

# Psychological Disorders

## Chapter 16

Psy12000.003  
Spring, 2009

Online Course Evaluations ...go here...

<https://courseeval.iitap.purdue.edu/etw/ets/et.asp?nxappid=SCO&nxmid=start&s=8>

**Survey Information** Purdue University  
West Lafayette

Kipping Williams,

The spring 2009 course evaluation survey is now open to students in courses you teach or supervise.

By now, your students have received an email with a link to the evaluation site and instructions on how to access it. You need to do nothing other than remind your students to complete their evaluations. You will receive additional emails on April 23, 28 and May 3, informing you of the number of students who have completed an evaluation for your course.

Evaluations will be available to students in your class until 11pm Saturday, May 2. Results will be released to you on May 13, after grades have been submitted to the office of the registrar. You will then receive an email with directions on how to access your evaluation results. Please speak with your department schedule deputy or evaluation administrator if you have questions about the grade submission process.

For your convenience, we have included the address where students can access online course evaluations below.

<https://courseeval.iitap.purdue.edu/etw/ets/et.asp?nxappid=WCQ&nxmid=start&s=8>

If any of your students have difficulty accessing the survey, or you have any additional questions, please contact us at: [courseeval-support@lists.purdue.edu](mailto:courseeval-support@lists.purdue.edu)

Sincerely,  
Marne Helgeson  
Director, Center for Instructional Excellence

2

## Psychological Disorders

I felt the need to clean my room ... spent four to five hour at it ... At the time I loved it but then didn't want to do it any more, but could not stop ... The clothes hung ... two fingers apart ...I touched my bedroom wall before leaving the house ... I had constant anxiety ... I thought I might be nuts.

Marc, diagnosed with  
obsessive-compulsive disorder  
(from Summers, 1996)

<http://www.youtube.com/watch?v=Rn1OY1Yzgm8&feature=related>

3

## Psychological Disorders

People are fascinated by the exceptional, the unusual, and the abnormal. This fascination may be caused by two reasons:

- During various moments we feel, think, and act like an abnormal individual.
- Psychological disorders may bring unexplained physical symptoms, irrational fears, and suicidal thoughts.

4

## Psychological Disorders

To study the abnormal is the best way of understanding the normal.

William James (1842-1910)

- There are 450 million people suffering from psychological disorders (WHO, 2004).
- Depression and schizophrenia exist in all cultures of the world.

5

## Defining Psychological Disorders

Mental health workers view **psychological disorders** as persistently harmful thoughts, feelings, and actions.

When behavior is *deviant, distressful, and dysfunctional* psychiatrists and psychologists label it as disordered (Comer, 2004).

6

## Deviant, Distressful & Dysfunctional

- **Deviant** behavior (going naked) in one culture may be considered normal, while in others it may lead to arrest.
- Deviant behavior must accompany **distress** to be a disorder.
- If a behavior is **dysfunctional** it is clearly a disorder.



In the Wodaabe tribe men wear costumes to attract women. In Western society this would be considered abnormal.

7

## Understanding Psychological Disorders

**Ancient Treatments** of psychological disorders include trephination, exorcism, being caged like animals, being beaten, burned, castrated, mutilated, or transfused with animal's blood.



Trephination (boring holes in the skull to remove evil forces) 8

## Medical Perspective

Philippe Pinel (1745-1826) from France, insisted that madness was not due to demonic possession, but an ailment of the mind.



Dance in the madhouse.

9

## Medical Model

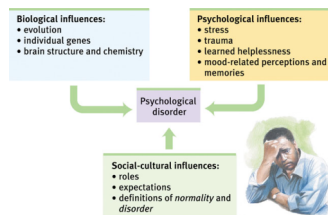
When physicians discovered that syphilis led to mental disorders, they started using **medical models** to review the physical causes of these disorders.

1. **Etiology:** Cause and development of the disorder.
2. **Diagnosis:** Identifying (symptoms) and distinguishing one disease from another.
3. **Treatment:** Treating a disorder in a psychiatric hospital.
4. **Prognosis:** Forecast about the disorder.

10

## Biopsychosocial Perspective

Assumes that biological, socio-cultural, and psychological factors combine and interact to produce psychological disorders.



11

## Classifying Psychological Disorders

The American Psychiatric Association rendered a **Diagnostic and Statistical Manual of Mental Disorders** (DSM) to describe psychological disorders.

The most recent edition, DSM-IV-TR (Text Revision, 2000), describes 400 psychological disorders compared to 60 in the 1950s.



