SECTION 1
WHAT ARE PSYCHOLOGICAL DISORDERS?

Main Idea
Psychologists draw the line between normal and abnormal behavior in practice by looking at various attempts to define abnormal behavior, adjustments, and psychological health.

Objectives
- Define psychological disorder.
- Distinguish between the concepts of normality and abnormality.

Defining and Identifying Psychological Disorders
- Considerations:
  - Some people only appear normal.
  - The cultural context of behavior must be taken into consideration.

- Deviation definitions:
  - Normal—whatever most people do.
  - Abnormal—any deviation from the average or from the majority.

- Adjustment definitions:
  - Normal—people who are able to get along in the world—physically, emotionally, and socially.
  - Abnormal—people who fail to adjust.

- Psychological health definitions:
  - Normal—people who function ideally or who are at least striving toward ideal functioning (also called self actualization).
  - Abnormal—people who are mentally ill.

- Since definitions of abnormality are somewhat arbitrary, some theorists have concluded that labeling a person as mentally ill simply because his or her behavior is odd is a mistake as well as cruel and irresponsible.

The Problem of Classification
- In 1952 the American Psychiatric Association agreed upon a system for classifying abnormal symptoms, which it published in the Diagnostic and Statistical Manual of Mental Disorders, or DSM.

- It has been revised five times.

- Within each diagnostic category of the DSM-IV, the following descriptions are included:
Essential features—characteristics that define disorder.
Associated features—additional features that are usually present.
Information on differential diagnosis—how to distinguish one disorder from another disorders.
Diagnostic criteria—a list of symptoms that must be present for the patient to be given a particular diagnosis.

Five axes are used to describe a person’s mental functioning:

- **Axis I**—used to classify current symptoms into explicitly defined categories.
- **Axis II**—used to describe developmental disorders and long-standing personality disorders or maladaptive traits.
- **Axis III**—used to describe physical disorders or general medical conditions that are potentially relevant to understanding or caring for the person.
- **Axis IV**—used to measure the current stress level at which the person is functioning.
- **Axis V**—used to describe the highest level of adaptive functioning present within the past year.

Three major areas of adaptive functioning:
- Social relations
- Occupational functioning
- Use of leisure time

<table>
<thead>
<tr>
<th>Disorders usually first diagnosed in infancy, childhood, or adolescence</th>
<th>Includes disorders typically arising before adolescence, including attention deficit disorders, mental retardation, and stuttering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delirium, dementia, and other cognitive disorders</td>
<td>Includes disorders of perceptual, memory, and thought distortion that stem from damage to the brain, such as Alzheimer’s disease</td>
</tr>
<tr>
<td>Substance-related disorders</td>
<td>Includes maladaptive use of alcohol and drugs</td>
</tr>
<tr>
<td>Schizophrenia and other psychotic disorders</td>
<td>Characterizes types of schizophrenia and psychotic disorders by symptoms</td>
</tr>
<tr>
<td>Mood disorders</td>
<td>Includes disorders characterized by emotional disturbance, such as depression and bipolar disorder</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>Includes disorders characterized by signs of anxiety, such as panic disorders and phobias</td>
</tr>
<tr>
<td>Somatoform disorders</td>
<td>Includes disorders characterized by somatic symptoms that resemble physical illnesses, such as conversion disorder and hypochondriasis</td>
</tr>
<tr>
<td>Dissociative disorders</td>
<td>Includes disorders that are characterized by sudden and temporary changes in memory, consciousness, identity, and behavior, such as dissociative identity disorder</td>
</tr>
<tr>
<td>Sexual and gender-identity disorders</td>
<td>Includes preferences for unusual acts to achieve sexual arousal and sexual dysfunctions</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>Includes disorders such as anorexia nervosa and bulimia nervosa</td>
</tr>
<tr>
<td>Sleep disorders</td>
<td>Includes disorders associated with sleep, such as insomnia and sleepwalking</td>
</tr>
<tr>
<td>Impulse control disorders</td>
<td>Includes disorders characterized by a tendency to act on impulses that others usually inhibit, such as to gamble excessively or steal</td>
</tr>
</tbody>
</table>


**SECTION 2**

**ANXIETY DISORDER**
Main Idea
Anxiety disorders are marked by excessive fear, caution, and attempts to avoid anxiety.

Objectives
• Identify the behavioral pattern that psychologists label as anxiety disorders.
• Explain what causes anxiety disorders.

