

PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

- ❖ The Medical Model- An Advantage
 - ☒ “abnormal behavior/mental illness is a disease”
- ❖ Prior to MM, abnormal behavior thought to be caused by:
 - ☒ demonic possession, cursed
 - ☒ a punishment from God (therefore it was deserved b/c person must of have been bad)
- ❖ After MM, ... less fear, more sympathy,
 - ☒ scientific analysis of problem

Slide 1

PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

- ❖ The Medical Model: A Disadvantage?
- ❖ (1) Allows modern society to enforce norms of behavior, by locking deviants under the guise of “treating them”.
- ❖ (2) Labeling with mental illness carries a derogatory stigma which can complicate life
 - ☒ >difficulties for those already having problems
- ❖ (3) Self-fulfilling Prophecy

Slide 2

PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

- ❖ DETERMINING MENTAL ILLNESS
- ❖ 1) Deviance
 - ☒ inherent cultural influence in this determination
 - ◆ e.g., male and female dressing “rules”
 - ◆ same-sex relationships
- ❖ 2) Maladaptive Behavior
 - ☒ behavior interferes with social/occupational functioning
- ❖ 3) Personal Distress

Slide 3

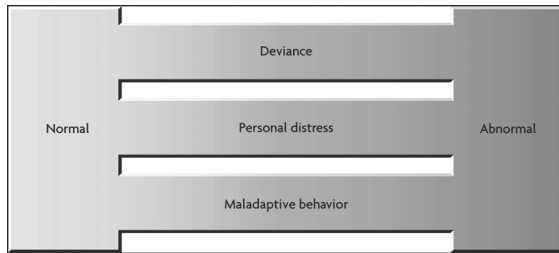


Figure 14.2
Normality and abnormality as a continuum. There isn't a sharp boundary between normal and abnormal behavior. Behavior is normal or abnormal in degree, depending on the extent to which one's behavior is deviant, personally distressing, or maladaptive.

PSYCHOLOGICAL DISORDERS

- ✧ Key Points~What is normal vs abnormal:
- ✧ 1) Strongly influenced by cultural values and knowledge, *therefore changes* as those values/states of knowledge change. (G)
- ✧ (2) Operates on a *continuum* (overhead)
 - ◆ “although it is widely believed that people with psych disorders behave in bizarre ways that are very different from normal people this is true only in a small minority of cases” (Weiten, 410)

Slide 5

PSYCHOLOGICAL DISORDERS

- ✧ PSYCHODIAGNOSIS: the DSM-IV
- ✧ Diagnostic and Statistical Manual of Mental Disorders (in 4th revision)
- ✧ Guidelines for determining type and extent of mental illness (multi-axial system (see p.412)
- ✧ Most recent version strongly based on empirical research as opposed to expert consensus

Slide 6

PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

❖ **ANXIETY DISORDERS**

- ◆ class of disorders marked by feeling of excessive apprehension and anxiety.
- ❖ **Generalized Anxiety Disorder (GAD)**
 - “free floating anxiety” not linked to any specific threat
 - typically accompanied by myriad of physical symptoms
- ❖ **Phobic Disorder (overhead)**
 - irrational fear of situation with no realistic danger
 - common phobias: rats, snakes, heights water, tunnels, enclosed spaces

Slide 7

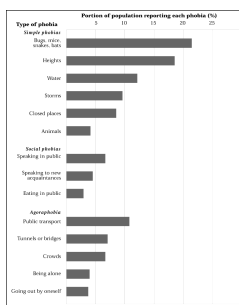


Figure 14.6
Common phobias. The most frequently reported phobias in a large-scale survey of mental health (Eaton, Dryman, & Weissman, 1991) are listed here. The percentages reflect the portion of respondents who reported each type of phobia. Although the data show that phobias are quite common, people 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.

Mansfield University
Introductory Psychology

Slide 8

PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

❖ **ANXIETY DISORDERS (CONTINUED)**

- ❖ **Panic Disorder w/ and w/o agoraphobia**
 - ◆ Sudden, unpredictable, attacks of overwhelming anxiety
 - ◆ Agoraphobia~ fear of going outside/public places
- ❖ **Obsessive Compulsive Disorder (OCD)**
(pssg. 414)
 - ◆ experience of uncontrollable and persistent unwanted thoughts (obsessions) and strong urges to engage in “stereotyped” senseless rituals (compulsions).