12

## Multiaxial Classification

Axis I	Is a <i>Clinical Syndrome</i> (cognitive, anxiety, mood disorders [16 syndromes]) present?
Axis II	Is a <i>Personality Disorder</i> or <i>Mental Retardation</i> present?
Axis III	Is a <i>General Medical Condition</i> (diabetes, hypertension or arthritis etc) also present?
Axis IV	Are <i>Psychosocial</i> or <i>Environmental Problems</i> (school or housing issues) also present?
Axis V	What is the <i>Global Assessment</i> of the person's functioning?

13

## Multiaxial Classification

### Note 16 syndromes in Axis I

**Axis I Is a *Clinical Syndrome* present?**  
Using specifically defined criteria, clinicians may select none, one, or more syndromes from the following list:

- Disorders usually first diagnosed in infancy, childhood, and adolescence
- Delirium, dementia, amnesia, and other cognitive disorders
- Mental disorders due to a general medical condition
- Substance-related disorders (Chapter 7)
- Schizophrenia and other psychotic disorders (page 669)
- Mood disorders (page 658)
- Anxiety disorders (page 649)
- Somatoform disorders
- Factitious disorders (intentionally feigned)
- Dissociative disorders (page 656)
- Eating disorders (Chapter 12)
- Sexual disorders and gender identity disorder
- Sleep disorders (Chapter 7)
- Impulse-control disorders not classified elsewhere
- Adjustment disorders
- Other conditions that may be a focus of clinical attention

14

## Multiaxial Classification

### Note Global Assessment for Axis V

**Axis II Is a *Personality Disorder* (page 667) or *Mental Retardation* (See Chapter 11) present?**  
Clinicians may or may not also select one of these two conditions.

**Axis III Is a *General Medical Condition*, such as diabetes, hypertension, or arthritis, also present?**

**Axis IV Are *Psychosocial* or *Environmental Problems*, such as school or housing issues, also present?**

**Axis V What is the *Global Assessment* of this person's functioning?**  
Clinicians assign a code from 0-100. For example:

91-100 Superior functioning in a wide range of activities; life's problems never seem to get out of hand; is sought out by others because of his or her many positive qualities. No symptoms.

51-60 Moderate symptoms (for example, flat affect or occasional panic attacks) or moderate difficulty in social, occupational, or school functioning (for example, few friends, or conflicts with peers or co-workers).

1-10 Persistent danger of severely hurting self or others (for example, recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.

15

## Goals of DSM

1. Describe (400) disorders.
2. Determine how prevalent the disorder is.

Disorders outlined by DSM-IV are reliable.  
Therefore, diagnoses by different professionals are similar.

Others criticize DSM-IV for "putting any kind of behavior within the compass of psychiatry."

16

## Labeling Psychological Disorders

1. Critics of the DSM-IV argue that labels may stigmatize individuals.



Asylum baseball team (although comprised of hospital staff, observers saw psychological symptoms in these players)

17

## Labeling Psychological Disorders

2. Labels may be helpful for healthcare professionals when communicating with one another and establishing therapy.



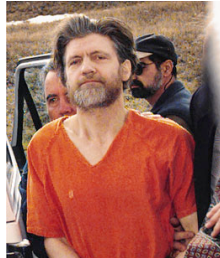
BUT, Rosenhan's "study" - self-perpetuating aspects of labels

Graduate students, during psychiatric assessment, claimed to be hearing voices that were often unclear, but which seemed to pronounce the words "hollow", "empty", and "thud."

18

## Labeling Psychological Disorders

3. "Insanity" labels raise moral and ethical questions about how society should treat people who have disorders and have committed crimes.  
NGRI, GBI??



Theodore Kaczynski  
(Unabomber) 19

## Anxiety Disorders

Feelings of excessive apprehension and anxiety.

1. Generalized anxiety disorders
2. Phobias
3. Panic disorders
4. Obsessive-compulsive disorders

20

## Generalized Anxiety Disorder

### Symptoms

1. Persistent and uncontrollable tenseness and apprehension.
2. Autonomic arousal.
3. Inability to identify or avoid the cause of certain feelings.

21

## Panic Disorder

### Symptoms

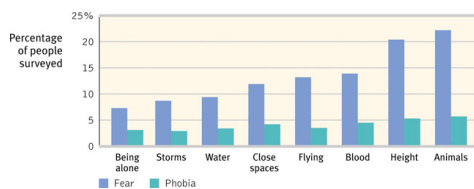
Minute-long episodes of intense dread which may include feelings of terror, chest pains, choking, or other frightening sensations.

