

Chapter 12: Psychological Disorders

Truth or Fiction?

- In the Middle Ages, innocent people were drowned as a way of proving that they were not possessed by the Devil.
- Anxiety is abnormal.

Truth or Fiction?

- People with schizophrenia may see and hear things that are not really there.
- Feeling elated may not be a good thing.

Truth or Fiction?

- People who threaten to commit suicide are only seeking attention.
- Some people have more than one personality dwelling within them, and each one may have different allergies and eyeglass prescriptions.

Truth or Fiction?

- Some people can kill or maim others without feelings of guilt.
- A man shot the president of the United States in front of millions of television witnesses, yet he was found not guilty by a court of law.

Preview of Chapter Twelve

- What are Psychological Disorders?
- Schizophrenia
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Dissociative Disorders
- Personality Disorders

What are Psychological Disorders?

Psychological Disorders

- Characterized by
 - Rare or unusual behavior
 - Faulty perceptions or interpretations of reality
 - Appropriateness to the situation
 - Self-defeating behaviors
 - Dangerous behaviors

Classifying Psychological Disorders

- Diagnostic and Statistical Manual (DSM)
 - Includes information on medical conditions, psychosocial problems and global assessment of functioning
 - Concerns about reliability and validity of the standards
 - Predictive validity

Explaining Psychological Disorders

- Biological Perspective
 - Genetics, evolution, the brain, neurotransmitters, hormones
- Psychological Perspective
 - Focuses on behavior and mental processes

**Explaining Psychological Disorders
Psychological Perspectives**

- Psychodynamic theory
 - Disorders are symptoms of underlying unconscious processes that stem from childhood conflicts

**Explaining Psychological Disorders
Psychological Perspectives**

- Behavioral perspective
 - Disorders reflect the learning of maladaptive responses
- Cognitive perspective
 - Focus on faulty thinking and misperceptions and beliefs

**Explaining Psychological Disorders
Psychological Perspectives**

- Humanistic perspective
 - Disorders result when tendencies toward self-actualization are frustrated
- Sociocultural perspective
 - Social ills can contribute to development of disorders
 - Some disorders may be culture-bound

Prevalence of Psychological Disorders

- 50% of us will experience a psychological disorder at some time
- 25% will do so in any given year

**Schizophrenia:
When Thinking Runs Amok**

Schizophrenia

- Severe psychological disorder characterized by
 - disturbances in thought and language
 - in perception and attention
 - in motor activity
 - in mood
 - in social interaction

Schizophrenia

- Afflicts nearly 1% of the population worldwide
- Onset occurs relatively early in life
- Adverse effects tend to endure

Positive Versus Negative Symptoms

- Positive symptoms
 - Excessive symptoms
 - Hallucinations, delusion, looseness of association
- Negative symptoms
 - Deficiencies
 - Lack of emotional expression and motivation
 - Social withdrawal
 - Poverty of speech

Positive Versus Negative Symptoms

- Positive symptoms
 - More likely an abrupt onset
 - Retain intellectual abilities
 - More favorable response to antipsychotic medication

Positive Versus Negative Symptoms

- Negative symptoms
 - More likely a gradual onset
 - Severe intellectual impairments
 - Poorer response to antipsychotic medication

Three Dimensional Model of Schizophrenic Symptoms

- Psychotic dimension
 - Delusions and hallucinations
- Negative dimension
 - Negative symptoms (affect, poverty of speech and thought)
- Disorganized dimension
 - Inappropriate affect and disordered thought and speech

Types of Schizophrenia

- Paranoid Schizophrenia
 - Systematized delusions
- Disorganized Schizophrenia
 - Incoherence; extreme social impairment
- Catatonic Schizophrenia
 - Motor impairment; waxy flexibility

Origins of Schizophrenia Biological Perspectives

- Brain abnormality
- Risk factors
 - Heredity
 - Complications during pregnancy and birth
 - Birth during winter
- Dopamine theory of schizophrenia

Origins of Schizophrenia

- Psychological perspectives
 - Conditioning and social situations
- Sociocultural perspectives
 - Relationship between schizophrenia and lower socioeconomic status
- Biopsychosocial perspective
 - Genetic predisposition

Video Connections: Suffering from Schizophrenia

- What types of methods do clinicians and researchers use to determine whether or not a person is experiencing hallucinations?
- Do you consider these methods to be valid or foolproof?

