

General Psychology 203

Psychological Disorders

Introduction: Understanding psychological disorders

What defines a psychological disorder (what is one and what isn't one)?

How dangerous are the mentally ill (Critical Thinking 14.1)?

What is the prevalence of psychological disorders?

Anxiety disorders

General anxiety disorder

Panic attacks and panic disorder

Phobias

Posttraumatic stress disorder

Obsessive-compulsive disorder

Explaining anxiety disorders

Mood disorders

Major depression

Bipolar disorder

Explaining mood disorders

Critical Thinking 14.2: Does smoking cause depression...?

Personality disorders

Paranoid personality disorder

Antisocial personality disorder

Borderline personality disorder

Explaining personality disorders

Dissociative disorders

Dissociative amnesia or fugue

Dissociative identity disorder (multiple personalities)

Explaining dissociative disorders

Schizophrenia

Positive symptoms: presence of delusions, hallucinations, disturbances in sensation, thinking and speech

Negative symptoms: deficits in normal functioning

Culture and human behavior 14.2: Travel Advisory: The Jerusalem...

Types of schizophrenia

Prevalence and explaining schizophrenia

Explaining schizophrenia

Understanding and helping prevent suicide

Some Myths and Misconceptions about Abnormal Behavior

Myth/Misconception	Fact
Abnormal behavior is always bizarre.	The behavior of many people who are diagnosed as having a mental disorder often cannot be distinguished from that of “normal” people. In one case, Jim is an unemployed, single man who says that what really bothers him is that he has a special power. He can influence other people with the way he breathes. This would be considered bizarre. Janet who is depressive, her behavior would not be considered bizarre.
Normal and abnormal behavior are different in kind.	Few, if any, types of behavior displayed by individuals with a mental disorder are unique to them. Abnormal behavior often consists of a poor fit between the behavior and the situation in which it is enacted.
People with a mental disorder are dangerous.	With the exception of a few people, such as those with antisocial personality disorder, most people with a mental disorder are not dangerous.
Once people have a mental disorder, they will never get rid of it.	Most people can be successfully treated for a mental disorder.

Part of a statement by David Satcher, the Surgeon General

Promoting mental health for all Americans will require scientific know-how but even more importantly, a societal resolve that we will make the needed investment. The investment does not call for massive budget; rather, it calls for the willingness of each of us to educate ourselves and others about mental health and mental illness, and thus to confront the attitudes, fears, and misunderstanding that remain as barriers before us. It is my intent that this report will usher in a healthy era of mind and body for the nation.

David Satcher, M.D., Ph.D.
Surgeon General

From the Preface of Mental Health: A Report of the Surgeon General.

You can find it at:

- www.surgeongeneral.gov/library/mental_illness

or for more free information look at:

- www.mentalhealth.org
- www.mentalhealth.org/publications/ordering/cfm

Warning: What knowing about Psychological Disorders Doesn't Allow you to Do!

I am not a clinical psychologist. As you will see, in this chapter, psychological disorders are difficult to diagnose (leave it for the professionals). This chapter is to help you understand people with a psychological disorder. It is difficult to tell the difference between "normal" behavior and "abnormal" behavior.

The first time I took Introductory Psychology, I thought I was schizophrenic. One of the dangers of learning about psychological disorders is that students often think that they have one by looking at the definition of each psychological disorder and find that some of the symptoms apply to themselves.

I always double-check the locks on my car and door, and the stove and worry about small things.

I talk to myself out loud to myself a lot as I try to resolve my own problems. An outsider, it could look like I have a psychological disorder (eg. schizophrenic).

I get depressed for a day sometimes. Is this normal? If it were, when would it become abnormal?

A former student said that she didn't get into the nursing program, her uncle died, and her boyfriend's mother "kicked" her out of the house. She had no emotional response. Is this normal, or a symptom of schizophrenia (flat affect) or a sign of maturity?

If you feel you have any psychological problems, please contact those at:

- Academic Services and Counseling Services
- Student Health Services
- White Bird Clinic 24 hour crisis hotline (687-4000)

Why should you care about psychological disorders?

Common responses are:

Psychological disorders are not that big of a problem--No one I know has a psychological disorder.

Psychological disorders will happen to someone else who is less deserving than me.

Psychological disorders are fairly rare and uncommon.

These are common excuses why not to care, but as a social psychologist, I believe these are poor reasons.

- (1) Why are these poor reasons?
- (2) What are other reasons why you should care about psychological disorders?