Slide 9

PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

❖ **SOMATOFORM DISORDERS**

- ◆ physical ailment with no authentic organic basis that are due to psychological factors
- ◆ ailments very real to patient (i.e., not malingering)
- ❖ **Somatization Disorder**~ e.g.,back/chest pain
 - ◆ minor ailments, complaints typically vague/diffuse
- ❖ **Conversion Disorder** ~ “*glove anesthesia*”
 - ◆ loss of function of major area, organ, system (418)
- ❖ **Hypochondriasis**
 - ◆ excessive preoccupation with health & worry about devlpmnt of physical illness (tend to over-interpret)

Slide 10

PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

❖ **DISSOCIATIVE DISORDERS**

- ◆ class of disorders where people lose contact with portions of their consciousness/memory resulting in disruption in identity (often after traumatic event)
- ❖ **Dissociative Amnesia**
 - ◆ loss of memory too great to be caused by forgetting
- ❖ **Dissociative Fugue**
 - ◆ loss of memory for a “chunk of life”, remember details unrelated to life
- ❖ **Multiple Personality Disorder (Film Clip-Brain#24)**
 - ◆ coexistence of 2+ complete personalities w/i same individual

Slide 11

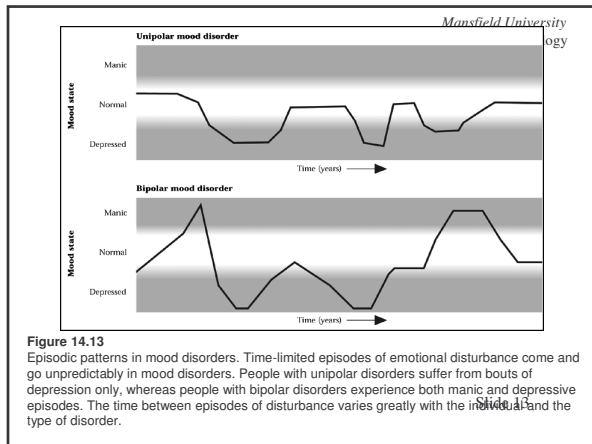
PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

❖ **MOOD DISORDERS**

- ☒ Episodic emotional disorders of various kinds that may spill over to disrupt physical, perceptual, social and thought processes.
- ❖ **Unipolar Disorders (Depressive Disorders)**
 - ☒ persistent feeling of sadness and despair and loss of interest in previous sources of pleasure.
 - ☒ 7-10% prevalence of MD; women>men
- ❖ **appetite disturbance** **obsessive brooding ~rumination**
- ❖ **sleep problems** **loss of enjoyed activities**
- ❖ **slowed labored speech** **lethargy**

Slide 12



Mansfield University
Introductory Psychology

PSYCHOLOGICAL DISORDERS

- ✧ **MOOD DISORDERS (CONT.)** (clip- Mind #30)
- ✧ **Bipolar Mood Disorders** (passage on p.422)
 - ☒ marked by periods of both manic and depressive episodes
- ✧ **Mania**~elevated mood and activity level
 - ✧ euphoria/edge of psychoses hyperactivity/little sleep
 - ✧ “flight of ideas” pressured speech
 - ✧ hypersexual agitated by any hindrance
 - ✧ “dangerous with any money, credit cards etc!!”

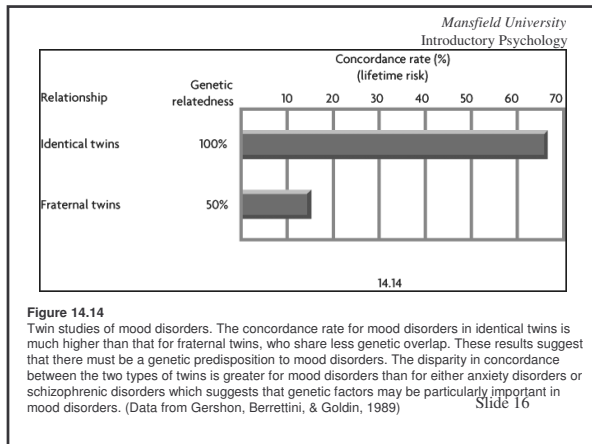
Slide 14

Mansfield University
Introductory Psychology

PSYCHOLOGICAL DISORDERS

- ✧ **ETIOLOGY~DEPRESSIVE DISORDERS**
- ✧ Genetic Vulnerability~
 - ☒ *high concordance rate*: percentage of twin pairs or other pairs of relatives that exhibit the same disorder (67% m-twin, 15% d-twin)
- ✧ Neurochemical imbalance~
 - ☒ low NE or Serotonin (5-HT) binding at post synaptic sites
 - ◆ SSRI's-- prozac, paxil, (zoloft?)

