

Abnormal Psychology

CHAPTER 14

Psychological Disorders

- ▶ According to psychologists and psychiatrists, **psychological disorders**
 - ▶ Are marked by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior (APA, 2013)
- ▶ Disturbed or dysfunctional thoughts, emotions, or behaviors are maladaptive.



Psychological Disorders

Through the ages, psychologically disordered people have received brutal treatments, including the trephination evident in this Stone Age skull.

Drilling skull holes like these may have been an attempt to release evil spirits and cure those with mental disorders.

Did this patient survive the “cure”?



Psychological Disorders

The medical model

- ▶ 1800s: Search for physical cause of mental disorders and for curative treatments
- ▶ Mental illness diagnosed on basis of symptoms and treated through therapy
- ▶ Credibility gained from recent research in genetically influenced brain abnormalities in brain structure and biochemistry

▶ **The biopsychosocial approach**

- ▶ General approach positing that biological, psychological, and social-cultural factors all play a significant role in human functioning in the context of disease or illness
- ▶ Epigenetics also informs our understanding of disorders

Psychological Disorders

▶ **Diagnostic classification in psychiatry and psychology**

- ▶ Predicts the disorder's future course
- ▶ Suggests appropriate treatment
- ▶ Prompts research into its causes

▶ **Diagnostic and Statistical Manual of Mental Disorders (DSM-5)**

▶ **DSM-5**

- ▶ American Psychiatric Association-Fifth edition
- ▶ Describes disorders and estimates their occurrence

▶ **Changes**

- ▶ Some label changes (e.g., autism spectrum disorder; intellectual disability)
- ▶ New or altered diagnoses (e.g., disruptive mood dysregulation disorder; prolonged bereavement/depression)-some controversial
- ▶ New categories: Hoarding disorder, binge-eating disorder

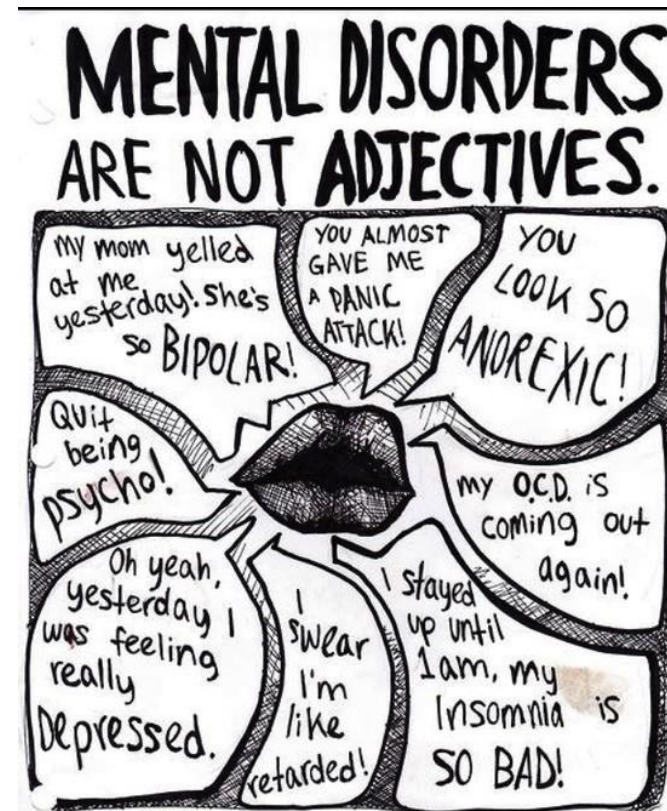
Psychological Disorders

▶ DSM-5 Criticism

- ▶ Antisocial personality disorder and generalized anxiety disorder did poorly on field trials.
- ▶ DSM-5 contributes to pathologizing of everyday life.
- ▶ System labels are society's value judgments.

▶ DSM-5 Benefits

- ▶ System helps mental health professionals communicate and is useful in research



Psychological Disorders

ADHD-Normal High Energy or Disordered Behavior?

▶ **Attention-deficit/hyperactivity disorder (ADHD)**

- ▶ 11 percent of American 4- to 17-year-olds receive this diagnosis after displaying its key symptoms (extreme inattention, hyperactivity, and impulsivity); 2.5 percent have ADHD symptoms.
- ▶ Symptoms can be treated with medication and other therapies.
- ▶ Debate continues over whether normal high energy is too often diagnosed as a psychiatric disorder, and whether there is a cost to the long-term use of stimulant drugs in treating ADHD.

