Psychological Disorders

Objectives

1. **Criteria for label of "psychological disorder."**
2. **DSM-V (what it is; how it is used, etc.)**
3. **Characteristics and etiology of the following ANXIETY DISORDERS:**
    - **Generalized anxiety**
    - **Phobic**
    - **Panic**
    - **Obsessive-compulsive**
4. **Characteristics and etiology of MOOD DISORDERS**
    - **bipolar disorders**
    - **depression**
5. **Characteristics and etiology of SCHIZOPHRENIC DISORDERS, including general symptoms, major subtypes, and genetic likelihood.**
6. **Major risk factors and warning signs for potential suicide plus adolescent suicide rates across demographic groups**

CRITERIA for label of "PSYCHOLOGICAL DISORDER"

ABNORMAL

Deviates from the "norm" or what is considered to be typical behavior either qualitatively or quantitatively.

MALADAPTIVE

Behavior seriously disrupts person's work, academic, or social life.

PERSONAL DISTRESS

Subjective feelings of anxiety, depression, etc.

Note that <u>NONE</u> of these is sufficient by itself to get something classified as a "disorder."

Psychodiagnosis: The Classification of Disorders

- American **Psychiatric** Association
- Diagnostic and Statistical Manual of Mental Disorders – 5th ed. (DSM – V)
- “Multiaxial” system

(adapted from Wadsworth/Thomson Learning, 2001)

Psychodiagnosis: The Classification of Disorders

- The DSM system assumes that people can reliably be placed in nonoverlapping diagnostic categories.
- Critics of the DSM system argue that:
  - There is significant overlap among various disorders' symptoms, and people often qualify for more than one diagnosis.
  - The traditional categorical approach should be replaced by a dimensional approach.
  - The increase in specific diagnoses medicalizes everyday problems, which could trivialize the concept of mental illness.

(Cengage, 2019)

DSM

Axis I
Clinical Syndromes

1. **Disorders usually first diagnosed in infancy, childhood, or adolescence**
   This category includes disorders that arise before adolescence, such as attention deficit disorders, autism, enuresis, and stuttering.
2. **Organic mental disorders**
   These disorders are temporary or permanent dysfunctions of brain tissue caused by diseases or chemicals. Examples are delirium, dementia, and amnesia.
3. **Substance-related disorders**
   This category refers to the maladaptive use of drugs and alcohol. This category requires an abnormal pattern of use, as with alcohol abuse and cocaine dependence.
4. **Schizophrenia and other psychotic disorders**
   The schizophrenias are characterized by psychotic symptoms (for example, grossly disorganized behavior, delusions, and hallucinations) and by over six months of behavioral deterioration. This category also includes delusional disorder and schizoaffective disorder.
5. **Mood disorders**
   The cardinal feature is emotional disturbance. These disorders include major depression, bipolar disorder, dysthymic disorder, and cyclothymic disorder.
6. **Anxiety disorders**
   These disorders are characterized by physiological signs of anxiety (for example, palpitations) and subjective feelings of tension, apprehension, or fear. Anxiety may be acute and focused (panic disorder) or continual and diffuse (generalized anxiety disorder).
7. **Somatoform disorders**
   These disorders are dominated by somatic symptoms that resemble physical illnesses. These symptoms cannot be fully accounted for by organic damage. This category includes somatization and conversion disorders and hypochondriasis.
8. **Dissociative disorders**
   These disorders all feature a sudden, temporary alteration or dysfunction of memory, consciousness, and identity, as in dissociative amnesia and dissociative identity disorder.
9. **Sexual and gender-identity disorders**
   There are three basic types of disorders in this category: gender identity disorders (discomfort with identity as male or female), paraphilias (preference for unusual acts to achieve sexual arousal), and sexual dysfunctions (impairments in sexual functioning).
10. **Eating Disorders**
    Eating disorders are severe disturbances in eating behavior characterized by preoccupation with weight concerns and unhealthy efforts to control weight. Examples include anorexia nervosa and bulimia nervosa.

Axis II
Personality Disorders or Mental Retardation

Personality disorders are longstanding patterns of extreme, inflexible personality traits that are deviant or maladaptive and lead to impaired functioning or subjective distress. *Mental retardation* refers to subnormal general mental ability accompanied by deficiencies in adaptive skills, originating before age 18.

Axis III
General Medical Conditions

Physical disorders or conditions are recorded on this axis. Examples include diabetes, arthritis, and hemophilia.

Axis IV
Psychosocial and Environmental Problems

Axis IV is for reporting psychosocial and environmental problems that may affect the diagnosis, treatment, and prognosis of mental disorders (Axes I and II). A psychosocial or environmental problem may be a negative life event, an environmental difficulty or deficiency, a familial or other interpersonal stressor, an inadequacy of social support or personal resources, or another problem that describes the context in which a person's difficulties have developed.

Axis V
Global Assessment of Functioning (GAF) Scale

Code	Symptoms
100	Superior functioning in a wide range of activities
90	Absent or minimal symptoms, good functioning in all areas
80	Symptoms are transient and expectable reactions to psychosocial stressors
70	Some mild symptoms or some difficulty in social, occupational, or school functioning, but generally functioning pretty well
60	Moderate symptoms or difficulty in social, occupational, or school functioning
50	Serious symptoms or impairment in social, occupational, or school functioning
40	Some impairment in reality testing or communication or major impairment in family relations, judgment, thinking, or mood
30	Behavior considerably influenced by delusions or hallucinations, serious impairment in communication or judgment, or inability to function in almost all areas
20	Some danger of hurting self or others, occasional failure to maintain minimal personal hygiene, or gross impairment in communication
10	Persistent danger of severely hurting self or others
1	

ANXIETY DISORDERS

GENERALIZED ANXIETY DISORDER

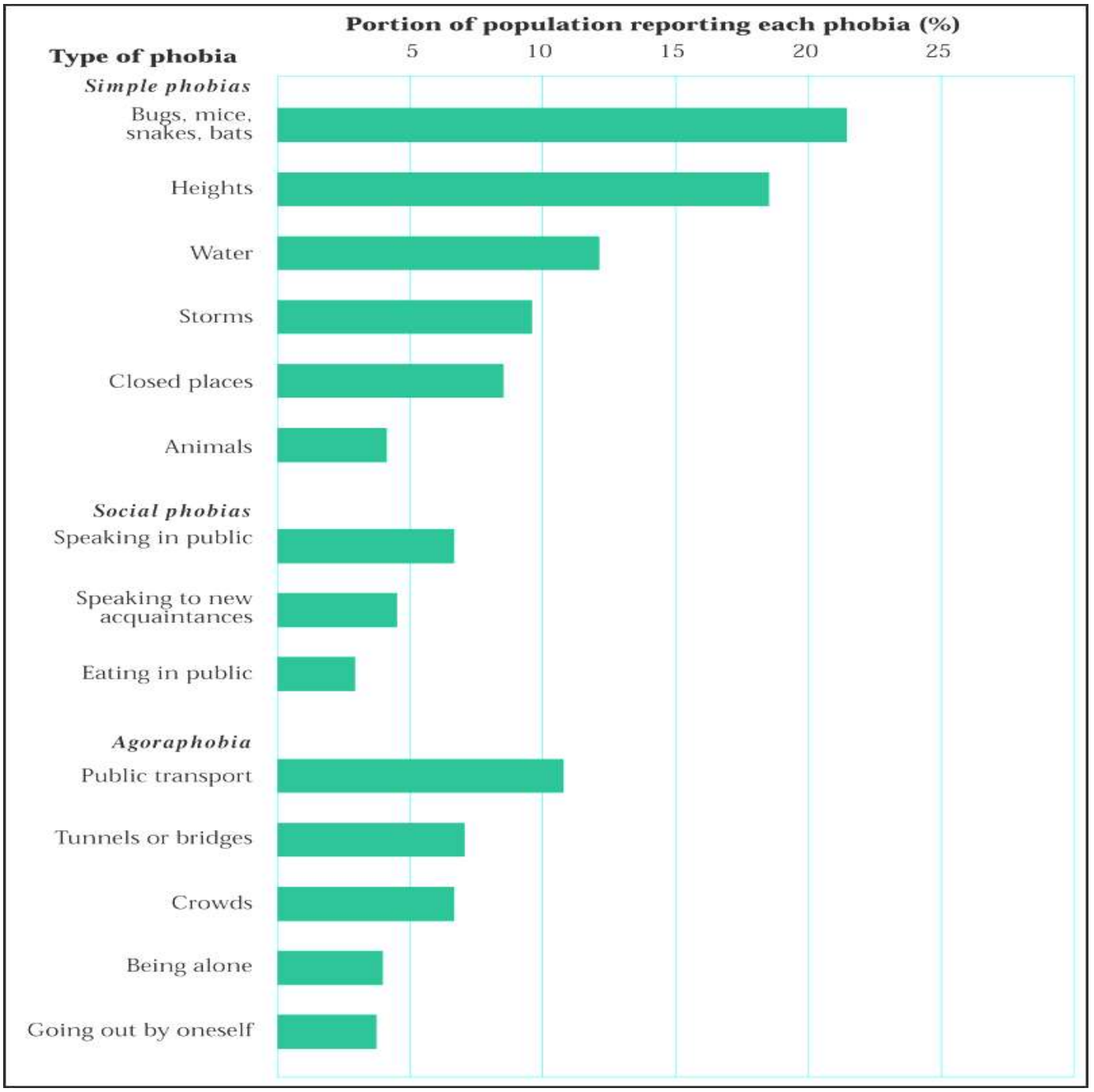
"FREE FLOATING" - tension or anxiety is not connected to a particular thing or situation

