
 - Phobia
 - Obsessive-Compulsive Disorder
 - Posttraumatic Stress Disorder

Anxiety Disorders



Anxiety Disorders:
Generalized Anxiety
Disorder and Panic
Disorder

Generalized Anxiety Disorder

- An anxiety disorder characterized by disruptive levels of persistent, unexplained feelings of apprehension and tenseness

Symptoms of Generalized Anxiety

- Must have at least three of the following:
 - Restlessness
 - Feeling on edge
 - Difficulty concentrating/mind going blank
 - Irritability
 - Muscle Tension
 - Sleep Disturbance

Panic Disorder

- An anxiety disorder characterized by sudden bouts of intense, unexplained anxiety
- Often associated with physical symptoms like choking sensations or shortness of breath
- Panic attacks may happen several times a day

Anxiety Disorders: Phobia

Phobia

- An anxiety disorder characterized by disruptive, irrational fears of specific objects or situations
- The fear must be both irrational and disruptive.

Table 30.2

Some common—and not-so-common—phobias

These are common:

Blood	hematophobia
Darkness	nyctophobia
Enclosed space	claustrophobia
Germs	spermophobia
Heights	acrophobia
Mice	musophobia
Snakes	ophidiophobia
Spiders	arachnophobia
Wasps	spheksophobia

Phobias can develop to almost anything:

Air	aerophobia
Churches	ecclesiaphobia
Eyes	ommatophobia
Frost	cryophobia
Shadows	sciophobia
Swallowing	phagophobia
Trees	dendrophobia

Social Phobia

- Phobias which produce fear in social situations
- Fear of speaking in public

Agoraphobia

- Fear of situations the person views as difficult to escape from
- Fear of leaving one's home or room in the house

Anxiety Disorders:
Obsessive-
Compulsive Disorder

Obsessive-Compulsive Disorder

- An anxiety disorder characterized by unwanted, repetitive thoughts and actions
- Obsessions – repetitive thoughts
- Compulsions – repetitive actions
- The obsessions/compulsions begin to take control of the person's life.

Table 30.3

Common Obsessions and Compulsions Among Children and Adolescents with Obsessive-Compulsive Disorder

Thought or Behavior	Percentage* Reporting Symptom
<i>Obsessions (repetitive thoughts)</i>	
Concern with dirt, germs, or toxins	40
Something terrible happening (fire, death, illness)	24
Symmetry, order, or exactness	17
<i>Compulsions (repetitive behaviors)</i>	
Excessive hand washing, bathing, tooth brushing, or grooming	85
Repeating rituals (in/out of a door, up/down from a chair)	51
Checking doors, locks, appliances, car brake, homework	46

*Seventy children and adolescents reported their symptoms.

Source: Adapted from Rapoport, 1989.

Anxiety Disorders:
Posttraumatic Stress
Disorder

Posttraumatic Stress Disorder

- An anxiety disorder characterized by reliving a severely upsetting event in unwanted recurring memories (flashbacks) and dreams

Anxiety Disorders:
Causes of Anxiety
Disorders

Biological Factors

- Hereditary factors may result in a predisposition for developing anxiety disorders
- Brain functions appear to be different in an anxiety disorder patient
- Evolutionary factors may lead to anxiety disorders.

Learning Factors

- Through classical conditioning people may associate fear with an object.
- Observational learning--watching another experiencing fearfulness--may result in developing fear.
- Fear of an object may be reinforced when by avoiding the feared objects.

Mood Disorders

Mood Disorders

- Classification of disorders where there is a disturbance in the person's emotions
- Major types of mood disorders include:
 - Major Depressive Disorder
 - Bipolar Disorder
 - Dysthymic Disorder

Mood Disorders

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graph TD; MD[Mood Disorders] --> MDD[Major depressive disorder]; MD --> BD[Bipolar disorder];
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Mood Disorders

Major depressive disorder

Depressed mood lasting at least 2 weeks, diminished interest in activities, and other symptoms

Bipolar disorder

Alternating periods of mania and depression

Mania

- Period of abnormally high emotion and activity

Depression

- Extended period of feeling sad, listless, and drained of energy

Mood Disorders:
Major Depressive
Disorder

Major Depressive Disorder

- A mood disorder in which a person, for no apparent reason, experiences at least two weeks of
 - depressed moods,
 - diminished interest in activities, and
 - other symptoms, such as feelings of worthlessness

Mood Disorders: Bipolar Disorder

Bipolar Disorder

- A mood disorder in which the person alternates between the hopelessness of depression and the overexcited and unreasonably optimistic state of mania
- Formerly called manic-depressive disorder
- Many times will follow a cyclical pattern

Mood Disorders: Causes of Mood Disorders

Biological Factors

- Mood disorders have a hereditary nature to them.
- Depressed individuals tend to have depressed brains.
 - PET scans indicate less activity during periods of depression.

