

Chapter 15:

Three Criteria defining psychological disorders:

1. Deviant (Different from the norm)
2. Distressing (leads to discomfort)
3. Dysfunctional (problem interferes with one's life)

Diagnostic and Statistical Manual (DSM)

- Disorders classified into one of two categories:
- Axis I disorders- the major clinical syndromes that cause significant impairment (people feel like something is wrong with them)
- Axis II disorders- the more long-standing personality disorders (family or friends feel like something is wrong)

Anxiety disorders

- Affect 29% of the US population
 - Anxiety is out of proportion to the situation and interferes with daily functioning
 - Evolutionary perspective- avoiding harm, paying attention to details, minimizing complacency
1. Generalized anxiety disorder- state of pervasive and excessive anxiety lasting at least 6 months (more common in women) (anxiety is lifelong and beginning point is usually indeterminable)
 2. Panic attacks- brief episodes of anxiety associated with perceptions of threat (fear of danger, inability to escape, embarrassment, specific objects)
 3. Panic disorder- an anxiety disorder characterized by panic attacks and persistent anxiety about having more
 4. Agoraphobia- a fear of being in places from which escape might be difficult should a panic attack occur (being trapped)
 5. Post traumatic stress disorder (PTSD)- an anxiety disorder triggered by exposure to a specific event that poses serious harm or threat (Re-experiencing the trauma, avoiding thoughts, feeling and activities associated, increased arousal)
 6. Phobia- a persistent and unreasonable fear of a particular object, situation, or activity
 7. Social anxiety disorder (social phobia)- fear of humiliation in the presence of others, characterized by intense self-consciousness about appearance and/or behavior
 8. Obsessive-compulsive disorder (OCD)- an anxiety disorder in which obsessive thoughts lead to compulsive behavior (Obsession and Compulsion)

Nature/nurture of anxiety disorders

- Diathesis-stress model- origins of psych disorders as a combination of biological predispositions plus stress in the environment
- Three Biological factors

1. Deficiencies in GABA neurotransmitter
2. Genetic heritage
3. Personality

Mood disorders- characterized by disturbances in emotional behavior that inhibit daily functioning

- Fetuses exposed to alcohol have increased risk
- Genetic component is complex
- Brains may show abnormalities in: PFC, Amygdala, Hippocampus, Basal ganglia
- Low levels of serotonin and alternating levels of norepinephrine

Two major forms:

1. Depression- Major Depressive Disorder, pervasive low mood, lack of motivation, low energy, and feelings of worthlessness (Must last at least 2 consecutive weeks)
Dysthymia- form of depression that is milder in intensity but longer in duration (Depression can lead to suicide, abusive and extremely stressful environments, biological dispositions, personality traits)
2. Bipolar disorder (Manic)- mood disorder characterized by substantial mood fluctuations, cycling between very low and very high moods (includes periods of depression and periods of mania)

Manic episodes- very high mood of bipolar disorder involving:

- Increased energy, sex drive, and sleeplessness
- Euphoria
- Irritability
- Delusions of grandeur
- Racing thoughts
- Start as pleasant but spiral out of control
- Manic episodes occur less frequently than depressive episodes in bipolar disorder
- Affects men and women in equal proportions

Cyclothymia- a relatively mild but long lasting form of bipolar disorder (like dysthymia for MDD)

Schizophrenia- psychotic disorder characterized by disturbances in thought and emotion, specifically with perception

- Diagnosis:
- Delusions
- Hallucinations
- Disorganized speech, grossly disorganized behavior, negative symptoms
- At least one for 6 months and two present during 6 months
- Facts:
- Not different personalities
- Myth: people are dangerous, not live productive lives, cannot get better

- Withdraw from society
- Abuse and neglect in childhood increase likelihood of suffering from schizophrenia later
- Heritability rate: 80-85%
- Causes: maternal infections, structural differences in the brain, role of dopamine

Positive symptoms- Hallucinations, delusional thinking, disorganized thought/speech

Negative symptoms- flat affect, no responsiveness, catatonia, and inability to complete tasks

Cognitive symptoms- working memory, attention, verbal/visual learning and memory, reasoning and problem solving, speech (**word salad**)

Psychotic disorders- disorders of thought and perception, characterized by inability to distinguish between what is real and what is imagined

Dissociative disorders- psychological disorders characterized by extreme splits in memory, identity, or consciousness (caused by a highly traumatic experience and biological predispositions)

Dissociative identity disorder (DID)- disorder in which a person develops at least two distinct personalities (symptoms: Amnesia, self-destructive behaviors, auditory hallucinations)

Somatoform disorders- disorders that take bodily or physical form and mimic physical diseases but have no medical basis

Somatization disorder- disorder in which a person complains of multiple physical disorders that have no known medical or physical basis (Criteria: History, 4 pain spots, 2 gastrointestinal problems other than pain, 1 sexual symptom, 1 pseudo neurological symptom)

Hypochondriasis- pervasive and debilitating fear of suffering from serious physical illness (Ex. Having a cold, thinking they have cancer)(obsession with, misperception of, and exaggeration of physical symptoms of a disease)

Cyberchondriacs- looking on the internet and thinking you're diagnosed by something

Personality disorders (DSM-Axis II)- patterns of maladaptive and inflexible cognitions, emotions, and behavior (develop in later childhood, early adolescence) (thoughts, feelings, and behavior are extreme variants found in healthy functioning people)

Three Clusters:

1. **Cluster A: Odd eccentric**

- **Schizoid personality disorder**- avoid close relationships, emotional aloofness, reclusively, and lack of humor
- **Schizotypal personality disorder**- live in isolation with social contact and odd thoughts/beliefs (magical thinking- believe they can tell the future/ read minds)
- **Paranoid personality disorder**- characterized by extreme suspicions of others (believe people are out to get them)