PHOBIC DISORDER

IRRATIONAL fear of a specific object or situation

(Affect 10-15% of U.S. population)

Common phobias. The most frequently reported phobias in a large-scale survey of mental health (Eaton, Dryman, & Weissman, 1991) are listed here. The percentages reflect the portion of respondents who reported each type of phobia. Although the data show that phobias are quite common, people are said to have full-fledged phobic disorders only when their phobias seriously interfere with their activities. Overall, about 40% of the subjects who reported each fear qualified as having a phobic disorder.



(adapted from Wadsworth/Thomson Learning, 2001)

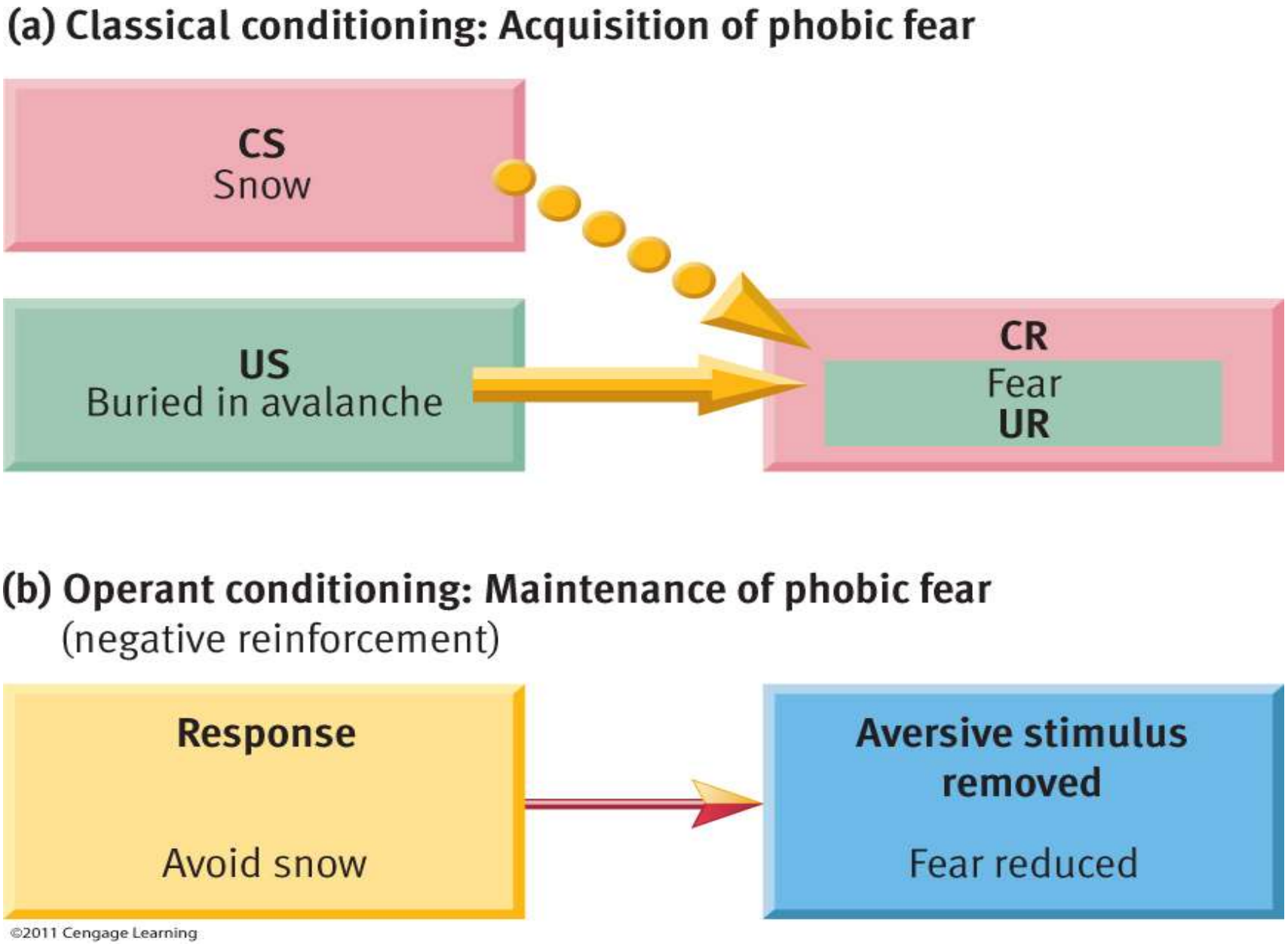
Gephyrophobia

Another Example of a Phobic Disorder: 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)*

(adapted from Wadsworth/Thomson Learning, 2001)

Classical & Operant Conditioning of Phobias



ANXIETY DISORDERS (continues)

OBSESSIVE-COMPULSIVE DISORDER	**Repeatedly thinking about something (OBSESSIVE) or performing the same actions (COMPULSIVE)**

(adapted from Wadsworth/Thomson Learning, 2005)

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

(adapted from Wadsworth/Thomson Learning, 2001)

ANXIETY DISORDERS (continues)

POSTTRAUMATIC STRESS DISORDER	**”Enduring psychological disturbance attributed to the experience of a major traumatic event.”**
PANIC DISORDER	**Sudden, unexpected attacks of overwhelming anxiety or fear; physical symptoms may include dizziness, trembling, cold sweats, heart racing, hard to breathe or catch breath**

(adapted from Wadsworth/Thomson Learning, 2005)

Etiology of Anxiety-Related Disturbances

Biological Factors

- A link may exist between anxiety disorders and neurochemical activity in the brain.

Conditioning and Learning

- Many anxiety responses can be acquired through classical conditioning and maintained through operant conditioning.

- Preparedness – People are biologically prepared by their evolutionary history to acquire some fears more easily than others.