Social-Cognitive Factors

- Depression may be a variation of learned helplessness.
- Depressed individuals attribute events using the following characteristics:
 - Stable: the bad situation will last for a long time
 - Internal: they are at fault
 - Global: all of life is bad

Dissociative,
Schizophrenia, and
Personality Disorders

Dissociative Disorders

Dissociative Disorders

- Disorders in which the sense of self has become separated (dissociated) from previous memories, thoughts, or feelings

Types of Dissociative Disorders

- Three main types:
 - Dissociative Amnesia
 - Dissociative Fugue
 - Dissociative Identity Disorder

Dissociative
Disorders:
Dissociative Amnesia

Dissociative Amnesia

- A dissociative disorder characterized by loss of memory in reaction to a traumatic event
- Example: soldiers in combat

Dissociative
Disorders:
Dissociative Fugue

Dissociative Fugue

- A dissociative disorder characterized by loss of identity and travel to a new location
- The person may develop a new identity and begin a new life.

Dissociative
Disorders:
Dissociative Identity
Disorder

Dissociative Identity Disorder

- Rare and controversial dissociative disorder in which an individual experiences two or more distinct and alternating personalities
- Formerly called multiple personalities

Dissociative Identity Disorder

- Personalities can be different ages, sex, and self perception of characteristics
- Three Faces of Eve
- Sybil



Schizophrenia Disorders

Schizophrenia

- Group of severe disorders characterized by disorganized and delusional thinking, disturbed perceptions, and inappropriate emotions and actions
- Is not one disorder but a family of disorders
- Is not “split personality”
- Occurs in about 1% of the population

Schizophrenia
Disorders:
Symptoms of
Schizophrenia

Symptoms of Schizophrenia

- Symptoms of schizophrenia include:
 - Delusions (false beliefs)
 - Hallucinations (false perceptions)
 - Inappropriate emotions or behaviors

Delusions

- False beliefs that are symptoms of schizophrenia and other serious psychological disorders
- Four major types of delusions:
 - Grandeur
 - Persecution
 - Sin or guilt
 - Influence

Delusions of Grandeur

- False beliefs that a person is more important than they really are
- Patients may believe they are a famous person (e.g. Napoleon)

Delusions of Persecution

- False beliefs that people are out to get the person
- Believe they are being followed, the phone is wiretapped, etc.