Anxiety is a component of both disorders. It occurs more in the panic disorder, making people avoid situations that cause it.

22

## Phobia

Marked by a persistent and *irrational* fear of an object or situation that *disrupts behavior*.



23

## Kinds of Phobias

Agoraphobia      Phobia of open places.

Acrophobia      Phobia of heights.

Claustrophobia      Phobia of closed spaces.

Hemophobia      Phobia of blood.

<http://phobialist.com/>

24



## Obsessive-Compulsive Disorder

Persistence of unwanted thoughts (obsessions) and urges to engage in senseless rituals (compulsions) that cause distress.

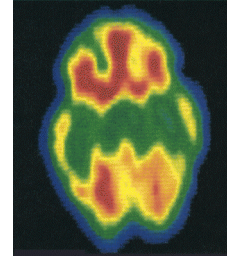
### COMMON OBSESSIONS AND COMPULSIONS AMONG CHILDREN AND ADOLESCENTS WITH OBSESSIVE-COMPULSIVE DISORDER

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

Source: Adapted from Rapoport, 1989.

## Brain Imaging

A PET scan of the brain of a person with Obsessive-Compulsive Disorder (OCD). High metabolic activity (red) in the frontal lobe areas are involved with directing attention.



*Red* means a difference between the group in question (in this case, those with OCD) and a control or comparison group. *Yellow* does, too, but to a lesser extent.

Brain image of an OCD

26

## Post-Traumatic Stress Disorder

Four or more weeks of the following symptoms constitute post-traumatic stress disorder (PTSD):

1. Haunting memories
2. Nightmares
3. Social withdrawal
4. Jumpy anxiety
5. Sleep problems



27

## Resilience to PTSD

- Only about 10% of women and 20% of men react to traumatic situations and develop PTSD.
- Holocaust survivors show remarkable resilience against traumatic situations.
- All major religions of the world suggest that surviving a trauma leads to the growth of an individual.
  - Does this expectation help or hurt individuals?

28

## Explaining Anxiety Disorders

Freud suggested that we repress our painful and intolerable ideas, feelings, and thoughts, resulting in anxiety.



29

## The Learning Perspective

Learning theorists suggest that **fear conditioning** leads to anxiety. This anxiety then becomes associated with other objects or events (stimulus generalization) and is reinforced.



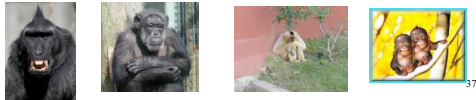
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## Mood Disorders

Emotional extremes of **mood disorders** come in two principal forms.

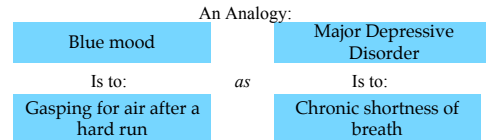
1. Major depressive disorder
2. Bipolar disorder



37

## Major Depressive Disorder

In terms of frequency, depression is the “common cold” of psychological disorders. In a year, 5.8% of men and 9.5% of women report depression worldwide (WHO, 2002).



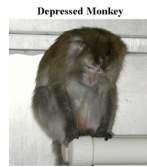
38

## Major Depressive Disorder

Major depressive disorder occurs when **signs** of depression last two weeks or more and are not caused by drugs or medical conditions.

Signs include:

1. Lethargy and fatigue
2. Feelings of worthlessness
3. Loss of interest in family & friends
4. Loss of interest in activities



39

## Dysthymic Disorder

Dysthymic disorder lies between a blue mood and major depressive disorder. It is a disorder characterized by daily depression lasting two years or more.



40

## Bipolar Disorder

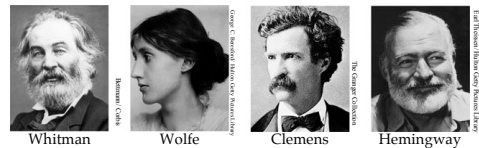
Formerly called manic-depressive disorder. An alternation between depression and mania signals bipolar disorder.

Depressive Symptoms	Manic Symptoms
Gloomy	Elation
Withdrawn	Euphoria
Inability to make decisions	Desire for action
Tired	Hyperactive
Slowness of thought	Multiple ideas

41

## Bipolar Disorder

Many great writers, poets, and composers suffered from bipolar disorder. During their manic phase creativity surged, but not during their depressed phase.



