Psychological Disorders



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.

- 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

- 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?



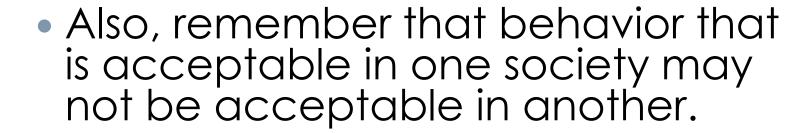
 Because the majority is not always right or best, deviance approaches to defining abnormality is not, by itself, a useful standard to use.

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

- 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.



- 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. Some psychologists believe that a psychologically healthy person is one who is functioning ideally, or striving to.

 Jung and Maslow called this selfactualization, or accepting and expressing one's own individuality and humanness.

- 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?

 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. 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. 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. 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

 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.

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

- 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.

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 11.

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.

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

 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.

 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.

 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. In the DSM – IV, the anxiety disorders that are categorized are: general anxiety, phobic disorders, panic disorder, obsessive – compulsive disorder, and posttraumatic 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. Some people have a continuous anxiety, all the time.

 Neglect relationships, outside life, and become more anxious, becoming trapped in a cycle.

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

- 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.

- 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

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+

 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.

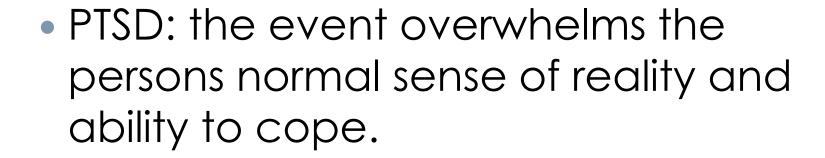
- The neurotic person may have both obsession and compulsion together and have OCD.
 - Washing hands 20-30 times a day
 - Avoiding sidewalk cracks
 - Thoughts of death
- Everyone has these, but they may not be a problem if not interfering with living a normal life.

- 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



May begin right after event or later

 Symptoms: flashbacks to event, nightmares, guilt, insomnia 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 in to the loss of a biological function.

 Loss of function is real, no physical reason is present

It is persistent past sudden fright

 A conversion disorder is a real and prolonged handicap.

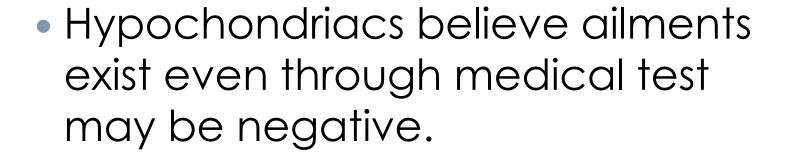
 Accepting condition with relative calm is called la belle indifference. Some psychologists believe that patients unconsciously invent physical symptoms to escape unbearable conflict.

 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.



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.

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

 Memory loss with no biological reason is called dissociative amnesia.

 Thought to be a way to escape problems completely. 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.

 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. 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. 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. 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.

- 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.

DID is extremely rare.

- Eve White (Eve Black, and Jane)
 - Chris Costner Sizemore
- Sybil Dorset

 While fascinating, it is rare and controversial People diagnosed with this usually have suffered severe physical, psychological or sexual abuse in childhood.

 The dissociate themselves from such stressors by forgetting them selectively, reducing their anxiety.



- 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 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. 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

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

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

 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

- 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

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?

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

- 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.

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

- Depressive phase
 - Feelings of failure, worthlessness, sinfulness, despair.
 - Person is lethargic, unresponsive, or unreachable.

 Phases can alternate phases, or have times of relative normality. 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 leans to believe that they have no control over life and its useless to try.

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

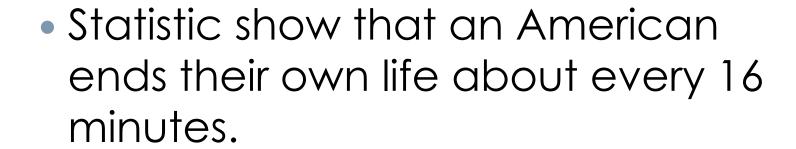
Suicide and Depression

 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.



- More women than men
- More common in elderly
- 2nd cause among college students

 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.

- 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 conscious.

 Disregard others rights and treat them like objects.

Live for the moment

 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 They win affection and confidence from others and then take advantage of them.

Hugh Johnson quote from book



- 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.

- 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.

- 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.

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

- 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

- Lowers inhibitions
 - Talkative, playful, giggly, relaxed

Actually a depressant!

 Increases drinks slowly shuts down psychological and physiological functions.

- 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.



- Weight
- Body chemistry
- How much person drinks
- How fast person drinks
- Past experiences with drinking
- Rate at which alcohol enters bloodstream



- 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

 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

 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. 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.