Delusions of Sin or Guilt

- False beliefs that the person is responsible for some misfortune

Delusions of Influence

- False beliefs of being controlled by outside forces

Hallucinations

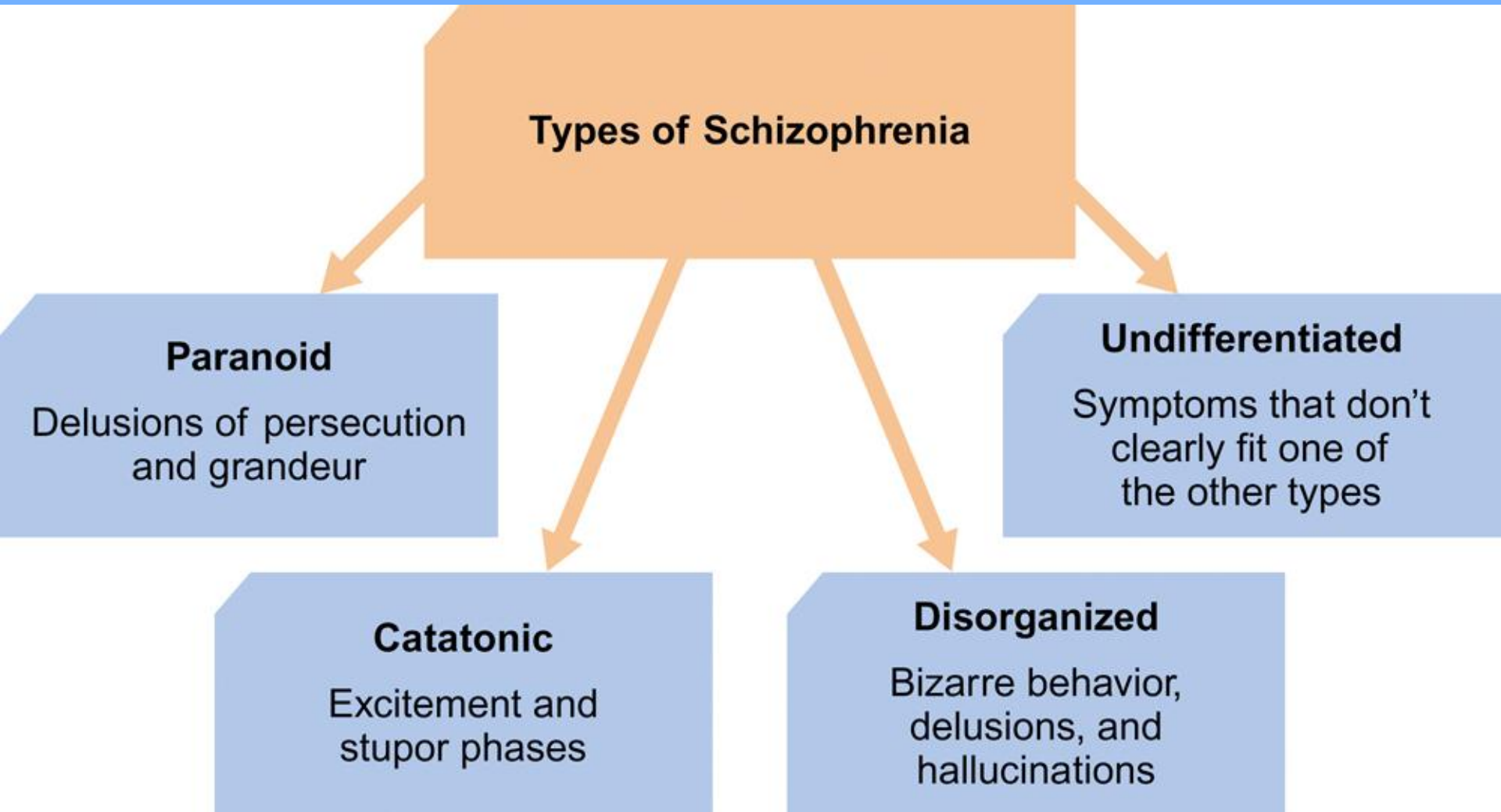
- False perceptions that are symptoms of schizophrenia or other serious psychological disorders
- Types of hallucinations:
 - Auditory (hearing voices)
 - Visual (seeing things)
 - Tactile (feeling skin sensations)
- Can also have distorted smell and taste

Inappropriate Emotions/Behaviors

- Flat affect – showing little or no emotional response
- Word salad – nonsense talk
- Waxy flexibility – the person's arms and legs will remain in place after being moved there

Schizophrenia
Disorders:
Types of
Schizophrenia

Types of Schizophrenia



Paranoid Schizophrenia

- Characterized by delusions, especially grandeur and persecution. Auditory and other hallucinations support the delusions.



A Beautiful Mind

Catatonic Schizophrenia

- Characterized by variations in voluntary movement
- Catatonic excitement – rapid movements with delusions and hallucinations
- Catatonic stupor – little or no activity, movement, or speech (waxy flexibility)

Disorganized Schizophrenia

- Characterized by bizarre behavior, delusions, and hallucinations.
- Very disturbed thought and language (word salad)

Undifferentiated Schizophrenia

- Symptoms that don't clearly fit into one of the other types of schizophrenia but still show clear symptoms of schizophrenia

Schizophrenia Disorders: Causes

Biological Factors - Genetics

- Schizophrenia tends to run in families.
- Genetics appears to produce a predisposition (increased likelihood) to develop schizophrenia.

Genain Quadruplets



Biological Factors – Brain Structure

- Brain structure of those with schizophrenia is different than the normal brain
- Those with schizophrenia have smaller amounts of brain tissue and larger fluid filled spaces.
- The thalamus is smaller in those with schizophrenia.

