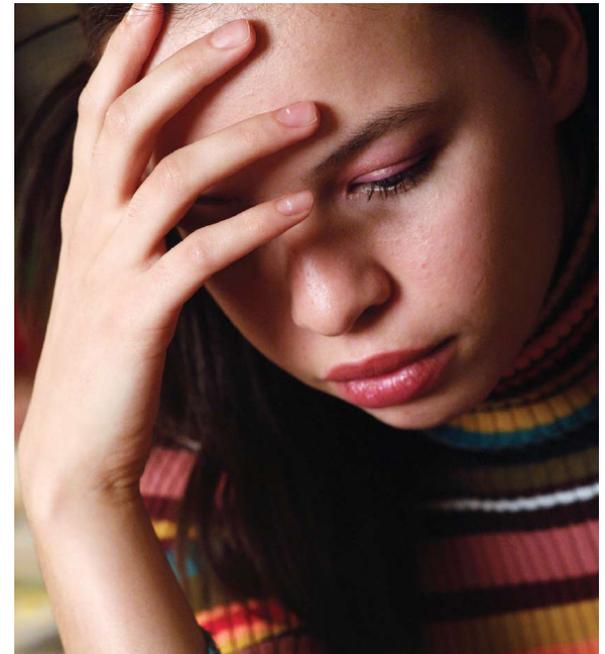


# Unit 12: Abnormal Psychology



# Unit Overview

- [Perspectives on Psychological Disorders](#)
- [Anxiety Disorders](#)
- [Somatoform Disorders](#)
- [Dissociative Disorders](#)
- [Mood Disorders](#)
- [Schizophrenia](#)
- [Personality Disorders](#)
- [Rates of Disorder](#)



Click on the any of the above hyperlinks to go to that section in the presentation.

# Introduction

- How should we define psychological disorders?
- How should we understand disorders?
- How should we classify psychological disorders?

# Psychological Disorders

People are fascinated by the exceptional, the unusual, and the abnormal. This fascination may be caused by two reasons:

1. During various moments we feel, think, and act like an abnormal individual.
2. Psychological disorders may bring unexplained physical symptoms, irrational fears, and suicidal thoughts.

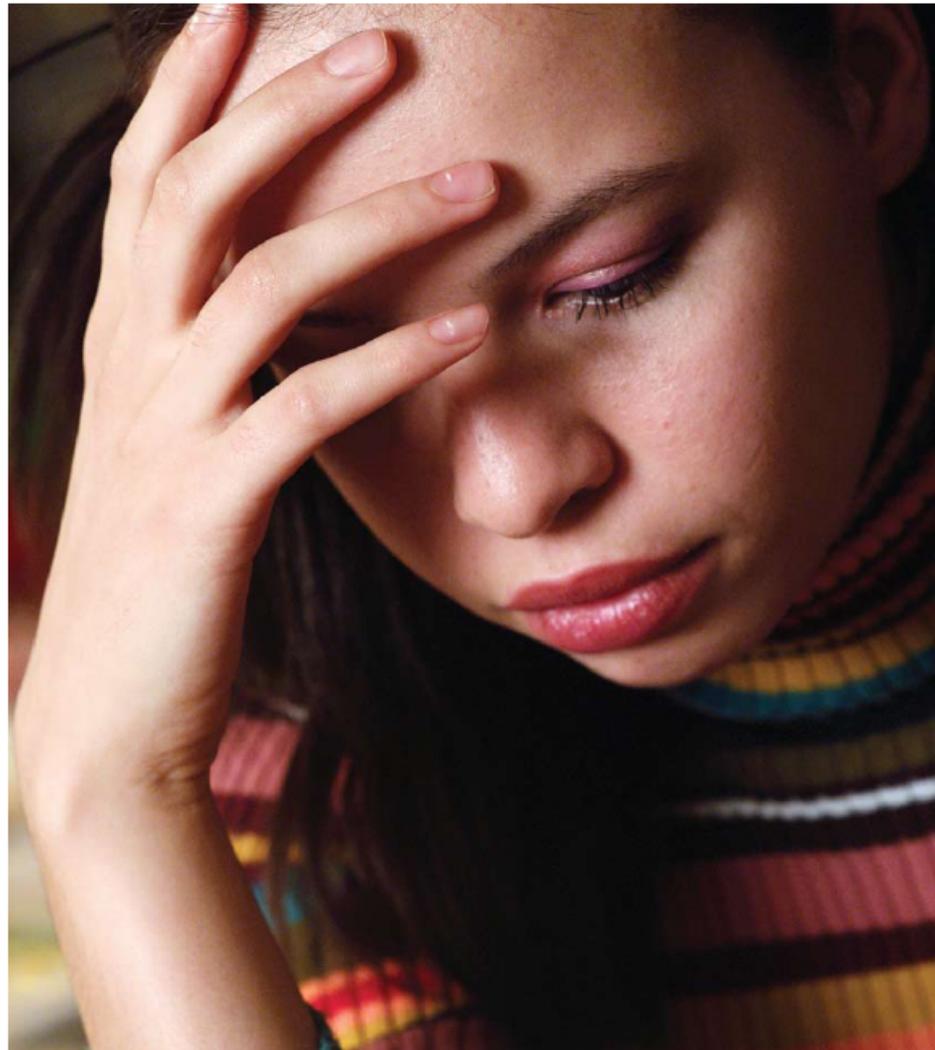
# Psychological Disorders

To study the abnormal is the best way of understanding the normal.

William James (1842-1910)

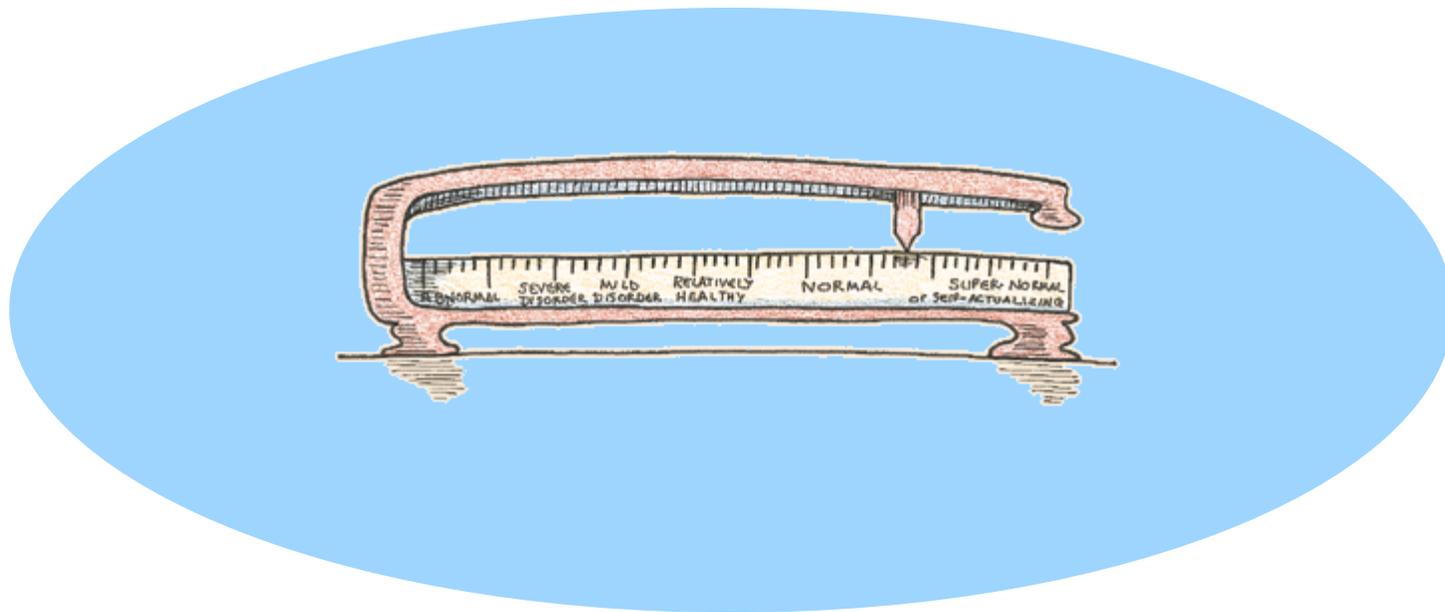
1. There are 450 million people suffering from psychological disorders (WHO, 2004).
2. Depression and schizophrenia exist in all cultures of the world.

# Perspectives on Psychological Disorders





# It's All a Matter of Degree



# Defining Psychological Disorders

Mental health workers view **psychological disorders** as persistently harmful thoughts, feelings, and actions.

When behavior is *deviant, distressful, and dysfunctional* psychiatrists and psychologists label it as disordered (Comer, 2004).

# Deviant, Distressful & Dysfunctional

1. **Deviant** behavior (going naked) in one culture may be considered normal, while in others it may lead to arrest.
2. Deviant behavior must accompany **distress**.
3. If a behavior is **dysfunctional** it is clearly a disorder.



Carol Beckwith

In the Wodaabe tribe men wear costumes to attract women. In Western society this would be considered abnormal.

# Psychological Disorders

- Psychological Disorder
  - a “harmful dysfunction” in which behavior is judged to be:
    - atypical--not enough in itself
    - disturbing--varies with time and culture
    - maladaptive--harmful
    - unjustifiable--sometimes there's a good reason

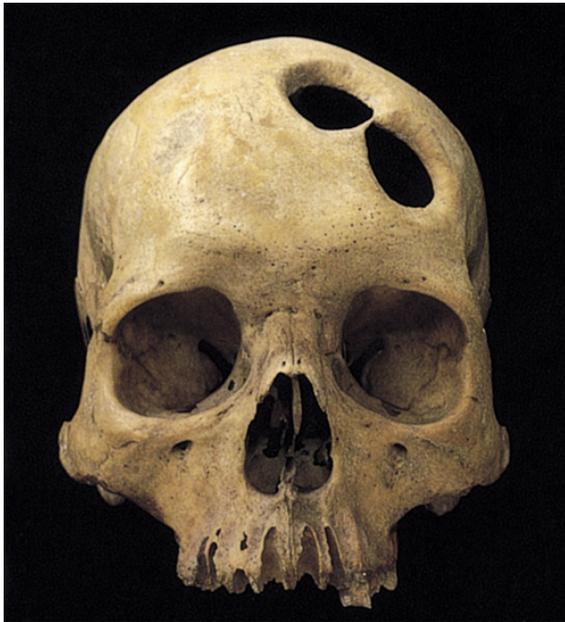
# Defining Psychological Disorders

- Psychological disorders
  - Deviant behavior
  - Distressful behavior
  - Harmful dysfunctional behavior
- Definition varies by context/culture
- Attention deficit hyperactivity disorder (ADHD)

# Understanding Psychological Disorders

## *The Medical Model*

- Philippe Pinel
- Medical model
  - Mental illness (psychopathology)



# Medical Model

When physicians discovered that syphilis led to mental disorders, they started using **medical models** to review the physical causes of these disorders.

1. **Etiology:** Cause and development of the disorder.
2. **Diagnosis:** Identifying (symptoms) and distinguishing one disease from another.
3. **Treatment:** Treating a disorder in a psychiatric hospital.
4. **Prognosis:** Forecast about the disorder.

# Medical Perspective

Philippe Pinel (1745-1826) from France, insisted that madness was not due to demonic possession, but an ailment of the mind.



Dance in the madhouse.

# Understanding Psychological Disorders

## *The Biopsychosocial Approach*

- Interaction of nature and nurture
- Influence of culture on disorders



*"I'm always like this, and my family was wondering if you could prescribe a mild depressant."*

# Classifying Psychological Disorders

- Diagnostic and Statistical Manual of Mental Disorders (DSM)
  - [DSM-IV-TR](#)
  - DSM-5
- International Classification of Diseases (ICD-10)
- Criticisms of the DSM

# Classifying Psychological Disorders

## HOW ARE PSYCHOLOGICAL DISORDERS DIAGNOSED?

Based on assessments, interviews, and observations, many clinicians diagnose by answering the following questions from the five levels, or *axes*, of the DSM-IV-TR. (Unit numbers in parentheses locate the topics in this text.)

**Axis I Is a *Clinical Syndrome* present?**

## HOW ARE PSYCHOLOGICAL DISORDERS DIAGNOSED?

### **Axis I Is a *Clinical Syndrome* present?**

Using specifically defined criteria, clinicians may select none, one, or more syndromes from the following list:

- Disorders usually first diagnosed in infancy, childhood, and adolescence
- Delirium, dementia, amnesia, and other cognitive disorders (Unit 9)
- Mental disorders due to a general medical condition (formerly referred to as *organic disorders*)
- Substance-related disorders (Unit 5)
- Schizophrenia and other psychotic disorders (this unit)
- Mood disorders (this unit)
- Anxiety disorders (this unit)
- Somatoform disorders (this unit)
- Factitious disorders (intentionally faked)
- Dissociative disorders (this unit)
- Eating disorders (Unit 8A)
- Sexual disorders and gender identity disorder
- Sleep disorders (Unit 5)
- Impulse-control disorders not classified elsewhere
- Adjustment disorders
- Other conditions that may be a focus of clinical attention

# Classifying Psychological Disorders

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**Axis II Is a *Personality Disorder* or *Mental Retardation* present?**

Clinicians may or may not also select one of these two conditions.

# Classifying Psychological Disorders

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**Axis III Is a *General Medical Condition*, such as *diabetes*, *hypertension*, or *arthritis*, also present?**

# Classifying Psychological Disorders

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**Axis IV Are *Psychosocial* or *Environmental Problems*, such as school or housing issues, also present?**

# Classifying Psychological Disorders

## HOW ARE PSYCHOLOGICAL DISORDERS DIAGNOSED?

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**Axis III Is a *General Medical Condition*, such as diabetes, hypertension, or arthritis, also present?**

**Axis IV Are *Psychosocial* or *Environmental Problems*, such as school or housing issues, also present?**

**Axis V What is the *Global Assessment* of this person's functioning?**

Clinicians assign a code from 0–100.

# Multiaxial Classification

## Note Global Assessment for Axis V

**Axis II** Is a *Personality Disorder* (page 667) or *Mental Retardation* (See Chapter 11) present?  
Clinicians may or may not also select one of these two conditions.

**Axis III** Is a *General Medical Condition*, such as diabetes, hypertension, or arthritis, also present?

**Axis IV** Are *Psychosocial or Environmental Problems*, such as school or housing issues, also present?

**Axis V** What is the *Global Assessment* of this person's functioning?  
Clinicians assign a code from 0–100. For example:

91–100 Superior functioning in a wide range of activities; life's problems never seem to get out of hand; is sought out by others because of his or her many positive qualities. No symptoms.

51–60 Moderate symptoms (for example, flat affect or occasional panic attacks) or moderate difficulty in social, occupational, or school functioning (for example, few friends, or conflicts with peers or co-workers).

1–10 Persistent danger of severely hurting self or others (for example, recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.

# Goals of DSM

1. Describe (400) disorders.
2. Determine how prevalent the disorder is.

Disorders outlined by DSM-IV are reliable.  
Therefore, diagnoses by different professionals are similar.

Others criticize DSM-IV for “putting any kind of behavior within the compass of psychiatry.”

# Prevalence

- Approximately 48% of adults experienced symptoms at least once in their lives
- Approximately 80% who experienced symptoms in the last year did NOT seek treatment
- Most people seem to deal with symptoms without complete debilitation
- Women have higher prevalence of depression and anxiety
- Men have higher prevalence of substance abuse and antisocial personality disorder

# The Biopsychosocial Approach to Psychological Disorders



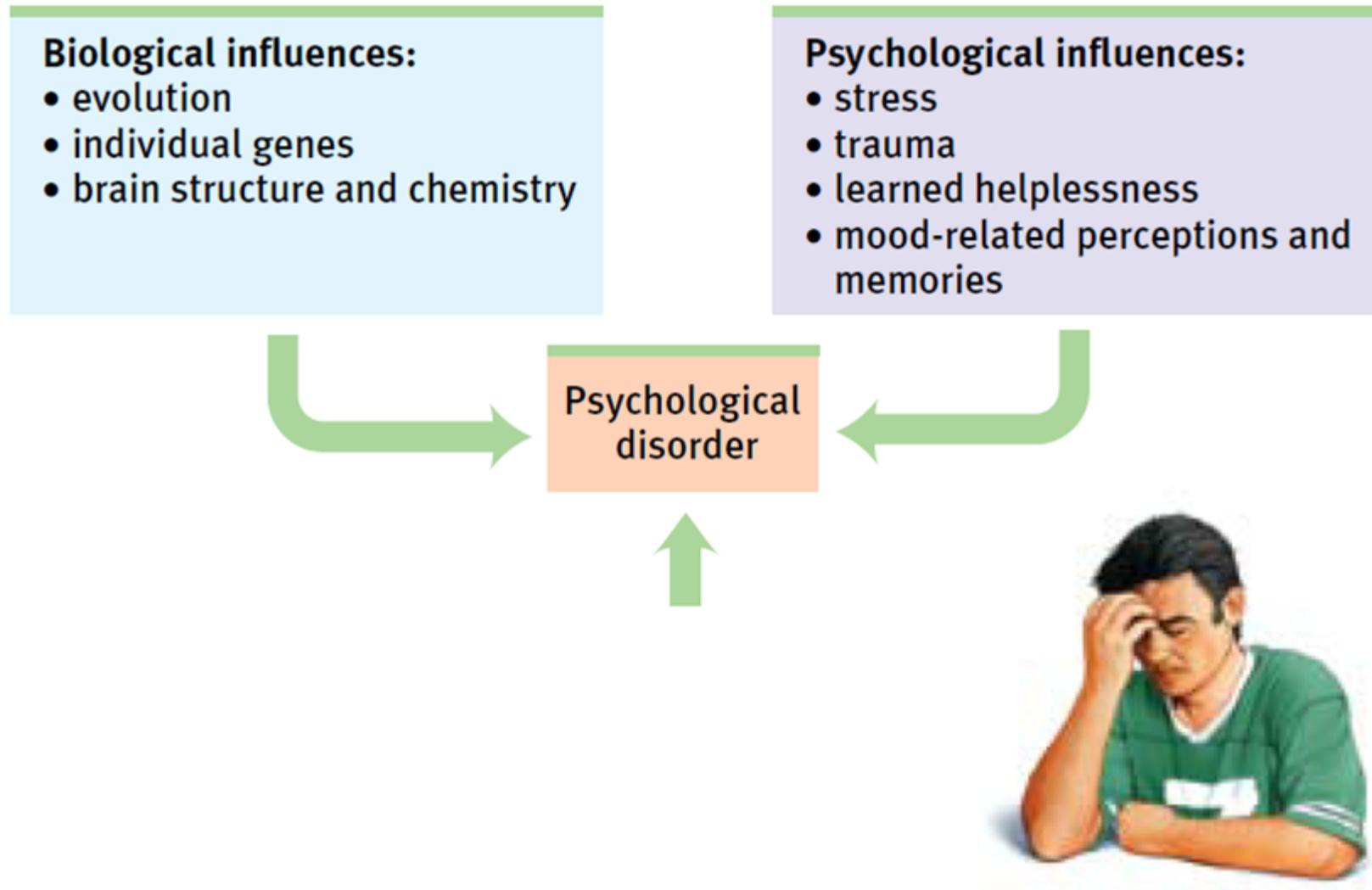
# The Biopsychosocial Approach to Psychological Disorders

## Biological influences:

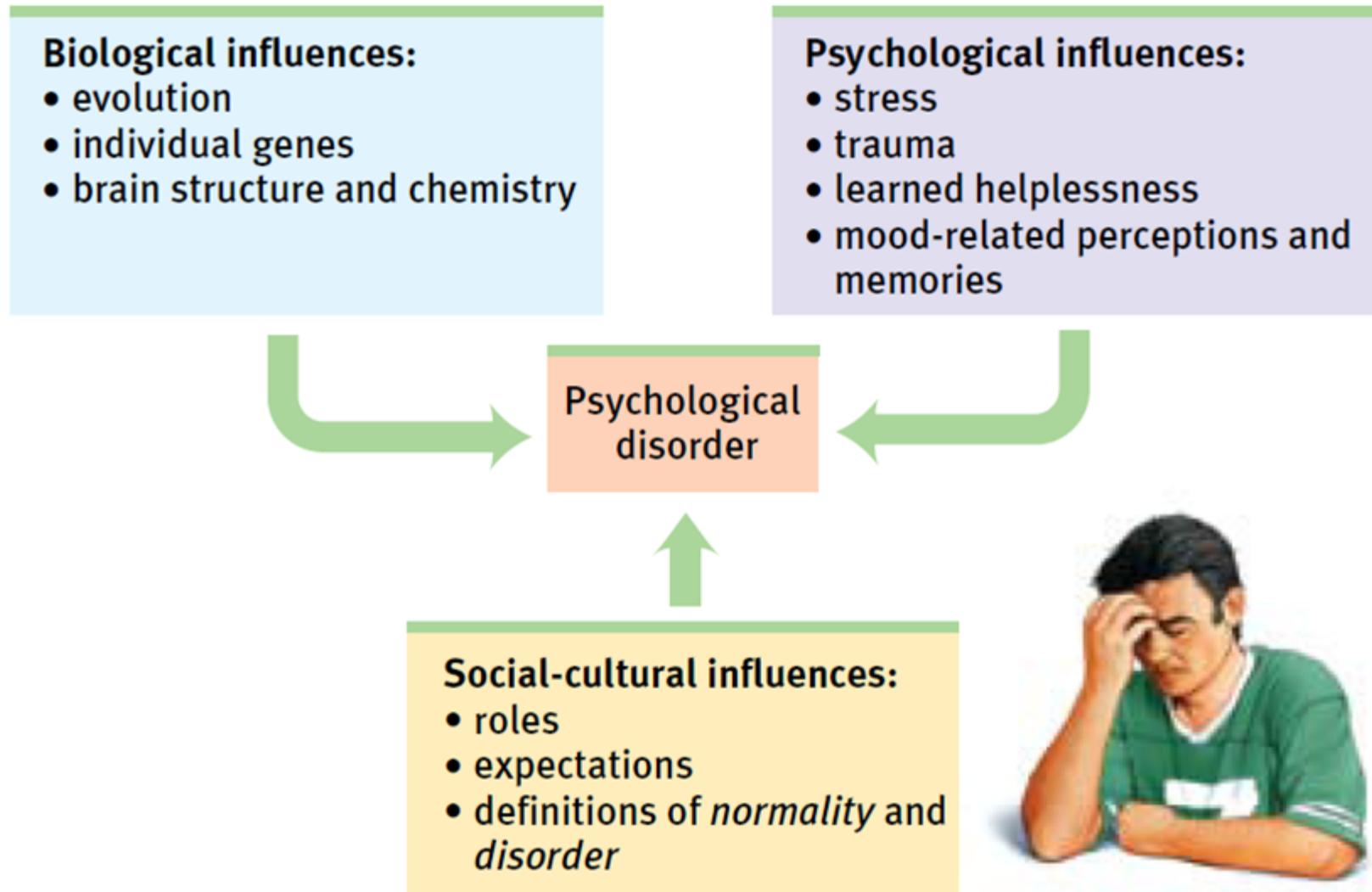
- evolution
- individual genes
- brain structure and chemistry



# The Biopsychosocial Approach to Psychological Disorders



# The Biopsychosocial Approach to Psychological Disorders



# Labeling Psychological Disorders

1. Critics of the DSM-IV argue that labels may stigmatize individuals.



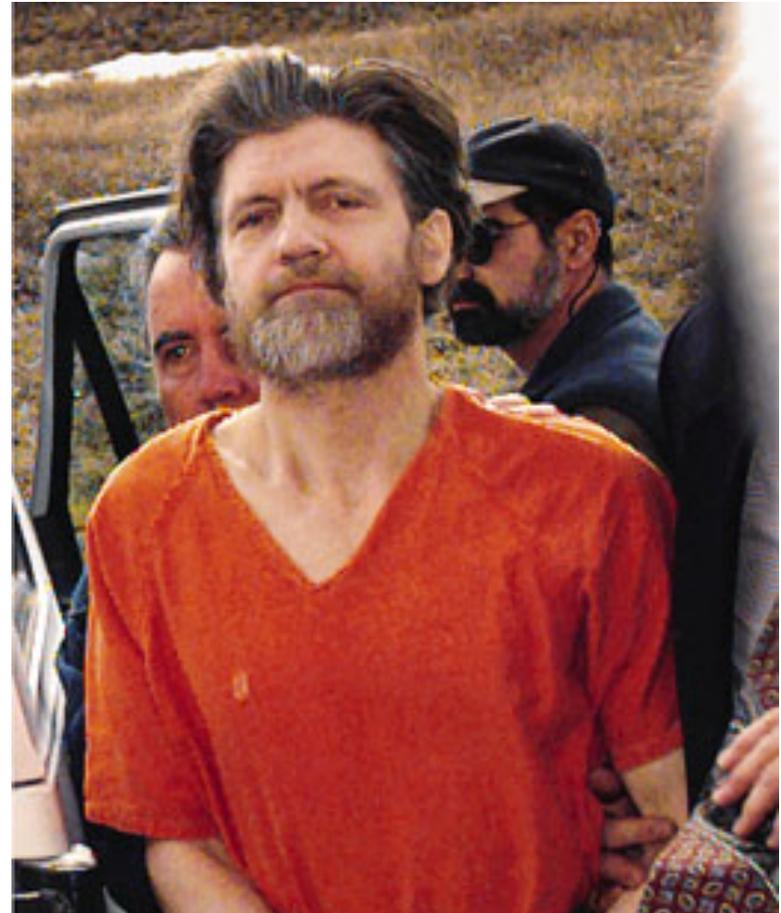
Asylum baseball team (labeling)

# Labeling Psychological Disorders

2. Labels may be helpful for healthcare professionals when communicating with one another and establishing therapy.

# Labeling Psychological Disorders

3. “Insanity” labels raise moral and ethical questions about how society should treat people who have disorders and have committed crimes.



