

CHAPTER 12 – PSYCHOLOGICAL DISORDERS

YOU KNOW YOU HAVE MASTERED THE MAIN TOPICS IN THIS CHAPTER IF YOU ARE ABLE TO . . .

- ∞ Define abnormality and briefly discuss the historical and cultural impact on defining psychological disorders.
- ∞ Present the biological and psychological models of psychopathology.
- ∞ Discuss the diagnosis and prevalence rates of psychological disorders in the U.S.
- ∞ Describe specific categories of psychological disorders including anxiety, somatoform, dissociative, mood, schizophrenia, and personality disorders.
- ∞ Understand the diagnosis of seasonal affective disorder and its treatment.

RAPID REVIEW

The study of abnormal behavior, or **psychopathology**, can be traced to at least as early as 3000 B.C. from evidence of trepanning, or drilling some holes in the skull. Today abnormal behavior is considered to be any behavior that is rare, deviates from the social norm within the **situational context**, causes **subjective discomfort**, or is **maladaptive**. **Psychological disorders** are defined as a pattern of behavior that causes people significant distress, causes them to harm themselves or others, or interferes with their ability to function in daily life. The **sociocultural perspective** of abnormality takes into account the effect of culture on behavior and suggests that psychological disorders should be assessed within the realm of **cultural relativity**. **Culture-bound syndromes** are certain psychological disorders that are only found in particular cultures. The **biological model** of psychopathology proposes that psychological disorders arise from a physical or biological cause. The **psychoanalytical model** suggests that disorders are the result of repressed thoughts in the unconscious mind, while the **behaviorist model** explains disorders as a set of learned behaviors. **Cognitive psychologists** have proposed the **cognitive model** which describes psychological disorders as resulting from faulty thinking patterns. The **biopsychosocial model** proposes that abnormal behavior is the result of biological, psychological, social, and cultural influences.

Currently in the United States, psychological disorders are assessed by referring to the *Diagnosis and Statistical Manual of Mental Disorders, Version 4, Text Revision* (**DSM-IV-TR**) which provides information about 250 different disorders including common symptoms, prevalence rates, and criteria for diagnosis. The individual is assessed in five different categories, or axes. Axis I contains all the psychological disorders except personality disorders. Axis II includes personality disorders and mental retardation. Axis III includes an assessment of any physical disorders that affect a person psychologically. Axis IV consists of problems in a person's environment that may be affecting his or her psychological functioning, and Axis V is an assessment of a person's overall (or global) level of functioning ranging from 0 to 100. In a given year, about 22 percent of adults in the United States could be diagnosed with a mental disorder.

Anxiety disorders include all disorders characterized by excessive or unrealistic anxiety. **Free-floating anxiety** is the term given to anxiety that seems to be unrelated to any realistic, known factor. **Phobias** are a specific form of anxiety disorder defined as an irrational and persistent fear of something and includes **social phobias**; **specific phobias** such as **claustrophobia**; and **acrophobia**; and **agoraphobia**, or fear of being in a place that would be difficult to escape from if something happened to go wrong. **Obsessive-compulsive disorder** involves a reoccurring thought (or obsession) that causes extreme anxiety and leads to some repetitive or ritualistic behavior (or compulsion). **Panic disorder** is characterized by frequent occurrences of **panic attacks** or sudden onsets of extreme panic. If a fear of having panic attacks prevents an individual from going to public places it is called **panic disorder with agoraphobia**. Individuals diagnosed with **generalized anxiety disorder** display excessive anxiety and worries with no real source that can be pinpointed as leading to the anxiety. The psychoanalytical model states that anxiety disorders are caused by repressed urges or conflicts that are threatening to surface, while the behaviorist model sees anxious behavior as learned or conditioned responses. Cognitive

psychologists believe that anxiety disorders are caused by illogical thinking including maladaptive thinking process such as **magnification**, **all-or-nothing thinking**, **overgeneralization**, and **minimization**. Evidence also supports biological factors, such as an imbalance in neurotransmitter levels, as playing a role in anxiety disorders.

Disorders in which people believe they are sick when they are not are called **somatoform disorders**. These disorders are different from **psychosomatic** or **psychophysiological disorders** in which an individual experiences an actual physical illness that is believed to be caused by psychological stress. Somatoform disorders include **hypochondrias**, a disorder in which a person worries excessively about becoming ill; **somatization disorder**, in which the person complains about a specific physical symptom for which there is no real physical cause; and **conversion disorder**, which includes the loss of motor and/or sensory function. Freud believed somatoform disorders were caused by the repression of unacceptable thoughts; behaviorists believe the disorders are learned through both positive and negative reinforcement; and cognitive psychologists point to faulty thinking such as magnification and false beliefs as the cause.