What does the National Comorbidity Survey tell us about Psychological Disorders?

Almost one in two adults (48%) had experienced the symptoms of a psychological disorder at some point in their lifetime.

Almost 1/3 (30%) experienced the symptoms of a psychological disorder in the last 12 months.

80% of those who suffered the symptoms of a psychological disorder in the previous year did not seek treatment or help for their symptoms.

What are the possible explanations of these findings?

There is a lack of awareness about psychological disorders.

There is still a stigma attached to seeking treatment for psychological disorders.

There is a lack of awareness and access to mental health services.

There is a lack of financial resources to pay for treatment of psychological services.

Most people seem to weather the symptoms without becoming completely debilitated without professional intervention.

The descriptions of psychological disorders and the guidelines to help prevent suicide are meant to help you provide “psychological first aid”. They do not qualify you as a clinical psychologist to diagnose psychological disorders, or as a suicide prevention expert.

If we look back on Latane and Darley’s decision tree for helping, these guidelines provide you with the means of

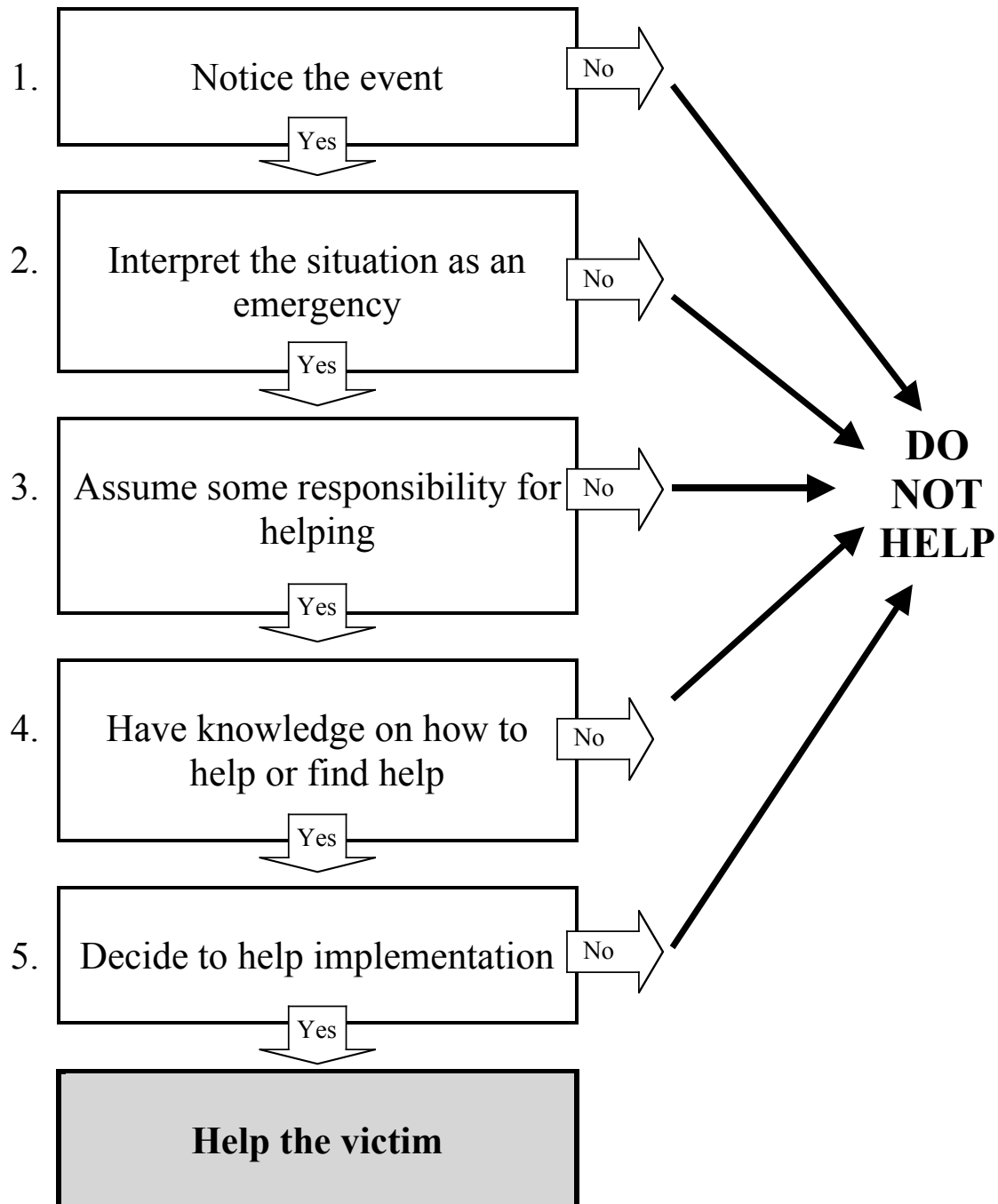
- noticing the event,
- deciding if the situation is an emergency by starting a conversation,
- taking responsibility for helping the person

and implementing that knowledge such as:

