CHAPTER 12 Psychological Disorders

Enduring Issues

With psychological disorders, what is the relative contribution of a person’s biological or cognitive tendencies and the social situation?

Enduring Issues

Is a young person with a psychological disorder likely to suffer from it later in life?

Enduring Issues

“What is normal?” How has the answer to that question changed over time and how does it differ across cultures?

Enduring Issues

What is the relationship between genetics, neurotransmitters, and behavior disorders?
Perspectives on Psychological Disorders

Main criterion: Whether behavior fosters a sense of unhappiness and lack of well-being.

Main standard of abnormality: Behavior that fails to conform to prevailing ideas about what is socially expected of people.

LEARNING OBJECTIVE: Compare the three perspectives on what constitutes abnormal behavior. Explain what is meant by the statement "Identifying behavior as abnormal is also a matter of degree."

Assess abnormality by looking for:
- Maladaptive personality traits
- Psychological discomfort
- Evidence that behavior prevents person from functioning well in life

Historical Views of Psychological Disorders

• Early societies: Abnormal behavior was often attributed to supernatural powers
• As late as the 18th century: The mentally ill were thought to be witches or possessed by the devil
• Modern times: Three approaches have helped to advance our understanding of abnormal behavior:
  - Biological model
  - Psychoanalytic model
  - Cognitive-behavioral model

Models of Abnormal Behavior

CONTRIBUTIONS
- Advances in neuroscience, neuropharmacology, behavior genetics
- Using neuroimaging to pinpoint regions of the brain involved in certain disorders
- Developing promising new psychoactive drugs
- Increasing understanding of the role played by specific genes in the development of certain disorders

CRITICISMS
- Cannot use neuroimaging to definitively differentiate among the various mental disorders
- Cannot cure most disorders with medications available, can only alleviate symptoms
- May interfere with recognition of psychological causes of behavior

The Biological Model
The Psychoanalytic Model

View that psychological disorders result from unconscious internal conflicts, which can usually be traced to childhood.

**CONTRIBUTIONS**
- Profound influence of Freud and his followers on mental health disciplines, Western culture

**CRITICISMS**
- Only supported by weak and scattered scientific evidence

The Cognitive Behavioral Model

View that psychological disorders result from learning maladaptive ways of thinking and behaving.

**CONTRIBUTIONS**
- Has led to innovations in the treatment of psychological disorders

**CRITICISMS**
- Has been criticized for its limited perspective, especially its emphasis on environmental causes and treatments

The Diathesis-Stress Model and Systems Theory

Recent developments emphasize the integration of the various theoretical models.

**Diathesis-stress model**
- People biologically predisposed to a mental disorder will tend to exhibit the disorder when particularly affected by stress.

**Systems approach**
- Biological, psychological, and social risk factors combine to produce psychological disorders.

The Prevalence of Psychological Disorders

**Prevalence:** Frequency with which a given disorder occurs at a given time (see next slide)

**Incidence:** Number of new cases that arise in a given period

Prevalence of Selected Mental Disorders in the United States

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>1.3%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1.1%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>1.0%</td>
</tr>
<tr>
<td>Post-Insomnia/Variable Disorder</td>
<td>1.0%</td>
</tr>
<tr>
<td>Attention Deficit Hyperactive Disorder (ADHD)</td>
<td>6.1%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>4.1%</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>4.1%</td>
</tr>
<tr>
<td>All Mood Disorders</td>
<td>9.5%</td>
</tr>
<tr>
<td>All Anxiety Disorders</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

The Prevalence of Psychological Disorders

Mental Illness and the Law

- A mentally ill person is responsible for his or her crimes unless he or she is determined to be insane.
  - **Insanity:** A legal term, not a psychological one, applied to defendants who do not know right from wrong or are unable to control their behavior
- The person must also be considered competent to stand trial.
LEARNING OBJECTIVE: Explain what is meant by “DSM-IV-TR” and describe the basis on which it categorizes disorders.

