



Psychological Disorders

What are psychological disorders?

I can..

- ❖ Define psychological disorder
- ❖ Explain the difference between normality and abnormality, citing examples of each.

What are psychological disorders?

- ❖ It is often difficult to draw the line between normal and abnormal.
- ❖ Behavior that some people deem “normal” may seem quite abnormal to others.
- ❖ Prophet example from book...

What are psychological disorders?


- Just because a person is different does not mean they are suffering from a mental illness.
- At times, going along with the crowd can be self-destructive.
- A teen using cocaine because their friends do, has problems.


What are psychological disorders?

- How do psychologists distinguish normal from abnormal, then?
- We will look at three common ways to look at defining abnormality: deviance, adjustment, and psychological health.
- Then we will look at legality and criticism of all these models

Deviance


- One approach to defining abnormal is to say that whatever MOST people do is normal.
- Abnormality, is then, deviation from the average or majority.

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- Things that are normal:
 - Bathing periodically
 - Grieving over a loved one
 - Wearing warm clothes in the cold
 - Things that are abnormal:
 - 10 showers in one day
 - Laughing when a loved one dies
 - Wearing bathing suits in the snow

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- The deviance approach has severe limitations.
 - If most people cheated on their taxes, would that make honest people abnormal?
 - If most people are noncreative, was Shakespeare abnormal?
 - What about members of the polar bear club?
 - What about different cultural norms?


Is this deviant?





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- Because the majority is not always right or best, deviance approaches to defining abnormality is not, by itself, a useful standard to use.

Adjustment

- The second way people are judged for mental illness is by whether or not they can get along in the world – physically, emotionally, and socially.
- Abnormal people fail to adjust to the world.


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- People who do not adjust may have problems feeding and clothing themselves, holding a job, finding friends and living by societies rules.


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- Examples:
 - Too unhappy to eat
 - So lethargic they cannot work
 - Too much anxiety around people
 - Not all people with disorders are violent, destructive or isolated.
 - Sometimes behavior only *seems* normal.


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- Also, remember that behavior that is acceptable in one society may not be acceptable in another.
 - Women covering their faces in public (norm in Muslim societies, not a norm in Western societies)
 - Not staring at people you don't know (staring is considered rude in US, but perfectly normal in other societies)
 - Kissing someone on the cheek when you meet them (not mandatory, but still a norm in Latino cultures; not a norm in US)
 - Men kissing a woman's hand when they are introduced to her (not a norm in US, a norm in other countries)
 - Knowing your neighbors well (not a norm in US, a norm in other countries)
 - Nose-rubbing as a form of greeting (norm in Alaska, not a norm in other countries)


Psychological Health


- The terms mental health and mental illness suggest that a psychological abnormality is a physical sickness, like the flu.
- Some people agree with this and some do not. However, there are standards to be considered both physically healthy as well as mentally.


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- Some psychologists believe that a psychologically healthy person is one who is functioning ideally, or striving to.
 - Jung and Maslow called this self-actualization, or accepting and expressing one's own individuality and humanness.

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- Problems with this include:
 - How can you tell when someone is doing their best?
 - What are the signs that they are struggling?
 - Who determines if they are doing a good job of actualizing?

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- Thomas Szasz spoke out in the 1960's that labeling someone as “mentally ill” just because their behavior is odd is cruel and irresponsible.
 - He believed these people had serious conflicts with the world around them.

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- Szasz argued that people that we call mentally ill are not “ill”, and we don’t allow them to be responsible for their own behavior.
 - This view of Szasz’ is not a popular view.

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- What is agreed upon is that we must be very careful what is judged to be “mentally ill”.
 - Just because someone acts in a way we don’t understand doesn’t mean there is a problem.

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- Keep in mind that mild psychological disorders are common.
 - Only when a problem is severe enough to disrupt everyday life it is thought of as an abnormality or illness.

