Psychological Disorders

Chapter 14
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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=Rs1OYIy2gm8&feature=related

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.

Defining 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.

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).
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.

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.

Medical Perspective

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

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.

Biopsychosocial Perspective

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

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.
Multiaxial Classification

**Axis I**
Is a Clinical Syndrome (cognitive, anxiety, mood disorders [16 syndromes]) present?

**Axis II**
Is a Personality Disorder or Mental Retardation present?

**Axis III**
Is a General Medical Condition (diabetes, hypertension or arthritis etc.) also present?

**Axis IV**
Are Psychosocial or Environmental Problems (school or housing issues) also present?

**Axis V**
What is the Global Assessment of the person’s functioning?

**Note 16 syndromes in Axis I**

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.”

Labeling Psychological Disorders

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

**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."
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??

Anxiety Disorders

Feelings of excessive apprehension and anxiety.

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

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.

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.

Phobia

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

Kinds of Phobias

- Agoraphobia: Phobia of open places.
- Acrophobia: Phobia of heights.
- Claustrophobia: Phobia of closed spaces.
- Hemophobia: Phobia of blood.

http://phobialist.com/
Obsessive-Compulsive Disorder

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

<table>
<thead>
<tr>
<th>Thought/Behavior</th>
<th>Percentage Reporting Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obsessions (negative thought)</td>
<td>49</td>
</tr>
<tr>
<td>Concern with dirt, germs, or bodily fluids</td>
<td>13</td>
</tr>
<tr>
<td>Something must be happening (theft, death, illness)</td>
<td>12</td>
</tr>
<tr>
<td>Symmetry, order, or neatness</td>
<td>17</td>
</tr>
<tr>
<td>Compulsions (positive behavior)</td>
<td>85</td>
</tr>
<tr>
<td>Excessive hand washing, bathing, tooth brushing, or grooming</td>
<td>51</td>
</tr>
<tr>
<td>Repetitive thoughts (paper is out of ink, head is broken, a child is dying)</td>
<td>46</td>
</tr>
<tr>
<td>Checking doors, locks, appliances, or lights, homework</td>
<td>49</td>
</tr>
</tbody>
</table>

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.

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

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?

Explaining Anxiety Disorders

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

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.
The Learning Perspective

Investigators believe that fear responses can also be acquired through observational learning. Young monkeys develop fear when they watch other monkeys who are afraid of snakes.

The Biological Perspective

Natural Selection has led our ancestors to learn to fear snakes, spiders, and other animals. Therefore, fear preserves the species.

Twin studies suggest that our genes may be partly responsible for developing fears and anxiety. Twins are more likely to share phobias.

The Biological Perspective

Generalized anxiety, panic attacks, and even OCD are linked with brain circuits like the anterior cingulate cortex. Maybe Jung would say these genes that make us naturally fearful are part of our “collective unconscious.”

Dissociative Disorder

Conscious awareness becomes separated (dissociated) from previous memories, thoughts, and feelings.

Symptoms

1. Having a sense of being unreal.
2. Being separated from the body.
3. Watching yourself as if in a movie.

Dissociative Identity Disorder (DID)

Is a disorder in which a person exhibits two or more distinct and alternating personalities, formerly called multiple personality disorder.

DID Critics

Critics argue that the diagnosis of DID increased in the late 20th century. And, DID has not been found in other countries.

Critics’ Arguments

1. Role-playing by people open to a therapist’s suggestion.
2. Learned response that reinforces reductions in anxiety and avoidance of responsibility.
Mood Disorders

Emotional extremes of mood disorders come in two principal forms.

1. Major depressive disorder
2. Bipolar disorder

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).

An Analogy:

Blue mood

Gasing for air after a hard run

Chronic shortness of breath

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

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.

Bipolar Disorder

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

Depressive Symptoms

Manic Symptoms

Gloomy
Withdrawn
Inability to make decisions
Tired
Slowness of thought

Elation
Euphoria
Desire for action
Hyperactive
Multiple ideas

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

Theory of Depression

3. Gender differences

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.

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

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.
Neurotransmitters & Depression

A reduction of norepinephrine and serotonin has been found in depression. Drugs that alleviate mania reduce norepinephrine.

The Depressed Brain

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

Social-Cognitive Perspective

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

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.

Example

Explanatory style plays a major role in becoming depressed.

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.
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.

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”).

Disorganized & Delusional Thinking

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

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.

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).

Subtypes of Schizophrenia

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

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.

Subtypes

<table>
<thead>
<tr>
<th>SUBTYPES OF SCHIZOPHRENIA</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>Prone to more delusions or hallucinations, often with themes of persecution or grandiosity</td>
</tr>
<tr>
<td>Disorganized</td>
<td>Disorganized speech or behavior, flat or inappropriate affect</td>
</tr>
<tr>
<td>Catatonic</td>
<td>Immobility (in excessive, suppression movements), absence negativity, and/or parallel repeating of another's speech or movements</td>
</tr>
<tr>
<td>Undifferentiated</td>
<td>Many and varied symptoms</td>
</tr>
<tr>
<td>Remitted</td>
<td>Withdrawn, after hallucinations and delusions have disappeared</td>
</tr>
</tbody>
</table>

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.

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.

Abnormal Brain Morphology

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

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

Genetic Factors

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

<table>
<thead>
<tr>
<th>Relation</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identical twins</td>
<td>0</td>
</tr>
<tr>
<td>Both parents</td>
<td>10</td>
</tr>
<tr>
<td>Fraternal twins</td>
<td>20</td>
</tr>
<tr>
<td>One parent</td>
<td>30</td>
</tr>
<tr>
<td>Sibling</td>
<td>40</td>
</tr>
<tr>
<td>Nephew or niece</td>
<td>50</td>
</tr>
<tr>
<td>Unrelated</td>
<td>0</td>
</tr>
</tbody>
</table>

Genetic Factors

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

Psychological Factors

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

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

Warning Signs

Early warning signs of schizophrenia include:

1. A mother’s long lasting schizophrenia.
3. Short attention span and poor muscle coordination.
4. Disruptive and withdrawn behavior.
5. Emotional unpredictability.
6. Poor peer relations and solo play.

Personality Disorders

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

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.

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).

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).

Rates of Psychological Disorders
The prevalence of psychological disorders across different countries (WHO, 2004).
Risk and Protective Factors

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

### Risk and Protective Factors for Mental Disorders

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic failure</td>
<td>Amiable nature</td>
</tr>
<tr>
<td>Birth complications</td>
<td>Community offering empowerment, opportunity, and security</td>
</tr>
<tr>
<td>Caring for chronically ill or patients with dementia</td>
<td>Economic independence</td>
</tr>
<tr>
<td>Child abuse and neglect</td>
<td>Feelings of security</td>
</tr>
<tr>
<td>Chronic concomitance</td>
<td>Feelings of mastery and control</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>Good parenting</td>
</tr>
<tr>
<td>Family disorganization or conflict</td>
<td>Generosity</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Positive attachment and early bonding</td>
</tr>
</tbody>
</table>

### Risk and Protective Factors

- Low socioeconomic status
- Medical illness
- Neurochemical intolerance
- Parental mental illness
- Parental substance abuse
- Personal loss and bereavement
- Poor work habits and habits
- Reading disabilities
- Sensory disabilities
- Social incompetence
- Stressful life events
- Substance abuse
- Trauma experiences