Biological Factors – Brain Function

- The brain of those with schizophrenia operates differently than the normal brain.
- The frontal lobes show less activity.
- Those with schizophrenia have a larger number of receptor sites for the neurotransmitter dopamine.

Biological Factors – Prenatal Viruses

- A viral infection during the middle of pregnancy may increase schizophrenia risk.

Psychological Factors

- Two main areas:
 - Stress
 - Disturbed family
- It's unclear whether these are causes or consequences of schizophrenia.

Personality Disorders

Personality Disorders

- Psychological disorders characterized by rigid and lasting behavior patterns that disrupt social functioning
- Divided into three clusters:
 - Related to anxiety
 - With odd and eccentric behaviors
 - With dramatic or impulsive behaviors

Personality Disorders Related to Anxiety

Avoidant Personality Disorder

- So sensitive about being rejected that personal relationships become difficult

Dependent Personality Disorder

- Behave in clingy, submissive ways and displays a strong need to have others take care of them

Personality Disorders
with Odd or Eccentric
Behaviors

Paranoid Personality Disorder

- Shows deep distrust of other people, which gets in the way of personal relationships
- Different than paranoid schizophrenia

Schizoid Personality Disorder

- Is detached from social relationships
- Are true hermits, preferring life alone and avoiding intimate interactions at all costs

Personality Disorders
with Dramatic or
Impulsive Behaviors

Borderline Personality Disorder

- Exhibit instability of emotions, self-image, behavior, and relationships

Antisocial Personality Disorder

- Personality disorder in which the person shows a lack of conscience for wrongdoing
- Shows no respects for the rights others
- Usually male
- Also known as psychopathic or sociopathic personality disorder

Psychological Therapies

Psychotherapy

- Emotionally charged, confiding interaction between a trained therapist and someone who suffers from psychological difficulties
- There are over 250 different types of therapy.

Four Types of Psychotherapy

- Most therapies can be divided into:
 - Psychoanalytic
 - Humanistic
 - Behavioral
 - Cognitive

Eclectic Approach

- Approach to psychotherapy that, depending on the person's problems, uses techniques from various forms of therapy
- Uses whichever therapy works best for the problem the person has

Psychoanalysis

Free Association

- Freudian technique of discovering the unconscious mind--where the patient relaxes and says whatever comes to mind, no matter how trivial or embarrassing

Resistance

- In psychoanalysis, the blocking from consciousness of anxiety-laden material

Interpretation

- In psychoanalysis, the analyst's noting of ideas of the meaning behind dreams, resistances, and other significant behaviors to promote insight
- The analyst's ideas of the meaning behind the patient's dreams, resistance, and other behaviors

Transference

- In psychoanalysis, the patient's transfer of strong emotions linked with other relationships to the analyst
- The patient projects feeling from the past to the therapist.

Psychoanalysis:
The Psychodynamic
Perspective

Psychoanalytic Influence

- Few therapists follow strict Freudian therapy.
- Heavily influenced other types of therapy (interpersonal therapy)
- Modern approach is the psychodynamic perspective

Psychodynamic Approach

- A more modern view that retains some aspects of Freudian theory but rejects other aspects
- Retains the importance of the unconscious mind
- Less emphasis on unresolved childhood conflicts

Humanistic Therapies

Nondirective Therapy

- Therapist listens without interpreting and does not direct the client (patient) to any particular insight.

Carl Rogers (1902-1987)

- Humanistic psychologist who developed client-centered therapy



Client-Centered Therapy

- Humanist therapy, in which the therapist uses techniques such as active listening within a genuine, accepting, empathic environment to facilitate the client's growth. The therapy stresses:
 - Empathy
 - Acceptance
 - Genuineness
- Developed by Carl Rogers

Behavior Therapies

Behavior Therapy

- Therapy that applies learning principles to the elimination of unwanted behaviors
- Uses both classical and operant conditioning
- Primary concern is to eliminate the disorder's behavior, not find the cause of the disorder

Behavior Therapies:
Classical
Conditioning
Techniques

Systematic Desensitization

- A type of counterconditioning that associates a pleasant, relaxed state with gradually increasing, anxiety-triggering stimuli
- Usually used to treat phobias

Systematic Desensitization Process

- Establish a hierarchy of the anxiety-triggering stimuli
- Learning relaxation methods (progressive relaxation)
- Slowly think through the hierarchy, working to relax whenever anxiety is felt

