Psychological Disorders

Psychopathology

• Refers to problematic patterns of thought, feeling or behavior that disrupt an individual’s sense of well-being or social/occupational functioning

• Psychopathology
  – Involves the brain and personality

• pathology
  – Disorder or illness

Cultural Influence

• Culture influences concept of pathological behavior
  – What is acceptable in one culture is considered abnormal in others

• Culture influences manifestations of disturbed behavior
  – In Catholic cultures visions often involve the Virgin Mary

• Prevalence rates for a given disorder vary by culture
Labeling Theory

• Suggests that diagnosing individuals as deviant serves the goal of stigmatizing them

• Tends to become a self-fulfilling prophecy
  – Those labeled as crazy take on the role of a crazy person

Psychodynamic Perspective

3 classes of psychopathology:

• Neuroses
  – Temporary problems encountered during life
  – Emotional illness that all experience at some point

• Personality Disorders
  – Enduring maladaptive patterns of thought, feeling and behavior that lead to chronic disturbances in our functioning

• Psychoses
  – Gross disturbances involving loss of touch with reality

Psychodynamic Etiology

• Psychoses
  – Often caused by biological based problems in the structure of the brain (nature)

• Neuroses and personality disorders
  – Often caused by environmental influences (nurture)
Psychodynamic Formulation

• Clinician determines:
  – Patient’s current level of functioning
  – Origin and course of symptoms
  – Salient events in the person’s developmental history

Psychodynamic Formulation

• Psychodynamic formulation attempts to answer three questions
  – Motives and conflicts
    • What does the patient wish for and fear?
  – Ego functioning (one’s ability to function in society)
    • What psychological resources does the patient have available?
  – Object relations (Patient’s interactions with others)
    • How does the patient experience himself and others?

Cognitive-Behavioral Perspective

• Combines classical and operant conditioning with a cognitive-social perspective
  – Idea that many problems that require treatment stem from conditioned emotional responses
    • Focus on discrete processes, not broad personality

• Conditioned emotional responses
  – Post 9/11 fear of airplanes
  – Such fears generate avoidance
    • Avoid flights to visit friends and relatives
Cognitive-Behavioral Perspective

• Psychopathology caused by dysfunctional cognitive attitudes and beliefs
  – E.g., a propensity to interpret events in a negative manner leads to maladaptive behavior
  – Certain disorders lead to attentional biases, where people are particularly attuned to certain types of information
    • Depressed person is sensitive to potential rejection

Biological Perspective

• Roots of mental disorders are in the brain’s neural circuitry
  – Family history, brain injury, malfunction of brain

• Biologically-oriented clinicians look at
  – Genetic sources of mental illness
  – Differences in specific regions of brain
  – Differences in neurotransmitter functioning
  – Break in “circuit” throughout brain, not specific area

Diathesis-Stress Model

• Model suggests that people have an underlying vulnerability (diathesis) that may be activated by stressful circumstances
  – Integrates nature and nurture perspectives on psychological disorders
Systems Approach

- Approaches problems with individual behavior within the context of a social group
  - Couple, family, work team

- Individuals are parts of systems (groups) and the dysfunction may be within the system

Family Systems

- Family system model
  - Symptom bearer: person identified as needing help
    - Person needs help because of problems in family

- Family homeostatic mechanisms
  - Efforts by family to maintain the status quo

- Family roles
  Typical role one assumes in ongoing family drama
  - Mediator, trouble maker, “good child”, etc

Family Systems

- Family boundaries
  - Enmeshed
    - Members too involved with each other’s business
  - Disengaged
    - Minimal contact between family members
  - Lacking Internal Boundaries
    - No privacy between members
  - Family Alliances
    - Members take sides
Evolutionary Perspective

• Random Variation explains pathological behaviors
  – If truly maladaptive, likely to be weeded out via natural selection

• Variation may be extreme expression of adaptive behavior
  – Some anxiety in face of threatening stimuli is adaptive
  – Maladaptive actions may be environmental tuning of psychological mechanisms that are normally adaptive

• Alternately, maladaptive actions could be carried on same gene as adaptive trait
  – Sickle cell anemia and malaria
  – Schizophrenia and rheumatoid arthritis

Diagnostic and Statistical Manual of Mental Disorders

• Descriptive Diagnosis
  – Atheoretical description of disorders
  – Disorders are classified in terms of clinical syndromes & multiple syndromes

• Diagnostic and Statistical Manual of Mental Disorders (DSM) 4th edition so DSM-IV
  – Listing of clinical syndromes used for diagnosis
  – Fits disease model: disorders fit into discrete categories

Multiaxial System of DSM-IV

• Axis I
  – Symptoms that cause distress or impairment

• Axis II
  – Personality disorders (enduring problems)

• Axis III
  – Medical conditions (relevant to diagnosis)