Elaine Thompson/ AP Photo

Theodore Kaczynski  
(Unabomber)

# Labeling Psychological Disorders

- Rosenhan's study
- Power of labels
  - Preconception can stigmatize
- Insanity label
- Stereotypes of the mentally ill
- Self-fulfilling prophecy

# Labeling Psychological Disorders (David Rosenhan)

David Rosenhan and seven others went to mental hospital admissions offices, complaining of “hearing voices” that were saying “empty,” “hollow,” and “thud.” Apart from this complaint and giving false names and occupations, they answered all the questions truthfully. All eight were diagnosed as mentally ill.

# David Rosenhan: Pseudo-Patient Experiment



- Investigated reliability of psychiatric diagnoses
- Eight healthy people entered psychiatric hospitals complaining of hearing strange voices
- Once admitted to the hospital, they behaved normally and claimed that the voices had disappeared

# Rosenhan: Results



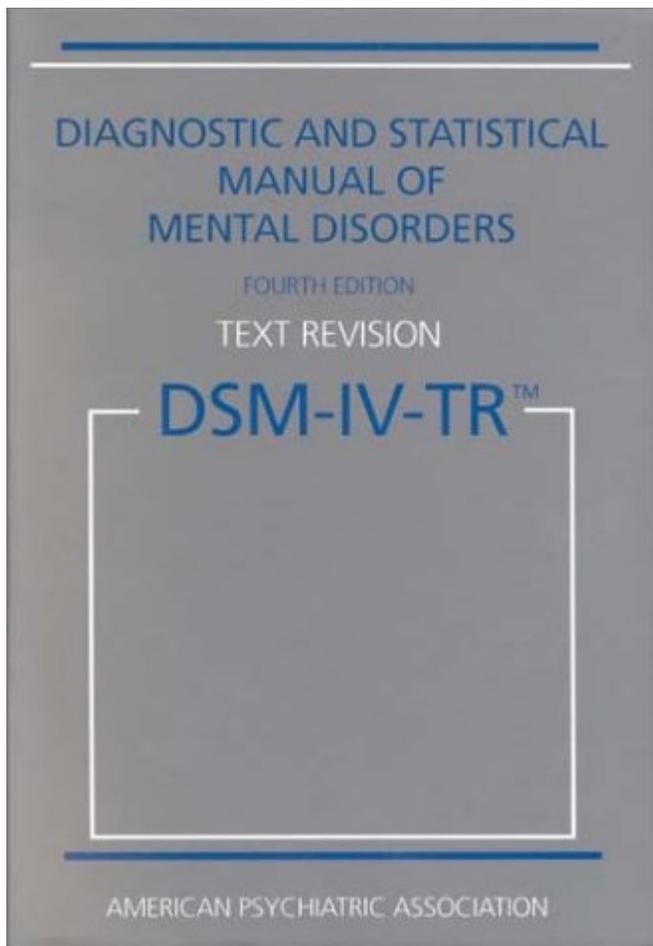
- Staff treated patients as if they were really ill
- Staff noted “abnormal” symptoms
- Kept patients for an average of 19 days
- Discharged with diagnosis of “schizophrenia in remission”

# Rosenhan: Nonexistent Impostor Experiment

- Told hospital staff to expect pseudo-patients (“impostors”)
- No pseudo-patients were actually sent, but staff identified 41 anyway (these were, in fact, real patients)

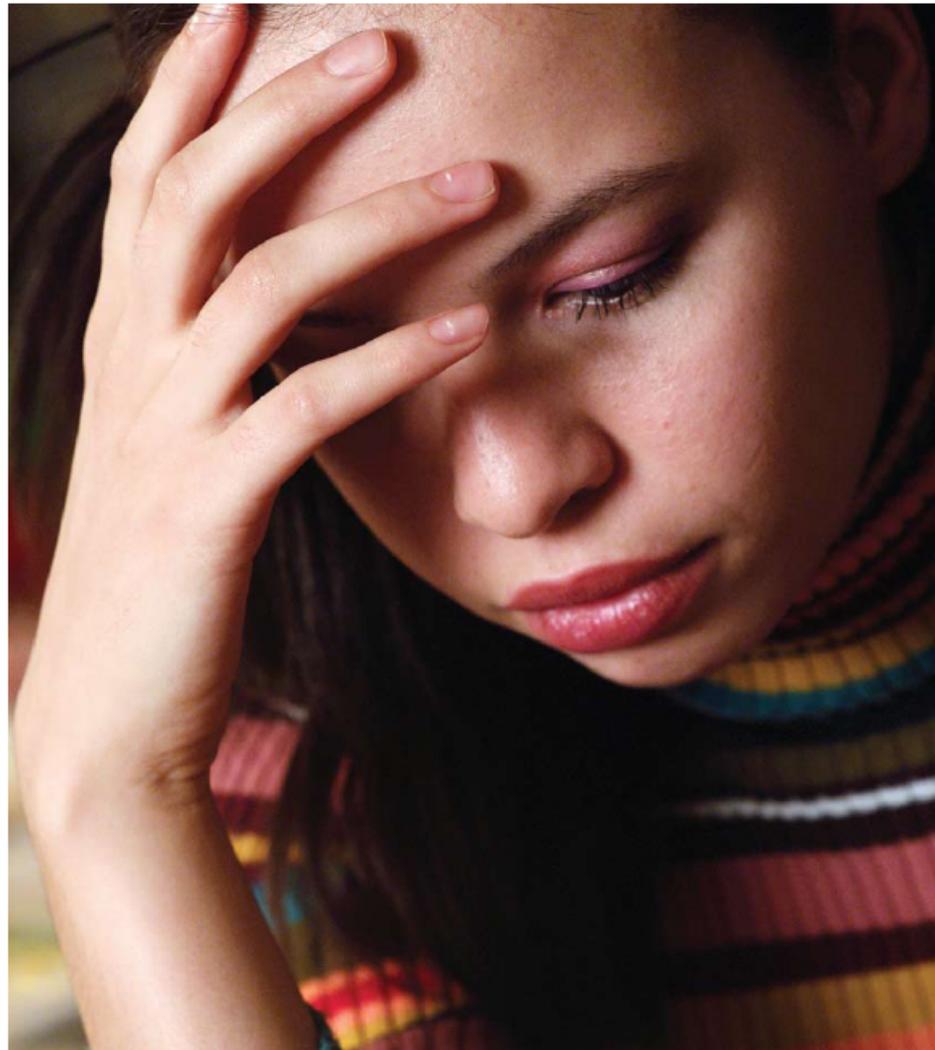


# Rosenhan: Implications



- Psychiatrists disputed the results
- Prompted changes in psychiatric diagnosis
- The *DSM-IV*

# Anxiety Disorders



# Anxiety Disorders

- Anxiety disorders
  - Generalized anxiety disorder
  - Panic disorder
  - Phobia
  - Obsessive-compulsive disorder
  - Post-traumatic stress disorder

## Table | 13.3

### **The Anxiety Disorders**

#### **General Anxiety Disorder (GAD)**

- Persistent, chronic, unreasonable worry and anxiety
- General symptoms of anxiety, including persistent physical arousal

#### **Panic Disorder**

- Frequent and unexpected panic attacks, with no specific or identifiable trigger

#### **Phobias**

- Intense anxiety or panic attack triggered by a specific object or situation
- Persistent avoidance of feared object or situation

#### **Posttraumatic Stress Disorder (PTSD)**

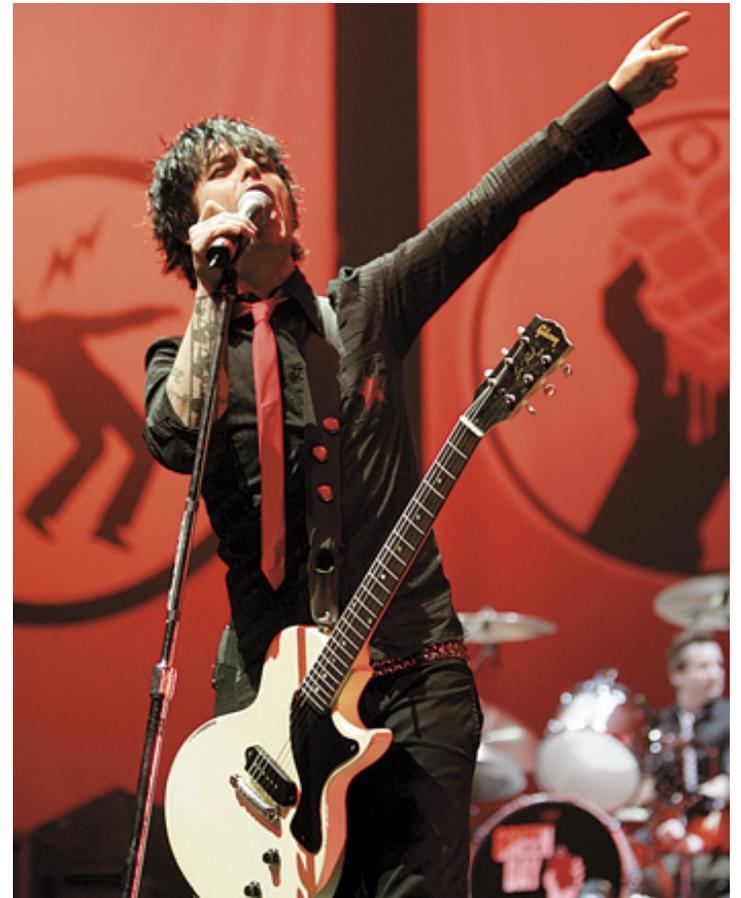
- Anxiety triggered by memories of a traumatic experience

#### **Obsessive-Compulsive Disorder (OCD)**

- Anxiety caused by uncontrollable, persistent, recurring thoughts (obsessions) and/or
- Anxiety caused by uncontrollable, persistent urges to perform certain actions (compulsions)

# Generalized Anxiety Disorder

- Generalized anxiety disorder
  - 2/3 women
  - Free floating anxiety



# Generalized Anxiety Disorder (GAD)

- More or less constant worry about many issues
- The worry seriously interferes with functioning
- Physical symptoms
  - headaches
  - stomach aches
  - muscle tension
  - irritability

# Generalized Anxiety Disorder

## Symptoms

1. Persistent and uncontrollable tenseness and apprehension.
2. Autonomic arousal.
3. Inability to identify or avoid the cause of certain feelings.

# Model of Development of GAD

- GAD has some genetic component
- Related genetically to major depression
- Childhood trauma also related to GAD



# Panic Disorder

- Panic disorder
  - Panic attacks

# Panic Disorder

## Symptoms

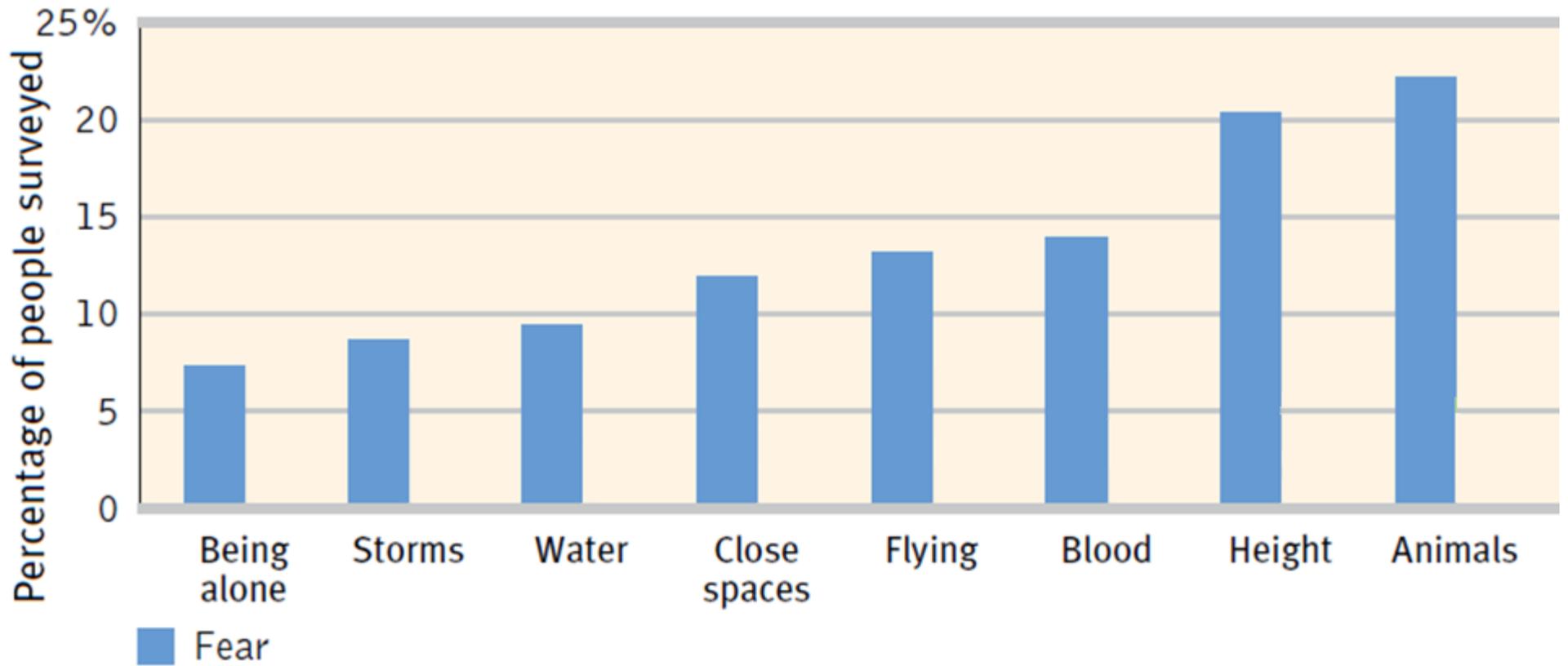
Minute-long episodes of intense dread which may include feelings of terror, chest pains, choking, or other frightening sensations.

Anxiety is a component of both disorders. It occurs more in the panic disorder, making people avoid situations that cause it.

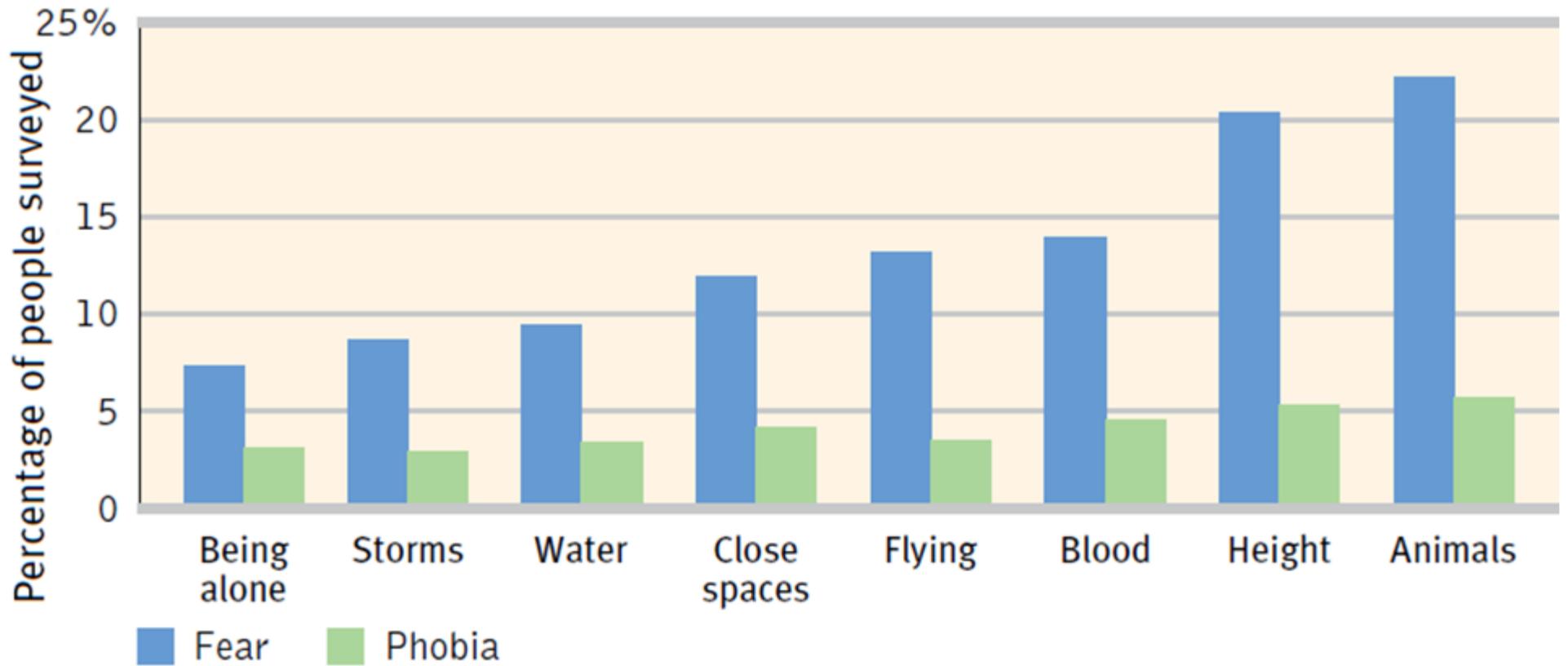
# Phobias

- Phobias
  - Specific phobia
  - Social phobia
  - Agoraphobia

# Phobias



# Phobias



# Obsessive-Compulsive Disorder

- Obsessive-compulsive disorder

- An obsession versus a compulsion
- Checkers
- Hand washers

Snapshots at [jasonlove.com](http://jasonlove.com)



# Anxiety Disorders

- **Obsessive-Compulsive Disorder**
  - unwanted repetitive thoughts (obsessions) and/or actions (compulsions)



# Psychological Disorders

I felt the need to clean my room ... spent four to five hour at it ... At the time I loved it but then didn't want to do it any more, but could not stop ... The clothes hung ... two fingers apart ...I touched my bedroom wall before leaving the house ... I had constant anxiety ... I thought I might be nuts.

Marc, diagnosed with  
obsessive-compulsive disorder  
(from Summers, 1996)



# Obsessive-Compulsive Disorder

## COMMON OBSESSIONS AND COMPULSIONS AMONG CHILDREN AND ADOLESCENTS WITH OBSESSIVE-COMPULSIVE DISORDER

Thought or Behavior	Percentage Reporting Symptom
Obsessions ( <i>repetitive thoughts</i> )	

# Obsessive-Compulsive Disorder

## COMMON OBSESSIONS AND COMPULSIONS AMONG CHILDREN AND ADOLESCENTS WITH OBSESSIVE-COMPULSIVE DISORDER

Thought or Behavior	Percentage Reporting Symptom
Obsessions ( <i>repetitive thoughts</i> )	
Concern with dirt, germs, or toxins	40
Something terrible happening (fire, death, illness)	24
Symmetry, order, or exactness	17

# Obsessive-Compulsive Disorder

## COMMON OBSESSIONS AND COMPULSIONS AMONG CHILDREN AND ADOLESCENTS WITH OBSESSIVE-COMPULSIVE DISORDER

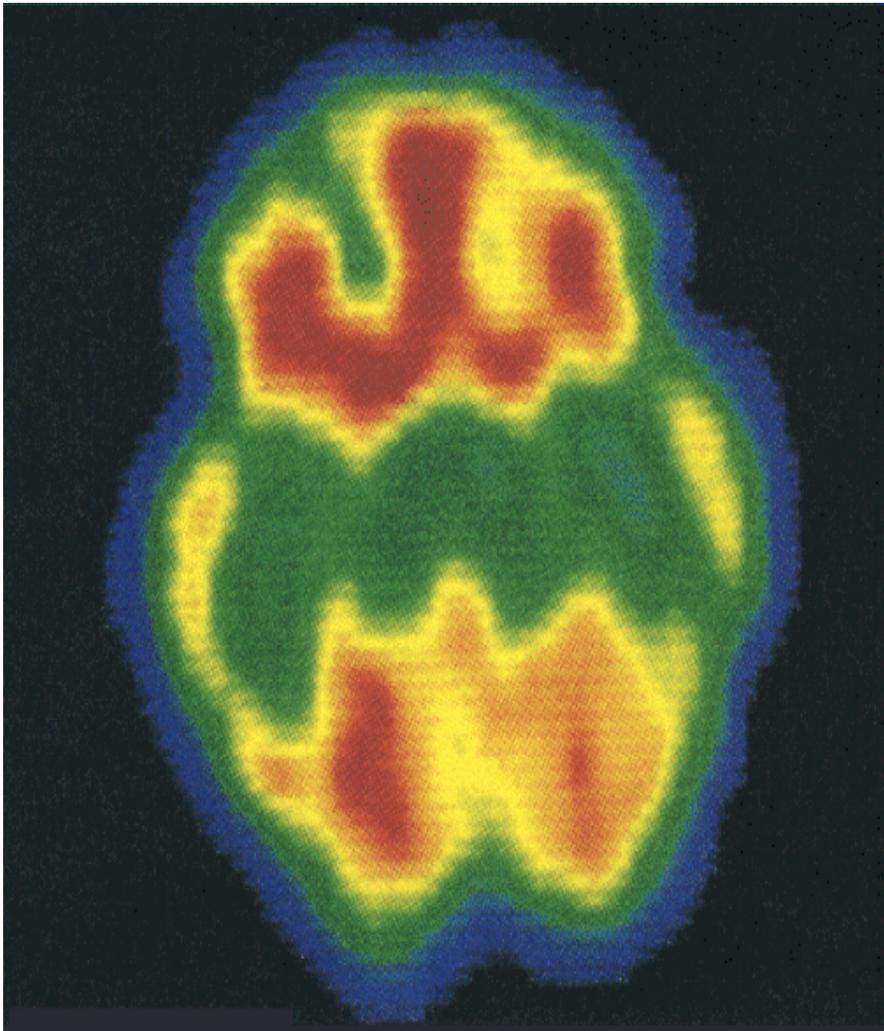
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# Obsessive-Compulsive Disorder

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Thought or Behavior	Percentage Reporting Symptom
<b>Obsessions (<i>repetitive thoughts</i>)</b>	
Concern with dirt, germs, or toxins	40
Something terrible happening (fire, death, illness)	24
Symmetry, order, or exactness	17
<b>Compulsions (<i>repetitive behaviors</i>)</b>	
Excessive hand washing, bathing, tooth brushing, or grooming	85
Repeating rituals (in/out of a door, up/down from a chair)	51
Checking doors, locks, appliances, car brakes, homework	46

# Anxiety Disorders



- PET Scan of brain of person with Obsessive/Compulsive disorder
- High metabolic activity (red) in frontal lobe areas involved with directing attention

# Post-Traumatic Stress Disorder

- Post-traumatic stress disorder
  - PTSD
  - “shellshock” or “battle fatigue”
  - Not just due to a war situation
- Post-traumatic growth



# Post-Traumatic Stress Disorder

Four or more weeks of the following symptoms constitute post-traumatic stress disorder (PTSD):

1. Haunting memories
2. Nightmares
3. Social withdrawal
4. Jumpy anxiety
5. Sleep problems



# Resilience to PTSD

Only about 10% of women and 20% of men react to traumatic situations and develop PTSD.

