

Psychological Disorders

Psych 1001
12/12/07

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Introduction

- What is mental illness?
- Anxiety disorders
- Mood disorders
- Schizophrenia
- Personality disorders
- ADHD
- Substance Abuse
- Treatment

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What is “abnormal”?

- A man refuses to wash his socks, because it will bring “bad luck”
 - Baseball player with a big game coming up
- A woman stays in bed until noon
 - It is the Saturday after a huge... test.
- A woman believes that her daughter’s spirit is escaping from her body
 - Hmong beliefs, “god bless you” - sneezing.

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What makes it a disorder?

- Three D’s:
 - Deviant
 - Dysfunctional
 - Distressful
 - If it is a behavior that is within the norms of society, not deviant
 - If it involves a marked departure from normal function
 - If it doesn’t bother the person that is afflicted?

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Biopsychosocial view

- **Biological influences**
 - Evolution
 - Individual genes
 - Brain structure and chemistry
- **Psychological influences**
 - Stress
 - Trauma
 - Learned helplessness
 - Mood-related perceptions and memories
- **Social-cultural influences**
 - Roles
 - Expectations
 - Definitions of normality and deviance

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Common stereotypes

- **Mentally ill people are dangerous**
 - 9 of 10 suffer symptoms that are unrelated to aggression, remainder are fine without the influence of drugs and alcohol
- **Mental illness is incurable**
 - The vast majority of those with mental issues are able to lead relatively normal lives after some treatment.
- **Mental illness is a sign of physical, moral weakness**
 - Random variation in the structure in the brain, exposure to environmental stimuli or situations all contribute

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The Moral Model

- Mental illness as possession by spirits, demons, gods, etc.
 - Treatment based on moral fortitude, strength of character
 - Mentally ill as criminals, treated as such
 - Exorcism

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The Medical Model

- Mental illness as a physical sickness
 - Diagnosis based on observable symptoms
 - **DSM – IV**: Diagnostic and Statistical Manual (APA)
 - **ICD-10**: International Classification of Diseases (WHO)
 - Assumes that most physical differences can be corrected by medical intervention

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The Medical Model

- BUT:
 - What about normal variability in the population?
 - What about “abnormalities” that carry both positive and negative traits?
 - Definitions of what is a disorder change over time
 - 60 categories in the 50's, 400 today in DSM-IV.
 - 30% - 50% chance of meeting criteria for at least one of the disorders at some time in your lifespan

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Diagnosis

- Axis I: clinical syndromes
 - ADD, autism, schizophrenia, eating, mood or anxiety disorders, alcohol dependence, etc...

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- **Axis IV: psychosocial of environmental problems**
 - Negative life events, interpersonal stresses, social difficulties

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- **Axis V: Global assessment, 0-100.**

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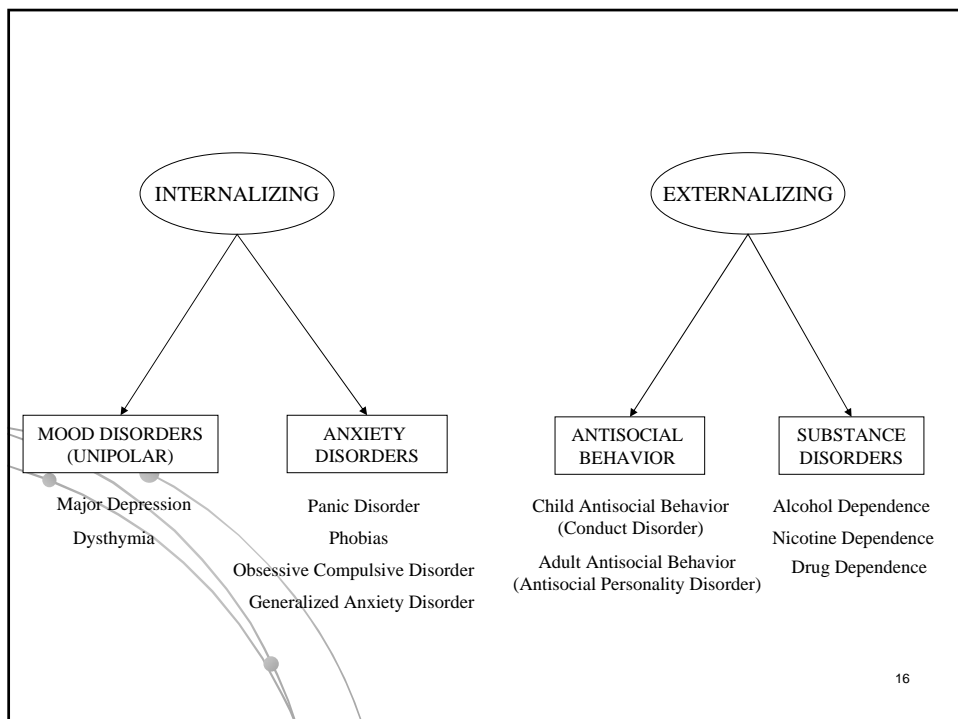
Common Mental Disorders

