Psychological (or Mental) Disorders

Psychopathology - the study of mental disorders
"Abnormal" psychology

• Psychological disorder – a clinically significant disturbance in an individual's cognition, emotion regulation, and/or behavior.
• Generally this problem seriously interferes with the ability to live a satisfying personal life & function adequately.
• About 25% of adults suffered from mental disorder in a given year; 51% will sometime in their life. All of us will have friends, family, or colleagues with mental disorders.

Ways of Viewing Disorders

• Medical Model - mental disorders are seen as similar to physical disorders, with "symptoms" that can be "diagnosed" & "treated"
• But the psychological perspectives we've discussed focus attention on other contributing factors:
  • Psychodynamic – unconscious processes
  • Behavioral – inappropriate learned responses
  • Humanistic – problems of self-concept & actualization
  • Cognitive – faulty thinking
  • Sociocultural – social or cultural pressures
  • Evolutionary – exaggerated form of an adaptive response
• In truth, multiple factors involved in most disorders so the biopsychosocial approach is often used.

DSM 5

• Diagnostic & Statistical Manual of Mental Disorders – regularly revised
• American Psychiatric Association's guide to diagnosing & classifying mental disorders - based on input from clinical professionals, organizations, and research
• Provides a common "professional language" and diagnostic guidelines or criteria
• http://psychcentral.com/dsm-5/

Anxiety-Related Problems

• Anxiety Disorders
  • Generalized anxiety disorder
  • Panic disorder
  • Phobias
• Separate DSM categories but also triggering anxiety-like feelings:
  • Obsessive-compulsive disorder (OCD)
  • Posttraumatic stress disorder (PTSD)
• Some have more than 1 anxiety-related disorder

Generalized Anxiety Disorder

• Excessively nervous, tense, worrying about multiple things more than necessary on most days for at least 6 months
• Impairs functioning: trouble concentrating, sleep problems & anxiety-related physical complaints are common
• Affects about 3% adults, about 2/3's are women, & may be associated with substance abuse or depression
Panic Disorder

- Recurrent, sometimes unpredictable, brief attacks of intense physical terror, plus continual worry about having the next attack
- Attacks include 4 or more of these: pounding heart, sweating, trembling, breathless, choking feelings, nausea, chest pain, dizzy, feeling out of control or that you might die, terror
- Limits person’s activities – some develop agoraphobia
- 2-3 X as many women; twice as likely in smokers

Agoraphobia

- Fear of going out (away from your safe place), especially into situations that may be difficult to escape from or where help may be unavailable. Fear that going out may cause panic attacks.
- Person may avoid particular situations (shopping, public transportation, large crowds) or may be totally house-bound

Phobias

- Persistent intense irrational fear of particular situations or things
- Fear leads to avoidance that interferes with normal activities
- 75% are linked to traumatic experiences; all 3 types of learning can be involved
- Most common are social phobias (fear of humiliation or embarrassment in social situations (~7%))
- Others (~9%) have “specific phobias”

Some have “specific phobias”
Obsessive-Compulsive Disorder (OCD)

OCD is now in a DSM category with other compulsively repeated behaviors:
- Hoarding
- Skin-picking
- Hair-pulling

Repetitive intrusive thoughts ("obsessions") + repetitive behavioral rituals ("compulsions")
Feel driven to repeatedly engage in those behaviors - otherwise experience intense anxiety.
Common compulsions: handwashing/cleaning, checking things, counting things, putting things in order

http://www.youtube.com/watch?v=tPFQMRx2l3Y

Trauma-Related Disorders:
Post-Traumatic Stress Disorder (PTSD)
(also used to be grouped with anxiety disorders)
- Anxiety & feelings of helplessness after an extreme trauma - keep thinking about trauma, may have recurring nightmares or flashbacks, over-response to associated cues, avoidance of associated situations, numbing of emotions, social withdrawal
- Anxiety causes difficulty concentrating, irritability, memory problems, sleep problems, physical symptoms, exaggerated startle response
- Often involves battle-scarred veterans and survivors of accidents, disasters, and violent & sexual assaults