Holocaust survivors show remarkable resilience against traumatic situations.

All major religions of the world suggest that surviving a trauma leads to the growth of an individual.

# Explaining Anxiety Disorders

## **Psychoanalytic Perspective**

Freud suggested that we **repress** our painful and intolerable ideas, feelings, and thoughts, resulting in anxiety.

# The Learning Perspective

Learning theorists suggest that **fear conditioning** leads to anxiety. This anxiety then becomes associated with other objects or events (stimulus generalization) and is reinforced.



John Coletti/Stock, Boston

# The Learning Perspective

- **Stimulus Generalization**

Conditioned fears may remain long after we have forgotten the experiences that produced them.

Stimulus generalization may occur when a person who fears heights after a fall may be afraid of airplanes without ever having flown.

# The Learning Perspective

- **Reinforcement**

Once phobias and compulsions arise, reinforcement helps maintain them.

Avoiding or escaping the feared situation reduces anxiety, thus reinforcing the phobic behavior.

# The Learning Perspective

Investigators believe that fear responses are inculcated through **observational learning**. Young monkeys develop fear when they watch other monkeys who are afraid of snakes.

Parents transmit their fears to their children.

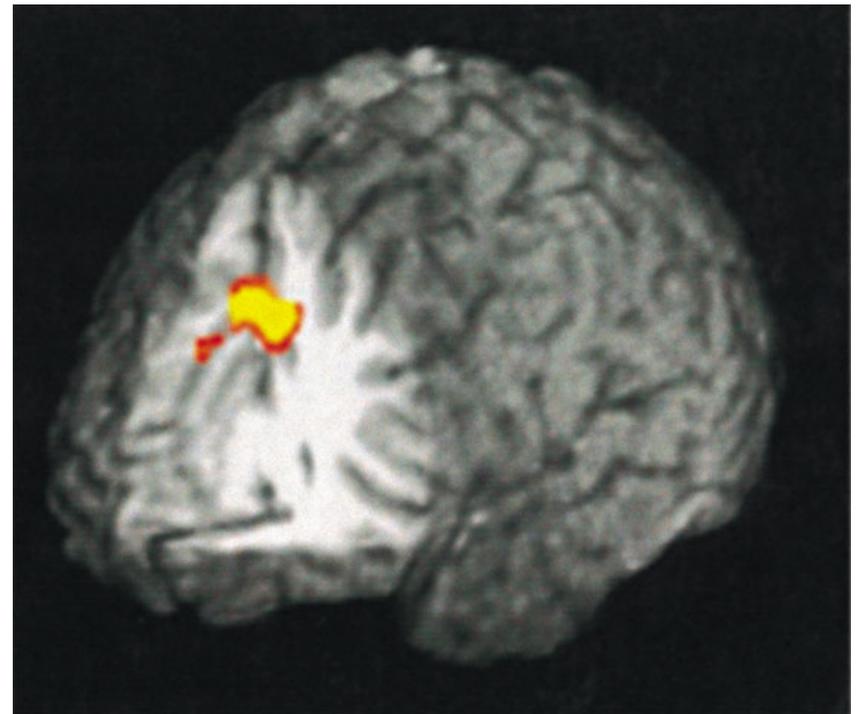
# The Biological Perspective

**Natural Selection** has led our ancestors to learn to fear snakes, spiders, and other animals. Therefore, fear preserves the species.

Twin studies suggest that our **genes** may be partly responsible for developing fears and anxiety. Twins are more likely to share phobias.

# The Biological Perspective

General anxiety, panic attacks, and even obsessions and compulsions are biologically measurable as an overarousal of brain areas involved in impulse control and habitual behaviors. (PET scans)



Anterior Cingulate Cortex  
of an OCD patient.

# Understanding Anxiety Disorders

## *The Learning Perspective*

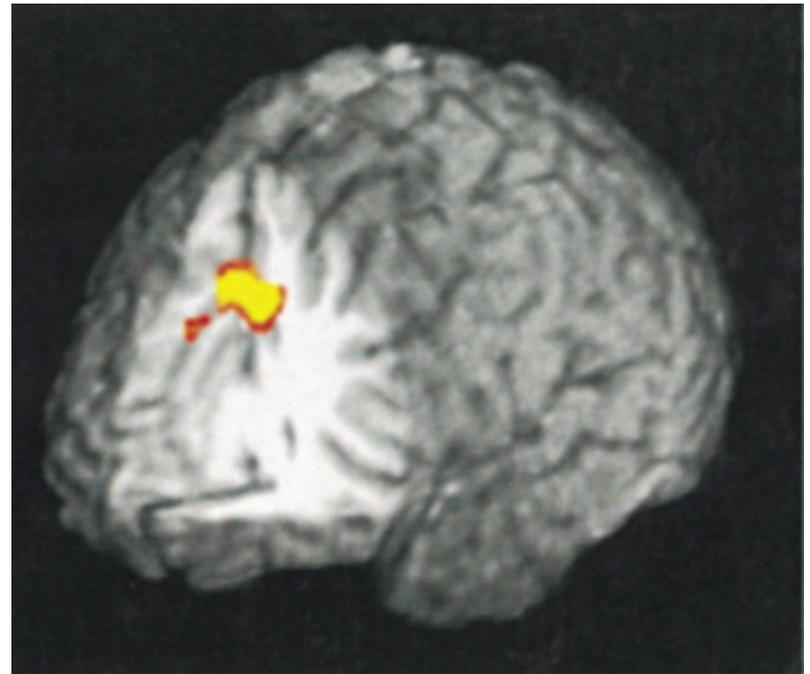
- Fear conditioning
  - Stimulus generalization
  - Reinforcement
- Observational learning



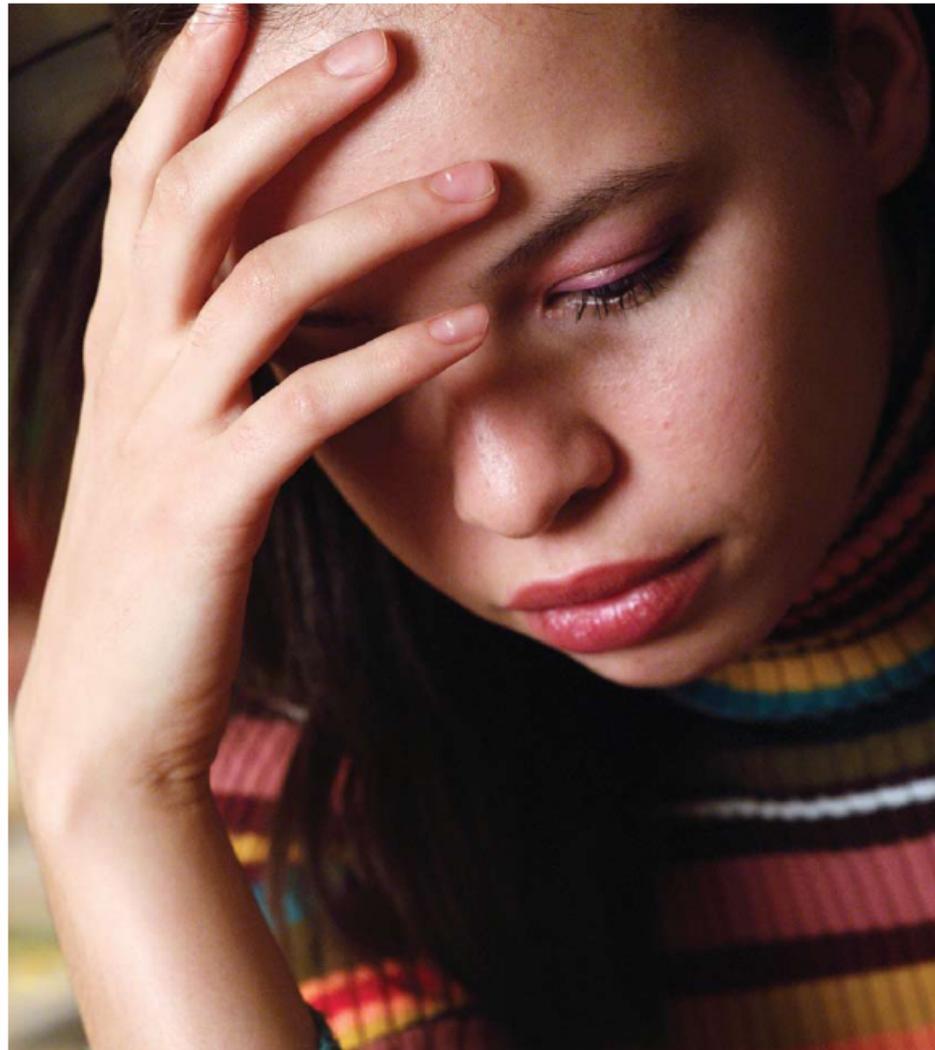
# Understanding Anxiety Disorders

## *The Biological Perspective*

- Natural selection
- Genes
  - Anxiety gene
  - Glutamate
- The Brain
  - Anterior cingulate cortex



# Somatoform Disorders



# Somatoform Disorder

- Somatoform disorder
  - Somatic (body)
  - Conversion disorder
  - Hypochondriasis

# Somatoform Disorders

- **Somatoform Disorders**

psychological disorders in which the symptoms take a somatic (bodily) form without apparent physical cause.

# Somatoform Disorders

- **Conversion Disorders**

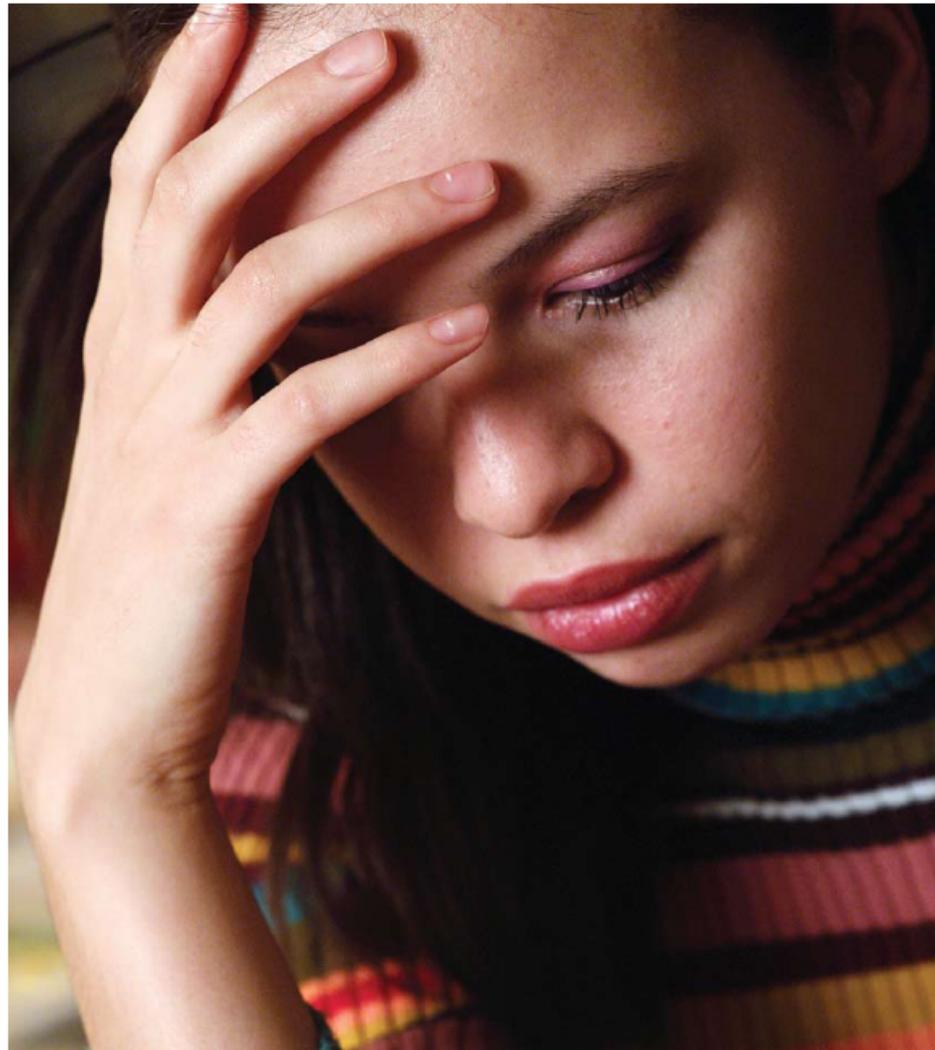
a rare somatoform disorder in which a person experiences very specific genuine physical symptoms for which no physiological basis can be found.

# Somatoform Disorders

- **Hypochondriasis**

a somatoform disorder in which a person misinterprets normal physical sensations as symptoms of a disease.

# Dissociative Disorders



## Table | 13.5

### **Dissociative Disorders**

#### **Dissociative Amnesia**

- Inability to remember important personal information, too extensive to be explained by ordinary forgetfulness

#### **Dissociative Fugue**

- Sudden, unexpected travel away from home
- Amnesia
- Confusion about personal identity or assumption of new identity

#### **Dissociative Identity Disorder**

- Presence of two or more distinct identities, each with consistent patterns of personality traits and behavior
- Behavior that is controlled by two or more distinct, recurring identities
- Amnesia; frequent memory gaps

# Dissociative Amnesia

- Also known as **psychogenic amnesia**
- Memory loss the only symptom
- Often selective loss surrounding traumatic events
  - person still knows identity and most of their past
- Can also be global
  - loss of identity without replacement with a new one

# Dissociative Amnesia

- Margie and her brother were recently victims of a robbery. Margie was not injured, but her brother was killed when he resisted the robbers. Margie was unable to recall any details from the time of the accident until four days later.

# Dissociative Fugue

- Also known as **psychogenic fugue**
- Global amnesia with identity replacement
  - leaves home
  - develops a new identity
  - apparently no recollection of former life
  - called a ‘fugue state’
- If fugue wears off
  - old identity recovers
  - new identity is totally forgotten

# Dissociative Fugue

- Jay, a high school physics teacher in New York City, disappeared three days after his wife unexpectedly left him for another man. Six months later, he was discovered tending bar in Miami Beach. Calling himself Martin, he claimed to have no recollection of his past life and insisted that he had never been married.

# Dissociative Identity Disorder

- Dissociative Identity Disorder
  - rare dissociative disorder in which a person exhibits two or more distinct and alternating personalities
  - formerly called multiple personality disorder

# Dissociative Identity Disorder

- Pattern typically starts prior to age 10 (childhood)
- Most people with disorder are women
- Most report recall of torture or sexual abuse as children and show symptoms of PTSD

# Dissociative Disorder

Conscious awareness becomes separated (dissociated) from previous memories, thoughts, and feelings.

## Symptoms

1. Having a sense of being unreal.
2. Being separated from the body.
3. Watching yourself as if in a movie.

# Dissociative Identity Disorder (DID)

Is a disorder in which a person exhibits two or more distinct and alternating personalities, formerly called multiple personality disorder.



Lois Bernstein/ Gamma Liaison

Chris Sizemore (DID)

# Dissociative Identity Disorder (DID)

Norma has frequent memory gaps and cannot account for her whereabouts during certain periods of time. While being interviewed by a clinical psychologist, she began speaking in a childlike voice. She claimed that her name was Donna and that she was only six years old. Moments later, she seemed to revert to her adult voice and had no recollection of speaking in a childlike voice or claiming that her name was Donna.

# Causes of Dissociative Disorders

- Repeated, **severe sexual or physical abuse**
- However, many abused people do not develop DID
- Combine abuse with biological predisposition toward dissociation?
  - people with DID are easier to hypnotize than others
  - may begin as series of hypnotic trances to cope with abusive situations

# DID Critics

Critics argue that the diagnosis of DID increased in the late 20<sup>th</sup> century. DID has not been found in other countries.

## Critics' Arguments

1. Role-playing by people open to a therapist's suggestion.
2. Learned response that reinforces reductions in anxiety.

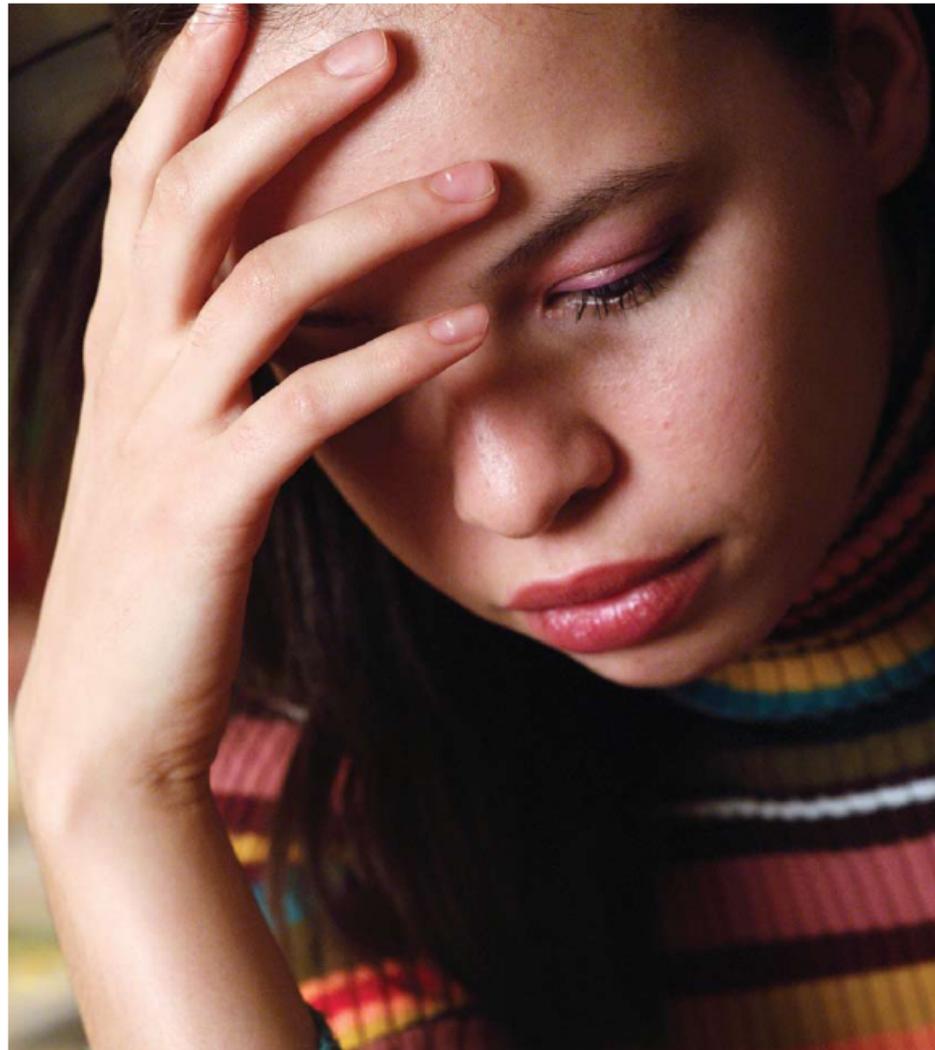
# The DID Controversy

- Some curious statistics
  - 1930–60: 2 cases per decade in USA
  - 1980s: 20,000 cases reported
  - many more cases in US than elsewhere
  - varies by therapist—some see none, others see a lot
- Is DID the result of suggestion by therapist and acting by patient?

# Understanding Dissociative Identity Disorder

- Genuine disorder or not?
- DID rates
- Therapist's creation
- Differences are too great
- DID and other disorders

# Mood Disorders



## Table | 13.4

### The Mood Disorders

#### Major Depression

- Loss of interest or pleasure in almost all activities
- Despondent mood, feelings of emptiness, worthlessness, or excessive guilt
- Preoccupation with death or suicidal thoughts
- Difficulty sleeping or excessive sleeping
- Diminished ability to think, concentrate, or make decisions
- Diminished appetite and significant weight loss

#### Dysthymic Disorder

- Chronic, low-grade depressed feelings that are not severe enough to qualify as major depression

#### Seasonal Affective Disorder (SAD)

- Recurring episodes of depression that follow a seasonal pattern, typically occurring in the fall and winter months and subsiding in the spring and summer months

#### Bipolar Disorder

- One or more manic episodes characterized by euphoria, high energy, grandiose ideas, flight of ideas, inappropriate self-confidence, and decreased need for sleep
- Usually, one or more episodes of major depression
- In some cases, may rapidly alternate between symptoms of mania and major depression

#### Cyclothymic Disorder

- Moderate, recurring mood swings that are not severe enough to qualify as major depression or bipolar disorder



# Mood Disorder



- Mood Disorders

- characterized by emotional extremes

- Major Depressive Disorder

- a mood disorder in which a person, for no apparent reason, experiences two or more weeks of depressed moods, feelings of worthlessness, and diminished interest or pleasure in most activities



# Mood Disorders

- Mood disorders
  - Major depressive disorder
  - Bipolar disorder

# Major Depressive Disorder

Depression is the “common cold” of psychological disorders. In a year, 5.8% of men and 9.5% of women report depression worldwide (WHO, 2002).