• Axis IV
  – Psychosocial and environmental problems
    • Parents divorce

• Axis V
  – Global assessment of function (patient’s overall level of functioning)
Sample Disorders

ADHD

- Attention-deficit hyperactivity disorder
  - characterized by age-inappropriate inattention, impulsiveness, and hyperactivity
  - More prevalent in boys

- Tends to run in families
  - Genetic & environmental contributions
  - Probably central nervous system dysfunction as base, but risk factors include low social class, severe marital discord
  - Leads to risk of other problems in adolescence
Conduct Disorder

- Disorder in which a child persistently violates rights of others as well as societal norms
  - Physical aggression towards humans and animals
  - Chronic fighting, vandalism, persistent lying

- Genetic vulnerability and environmental stressor
  - Tend to be less responsive to conditioning for reward/punishment
  - No anxiety or motivation to please parents
  - More likely in family with history of criminality

Substance-Related Disorders

- Alcoholism
  - Most common substance abuse disorder
    - 18 million in US
    - Binge drinking also very common
  - Genetic link to alcoholism
    - Best predictor of alcoholism is family history of alcoholism
    - Children may inherit a type of physiological reaction to alcohol
  - Environmental pressures to consume alcohol
    - Depression, antisocial, or aggressive behaviors may lead to alcohol use
  - Negative impact on social functioning

- Substance Use and Abuse
  - Use - Occasional use and able to ignore
  - Abuse - Regular use and dependence
  - Not synonymous, although use may lead to abuse

- Genetic and Environmental Links
  - People have a genetic vulnerability to addiction
  - People also have specific susceptibility to certain drugs
Substance-Related Disorders

Past month illicit drug use by persons aged 12 and older by drug

Schizophrenia

- Involve disturbances of thought, perception, behavior, language, communications, and emotion
  - Umbrella term for a numerous psychotic disorders
  - Most have periodic acute phases, then residual social and occupational impairment throughout life

- In US, 1.2 - 6 million people have schizophrenia
  - 10-20% fully recover from schizophrenia
  - Less than ½ show even moderate improvement
  - Of those who improve, ½ fall ill again within a year

Symptoms of Schizophrenia

- Delusions
  - Disturbance of thought, perception and language
  - Clear break from reality
    - E.g., person truly believes his or her thoughts are being monitored by the CIA

- Hallucinations
  - Perception of something not there
    - E.g., hearing voices
Symptoms of Schizophrenia

• Loosing of Associations
  – Metaphorical language
  – Associative thinking and rational thought intermix
  – Patient has no control over associative thought

• Positive Symptoms
  – Presence of something not usually there
  – Delusions, hallucinations and loose associations are positive symptoms
  – Most apparent in acute phases of the disease
  – Often treatable with antipsychotic medications

Symptoms of Schizophrenia

• Negative Symptoms
  – Absence of something that should be present, such as normal emotional response
  – Flat affect
  – Lack of motivation
  – Peculiar & withdrawn interpersonal behavior
  – Intellectual impairments

Theories of Schizophrenia

• Most theorists adopt Diathesis-stress model
  – People with underlying biological vulnerability develop the disorder after stress
  – Due to genetics, some are close to threshold and require small stressor to exhibit
  – Others have small inherited likelihood, but extreme stress leads to disorder
Theories of Schizophrenia

- Dopamine Hypothesis
  - Brains of schizophrenics produce too much dopamine, leading to symptoms
    - Paranoia, hallucinations caused by excessive dopamine
    - Effective antipsychotic medicines work by blocking dopamine uptake in brain
    - Likely this is partial but not complete explanation, as it does not explain negative symptoms

- Multi-Circuit Hypothesis
  - Other neurotransmitters, including glutamate, may also be involved

- Neural Atrophy
  - Brains of schizophrenics show atrophy in temporal and frontal lobes
    - Ventricles, fluid filled cavities, in brain, are larger in schizophrenics
    - Ventricles grow larger as schizophrenia progresses

- Expressed Emotion
  - Environmental factors, especially hostile feelings from family members, contribute to the disease
    - Especially true in Western society with ideas of individual responsibility for actions
Theories of Schizophrenia

• Environmental Causes
  – Events that affect developing nervous system un
    utero can lead to later schizophrenia
    • Birth complications, viruses, malnutrition all are related
      to later development of schizophrenia

Mood Disorders

• Disturbances of emotion and mood
  – Normally disorders involve a negative mood, e.g.
    depression

  • Women more prone to mood disorders than
    men

Major Depressive Disorder

• Depressed mood

• Loss of interest in pleasurable activities

• Disturbances in:
  – Appetite
  – Sleep
  – Energy level
  – Concentration
Major Depressive Disorder

- 2-3% of males, 5-9% of females in America
  - 85% who have one episode will have 1 or more recurrences within 5-15 years