Classification Problems

- Problems with classifying disorders:
 - Causes and symptoms are not clear cut
 - Breakdowns and cures are not obvious
 - Medical model does not work the same on mental disorders the same as physical disorders.

Classification


- 1952
- APA
- Standard system for diagnosing abnormal symptoms
- *Diagnostic and Statistical Manual of Mental Disorders*
- *DSM revised four times*
- *DSM – V is due for pub. In May 2013*

Classification

- Between the DSM – II and DSM – IV, a major shift in thinking occurred.
- Before 1980 the 2 most common diagnoses were neurosis and psychosis.
- Now more specific categories: anxiety, somatoform, dissociative, and mood disorders, and schizophrenia


DSM categories


- Within each new category of the DSM are descriptions
 - Essential features
 - Characteristics that define the disorder
 - Associated features
 - Features that are usually present
 - Differential diagnosis
 - How to distinguish disorder from others
 - Diagnostic criteria
 - List of symptoms in order to be labeled


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- More specifics in the DSM reduce the chances that patients will be classified differently by different doctors.
 - The DSM – III and IV also allow for diagnosing more than one label by using 5 major dimensions, or axes.


DSM


- The 5 axes each reflect a different aspect of the patient's case.
 - *Axis I is used to classify current symptoms into explicitly defined categories. These categories range from disorder usually first evident in infancy, childhood and adolescence to substance – abuse disorders, to schizophrenia.*


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- Axis II –
 - *Describes developmental disorder and long – standing personality disorders or maladaptive traits, such as compulsiveness, over-dependency, or aggressiveness.*
 - *Also used for specific disorders in children and adolescents.*
 - *Language disorders, reading or writing difficulties, autism, mental retardation, and speech problems*

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- A person can have a disorder on both Axis I and II.
 - An adult may be treated for depression on Axis I and compulsive personality on Axis II.
 - A child may have a conduct disorder on Axis I and a language disorder on Axis II.

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- Axis III –
 - *Used to describe physical disorders or medical conditions that are potentially relevant to understanding or managing the person. In some cases, a physical disorder such as brain damage or a chemical imbalance may be causing the syndrome diagnosed on either Axis I or II.*

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- Axis IV –
 - *A measurement of the current stress level at which the person is functioning. The rating of stressors is based on what the person has experienced within the past year.*

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- **Axis IV –**
 - *Used to describe the highest level of adaptive functioning present within the past year. Adaptive functioning refers to three areas:*
 - *Social relations - relationships*
 - *Occupational functioning – quality and work accomplished*
 - *Leisure time – hobbies and the degree of involvement and pleasure the person gets*

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- The 5 part diagnosis helps discover connections among disorders and other factors like stress and physical illness.

Negatives of diagnoses


- “Labels” a person
- Can reduce self-esteem
- Affects how others regard a person
- Many people over time develop disorders listed in the DSM, but many are temporary.
- Many people are not very different from anyone else.


Anxiety Disorders


- I can...
 - Identify the behavioral patterns that are used to diagnose anxiety disorders.
 - Explain what causes anxiety disorders.

Anxiety Disorders

- Anxiety is a general state of dread or uneasiness that is a response to a real or imagined danger.
- People with anxiety disorders suffer from feelings that are out of proportion to the situation.
- 15% of the pop. will deal with this.


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- These disorders share characteristics, such as anxiety, inadequacy, and avoidance of problems, unrealistic self image, sudden mood swings, constant worrying, and a variety of physical symptoms (headaches, sweating, fatigue, weakness, and muscle tightness).


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- Anxious people often have problems forming stable and satisfying relationships.
 - Have problems giving up their behaviors that do not work, and have self-defeating and ineffective problem solving techniques.


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- In the DSM – IV, the anxiety disorders that are categorized are: general anxiety, phobic disorders, panic disorder, obsessive – compulsive disorder, and post-traumatic stress disorder.