Blue mood

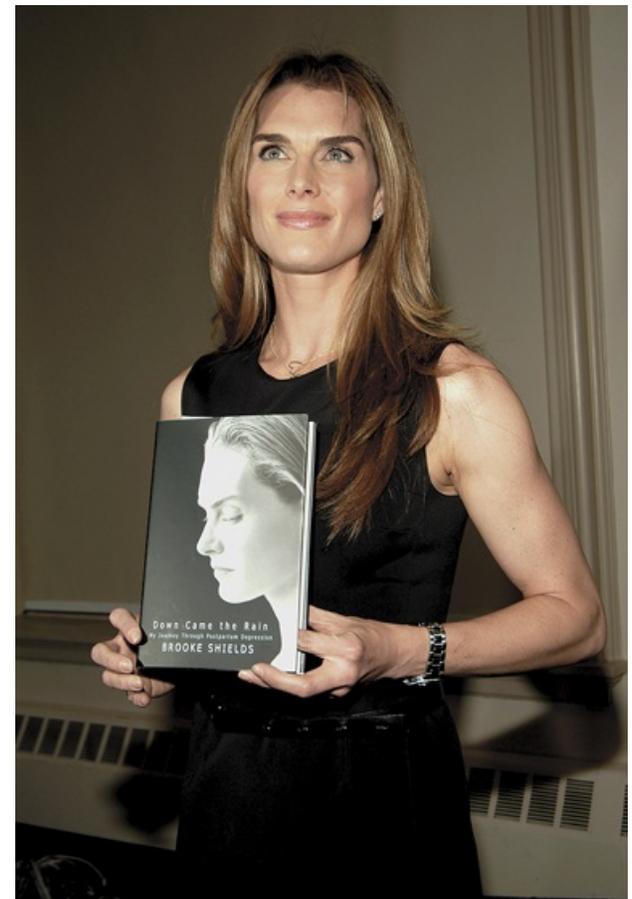
Major Depressive Disorder

Gasping for air after a hard run

Chronic shortness of breath

# Major Depressive Disorder

- Major depressive disorder
  - Lethargy
  - Feelings of worthlessness
  - Loss of interest in family and friends
  - Loss of interest in activities



# **Symptoms of Major Depression**

## **Emotional Symptoms**

- **Feelings of sadness, helplessness, hopelessness**
- **Feeling emotionally disconnected from others**
- **Turning away from other people**

# **Symptoms of Major Depression**

## **Behavioral Symptoms**

- **Dejected facial expression**
- **Makes less eye contact, has downcast eyes**
- **Smiles less often**
- **Slowed movements, speech, and gestures**
- **Tearfulness or spontaneous episodes of crying**
- **Loss of interest or pleasure in usual activities**
- **Withdrawal from social activities**

# **Symptoms of Major Depression**

## **Cognitive Symptoms**

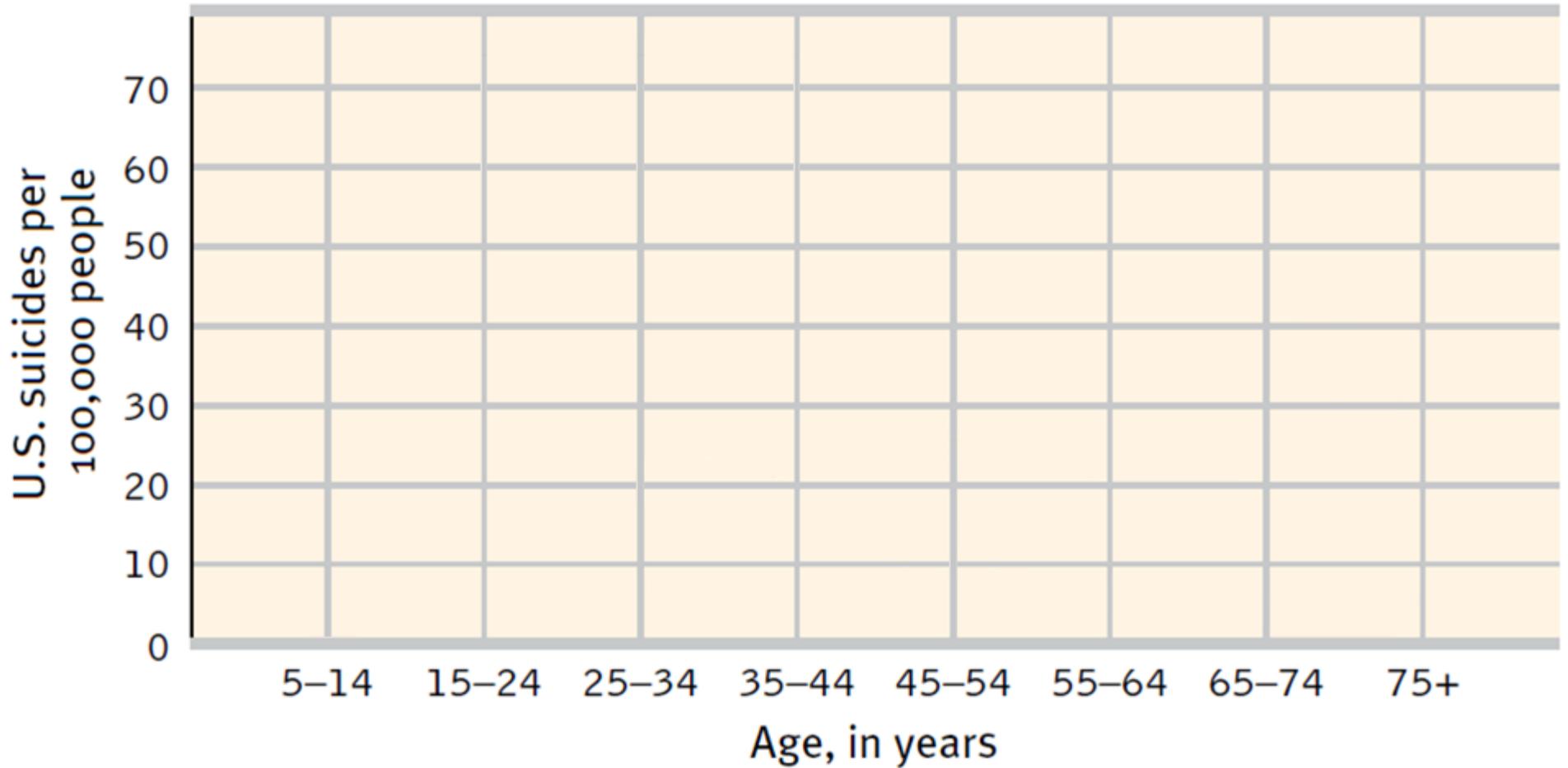
- **Difficulty thinking, concentrating, and remembering**
- **Global negativity and pessimism**
- **Suicidal thoughts or preoccupation with death**

# **Symptoms of Major Depression**

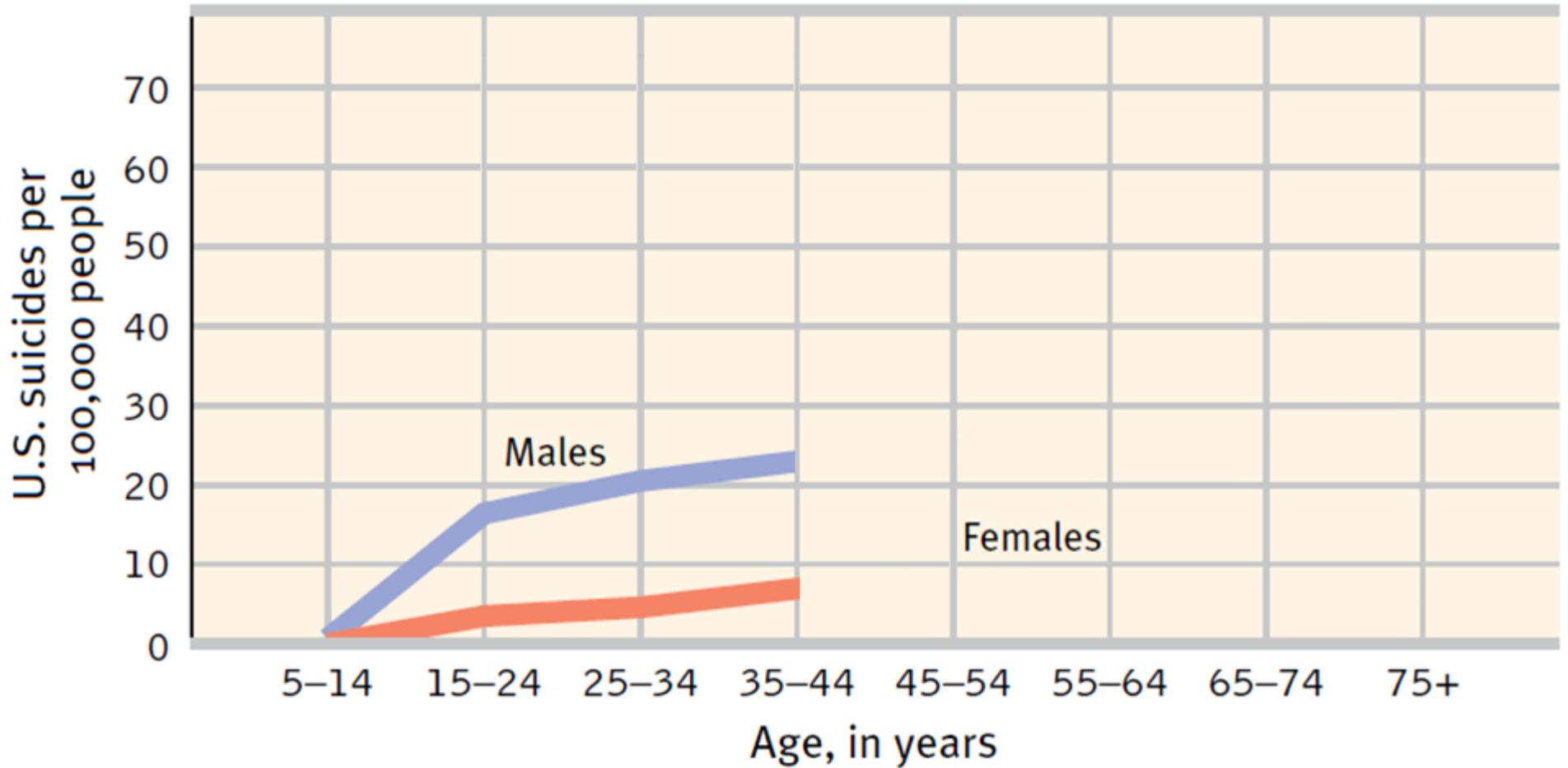
## **Physical Symptoms**

- **Changes in appetite resulting from significant weight loss or gain**
- **Insomnia, early morning waking, or oversleeping**
- **Vague but chronic aches and pains**
- **Diminished sexual interest**
- **Loss of physical and mental energy**
- **Global feeling of anxiety**
- **Restlessness, fidgety activity**

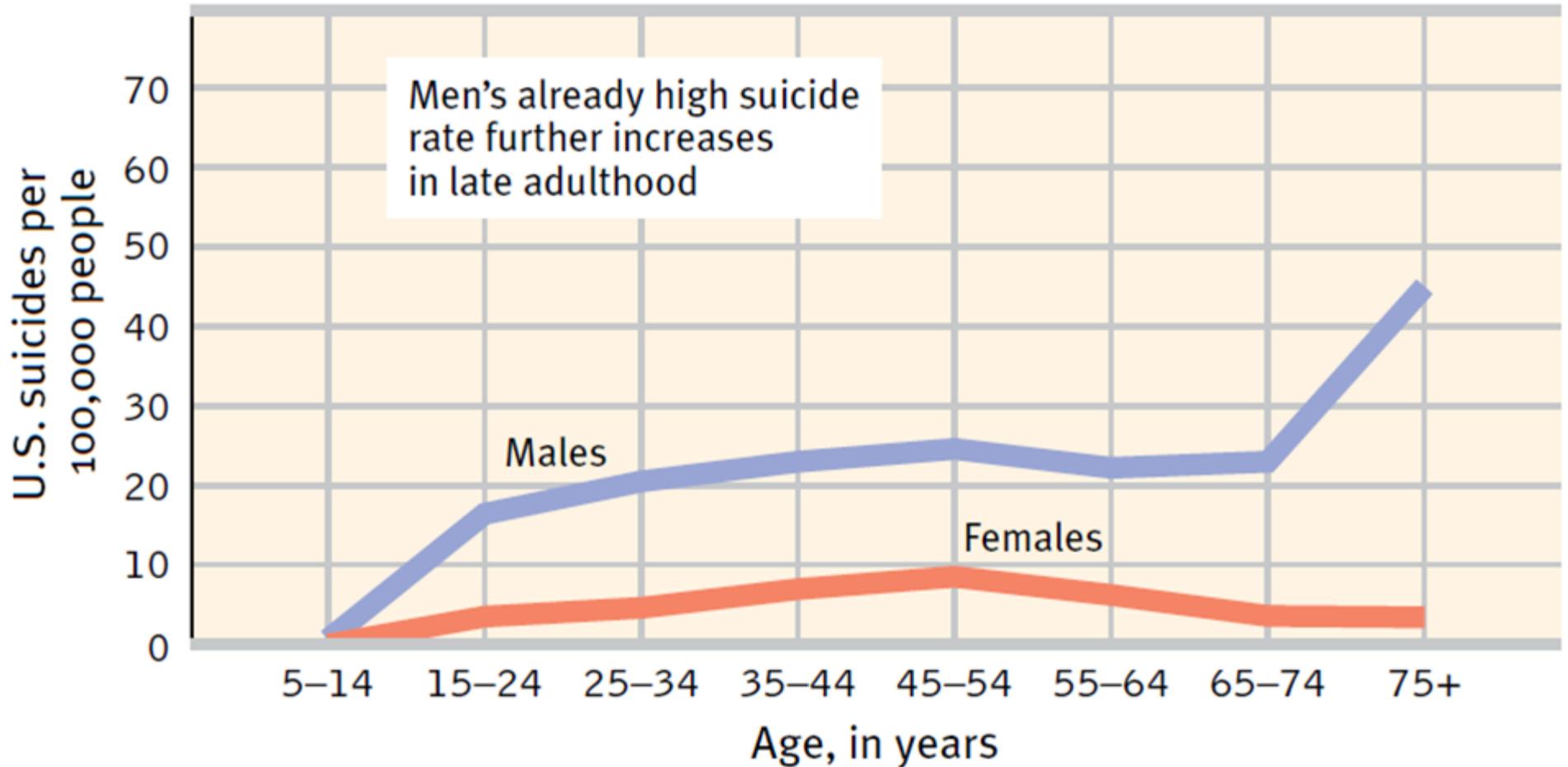
# Major Depressive Disorder



# Major Depressive Disorder

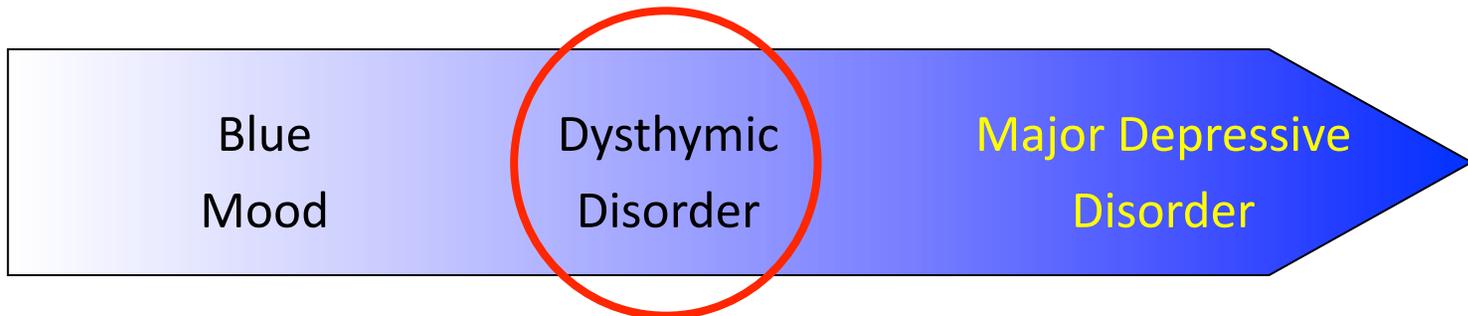


# Major Depressive Disorder



# Dysthymic Disorder

Dysthymic disorder lies between a blue mood and major depressive disorder. It is a disorder characterized by daily depression lasting two years or more.



# Dysthymic Disorder



- Chronic, low-grade depressed feelings that are not severe enough to be major depression
- May develop in response to trauma, but does not decrease with time
- Can have co-existing major depression

# Seasonal Affective Disorder

- Cyclic severe depression and elevated mood
- Seasonal regularity
- Unique cluster of symptoms
  - intense hunger
  - gain weight in winter
  - sleep more than usual
  - depressed more in evening than morning

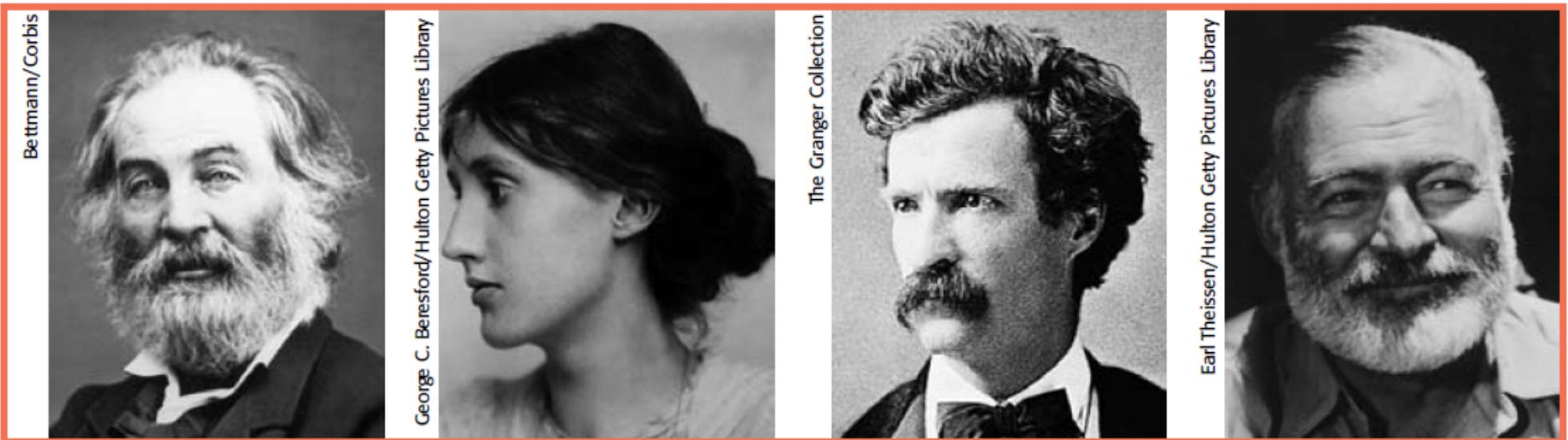


# Prevalence and Course

- Most common of psychological disorders
- Women are twice as likely as men to be diagnosed with major depression
- Untreated episodes can become recurring and more serious
- Seasonal affective disorder (SAD)—onset with changing seasons

# Bipolar Disorder

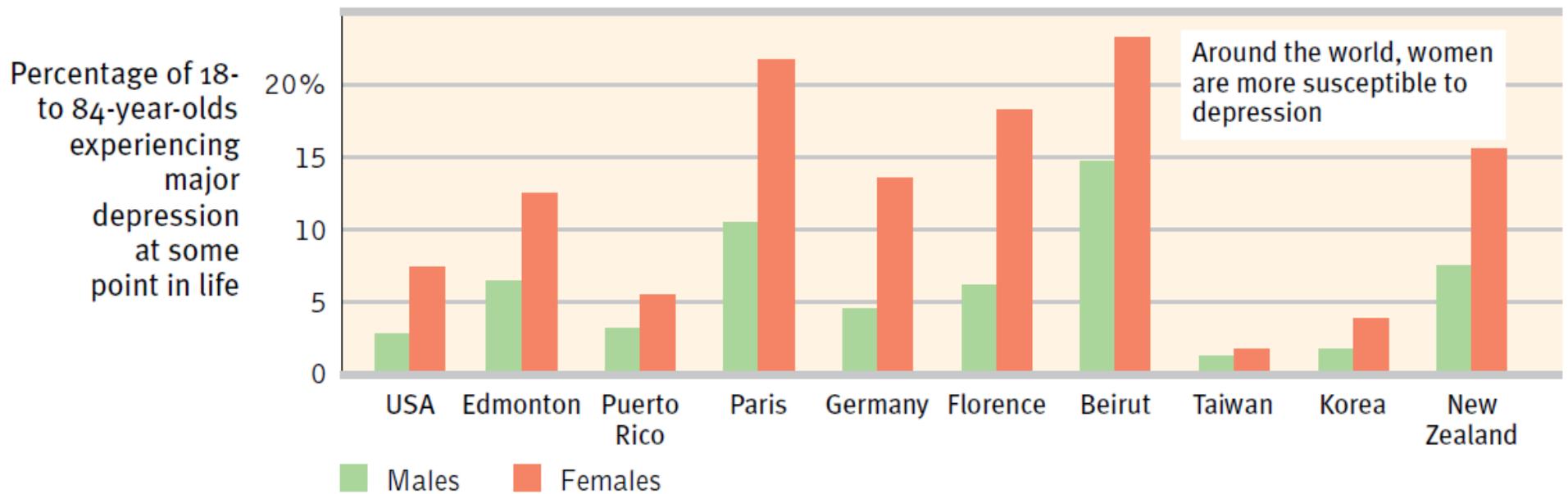
- Bipolar Disorder
  - Mania (manic)
    - Overtalkative, overactive, elated, little need for sleep, etc.
  - Bipolar disorder and creativity



# Understanding Mood Disorders

- Many behavioral and cognitive changes accompany depression
- Depression is widespread
- Compared with men, women are nearly twice as vulnerable to major depression
- Most major depressive episodes self-terminate
- Stressful events related to work, marriage and close relationships often precede depression
- With each new generation, depression is striking earlier and affecting more people

# Understanding Mood Disorders



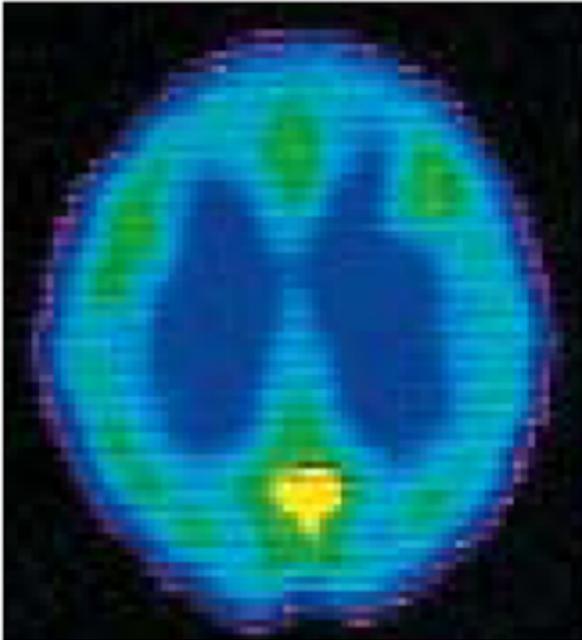
# Understanding Mood Disorders

## *The Biological Perspective*

- Genetic Influences
  - Mood disorders run in families
    - Heritability
    - Linkage analysis
- The depressed brain
- Biochemical influences
  - Norepinephrine and serotonin

# Understanding Mood Disorders

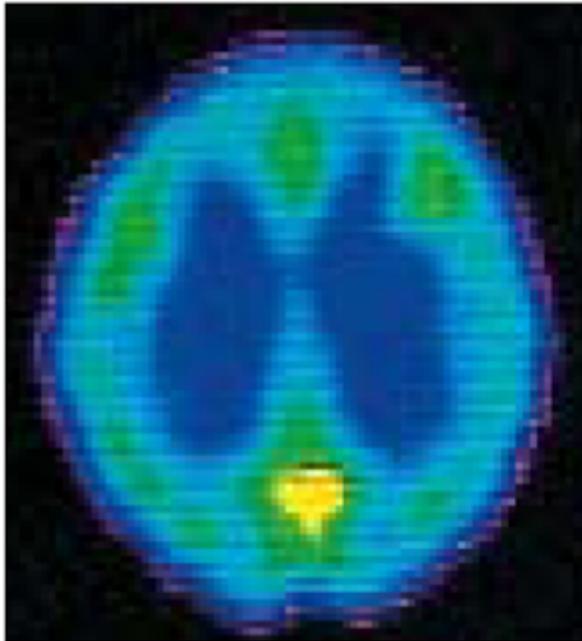
## *The Biological Perspective*



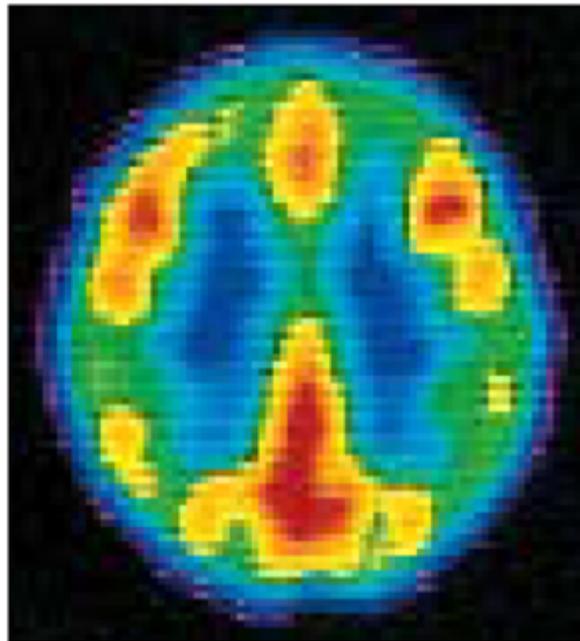
**Depressed state**  
(May 17)

# Understanding Mood Disorders

## *The Biological Perspective*



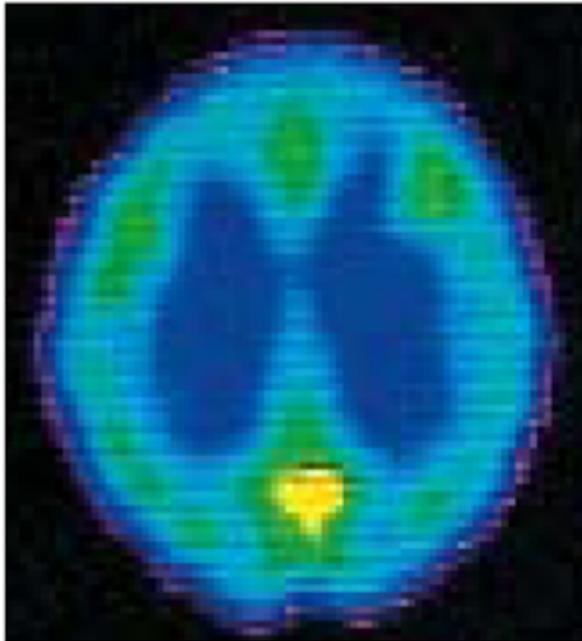
**Depressed state**  
(May 17)



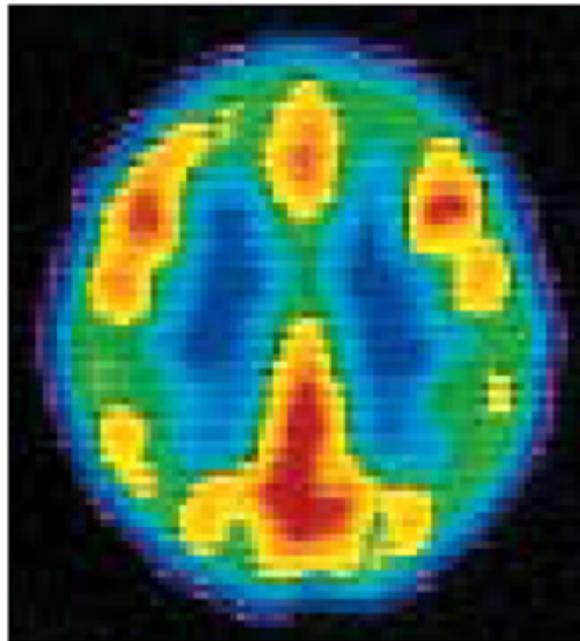
**Manic state**  
(May 18)

# Understanding Mood Disorders

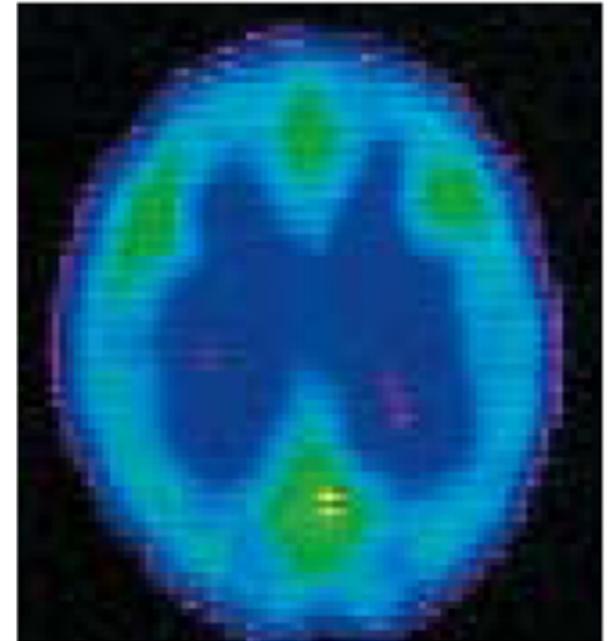
## *The Biological Perspective*



**Depressed state**  
(May 17)



**Manic state**  
(May 18)



**Depressed state**  
(May 27)

# Understanding Mood Disorders

## *The Social-Cognitive Perspective*

- Negative Thoughts and Moods Interact
  - Self-defeating beliefs
    - Learned helplessness
    - Overthinking
  - Explanatory style
    - Stable, global, internal explanations
  - Cause versus indicator of depression?