- Depression
- Anxiety
- Substance abuse
- Antisocial Behavior

- Within the range of normal behaviors?

- Disorders co-occur in systematic ways
 - anxiety disorders, depression
 - antisocial behavior, substance abuse

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Uncommon Mental Disorders

- Schizophrenia
- Bipolar (manic-depression)
- low prevalence rate ~1%, but very severe
 - typically require hospitalization and monitoring
 - account for disproportionate amount of mental health services
- psychotic and manic episodes that characterize these disorders are typically not part of normal human experience
- may be best to consider these disorders more as categories rather than extremes of normal behavior

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Organic or Neurological Disorders

- Dementia or senility
 - e.g., Alzheimer's disease
- Autism
- Mental Retardation
- The cause of these disorders is most likely the direct consequence of brain dysfunction or a problem in brain development

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Anxiety Disorders

- Generalized anxiety disorder
- Panic disorder
- Phobias
- Obsessive-Compulsive Disorder (OCD)

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Generalized Anxiety Disorder

- Consistent and unexplainable tension or unease.
- Difficulty concentrating, sleeping
- Worry about worrying – the most worrisome worry
- Accompanied by physical symptoms such as twitches, sweating, fidgeting
- 1 in 20 diagnosed

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Panic Disorder

- Recurrent periods of intense fear lasting several minutes
- Usually occur unexpectedly and suddenly
- Heart palpitations, difficulty breathing, trembling, and dizziness.
- May be triggered by specific environments, cues
- 1 in 75 diagnosed
- **Post-traumatic stress disorder (PTSD):** after periods of trauma in life, some panic attacks may be cued by similar stimuli. Longer term than panic attacks.

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Phobias

- Persistent irrational fear of an object, situation, or activity that presents no *realistic* danger
 - Fear of peaches, snow
- In many cases, completely manageable
 - Avoiding the object of your fear
 - Relearning to overcome unavoidable objects
 - Systematic desensitization

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Obsessive Compulsive Disorder

- Repetitive thoughts or behaviors that come to interfere with the wellbeing of the afflicted.
- Intrusive thoughts
- Senseless rituals
 - Need for perfection – cleanliness, order, symmetry, safety
 - Repetitive actions – rituals, grooming, checking up
- 1 in 40

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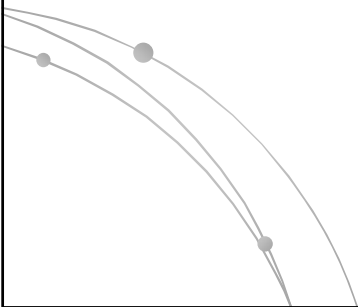
Explaining Anxiety

- **Learning**
 - Fear conditioning
 - Classical conditioning / operant conditioning
 - Observational conditioning
- **Biological**
 - Natural selection
 - Easy to condition, hard to extinguish fears
 - Snakes, spiders, darkness, enclosed spaces
 - Genes
 - Predisposition to anxiety disorders is familial
 - Brain
 - Structural differences in the anterior cingulate cortex, amygdala
 - Neurotransmitter levels – GABA (anxiety), serotonin (OCD, panic disorders)

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Mood Disorders

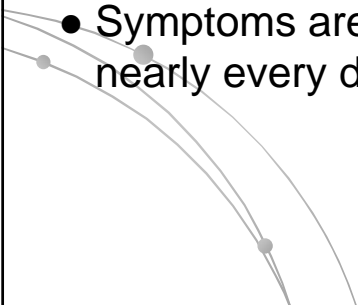
- Major Depressive Disorder
- Bi-Polar disorder



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Major Depression

- At least 5 of the following 9 symptoms
 - presented during the same period
 - represent a change from previous functioning
- Symptoms are present most of the day, nearly every day for at least 2 weeks.



