

Psychological Disorders

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

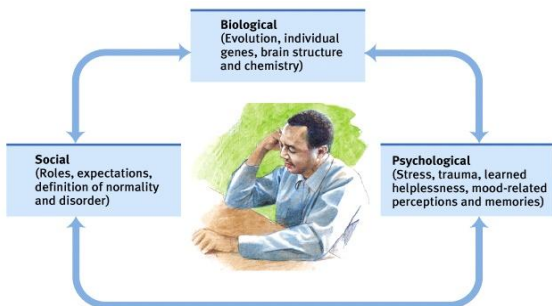
Psychological Disorders

- Medical Model
 - concept that diseases have physical causes
 - can be diagnosed, treated, and in most cases, cured
 - assumes that these "mental" illnesses can be diagnosed on the basis of their symptoms and cured through therapy, which may include treatment in a psychiatric hospital

Psychological Disorders

- **Bio-Psycho-Social Perspective**
 - assumes that biological, sociocultural, and psychological factors combine and interact to produce psychological disorders

Psychological Disorders



Classifying Psychological Disorders

- **DSM-IV**
 - American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition)
 - a widely used system for classifying psychological disorders
 - presently distributed as DSM-IV-TR (text revision)

Historical Perspective

▪ Perceived Causes

- movements of sun or moon
 - lunacy--full moon
- evil spirits

▪ Ancient Treatments

- exorcism, caged like animals, beaten, burned, castrated, mutilated, blood replaced with animal's blood

Anxiety Disorders



Anxiety Disorders

- Defined by an underlying sense of fear and apprehension
 - Anxiety, fear, panic, obsessions/compulsions
- You may have experienced some of these symptoms to varying degrees
- These D/O characterized by SIGNIFICANT functional impairment, distress

Symptoms of Anxiety Disorders

- Cognitive
 - Fear of death, unknown dangers, losing control, etc
- Behavioral
 - Avoidance of situations, rituals
- Somatic
 - Sympathetic arousal-dry mouth, high blood pressure, frequent urination, muscle tension, indigestion

Classification

- Generalized Anxiety Disorder
 - Persistent high anxiety over numerous life circumstances
 - Worry over minor as well as major events
 - Accompanied by physiological arousal
- Panic Disorder
 - Severe, spontaneous, frightening sensations of impending doom (death, going crazy, losing control)
 - Last few minutes-several hours
 - May lead to agoraphobia, for fear of having attack in public
- Phobias
 - Strong, persistent, undesirable fear of a specified object or situation
 - People subsequently go to great lengths to avoid stimulus/situation
 - Most common disorder in the US
- Agoraphobia
 - Being in public places where escape is difficult
 - Fears of losing control over bodily functions, fainting, showing excessive fear
 - Often precipitated by a panic attack
 - Pattern of catastrophizing may occur

■ Social Phobia

- Fear of being scrutinized, embarrassing self in social situations
- Three types:
 - Performance- playing instrument, peeing
 - Limited interactional- dating, talking w/boss
 - Generalized- anxious in most situations

■ Specific Phobias

- Extreme fear of object or situation
- Animals
- Natural environmental (water)
- Blood/injections/injury
- Situational (plane travel, tunnels)
- Other (contracting illness)

■ Obsessive-Compulsive Disorder

- Obsessions
 - Intrusive, anxiety-producing thoughts, images
- Compulsions
 - Need to perform acts to reduce anxiety

■ Acute Stress Disorder and PTSD

- Develop in response to *extreme* psychological and/or physical trauma
- Two disorders share many similarities, but differ in regards to onset and duration
- ASD- onset w/in 4 weeks of stressor, lasts no longer than one month
- PTSD- onset occurs at any time, duration must be longer than one month

Criteria for ASD and PTSD

- Re-experiencing event in dreams/intrusive memories
- Emotional numbing, avoiding stimuli that remind one of the trauma
- Heightened autonomic arousal

Mood Disorders



Mood Disorders

- Emotions
 - Subjective feelings
- Affect
 - Patterns of behavior associated with these subjective feelings
- Depression
 - Mood vs. clinical syndrome
- Mania
- Unipolar
 - Depression only
- Bipolar
 - Manic-depressive

Symptoms of Depression

- Emotional
 - Dysphoric mood
 - Feeling gloomy, despondent
 - Overwhelming despair
 - Irritable
 - Anxious
- Cognitive
 - Thinking is slowed
 - Trouble concentrating
 - Blame themselves; guilt
 - Focus on negative things

Symptoms of Depression

- Somatic
 - Fatigue
 - Changes in appetite and sleep patterns
 - Loss of sexual desire
 - Headaches
 - Muscle aches and pains
- Behavioral
 - Slowed movement and speak
 - Long pauses before answering a question
- Comorbidity
 - Alcoholism, eating disorders, anxiety disorders