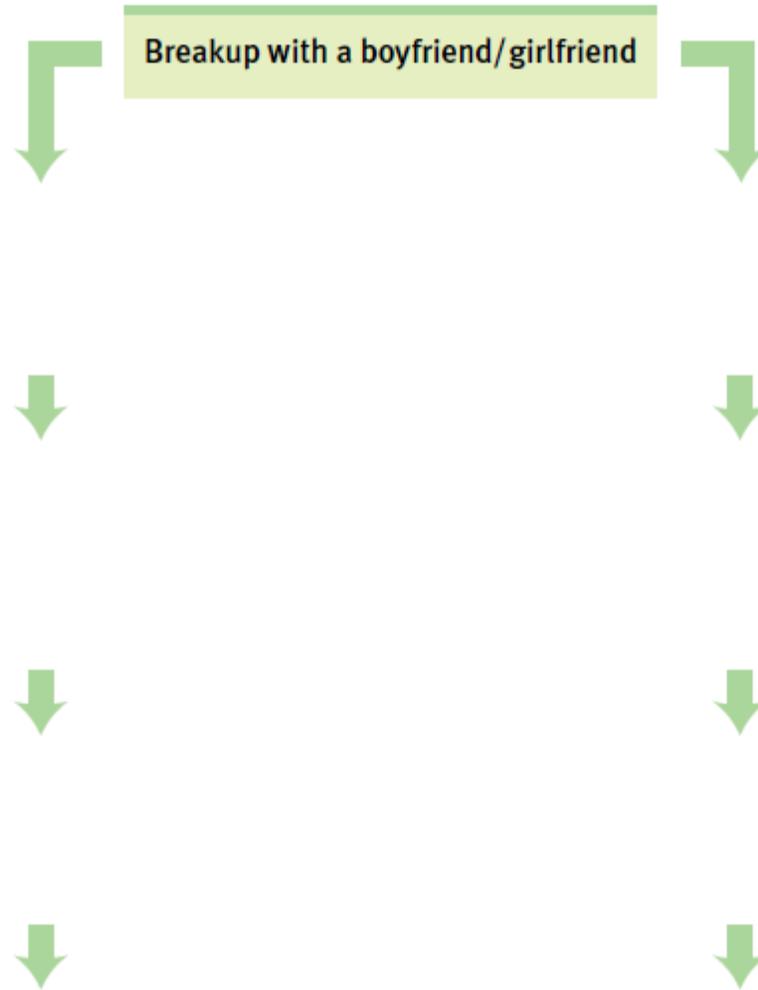
# Understanding Mood Disorders

## *Explanatory Style*

Breakup with a boyfriend/girlfriend

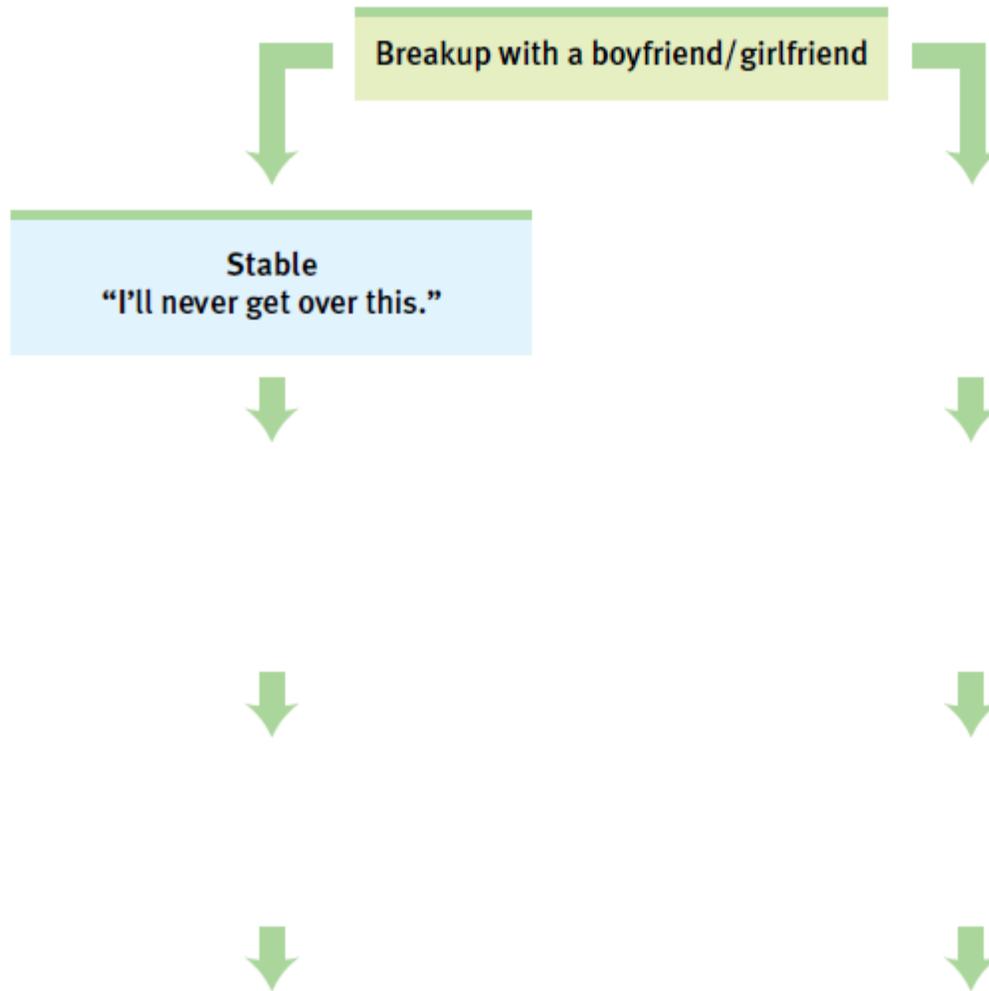
# Understanding Mood Disorders

## *Explanatory Style*



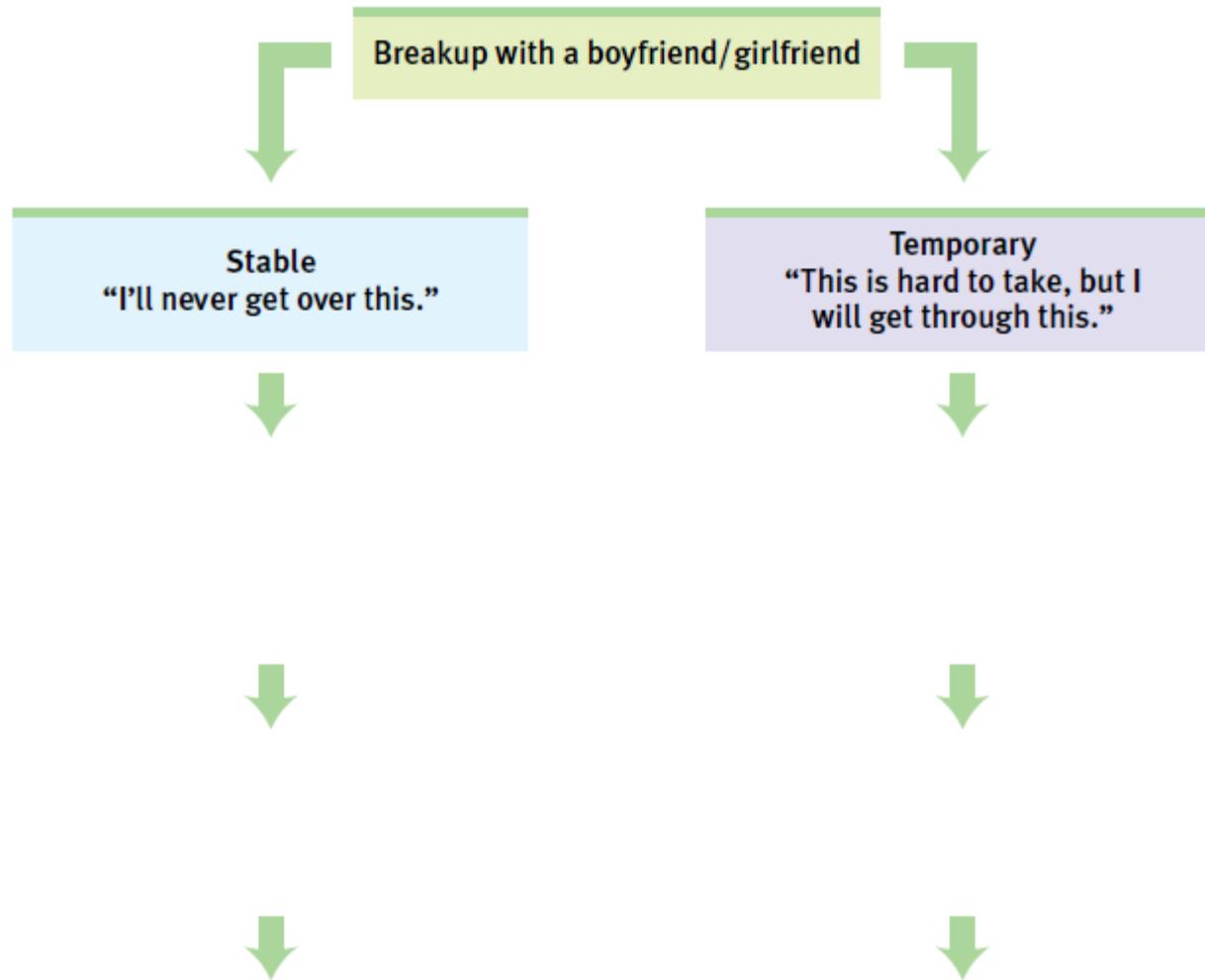
# Understanding Mood Disorders

## *Explanatory Style*



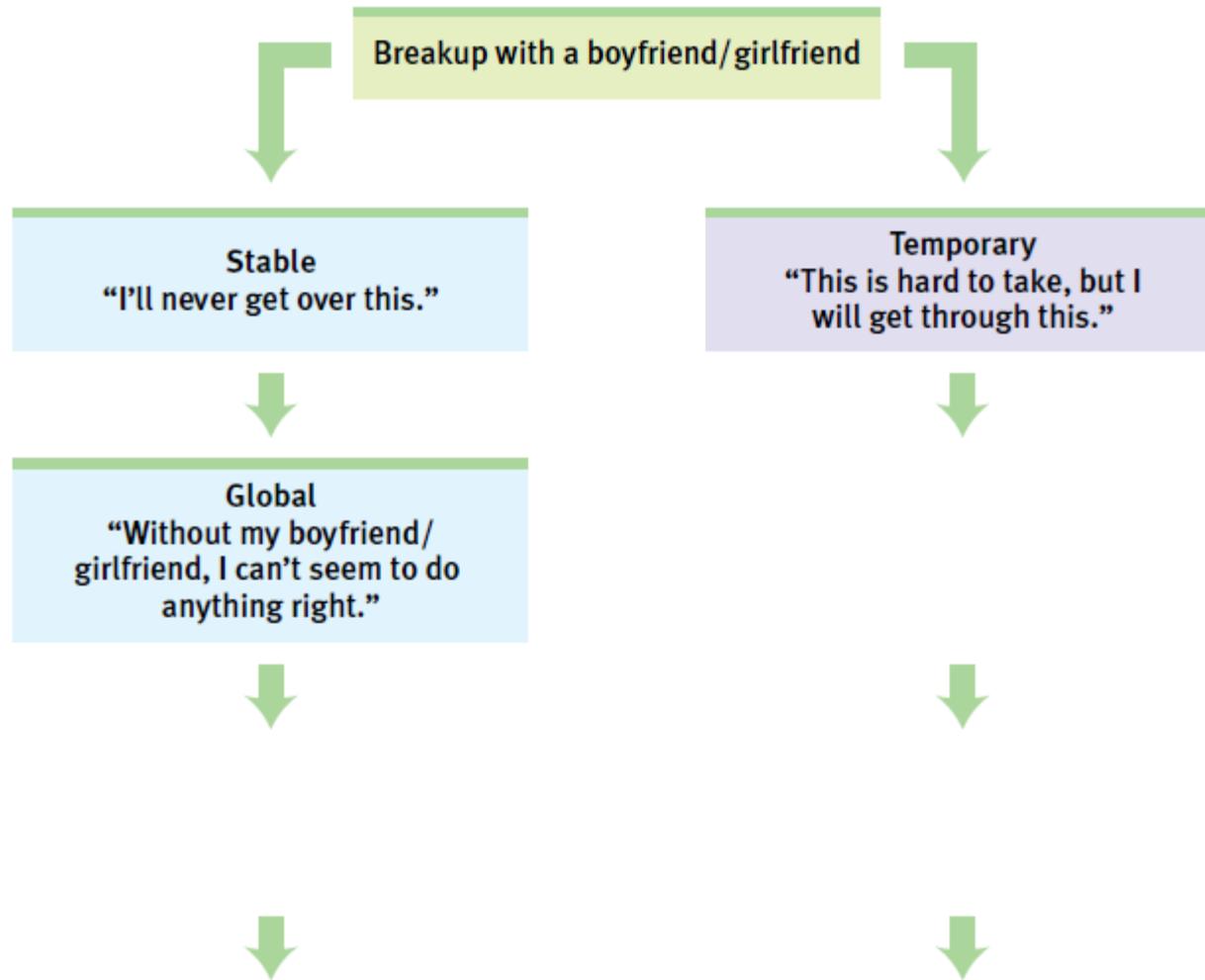
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## *Explanatory Style*



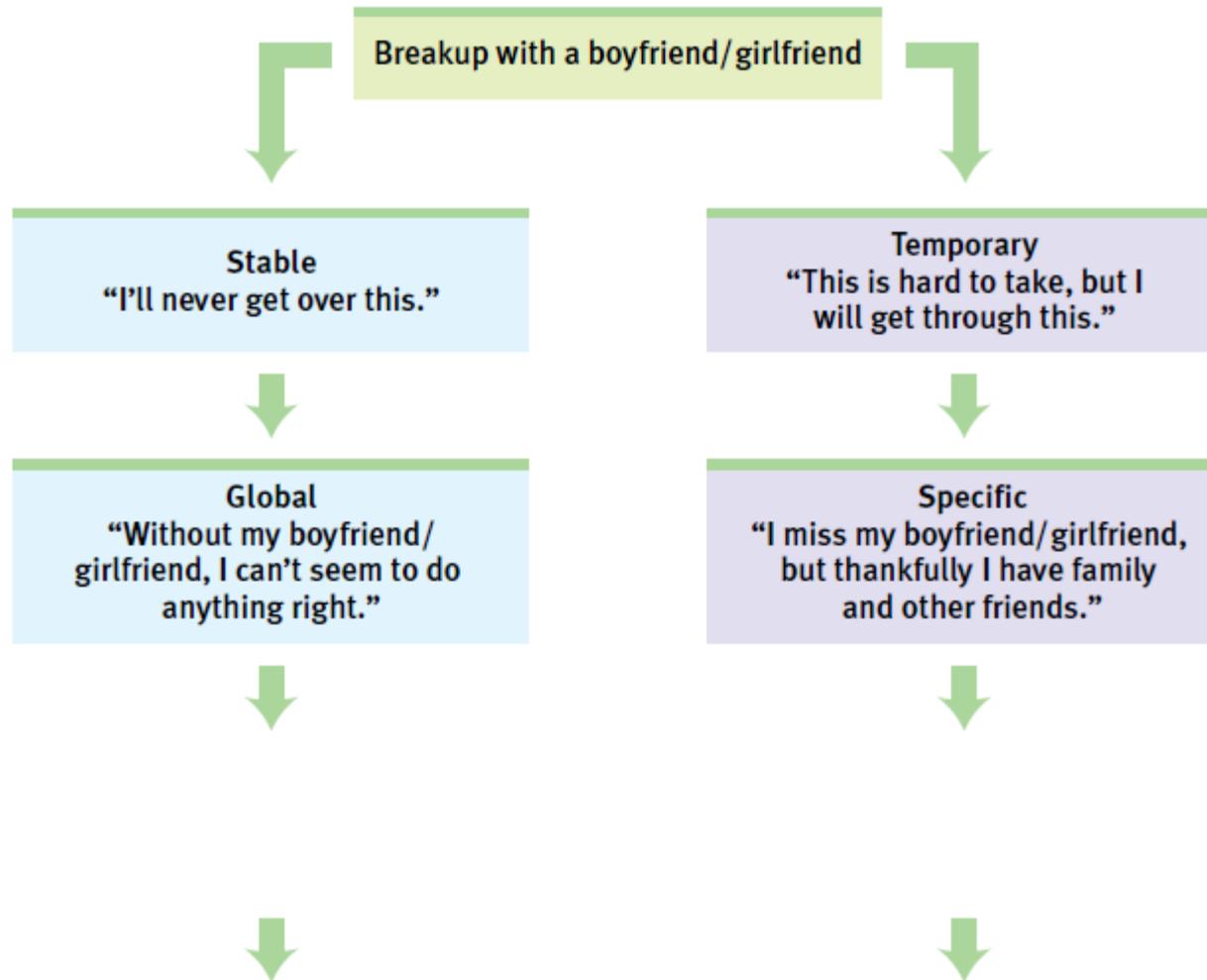
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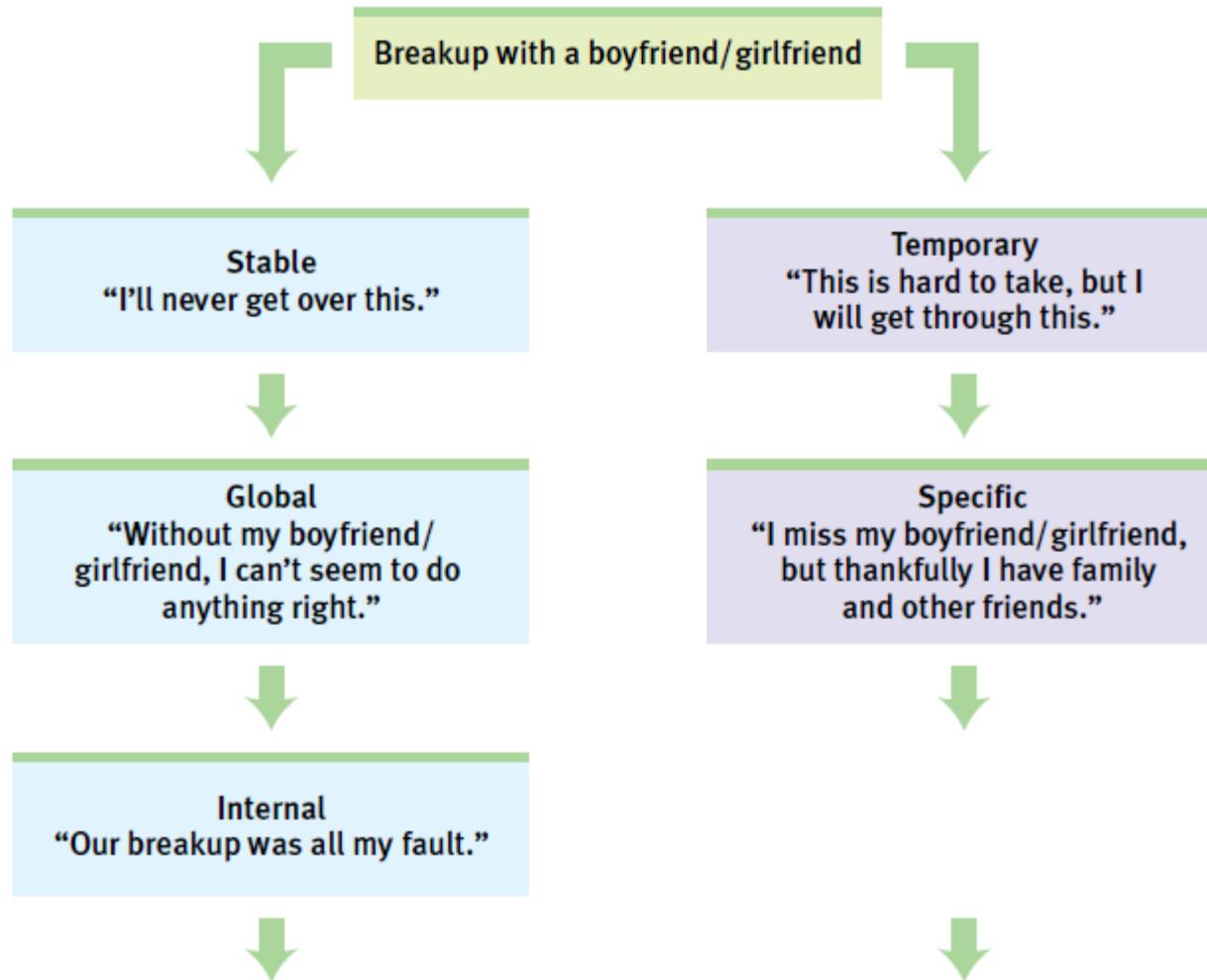
# Understanding Mood Disorders

