


**General Psychology**  
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Chapter 15: Behavioral (Psychological) Disorders



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**Chapter Outline**

- ▲ **Defining abnormality**
- ▲ **Historical perspectives on abnormality**
- ▲ **Classifying/identifying disorders**
- ▲ **Behavioral (Psychological) Disorders**
  - ▲ Anxiety Disorders
  - ▲ Mood Disorders
  - ▲ Personality Disorders
  - ▲ Somatoform Disorders
  - ▲ Dissociative Disorders
  - ▲ Schizophrenia



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**Psychological Disorders**

- ▲ **Psychological Disorders: Maladaptive patterns of behavior that cause distress**
  - ▲ Where does one draw the line between normality and abnormality?
  - ▲ How do therapists identify the disorders?
  - ▲ What are the symptoms and causes of these disorders?
  - ▲ How prevalent are the major disorders?



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### Characteristics of Disorders (4-Ds)

- ▲ **Deviance (atypicality)- deviate from the norm**
  - ▲ hearing voices, having many personalities
- ▲ **Dysfunction- interfere with normal functioning**
  - ▲ can't leave the house, cannot accomplish daily living tasks
- ▲ **Distress to oneself or others**
  - ▲ severe depression, unexplained anxiety, personality disorders (often others suffer)
- ▲ **Danger to self or others**
  - ▲ pedophilia, drug addictions, suicide



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### Intern's Syndrome

- ▲ Many symptoms resemble life's normal little problems
- ▲ People studying illnesses often start thinking they have those illnesses
- ▲ Don't engage in "self-diagnosis" as a result of studying this material



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### Historical Approaches to Abnormality

- ▲ **Ancient World**
  - ▲ evil spirits, imbalance of body fluids
  - ▲ Hippocrates/Galen
  - ▲ trephining
- ▲ **Middle Ages**
  - ▲ supernatural forces, forces of the moon
- ▲ **Modern Times**
  - ▲ biological (medical perspective), psychological (learning and psychodynamic), sociocultural, diathesis-stress, developmental psychopathology perspectives
  - ▲ State hospitals – founded mid-late 1800s
    - ▲ Downsizing for many years



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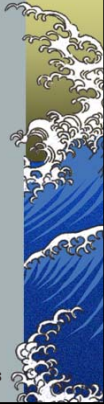
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## Identifying Disorders

- ▲ **DSM-IV-TR (2000)- Diagnostic and Statistical Manual of Mental Disorders- IV**
  - ▲ Over 300 disorders are grouped into 17 major families
  - ▲ describes symptoms, onset, and prevalence
    - ▲ Improvements from earlier versions
      - ▲ more empirical- based on published research
      - ▲ greater focus on cultural factors
  - ▲ **Assessment Interviews-** seek information on past and present behaviors and problems
  - ▲ **Behavioral Assessment-** observe behavior, possibly in multiple settings

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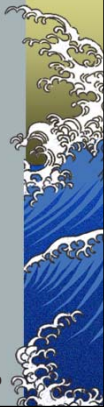
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## Anxiety Disorders

- ▲ **Panic Disorder-** recurrent unexpected panic attacks (chest pains, sweating, trembling, shaking, nausea, dizziness, choking)
- ▲ **Phobias-** persistent irrational fear of a specific object or situation
  - ▲ agoraphobia- avoid public places for fear of getting a panic attack
- ▲ **Obsessive-Compulsive (OCD)-** anxiety characterized by unwanted repetitive thoughts (obsessions) and beh. (compulsions)

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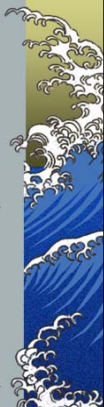
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## Anxiety Disorders (cont.)

- ▲ **Post-Traumatic Stress (PTSD)-** reliving traumatic events
- ▲ **Causes**
  - ▲ misinterpret bodily sensations as more dangerous than they really are
  - ▲ low levels of GABA/serotonin functioning
  - ▲ OCD- obsessions increase anxiety and compulsions decrease anxiety
  - ▲ PTSD- negative coping strategies

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## Mood Disorders

- ▲ **Major Depression (unipolar)**- extreme sadness, loss of energy, loss of interest in activities, thoughts of suicide
- ▲ **Bipolar Disorder**- mood swings of depression and mania (excessive activity, flight of ideas, impulsivity)
- ▲ **Causes**
  - ▲ genetic factors- runs in families
  - ▲ chemical imbalance- low levels of serotonin
  - ▲ learned helplessness- belief one has no control over events
  - ▲ negative explanatory style- tendency to bring negative thoughts to mind

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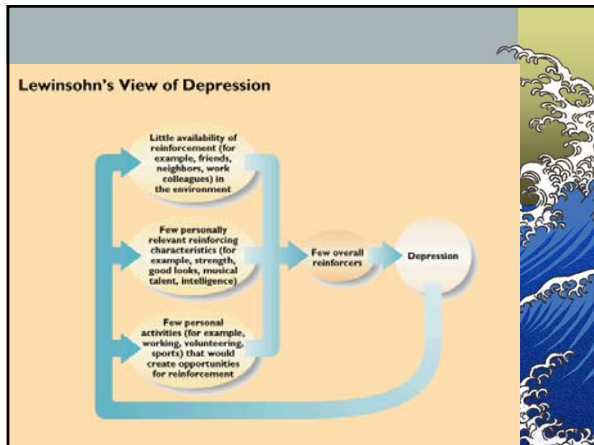
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## Personality Disorders