Generalized Anxiety

- Anxiety is a vague apprehension or feeling that one is in danger.
- This can grow into a panic attack (choking sensation, chest pain, dizziness, trembling, hot flashes).
- Unlike fear, anxiety is a reaction to vague or imagined dangers.


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- Some people have a continuous anxiety, all the time.
 - Neglect relationships, outside life, and become more anxious, becoming trapped in a cycle.


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- Physical symptoms can go along with anxiety, too.
 - Muscle tension, furrowed brow, poor appetite, indigestion, loss of sleep, etc.

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- Causes of anxiety
 - Stress
 - Avoid stress, gain anxiety
 - Heredity
 - Environment
 - Trauma
 - Major life change
 - Modern life uncertainties
 - Job
 - Social

Phobic Disorder


- When anxiety is focused on a object, activity, or situation that seems out of proportion it is called phobic disorder or phobia.
- Phobias may be classified as specific, social, and agoraphobia.

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- A specific phobia is focused on a certain object or situation.
 - Heights, small spaces, darkness, etc.
 - A social phobia victim fears that they will embarrass themselves in public.
 - Speaking, using restrooms, eating
 - Agoraphobia is fear of being in a public place. May not leave home

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- Phobias range from mild to severe.
 - Most people avoid the object of their phobia.
 - One treatment of phobias involves using opportunities to experience the feared object in otherwise safe conditions.


Panic Disorder


- An anxiety disorder that shows up as panic attacks.
- Panic: sudden, helpless terror.
- Person may feel like they may die.
- Most last for minutes, can last 60+

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- Panic disorder can be inherited, in part.
 - It may be the caused by a stressful event and the body wrongly interprets the bodies physiological arousal.

Obsessive – Compulsive


- A person suffering acute anxiety may find themselves dwelling on the same thoughts repeatedly.
- An uncontrollable pattern of thoughts is called obsession.
- Repeatedly performing the same irrational actions is compulsion.


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- The neurotic person may have both obsession and compulsion together and have OCD.
 - Washing hands 20-30 times a day
 - Avoiding sidewalk cracks
 - Thoughts of death
 - Everyone has these, but they may not be a problem if not interfering with living a normal life.

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- Why do some people have OCD?
 - Provide diversions, may reduce anxiety, give person evidence they are doing something well.
 - OCD runs in families
 - People do realize they are irrational, but cannot stop.

Post-traumatic stress

- A person suffering from this has experienced a traumatic event and feels long and severe effects.
 - Natural disasters
 - Aggression victims
 - Unnatural catastrophes
 - Plane crashes, etc.
 - War

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- PTSD: the event overwhelms the persons normal sense of reality and ability to cope.
 - May begin right after event or later
 - Symptoms: flashbacks to event, nightmares, guilt, insomnia

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- Victims of PTSD need social support and help dealing with the trauma and psychological aftereffects

Somatoform & Dissociative


- I CAN...
 - Identify the behavior patterns that psychologists label as somatoform disorders.
 - Describe the symptoms of dissociative disorders.


Somatoform disorders

- Disorders characterized by physical symptoms brought on by psychological distress (no real physical reason for symptoms).
- Somatoform disorders used to be called hysteria.
- 2 kinds:
 - Conversion disorders
 - hypochondriasis

Conversion disorders


- Conversion disorders change the emotional difficulties into the loss of a biological function.
- Loss of function is real, no physical reason is present
- It is persistent past sudden fright

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- A conversion disorder is a real and prolonged handicap.
 - Accepting condition with relative calm is called la belle indifference.

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- Some psychologists believe that patients unconsciously invent physical symptoms to escape unbearable conflict.
 - Loss of speech, body paralysis, etc. are common losses, but conversion disorder themselves are rare.


Hypochondriasis


- A person who is in good health becomes occupied with imaginary ailments.
- Person may spend lots of time looking up symptoms, signs and misinterpret slight ailments.