DSM-IV-TR: APA’s manual describing and classifying the various kinds of psychological disorders
- Complete list of mental disorders
- Each category defined in terms of significant behavior patterns

Mood Disorders

A person with a mood disorder:
- Can be stuck at one end of the emotional spectrum (consistently excited and euphoric or consistently sad)
- Can alternate between those two extremes

Depression

- Most common mood disorder
- Two forms:
  - Major depressive disorder: Episode of intense sadness, may last for several months
  - Dysthymia: Less intense sadness, but persists with little relief for 2 years or more

Applying Psychology

Recognizing Depression

1. Depressed mood
2. Loss of interest in pleasure
3. Significant weight loss or gain
4. Sleep disturbances
5. Disturbances in motor activities
6. Fatigue
7. Feelings of worthlessness or excessive guilt
8. Inability to concentrate
9. Recurrent thoughts of death

Clinicians make a diagnosis of major depressive disorder according to the DSM-IV-TR, which specifies that at least five of the following symptoms – including at least one of the first two – are present:
Suicide

LEARNING OBJECTIVE: Describe the factors that are related to a person’s likelihood of committing suicide. Contrast the three myths about suicide with the actual facts about suicide.

• Every year in the U.S., approx. one suicide occurs every 17 minutes, making it the 11th leading cause of death.
• Half a million Americans receive hospital treatment each year for attempted suicide.
• Suicide attempt rates have been rising among adolescents and young adults.
• More women attempt suicide; more men complete suicide.
• Suicide rates are higher for older White males.

Gender and Race Differences in the Suicide Rate Across the Life Span

Dangerous Myths about Suicide

MYTH: Only people who are struggling or those who have failed in their careers or in their personal lives kill themselves.
FACT: Many people who kill themselves have prestigious jobs, conventional families, and a good income.

MYTH: Someone who has tried suicide will never try it again.
FACT: A suicidal person will try again, picking a more deadly method the second or third time around.

MYTH: Someone who talks about committing suicide will never actually do it.
FACT: Most people who commit suicide have talked about it.

MYTH: Someone who has been unable to talk about suicide is not serious about it.

Mania and Bipolar Disorder

• Mania: Characterized by:
  – Euphoric states
  – Extreme physical activity
  – Excessive talkativeness
  – Distractedness
  – Sometimes grandiosity

Causes of Mood Disorders

• Biological factors
  – Twin studies / identical twins
  – Variation on the 22nd chromosome
  – Diathesis-stress model / stress hormones

• Psychological factors
  – Cognitive distortions

• Social factors
  – Relationships

Anxiety Disorders
Anxiety Disorders

LEARNING OBJECTIVE: Explain how anxiety disorders differ from ordinary anxiety. Briefly describe the key features of phobias, panic disorders, generalized anxiety disorder, and obsessive-compulsive disorder.

- **Anxiety disorders:** Anxiety is a characteristic feature or the avoidance of anxiety seems to motivate abnormal behavior
  - Specific phobias
  - Panic disorder
  - Other anxiety disorders

Specific Phobias

- **Specific phobia:** An intense, paralyzing fear of something
- **Social phobias:** Excessive, inappropriate fears connected with social situations or performances in front of other people
- **Agoraphobia:** Multiple, intense fears of crowds, public places, and other situations that require separation from a source of security such as the home

Panic Disorder

- **Panic disorder:** Recurrent panic attacks in which the person suddenly experiences intense fear or terror without any reasonable cause

Other Anxiety Disorders

- **Generalized anxiety disorder:** Prolonged vague but intense fears
- **Obsessive-compulsive disorder (OCD):** Disturbing thoughts or senseless rituals
- **Acute stress disorder:** Anxious reaction soon after a stressful event
- **Posttraumatic stress disorder:** Anxious reaction long after a stressful event

Causes of Anxiety Disorders

LEARNING OBJECTIVE: Describe the causes of anxiety disorders.

- Possible causes of anxiety disorders include:
  - Learning
  - Biological predisposition for humans to associate certain potentially dangerous objects with intense fears
  - Heredity
  - Internal psychological conflicts

Psychosomatic and Somatoform Disorders
Psychosomatic And Somatoform Disorders

Psychosomatic disorder: A disorder in which there is real physical illness that is largely caused by psychological factors such as stress and anxiety.