- ▲ **Three clusters of disorders**
- ▲ **Paranoid**- suspicious and mistrusting of others
- ▲ **Borderline**- extremely unstable in moods and self-image
- ▲ **Histrionic**- intense craving for attention
- ▲ **Antisocial**- deceitful, impulsive, lack of remorse
  - ▲ inability to delay gratification
  - ▲ low levels of serotonin
  - ▲ less sensitive to negative emotions
- ▲ serial killers are often diagnosed with antisocial personality disorder

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## Somatoform Disorders

- ▲ characterized by bodily symptoms with no apparent physical cause
- ▲ **Conversion disorder (Freud)**- unexplained physical impairments such as blindness or paralysis
- ▲ **Hypochondriasis**- preoccupation that one has a serious disease
- ▲ **Somatization Disorder**- history of many physical complaints
- ▲ **Causes**
  - ▲ misinterpret routine problems as more severe
  - ▲ unacceptable impulses converted into bodily symptoms
  - ▲ reinforcement- attention from others
  - ▲ behaviors fit in with health-related goals



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## Dissociative Disorders

- ▲ characterized by profound losses of memory or identity
- ▲ **Dissociative Amnesia**- selective memory loss of traumatic events
- ▲ **Dissociative Fugue (“flight”)**- assume new identity
- ▲ **Dissociative Identity Disorder (formerly MPD)**- having two or more distinct, alternating personalities
- ▲ **Causes**
  - ▲ severe childhood abuse
  - ▲ escape from some traumatic event
  - ▲ develop new personalities to cope with abuse



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## Schizophrenia

- ▲ global impairment in thinking, feeling, and behaving
- ▲ **positive symptoms** (normally absent)
  - ▲ delusions- false beliefs
  - ▲ hallucinations- hearing voices
  - ▲ disorganized, incoherent speech
  - ▲ inability to ignore irrelevant stimuli
- ▲ **negative symptoms** (normally present)
  - ▲ absence of emotions (flat affect)
  - ▲ withdrawal, apathy
  - ▲ lack self-care



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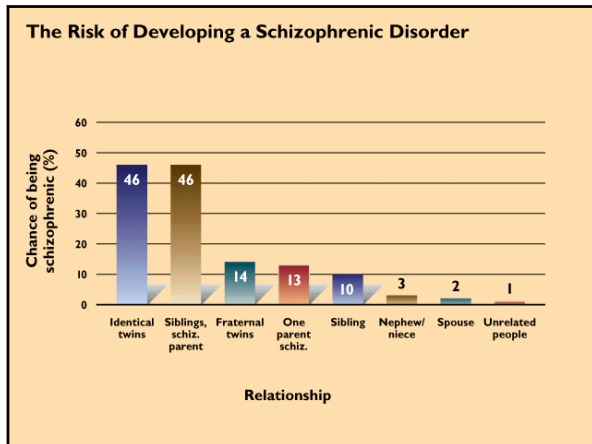
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## Schizophrenia (cont'd)

- ▲ **Types**
  - ▲ **catatonic**- immobile, repetitive chatter
  - ▲ **paranoid**- extensive delusions of persecution
  - ▲ **disorganized**- combination of all symptoms
  - ▲ **undifferentiated**- no distinguishable group of symptoms
  - ▲ **residual**- less intense symptoms
- ▲ **Causes**
  - ▲ genetic relatedness
  - ▲ enlarged fluid-filled ventricles/pruning
  - ▲ breakdown in selective attention/high EE
  - ▲ biochemical - too much dopamine

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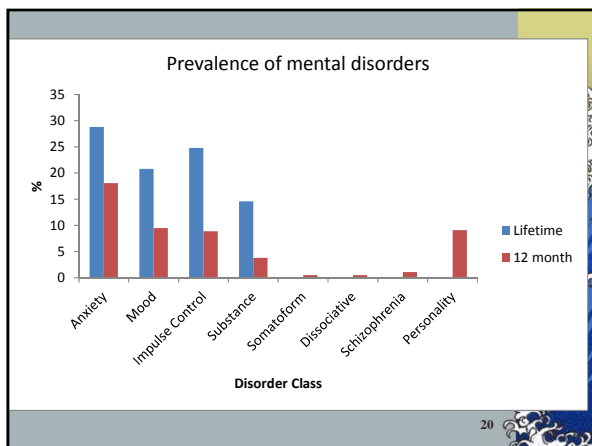
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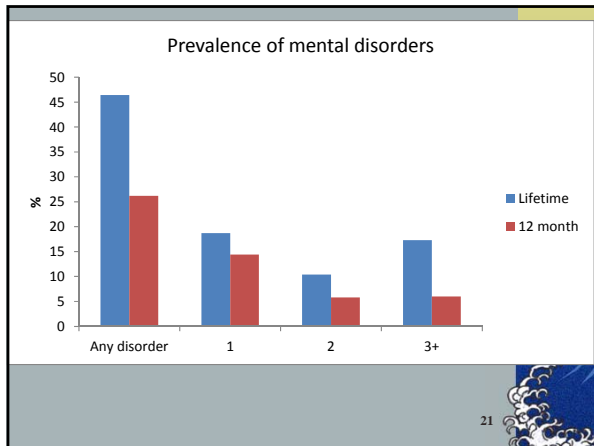
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