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Chapter 14

Psychological Disorders

Abnormal Behavior

- The 1 (2 words) proposes that it is useful to think of abnormal behavior as a 2 ... Thomas Szasz and others argue against this model, contending that psychological problems are “problems in living”, rather than psychological problems.
- In determining whether a behavior is abnormal, clinicians rely on the following criteria: (I) 3: does it violate societal acceptability?; (II) Is it 4 behavior? That is, does it impair a person’s everyday behavior; and (III) does it cause them 5 (2 words)?
- All three criteria do not have to be met for a person to be diagnosed with a psychological disorder... diagnoses involve 6 (2 words) about what represents normal/ abnormal behavior.
- Antonyms such as normal vs. abnormal imply that people can be divided into two distinct groups, when in reality, it is hard to know when to draw the line.

Medical concepts

- A 7 is a means of distinguishing one illness from another.
- 8 refers to the apparent causation and developmental history of an illness.
- 9 is a forecast about the probable course of an illness.

Psychodiagnosis: The Classification of Disorders

- A taxonomy of mental disorders was first published in 1952 by the American Psychiatric Association, **the DSM**. This classification scheme is now in its **10** edition.
- The **DSM-IV** uses a **11 system** for classifying mental disorders.
- The diagnoses of disorders are made on **Axes I and II**, with most types of disorders falling on Axis I.
- The remaining axes are used to record **12 (2 words)**. A patient's **13** disorders are listed on **Axis III**, and the types of **14** they have experienced in the past year, on **Axis IV**. **Axis V** estimates the individual's **15** level of adaptive functioning.
- The goal of this **multiaxial system** is to impart more information besides a traditional diagnostic label.

Clinical Syndromes: Anxiety Disorders

- The **anxiety disorders** are a class of disorders marked by feelings of excessive **16** and anxiety. Studies suggest that anxiety disorders occur in approximately **17 (#)** **percent** of the population. There are 5 types.
- **Generalized anxiety disorder** is marked by a chronic, high level of anxiety that is not tied to any specific **18**.
- **Phobic disorder** is marked by a **19** and irrational fear of an object or situation that resents no realistic danger.
- Examples:
 - **Acrophobia** – fear of heights
 - **Claustrophobia** – fear of small, enclosed places
 - **Brontophobia** – fear of storms
 - **Hydrophobia** – fear of water

Clinical Syndromes: Anxiety Disorders 2

- **20 disorder** is characterized by recurrent attacks of overwhelming anxiety that usually occur suddenly and unexpectedly.
 - These panic attacks have physical symptoms. After a number of these attacks, victims may become so concerned about exhibiting panic in public that they may be afraid to leave home, developing **21**, a fear of going out in public.
- **Obsessive-compulsive disorder (OCD)** is marked by persistent, uncontrollable intrusions of unwanted thoughts, **(22)**, and urges to engage in senseless behavioral rituals called **(23)**.
 - **Obsessions** often center on inflicting harm on others, personal failures, suicide, or sexual acts.
 - Common examples of **compulsions** include constant handwashing, repetitive cleaning of things that are already clean, and endless checking and rechecking of locks, etc.
- **Posttraumatic Stress Disorder:** enduring psychological disturbance attributed to the experience of a traumatic event.

Etiology of Anxiety Disorders

- 24 studies suggest some genetic predisposition to anxiety disorders. They may be more likely in people who are especially sensitive to the physiological symptoms of anxiety.
- Disturbances in **neurotransmitter activity** at **synapses that release 25** or abnormalities at neural circuits using **26** may also play a role in anxiety disorders.
- Many anxiety responses, especially phobias, may be caused by **27 conditioning** and maintained by **28 conditioning**. Parents who model anxiety may promote these disorders through observational learning.
- Cognitive theories hold that certain styles of thinking (**e.g.**, over interpreting harmless situations as threatening) make some people more vulnerable to anxiety disorders.
- It also appears that patients with panic disorder often experience dramatic increases in **29** in the month prior to the onset of their disorder.

Clinical Syndromes: Dissociative Disorders

- **30 disorders** are a class of disorders in which people lose contact with portions of their **31** or memory, resulting in disruptions in their sense of **32**.
- **Dissociative amnesia** is a sudden loss of memory for important **33** information that is too extensive to be due to normal forgetting.
 - Memory loss may be for a single traumatic event, or for an extended time period around the event.
- **Dissociative fugue** is when many people lose their memory for their **34 (2 words)** along with their sense of personal **35**. For example, they may forget their name, family, where they live, etc., but still remember matters **36** to identity such as how to do math and drive a car.

Clinical Syndromes: Dissociative Disorders 2

- **Dissociative identity disorder** (formerly 37 (3 words)) involves the coexistence in one person of 38 or more largely complete, and usually very different, personalities.
- The various personalities are often 39 of each other

Etiology of Dissociative Disorders

- Some theorists believe that people with **DID** are engaging in intentional role playing to use an exotic mental illness as a face-saving excuse for their personal failings and that therapists may play a role in their development of this pattern of behavior, others argue to the contrary.
- Many clinicians maintain that most cases of DID are related to **severe emotional trauma** that occurred in 40.
- Ultimately, little is known about DID, which remains a 41 diagnosis.