Etiology of Anxiety-Related Disturbances

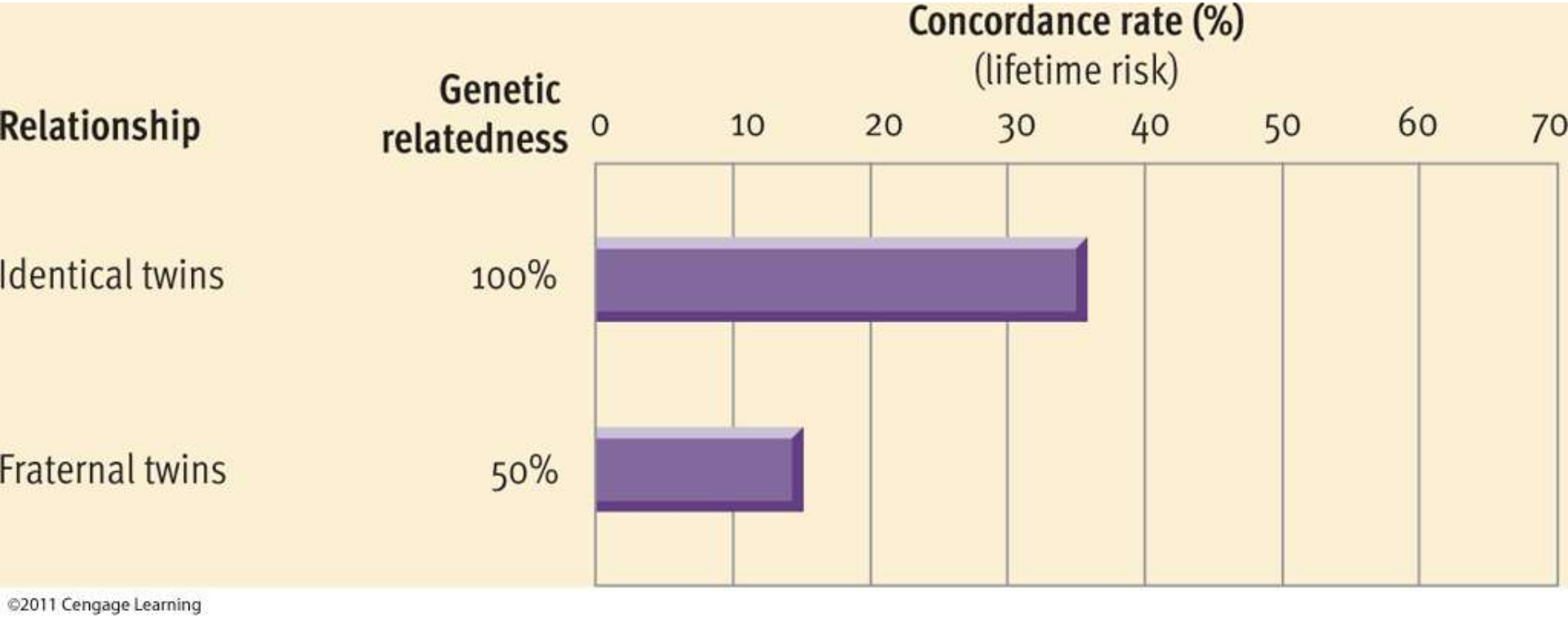
Cognitive Factors

- Certain styles of thinking make some people particularly vulnerable to anxiety disorders.
  - Harmless situations are misinterpreted as threatening.
  - Excessive attention is focused on perceived threats.
  - Information that seems threatening is selectively recalled.

Stress

- High stress often helps to precipitate or aggravate anxiety disorders.

(Cengage, 2019)

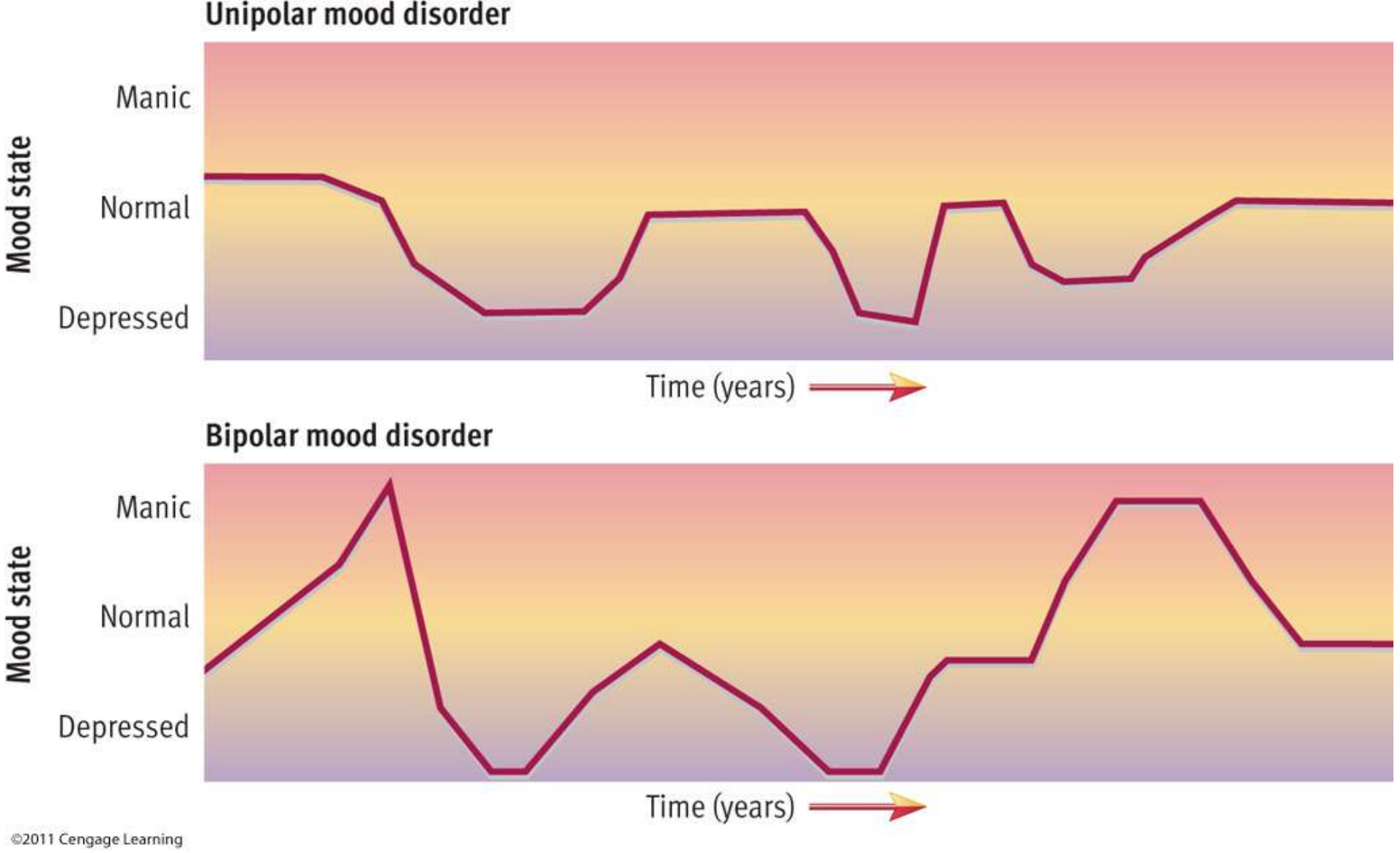


Twin studies of anxiety disorders.

(Adapted from Wadsworth/Cengage Learning, 2011)

MOOD DISORDERS: Bipolar Disorder

- Older name is manic-depressive
- Person fluctuates between an energized phase (MANIC) and a down phase (DEPRESSIVE)
- May engage in wildly risky or unrealistic acts during manic phase, including hyperactivity, difficulty sleeping, sexual activity, inflated self esteem