Major Depressive Disorder
- At least 5 of these almost every day for 2 weeks:
  - Persistent depressed or irritable mood
  - Decreased interest or pleasure in activities
  - Significant change in appetite/weight
  - Insomnia or hypersomnia
  - May move & talk slowly, or may be restless
  - Fatigue, loss of energy or motivation, apathetic
  - Feel worthless; inappropriate guilt
  - Can’t make decisions or concentrate
  - Suicidal thoughts or actions
  - 17% of population will experience (22% of females, 13% of males)

Mood Disorders

Major Depression ~17% overall (21% in women 13% in men)
- sadness, feel helpless, hopeless, worthless
- no energy, apathetic, nothing matters
- can’t make decisions, complete tasks
- have selective memory for negative events
- lose appetite for food & sex, disordered sleep, may move & talk slowly
- suicidal thoughts or actions; ~15% kill themselves
• Mood Changes Across Time

Genetics

• Twin studies:
  • If identical twin is bipolar, ~70-80% chance other twin will also develop bipolar disorder (only 16% of fraternal twins match)
• Major depressive disorder also runs in families
  • If identical twin depressed, ~50-60% chance other twin will also suffer from depression

Biological Factors

• Brain activity slows during depression, increases during mania
• Neurotransmitter NE decreased during depression; overabundant during mania
• Neurotransmitter 5HT decreased during depression
• Depression-relieving drugs increase 5HT and/or NE supplies
• Repetitive physical exercise decreases depression by increasing 5HT

Other Factors in Depression

• Psychological factors, e.g.:
  • Stresses
  • Interpersonal losses
  • Low self-esteem
• Cognitive & Learning factors, e.g.:
  • Negative beliefs; pessimistic explanatory style
  • Rumination: Compulsive fretting, overthinking about our problems and their causes
  • Learned helplessness from past negative experiences

Brain Changes in Depression

• Similar variations in activity with mood swings of bipolar (see 395)
The Social-Cognitive Perspective

THE VICIOUS CYCLE OF DEPRESSED THINKING

1. Stressful experiences
2. Cognitive and behavioral changes
3. Depressed mood

• Bipolar Disorder (1.3%, no sex diff)
  (aka Manic Depressive disorder)
  • Periods of mania + depressive periods
  • Symptoms during the manic phase:
    • euphoria & extreme confidence/self-esteem
    • rapid, racing thoughts & speech
    • unrealistic view of capabilities, may be delusional
    • increased energy & activity; agitation
    • impulsive, distractible, low impulse control
    • decreased need for sleep; may be irritable

Mania: A hyperactive, wildly optimistic state in which dangerously poor judgment is common

http://www.youtube.com/watch?v=p9hbXPVaOuk&feature=channel
http://www.youtube.com/watch?v=oc7XozMbR9A

Mood Changes Across Time

Seasonal Affective Disorder (SAD)

• Depression that typically occurs in the late fall/winter & disappears when days get longer in the spring.
• Characterized by lack of energy, oversleeping, overeating as well as depressed, irritable mood
• Artificially lengthening the day with full-spectrum lights can relieve this depression
• Growing evidence for seasonal mania symptoms in some in the spring

North-South Differences in Incidence of SAD

• Southern Canada & US northern edge 10.2%
• OR, WY, SD, IA, WI tier 8.0%
• CA, NV, UT, CO MO, KY tier 5.8%
• AZ, NM, TX, LA, AL tier 3.6%
• Mexico, FL 1.4%

http://www.youtube.com/watch?v=oc7XozMbR9A
Schizophrenia (~1%) 

- Serious mental disorder lasting >6 months with at least 2 of these interfering with their functioning:
  - *Delusions (irrational beliefs)*
  - Hallucinations (most often hearing voices)
  - Disorganized speech (reflects thought disorder)
  - Grossly disorganized behavior OR catatonia
  - Decreased emotional expression, speech, motivation & social interactions
  - *Loss of touch with reality = “psychosis”*

Schizophrenia Symptoms

- “Positive (+) symptoms”
  - Hallucinations
  - Delusions
  - Disordered thought
  - Disordered speech (“word salad”)
  - Disorganized or catatonic behavior; senseless actions
- “Negative (-) symptoms”
  - Normal emotions lost
  - Decreased social interaction
  - Decreased communication
  - Negative symptoms tend to be less responsive to treatment.