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- Hypochondriacs believe ailments exist even through medical test may be negative.
 - Most common in young adulthood
 - Occurs when person represses emotions and expresses them symbolically in physical symptoms.


Dissociative Disorders


- All of us have had simple dissociative disorders, such as daydreaming and not hearing a friend say your name, for example.
- A dissociative disorder occurs when a person experiences alterations in memory, identity or consciousness.


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- Although dissociative disorders are very rare, people find them fascinating.
 - Amnesia
 - Multiple personalities


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- Memory loss with no biological reason is called dissociative amnesia.
 - Thought to be a way to escape problems completely.


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- Amnesiacs remember how to speak and their general knowledge, but not who they are, where they work, live, or their family.
 - Often results from a traumatic event.
 - Not the same as other amnesias.


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- Dissociative fugue is another type of amnesic event.
 - A person experiences amnesia with a change in environment.
 - A woman may disappear and “wake up” 3 days later in a restaurant 200 miles from home.


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- Dissociative fugue states may last days or decades and everything in between.
 - The old life may be completely forgotten, and the person may take on a whole new life and identity.

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- When the person comes out of the amnesia, they will have no memory of the time they spent experiencing amnesia.
 - It is believed that it serves the same purpose, escaping conflict or anxiety, but is a type of travelling amnesia.

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- Dissociative Identity disorder, formerly known as multiple personality disorder, is when a person exhibits two or more personality states.
 - Each personality has its own patterns of thinking and behaving.

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- These different personality states may take control at different times.
 - This is thought to occur because the person wants to escape a part of themselves that they fear. By dividing up the self, they escape.
 - The “secret self” comes as a separate personality.

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- DID is extremely rare.
 - Eve White (Eve Black, and Jane)
 - Chris Costner Sizemore
 - Sybil Dorset
 - While fascinating, it is rare and controversial


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- People diagnosed with this usually have suffered severe physical, psychological or sexual abuse in childhood.
 - They dissociate themselves from such stressors by forgetting them selectively, reducing their anxiety.


Schizophrenia & Mood Disorders


- I can...
 - Describe the disorder of schizophrenia
 - Describe several theories that try to explain mood disorders.


Schizophrenia

- Defined by a group of disorders described by confusion and disconnected thoughts, emotions, and perception.
- Most likely the most complex and severe psychological problem

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- Schizophrenia involves problems with cognition, emotion, perception and motor functions.
 - Odds are about 1/100 world-wide, or 1/10 if it is already in the family.


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- Schizophrenia is not a single problem, and has no simple cause or cure.
 - When compared to other mental illness, it has been said that others dream about an unreal way of life, while the schizophrenic *lives* life as the unreal dream

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- Many schizophrenics experience delusions and hallucinations.
 - Delusions – false beliefs in the face of contrary evidence.
 - Hallucinations – perceptions without sensation.

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- Other symptoms:
 - Incoherence – decline in thought processes
 - Increased speed of speech – word salad
 - Disturbances of affect – inappropriate emotions
 - Deterioration in normal movement – slowed, agitated behavior
 - Decline in functioning in daily life
 - Diverted attention – perhaps brought by cognitive flooding


Types of Schizophrenia


- Paranoid
 - Delusions of grandeur or persecution
- Catatonic
 - Remaining motionless for periods of time
- Disorganized
 - Incoherent, hallucinations, inappropriate giggling and other emotions, delusions
- Remission
 - Symptoms are gone or not severe, expected to return
- Undifferentiated – not assigned a type


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- Schizophrenia is very complex and usually requires hospitalization.
 - Can lead to *burn out*, or the loss of being able to ever return to society
 - Although remission is possible, there is no cure, and the symptoms will return.