Somatoform disorder: Disorders in which there is an apparent physical illness for which there is no organic basis.

LEARNING OBJECTIVE: Distinguish between psychosomatic and somatoform disorders, somatization disorder, conversion disorder, hypochondriasis, and body dysmorphic disorder. Explain what is meant by the statement that “all physical ailments are to some extent psychosomatic.”

Types of Somatoform Disorders

Psychosomatic disorder: Characterized by recurrent vague somatic complaints without a physical cause.

Conversion disorder: Dramatic, specific disability has no physical cause but instead seems related to psychological problems.

Hypochondriasis: Person interprets insignificant symptoms as signs of serious illness in the absence of any organic evidence of such illness.

Body dysmorphic disorder: Person becomes so preoccupied with his or her imagined ugliness that normal life is impossible.

LEARNING OBJECTIVE: Distinguish between psychosomatic and somatoform disorders, somatization disorder, conversion disorder, hypochondriasis, and body dysmorphic disorder. Explain what is meant by the statement that “all physical ailments are to some extent psychosomatic.”

Dissociative Disorders

LEARNING OBJECTIVE: Explain what is meant by dissociation. Briefly describe the key features of dissociative amnesia, dissociative fugue, dissociative identity disorder, and depersonalization disorder.

Dissociative Disorders

- Dissociative amnesia: Loss of memory for past events without organic cause.
- Dissociative fugue: Separation of the personality into two or more distinct personalities.
- Dissociative identity disorder: Involves flight from home and the assumption of a new identity with amnesia for past identity and events.
- Depersonalization disorder: Essential feature is that the person suddenly feels changed or different in a strange way.

Three Main Types of Sexual Disorders in the DSM-IV-TR

LEARNING OBJECTIVE: Identify the three main types of sexual disorders that are recognized in the DSM-IV-TR.

- Sexual Dysfunction: Loss or impairment of the ordinary physical responses of sexual function.
- Paraphilias: Sexual disorders in which unconventional objects or situations cause sexual arousal.
- Gender-Identity Disorders: Disorders that involve the desire to become, or the insistence that one really is, a member of the other biological sex.
Sexual Dysfunction

- **Erectile disorder (or dysfunction)**: The inability of a man to achieve or maintain an erection.
- **Female sexual arousal disorder**: The inability of a woman to become sexually aroused or to reach orgasm.
- **Sexual desire disorders**: Disorders in which the person lacks sexual interest or has an active distaste for sex.

Sexual Dysfunction in the United States


Paraphilias

- **Fetishism**: A nonhuman object is the preferred or exclusive method of achieving sexual excitement.
- **Voyeurism**: The desire to watch others having sexual relations or to spy on nude people.
- **Exhibitionism**: The compulsion to expose one’s genitals in public to achieve sexual arousal.
- **Frotteurism**: The compulsion to achieve sexual arousal by touching or rubbing against a nonconsenting person in public situations.

Paraphilias (cont.)

- **Transvestic Fetishism**: Wearing the clothes of the opposite sex to achieve sexual gratification.
- **Sexual Sadism**: Obtaining sexual gratification from humiliating or physically harming a sex partner.
- **Sexual Masochism**: The inability to enjoy sex without accompanying emotional or physical pain
- **Pedophilia**: Desire to have sexual relations with children as the preferred or exclusive method of achieving sexual excitement.

Gender-Identity Disorders

- **Gender-identity disorders**: Involve the desire to become, or the insistence that one really is, a member of the opposite biological sex.
- **Gender-identity disorder in children**: Rejection of one’s biological gender in childhood, along with the clothing and behavior that society considers appropriate to that gender.
**What’s Normal?**

Ideas about what’s normal and abnormal in sexual behavior vary with the times, the individual, and, sometimes, the culture. Throughout the late 20th century, as psychologists became more aware of the diversity of “normal” sexual behaviors, they increasingly narrowed their definition of abnormal sexual behavior. Today the DSM-IV-TR recognizes only three main types of sexual disorders: sexual dysfunction, paraphilias, and gender-identity disorders.