Systematic Desensitization Variations

- Virtual reality- systematic desensitization by way of computerized, anxiety-triggering 3-D stimuli
- Combined with models by having the subjects watch someone perform the anxiety-causing behavior



Aversive Conditioning

- Type of counterconditioning that associates an unpleasant state (such as nausea) with an unwanted behavior (such as alcohol)
- The person is replacing a positive but harmful response with a negative response
- Example with alcoholism: Laced a drink with a drug that makes the person become sick

Behavior Therapies: Operant Conditioning Techniques

Token Economy

- Operant conditioning procedure that attempts to modify behavior by rewarding desired behavior with some small item
- The tokens can be exchanged for various privileges or treats
- Form of secondary reinforcement

Cognitive Therapies

Cognitive Therapy

- Teaches people new, more adaptive ways of thinking and acting
- Based on the assumption that thoughts intervene between events and our emotional reactions

Self-Serving Bias

- Tendency to judge oneself favorably
- Severely depressed patients tend to not have a self-serving bias and tend to blame themselves for problems and credit the environment for successes

Cognitive-Behavior Therapy

- Integrated therapy that combines changing self-defeating thinking with changing inappropriate behaviors

Family and Group Therapies

Group Therapy

- Having a therapist work with a number of patients at one time
- Groups usually consist of 6 to 10 people
- Cognitive, behavior, and humanistic therapists all can lead group therapies.

Advantage of Group Therapy

- Therapists can help more than one person at a time.
- Overall session cost is lower.
- Patients interact with others having the same problems as they have.
- Builds a sense of community

Family Therapy

- Therapy that treats the family as a system
- Views the patient's problems as influenced by or directed at family members
- Attempts to guide the family toward positive relationships and improved communication

Types of Therapist

Table 32.1

Therapists and Their Training

Type	Description
Clinical psychologist	Most are psychologists with a Ph.D. and expertise in research, assessment, and therapy, supplemented by a supervised internship. About half work in agencies and institutions, half in private practice.
Clinical or psychiatric social worker	A 2-year Master of Social Work graduate program plus postgraduate supervision prepares some social workers to offer psychotherapy, mostly to people with everyday personal and family problems. About half have earned the National Association of Social Workers' designation of clinical social worker.
Counselor	Marriage and family counselors specialize in problems arising from family relations. Pastoral (religious) counselors provide counseling to countless people. Abuse counselors work with substance abusers and with spouse and child abusers and their victims.
Psychiatrist	Physicians can specialize in the treatment of psychological disorders. Not all psychiatrists have had extensive training in psychotherapy, but as M.D.s they can prescribe medications. Thus, they tend to see those with the most serious problems. Many have a private practice.

Biomedical Therapies

Biomedical Therapies

- Treatment of psychological disorders that involve changing the brain's functioning by using prescribed drugs, electroconvulsive therapy, or surgery

Drug Therapies

Pre-Drug Therapy

- Prior to the discovery of psychological drugs, hospitals had few options with which to treat patients
- Most early treatment techniques are today considered archaic and sometimes cruel



