

# Chapter 17

## Psychological Disorders



# What is Normal?

- **Psychopathology:** Scientific study of mental, emotional, and behavioral disorders; also studies maladaptive and abnormal behavior
- **Subjective Discomfort:** Feelings of discomfort, unhappiness, or emotional distress
- **Statistical Abnormality:** Abnormality that can be defined by having extreme scores on some dimension, such as intelligence, anxiety or depressed feelings
- **Social Nonconformity:** Disobeying societal standards for normal conduct; usually leads to self-destructive behavior
- **Situational Context:** Social situation, behavioral setting, or general circumstances where an action takes place
  - Is it normal to walk around strangers naked? If you are in a locker room and in the shower area, yes!
- **Cultural Relativity:** Perceptions and judgments are made relative to the values of one's culture



# Clarifying and Defining Abnormal Behavior (Mental Illness)

- Maladaptive Behavior: Behavior that makes it difficult to function, to adapt to the environment, and to meet everyday demands
- Neurosis: Archaic; once used to refer to (as a whole) anxiety, somatoform, dissociative disorders, and some kinds of depression
- Mental Disorder: Significant impairment in psychological functioning
- Labeling Problems:
  - If used carelessly can hurt people
  - Can attach social stigma to people; people can be rejected, stereotyped, disgraced, and suffer discrimination



## Clarifying and Defining Abnormal Behavior (Mental Illness) Continued

- Psychotic Disorder: Severe psychiatric disorder characterized by hallucinations and delusions, social withdrawal, and a move away from reality
- Organic Mental Disorder: Mental or emotional problem caused by brain pathology i.e. brain injuries or disease(s)
- Substance Related Disorders: Abuse or dependence on a mind or mood-altering drug like alcohol or cocaine.
  - Person cannot stop using the substance and may suffer withdrawal symptoms if they do
- Mood Disorder: Disturbances in affect (emotions), like depression or mania
- Anxiety Disorder: Feelings of fear, apprehension, or anxiety.
  - May include behavior distortions that are related to anxiety



## Clarifying and Defining Abnormal Behavior (Mental Illness) Concluded

- Somatoform Disorder: Physical symptoms that mimic disease or injury (blindness, anesthesia) for which there is no *identifiable physical cause*
- Dissociative Disorder: Temporary amnesia, multiple personality, or depersonalization (like being in a dream world, feeling like a robot, feeling like you are outside of your body)
- Personality Disorder: Deeply ingrained, unhealthy, maladaptive personality patterns
- Sexual and Gender Identity Disorder: Problems with sexual identity, deviant sexual behavior, or sexual adjustment



## General Risk Factors for Contracting Mental Illness

- Social Conditions: Such as poverty, homelessness, overcrowding, stressful living conditions
- Family Factors: Parents who are immature or mentally ill, abusive or criminal; poor child discipline; severe marital or relationship problems
- Psychological Factors: Low intelligence, stress, learning disorders
- Biological Factors: Genetic defects or inherited vulnerabilities; poor pre- or post-natal care, head injuries, exposure to toxins, chronic physical illness or disability



# Insanity

- Definition: A *legal term*; refers to an inability to manage one's affairs or to be aware of the consequences of one's actions
  - Those *judged* insane (by a court of law) are not held legally accountable for their actions
  - Can be *involuntarily committed* to a psychiatric hospital
  - Many movements today are trying to abolish the insanity plea and defense; desire to make everyone accountable for their actions
  - How accurate is the judgment of insanity?
- Expert Witness: Person recognized by a court of law as being qualified to give expert testimony on a specific topic
  - May be psychologist, psychiatrist, and so on



# Personality Disorders: Antisocial Personality Disorder (APD)

- Definition: A person who lacks a conscience (superego?); typically are emotionally shallow, impulsive, selfish, and manipulative towards others
  - Oftentimes called *psychopaths* or *sociopaths*
- Many are delinquents or criminals, but many are not crazed murderers displayed on television.
- Create a good first impression and are often charming
- Cheat their way through life
  - E.g. Dr. Michael Swango



# APD: Causes and Treatments

- Possible Causes:
  - Childhood history of emotional deprivation, neglect, and physical abuse
  - Underarousal of the brain
  - Poor attachment to caregiver (s)
- Very difficult to effectively treat; will lie, charm, and manipulate way through therapy



## Anxiety-Based Disorders

- Anxiety: Feelings of apprehension, dread or uneasiness; similar to fear but based on an unclear threat
- Adjustment Disorders: Occur when ongoing stressors cause emotional disturbance and push people beyond their ability to effectively cope.
  - Usually suffer sleep disturbances, irritability, and depression
  - Examples: Grief reactions, lengthy physical illness, unemployment
- Anxiety Disorders: Stress seems greatly out of proportion to the situations in which they find themselves
- Generalized Anxiety Disorder (GAD): At least six months of chronic, unrealistic, or excessive anxiety. Oftentimes called
  - Free Floating Anxiety: General and pervasive anxiety triggered by many situations