Psychological Disorders

Are People With Psychological Disorders Dangerous?

- ▶ **Mental disorders seldom lead to violence and clinical prediction of violence is unreliable**
 - ▶ When they do, moral and ethical questions about whether society should hold people with disorders responsible for their violent actions are raised
 - ▶ Most people with disorders are nonviolent and are more likely to be victims than attackers

Psychological Disorders

- ▶ **Psychological disorder rates vary, depending on the time and place of the survey.**
- ▶ **Poverty is a risk factor.**
 - ▶ Conditions and experiences associated with poverty contribute to the development of psychological disorders.
 - ▶ But some disorders, such as schizophrenia, can drive people into poverty.

Psychological Disorder	Percentage
Generalized anxiety disorder	3.1
Social anxiety disorder	6.8
Phobia of specific object or situation	8.7
Depressive disorders or bipolar disorder	9.5
Obsessive - compulsive disorder (OCD)	1
Schizophrenia	1.1
Posttraumatic stress disorder (PTSD)	3.5
Attention-deficit/hyperactivity disorder (ADHD)	4.1

Anxiety Disorders, OCD, and PTSD

Anxiety disorders are marked by distressing, persistent anxiety or maladaptive behaviors that reduce anxiety.

Generalized anxiety disorder

- ▶ Person is continually tense, apprehensive, and in a state of autonomic nervous system arousal

Panic disorder

- ▶ Person experiences sudden episodes of intense dread and often lives in fear of when the next attack might strike
 - ▶ marked by unpredictable, minutes-long episodes of intense dread in which a person experiences terror and accompanying chest pain, choking, or other frightening sensations. Often followed by worry over a possible next attack.

Phobias

- ▶ Person experiences a persistent, irrational fear and avoidance of a specific object, activity, or situation

Anxiety Disorders, OCD, and PTSD

▶ Obsessive-compulsive disorder (OCD)

- ▶ Characterized by persistent and repetitive thoughts (obsessions), actions (compulsions), or both
- ▶ Occurs when obsessive thoughts and compulsive behaviors interfere with everyday life and cause distress
- ▶ Is more common among teens and young adults than older people

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

Anxiety Disorders, OCD, and PTSD

▶ **Post traumatic stress disorder (PTSD)**

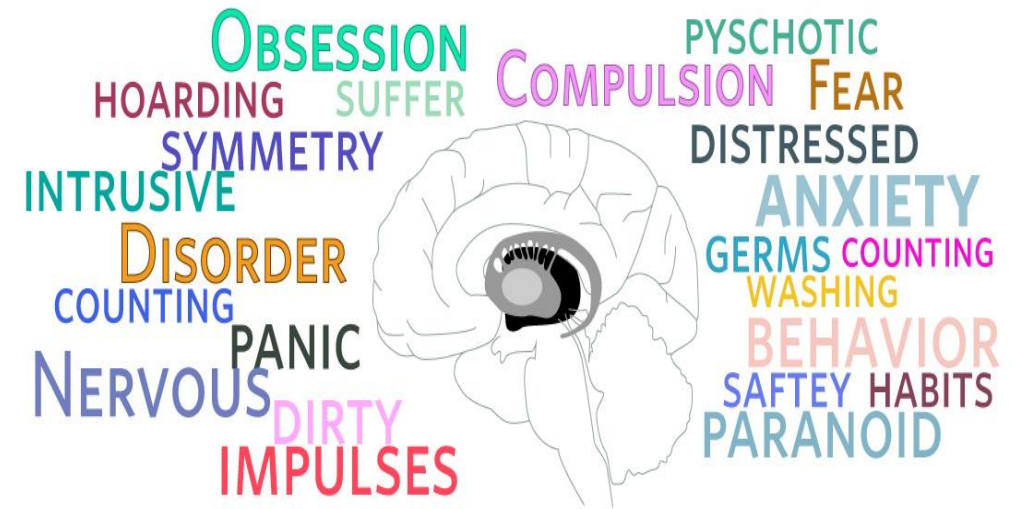
- ▶ Is disorder characterized by haunting memories, nightmares, social withdrawal, jumpy anxiety, numbness of feeling, and/or insomnia lingering for four weeks or more after a traumatic experience
- ▶ Often involves battle-scarred veterans (7.6 percent of combatants; 1.4 of noncombatants) and survivors of accidents, disasters, and violent and sexual assaults (two-thirds of prostitutes)
- ▶ Has higher risk for women