Dysthymic Disorder

Chronic low-level depression of more than two years’ duration, with intervals of normal moods that never last more than a few weeks or months

- ¾ of dysthymic patients will have major depressive episode
- They tend to choose jobs that underutilize talents due to low self-esteem or motivation

Bipolar Disorder

- Disorder marked by extreme mood swings; also called manic-depression
  - Experience manic episodes, as with manic disorder, and also depressive episodes
- Lifetime risk 0.5-1.6% in America
  - Suicide risk between 10-20% of people w bipolar
  - Other variants have less severe mood swings
Manic Disorder

- A period of abnormally euphoric, elevated, or expansive mood
  - Dangerously out of control state of euphoria
  - About 15-20% also develop psychotic delusions

- Very high energy level
  - Unable to go to sleep
  - Thoughts are racing
  - Multitask in an irrational, ineffective manner

Theories of Depression

- Genetics
  - Depression has weak genetic link, but bipolar has strong genetic predisposition
  - Estimates range from 30-40% of patients have family history of depression
  - Serotonin and norepinephrine levels lower in brains of depressives
    - Anti-depressants replace these neurotransmitters

- Environment
  - Disruptive, hostile home environments common
  - Severe stressors in adult life for depression and bipolar disorder
    - Death, divorce and other key life events can trigger depression
  - Depressed people seek out stressors, such as high risk behavior or partners who view them negatively
Theories of Depression

- Cognitive Theories of Depression
  - Dysfunctional patterns of thinking, such as helplessness
  - Depressed people differ from normal in
    - Content of thinking: how negative their ideas are
    - Cognitive processes: unfavorable interpretation of events
  - Negative Triad:
    - Negative outlook on the world, the self, and the future
    - From Beck’s theory of depression

- Cognitive distortions
  - Transforming neutral or positive information into depressive cognitions
    - Arbitrary inference, not based on evidence
    - Magnification or minimization of relative importance
    - Personalization of external events
    - Overgeneralization based on a single incident

- Psychodynamic Theories of Depression
  - Focus on motivation behind depressive actions
    - E.g., better not to try than to find out one is not talented
  - Personality structure is essential to depression
    - Depression from interpersonal distress
    - Depression from failure to meet standards
Gender and Depression

- Women are more likely than men to become depressed
  - Men experience problems with alcohol, antisocial personality disorder, hyperactivity disorder
  - Not clear if this reflects biology or cultural interpretation of emotions

Anxiety Disorders

- Anxiety state that are intense, frequent and even continuous
- Affects 9% of population
  - Most frequently occurring mental disorder
  - Affects women twice as often as men
- Generalized anxiety disorder (2% population)
  - Persistent anxiety at a moderate but disturbing level
  - Excessive and unrealistic worry about life circumstances

Anxiety Disorders: Phobias

- About 5% of population has at least 1 phobia
- Excessive fear about a specific object or activity
  - Most just work around phobia with minimal effect
  - Social phobia (about 15% lifetime prevalence)
    - Intense anxiety about public speaking OR
    - Intense anxiety in other social or performance settings
Types of Anxiety Disorders

• Panic Disorder (1.4-2.9% lifetime prevalence)
  – Attacks of intense fear and feeling of doom or terror not justified by the situation
  – Sudden onset

• Agoraphobia (6-7% lifetime prevalence)
  – Fear of being in places or situations from which escape might be difficult
  – Often instigated by fear of panic attack

Types of Anxiety Disorders

• Obsessive-compulsive disorder
  – Obsessions
    • Excessive and recurring thoughts about something
    • Thinking about one event, person, thing all the time
  – Compulsions
    • Excessive behaviors
    • Constantly washing your hands

• Obsession causes extreme distress; compulsion helps to reduce stress even though person knows it’s irrational

Types of Anxiety Disorders

• Post-traumatic stress disorder (PTSD)
  – Flashbacks and recurrent thoughts of a psychologically distressing event outside normal human experience
    • War or near-fatal car accident
  – Symptoms include
    • Nightmares, Flashbacks
    • Psychological numbness, Hypervigilance
    • Exaggerated startle response

• Lifetime prevalence about 8%
  – only 10% develop PTSD after traumatic event
Etiology of Anxiety Disorders

- Most have genetic component
  - Obsessive Compulsive Disorder is highly heritable
- Stressful life events also important
  - 80% of those who suffer panic attacks report a negative life event coinciding with first attack
    - Stressful events in childhood related to anxiety as adult
  - High expressed emotion related to adult anxiety
  - Personality, coping style, intellectual functioning all related to development of anxiety disorder

Eating Disorders

- Anorexia Nervosa
  - Weight drops below 85% of ideal body weight
  - Refusal to eat
  - Distorted perceptions of one’s actual weight
  - Physical complications and death are common
  - More common for women than men; typically begins in adolescence