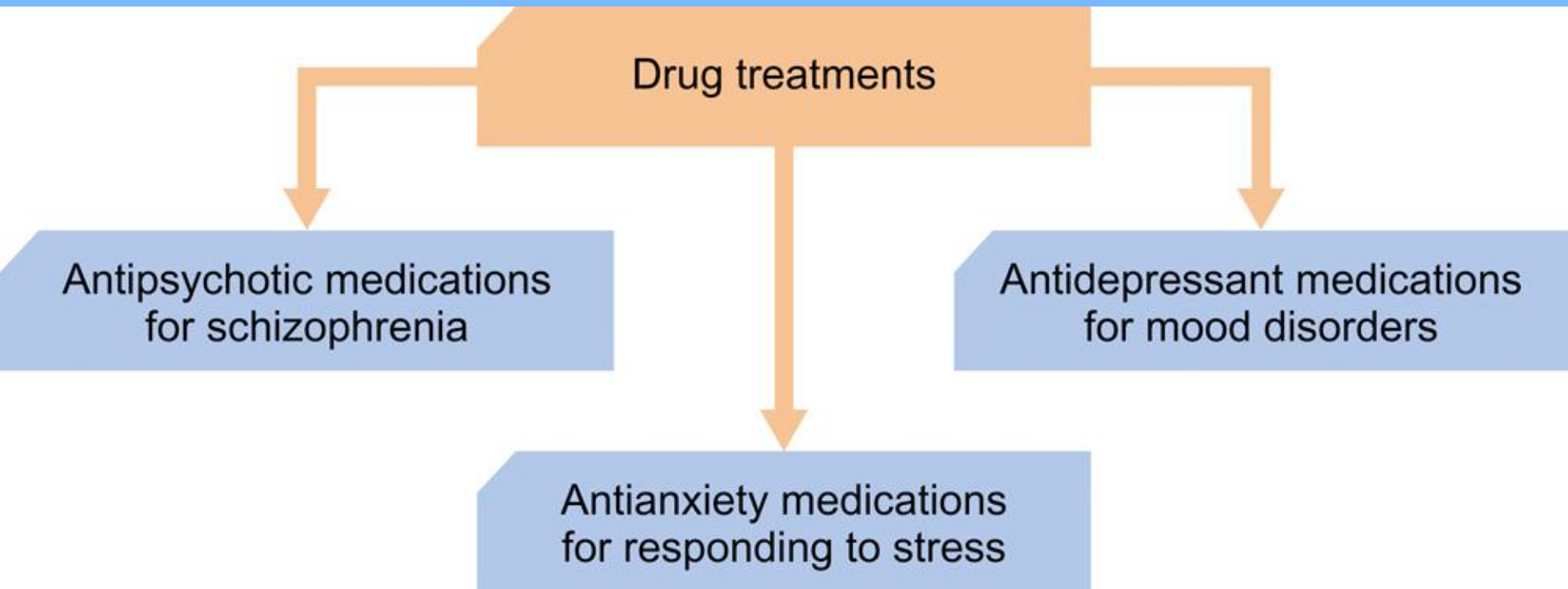
Post-Drug Therapy

- With the discovery of effective drug treatments, patients were able to leave the institutions (deinstitutionalization).

Deinstitutionalization

- Release of patients from mental hospitals into the community
- The development of drug therapies led to an 80% decline in the number of hospitalized mental patients from 1950 to 2000.
- Many of the former patients became part of the homeless population.

Drug Therapy



Drug Therapies: Antipsychotic Drugs

Antipsychotic Drugs

- Category of medications used primarily to treat schizophrenia
- Reduces the levels of hallucinations and delusions and distorted thinking
- Drugs work by blocking the activity of dopamine

Thorazine

- One of the first antipsychotic drugs
- Side effects include: dry mouth, blurred vision, constipation, and tardive dyskinesia
- Tardive dyskinesia – a permanent condition of muscle tremors

Clozaril

- Clozaril: less side effects than thiorazine but can cause damage to white blood cells therefore patients need to be tested
- Is very expensive.

Drug Therapies: Antianxiety Drugs

Antianxiety Drugs

- Category of medication used to treat people undergoing significant stress
- Used with anxiety disorders
- Work by boosting levels of the neurotransmitter GABA
- Can produce dependency
- Include: Valium, Librium, and Xanax
- Can cause death if mixed with alcohol

Drug Therapies: Antidepressant Drugs

Antidepressant Drugs

- Category of medications used primarily used to boost serotonin levels in the brain
- Used primarily to treat major depression
- Many take about a month before they become fully effective