# Panic Disorders

- Panic Disorder (Without Agoraphobia): Person is in a chronic state of anxiety, and also has brief moments of sudden, intense, unexpected panic (panic attack)
  - Panic attack: Feels like heart attack, going to die, or going insane.
  - Symptoms include vertigo, chest pain, choking, fears of losing control.
- Panic Disorder (With Agoraphobia): Panic attacks and sudden anxiety still occur, but with agoraphobia



# Agoraphobia

- Agoraphobia: Intense, irrational fear that a panic attack will occur in a public place or in an unfamiliar situation
  - Intense fear of leaving the house or entering unfamiliar situations
  - Can be very crippling
  - Literally means *fear of open places or market (agora)*



## Specific Phobias

- Irrational, persistent fears, anxiety and avoidance focus on specific objects, activities or situations
  - Animal Type: Fear of a specific type of animal
  - Natural Environment Type: Fear of heights, storms, ocean
  - Blood, Injection, Injury Type: Fear of injections, blood, medical procedures
  - Situational Type: Fear of specific situations
  - Other Type: Any situation, animal, or activity not covered above



# Social Phobia

- Intense, irrational fear of being observed, evaluated, humiliated, or embarrassed by others
  - Shyness, eating or speaking in public are some examples



# Obsessive-Compulsive Disorder (OCD)

- Extreme preoccupation with certain thoughts and compulsive performance of certain behaviors
  - Obsession: Recurring irrational images or thoughts that a person cannot prevent.
    - Cause anxiety and extreme discomfort
    - Enter into consciousness against the person's will
    - Most common: Being dirty, or wondering if you performed an action (turned off the stove?)
- Compulsion: Irrational acts that person feels compelled to repeat against his/her will.
  - Help to control anxiety created by obsessions
  - Checkers and cleaners



## Stress Disorders

- Occur when stresses outside range of normal human experience cause major emotional disturbance
  - Symptoms: Repeatedly reliving traumatic event, avoiding stimuli associated with the event, and numbing of emotions
- Acute Stress Disorder: Psychological disturbance lasting up to one month following stresses from a traumatic event
- Post Traumatic Stress Disorder (PTSD): Lasts more than one month after the traumatic event has occurred; may last for years. Typically associated with combat and violent crimes (rape, assault, etc.)



# Dissociative Disorders

- Dissociative Amnesia: Inability to recall one's name, address or past.
  - Memory loss is partial or complete for personal information
- Dissociative Fugue: Sudden travel away from home and confusion about personal identity
- Dissociative Identity Disorder (DID): Person has two or more distinct, separate identities or personality traits; previously known as *Multiple Personality Disorder*.
  - “Sybil” or “The Three Faces of Eve” are good examples
  - Often begins with horrific childhood experiences e.g. abuse, molestation, etc.
  - Therapy often makes use of hypnosis



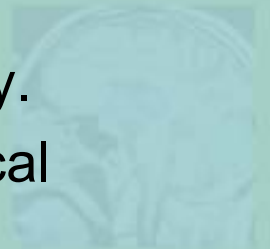
# Somatoform Disorders

- Somatization Disorder: Person has numerous physical complaints.
  - Usually consult many doctors but they find no *organic or physical cause(s)* for their illnesses
- Hypochondriasis: Person is preoccupied with having a serious illness or disease.
  - Interpret normal sensations and bodily signs as proof that they have a terrible disease.
  - Again no physical disorder can be found



## Somatoform Disorders Continued

- Pain Disorder: Pain that has no identifiable organic, physical cause.
  - Appears to have psychological origin
- Conversion Disorder: Severe emotional conflicts are “converted” into physical symptoms or a physical disability.
- Caused by anxiety or emotional distress but not by physical causes



# Theoretical Causes of Anxiety Disorders: Psychodynamic

- Psychodynamic (Freud): Anxiety caused by conflicts among id, ego and superego.
  - Forbidden id impulses for sex or aggression are trying to break into consciousness and thus influence behavior. Person fears doing something crazy or forbidden.
  - Superego creates guilt in response to these impulses.
  - Ego gets overwhelmed and uses defense mechanisms to cope.