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Major Depression

- **Depressed Mood**

- most of the day, nearly every day.
- may be irritability in children/ adolescents

And/Or

- **Markedly diminished interest or pleasure in almost all activities**

- most of the day, nearly every day
- subjective account or observation by others

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Major Depression

- **Decrease/increase in appetite**
 - Significant weight loss/gain (5% in a month)
- **Insomnia/hypersomnia**
- **Psychomotor agitation/retardation.**
- **Fatigue (loss of energy).**
- **Feelings of worthlessness (guilt).**
- **Impaired concentration/indecisiveness**
- **Recurrent thoughts of death or suicide.**

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Risk Factors for Depression

- **Gender:** 20-25% for women, 12% for men (lifetime)
- **Age:** Onset (ages 20 – 40). Mid-20's on average.
- **Previous episode:** ~ Half will experience it again.
- **Poor Health/Medical Disorders**
- **Little or No social Support**
- **Stressful Life Events:** Loss, trauma, transitions
- **Psychological Factors:** Perfectionism
- **Family History**

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Bi-polar disorder

- Some experience both the lows of depression, as well as the opposite emotional extreme – mania
 - Hyperactivity, euphoria, talkative, energetic

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Explaining Mood Disorders

- Biological perspective
 - 50% chance of MZ twin having depression after other twin is diagnosed, 70% for bipolar disorder
 - Neurotransmitter levels
 - Norepinephrine
 - Serotonin
 - Serotonin-selective reuptake inhibitors (SSRI's)

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Explaining Mood Disorders

- Social-cognitive perspective
 - Depression triggered by environment
 - the way that we and others think about our problems impacts our level of depression
 - External vs. internal attributions
 - Individualism vs. collectivism – personal responsibility, lack of close social network.
 - Cycle of depression
 - Negative, stressful event
 - Ruminating, pessimistic appraisal
 - Hopeless, depressed state
 - Future negative, stressful events

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Schizophrenia

- 1 in 100 affected, 24 million worldwide
- Symptoms:
 - **Negative symptoms** (things that are *missing*)
 - Disorganized thinking
 - “tangential” – thoughts that start in one place, but quickly jump from subject to subject, typically those that only share a very slight relationship with the original subject
 - Emotional disturbances
 - Flat affect: lack of emotional expression – apathetic
 - Inappropriate displays: tendency to make an emotional reaction that doesn’t fit the situation

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Schizophrenia

- **Positive symptoms:** (things that are *added*)
 - Delusions – false beliefs about the world
 - Grandeur: beliefs that you are someone that is exceptionally important, sometimes even a specific famous person
 - Persecution: beliefs that others are making plans against you or that others are out to get you.
 - Hallucinations: perceptions without sensations from the outside world.
 - Auditory most common
 - Visual more rare, still occasionally occur

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Explaining Schizophrenia

- Neurotransmitters:
 - Dopamine has been linked to schizophrenia for almost 50 years
 - LSD causes symptoms similar to schizophrenia, and is known to mimic dopamine at receptor sites
 - If symptoms are similar, perhaps dopamine is at the heart of both?
 - BUT: dopamine blockers don't remove the symptoms entirely
 - Glutamate: possible alternative neurotransmitter associated with sz.

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Explaining Schizophrenia

- Brain organization
 - Differences found in:
 - Frontal lobe: reasoning, planning, problem solving
 - Thalamus: integrating sensory stimuli, filtering input and focusing attention?
 - Amygdala: emotion
- Virus model
 - Strong relationship between pre-natal illness and subsequent schizophrenia
 - 2nd trimester flu infections: doubled odds of sz (1% - 2%)
 - Winter births, hemispheric difference
 - Flu epidemics

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Explaining Schizophrenia

- Genetics
 - 1 in 10 odds of sz if first-degree relative
 - 6 in 10 if MZ twin shared placenta, 1 in 10 if not – germs?
 - **Diathesis-stress:** biological predisposition to sz doesn't guarantee illness – need stressful life experience to trigger the episode