Symptoms of Mania

- Emotional
 - Euphoria
 - Optimistic
 - Cheerful
 - Inexplicable and unbounded joy
- Cognitive
 - Thoughts flash quickly
 - Easily distracted
 - Grandiose ideas and plans
 - Inflated self-esteem

Symptoms of Mania

- Somatic
 - Changes in appetite and changes in sleep patterns
- Behavioral
 - Gregarious and energetic
 - Flirtatious and Provocative
 - Unable to sit still

Classification

- Unipolar Disorders:
 - Major Depression
 - See DSM-IV criteria
 - Dysthymia
 - Chronic mild depression present for many years
- Bipolar Disorders
 - Bipolar
 - One or more manic episodes
 - One or more major depressive episodes
 - Cyclothymia
 - Chronic, less severe
 - Hypomania and depression

DSM-IV Criteria for Major Depressive Episode

Five or more of the following symptoms must have been present during a two week period.

One symptom which must be present is either (1) depressed mood or (2) loss of interest or pleasure.

- Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others. Noted diminished interest or pleasure in all or almost all activities most of the day, nearly every day.
- Significant weight loss or weight gain.

Criteria cont'd

- Sleeping problems, either inability to sleep or sleeping all the time.
- Observable physical agitation or slow down.
- Fatigue or loss of energy nearly every day.
- Feelings of excessive guilt or feelings of worthlessness.
- Lessened ability to think or concentrate or inability to make decisions nearly every day.
- Recurrent thoughts of death (not just fear of dying) or recurrent suicidal thoughts with/without a plan or attempted suicide.

Schizophrenia



Schizophrenia

- affects the way the person thinks, feels, and interacts with other people
- age of onset between 15 and 35
- affects about 1 percent of the population
- is found in every society that has been studied

3 Types of Schizophrenic Symptoms

- *positive symptoms* (hallucinations and delusions)
 - distortion of normal functions
- *negative symptoms* (blunted affect, alogia, avolition)
 - loss of normal functions
- *disorganized symptoms* (e.g., speech)

Hallucinations

“Perceptual Disturbances”

- Images perceived in the absence of external stimuli.
- Auditory
 - Hearing voices
 - i.e. Command hallucinations
- Tactile
 - i.e. Tingling or burning sensation
- Somatic
 - i.e. Snakes crawling inside your body
- Visual and olfactory are less common

Delusions

“Disturbances in Thought Content”

- False beliefs that are rigidly held despite their illogical basis and lack of evidence
- Grandeur (I am Jesus)
- Persecution (The CIA is out to get me)
- Reference (The people on TV are laughing at me)
- Being controlled (The devil is making me do things)

Delusions cont'd

- Thought broadcasting
 - My thoughts are being transmitted to the external world.
- Thought Insertion
 - Thoughts are being placed in my mind by an external force.
- Thought Withdrawal
 - Thoughts are being removed from my mind.

DSM-IV Criteria for Schizophrenia

- During a 1-month period, two (or more) of the following symptoms:
 - delusions
 - hallucinations
 - disorganized speech
 - grossly disorganized / catatonic behavior
 - negative symptoms (e.g., blunted affect)
- duration of at least 6 months, including prodromal and residual symptoms
- exclude mood disorders with psychotic features

Dissociative Disorders



Dissociative amnesia and fugue

■ Amnesia

- partial or total inability to recall past
- material available in unconscious

■ 4 types of psychogenic amnesia

- localized: amnesia of short time span
- selective: amnesia of some but not all
- generalized: amnesia of entire life
- continuous: amnesia of anything new

Dissociative amnesia and fugue

■ Occur in response to trauma

■ Person is usually normal outside of the memory loss

- basic habit patterns are retained
- basic skills are retained
- sometimes extended skills are retained
- person is generally normal with exception of loss of memory

Dissociative Fugue

■ Fugue state

- person disappears from the “face of the earth”
- psychological defense through flight
- person is not only amnesic but they wander away from home and may assume a partial or complete new identity elsewhere
- fugues can be minor (a lost day or two) to major (establishing a new life)

Dissociative Amnesia

- Pattern development in psychogenic amnesia
- avoidance of the unpleasant: a method of escape from anxiety-producing states
- persons displaying psychogenic amnesia may also display egocentricity, immaturity, and suggestibility
- psychogenic amnesia appears to be very selective, e.g., "missing time"

Dissociative Identity Disorder

- Two or more *relatively independent* personalities seem to reside in one person
- Seen more in women
- May be caused by severe abuse
- First appears in children prior to age 12

Dissociative Identity Disorder

- Comorbid Symptoms
 - Higher reports of alteration of consciousness
 - History of trance states/sleepwalking
 - High levels of substance abuse and suicidal ideation/attempts
 - Often experience high levels of stress/trauma