- calling White Bird 24-hour crisis number (687-4000)
- visiting Student Health Services

Latané and Darley's Model of Helping Behavior

In order to provide help, one must:



What is Abnormal?

Abnormal behavior is defined as behavior that is deviant, maladaptive, and/or personally distressful.

Deviant: Behavior that is a serious deviation from social norms of that culture.

- For example, washing your hands 4 times an hour, taking 7 showers a day, and cleaning your apartment twice a day is considered deviant.

Maladaptive: Maladaptive behavior interferes with a person's ability to function effectively in the world.

- Believing that you are the leader of the free world and everyone is subservient to you would interfere with your ability to get along with others.

Personal distress: The individual reports of great personal distress.

- The distressed created by obsessive behavior drives a person wash her hands 4 times an hour, take 7 showers a day, and cleans her apartment twice.

Who assesses these criteria?

psychiatrists
clinical psychologists

When abnormal behavior becomes extreme, people are judged to have a psychological disorder. The difficulty in assessing a psychological disorder is

distinguishing between normal behavior and extreme behavior and
the presence or absence of the symptoms.

Check your understanding of the criteria of abnormal behavior by identifying the criteria met by each of the examples below and checking them off in the table provided. Remember, a specific behavior may meet more than one criterion.

1. Alan’s performance at work has suffered because he has been drinking alcohol to excess. Several co-workers have suggested that he seek help for his problem, but he thinks that they’re getting alarmed over nothing. “I just enjoy a good time once in a while,” he says.

2. Monica has gone away to college and feels lonely, sad, and dejected. Her grades are fine, and she gets along okay with the other students in the dormitory, but inside, she’s choked with gloom, hopelessness, and despair.

3. Boris believes that he’s Napoleon reborn. He believes that he is destined to lead the U.S. military forces into a great battle to recover California to space aliens.

4. Natasha panics with anxiety whenever she leaves her home. Her problem escalated gradually until she was absent from work so often that she was fired. She hasn’t been out of her house in nine months and is deeply troubled by her problem.

	Maladaptive Behavior	Deviance	Personal Distress
Alan	x		
Monica			x
Boris		x	
Natasha	x	x	x

What images (mental representations / stereotypes) do we have of those individuals with a psychological disorder?

What are some stereotypes of those who have psychological disorders?

What are the consequences of these stereotypes?

Where do these stereotypes come from?

Is there any rational basis for these stereotypes?

Summary of Critical Thinking 14.1

We see an average of 3 characters/week who are labeled as mentally disabled.

These people are portrayed in two highly negatively stereotypic ways

The mentally disturbed person is helplessly victimized.
The mentally disordered person is an evil villain who is unpredictably dangerous and violent.

In addition,

5% of all “normal” television characters are murderers

20% of all “mentally ill” characters are murders

40% of all “normal” characters are violent

70% of all “mentally ill” characters are violent

Are the stereotypes a reasonable representation of reality? (Are the portrayals of women on television a reasonable representation of reality?)

Ex-mental patients did not have a higher rate of violence than the matched comparison group.

Ex-mental patients who demonstrated symptoms of substance abuse were more likely to engage in violent behavior.

The matched control group who demonstrated symptoms of substance abuse were also more likely to engage in violent behavior.

People with severe mental disorders in which they are experiencing extreme psychological symptoms such as bizarre delusional ideas and hallucinated voices do have a slightly higher level of violent and illegal behavior.

People with a mental disorder is not suffering from hallucinated voices and bizarre delusional ideas is no more likely than the average person to be involved in violent or illegal behavior. Only people currently experiencing psychotic symptoms (such as hallucinations and delusions) are at increased risk of violence. Violence behavior is not related to having been a mental patient or having had psychotic symptoms in the past.

The risk of violent behavior associated with mental illness is far lower than the risks associated with being young, male, poorly educated and intoxicated.