

# Psychological Disorders

## Medical model: "mental illness"

- **Diagnosis**: distinguishing one illness from another (symptoms)
- **Etiology**: the apparent causation
- **Prognosis**: probable course
- **Prevalence** (rates of disorders)

Bio-psycho-social model: how biological, psychological, and social factors combine to produce specific psychological disorders; nature and nurture

Definition: the behavior must meet all of these (MUDA)

- **Maladaptive behavior**—destructive to oneself or others
- **Unjustifiable**—without a rational basis
- **Disturbing**—troublesome to other people
- **Atypical**—so different that they violate a norm (rule for accepted and expected behavior *in a particular culture*)

## Classifying

- **DSM-IV-TR**: American Psychiatric Association—The Diagnostic and Statistical Manual of Mental Disorders
- **Neurotic disorders**: usually distressing but allows one to think rationally and function socially
- **Psychotic disorders**: the person loses contact with reality, irrational ideas and distorted perceptions

**Labeling**: problematic—people are treated differently after they are labeled

**Anxiety disorders:** a class of disorders marked by feelings of excessive apprehension and anxiety

### Subtypes

- **Generalized anxiety disorder:** chronic, high level of anxiety not tied to any specific threat
- **Panic disorder:** persistent, irrational fear of object or situation that presents no real danger
- **Phobias:** recurrent attacks of overwhelming anxiety that occur suddenly and unexpectedly, e.g. agoraphobia
- **Obsessive-compulsive disorder:** persistent uncontrollable intrusions of unwanted thoughts and urges to engage in senseless rituals (Monk, Howard Hughes)
- **Posttraumatic stress disorder:** enduring psychological disturbance attributable to the experience of a major traumatic event (soldiers returning from a war, a rape victim)

Prevalence: 19%

### Etiology: Biological factors

- **Genetic:** Twins study—mild predisposition
- **Anxiety sensitivity:** Anxiety breeds more anxiety
- **Neurochemical bases:** abnormalities in releasing GABA, abnormalities at serotonin synapses

### Etiology: Psychological factors

- **Learning:**
  - Fear conditioning
  - Stimulus generalization (Little Albert)
  - Reinforcement—associating emotions with actions
  - Observational learning—learning from parents
- **Stress:** precipitate the onset
- **Cognition:** misinterpretation of harmless situations; focus of excessive attention on perceived threats

**Somatoform Disorders:** Disorders in which the symptoms take a somatic (bodily) form without apparent physical cause

**Subtypes**

- **Somatization disorder:** a history of diverse physical complaints that appear to be psychological in origin
- **Conversion disorder:** a significant loss of physical function (with no apparent organic basis) usually in a single organ system
- **Hypochondrasis (hypochondria):** excessive preoccupation with health concerns and incessant worry about developing physical illness—overinterpretation

**Etiology: Psychological**

- **Personality factors:** histrionic personality characteristics (self-centered, suggestible, excitable, highly emotional, overly dramatic); neuroticism; care-seeking
- **Cognitive factors:** drawing catastrophic conclusions; unrealistic ideas about health

**Personality Disorders:** a class of disorders marked by extreme, inflexible, and enduring patterns of behavior that impair one's social and occupational functioning

### Subtypes

- **Anxious/fearful:**  
avoidant, excessive fearfulness of rejection leading to avoiding people;  
dependent, excessively dependent;  
obsessive-compulsive
- **Odd/eccentric:**  
schizoid, absence of warm feelings for others;  
schizotypal, oddities of thinking, perception, communication;  
paranoid, unwarranted suspiciousness
- **Dramatic/impulsive:**  
histrionic, overly dramatic, attention-seeking;  
narcissistic, exaggerated sense of self importance, success fantasies;  
borderline personality disorder, unstable in self-image, mood, interpersonal relationships, impulsive and unpredictable;  
antisocial personality disorder (sociopath or psychopath), chronically violating the rights of others, failing to accept social norms, to form attachments to others, exploitive and reckless