Anxiety Disorders, OCD, and PTSD

Understanding Anxiety Disorders, OCD, and PTSD

► Conditioning

- **Classical conditioning** research helps explain how panic-prone people associate anxiety with certain cues.
- **Stimulus generalization** research demonstrates how a fearful event can later become a fear of similar events.
- **Reinforcement** (operant conditioning) can help maintain a developed and generalized phobia.



Anxiety Disorders, OCD, and PTSD

Understanding Anxiety Disorders, OCD, and PTSD

► Cognition

- **Observing others** can contribute to development of some fears.
 - Olsson and colleagues: Wild monkey research findings
- **Interpretations and expectations** shape reactions.
 - Hypervigilance

THE NATION'S TOP TEN PHOBIAS

- 1 Arachnophobia – spiders
- 2 Social phobia – social or public situations
- 3 Aerophobia – flying
- 4 Agoraphobia – open or public spaces
- 5 Claustrophobia – enclosed spaces
- 6 Emetophobia – vomiting
- 7 Acrophobia (vertigo) – heights
- 8 Cancerphobia – developing cancer
- 9 Brontophobia – thunderstorms
- 10 Necrophobia – death (your own and others')



Anxiety Disorders, OCD, and PTSD

Understanding Anxiety Disorders, OCD, and PTSD

▶ **Biology**

- ▶ **Genes:** Genetic predisposition to anxiety, OCD, and PTSD
- ▶ **The brain:** Trauma linked to new fear pathways, hyperactive danger detection, impulse control and habitual behavior areas of brain
- ▶ **Natural selection:** Biological preparedness to fear threats-easily conditioned and difficult to extinguish

Depressive Disorders and Bipolar Disorder

Major depressive disorder	Persistent depressive disorder	Less common condition of bipolar disorder
Person experiences two or more weeks with five or more symptoms, at least one of which must be either (1) depressed mood or (2) loss of interest or pleasure	Person experiences mildly depressed mood more often than not for at least two years, along with at least two other symptoms.	Person experiences not only depression but also mania—impulsive behavior.

Psychology

Depressive Disorders and Bipolar Disorder

- ▶ **Findings that any theory of depression must explain**
 - ▶ Behaviors and thoughts change with depression.
 - ▶ Depression is widespread.
 - ▶ Women's risk of major depression is nearly double men's.
 - ▶ Most major depressive episodes end on their own.
 - ▶ Stressful events related to work, marriage, and close relationships often precede depression.
 - ▶ With each new generation, depression is striking earlier in life and affecting more people.