## *Explanatory Style*



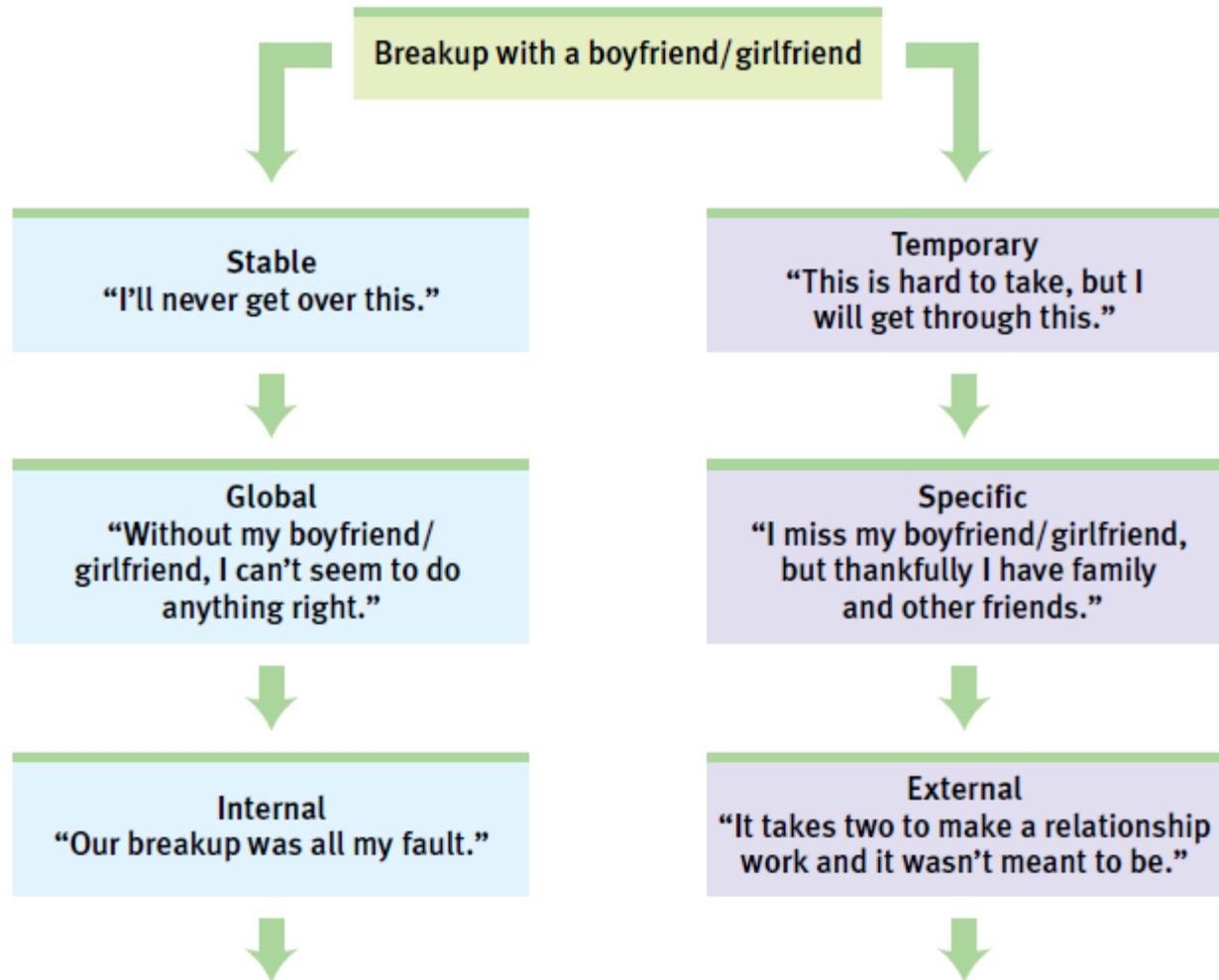
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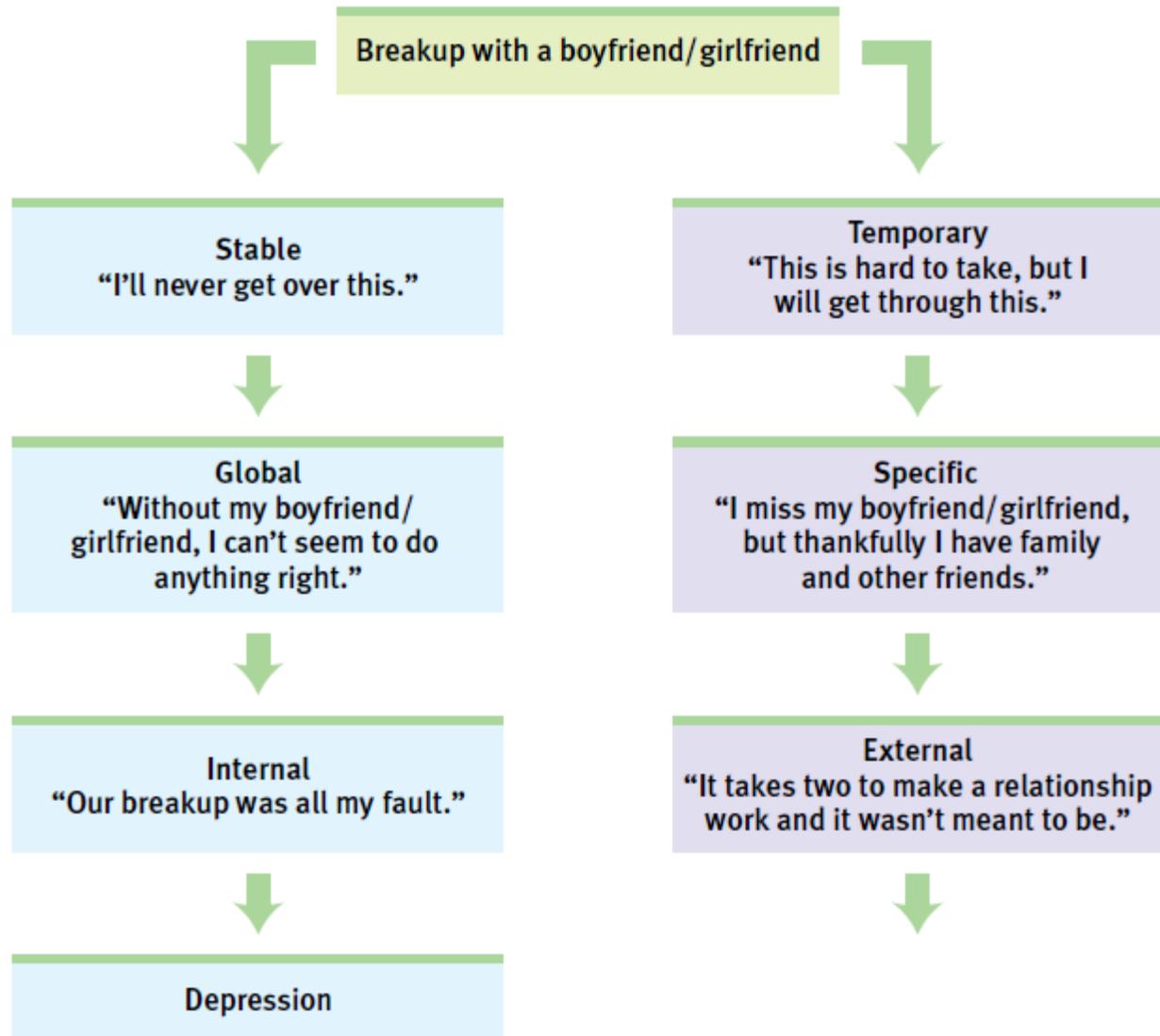
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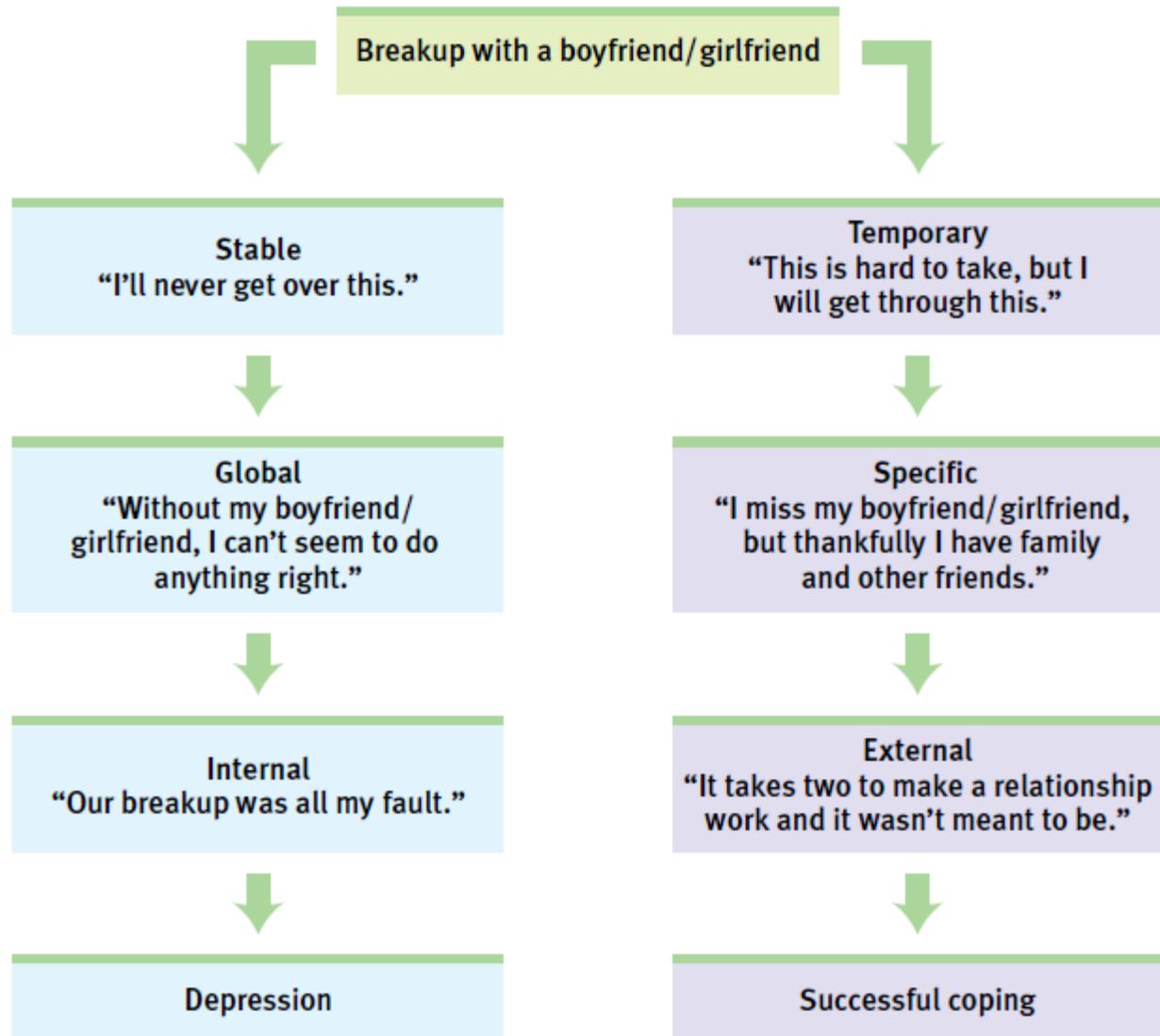
# Understanding Mood Disorders

## *Explanatory Style*



# Understanding Mood Disorders

## *Explanatory Style*



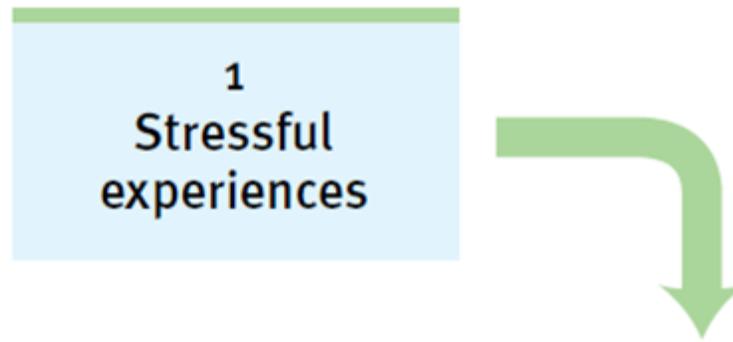
# Understanding Mood Disorders

## *The Social-Cognitive Perspective*

- Depression's Vicious Cycle
  - Stressful experience
  - Negative explanatory style
  - Depressed mood
  - Cognitive and behavioral changes

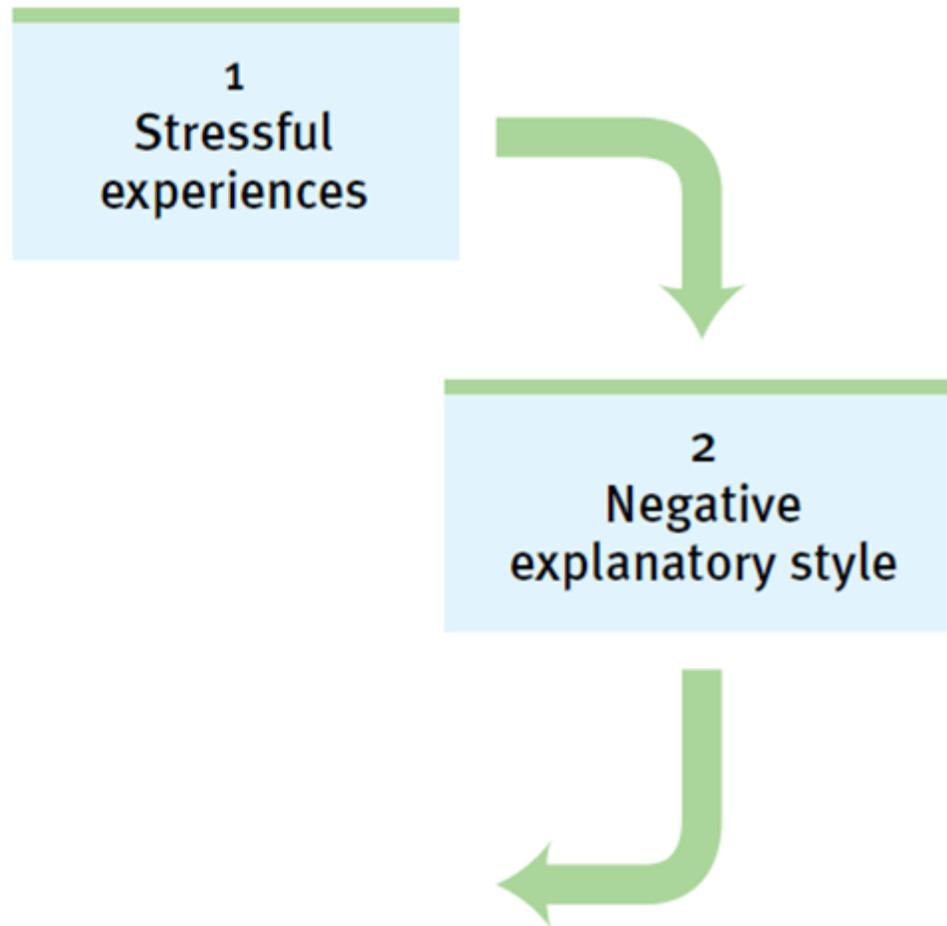
# Understanding Mood Disorders

## *The Vicious Cycle of Depression*



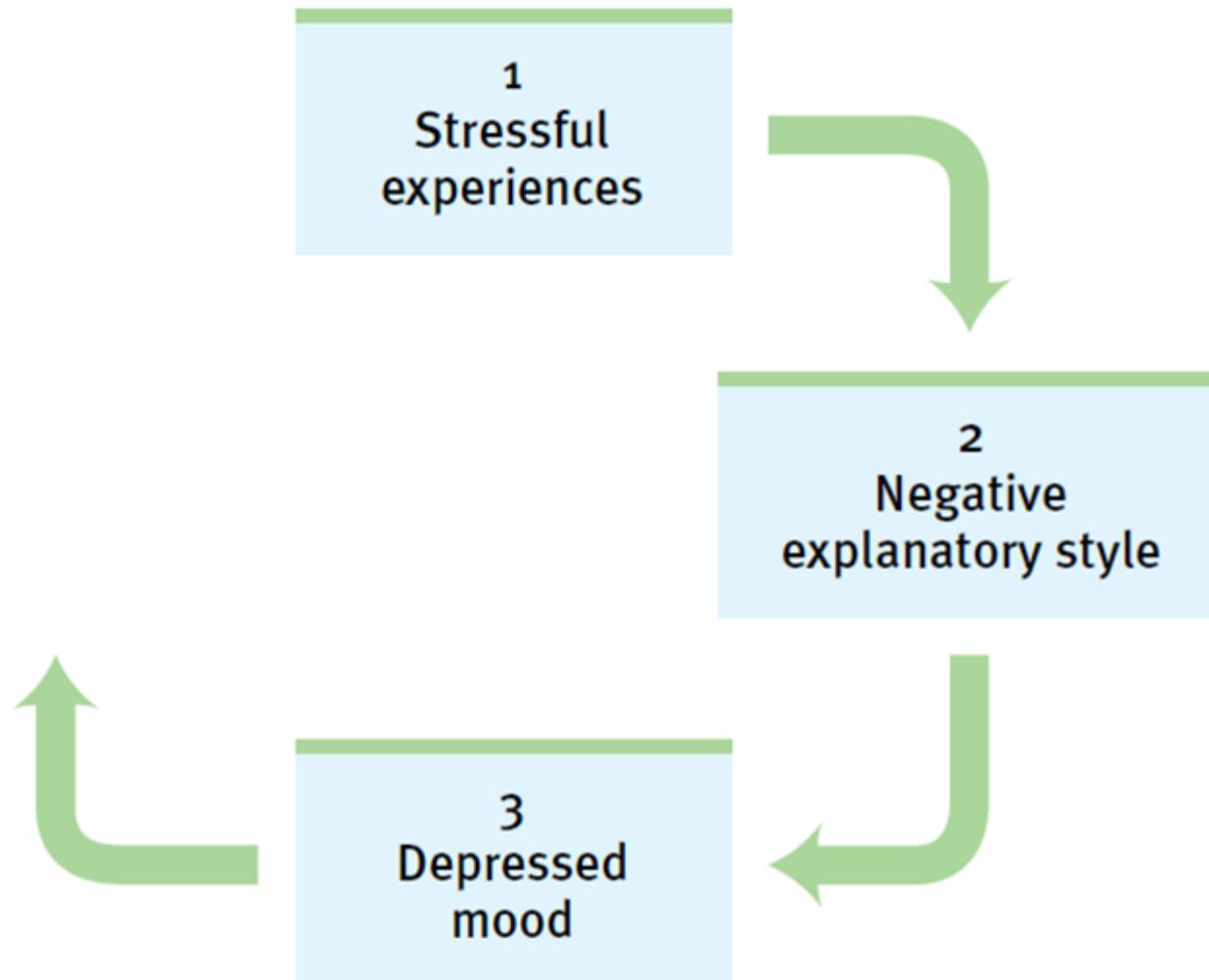
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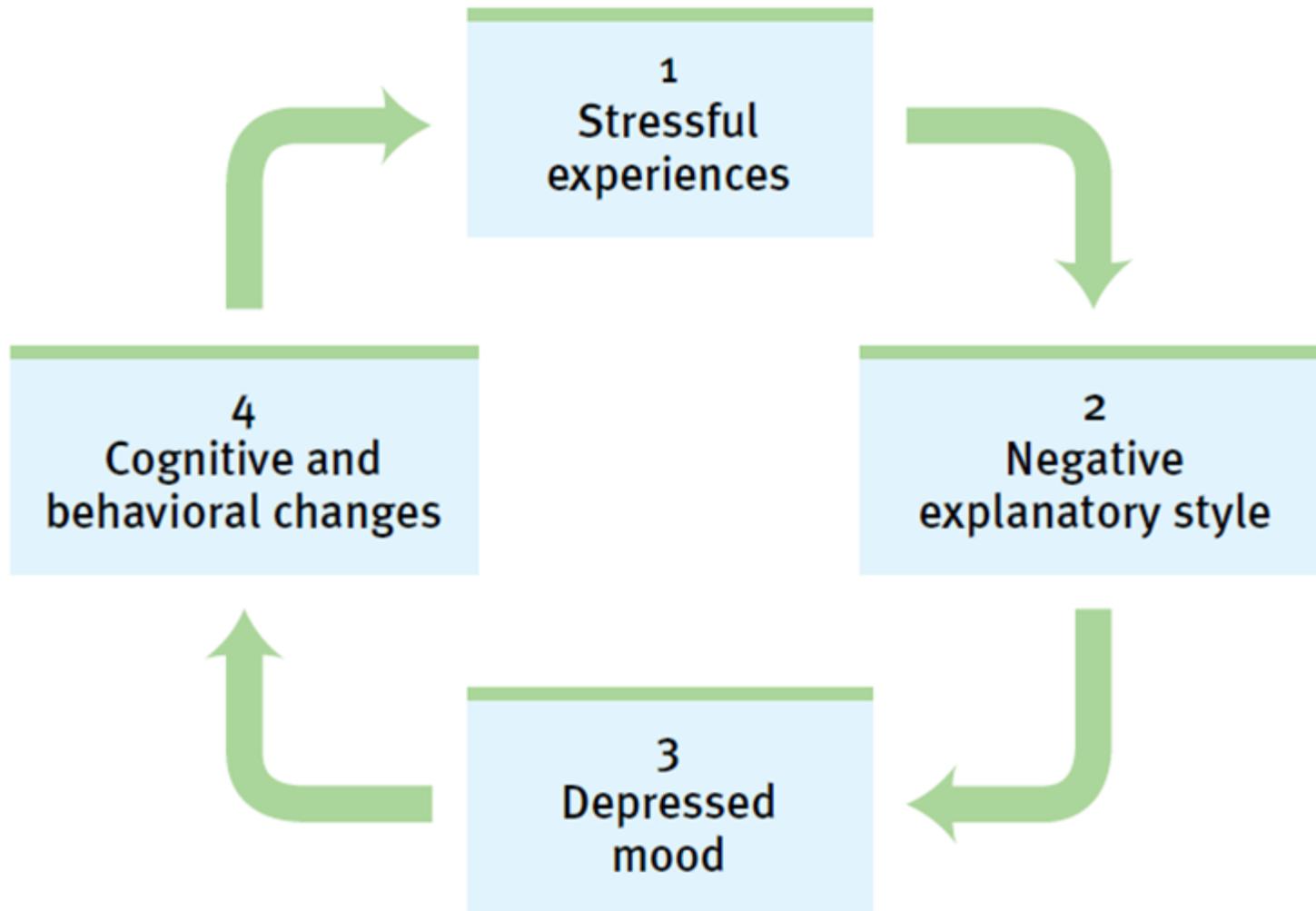
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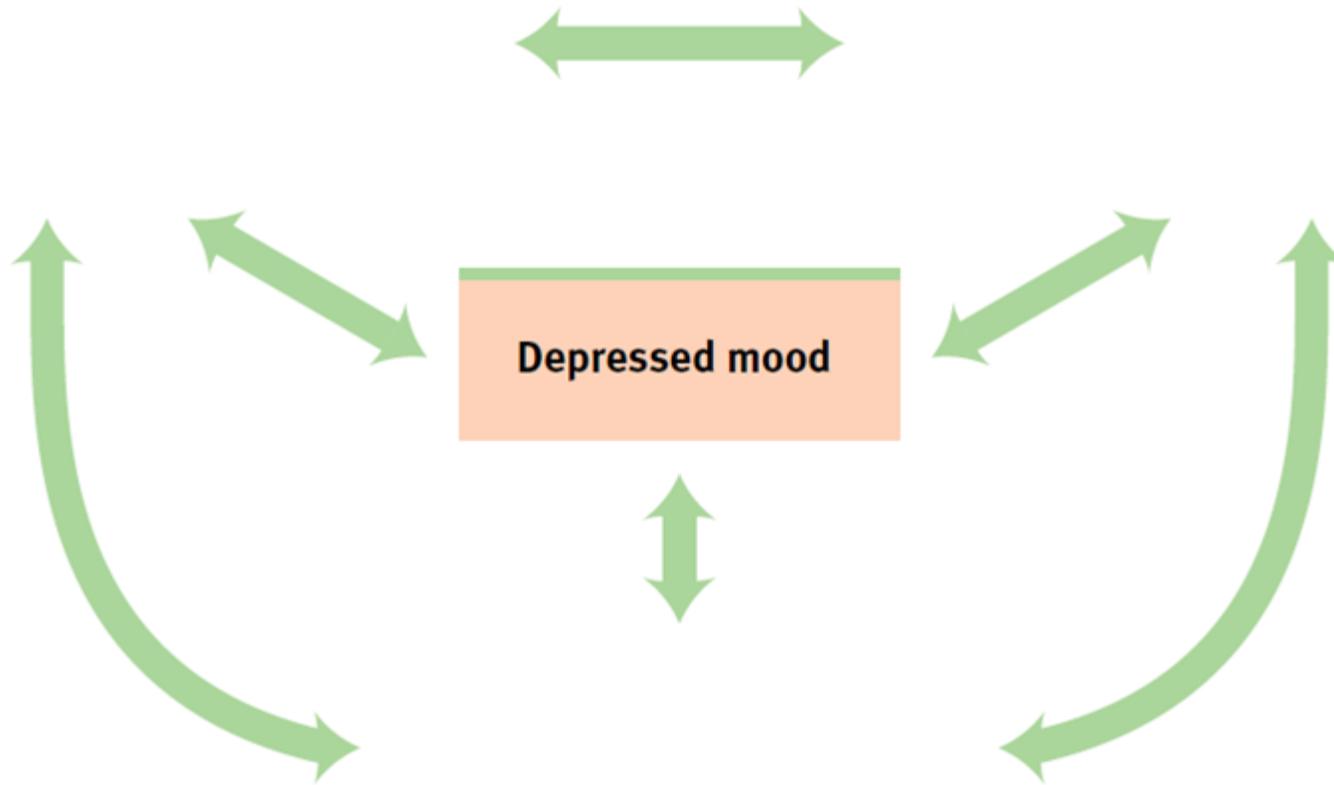