42

## Explaining Mood Disorders

Since depression is so prevalent worldwide, investigators want to develop a theory of depression that will suggest ways to treat it.

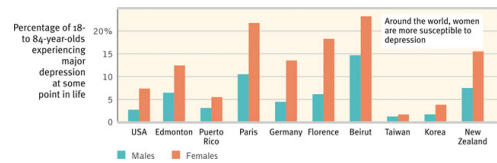
Lewinsohn et al., (1985, 1995) note that a theory of depression should explain the following:

1. Behavioral and cognitive changes
2. Common causes of depression

43

## Theory of Depression

### 3. Gender differences



44

## Theory of Depression

4. Depressive episodes self-terminate.
5. Depression is increasing, especially in the teens.



Post-partum depression

45

## New Theory of Depression

- Allen & Badcock (2003, *Psych Bulletin*)
  - “Social Risk Hypothesis”
    - Depressive state *evolved* as alerting mechanism when at risk of social exclusion, necessary since Pleistocene period, because social exclusion would equal death.
    - Mechanism works to minimize social exclusion by changing social perception and social behavior in response to others’ behavior
  - This theory could address those points, but one problem with this theory is that the depressive mechanism seems to shut person down rather than energize them to improve their inclusionary status.

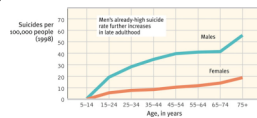
46

## Suicide

The most severe form of behavioral response to depression is suicide. Each year some 1 million people commit suicide worldwide.

### Suicide Statistics

1. National differences
2. Racial differences
3. Gender differences
4. Age differences
5. Other differences



47

## Biological Perspective

**Genetic Influences:** Mood disorders run in families. The rate of depression is higher in identical (50%) than fraternal twins (20%).

Linkage analysis and association studies link possible genes and dispositions for depression.

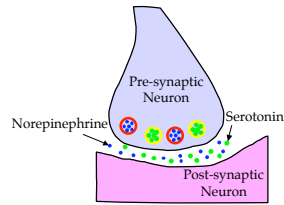


48

## Neurotransmitters & Depression

A reduction of **norepinephrine** and **serotonin** has been found in depression.

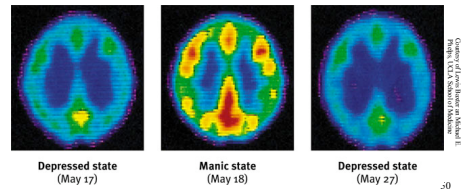
Drugs that alleviate mania reduce norepinephrine.



49

## The Depressed Brain

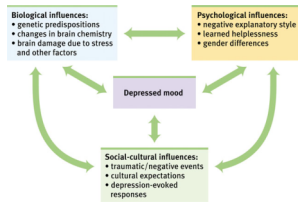
PET scans show that brain energy consumption rises and falls with manic and depressive episodes.



50

## Social-Cognitive Perspective

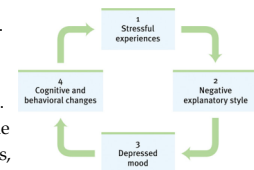
The social-cognitive perspective suggests that depression arises partly from **self-defeating beliefs** and **negative explanatory styles**.



51

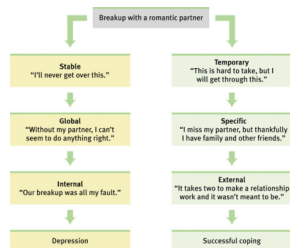
## Depression Cycle

1. Negative stressful events.
2. Pessimistic explanatory style.
3. Hopeless depressed state.
4. These hamper the way the individual thinks and acts, fueling personal rejection.



52

## Example



Explanatory style plays a major role in becoming depressed.

53

## Schizophrenia

If depression is the common cold of psychological disorders, schizophrenia is the cancer.

Nearly 1 in a 100 suffer from schizophrenia, and throughout the world over 24 million people suffer from this disease (WHO, 2002).

Schizophrenia strikes young people as they mature into adults. It affects men and women equally, but men suffer from it more severely than women.

54

## Symptoms of Schizophrenia

The literal translation is “split mind.” A group of severe disorders characterized by the following:

- Disorganized and delusional thinking.
- Disturbed perceptions.
- Inappropriate emotions and actions.