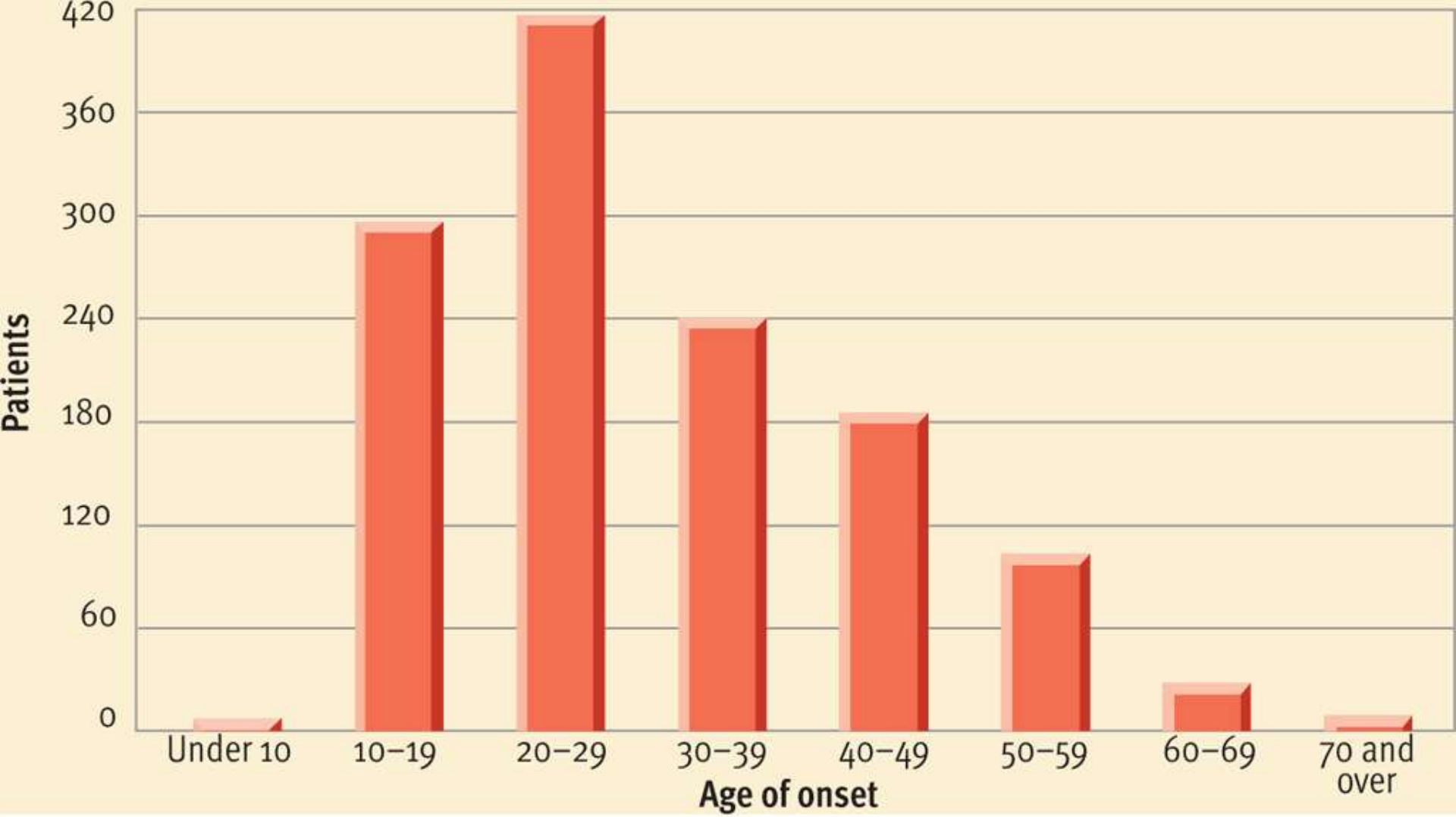
Episodic patterns in mood disorders

(Adapted from Wadsworth/Cengage Learning, 2011)

Table 13.2 Comparisons of Common Symptoms in Manic and Depressive Episodes

Characteristics	Manic Episode	Depressive Episode
Emotional	Elated, euphoric, very sociable, impatient at any hindrance	Gloomy, hopeless, socially withdrawn, irritable
Cognitive	Characterized by racing thoughts, flight of ideas, desire for action, and impulsive behavior; talkative, self-confident; experiencing delusions of grandeur	Characterized by slowness of thought processes, obsessive worrying, inability to make decisions, negative self-image, self-blame and delusions of guilt and disease
Motor	Hyperactive, tireless, requiring less sleep than usual, showing increased sex drive and fluctuating appetite	Less active, tired, experiencing difficulty in sleeping, showing decreased sex drive and decreased appetite

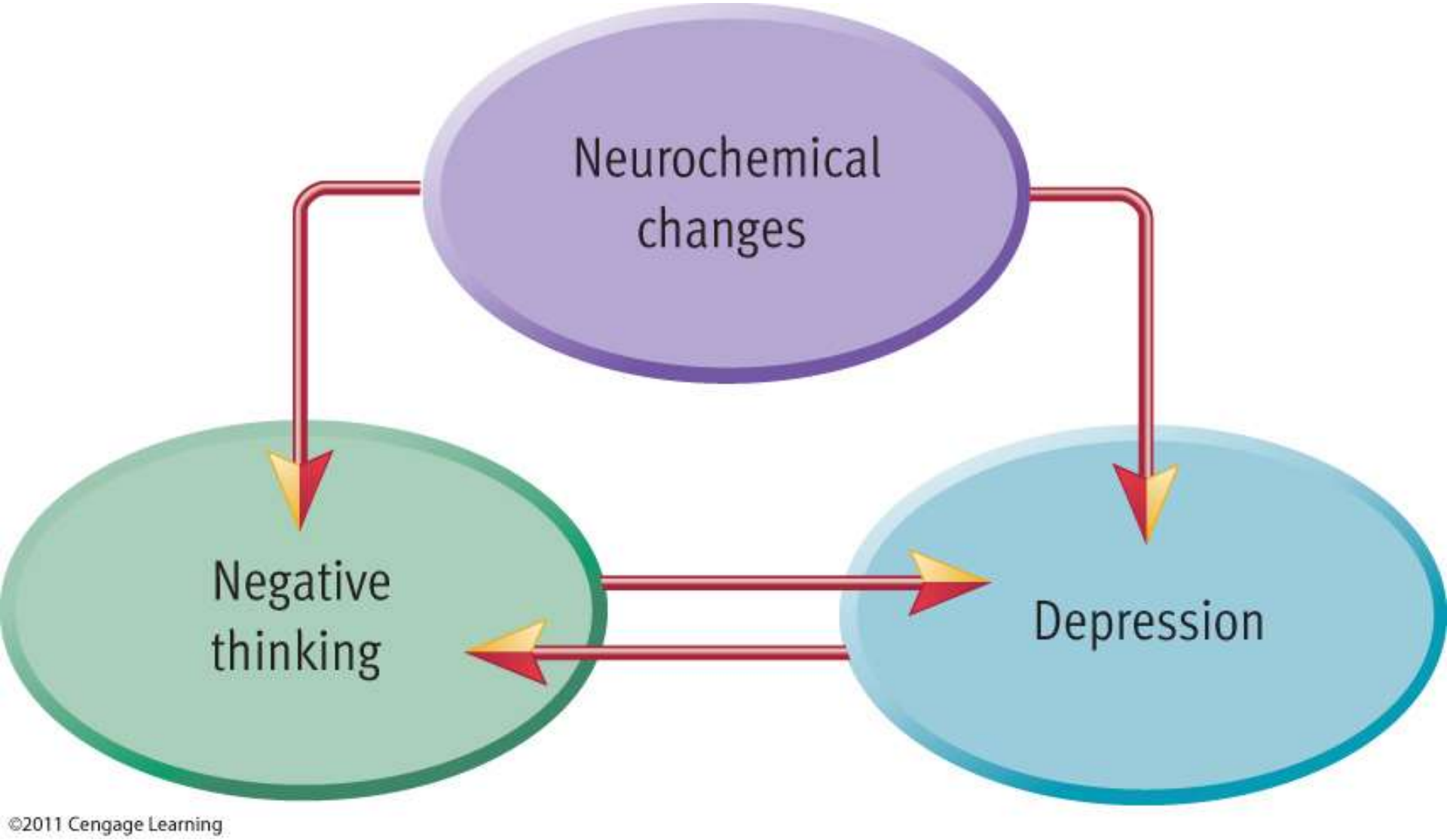
Source: Sarason, I. G., & Sarason, B. G. (1987). *Abnormal psychology: The problem of maladaptive behavior.* Upper Saddle River, NJ: Prentice-Hall. © 1987 Prentice-Hall, Inc. Reprinted by permission.



Age of onset for bipolar mood disorder.

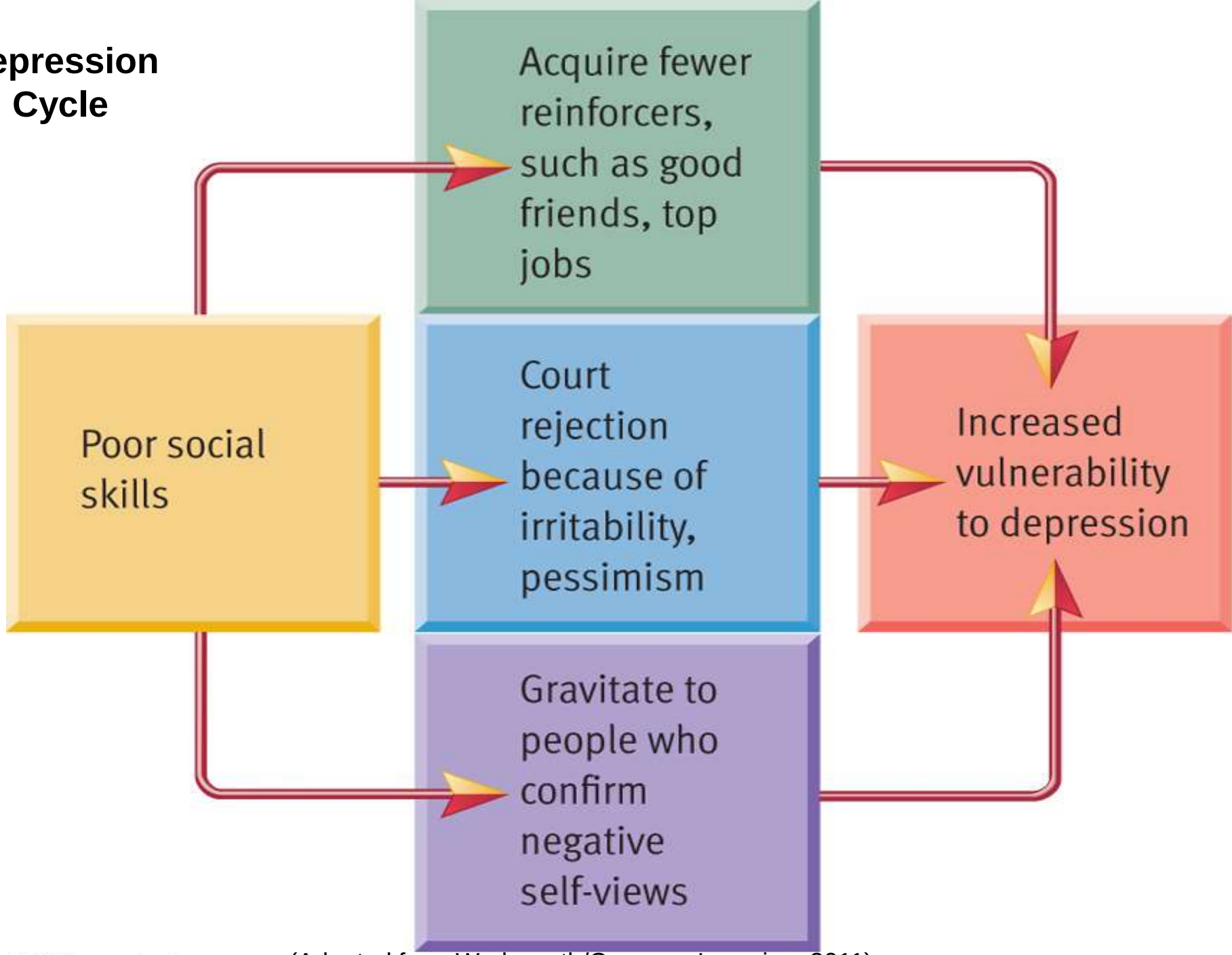
(Adapted from Wadsworth/Cengage Learning, 2011)