Causes

- There are many theories for the causes of schizophrenia.
- Biological
- Biochemistry and physiology
- Family and interactions

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- Biological influence
 - General population risk is 1%
 - Those with heredity is 10%
 - However, if one twin is afflicted, 42% chance for the other – shows more than just heredity.
 - More studies have been done, lends to higher risk if in family, but not definite

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- Biochemistry
 - Chemical problems – too much or too little
 - Dopamine hypothesis – too much dopamine at some synapses
 - Not proven
 - CAT/MRI – show signs of deteriorated brain tissues
 - Link to difficult pregnancy and birth?

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- Family and interaction
 - Studies show that families of people who later develop schizophrenia are often on the verge of falling apart.
 - Family organizes themselves around the maladaptive behavior of person
 - Communication seems disorganized in family life of those who later develop schizophrenia


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- Which theory is correct?
 - Each may be possibly true to some extent.
 - Diathesis-hypothesis – individual may have inherited a predisposition to schizophrenia, but environment determines whether it develops

Mood Disorders

- We all have mood swings, but they usually pass.
- In mood disorders, moods are more intense, last longer, and prevent a person from functioning effectively; the mood may cause a loss of touch with reality and threaten health and lives.

Major Depressive Disorder

- Severe form of depression that interferes with functioning, concentration, and mental and physical well-being.
- Lasts minimum of 2 weeks, cannot be linked to bereavement.

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- Symptoms include:
 - Problems eating, sleeping, thinking, concentrating or making decisions.
 - Lacking energy
 - Thinking about suicide
 - Feeling worthless
 - Feeling guilty


Bipolar Disorder


- Disorder in which a person alternates between feelings of euphoria and depression.
- Has phases
 - Manic
 - Depressive



- Manic phase

- Person has elation, extreme confusion, distractibility, high self-esteem, and may behave irresponsibly.
- May need less sleep, seem optimistic, in touch with reality, and have high activity levels accompanied by an increase in talking and volume.
- Not always recognizable – happy/hyper

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- Depressive phase –
 - Feelings of failure, worthlessness, sinfulness, despair.
 - Person is lethargic, unresponsive, or unreachable.
 - Phases can alternate phases, or have times of relative normality.

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- Some believe manic periods serve to ward off hopelessness of depressive periods.
 - Others mania is biochemical disorder linked to depression.

Seasonal Affective Disorder

- Deep depression in the midst of winter.
- Spirits lift with arrival of spring.
- Sleep and eat excessively during depressive bouts.
- Melatonin may play a role
 - Less light in winter – more melatonin
 - Can be treated with bright lights


Explaining Mood Disorders

- Some psychological factors that contribute to mood disorders
 - Self-esteem (low)
 - Social support
 - Ability to deal with stress



- Theories

- Aaron Beck – depressed people draw illogical conclusions about themselves. They blame themselves for normal problems and every minor failure a catastrophe.
- Martin Seligman – depression is learned helplessness. The person learns to believe that they have no control over life and its useless to try.


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- Other theories
 - Neurotransmitters
 - Genetic factors
 - Brain structure and function
 - Interaction of the above...


Suicide and Depression

- Not all people who commit suicide are depressed, and not all depressed people are suicidal.

Some reasons

- Physical pain
- Emotional pain
- Terminal illness
- Loneliness
- End torment of unacceptable feelings
- Punish themselves for wrongs
- Punish others for not meeting their needs
- Many times we don't know why people commit suicide.

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- Statistic show that an American ends their own life about every 16 minutes.
 - More women than men
 - More common in elderly
 - 2nd cause among college students


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- Studies show people who threaten usually are serious.
 - 70% of people who kill themselves threatened previously.
 - Unsuccessful attempts are sometimes trial runs.

Personality Disorders and Drug Addiction

- I can...
 - Describe how personality disorders differ from other psychological disorders.
 - Explain how drug abuse is a psychological problem.


Personality disorders


- Maladaptive or inflexible ways of dealing with others and one's environment.
- No anxiety, no bizarre, incomprehensible behavior.
- Problem is that they cannot establish meaningful relationships, assume responsibilities, or adapt socially.