Generalized Anxiety Disorders
• Anxiety disorders are the most common type of illness in the United States.
• Some people experience a continuous, generalized anxiety, causing emotional and physical symptoms.

Phobic Disorder
• Phobia
  • A specific phobia can focus on almost anything.
  • A social phobia involves fear of public embarrassment.
  • Phobias range from mild to severe.
  • Most people avoid the situation that they fear.

Panic Disorder
• Panic disorder
  • Panic is a feeling of sudden, helpless terror.

Obsessive-Compulsive Disorder
• Obsession—an uncontrollable pattern of thought.
• Compulsion—repeatedly performed coping behaviors.
• Some people experience both of these together, a condition called obsessive-compulsive disorder.
• Possible causes:
  • These obsessions may serve as diversions from a person’s real fears and their origins and thus may reduce anxiety.
  • Compulsions provide a disturbed person with the evidence that he is at least doing something well.

Post-Traumatic Stress Disorder
• Post-traumatic stress disorder—disorder in which victims of traumatic events experience the original event in the form of dreams or flashbacks.

SECTION 3
SOMATOFORM AND DISSOCIATIVE DISORDERS

Main Idea
The inability to deal with anxiety and stress can lead to somatoform and dissociative disorders.
Objectives
- Identify the behavioral patterns that psychologists label as somatoform disorders.
- Describe the symptoms of dissociative disorders.

Somatoform Disorders
- Somatoform disorders, or hysteria—a condition in which there are physical symptoms with no apparent physical causes.
- Two common somatoform disorders:
  - Conversion disorder
  - Hypochondriasis

Dissociative Disorders
- Dissociate disorder
- Dissociative amnesia
- Dissociate fugue
- Dissociate identity disorder

SECTION 4
SCHIZOPHRENIA AND MOOD DISORDERS

Main Idea
Schizophrenia involves disordered thoughts. Mood disorders involve disturbances in the experience and expressions of depression.

Objectives
- Describe the disorder of schizophrenia.
- Describe several theories that try to explain mood disorders.

What Is Schizophrenia?
- Schizophrenia
- This problem is one of cognition, emotion, perception, and motor functions.
- Many people with schizophrenia also experience:
  - Delusions
  - Hallucinations
  - Incoherence
  - Disturbances of affect
  - Deterioration in normal movement
  - Marked decline in previous levels of functioning
  - Diverted attention

Types of Schizophrenia
- Subtypes of schizophrenia:
  - Paranoid—they experience delusions of grandeur or persecution.
  - Catatonic—they may remain motionless for long periods.
  - Disorganized—symptoms such as incoherent language, inappropriate emotions, and disorganized motor behavior.
• **Remission**—this is applied to anyone whose symptoms are completely gone.
• **Undifferentiated**—the basic symptoms.
• Recovery from schizophrenia is possible, but no real cure exists.

**Causes of Schizophrenia**
• Biological influences—this disorder is likely caused by a combination of genetic, epigenetic, and environmental factors.
  
  • Biochemistry and physiology theories:
  • *Dopamine hypothesis*—an excess of dopamine at selected synapses is related to a diagnosis of schizophrenia.
  • People with schizophrenia usually show signs of deteriorated brain tissue.
  
  • Bad experiences during childhood are not enough to lead to this disorder, but being part of a *pathogenic*, or unhealthful, family may contribute to problems in adult years.
  • The *diathesis-stress hypothesis*—an individual may have inherited a predisposition toward schizophrenia.