Schizophrenia



PLAY VIDEO

**Mood Disorders:
Up, Down, and Around**

Mood Disorders

- Characterized by disturbance in expressed emotions

Types of Mood Disorders

- Major Depression
 - Persistent feelings of sadness, loss of interest, feelings of worthlessness or guilt, and inability to concentrate
- Bipolar disorder
 - Mood swings from ecstatic elation to deep depression

Origins of Mood Disorders

- Biological
 - Genetic factors; underutilization of serotonin
- Psychological
 - Learned helplessness
 - Perfectionism and unrealistic expectations
 - Attributional styles
- Biopsychosocial
 - Biologically predisposed interact with self-efficacy expectations and attitudes

Risk Factors in Suicide

- Feelings of depression, hopelessness, helplessness, worthlessness
- Stressful life events
- Anxiety over “discovery”
- Poor problem solver
- Familial experience with psychological disorders and/or suicide

Sociocultural Factors in Suicide

- Third leading cause of death among young people aged 15 to 24
- More common among college students than people of the same age who do not attend college
- Older people are more likely to commit suicide than teenagers

Sociocultural Factors in Suicide

- One in six Native Americans has attempted suicide
- African Americans are least likely to attempt suicide
- Three times as many females attempt suicide
- Four times as many males succeed in suicide

Myths about Suicide

- Individuals who threaten suicide are only seeking attention
- People who would take their own lives are insane

Warning Signs of Suicide

- Changes in eating and sleeping patterns
- Difficulty concentrating on school or the job
- A sharp decline in performance and attendance at school or on the job
- Loss of interest in previously enjoyed activities
- Giving away prized possessions
- Complaints about physical problems when no medical basis for problems can be found

Warning Signs of Suicide

- Withdrawal from social relationships
- Personality or mood changes
- Talking or writing about death or dying
- Abuse of drugs or alcohol
- An attempted suicide
- Availability of a handgun
- A precipitating event

Warning Signs of Suicide

- In the case of adolescents, knowing or hearing about another teenager who has committed suicide (which can lead to “cluster” suicides)
- Threatening to commit suicide

Anxiety Disorders: Real Life Fear Factors

Anxiety Disorders

- Psychological features of anxiety
 - Worrying, fear of worst case scenario, nervousness, inability to relax
- Physical features of anxiety
 - Arousal of sympathetic branch of autonomic nervous system

Phobias

- Specific phobias
 - Irrational fears of specific objects or situations
- Social phobias
 - Persistent fears of scrutiny by others
- Agoraphobia
 - Fear of being in places from which it would be difficult to escape or receive help

Panic Disorder

- Abrupt attack of acute anxiety not triggered by a specific object or situation
 - Physical symptoms
 - Shortness of breath, heavy sweating, tremors, pounding of the heart
 - Other symptoms that may “feel” like a heart attack

Generalized Anxiety Disorder

- Persistent anxiety
 - Cannot be attributed to object, situation, or activity
- Symptoms include
 - Motor tension
 - Autonomic overarousal
 - Excessive vigilance