MOOD DISORDERS: Depression



(Adapted from Wadsworth/Cengage Learning, 2011)

Depression Cycle



(Adapted from Wadsworth/Cengage Learning, 2011)

Etiology of Depressive & Bipolar Disorders

Genetic Vulnerability

- Evidence suggests that heredity can create a predisposition to mood dysfunction.

Neurochemical and Neuroanatomical Factors

- Correlations have been found between mood disorders and abnormal levels of two neurotransmitters in the brain.

- Correlations have been found between depression and reduced hippocampal volume.

Hormonal Factors

- Hormonal changes in response to stress may contribute to the development of depression.

(Cengage, 2019)

Etiology of Depressive & Bipolar Disorders

Cognitive Factors

- Cognitive models of depression maintain that negative thinking leads to depression in many people.
- People who exhibit a pessimistic explanatory style are particularly vulnerable to depression.
  - They attribute their setbacks to personal flaws rather than situational factors.

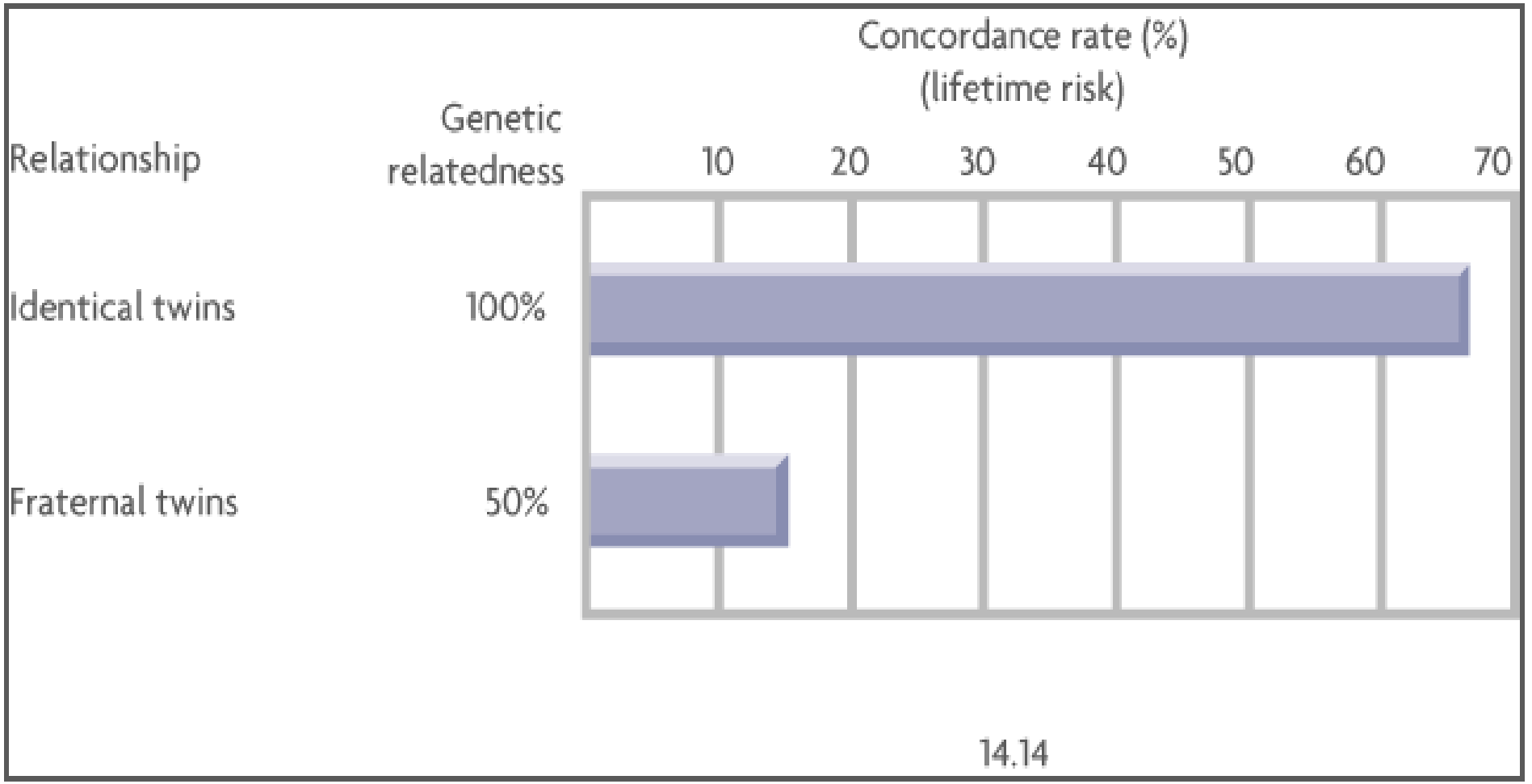
Interpersonal Roots

- Social difficulties may put people on the road to depressive disorders.

Precipitating Stress

- A moderately strong link exists between stress and the onset of both major depression and bipolar disorder.

(Cengage, 2019)



Twin studies of mood disorders.

(Adapted from Wadsworth/Cengage Learning, 2011)

Schizophrenia

NOTE:

Schizophrenia does *NOT* refer to having split or multiple personalities

Schizophrenia: Signs & Symptoms (NIMH)

Positive Signs

"Psychotic behaviors not generally seen in healthy people. People with positive symptoms may 'lose touch' with some aspects of reality."

Include:

- Hallucinations
- Delusions
- Thought disorders (unusual or dysfunctional ways of thinking)
- Movement disorders (agitated body movements)

(NIMH, 2016)

Schizophrenia: Signs & Symptoms (NIMH)

Negative Signs

"'Negative' symptoms are associated with disruptions to normal emotions and behaviors."

Include:

- "Flat affect" (reduced expression of emotions via facial expression or voice tone)
- Reduced feelings of pleasure in everyday life
- Difficulty beginning and sustaining activities
- Reduced speaking

(NIMH, 2016)

Schizophrenia: Signs & Symptoms (NIMH)

Cognitive Signs

"… cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking."