Clinical Syndromes: Mood Disorders

- **Mood disorders** are a class of disorders marked by 42 disturbances of varied kinds that may spill over to physical, perceptual, social, and thought processes.
- People with 43 disorder go through periods of depression & mania (excitement, elation). People with 44 disorder experience emotional extreme at one end of the mood continuum... depression.
- **Major depressive disorder** is marked by profound sadness, slowed thought processes, low self-esteem, and loss of interest in previous sources of 45.
- Research suggests that the lifetime prevalence rate for developing **unipolar disorder** is about 46 (#) %. Evidence suggests that the prevalence of depression is 2X as high in women as in men.
- **Bipolar disorder** (formerly, 47 (2 words) disorder) is characterized by the experience of one or more manic episodes usually accompanied by periods of depression. In a manic episode, mood becomes elevated to the point of 48.

Clinical Syndromes: Mood Disorders 2

- **Bipolar disorder** affects roughly 49 (#) % of the population, and is equally as common in males and females.
- People with mood disorders account for 50(#)% of completed suicides.
- Evidence suggests that there is a genetic predisposition to mood disorders. These disorders are accompanied by changes in **neurochemical activity** in the brain, particularly abnormal levels of two neurotransmitters in the brain: 51 and 52.
- Cognitive models suggest that “53 thinking” contributes to depression. A **negative cognitive style** and ruminating over one’s problems have been implicated.
- Interpersonal inadequacies and poor social skills may lead to a absence of life’s reinforcers and frequent rejection. Stress has also been implicated in the development of depression.

Schizophrenia

- **54** disorders are a class of disorders marked by delusions, hallucinations, disorganized speech, and deterioration of adaptive behavior.
 - Disturbed thinking/thought processes lie at the core of schizophrenia, whereas disturbed emotion lies at the core of mood disorders.
- Prevalence estimates suggest that schizophrenia occurs in about 1% of the population (3-4 million people in the U.S.).
- General symptoms of schizophrenia include **55**, which are false beliefs that are maintained even though they clearly are out of touch with reality...belief that you a tiger, that private thoughts are broadcast to others, etc.
- **Delusions** of **56** occur when people think they are famous or important. Chaotic thinking, or **loose associations** is where a person shifts topics in disjointed ways is common in schizophrenia as well.

Clinical Symptoms/Subtypes: Schizophrenia 2

- 57 of adaptive behavior involves noticeable deterioration in the quality of a person's routine functioning in work, social relations, and personal care.
- **Hallucinations** are 58 **perceptions** that occur in the absence of a real, external stimulus or are gross distortions of perceptual input...hearing voices.
- Disturbed emotion may manifest as little emotional responsiveness (blunted or flat affect) or inappropriate 59 **responses** (laughing at a story of a child's death).

Subtyping of Schizophrenia

- Currently, in the **DSM-IV**, there are 4 subtypes of schizophrenia.
- **Paranoid schizophrenia** is dominated by delusions of **60**, along with **delusions of grandeur**.
- **Catatonic schizophrenia** is marked by striking motor disturbances, ranging from muscular **61** to **62** motor activity.
- In **disorganized schizophrenia**, particularly severe deterioration of adaptive behavior is seen. Also often seen are complete social withdrawal and delusions centering on **63** functions (“My brain is melting”).
- People who clearly have schizophrenia, but cannot be placed in any of the above subtypes, are given the diagnosis of **64** schizophrenia.

Course and Outcome of Schizophrenia 2

- Schizophrenic Disorders usually emerge during adolescence or early adulthood. 75% of cases emerge by age 65 (#).
- Once the disorder emerges, patient outcomes tend to fall into 3 broad groups:
 - Patients with milder disorder who are treated and fully recover (~20-30%).
 - Patients who experience partial recovery, return to independent living but experience regular relapse. (~30-50%)
 - Patients marked by chronic, relentless deterioration and extensive hospitalization (~30%).
- Although schizophrenia is often viewed as a disorder marked by relentless deterioration, a good portion of patients experience a reasonable degree of 66 !

Etiology of Schizophrenia

- Research has linked schizophrenia to a genetic vulnerability, and excess [67](#) activity in the brain (and perhaps [serotonin](#) activity as well).
- [Structural abnormalities](#) in the brain, such as enlarged brain [68](#) are associated with schizophrenia, but no one knows why.
- The [neurodevelopmental hypothesis of schizophrenia](#) asserts that it is attributable to disruptions in maturational processes of the brain before or at the time of birth that are caused by:
 - prenatal viral infections, obstetrical complications, and other brain insults.
- Precipitating [69](#) and unhealthy family dynamics have also been shown to be related to schizophrenia

Autism

- [70 disorders](#) are characterized by profound impairment of social interaction and communication of severely restricted interests in activities (usually apparent by age 3).
- A central feature of autistic disorder is the child's lack of interest in other [71](#).
- Other qualities of behavior include:
 - Lack of eye contact with others
 - Lack of need for physical contact with caretakers
 - Poor peer bonding
 - Difficulty or failure to develop speech
 - [72](#) - rote repetition of others words
 - Physical inflexibility
- Most recent research strongly points to [73](#) factors as the major contributor to autistic disorders (also, perhaps damage to the [74](#), a structure in the brain that processes fear response)
- Explanations that suggest parenting style or exposure to mercury in vaccines have been discredited.