# Understanding Mood Disorders

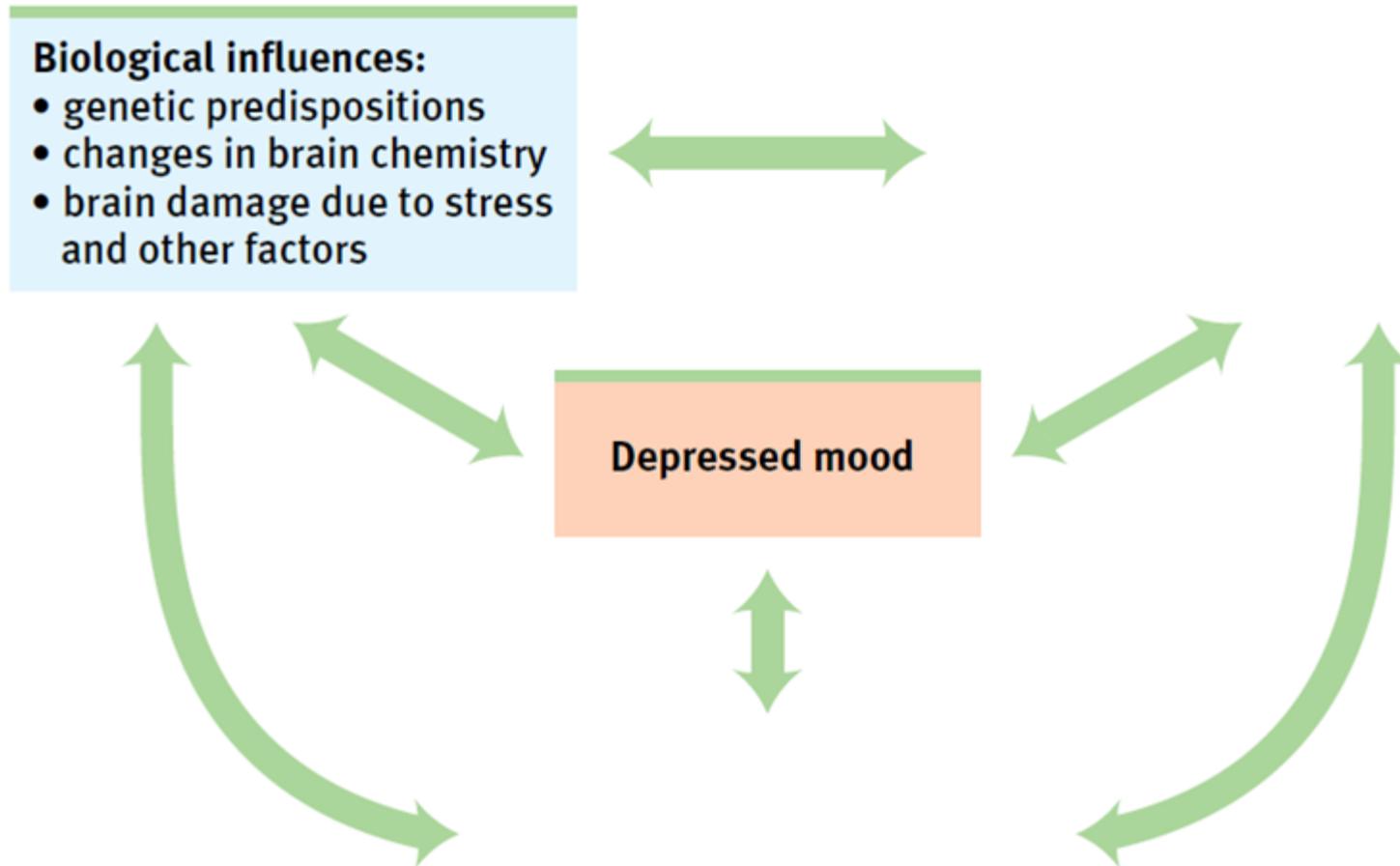
## *The Vicious Cycle of Depression*



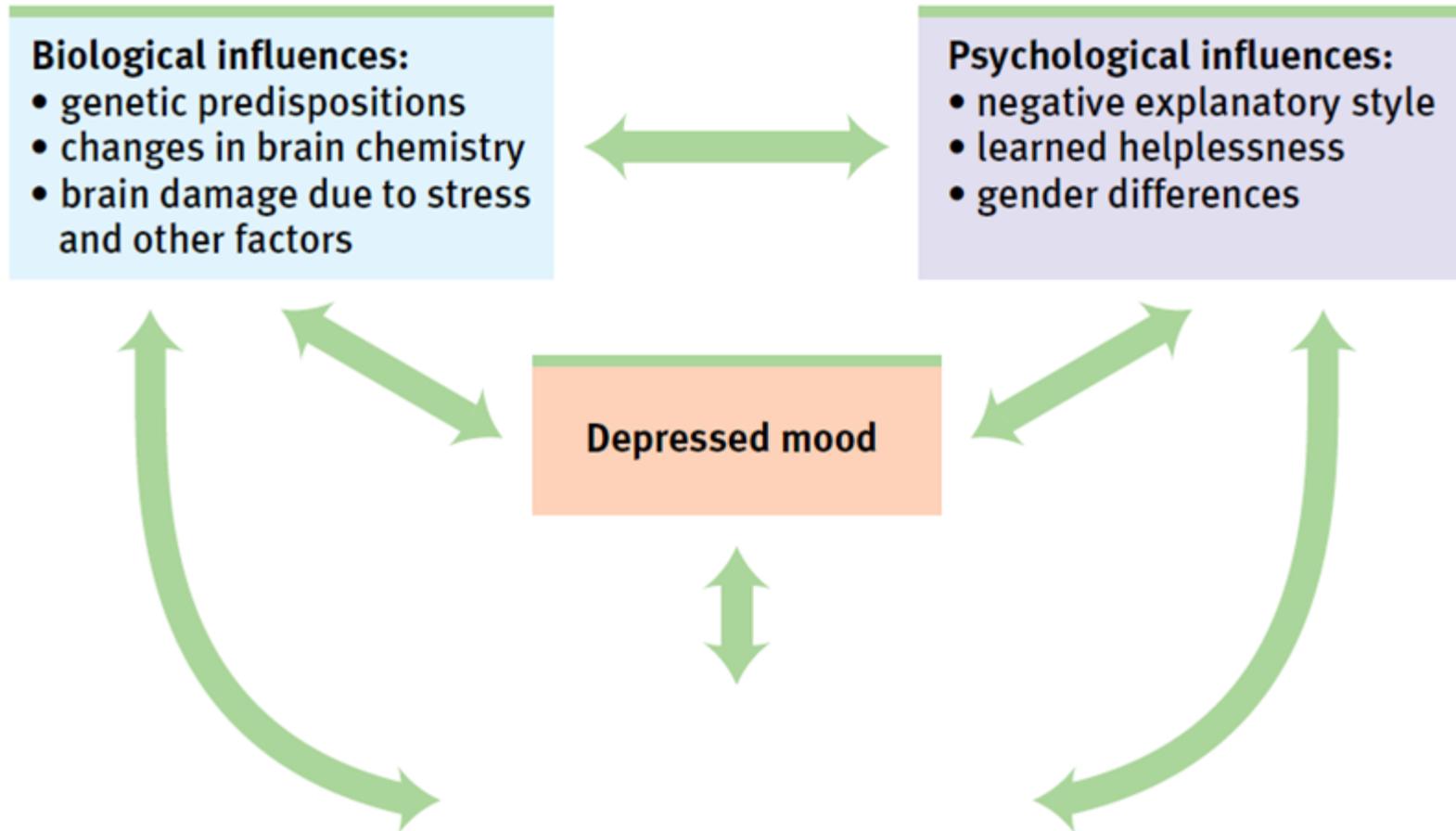
# Biopsychosocial Approach to Depression



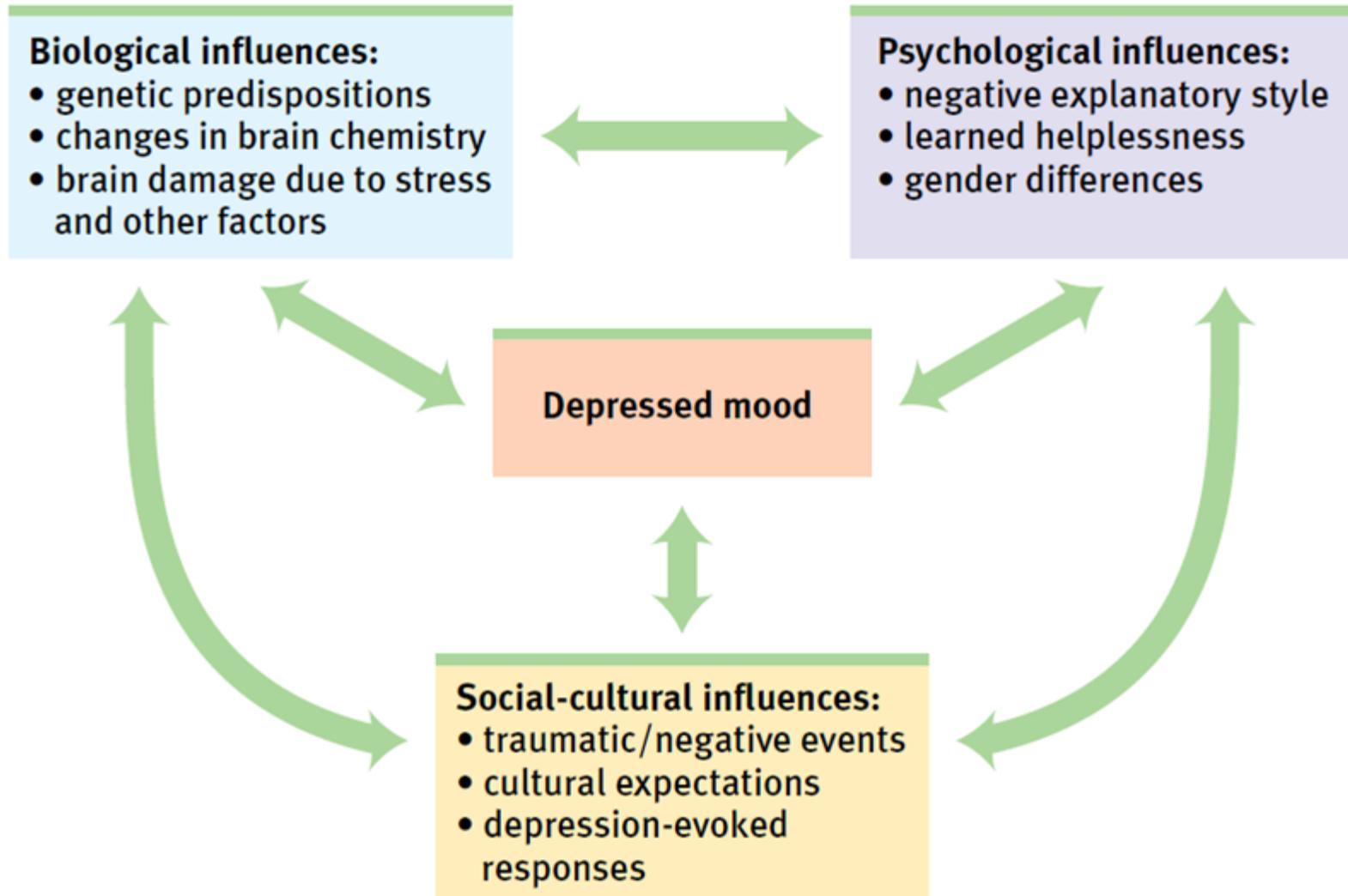
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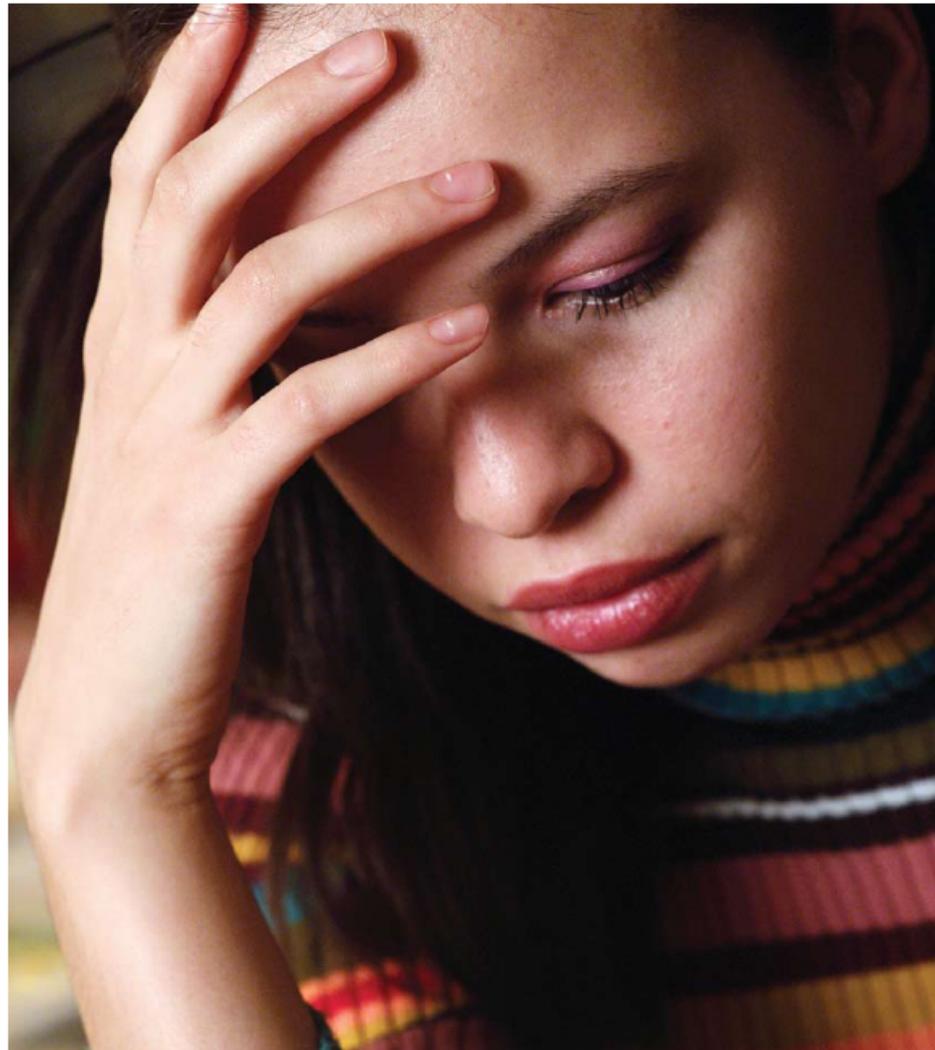
# Biopsychosocial Approach to Depression



# Biopsychosocial Approach to Depression



# Schizophrenia



# Symptoms of Schizophrenia

- Schizophrenia (split mind)
  - Not multiple personalities



# Symptoms of Schizophrenia

## *Disorganized Thinking*

- Disorganized thinking
  - Delusions
    - Delusions of persecution (paranoid)  
  \Word Salad
  - Breakdown in selective attention

# Symptoms of Schizophrenia

## *Disturbed Perceptions*

- Disturbed perceptions
  - Hallucinations
    - hearing voices



# Symptoms of Schizophrenia

## *Inappropriate Emotions and Actions*

- Inappropriate Emotions
  - Flat affect
- Inappropriate Actions
  - Catatonia
  - Disruptive social behavior

# Types of Schizophrenia

## SUBTYPES OF SCHIZOPHRENIA

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# Types of Schizophrenia

## SUBTYPES OF SCHIZOPHRENIA

*Paranoid*

Preoccupation with delusions or hallucinations, often with themes of persecution or grandiosity

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# Types of Schizophrenia

## SUBTYPES OF SCHIZOPHRENIA

*Paranoid*      Preoccupation with delusions or hallucinations, often with themes of persecution or grandiosity

*Disorganized*      Disorganized speech or behavior, or flat or inappropriate emotion

# Types of Schizophrenia

## SUBTYPES OF SCHIZOPHRENIA

<i>Paranoid</i>	Preoccupation with delusions or hallucinations, often with themes of persecution or grandiosity
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<i>Disorganized</i>	Disorganized speech or behavior, or flat or inappropriate emotion
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<i>Catatonic</i>	Immobility (or excessive, purposeless movement), extreme negativism, and/or parrotlike repeating of another's speech or movements
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# Types of Schizophrenia

## SUBTYPES OF SCHIZOPHRENIA

*Paranoid* Preoccupation with delusions or hallucinations, often with themes of persecution or grandiosity

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*Undifferentiated* Many and varied symptoms

# Types of Schizophrenia

## SUBTYPES OF SCHIZOPHRENIA

*Paranoid* Preoccupation with delusions or hallucinations, often with themes of persecution or grandiosity

*Disorganized* Disorganized speech or behavior, or flat or inappropriate emotion

*Catatonic* Immobility (or excessive, purposeless movement), extreme negativism, and/or parrotlike repeating of another's speech or movements

*Undifferentiated* Many and varied symptoms

*Residual* Withdrawal, after hallucinations and delusions have disappeared

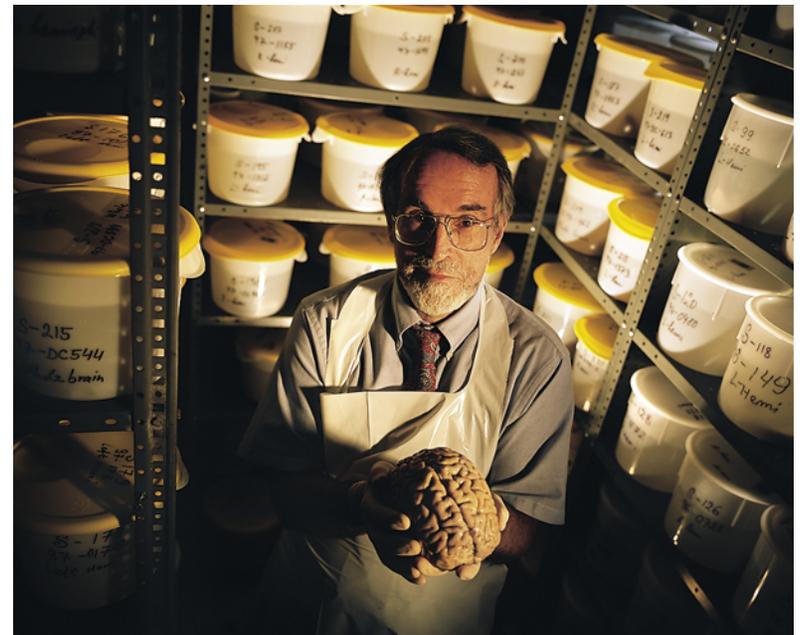
# Onset and Development

- Statistics on schizophrenia
- Onset of the disease
- Positive versus negative symptoms
- Chronic (process) schizophrenia
- Acute (reactive) schizophrenia

# Understanding Schizophrenia

## *Brain Abnormalities*

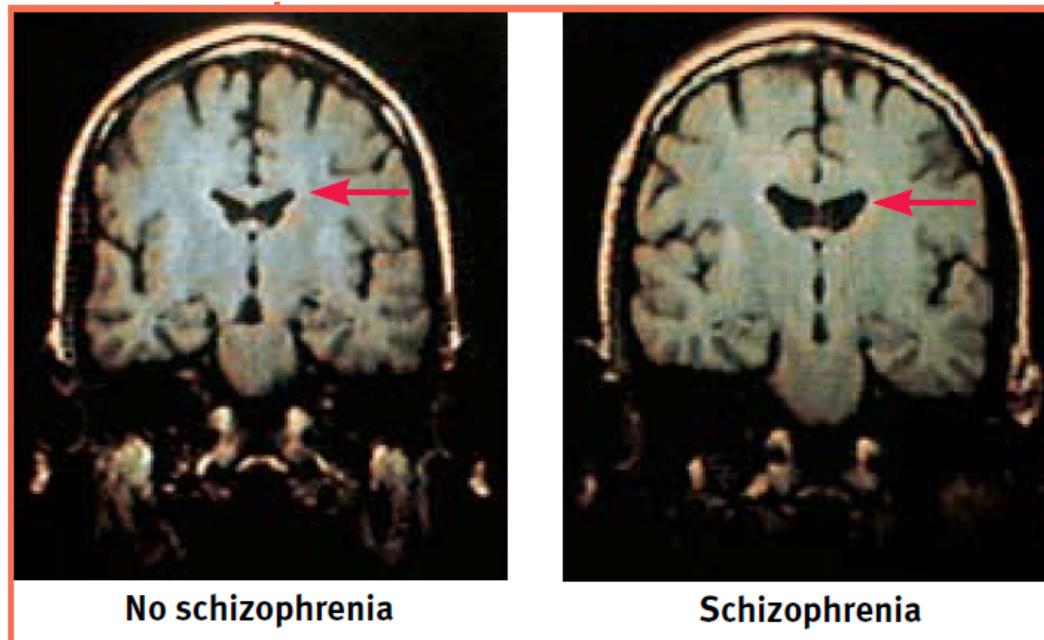
- Dopamine Overactivity
  - Dopamine – D4 dopamine receptor
  - Dopamine blocking drugs
- Glutamate



# Understanding Schizophrenia

## *Brain Abnormalities*

- Abnormal Brain Activity and Anatomy
  - Frontal lobe and core brain activity
  - Fluid filled areas of the brain



# Understanding Schizophrenia

## *Brain Abnormalities*

- Maternal Virus During Pregnancy
  - Studies on maternal activity and schizophrenia
  - Influence of the flu during pregnancy