Depressive Disorders and Bipolar Disorder

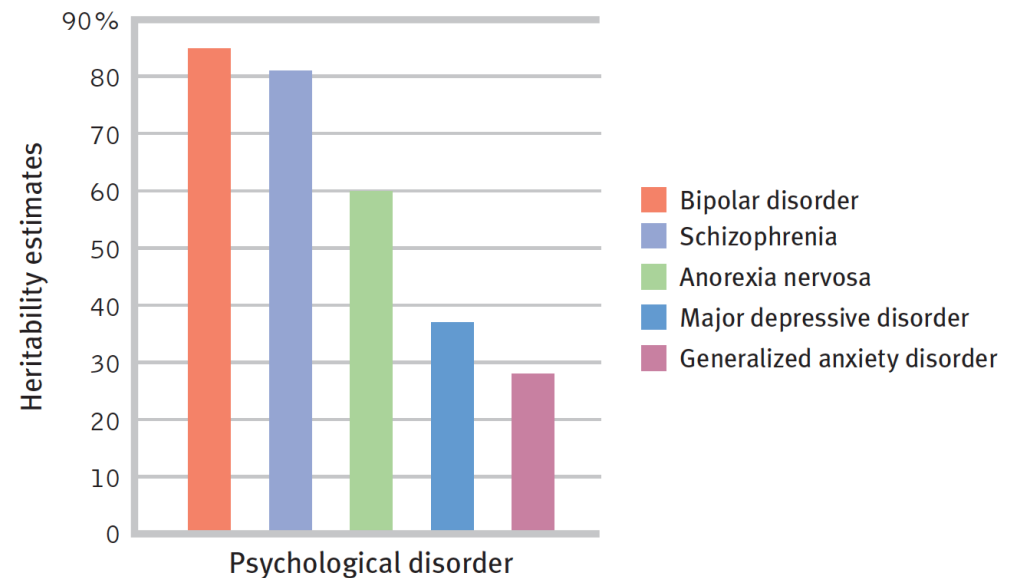
▶ **The depressed brain**

- ▶ Brain activity slows during depression
- ▶ Left frontal lobe less active
- ▶ Scarcity of norepinephrine and serotonin

- ▶ Depressive disorders and bipolar disorder run in families. Heritability estimated at 37 percent; linkage analysis suggests many genes work together to produce a mosaic of small effect which interact with other factors and increase risk.
- ▶ Diminished brain activity occurs during depression and is more active during manic periods; other brain differences have been found.
- ▶ Neurotransmitter systems influence depressive and bipolar disorder: norepinephrine and serotonin gene
- ▶ Diets associated with inflammation and excessive alcohol use correlates with depression.

Depressive Disorders and Bipolar Disorder

- ▶ Risk increases if family member has disorder
- ▶ Twin studies data estimated heritability of major depression at 37 percent
- ▶ Linkage analysis points to “chromosome neighborhood”
- ▶ Many genes work together and produce interacting small effects that increase risk for depression



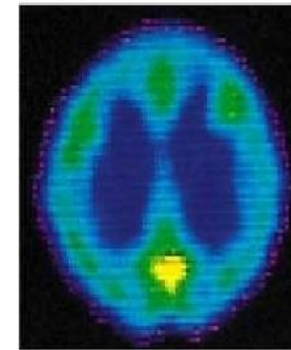
Depressive Disorders and Bipolar Disorder

The Ups And Downs of Bipolar Disorder

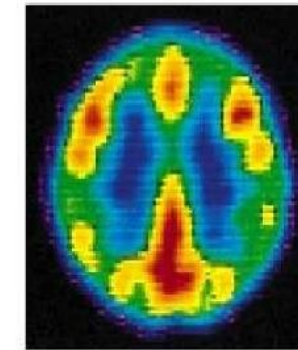
- ▶ PET scans show that brain energy consumption rises and falls with the patient's emotional switches. Red areas are where the brain is using energy most rapidly.
- ▶ During depression
 - ▶ Brain activity slows during depression
 - ▶ Left frontal lobe less active
 - ▶ Scarcity of norepinephrine and serotonin



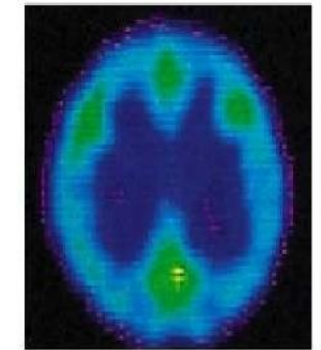
Bipolar Brain



Depressed state
(17-May-83)



Manic state
(18-May-83)



Depressed state
(27-May-83)