**Mood Disorders**
• **Major Depressive Disorder**
  • This disorder is marked by at least four of the following symptoms:
    • Problems with eating, sleeping, thinking, concentrating, or decision-making.
    • Lacking energy.
    • Thinking about suicide.
    • Feeling worthless or guilty.

• **Bipolar disorder**
  • Manic phase—the person has experiences such as elation, extreme confusion, distractibility, and racing thoughts.
  • Depressive phase—the person experiences feelings such as failure, sinfulness, worthlessness, and despair.
  • They may also have intervals of normal behavior.

• **Seasonal Affective Disorder (SAD)**—deep depression in the midst of winter.
  • An increase in the hormone melatonin may play a role.

• Psychological factors underlying mood disorders:
  • Certain personality traits.
  • Amount of social support.
  • Ability to deal with stressful situations.

• Biological factors also play a role in mood disorders.
• Genetic factors and faulty brain structure and function are possible causes too.
People with mood disorders may commit suicide for a number of reasons:
- To escape from physical or emotional pain.
- An effort to end the torment of unacceptable feelings.
- To punish themselves for wrongs they think they think they have committed.
- To punish others who have not perceived their needs.

SECTION 5
PERSONALITY DISORDERS AND DRUG ADDICTION

Main Idea
Personality disorders and drug addiction prohibit normal relationships and normal functioning.

Objectives
- Describe how personality disorders differ from other psychological disorders.
- Explain how drug abuse is a psychological problem.

Personality Disorders
- Personality disorders
- Antisocial personalities
  - Seeking thrills is their major occupation.
  - They are not phased by punishment.
  - Most of these people are conniving.

- Possible reasons for this disorder:
  - Antisocial parents
  - Lack of discipline as a child
  - Dysfunctional nervous system
  - Genetics

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisocial</td>
<td>displays pattern of disregarding and violating the rights of others without feeling remorse</td>
</tr>
<tr>
<td>Dependent</td>
<td>displays pattern of submissiveness and excessive need to be taken care of</td>
</tr>
<tr>
<td>Histrionic</td>
<td>displays excessive emotions; excessively seeks attention</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>has an intense interest in being orderly, having control, and achieving perfection</td>
</tr>
<tr>
<td>Paranoid</td>
<td>distrusts others; perceives others as having evil motives</td>
</tr>
<tr>
<td>Schizotypal</td>
<td>feels intense discomfort in close relationships; has distorted thinking and eccentric behavior</td>
</tr>
</tbody>
</table>
Drug Addiction

- Abuse of drugs involves **psychological dependence**—use of a drug to such an extent that a person feels nervous and anxious without it.
- Drugs can also lead to physiological **addiction**—a pattern of drug abuse characterized by an overwhelming and compulsive desire to obtain and use the drug.
- Addiction causes a physical need, and the person may develop a **tolerance** and can lead to **withdrawal** when use is stopped.

- The country’s most serious drug problem is alcoholism.
  - Alcohol can produce psychological dependence, tolerance, and physiological dependence.
  - Alcoholism may develop from both environmental and genetic factors

- The four stages of a Disease Model of Alcoholism:
  - **Stage I**—the individual drinks and relaxation encourages more drinking.
  - **Stage II**—secret drinking occurs, with blackouts and no memory of drinking.
  - **Stage III**—rationalization to justify the drinking.
  - **Stage IV**—impaired thinking and compulsive drinking.

- This model is no longer favored, however.
- Those supporting the Adaptive Model suggest that choosing to drink is a voluntary process influenced by alcoholism as a response to individual psychological and environmental factors.
- The first step in treating an alcoholic is to help her through the violent withdrawal, called **delirium tremens**, and then to try to make her healthier.
- Treatments may range from drugs, such as **Antabuse**, to psychotherapy.