Genetic Influences

- Odds of being diagnosed with schizophrenia are nearly 1 in 100; 1 in 10 for those with diagnosed family member
- Risk for adopted children is related to biological parent, not their adoptive parents
- Schizophrenia influenced by many genes
- Development of schizophrenia seems to depend on genetic predisposition interacting with life stresses

Importance of Genetic Predisposition

![Graph showing risk of developing schizophrenia if you have a schizophrenic twin.](image1)

Enlarged Ventricles in Affected Twin

![Image of a brain scan showing enlarged ventricles in a twin with schizophrenia.](image2)
Brain Abnormalities

- Dopamine Overactivity
- Abnormal Brain Activity and Anatomy
  - Often low activity in frontal lobes
  - Vigorous activity in thalamus, amygdala & temporal cortex when experiencing hallucinations
  - Enlarged, fluid-filled ventricles & corresponding shrinkage and thinning of cerebral tissue

Adverse prenatal factors that increase risk

- Low birth weight
- Maternal diabetes
- Older paternal age
- Lack of oxygen during delivery
- Poor maternal prenatal nutrition
- Midpregnancy viral infection

Dissociative Disorders

- A breakdown of the normal integrated self; the splitting off of mental processes into separate states of awareness; a dividing of consciousness

- Some dissociation is a normal part of daily life (e.g., being temporarily unaware of the outside world when daydreaming, or realizing you don’t remember anything about your drive home) or of processes like hypnosis.

- A DSM category of disorders characterized by an extreme degree of dissociation which seems to be caused by stress/psychological trauma
  - Dissociative amnesia
  - Dissociative fugue
  - Dissociative identity disorder
Dissociative Amnesia

- Amnesia for personal information & events that does not have an organic basis.
- Associated with stressful or traumatic events
- Recovery of memory possible (unlike most organic cases)
- Sometimes associated with sudden unexpected travel (fleeing from the stress) (dissociative "fugue")

Dissociative Identity Disorder (multiple personality disorder)

- Individual shows 2 or more distinct personality states, each with its own manner of thinking & behaving, and appearing at different times.
- 90% of cases are females

Opposing Views of DID/MPD

1. Mental "splitting" was a way of coping with severe childhood abuse.
2. Public awareness of cases of DID led to some people assuming this pattern of behavior and some therapists encouraging this diagnosis.

Why is DID Controversial?

- Huge modern day increase in reported cases in US
- Most recent cases had a wide range of chronic psychiatric problems or were using insanity defense
- Some therapists over-diagnose or "suggest" DID
- DID symptoms can be induced under hypnosis
- Some learning theorists view this disorder as responses learned when behaviors are reinforced by anxiety-reduction.
- Some clinicians include dissociative disorders under the umbrella of posttraumatic stress disorder.

Personality Disorders

- Excessive, inflexible, long-standing maladaptive personality traits that impair social functioning and/or cause distress
- DSM 5 now has 6 varieties, but we’ll just cover 1 example

Jeffrey Dahmer, John Gacy, Ted Bundy
Antisocial Personality Disorder

- Pervasive pattern of disregard for or violation of others’ rights for your own benefit with no feelings of remorse or conscience
- Symptoms:
  - Repeated unlawful behavior
  - Aggressiveness
  - Impulsiveness
  - Deceitful and manipulative
  - Recklessness
  - Consistent irresponsibility
- https://www.youtube.com/watch?v=8Rhs-HJQdU8

Etiology of Antisocial Personality Disorder

- Hereditary concordance
  - 52% in identical twins, 28% in fraternals
- Abnormal brain activity (50%)
  - Smaller & less active frontal lobe
  - Small, less active amygdala
- Low autonomic reactivity
  (even when expecting shock) Could use at age 15 to predict criminality at age 24.

Etiology of Antisocial Personality Disorder - Family

- Harsh and inconsistent punishment
- Emotional neglect, rejection
- Antisocial, alcoholic, aggressive fathers

Eating Disorders

- Anorexia nervosa: Person (usually an adolescent female) maintains a starvation diet despite being significantly underweight. May exercise excessively.
- Bulimia nervosa: Person alternates binge eating (usually of high-calorie foods) with purging (by vomiting or laxative use), sometimes followed by fasting or excessive exercise
- Binge-eating disorder: Significant binge eating, followed by distress, disgust, or guilt, but without the compensatory purging or fasting that marks bulimia nervosa
- American rates: 0.6% anorexia, 1% bulimia, and 2.8% binge-eating