Include:

- Poor "executive functioning" (the ability to understand information and use it to make decisions)
- Trouble focusing or paying attention
- Problems with "working memory" (the ability to use information immediately after learning it)

(NIMH, 2016)

The Four Subtypes of Schizophrenia

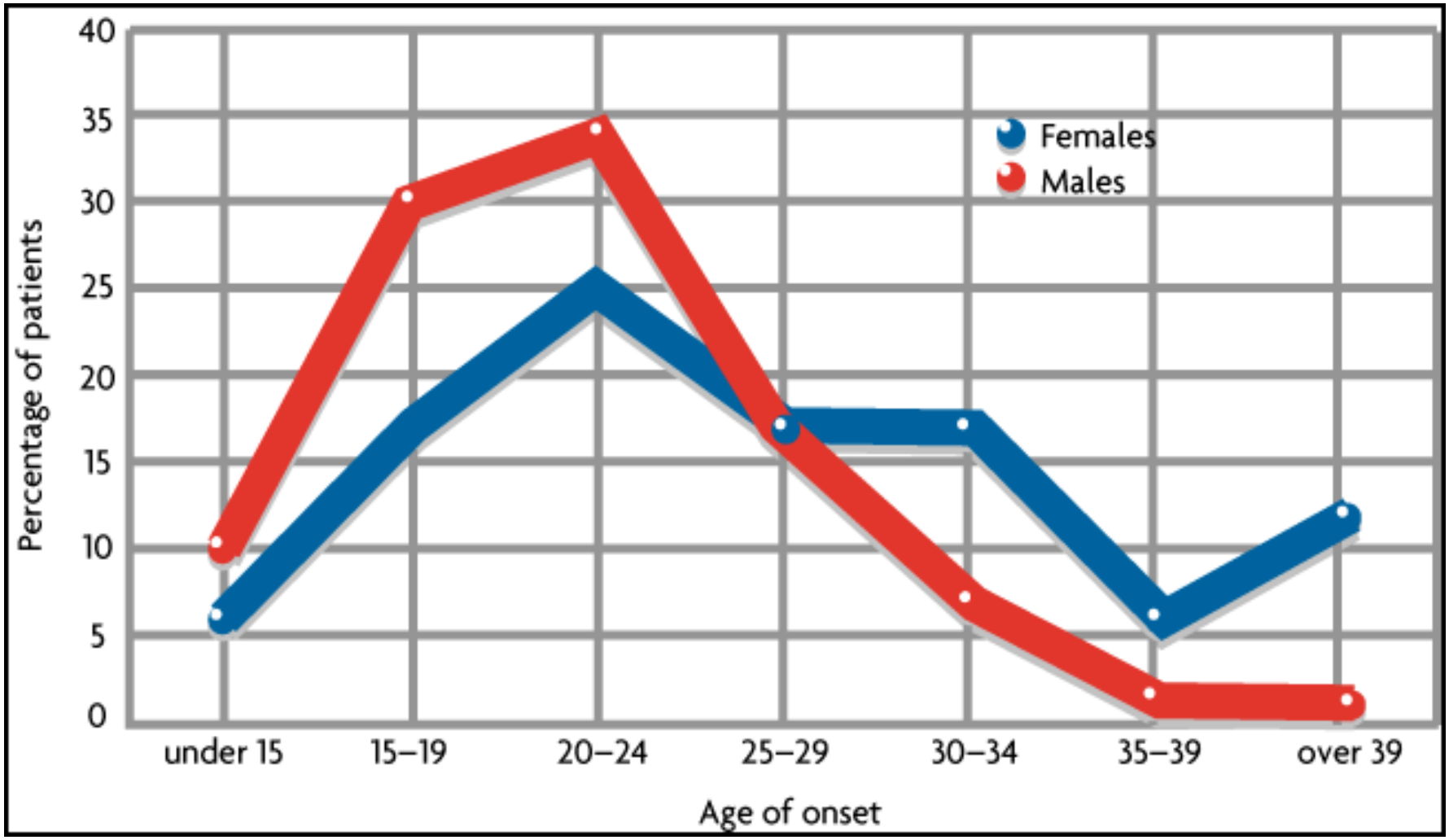
- **Paranoid Schizophrenia**: Preoccupation with delusions of grandeur or persecution; also have hallucinations
- **Catatonic Schizophrenia**: Marked by stupor where victim may hold same position for hours or days; also unresponsive
- **Disorganized Schizophrenia**: Incoherence, grossly disorganized behavior, bizarre thinking, and flat or inappropriate emotions
  - ***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

(adapted from Wadsworth/Thomson Learning, 2001)

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

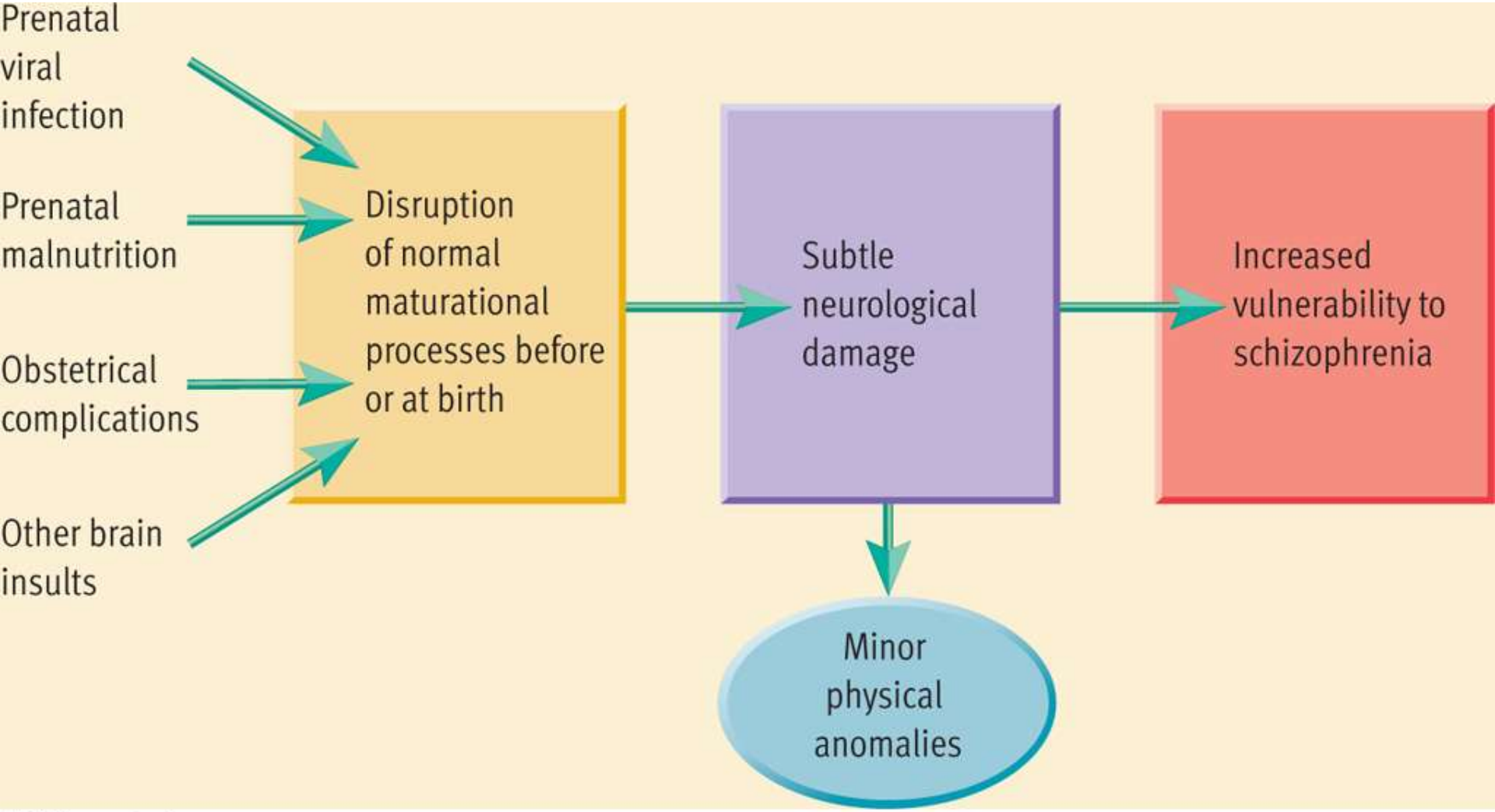
(adapted from Wadsworth/Thomson Learning, 2001)