## Other Theoretical Causes of Anxiety Disorders

- Humanistic-Existential: Unrealistic self-image conflicts with real self-image
  - Existential: Anxiety reflects loss of meaning in one's life
- Behavioristic: Anxiety symptoms and behaviors are learned, like everything else
  - Conditioned emotional responses that generalize to new situations
- Cognitive: Distorted thinking causes people to magnify ordinary threats and failures, leading to anxiety and distress



# Psychosis and Hallucinations

- Psychosis: Loss of contact with reality marked by hallucinations, delusions, disturbed thoughts and emotions, and personality disorganization
- Hallucinations: Imaginary sensations, such as seeing, hearing or smelling things that are not there.
  - Most common psychotic hallucination is hearing voices
  - Note that olfactory hallucinations sometimes occur with seizure disorder (epilepsy)



# Delusions

- Delusions: False beliefs that psychotic individuals insist are true, regardless of overwhelming evidence against them. Most common types:
  - Delusions of Grandeur: Think they're very important
  - Depressive Delusions: Think they've committed horrible, sinful acts ("I am the devil, I am evil")
  - Somatic Delusions: Believe body is rotting away or has bad odors
  - Delusions of Influence: Being controlled by others
  - Delusions of Persecution: Someone is out to "get them"
  - Delusions of Reference: Assign personal meaning to unrelated events.
    - E.g. Television programs are sending them a special message



## Some More Psychotic Symptoms

- Flat Affect: Lack of emotional responsiveness
- Disturbed Communication: Speech is garbled and chaotic; word salad
- Personality Disintegration: Thoughts, actions, and emotions are no longer coordinated



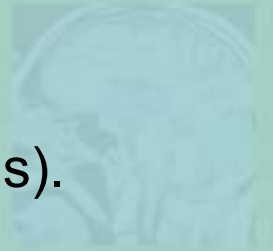
## Other Psychotic Disorders

- Functional Psychosis: Unknown origin or presumed to have psychological causes
- Organic Psychosis: Psychosis caused by brain injury or disease
  - Dementia: Most common organic psychosis; serious mental impairment in old age caused by brain deterioration
  - Known as *senility* at times
    - Alzheimer's Disease: Most common cause of dementia
    - Ronald Reagan most famous Alzheimer's victim



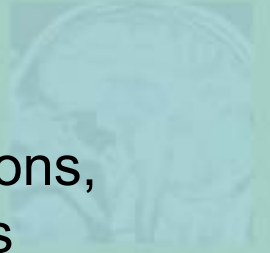
## Delusional Disorders

- Marked by presence of deeply held false beliefs (delusions).
  - Usually involve delusions of grandeur, persecution, or jealousy
- Paranoid Psychosis: Most common.
  - Centers on delusions of persecution



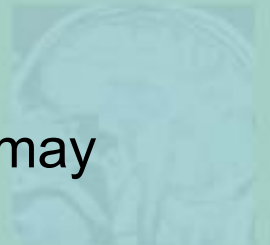
# Schizophrenia: The Most Severe Mental Illness

- Psychotic disorder characterized by hallucinations, delusions, apathy, thinking abnormalities, and split between thoughts and emotions
  - Does *NOT* refer to having split or multiple personalities



# The Four Subtypes of Schizophrenia

- Disorganized Schizophrenia: Incoherence, grossly disorganized behavior, bizarre thinking, and flat or inappropriate emotions
- Paranoid Schizophrenia: Preoccupation with delusions of grandeur or persecution; also have hallucinations
- Catatonic Schizophrenia: Marked by stupor where victim may hold same position for hours or days; also unresponsive
  - Waxy Flexibility: Person may be molded like a human clay or plaster statue
- Undifferentiated Schizophrenia: Any type of schizophrenia that does not have paranoid, catatonic or disorganized features or symptoms



# Causes of Schizophrenia

- **Psychological Trauma:** Psychological injury or shock, often caused by violence, abuse or neglect
- **Disturbed Family Environment:** Stressful or unhealthy family relationships, communication patterns, and emotional atmosphere
- **Deviant Communication Patterns:** Cause guilt, anxiety, anger, confusion, and turmoil
- **Stress-Vulnerability Hypothesis:** Combination of environmental stress and inherited susceptibility

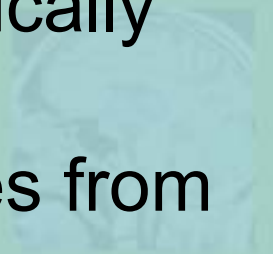


# Biochemical Causes of Schizophrenia

- Biochemical Abnormality: Disturbance in brain's chemical systems, especially with neurotransmitters
- Dopamine: Neurotransmitter involved with emotions and muscle movement.
  - Works in limbic system
- Dopamine overactivity in brain may be related to schizophrenia



Lifetime risk of developing schizophrenia is associated with how closely a person is genetically related to a schizophrenic person. A shared environment also increases the risk. (Estimates from Lenzenweger & Gottesman, 1994.)