Selective Serotonin Reuptake Inhibitors

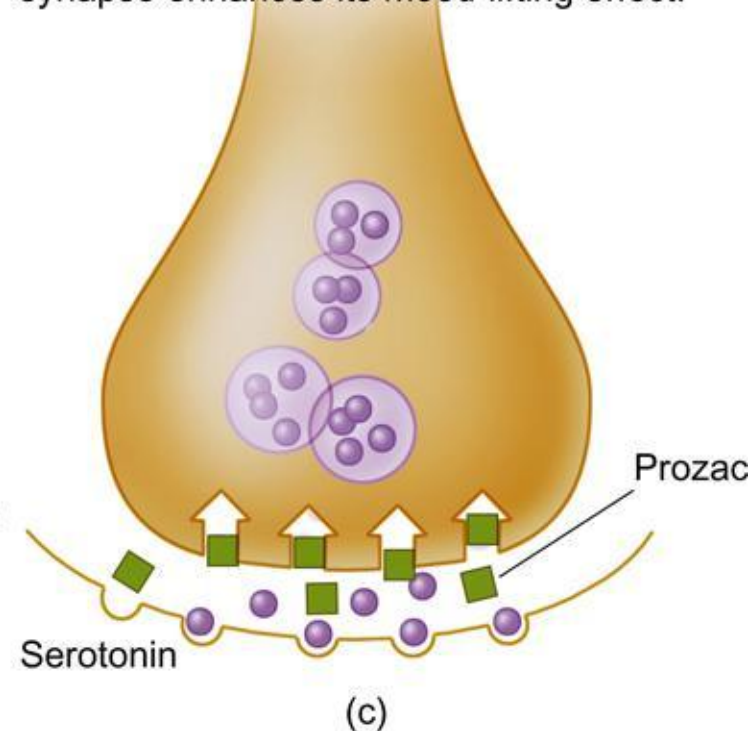
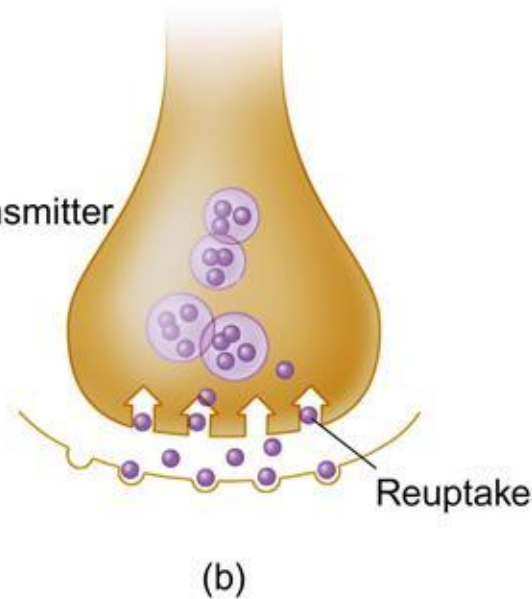
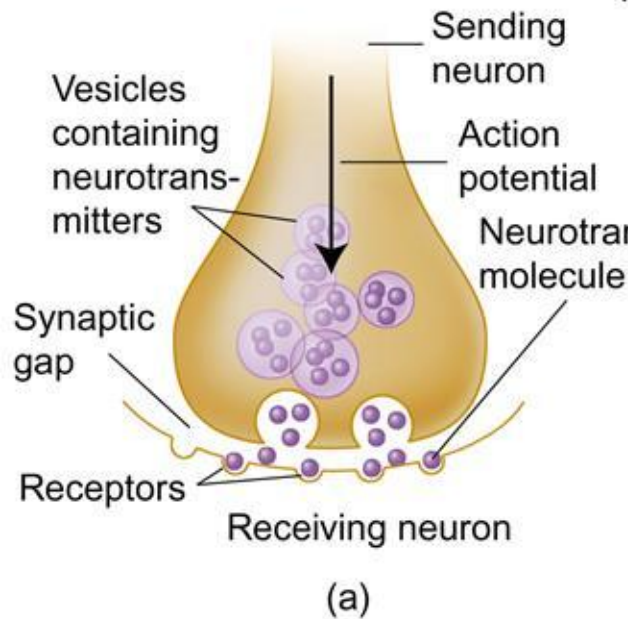
- Classification of antidepressants which work by blocking the reuptake of serotonin after it has been released
- Includes: Prozac, Zolof, and Paxil

Prozac and the Brain

Message is sent across synaptic gap.

Message is received; excess neurotransmitter molecules are reabsorbed by sending neuron.

Prozac blocks normal reuptake of the neurotransmitter serotonin; excess serotonin in the synapse enhances its mood-lifting effect.



Lithium

- Medication used primarily to treat bipolar disorder
- Not known how or why lithium works but a large number of bipolar patients report improvement with the drug

Electroconvulsive Therapy

Insulin Therapy

- Depressed patients are given an overdose of insulin to cause a convulsion.
- Difficulties in determining the proper dosage of insulin led to a decline in use of this therapy.
- Was replaced by Electroconvulsive Therapy (ECT)

Electroconvulsive Therapy (ECT)