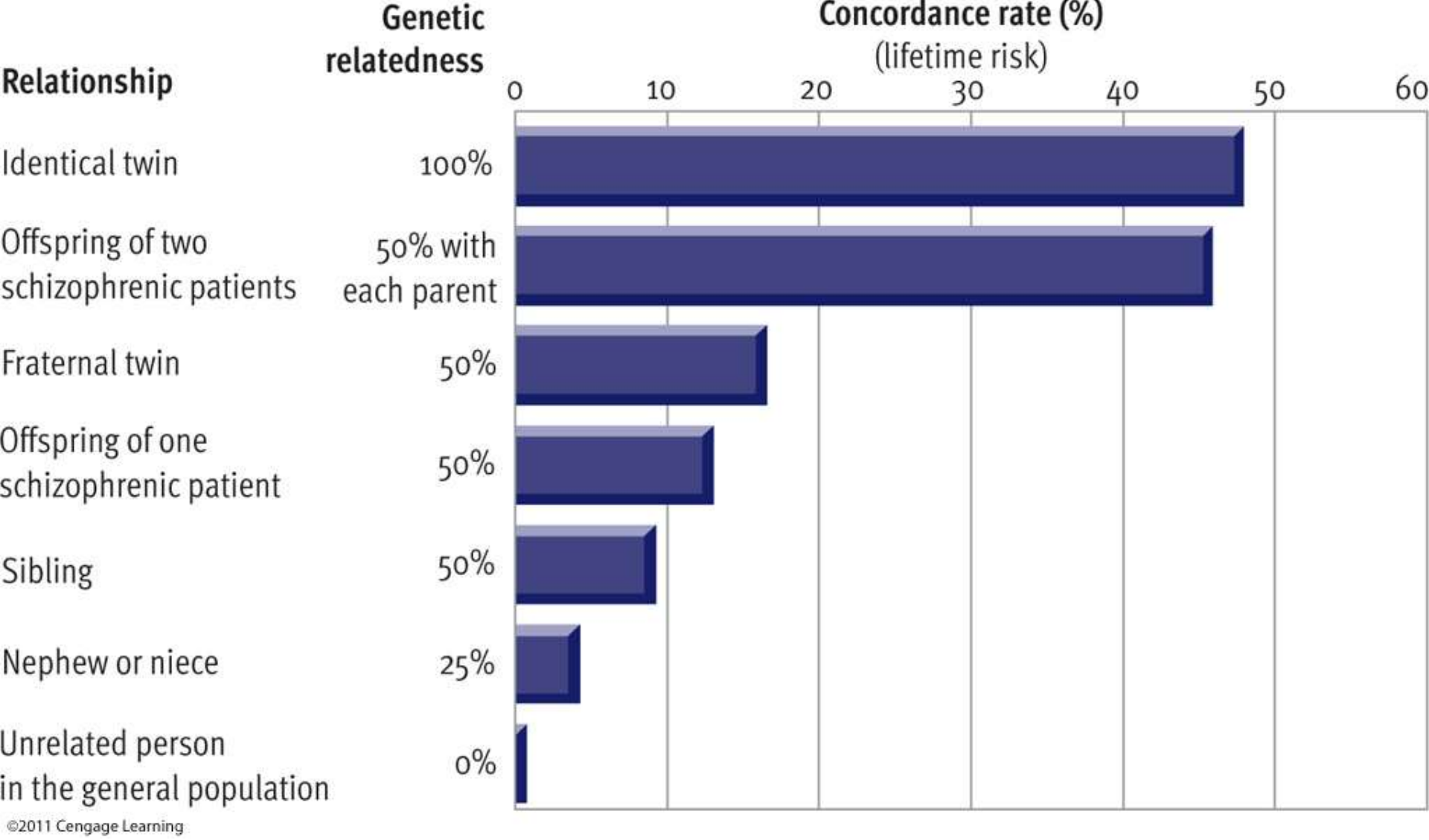
Gender differences in age of onset for schizophrenia. The onset of schizophrenia typically occurs in adolescence or early adulthood, as these data show. Although the relation of age to onset is reasonably similar for both sexes, males are somewhat more likely to manifest the disorder at younger ages. (Data from Loranger, 1984)

(adapted from Wadsworth/Thomson Learning, 2001)

Schizophrenia



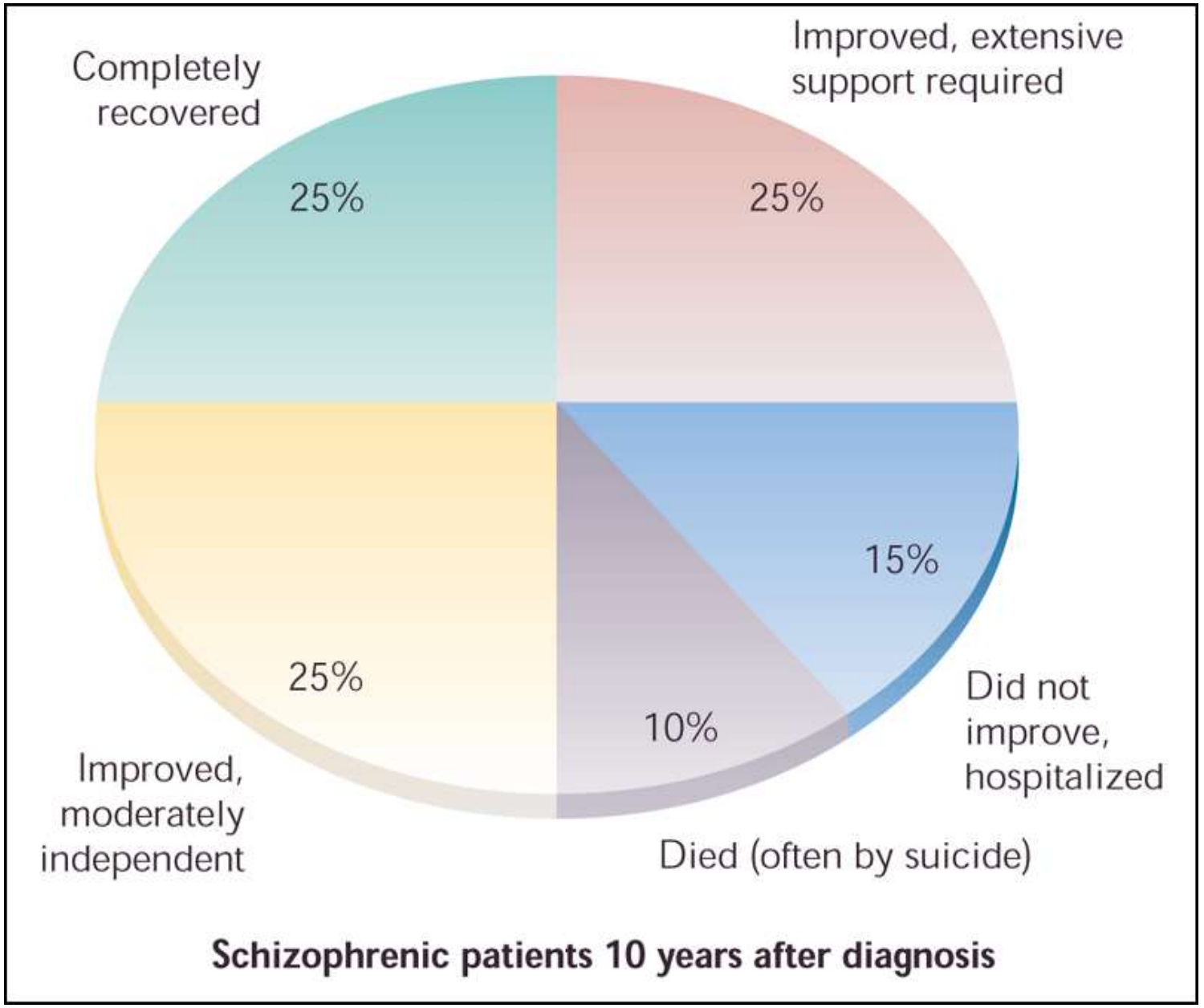
(Adapted from Wadsworth/Cengage Learning, 2011)



Lifetime risk of developing schizophrenia

(Adapted from Wadsworth/Cengage Learning, 2011)

At least one schizophrenic patient in four had completely recovered 10 years after being diagnosed. Three out of four had improved. Treatments for schizophrenia and other major mental disorders may improve these odds. (Source: FDA Consumer, 1993.)



(adapted from Wadsworth/Thomson Learning, 2001)

Etiology of Schizophrenia

Genetic Vulnerability

- Genetic factors may account for as much as 80% of the variability in susceptibility to schizophrenia.

- Genetic mapping will provide more insight.

Neurochemical Factors

- The dopamine hypothesis asserts that excess dopamine activity is the neurochemical basis for schizophrenia.

- Marijuana use during adolescence and methamphetamine use may be associated with schizophrenia.

(Cengage, 2019)

Etiology of Schizophrenia

Structural Abnormalities in the Brain

- CT and MRI scans suggest an association between enlarged brain ventricles and schizophrenia.

- Reductions in both gray matter and white matter may be seen.

The Neurodevelopment Hypothesis

- The neurodevelopmental hypothesis asserts that schizophrenia is caused in part by various disruptions in the normal maturational processes of the brain before or at birth.