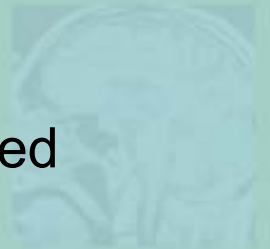


Dopamine normally crosses the synapse between two neurons, activating the second cell. Antipsychotic drugs bind to the same receptor sites as dopamine does, blocking its action. In people suffering from schizophrenia, a reduction in dopamine activity can quiet a person's agitation and psychotic symptoms.



# Schizophrenic Brain

- CT Scan: Computed Tomography Scan; computer enhanced X-ray of brain or body.
  - CT scans show schizophrenic brains as having wider surface fissures
- MRI Scan: Magnetic Resonance Imaging; computer enhanced three dimensional image of brain or body. Based on magnetic field.
  - MRIs show schizophrenic brains as having enlarged ventricles
- PET Scan: Positron Emission Tomography; computer-generated *color* image of brain activity. Person consumes radioactive sugar.
  - Activity is abnormally low in frontal lobes of schizophrenics



# Mood Disorders

- Major disturbances in mood or emotion, such as depression or mania
- Depressive Disorders: Involve sadness or despondency for prolonged periods
- Bipolar Disorders: Involve **both** depression, and mania or hypomania
- Dysthymic Disorder: Moderate depression that lasts for at least 2 years
- Cyclothymic Disorder: Moderate manic and depressive behavior that lasts for at least 2 years
- Reactive Depression: Depression that is a reaction to some identifiable event but is more severe than the event warrants



## Major Mood Disorders

- Lasting extremes of mood or emotion and sometimes with psychotic features (hallucinations, delusions)
- Bipolar I Disorder: Extreme mania and deep depression; one type of *Manic-Depressive Illness*.
  - Mania: Excited, hyperactive, energetic, grandiose behavior
- Bipolar II Disorder: Person is mainly sad but has one or more hypomanic episodes (mild mania)



## Major Mood Disorders Continued

- Affective Psychosis: Any major mood disorder that includes psychotic symptoms
- Endogenous Depression: Depression that seems to be produced from inside the body (due to chemical imbalances) and *not* from life events
- Seasonal Affective Disorder (SAD): Depression that only occurs during fall and winter.
  - May be related to reduced exposure to sunlight
  - Phototherapy: Treat SAD with extended exposure to bright light



## Causes of Mood Disorders

- Neurotransmitters such as dopamine, serotonin and noradrenaline levels may be involved
- Freud: Anger turned inward or repressed anger becomes self-blame and self-hate
- Learned Helplessness
- Cognitive: Self-defeating thoughts lead to self-defeating and depressive behaviors
- Many seem to have genetic component (mood disorders run in families)



# Hospitalization and Therapeutic Interventions

- Medical Therapies: Drug therapy, electroshock, or psychosurgery
  - Lithium Carbonate: Naturally occurring substance that may effectively treat some cases of bipolar disorder
- Mental Hospitalization: Person is placed in a *protected, therapeutic* environment staffed by mental health professionals
- Partial Hospitalization: Patients receive part of their treatment during the day at the hospital but return home at night
- Deinstitutionalization: Reduced use of full-time commitment to psychiatric hospitals
- Half-way House: Short-term group living facilities; transitional care for those moving from institution (prison, psychiatric hospital) to independent living



## **Suicide: Major Risk Factors**

- Drug or Alcohol Abuse
- Prior Suicide Attempt
- Depression or Other Mood Disorder
- Availability of a Firearm
- Severe Anxiety or Panic Attacks
- Family History of Suicidal Behavior
- Shame, Humiliation, Failure or Rejection



Adolescent suicide rates vary for different racial and ethnic groups. Higher rates occur among whites than among non-whites. White male adolescents run the highest risk of suicide. Considering gender alone, it is apparent that more male than female adolescents commit suicide. This is the same as the pattern observed for adults.



# Common Characteristics of Suicidal Thoughts and Feelings (Shneidman)

- Escape
- Unbearable Psychological Pain: Emotional pain that the person wishes to escape
- Frustrated Psychological Needs: Such as search for love, achievement, or security
- Constriction of Options: Feels helpless and hopeless and decides that death is the only option left



# Insanity Defense

- Insanity Defense: Person was incapable of knowing right from wrong while committing a crime
- M’Naghten Rule: Standard for judging *legal insanity* in English common law.
  - Must understand wrongfulness of actions to be held responsible for them
  - If suffering from mental disease preventing person from knowing right from wrong, can be deemed insane
  - Taking of a life due to insanity is not murder
- Irresistible Impulse: Uncontrollable urge to act
- Diminished Capacity: Temporary loss of ability to control actions or to know right from wrong

