

# PSYCHOLOGICAL DISORDERS

## Medical model

### Foundation

- U**—unjustifiable
- M**—maladaptive
- A**—atypical
- D**—disturbing to self or others

### Measurement

DSM-IV-TR (classification of disorders)

- Axis 1—clinical syndrome?
- Axis 2—personality disorder or mental retardation?
- Axis 3—general med. Condition?
- Axis 4—psychosocial or environmental problems?
- Axis 5—global assessment of functioning (0-100)

### Diagnostic labeling

#### Advantages:

- Appropriate treatment
- Stimulate research
- Payment of insurance

#### Disadvantages:

Rosenhan's study—labeling leads to self-fulfilling prophecies? Cause interpretations of behavior?

### Insanity—when?

- M'Naughten rule—is the defendant unable to distinguish right from wrong because of mental defect?
- 90% of those with disorders are not dangerous to others

## Anxiety disorders (#7)

### Panic disorder

- strikes suddenly
- panic attacks (seem like heart attacks)
- often linked to agoraphobia

### Phobias—focused fear

### Obsessive-compulsive disorder (OCD)

- Obsessions—thoughts
- Compulsions—behaviors

### PTSD (post-traumatic stress disorder)

### GAD (generalized anxiety disorder)

Free-floating anxiety

### Source:

- Behavioral interpretation
  - \* Classical conditioning & generalization
  - \* Negative reinforcement maintains the fear
- Observational learning?
- Biology (natural selection, genes, activity in anterior cingulate cortex, activity in amygdala, GABA)

## Dissociative disorders (#10)

### Dissociative identity disorder

- multiple personality

### Dissociative fugue

- person doesn't remember past, wakes up in strange location

### Dissociative amnesia

- person doesn't remember past

No biological explanations

## Mood (affective) disorders (#6)

### Depression (common cold of disorders)

- Major depressive disorder (more than 2 weeks of debilitating depression)
- Dysthymic disorder (more than 2 years feeling bad most days)

### Bipolar disorder

- Mania (restlessness, risk-taking, craziness, fast talking) alternates with depression
- May be fast cycling or slow cycling

### Explanations:

- Genetic predispositions (linkage analysis, association studies)
- Brain chemistry (serotonin, norepinephrine, dopamine; decreased activity in left frontal lobe)
- Social-cognitive
  - Self-defeating beliefs (learned helplessness)
  - Optimistic Explanatory Style
    - Stable, global, internal (depressed)
    - Temporary, specific, external (non-depressed)
- Vicious cycle of depression:
  - Stressful experience... leads to Negative explanatory style... leads to Depressed mood... leads to More stressful experiences... and the cycle begins again

Fight depression by: changing environment, reducing self-blame, making positive predictions about the future, exercise, become focused on helping others, laugh more

# DISORDERS (CONTINUED)

## Schizophrenia (#5)

Considered the “cancer” of disorders  
1% of population worldwide (suggests biological basis)

Involves a break with reality (psychosis)

**NOT multiple personality**

Common symptoms:

- \* Disorganized thinking -
  - Delusions (false beliefs)
  - Paranoia (persecution)
  - Word salad (bizarre speech)
- \* Disturbed perceptions
  - Hallucinations (auditory most often)
- \* Inappropriate actions/emotions
  - Reactivity
  - Flat affect
  - Catatonia
- Subtypes of symptoms:
  - Positive symptoms (exhibit odd behavior)
  - Negative symptoms (normal behavior absent)
- Either chronic (*process*—develops slowly) or acute (*reactive*—develops quickly)

Patterns:

Paranoid schizophrenia  
Disorganized schizophrenia  
Catatonic schizophrenia  
Undifferentiated schizophrenia  
Residual schizophrenia

## Explanations of schizophrenia

Brain abnormalities

Dopamine overactivity

- \* D4 receptors 6 X normal

Glutamate—may relate to negative symptoms

Enlarged ventricles

Shrunken thalamus

Environmental factors

- \* Low birth weight, famine, oxygen deprivation?
- \* Virus during pregnancy? Flu link during 2nd trimester

Genetic factors

- \* Much higher chance of shared schizophrenia with identical vs. fraternal twins

Psychological factors/warning signs

- \* Birth complications
- \* Mother with schizophrenia
- \* Separation from parents
- \* Disruptive or withdrawn behavior
- \* Poor muscle coordination
- \* Poor attention span
- \* Poor peer relationships/solo play
- \* Emotional unpredictability

Typical onset—teens or early 20s

## Personality disorders (#16)

Cluster A (eccentric)

Paranoid personality disorder

Schizoid personality disorder—odd, withdrawn behavior

Schizotypal personality disorder—with some schizophrenic-like symptoms

Cluster B (dramatic)

Antisocial personality disorder—lack of remorse, empathy (mirror neurons); typical onset about 8 yrs.

Borderline personality disorder—on the borderline of psychosis

Histrionic personality disorder—dramatic personality

Narcissistic personality disorder—extreme self-absorption

Cluster C (anxious)

Avoidant personality disorder—stays away from others

Dependent personality disorder

Obsessive-compulsive personality disorder

## Somatoform disorders (#8)

Somatization disorder—body problem caused by psychological problem (ex. ulcers)

Conversion disorder—psychological problem converted to non-biological physical problem (ex. paralysis in “Heidi”)

Hypochondriasis