Dissociative disorders involve a break, or dissociation, in a person's sense of identity. In **dissociative amnesia**, an individual cannot remember information contained in long-term memory such as her own name or where she lives. A **dissociative fugue** occurs when a person suddenly travels away from his home and afterwards cannot remember the trip or even his own identity. In **dissociative identity disorder**, formerly referred to as multiple personality disorder, a person seems to experience at least two or more distinct personalities. According to the psychoanalytical model, dissociation is a defense mechanism and is associated with emotional or physical trauma. Behaviorists believe that "not thinking" about certain events can be negatively reinforced by reducing anxiety and unpleasant feelings, while cognitive psychologists focus on the feelings of guilt, shame, or anxiety that may be avoided through "thought avoidance." Biological explanations for dissociative disorders also exist. Researchers have found that individuals with **depersonalization disorder** also have lower brain activity in areas of the brain responsible for our sense of body awareness.

Mood disorders, also referred to as **affective** disorders, represent a disturbance in emotion. Two mild forms of mood disorders include **dysthymia**, a chronic depression that lasts for at least two years or more and **cyclothymia**, a cycle of sadness and happiness that also persists for two or more years. The most common mood disorder is **major depression**, which is characterized by prolonged feelings of extreme sadness. **Bipolar disorder** involves all the symptoms of major depression in addition to brief periods of extreme **mania**, or excessive excitement, energy, and feelings of happiness. Psychoanalysts explain depression as anger turned inward on the person, while many learning theorists attribute depression to learned helplessness. Biological explanations have focused on the role of brain chemicals such as serotonin, norepinephrine, and dopamine.

Schizophrenia is a severe **psychotic** disorder in which the person is not able to distinguish fantasy from reality and experiences disturbances in thinking, emotions, behavior, and perception. Many people with schizophrenia experience **delusions** (false beliefs about the world), **hallucinations** (seeing or hearing things that are not really there), and **flat affect** (the display of little or no emotion). If an individual experiences delusions alone they would more likely be diagnosed with a type of **delusional disorder**. Schizophrenia can be divided into five basic categories: **disorganized**, characterized by confused speech along with frequent and vivid hallucinations; **catatonic**, in which the individual may sit without moving for hours or may move about wildly; **paranoid**, identified by hallucinations and delusions; **undifferentiated**, in which the individual does not fit in one of the three categories already mentioned; and **residual**, in which a person is in a state of recovery from the symptoms of schizophrenia. Schizophrenia can also be classified according to the kind of symptoms displayed. **Positive symptoms** reflect an excess or distortion of normal functions, such as hallucinations, whereas **negative symptoms** reflect a decrease of normal functions. Medication appears to be more effective in treating the positive symptoms of schizophrenia. The causes of schizophrenia have been attempted to be explained with the biological model. Increased levels of dopamine and brain structural defects are currently the two explanations with the strongest support. In addition, the **stress-vulnerability model** proposes that individuals may have a biological sensitivity which is then made worse by environmental stress.

Disorders which affect a person's entire life adjustment are referred to as **personality disorders**. The DSM-IV-TR recognizes ten different personality disorders. An individual with **antisocial personality disorder** typically feel no remorse and often behave in an impulsive manner with no regard for the consequences. **Borderline personality disorder** is defined by moody, unstable behaviors in which the individual lacks a clear sense of identity. Psychoanalytic theorists point to an incomplete resolution of the Oedipus complex as explanation for personality disorders, while cognitive and learning theorists focus on how the specific behaviors are learned and reinforced over time.

Seasonal affective disorder (SAD) is a mood disorder that is caused by the body's reaction to low levels of light, especially during the winter months. One of the most effective treatments for SAD is **phototherapy** which involves daily exposure to bright light, typically from an artificial source such as a lamp.

STUDY HINTS

1. Six different categories of psychological disorders are presented in this chapter. In order to help organize the new terms try creating a table of the different disorders including a general description of each category and the specific disorders within the category. The first category has been completed for you as an example.

Disorder Type	General Description	Specific Examples
Anxiety disorders	<i>a psychological disorder in which the main symptom is an intense fear or anxiety</i>	<i>social phobias, specific phobias, agoraphobia, obsessive-compulsive disorder, generalized anxiety disorder, panic disorder</i>
Somatoform disorders		
Dissociative disorders		
Mood disorders		
Schizophrenia		

Personality disorders		
-----------------------	--	--

2. In addition to understanding the disorders themselves, it is important to understand the different theories as to the causes of each disorder. Your textbook discusses five models of explanation for each disorder. The models are the biological, psychoanalytical, behavioral, cognitive, and biopsychosocial. In order to enhance your understanding of these models, briefly describe how each of them would explain the disorders listed below.

Model	Depression	Schizophrenia	Dissociative Identity Disorder