Slide 15



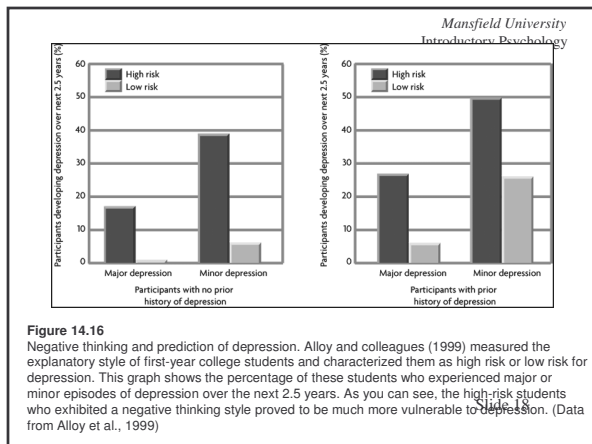
Mansfield University
Introductory Psychology

PSYCHOLOGICAL DISORDERS

- ✧ ETIOLOGY~DEPRESSIVE DISORDER(CONT)
- ✧ Cognitive Factors ~ Attributional style~
- ✧ Attributions: inferences people draw about the causes of events, others' behavior, and their own behavior
 - usually to invoke to explain troublesome/bad occurrence
- ✧ 3 Dimensions
 - ◆ internal-external causes (person/situation)
 - ◆ stable-unstable conditions (changeable or no?)
 - ◆ specific-global implication (wide ranging/finite)

☒(overhead: internal-stable-global-->depression)

Slide 17



PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

❖ **ETIOLOGY~DEPRESSIVE DISORDER**

☒ Cognitive Factors (continued)

☒ **Rumination**~ repetitively re-focused attention on depressing feelings, thinking over and over about sadness, lethargy, lack of joy.

- ◆ Results: amplify depression
- ◆ remove from support systems
- ◆ loss of focus on future challenges

❖ **Interpersonal Roots**~ poor social skills models

❖ **Stressful Episodes**~ frequently a precipitating factor

Slide 19

PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

❖ **SCHIZOPHRENIC DISORDERS** (Brain#25)

☒ a class of disorders marked by *disturbances in thought* that spillover to affect perceptual, social and emotional processes.

❖ **Delusions**- false beliefs maintained even though they are clearly out of touch with reality.

❖ **Hallucinations**- sensory perceptions which occur in absence of real external stimuli or gross distortions of perceptual input (that is, seeing/hearing things that are not there).

❖ **Dopamine Hypothesis**- excess dopamine release in brain

Slide 20

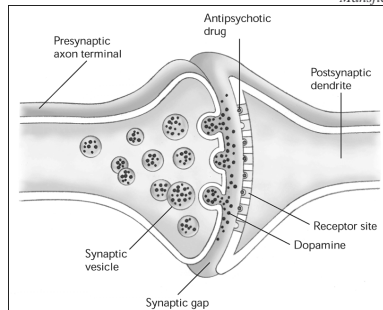


Figure 17.8
Dopamine normally crosses the synapse between two neurons, activating the second cell. Antipsychotic drugs bind to the same receptor sites as dopamine does, blocking its action. In people suffering from schizophrenia, a reduction in dopamine activity can quiet a person's agitation and psychotic symptoms.

Slide 21

PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

- ❖ Are psychological disorders culturally variable phenomena?
- ❖ YES=*Relativistic View*- criteria for mental illness vary greatly across cultures / no universal standard.
- ☒ support: less severe psychological disorders such as GAD, hypochondria, somatization disorders are treated as “run-of-mill” difficulties by many cultures, not diagnosable clinical issues.

Slide 22

PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

- ❖ Are psychological disorders culturally variable phenomena?
- ❖ NO=*Pancultural View*- Mental illness is similar around the world/ great deal of regularity in standards for abnormal vs normal behavior (e.g golden rule).
- ☒ support: Severe psychological disorders such as Bipolar, Schizophrenia and Major Depression are clearly identifiable in all cultures.

Slide 23

PSYCHOLOGICAL DISORDERS

Mansfield University
Introductory Psychology

- ❖ Are psychological disorders culturally variable phenomena?
- ❖ *Culture-bound phenomena*- disorders that only occur within cultural groups
- ☒ Koro (China/Malaysia)
- ☒ Windigo (Algonquin Indian Cultures)
- ☒ Anorexia Nervosa (affluent Western cultures)

Slide 24