(Cengage, 2019)

Etiology of Schizophrenia

Expressed Emotion

- **Expressed emotion** – The degree to which a relative of a schizophrenic patient displays highly critical or emotionally overinvolved attitudes toward the patient

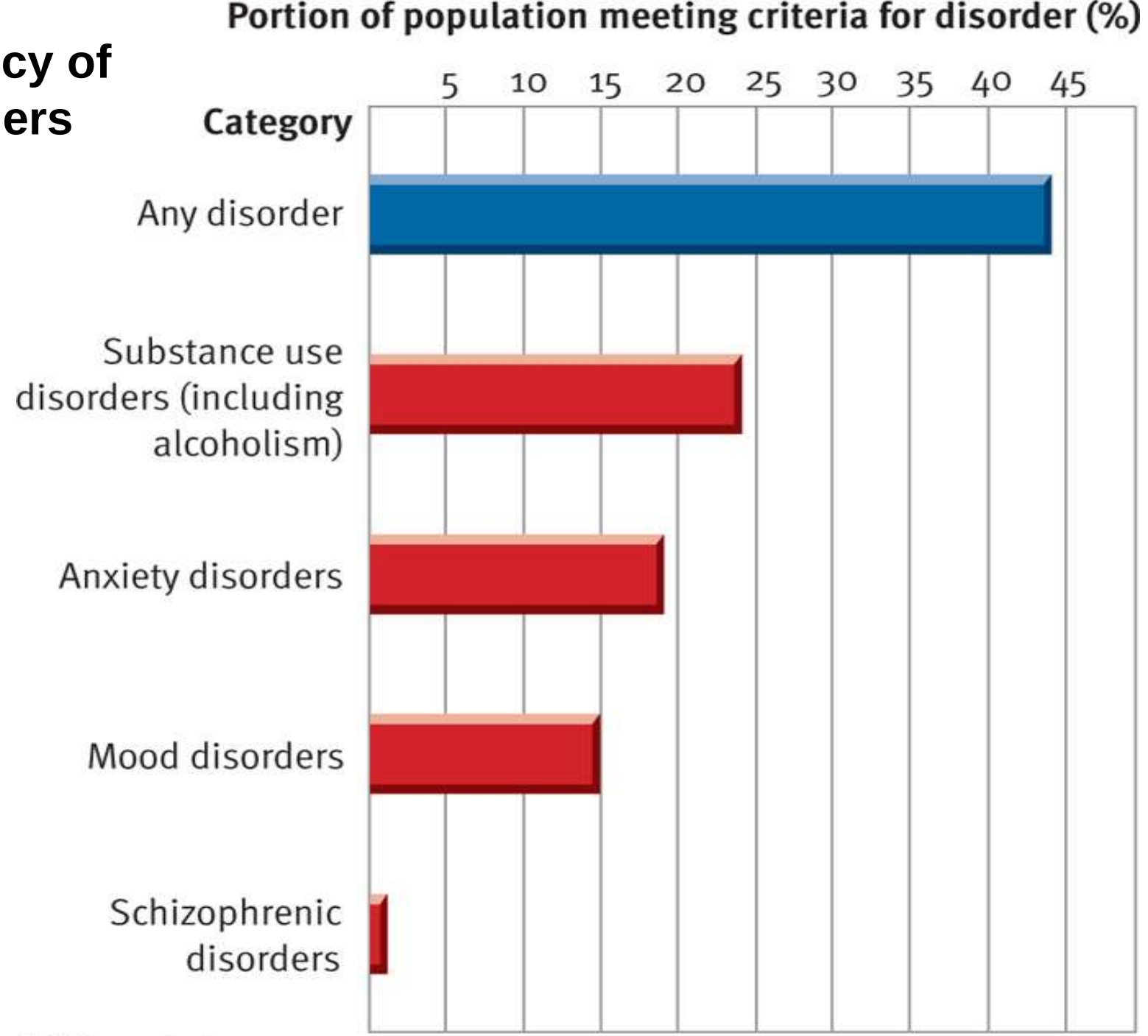
- Schizophrenic patients with families high in expressed emotions have higher relapse rates.
  - Their families are sources of stress rather than of social support.

Stress

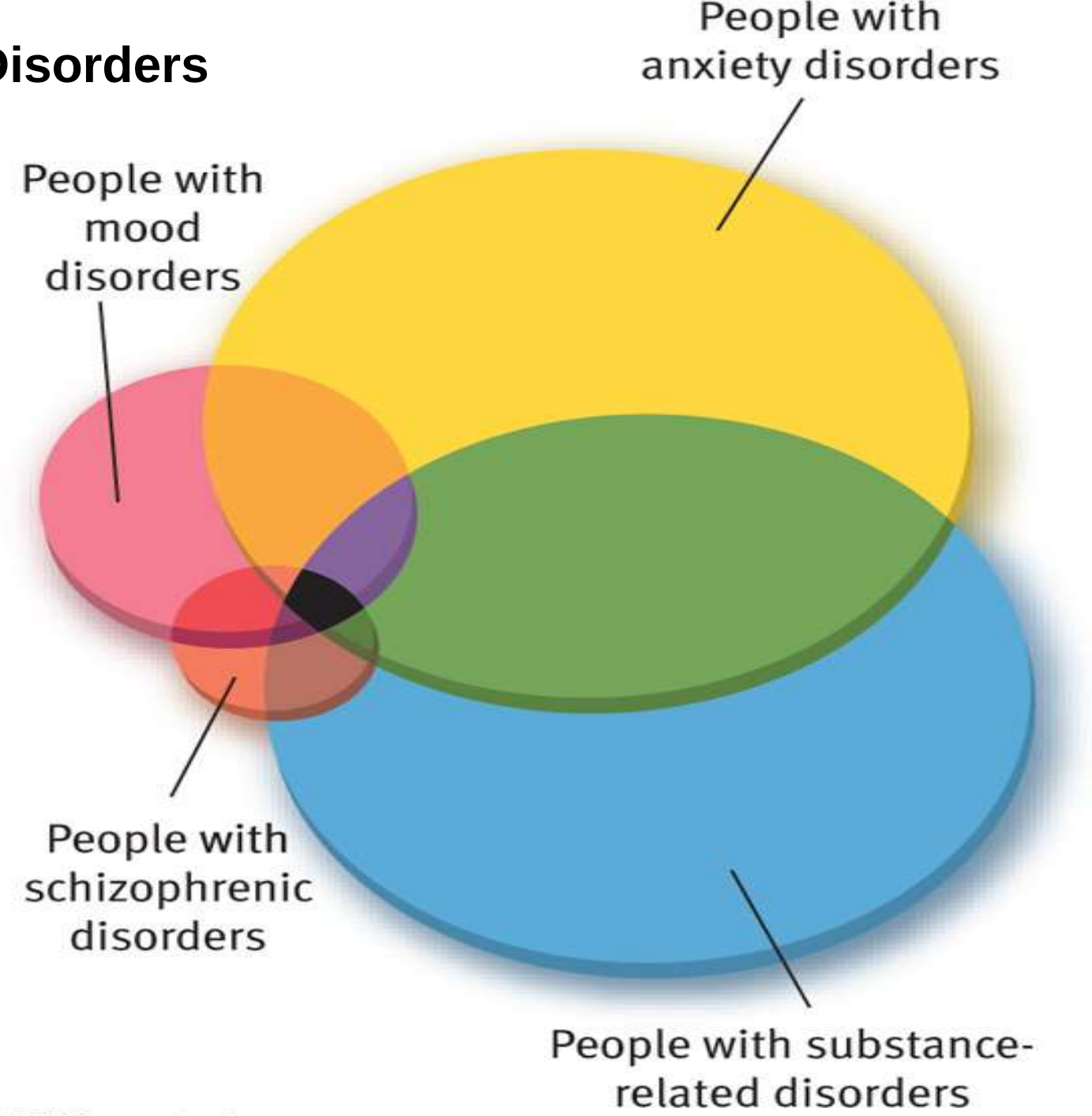
- Most theories assume that high stress plays a key role in schizophrenia.

(Cengage, 2019)

Frequency of Disorders



Multiple Disorders



New Directions

The Role of Early-Life Stress in Adult Disorders

- Numerous studies have linked early-life stress to an increased prevalence in psychological disorders.
- More evidence is needed to establish causality.

Genetic Overlap Among Major Disorders

- Many disorders share genetic and neurobiological characteristics.
  - Autism and schizophrenia involve similar neurodevelopmental abnormalities.
  - Schizophrenia and bipolar disorder share genetic vulnerabilities and brain abnormalities.
  - Genetic mapping has identified genetic overlap among depression, bipolar disorder, schizophrenia, autism, and attention-deficit/ hyperactivity disorder.

(Cengage, 2019)