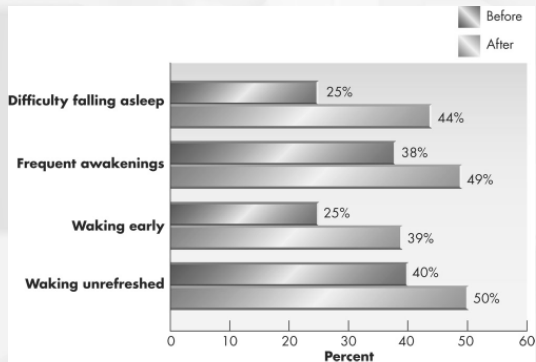
Obsessive-Compulsive Disorder

- Obsessions
 - Recurrent, anxiety-provoking thoughts or images that seem irrational and beyond control
- Compulsions
 - Thoughts or behaviors that tend to reduce the anxiety connected with obsessions
 - Irresistible urges to engage in specific acts, often repeatedly

Stress Disorders

- Posttraumatic stress disorder (PTSD)
 - Caused by a traumatic event
 - May occur months or years after event
- Acute stress disorder
 - Unlike PTSD, occurs within a month of event and lasts 2 days to 4 weeks

Sleep Problems Among Americans Before and After September 11, 2001



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Origins of Anxiety Disorders

- Biological
 - Genetic factors
- Psychological and Social
 - Phobias as conditioned fears
 - Cognitive bias toward focusing on threats
- Biopsychosocial
 - Interaction between biological, psychological, social factors

Somatoform Disorders: When the Body Experiences Stress

Somatoform Disorders

- Physical problems (such as paralysis, pain, or persistent belief of serious disease) with no evidence of a physical abnormality

Conversion Disorder

- Major change in, or loss of, physical functioning, although there are no medical findings to explain the loss of functioning.
 - Not intentionally produced
 - la belle indifférence

Hypochondriasis

- Insistence of serious physical illness, even though no medical evidence of illness can be found
- May seek opinion of one doctor after another

Body Dysmorphic Disorder

- Preoccupation with a fantasized or exaggerated physical defect in their appearance
- May assume others see them as deformed

Origins of Somatoform Disorders

- Biopsychosocial perspective
 - Psychologically, the disorder has to do with what one focuses on to the exclusion of conflicting information
 - Tendencies toward perfectionism and rumination (heritable)

Dissociative Disorders: Splitting Consciousness

Dissociative Disorders

- A separation of mental processes such as thoughts, emotions, identity, memory, or consciousness

Types of Dissociative Disorders

- Dissociative Amnesia
 - Suddenly unable to recall important personal information; not due to biological problems
- Dissociative Fugue
 - Abruptly leaves home or work and travels to another place, no memory of previous life

Types of Dissociative Disorders

- Dissociative Identity Disorder
 - Two or more identities, each with distinct traits, “occupy” the same person
 - Formerly known as multiple personality disorder

Origins of Dissociative Disorders

- Biopsychosocial
 - Learning/cognitive – may help keep disturbing ideas out of one’s mind
 - Biological – Trauma (abuse) related dissociation may have neurological basis

Personality Disorders: Making Oneself or Others Miserable

Personality Disorders

- Characterized by enduring patterns of behavior that are maladaptive and inflexible
- Impair personal or social functioning
- Source of distress

Types of Personality Disorders

- Paranoid Personality Disorder
 - Interpret other's behavior as threatening or demeaning
- Schizotypal Personality Disorder
 - Peculiarities of thought, perception, or behavior
- Schizoid Personality Disorder
 - Indifference to relationships and flat emotional response

Types of Personality Disorders

- Borderline Personality Disorder
 - Instability in relationships, self-image, and mood
- Antisocial Personality Disorder
 - Persistently violate the law
 - Show no guilt or remorse and are largely undeterred by punishment
- Avoidant Personality Disorder
 - Avoid relationships for fear of rejection

Origins of Personality Disorders

- Biological
 - Genetic factors
 - Personality traits that may be inherited
 - Antisocial personality – less gray matter in prefrontal cortex

Origins of Personality Disorders

- Psychological
 - Learning theory
 - Childhood experiences
 - Cognitive
 - Misinterpretation of other people's behaviors
- Sociocultural
 - Borderline personality – may reflect the fragmented society in which one lives