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Personality Disorders

- patterns of behavior that impair one's normal social functioning
- assessed by MMPI, clinical interview
 - antisocial personality disorder
 - lack of conscience for wrongdoing, emotional connection with others, and unusual reactions to stress – not affected by stress as strongly.
 - frontal lobe differences: long-term planning, reasoning, impulse control
 - avoidant personality disorder
 - histrionic personality disorder
 - schizoid personality disorder

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ADHD

- Attention Deficit Hyperactivity Disorder
 - **Inattention**
 - Makes careless mistakes, distractible, forgetful, disorganized
 - **Hyperactivity**
 - fidgeting, restless, talkative
 - **Impulsivity**
 - interrupting, long – term planning, difficulty taking turns

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ADHD

- 3-7% of elementary school children
- 10% children 13-17 reported taking medication for ADHD (Mason, 2005).
- Male to female ratio is 3:1
- Mitigates to some extent with age
 - Prevalence in adults difficult to determine – external behaviors less noticeable, may be internalizing feelings of restlessness.

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Substance Abuse

At least one of the following in 12 months

1. recurrent substance use resulting a failure to fulfill major obligations
 - missing work or school, doing a bad job at work or failing a course because of substance use
2. physically dangerous recurrent substance use
 - driving while drunk
3. recurrent substance-related legal problems
4. continued use despite persistent social or interpersonal problems resulting from the substance use

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Substance Dependence

At least three of the following in a 12-month period

1. tolerance
 - a. needing increasing amounts of substance to achieve desired effect **or**
 - b. diminished effect with continued use of the same amount of substance
2. withdrawal
 - a. withdrawal syndrome (specific to substance) **or**
 - b. substance taken to relieve withdrawal symptoms
3. substance taken in larger amounts or over longer period than intended

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Substance Dependence

4. persistent desire or unsuccessful efforts stop
5. significant time spent trying to obtain substance, use substance, or recover from effects
6. giving up important activities because of substance use
7. continued use despite knowledge that it is causing or exacerbating a physical or psychological problem

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Treatment

- psychoanalysis:
 - understanding repressed impulses, conflicts, and traumatic experiences.
 - conflict between id-ego-superego needs to be rectified
 - free association, projective testing, dream analysis
- psychodynamic therapy
 - looks for patterns in relationships, as well as thoughts and feelings that they are not expressing that may be altering their behavior

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Treatment

- humanistic:
 - Attempts to bolster an individual's sense of self-esteem, self-acceptance, and self-awareness
 - Based on the idea that we are all essentially good natured, and that by connecting with ourselves and taking responsibility for our actions, that we can all achieve happiness.
 - client-centered: not based on the interpretation of the therapist, only the self-perceptions of the client.
 - genuineness, acceptance, and empathy
 - what about people who need a kick in the pants?

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Treatment

- behavioral:
 - applies principles of learning theory to help alleviate problem behaviors
 - works well for bad habits, phobias, addictions
 - counterconditioning – pairs the old stimulus with something new and healthier
 - cigarettes and coffee – coffee not drank outside in the morning, but in the car
 - systematic desensitization – slowly acclimates a person to something that once produced anxiety.
 - fear of flying: talk about flying, watch videos of flights, imagine flying, sit on plane, fly.

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Treatment

- drug therapies
 - psychopharmacology: the use of pharmaceuticals to treat psychiatric conditions.
 - anti-psychotics (Thorazine, colzapine, Risperdal, Zyprexa) – dopamine receptor blockers
 - anti-anxiety (Xanax, activan, valium) – depress the central nervous system, leading to a relaxed state.
 - anti-depressants (Prozac, Zoloft, Paxil) – SSRIs (selective sereotonin reuptake inhibitors)
 - mood stablizers: (lithium) used to manage mood shifts, such as in bipolar disorder
 - Concerns about use: serotonin – aspirin deficiency

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“Treatment”

- Lobotomy
 - introduced by Egas Moniz in the early 30s
 - Moniz – won Nobel prize (bugged friends)
 - popularized by Walter Freeman in the US
 - inventor of the surgical icepick
 - Used ECT to anesthetize patients: hotel lamp, Yankton, SD.
 - 3,500 lobotomies
 - Rose Kennedy

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