– Page 409 (Morris & Maisto)

**Personality Disorders**

**Personality Disorders**

*LEARNING OBJECTIVE: Identify the distinguishing characteristics of personality disorders. Briefly describe schizoid, paranoid, dependent, avoidant, narcissistic, borderline, and antisocial personality disorders.*

- **Schizoid**
  - The person is withdrawn and lacks feelings for others.

- **Paranoid**
  - The person is inappropriately suspicious and mistrustful of others.

- **Dependent**
  - The person is unable to make choices and decisions independently and cannot tolerate being alone.

- **Avoidant**
  - The person’s fears of rejection by others lead to social isolation.

- **Narcissistic**
  - The person is inappropriately suspicious and mistrustful of others.

- **Borderline**
  - The person is inappropriately suspicious and mistrustful of others.

- **Antisocial**
  - The person is inappropriately suspicious and mistrustful of others.
The person has an exaggerated sense of self-importance and needs constant admiration.

Characterized by marked instability in self-image, mood, and interpersonal relationships.

Involves a pattern of violent, criminal, or unethical and exploitative behavior and an inability to feel affection for others.

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Schizophrenic Disorders

LEARNING OBJECTIVE: Describe the common features in all cases of schizophrenia. Explain the difference between hallucinations and delusions. Briefly describe the key features of disorganized, catatonic, paranoid, and undifferentiated schizophrenia.

• Severe disorders in which there are disturbances of thoughts, communications, and emotions
  – Out of touch with reality (psychotic)
  – Hallucinations
  – Delusions

Types of Schizophrenic Disorders

Bizarre and childlike behaviors are common

Disorganized

Catatonic

Disturbed motor behavior is prominent

Undifferentiated

Paranoid

There are clear schizophrenia symptoms that do not meet the criteria to classify as a specific type of the disorder
Research suggests possible causes:

- A genetic component
- The faulty regulation of the neurotransmitters dopamine and glutamate in the CNS
- Pathology in various structures of the brain
- A form of early prenatal infection or disturbance
- Drug use
- Biological damage
- Family interaction and life stress

Attention-Deficit Hyperactivity Disorder (ADHD)

- Attention-deficit hyperactivity disorder (ADHD):
  - Characterized by:
    - Inattention
    - Impulsiveness
    - Hyperactivity
  - Psychostimulants: Drugs that increase the ability to focus attention in people with ADHD

Autistic Disorder

- Autistic disorder: Characterized by lack of social instincts and unusual motor behavior
- Autistic spectrum disorder (ASD): Used to describe individuals with symptoms that are similar to those seen in autistic disorder, but often less severe
  - Asperger syndrome

Gender Differences

In general, gender differences are less likely to be seen in disorders that have a strong biological component.

Men are more likely to suffer from:
- Substance abuse
- Antisocial personality disorder

Women show higher rates of:
- Depression
- Agoraphobia
- Simple phobia
- Obsessive-compulsive disorder
- Somatization disorder

LEARNING OBJECTIVE: Describe the causes of schizophrenic disorders.

LEARNING OBJECTIVE: Describe the key features of attention deficit hyperactivity disorder and autistic spectrum disorder including the difference between autism and Asperger syndrome.

LEARNING OBJECTIVE: Describe the differences between men and women in psychological disorders including the prevalence of disorders and the kinds of disorder they are likely to experience. Explain why these differences exist. Explain why “it is increasingly important for mental health professionals to be aware of cultural differences” in psychological disorders.
Cultural differences tend to be observed in disorders not heavily influenced by genetic and biological factors.

Many disorders occur only in particular cultural groups:
- Ataque de nervios
- Taijin kyofusho

Prevalence of childhood disorders varies by culture:
- Internalizing vs. externalizing problems

What is Abnormal?
Suppose that you have a close friend or family member that you are concerned about. What factors would be important in determining whether this person’s behavior falls outside the range of “normal”?