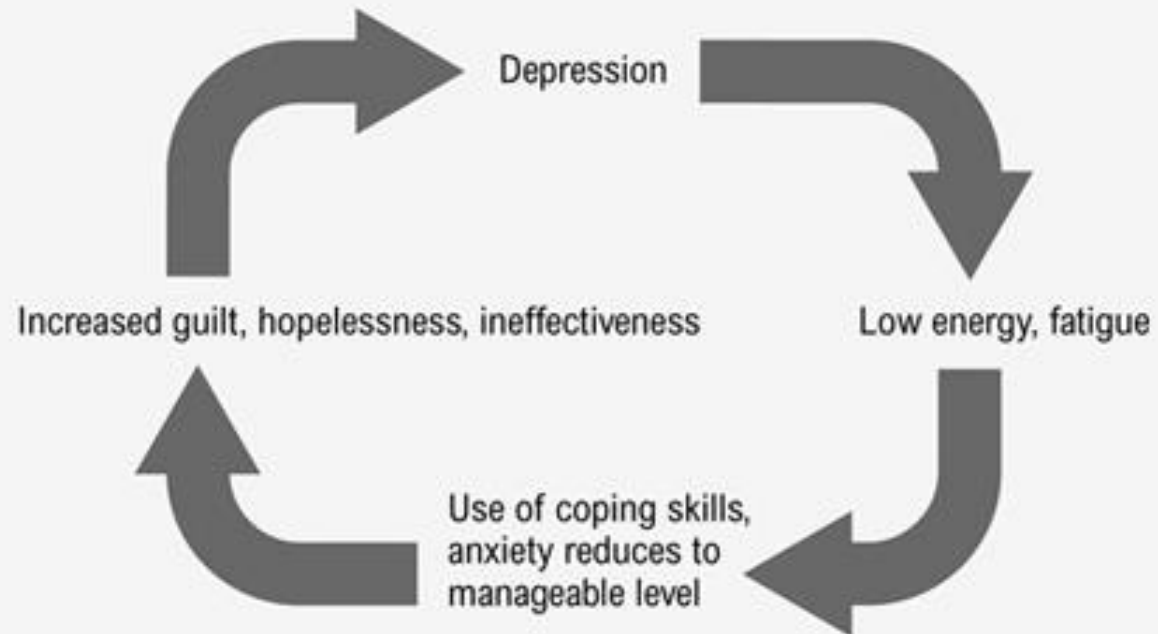
Depressive Disorders and Bipolar Disorder

▶ **Social-cognitive perspective**

- ▶ Explores how people's assumptions and expectations influence their perceptions:
- ▶ Self-defeating beliefs and negative explanatory style contribute to cycle of depression
- ▶ Views depression as an ongoing cycle of stressful experiences (interpreted through negative beliefs, attributions, and memories) leading to negative moods and actions and fueling new stressful experiences

Depressive Disorders and Bipolar Disorder

The vicious cycle of depression



Depressive Disorders and Bipolar Disorder

▶ **Suicide**

- ▶ Involves 1 million people worldwide; higher risk with diagnosis of depression but may occur with rebound
- ▶ Is more likely to occur when people feel disconnected from or burden to others

- Only 1 in 25 attempts successful
- They may engage in NSSI (non suicidal self injury) to
 - ▶ • gain relief from intense negative thoughts through the distraction of pain.
 - ▶ • ask for help and gain attention.
 - ▶ • relieve guilt by self-punishment.
 - ▶ • get others to change their negative behavior (bullying, criticism).
 - ▶ • fit in with a peer group.

13-15 Why do people attempt suicide, and why do some people injure themselves?

Schizophrenia

▶ **Definition**

- ▶ Psychological disorder characterized by delusions, hallucinations, disorganized speech, and/or diminished, inappropriate emotional expression

▶ **Symptoms**

- ▶ Disturbed perceptions
- ▶ Disorganized thinking and speech
- ▶ Diminished and inappropriate emotions and actions

Schizophrenia

- ▶ **Chronic schizophrenia** (also called process schizophrenia)
 - ▶ Form of schizophrenia in which symptoms usually appear by late adolescence or early adulthood
 - ▶ As people age, psychotic episodes last longer and recovery periods shorten.
- ▶ **Acute schizophrenia** (also called reactive schizophrenia)
 - ▶ Form of schizophrenia that can begin at any age, frequently occurs in response to an emotionally traumatic event, and has extended recovery periods

Schizophrenia

- ▶ When schizophrenia is slow to develop (**chronic/process**) recovery is doubtful. Such schizophrenics usually display negative symptoms.
- ▶ Schizophrenics have inappropriate symptoms (hallucinations, disorganized thinking, deluded ways) that are not present in normal individuals (**positive symptoms**).
- ▶ When schizophrenia rapidly develops (**acute/reactive**) recovery is better. Such schizophrenics usually show positive symptoms.
- ▶ Schizophrenics also have an absence of appropriate symptoms (apathy, expressionless faces, rigid bodies) that are present in normal individuals (**negative symptoms**).