55

## Disorganized & Delusional Thinking

This morning when I was at Hillside [Hospital], I was making a movie. I was surrounded by movie stars ... I'm Mary Poppins. Is this room painted blue to get me upset? My grandmother died four weeks after my eighteenth birthday.”

(Sheehan, 1982)

This monologue illustrates fragmented, bizarre (**disorganized**) thinking with distorted beliefs called **delusions** (“I’m Mary Poppins”).

56

## Disorganized & Delusional Thinking

Many psychologists believe disorganized thoughts occur because of **selective attention** failure (fragmented and bizarre thoughts).

57

## Disturbed Perceptions

A schizophrenic person may perceive things that are not there (**hallucinations**). Frequently such hallucinations are auditory and to a lesser extent visual, somatosensory, olfactory, or gustatory.



58

## Inappropriate Emotions & Actions

A schizophrenic person may laugh at the news of someone dying or show no emotion at all (**apathy**).

Patients with schizophrenia may continually rub an arm, rock a chair, or remain motionless for hours (**catatonia**).



59

## Subtypes of Schizophrenia

Schizophrenia is a cluster of disorders. These subtypes share some features, but there are other symptoms that differentiate these subtypes.

60

## Positive (present) and Negative (absent) Symptoms

Schizophrenics have inappropriate symptoms (hallucinations, disorganized thinking, deluded ways) that are not present in normal individuals (**positive symptoms**).

Schizophrenics also have an absence of appropriate symptoms (apathy, expressionless faces, rigid bodies) that are present in normal individuals (**negative symptoms**).

61

## Chronic and Acute Schizophrenia

When schizophrenia is slow to develop (**chronic/process**) recovery is doubtful. Such schizophrenics usually display negative symptoms.

When schizophrenia rapidly develops (**acute/reactive**) recovery is better. Such schizophrenics usually show positive symptoms.

62

## Subtypes

### SUBTYPES OF SCHIZOPHRENIA

<b>Paranoid:</b>	Preoccupation with delusions or hallucinations, often with themes of persecution or grandiosity
<b>Disorganized:</b>	Disorganized speech or behavior, or flat or inappropriate emotion
<b>Catatonic:</b>	Immobility (or excessive, purposeless movement), extreme negativism, and/or parrotlike repeating of another's speech or movements
<b>Undifferentiated:</b>	Many and varied symptoms
<b>Residual:</b>	Withdrawal, after hallucinations and delusions have disappeared

63

## Understanding Schizophrenia

Schizophrenia is a disease of the brain exhibited by the symptoms of perception, affect, and cognition.

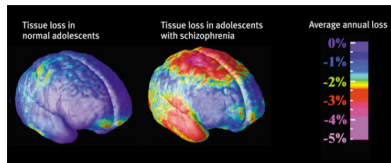
### Brain Abnormalities

**Dopamine Overactivity:** Researchers found that schizophrenic patients express higher levels of dopamine D4 receptors in the brain.

64

## Abnormal Brain Activity

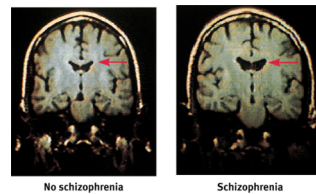
Brain scans show abnormal activity in the **frontal cortex, thalamus, and amygdala** of schizophrenic patients. Adolescent schizophrenic patients also have brain lesions.



65

## Abnormal Brain Morphology

Schizophrenia patients may exhibit morphological changes in the brain like enlargement of fluid-filled ventricles.



66



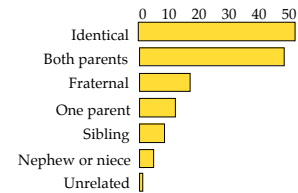
## Viral Infection

Schizophrenia has also been observed in individuals who contracted a viral infection (flu) during the middle of their fetal development.

67

## Genetic Factors

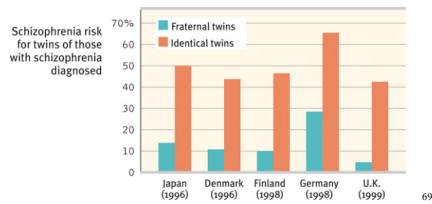
The likelihood of an individual suffering from schizophrenia is 50% if their identical twin has the disease (Gottesman, 1991).



68

## Genetic Factors

The following shows the prevalence of schizophrenia in identical twins as seen in different countries.



69

## Psychological Factors

Psychological and environmental factors can trigger schizophrenia if the individual is genetically predisposed (Nicols & Gottesman, 1983).