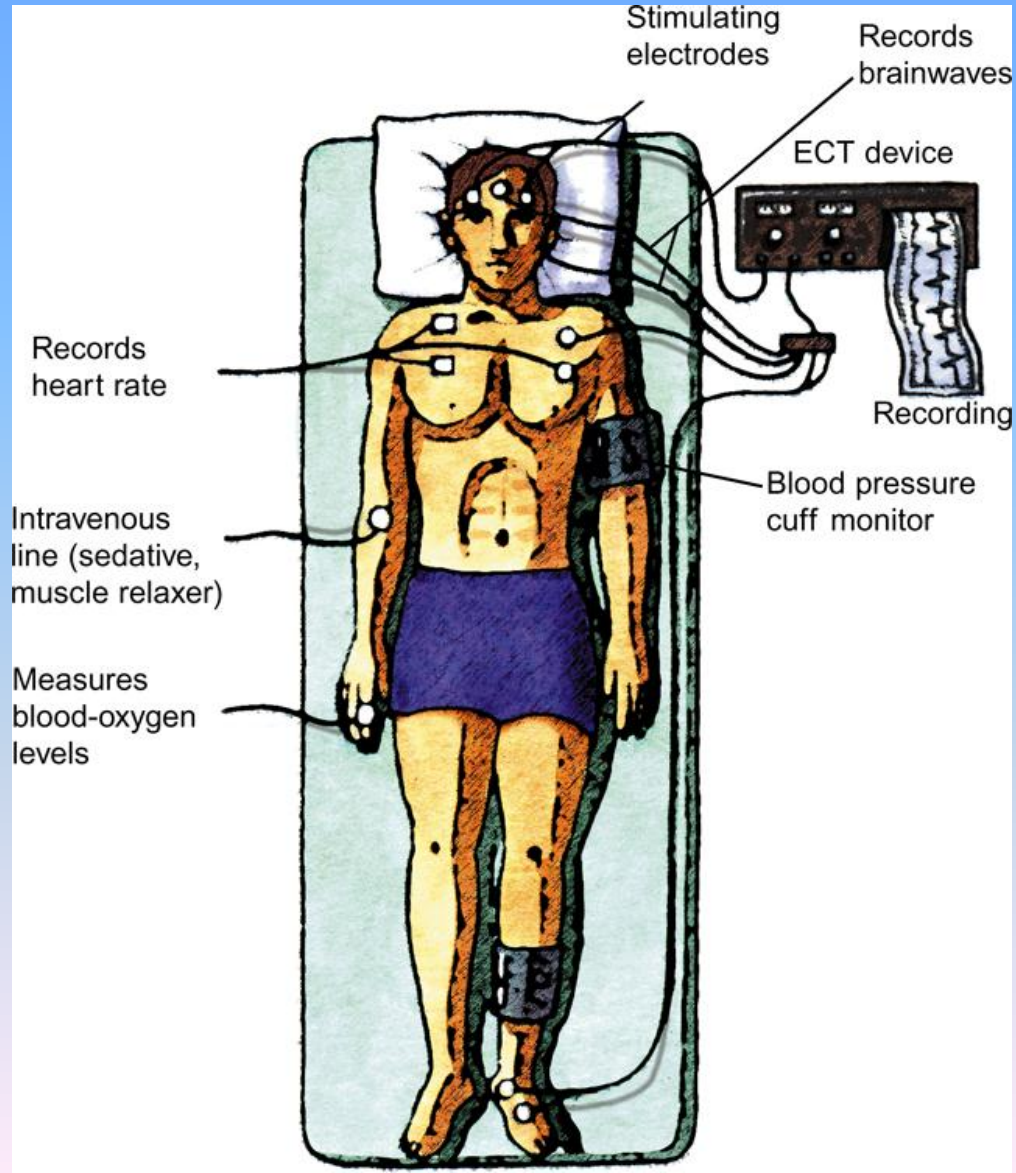
- A therapy for major depression in which a brief electrical current is sent through the brain of an anesthetized patient
- The current causes a convulsion.
- Was preceded by insulin therapy.
- Sometimes called “shock therapy.”

ECT Facts

- Used when antidepressants fail
- Most (80%) patients report improvement
- Side effect is memory loss
- How and why the process works is unknown



ECT



Psychosurgery

Lobotomy

- A form of psychosurgery where the nerves connecting the frontal lobes of the brain to the deeper emotional centers are cut
- Used to try to calm uncontrollably emotional or violent patients
- Regularly done before the advent of antipsychotic drugs
- Rarely used today

Lobotomy