- Bulimia Nervosa
  - Binge eating & purging body of food
  - Purge brings relief but also depression and sense of being out of control
  - About 3-5% of population has bulimia
    - 90% of cases are female
    - 30-50% of cases will still have eating problems 5-10 years after seeking treatment
Etiology of Eating Disorders

• Genetics
  – Clear link between bulimia and mood and anxiety disorders
    • Suggests common problem with serotonin regulation
  – Differences in brain activation in restrained or unrestrained eaters
• Environment
  – Clearly, American culture emphasizes thinness
  – Personality traits of perfectionist and need for control linked with anorexia

Etiology of Eating Disorders

• Evolutionary View
  – Cultural norms create specific vulnerabilities to psychopathology
    • In America, focus on thinness creates high levels of eating disorders

Etiology of Eating Disorders

• 3 Distinct Personality Profiles
  • High functioning, self-critical, perfectionist
    – Could develop anorexia or bulimia
  • Overly controlled, inhibited, avoids relationships
    – Most likely anorexic
  • Undercontrolled, impulsive, emotionally volatile
    – Most likely bulimic
Dissociative Disorders

- **Dissociation**
  - Involves disruptions in consciousness, memory, sense of identity, or perception
  - Periods of amnesia
  - Perceive mind and body as two separate entities
  - Usually response to psychic pain

Dissociative Disorders

- **Dissociative identity disorder**
  - Also known as multiple personality disorder
  - Two or more separate and distinct personalities within the same person
  - Most severe dissociative disorder; very rare.

  - Different personalities physiologically distinct
    - Different memories, also different muscle tension, basal heart rate, allergies

  - Cause nearly always environmental:
    - History of chaotic home life and severe abuse, usually sexual, common

Personality Disorders

- **Chronic, severe disturbances that substantially inhibit the capacity to love and to work**

  - **Narcissistic Personality Disorder**
    - Perceive the world revolving around themselves
    - Use people for personal ends
    - Feeling of entitlement
    - Hypersensitive to criticism
    - May have rage when others don’t respond as expected
Personality Disorders

**TABLE 14.6**

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borderline Personality Disorder</td>
<td>Detachment from social relationships; restricted range of emotional expression</td>
</tr>
<tr>
<td>Schizoid Personality Disorder</td>
<td>Avoidant of close interpersonal relationships; cognitively or perceptually detached; eccentricity</td>
</tr>
<tr>
<td>Antisocial Personality Disorder</td>
<td>Impulsivity and instability in interpersonal relationships, lack of conscience, and emotion</td>
</tr>
<tr>
<td>Histrionic Personality Disorder</td>
<td>Excessive emotionality and attention seeking</td>
</tr>
<tr>
<td>Narcissistic Personality Disorder</td>
<td>Grandiose need for admiration, and lack of empathy</td>
</tr>
<tr>
<td>Avoidant Personality Disorder</td>
<td>Social inhibition and feelings of inadequacy, and hypersensitivity to rejection or evaluation</td>
</tr>
<tr>
<td>Dependent Personality Disorder</td>
<td>Submissive and clinging behavior and excessive need to be taken care of</td>
</tr>
<tr>
<td>Obsessive-compulsive Personality Disorder</td>
<td>Preoccupation with orderliness, perfectionism, and control</td>
</tr>
</tbody>
</table>


**Borderline Personality Disorder**

- Symptoms include:
  - Extremely unstable interpersonal relationships
  - Dramatic mood swings
  - Unstable sense of identity
  - Intense fears of separation and abandonment
  - Manipulativeness
  - Impulsive behavior
  - Self-mutilating behavior common
  - 10% of people with disorder commit suicide

**Borderline Personality Disorder**

- Clearly insecure in personal relationships
  - Simplistic and one-sided representation of actions
  - See actions and people as either all good or all bad
Antisocial Personality Disorder

- Irresponsible and socially disruptive behavior across a variety of situations
- Common symptoms include:
  - Stealing
  - Destroying property
  - Absence of a sense of conscience
  - Complete lack of empathy and remorse
- Can be extremely charming individuals but in reality are accomplished “con artists.”

Antisocial Personality Disorder

- Most Antisocial adults had conduct disorder as children
- Typically diagnosed after run-in with law
  - Don’t seek treatment on their own

Etiology of Personality Disorders

- Genetics
  - Tendency toward impulsivity and negative affect common for personality disorders
- Environment
  - Chaotic home life, troubled attachments with parents and sexual abuse common for borderline persons
  - For antisocial disorder, chaotic home life, troubled attachments with parents and physical abuse common
Are Mental Disorders Distinct?

- Disorders don’t always fit discrete categories
  - Continuum of severity
  - Many people have multiple disorders, perhaps with a single cause
  - Subclinical or less severe cases are as common or more common than clinically diagnosable cases