# Understanding Schizophrenia

## *Genetic Factors*

- Genetic predisposition
- Twin studies
- Genetics and environmental influences

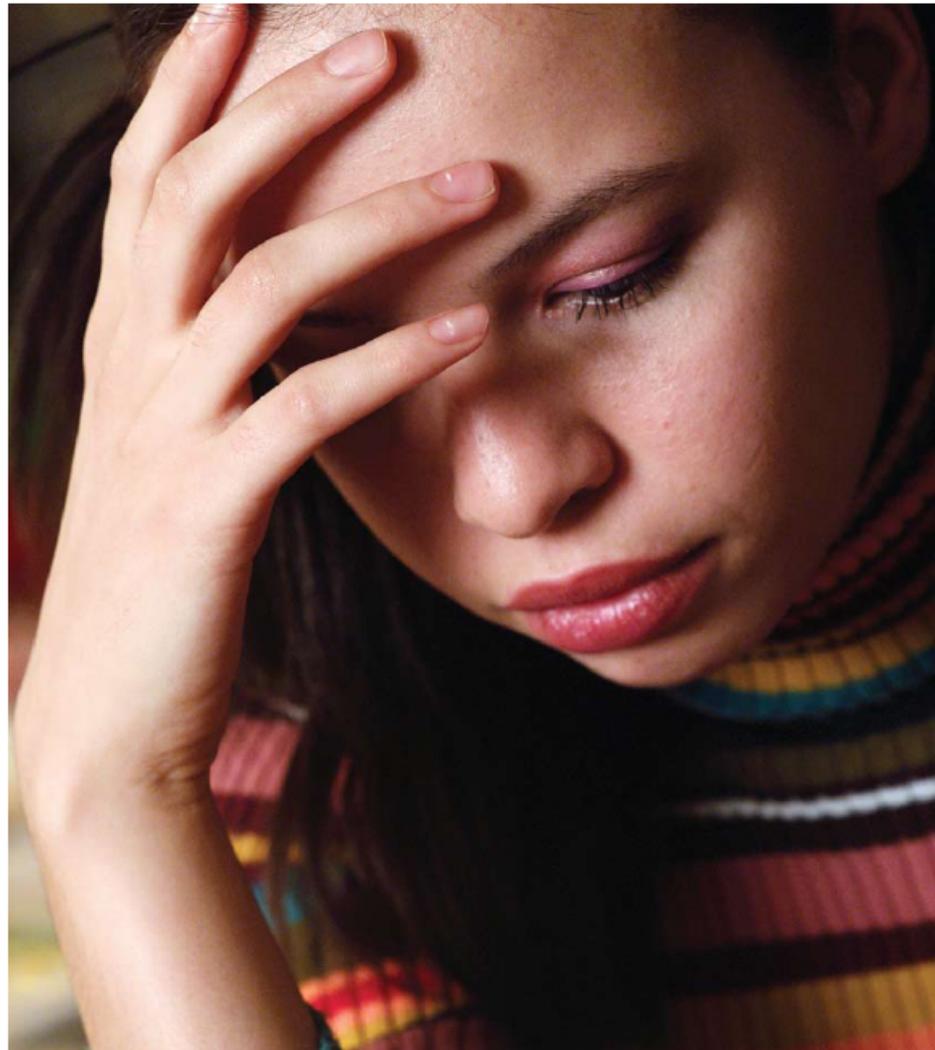


# Understanding Schizophrenia

## *Psychological Factors*

- Possible warning signs
  - Mother severely schizophrenic
  - Birth complications (low weight/oxygen deprivation)
  - Separation from parents
  - Short attention span
  - Poor muscle coordination
  - Disruptive or withdrawn behavior
  - Emotional unpredictability
  - Poor peer relations and solo play

# Personality Disorders

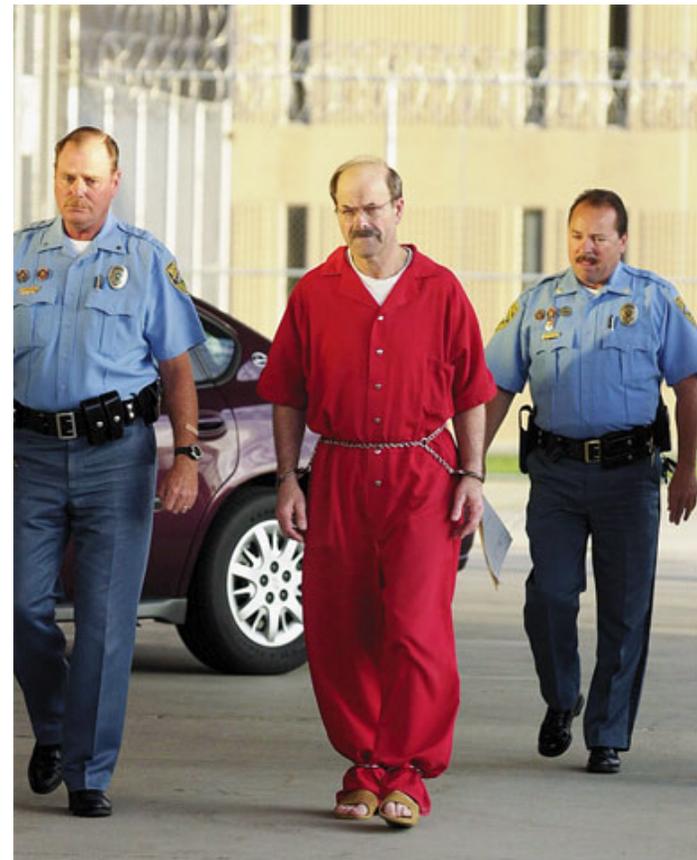


# Personality Disorders

- Personality disorders
  - Anxiety cluster
  - Eccentric cluster
  - Dramatic/impulsive cluster

# Personality Disorders

Personality disorders are characterized by **inflexible and enduring behavior patterns that impair social functioning**. They are usually without anxiety, depression, or delusions.



# Personality Disorders

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**These people have unstable and intense relationships with others.**

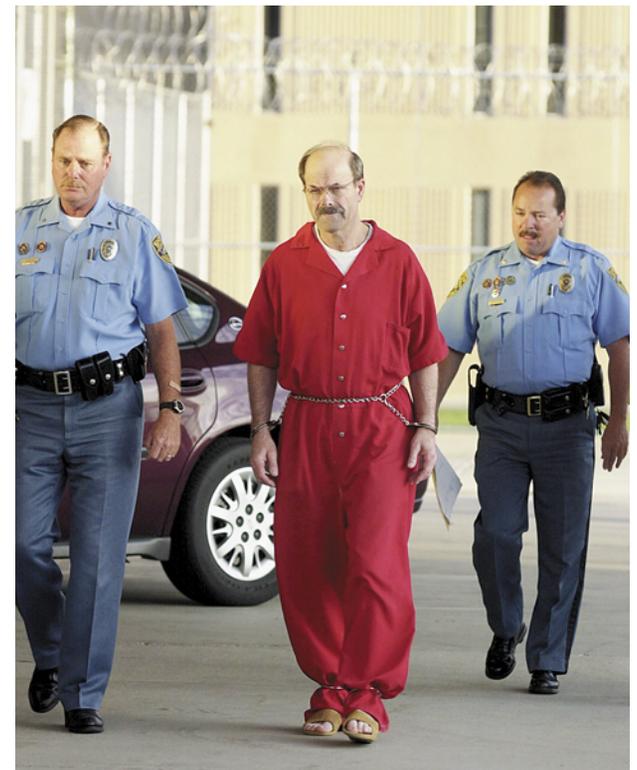
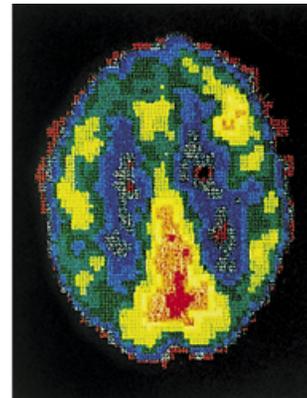
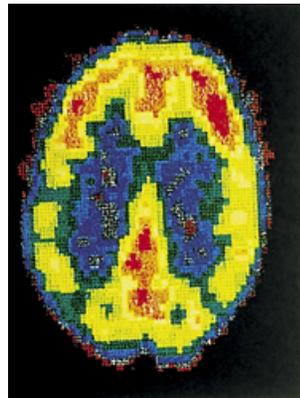
**They are dependent on others and yet, sabotage those relationships.**

**They have problems controlling their impulses; their perceptions and thoughts are distorted.**



# Antisocial Personality Disorder

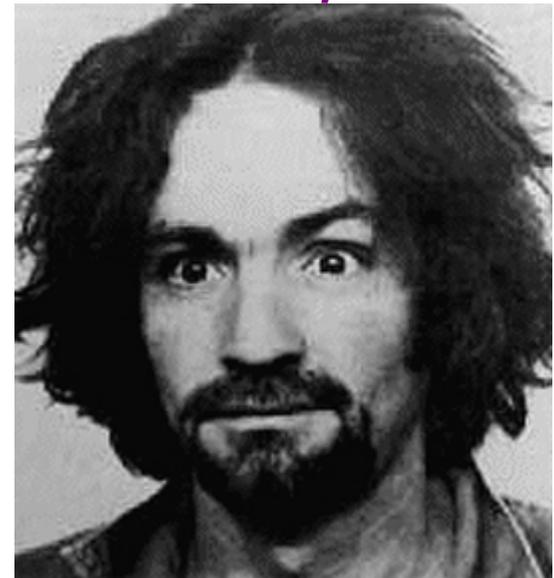
- Antisocial personality disorder
  - Sociopath or psychopath
- Understanding antisocial personality disorder



# Antisocial Personality Disorder

A disorder in which the person (usually men) exhibits a lack of conscience for wrongdoing, even toward friends and family members.

Formerly, this person was called a *sociopath* or *psychopath*.

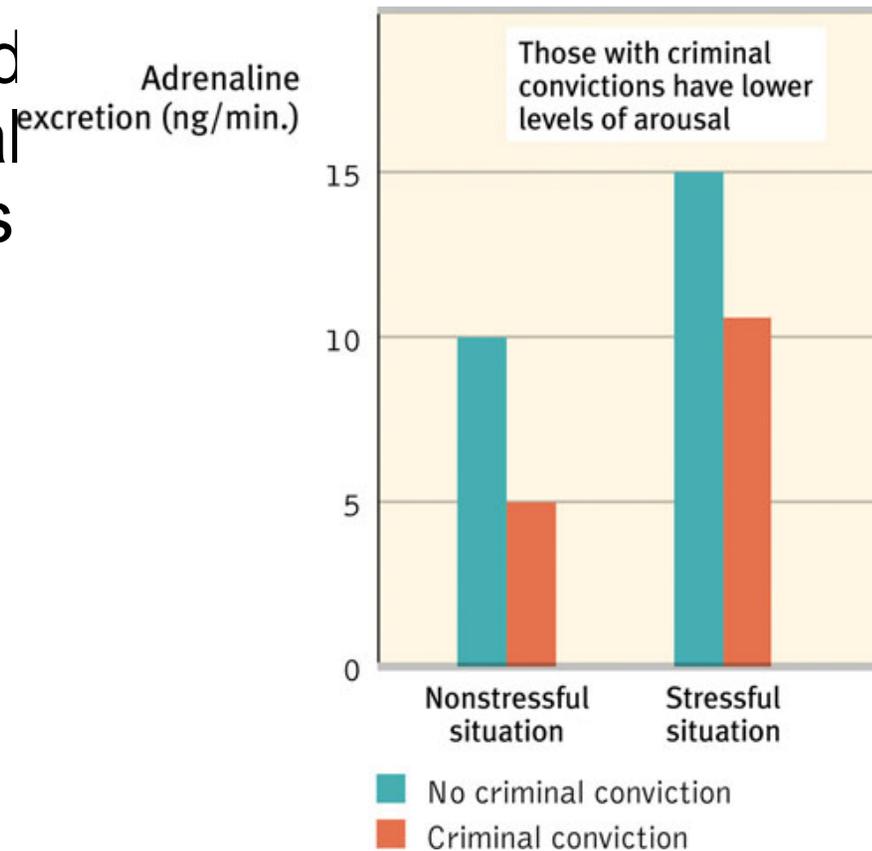


# Understanding Antisocial Personality Disorder

Like mood disorders and schizophrenia, antisocial personality disorder has

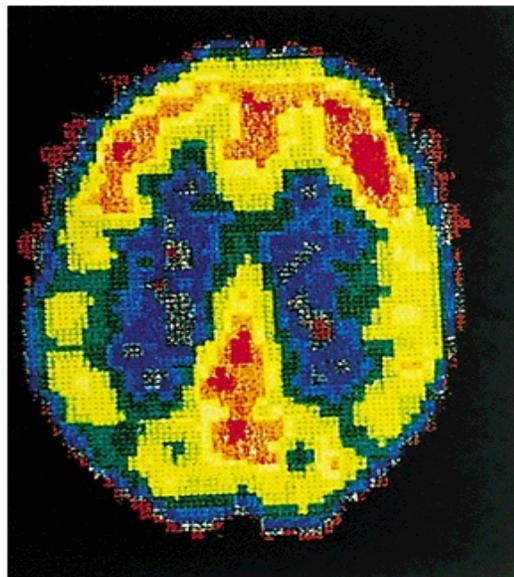
**biological and psychological reasons.**

Youngsters, before committing a crime, respond with lower levels of stress hormones than others do at their age.

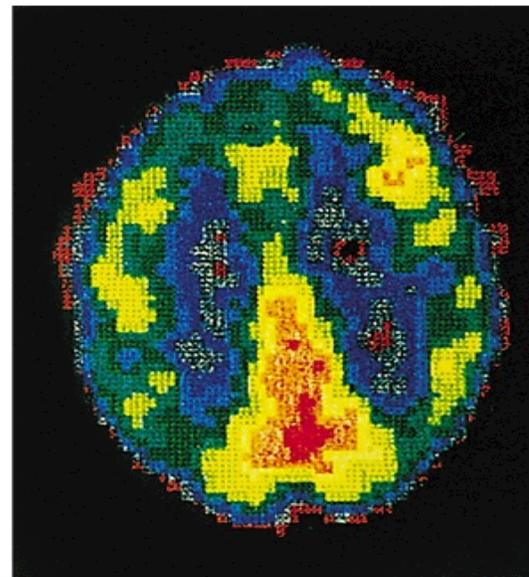


# Understanding Antisocial Personality Disorder

PET scans of 41 murderers revealed reduced activity in the frontal lobes. In a follow-up study repeat offenders had 11% less frontal lobe activity compared to normals (Raine et al., 1999; 2000).



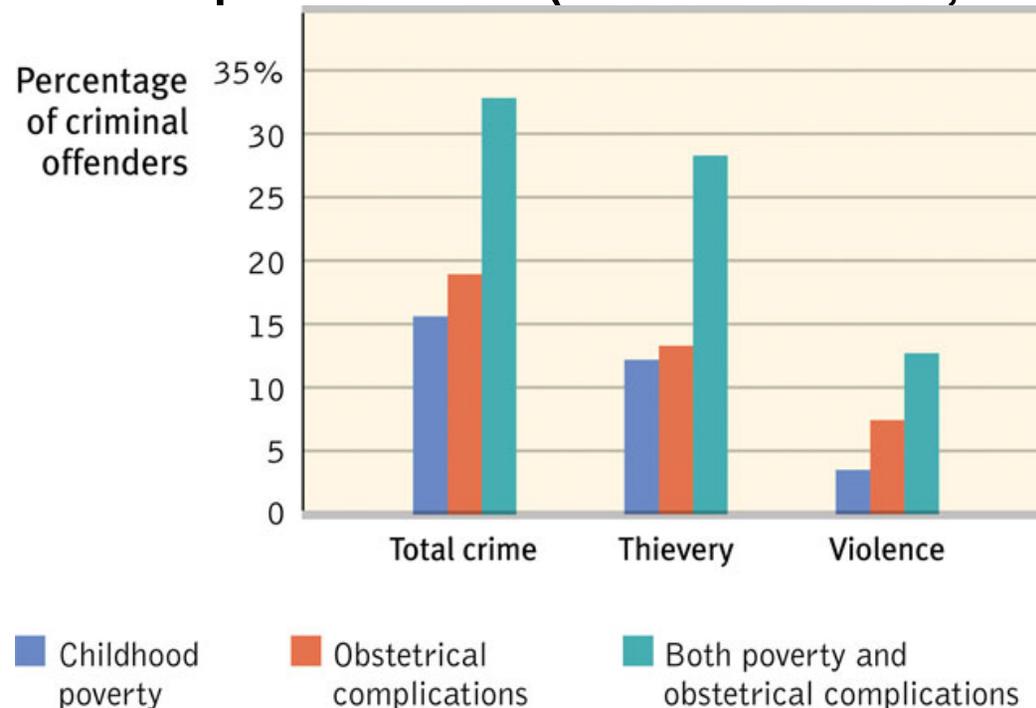
**Normal**



**Murderer**

# Understanding Antisocial Personality Disorder

The likelihood that one will commit a crime doubles when childhood poverty is compounded with obstetrical complications (Raine et al., 1999; 2000).



# Borderline Personality Disorder

- Chronic instability of emotions, self-image, relationships
- Self-destructive behaviors
- Intense fear of abandonment and emptiness
- Possible history of childhood physical, emotional, or sexual abuse
- 75% of diagnosed cases are women

# Paranoid Personality Disorder

- Pervasive mistrust and suspiciousness of others are the main characteristic
- Distrustful even of close family and friends
- Reluctant to form close relationships
- Tend to blame others for their own shortcomings

# Histrionic Personality Disorder

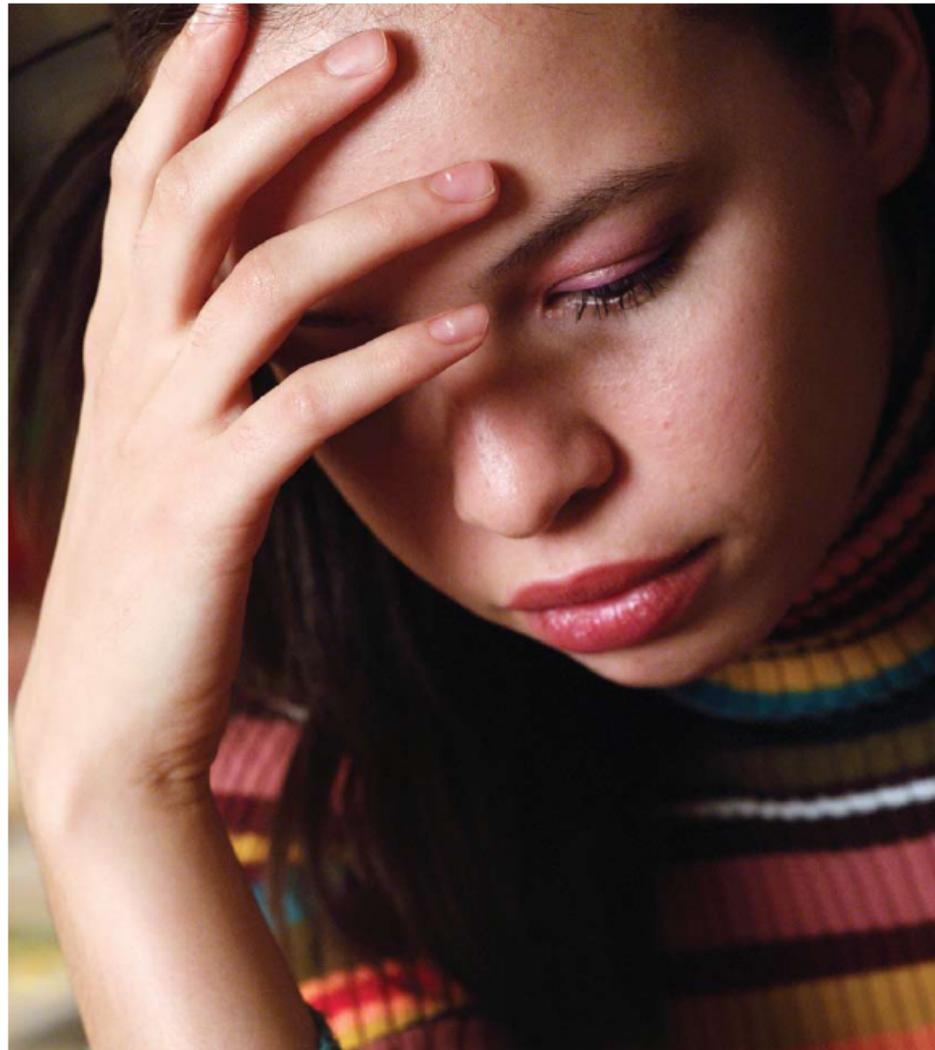
- **Histrionic Personality Disorder** displays a shallow, attention-getting emotionality. Histrionic individuals go to great length to gain others' praise and reassurance.

# Narcissistic Personality Disorder

- **Narcissistic Personality Disorder**  
exaggerate their own importance, aided by success fantasies.

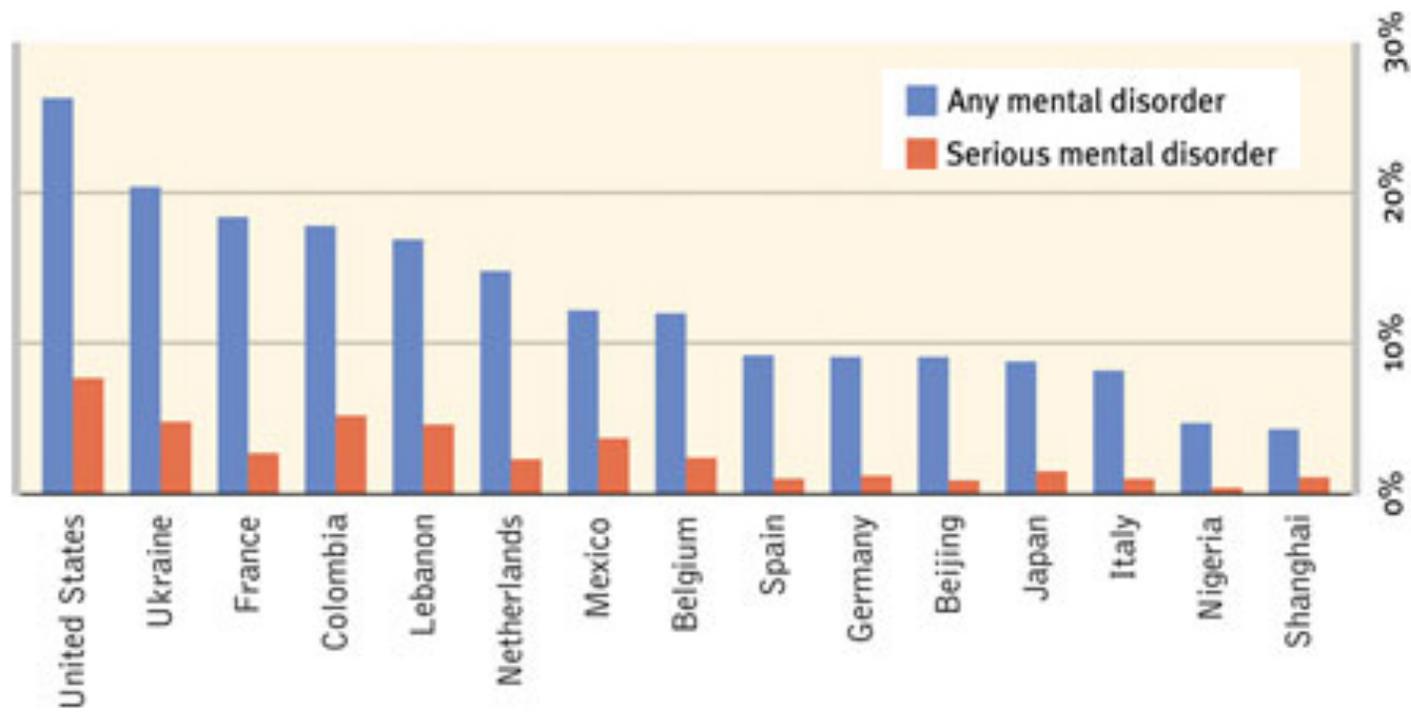
They find criticism hard to accept, often reacting with rage or shame.

# Rates of Disorder



# Rates of Psychological Disorders

The prevalence of psychological disorders during the previous year is shown below (WHO, 2004).



# Rates of Disorder

- Mental health statistics
- Influence of poverty
- Other factors

PERCENTAGE OF AMERICANS REPORTING SELECTED PSYCHOLOGICAL DISORDERS IN THE PAST YEAR	
Psychological Disorder	Percentage
Generalized anxiety	3.1
Social phobia	6.8
Phobia of specific object or situation	8.7
Mood disorder	9.5
Obsessive-compulsive disorder	1.0
Schizophrenia	1.1
Post-traumatic stress disorder (PTSD)	3.5
Attention-deficit hyperactivity disorder (ADHD)	4.1
Any mental disorder	26.2

**The End**