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- There is a wide range of personality patterns in this category.
 - Painfully shy
 - Vain
 - Pushy show-offs
 - Used to be referred to as sociopaths or psychopaths.

Antisocial personality

- Personality disorder characterized by irresponsibility, shallow emotions, and lack of conscience.
- Disregard others rights and treat them like objects.
- Live for the moment


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- Antisocial personalities do not worry about breaking social rules, feel no shame or guilt, and they are not affected by jail, punishment or whether they profit or not.
 - Intelligent, entertaining, and able to fake emotions


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- They win affection and confidence from others and then take advantage of them.
 - Hugh Johnson quote from book


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- Theories
 - Imitate antisocial parents
 - Lack of discipline or inconsistent discipline
 - Faulty nervous system
 - Those with antisocial personalities never learn to anticipate punishment, and are calm when committing antisocial acts.


Drug Addiction


- drug abuse is a major psychological problem.
- Because people will hurt themselves physically, socially, and psychologically due to a dependence on drugs, it is covered in the DSM.


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- Abuse of drugs involves a psychological dependence, or the fact that people feel nervous or anxious without the drug.
 - Some include: caffeine, nicotine, cocaine, marijuana, and amphetamines.
 - When deprived, they can become restless, irritable and uneasy.


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- Other times the person becomes physiologically addicted.
 - Addiction is a pattern of abuse characterized by an overwhelming and compulsive desire to obtain and use the drug.
 - The drugged state becomes the normal state.

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- If the drug is not in the body, the person experiences extreme discomfort.

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- Just as dependence causes a psychological need, addiction causes a physical need.
 - Once a person is addicted, they can develop a tolerance; or a need to increase the dosage to obtain the “high” that earlier doses achieved.


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- Tolerance can cause a person to use dangerous levels of drugs to retain a semblance of physical and psychological balance.
 - High doses can lead to terrible withdrawal symptoms and death.


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- Withdrawal is the symptoms that occur after a person discontinues a drug which he/she has become addicted.
 - Withdrawal symptoms vary from person to person and from drug to drug.


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- Some common symptoms of withdrawal include:
 - Nausea
 - Shakes
 - Hallucinations
 - Convulsions
 - Coma
 - death


Alcoholism


- The most serious drug problem in the US.
- Begins early in life
- 50% of deaths in car accidents are due to alcohol

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- Lowers inhibitions
 - Talkative, playful, giggly, relaxed
 - Actually a depressant!
 - Increases drinks slowly shuts down psychological and physiological functions.

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- Perceptions and sensations become distorted.
 - Person may weave and stumble
 - Speech becomes slurred
 - Reactions become sluggish
 - Enough alcohol and person can become unconscious, enter coma, or die.


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- All of this depends on many factors
 - Weight
 - Body chemistry
 - How much person drinks
 - How fast person drinks
 - Past experiences with drinking
 - Rate at which alcohol enters bloodstream


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- Alcohol produces dependence, tolerance and addiction.
 - There are 3 stages of alcoholism.
 - Drinking relaxes person, reduces tension and social pressure
 - Drink becomes a drug. Person may sneak drinks, have blackouts.
 - Drinks compulsively, starts in AM, health deteriorates, life suffers, sprees

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- Alcoholism can be caused by both environmental and genetic factors.
 - 3-4x higher if a family member is an alcoholic
 - Children raised by alcoholics may be raised in an environment that contributes.

Treatment

- The first step is to help them through withdrawal.
 - Can be violent – delirium tremens
- Psychotherapy and drugs may help.
- AA – alcoholics anonymous

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- Antabuse – chemical that blocks the acetaldehyde from turning into acetic acid.
 - When taken by alcoholics they become violently ill if they drink.
 - There is no permanent cure for alcoholism.

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- The problem with alcoholism is that our society tends to encourage social drinking and tolerate the first stage of drinking.
 - Binge drinking has several definitions, is most prevalent among the young, and is dangerous for several reasons.