### Etiology: Biological

- **Genetic:** twin studies—67% for identical, 31% for fraternal
- **Neurological damage:** prenatal or in childhood; fearless approach to life, little autonomic nervous system arousal

### Etiology: Psychological

- **Dysfunctional family systems:** one or both parents with antisocial traits
- **Inadequate socialization**

**Dissociative Disorders:** a class of disorders in which people lose contact with portions of their consciousness or memory, resulting in disruptions in their sense of identity

### Subtypes

- **Dissociative amnesia:** a sudden loss of memory for important personal information that is too extensive to be due to normal forgetting
- **Dissociative fugue:** a loss of memory for their entire lives along with their sense of personal identity
- **Dissociative identity disorder:** the coexistence in one person of two or more largely complete, and usually very different personalities (usually unaware of one another)

Prevalence: (for DID) very rare

### Etiology: Psychological

- **Stress/emotional trauma**
- **Personality traits:** prone to fantasy, tendency to become intensely absorbed in personal experiences
- **Culture:** why so many cases in North America in the last 60 years?

**Mood Disorders:** a class of disorders marked by emotional disturbances of various kinds that may spill over to disrupt physical, perceptual, social, and thought processes

### **Subtypes**

- **Major depressive disorder:** a person shows persistent (more than a few weeks) feelings of sadness and despair and a loss of interest in previous sources of pleasure
- **Dysthymic disorder:** chronic depression without a major depressive episode
- **Bipolar disorder (manic-depressive disorder):** a person experiences one or more manic episodes (marked by inflated self-esteem, grandiosity, elevated mood and energy) as well as periods of depression following

**Prevalence:** 7%-18% for depression  
1%-2.5% for bipolar

### **Etiology: Biological**

- **Genetic:** twin studies—a predisposition to mood disorders
- **Sleep disturbances:** disruption of biological rhythms
- **Neurochemical bases:** norepinephrine (lack during depression, too much during mania), serotonin (lack)

### **Etiology: Psychological**

- **Interpersonal roots:** inadequate social skills; lack of reinforcers
- **Stress:** triggering factor
- **Cognition:** negative explanatory style, worrying

**Schizophrenia:** a class of disorders marked by delusions, hallucinations, disorganized speech, and deterioration of adaptive behavior—a split from reality

**Symptoms:**

- **Delusions:** false beliefs that are maintained even though they clearly are out of touch with reality
- **Hallucinations:** false sensory experiences (seeing or hearing something that is not there or not seeing or hearing something that is there)
- **Inappropriate emotions and actions**  
**Flat effect:** zombielike state of apparent apathy  
**Catatonia:** a person remains motionless for hours on end and then becomes agitated

**Subtypes**

- **Paranoid:** dominated by delusions of persecution, along with delusions of grandeur
- **Catatonic:** variations in voluntary actions; alternating between catatonic excitement (movement, delusions, hallucinations) and catatonic stupor (very little activity or speech)
- **Disorganized:** bizarre behavior, delusions, and hallucinations—visibly disturbed
- **Undifferentiated:** symptoms that are disturbed but are not clearly consistent with the other types
- **Residual:** withdrawal, after hallucinations and delusions have disappeared
  
- **Positive symptoms:** the presence of behavioral excesses (delusions, hallucinations, bizarre behavior)
- **Negative symptoms:** the absence of behaviors (flattened emotions, social withdrawal, apathy, lack of speech)

**Prevalence:** 1%

**Etiology: Biological**

- **Genetic:** twin studies—genetic predisposition 50%
- **Structural abnormalities in brain:** enlarged brain ventricles
- **Neurochemical bases:** dopamine overactivity; glutamate lack

**Etiology: Psychological**

- **Stress:** maybe
- **The neurodevelopmental hypothesis:** virus during midpregnancy