Genain Sisters

The genetically identical Genain sisters suffer from schizophrenia. Two of them suffered more than the other two; thus there are contributing environmental factors.

70

## Warning Signs

Early warning signs of schizophrenia include:

1. A mother's long lasting schizophrenia.
2. Birth complications, oxygen deprivation and low-birth weight.
3. Short attention span and poor muscle coordination.
4. Disruptive and withdrawn behavior.
5. Emotional unpredictability.
6. Poor peer relations and solo play.

71

## Personality Disorders

Personality disorders are characterized by inflexible and enduring behavior patterns that impair social functioning. They are usually *without* anxiety, depression, or delusions.



72

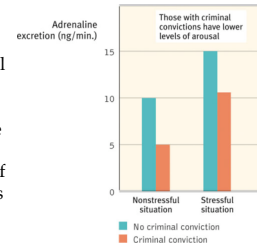
## Antisocial Personality Disorder

A disorder in which the person (usually men) exhibits a lack of conscience for wrongdoing, even toward friends and family members. These characteristics are also referred to as *sociopaths* or *psychopaths*.

73

## Understanding Antisocial Personality Disorder

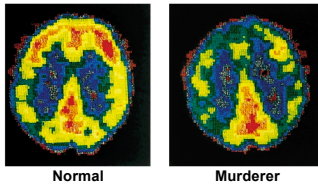
Like mood disorders and schizophrenia, antisocial personality disorder has biological and psychological reasons. Youngsters with antisocial personality characteristics, (even before committing any crimes), respond with lower levels of stress hormones than others do at their age.



74

## Understanding Antisocial Personality Disorder

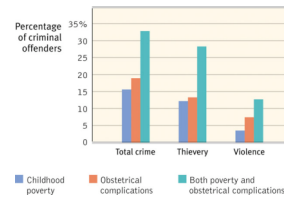
PET scans of 41 murderers revealed reduced activity in the frontal lobes. In a follow-up study repeat offenders had 11% less frontal lobe activity compared to normal individuals (Raine et al., 1999; 2000).



75

## Cultural Influences Matter, Too. Understanding Antisocial Personality Disorder

The likelihood that one will commit a crime doubles when childhood poverty is compounded with obstetrical complications (Raine et al., 1999; 2000).



76

## Rates of Psychological Disorders

### PERCENTAGE OF AMERICANS WHO HAVE EXPERIENCED SELECTED PSYCHOLOGICAL DISORDERS IN THE PRIOR YEAR

Disorder	Percentage
Alcohol abuse	5.2
Generalized anxiety	4.0
Phobias	7.8
Obsessive-compulsive disorder	2.1
Mood disorder	5.1
Schizophrenia	1.0
Antisocial personality	1.5
Any mental disorder	14.9

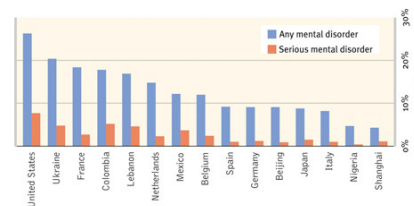
(Some people experience two or more of these disorders, such as depression and alcohol abuse, simultaneously.)  
Source: Data from Narrow & others, 2002.

Depression 8%

77

## Rates of Psychological Disorders

The prevalence of psychological disorders across different countries (WHO, 2004).



78

## Risk and Protective Factors

Risk and protective factors for mental disorders  
(WHO, 2004).

RISK AND PROTECTIVE FACTORS FOR MENTAL DISORDERS	
Risk Factors	Protective Factors
Academic failure	Aerobic exercise
Birth complications	Community offering empowerment, opportunity, and security
Caring for chronically ill or patients with dementia	Economic independence
Child abuse and neglect	Feelings of security
Chronic insomnia	Feelings of mastery and control
Chronic pain	Good parenting
Family disorganization or conflict	Literacy
Low birth weight	Positive attachment and early bonding

79

## Risk and Protective Factors

Low socioeconomic status	Positive parent-child relationships
Medical illness	Problem-solving skills
Neurochemical imbalance	Resilient coping with stress and adversity
Parental mental illness	Self-esteem
Parental substance abuse	Social and work skills
Personal loss and bereavement	Social support from family and friends
Poor work skills and habits	
Reading disabilities	
Sensory disabilities	
Social incompetence	
Stressful life events	
Substance abuse	
Trauma experiences	

Source: World Health Organization (2004a,b)

80