Schizophrenia

Different types of schizophrenia:

1. **Paranoid** – Delusions & hallucinations
2. **Catatonic** – unusual motor activity, extreme negativism, peculiar posturing. V. Rare.
3. **Hebephrenic** (ICD) or **Disorganised** (DSM) early age, disorganised speech, flat affect, some hallucinations & delusions.
4. **Undifferentiated** – Schizophrenic symptoms that don't neatly fit a diagnosis.
5. **Residual** – At least one episode of schizophrenia experienced in the past. But no longer exhibiting signs of the disorder.



The ICD-10 also contains 2 other subtypes:

Post-schizophrenic depression (a depressive episode after a schizophrenic illness.

Simple schizophrenia (progressive development of negative symptoms, with no history of psychosis)

Schizophrenia

- ▶ **Brain abnormalities**

- ▶ Brain chemistry

- ▶ Excess number of dopamine receptors

- ▶ Abnormal brain activity and anatomy

- ▶ Problems with several brain regions and their interconnections

- ▶ Low activity in frontal lobes

- ▶ More rapid brain tissue loss

Schizophrenia

▶ Genetics and risk

- ▶ Odds of being diagnosed with schizophrenia are nearly 1 in 100; 1 in 10 for those with diagnosed family member
- ▶ Adopted children risk is related to biological parent
- ▶ Schizophrenia influenced by many genes
- ▶ Epigenetic factors influence gene expression

• Prenatal environment and risk

- Low birth weight
- Lack of oxygen during delivery
- Maternal prenatal nutrition
- Midpregnancy viral infection (e.g., flu, dense population, season of birth)

Dissociative Disorder

- ▶ **Dissociative disorder**
 - ▶ Conscious awareness becomes separated (dissociated) from previous memories, thoughts, and feelings
- ▶ **Dissociative identity disorder (DID) (formerly multiple personality disorder)**
 - ▶ Rare dissociative disorder in which a person exhibits two or more distinct and alternating personalities--formerly called multiple personality disorder
- ▶ Skeptics note that dissociative identity disorder, formerly known as multiple personality disorder, increased dramatically in the late twentieth century; is rarely found outside North America.
- ▶ May reflect role playing by people who are vulnerable to therapists' suggestions. Others view this disorder as a manifestation of feelings of anxiety, or as a response learned when behaviors are reinforced by anxiety-reduction.

Personality Disorder

▶ **Personality disorder**

- ▶ Disruptive, inflexible, and enduring behavior patterns that impair social functioning. This disorder forms three clusters, characterized by anxiety, eccentric or odd behaviors, and dramatic or impulsive behaviors.

▶ **Antisocial personality disorder**

- ▶ Lack of conscience for wrongdoing, even toward friends and family members; impulsive, fearless, irresponsible; some genetic tendencies, including low arousal
- ▶ Genetic predispositions may interact with the environment to produce the altered brain activity associated with antisocial personality disorder.

Personality Disorder

Famous Psychopaths

- ▶ **Josef Mengele**
- ▶ **Adolph Hitler**
- ▶ **Jack the Ripper**
- ▶ **Jeffrey Dahmer**
- ▶ **Ed Gein**
- ▶ **Countess Elizabeth Bathory**
- ▶ **Eileen Wuornos**
- ▶ **Charles Manson**
- ▶ **H.H. Holmes**

Eating Disorders

- ▶ **Anorexia nervosa**

- ▶ Person (usually an adolescent female) maintains a starvation diet despite being significantly underweight

- ▶ **Bulimia nervosa**

- ▶ Person alternates binge eating (usually of high-calorie foods) with purging (by vomiting or laxative use), fasting, or excessive exercise

- ▶ **Binge-eating disorder**

- ▶ Significant binge eating, followed by distress, disgust, or guilt, but without the purging, fasting, or excessive exercise that marks bulimia nervosa

Eating Disorders

- ▶ Psychological factors can overwhelm the body's tendency to maintain a normal weight.
 - ▶ People with anorexia nervosa continue to diet and exercise excessively because they view themselves as fat.
 - ▶ People with bulimia nervosa secretly binge and then compensate by purging, fasting, or excessive exercise.
 - ▶ People with binge-eating disorder binge but do not follow with purging, fasting, and exercise.
- ▶ Cultural pressures, low self-esteem, and negative emotions interact with stressful life experiences and genetics to produce eating disorders.