

Chapter Review

Psychological Disorders

Key Points

Introduction: Understanding Psychological Disorders

- Distinguishing “normal” from “abnormal” behavior involves consideration of many different factors, including cultural norms. **Psychopathology** refers to the scientific study of the origins, symptoms, and development of psychological disorders.
- A **psychological disorder**, or **mental disorder**, is a pattern of behavioral or psychological symptoms that causes significant personal distress and/or impairs the ability to function. The diagnostic criteria for specific psychological disorders are described in **DSM-IV-TR**.
- The prevalence of psychological disorders is much higher than had previously been thought. According to one comprehensive survey, approximately one in two Americans will experience a psychological disorder at some point in their lifetime, and approximately one in three Americans has experienced the symptoms of a psychological disorder in the previous year.

Anxiety Disorders: Intense Apprehension and Worry

- In contrast to normal anxiety, anxiety disorders consist of irrational and uncontrollable feelings that are unreasonably intense, frequent, persistent, and disruptive.
- **Generalized anxiety disorder (GAD)** and **panic disorder** are characterized by intense anxiety that is not triggered by a specific stimulus. Generalized anxiety disorder involves a constant, persistent state of anxiety. Panic disorder involves sudden episodes of extreme, intense anxiety, which are called **panic attacks**.

- The **phobias** involve intense, irrational fear and avoidance of the feared object or situation. Important forms of phobias include **specific phobia**, **social phobia (social anxiety disorder)**, and **agoraphobia**, which is fear of having a panic attack in a public or inescapable situation. Learning theories and evolved biological predispositions have been offered as explanations of the development of phobias.
- **Posttraumatic stress disorder (PTSD)** develops in response to an extreme psychological or physical trauma. Symptoms include frequent intrusive memories of the trauma, avoidance, emotional numbness, and increased physical arousal.
- **Obsessive-compulsive disorder** is an anxiety disorder in which a person's life is dominated by repetitive thoughts (**obsessions**) and actions (**compulsions**). Biological factors that have been implicated in obsessive-compulsive disorder include serotonin deficiency and brain dysfunction.

Mood Disorders: Emotions Gone Awry

- **Mood disorders**, also called *affective disorders*, involve serious, persistent disturbances in emotions that cause psychological discomfort and/or impair the ability to function.
- The symptoms of **major depression** include negative emotions, extreme pessimism, thoughts of suicide, cognitive impairment, lack of motivation, and sleep disruption for a period of two weeks or longer. **Dysthymic disorder** is a milder but chronic form of depression.
- Major depression is the most common psychological disorder. Left untreated, depression may recur and become progressively more severe. **Seasonal affective disorder (SAD)** generally occurs with the onset of the fall and winter months, and is associated with lesser amounts of sunlight.
- **Bipolar disorder** usually involves periods of depression alternating with **manic episodes**. A milder form of bipolar disorder is **cyclothymic disorder**. Bipolar disorder is less common than major depression.
- Genetics, brain chemistry, and stress have all been implicated in mood disorders. The neurotransmitters serotonin and norepinephrine have been implicated in depression. Another neurotransmitter, glutamate, may be involved in bipolar disorder.

Personality Disorders: Maladaptive Traits

- **Personality disorders** are characterized by inflexible, maladaptive patterns of thoughts, emotions, behavior, and interpersonal functioning. These traits are stable over time and across situations, and deviate from the social and behavioral expectations of the individual's culture.
- Personality disorders are grouped into three clusters: the odd, eccentric cluster; the dramatic, emotional, erratic cluster; and the anxious, fearful cluster.
- **Paranoid personality disorder** is characterized by a pervasive distrust and suspiciousness of the motives of others. Others are perceived as trying to exploit or deceive the person. Inappropriate outbursts of anger, blaming others for the person's own inadequacies, and pathological jealousy are common features of this disorder.
- **Antisocial personality disorder** is characterized by a pervasive pattern of disregarding and violating the rights of others. People with this personality disorder habitually deceive and manipulate others for their own gain. A history of substance abuse, arrests, and other irresponsible behaviors is common. Multiple factors seem to be involved in the development of antisocial personality disorder.
- **Borderline personality disorder** is characterized by instability of interpersonal relationships, self-image, and emotions. Mood swings, impulsive actions, self-destructive tendencies, and substance abuse are common features. Factors that seem to contribute to the development of this disorder include parental neglect or abuse during childhood.

The Dissociative Disorders: Fragmentation of the Self

- **Dissociative experiences** involve a disruption in awareness, memory, and personal identity. In the **dissociative disorders**, however, dissociative experiences are extreme, frequent, and disruptive.
- **Dissociative amnesia** refers to the inability to recall important information that is not due to a medical condition and cannot be explained by ordinary forgetfulness. **Dissociative fugue** involves amnesia and sudden, unexplained travel away from home.

- **Dissociative identity disorder (DID)** involves memory gaps and the presence of two or more distinct identities. Some psychologists are skeptical of dissociative identity disorder. According to one theory, DID is caused by trauma in childhood and represents an extreme form of coping through dissociation.

Schizophrenia: A Different Reality

- **Schizophrenia** is a psychological disorder that involves severely distorted beliefs, perceptions, and thought processes.
- The **positive symptoms** of schizophrenia represent excesses in normal functioning. They include **delusions**, **hallucinations**, and severely disorganized thought processes, speech, and behavior. **Negative symptoms** reflect deficits or decreases in normal functioning. They include flat affect, **alogia**, and **avolition**.
- Three subtypes of schizophrenia are the **paranoid type**, the **catatonic type**, and the **disorganized type**, each of which is distinguished by a particular combination of symptoms. When the pattern of symptoms does not match any of these three subtypes, the diagnosis of **undifferentiated type** is made.
- The course of schizophrenia is highly variable. Schizophrenia becomes chronic in about one-half of the people who experience a schizophrenic episode. About one-quarter recover completely, and about one-quarter experience recurrent episodes but are able to function with minimal impairment.
- Family, twin, and adoption studies have shown that genetics contributes to the development of schizophrenia. However, studies of identical twins demonstrate that nongenetic factors play at least an equal role in the development of schizophrenia. The risk of schizophrenia is higher in the offspring of older fathers.
- **Excess dopamine—the dopamine hypothesis**—and abnormalities in brain structure and function have been identified as factors associated with schizophrenia.
- Environmental factors that may be involved in schizophrenia include exposure to a virus during prenatal development and a psychologically unhealthy family environment. Adopted children who were genetically at risk to develop schizophrenia were found to be less likely to develop the disorder when raised in a psychologically healthy family.