Unit 12:
Abnormal Psychology
Unit Overview

- Perspectives on Psychological Disorders
- Anxiety Disorders
- Somatoform Disorders
- Dissociative Disorders
- Mood Disorders
- Schizophrenia
- Personality Disorders
- Rates of Disorder

Click on the any of the above hyperlinks to go to that section in the presentation.
Introduction

• How should we define psychological disorders?
• How should we understand disorders?
• How should we classify psychological disorders?
Perspectives on Psychological Disorders
Defining Psychological Disorders

- **Psychological disorders**
  - Deviant behavior
  - Distressful behavior
  - Harmful dysfunctional behavior
- Definition varies by context/culture
- **Attention deficit hyperactivity disorder (ADHD)**
Understanding Psychological Disorders

The Medical Model

• Philippe Pinel

• Medical model
  – Mental illness (psychopathology)
Understanding Psychological Disorders

*The Biopsychosocial Approach*

- Interaction of nature and nurture
- Influence of culture on disorders
Classifying Psychological Disorders

- Diagnostic and Statistical Manual of Mental Disorders (DSM)
  - DSM-IV-TR
  - DSM-5

- International Classification of Diseases (ICD-10)

- Criticisms of the DSM
Classifying Psychological Disorders

How Are Psychological Disorders Diagnosed?

Based on assessments, interviews, and observations, many clinicians diagnose by answering the following questions from the five levels, or axes, of the DSM-IV-TR. (Unit numbers in parentheses locate the topics in this text.)

Axis I: Is a Clinical Syndrome present?
HOW ARE PSYCHOLOGICAL DISORDERS DIAGNOSED?

Axis I: Is a Clinical Syndrome present?

Using specifically defined criteria, clinicians may select none, one, or more syndromes from the following list:

- Disorders usually first diagnosed in infancy, childhood, and adolescence
- Delirium, dementia, amnesia, and other cognitive disorders (Unit 9)
- Mental disorders due to a general medical condition (formerly referred to as organic disorders)
- Substance-related disorders (Unit 5)
- Schizophrenia and other psychotic disorders (this unit)
- Mood disorders (this unit)
- Anxiety disorders (this unit)
- Somatoform disorders (this unit)
- Factitious disorders (intentionally faked)
- Dissociative disorders (this unit)
- Eating disorders (Unit 8A)
- Sexual disorders and gender identity disorder
- Sleep disorders (Unit 5)
- Impulse-control disorders not classified elsewhere
- Adjustment disorders
- Other conditions that may be a focus of clinical attention
Classifying Psychological Disorders

**How Are Psychological Disorders Diagnosed?**

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Axis II Is a Personality Disorder or Mental Retardation present?
Clinicians may or may not also select one of these two conditions.
Classifying Psychological Disorders

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Clinicians may or may not also select one of these two conditions.

**Axis III** Is a *General Medical Condition*, such as diabetes, hypertension, or arthritis, also present?
**Classifying Psychological Disorders**

### How Are Psychological Disorders Diagnosed?

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The Biopsychosocial Approach to Psychological Disorders
The Biopsychosocial Approach to Psychological Disorders

Biological influences:
- evolution
- individual genes
- brain structure and chemistry

Psychological disorder
The Biopsychosocial Approach to Psychological Disorders

Biological influences:
- evolution
- individual genes
- brain structure and chemistry

Psychological influences:
- stress
- trauma
- learned helplessness
- mood-related perceptions and memories

Psychological disorder
The Biopsychosocial Approach to Psychological Disorders

**Biological influences:**
- evolution
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- brain structure and chemistry

**Psychological influences:**
- stress
- trauma
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- mood-related perceptions and memories

**Social-cultural influences:**
- roles
- expectations
- definitions of normality and disorder
Labeling Psychological Disorders

• Rosenhan’s study
• Power of labels
  – Preconception can stigmatize
• Insanity label
• Stereotypes of the mentally ill
• Self-fulfilling prophecy
Anxiety Disorders
Anxiety Disorders

- Anxiety disorders
  - Generalized anxiety disorder
  - Panic disorder
  - Phobia
  - Obsessive-compulsive disorder
  - Post-traumatic stress disorder
Generalized Anxiety Disorder

- **Generalized anxiety disorder**
  - 2/3 women
  - Free floating anxiety
Panic Disorder

• **Panic disorder**
  – Panic attacks
Phobias

- Phobias
  - Specific phobia
  - Social phobia
  - Agoraphobia
Phobias

The graph shows the percentage of people surveyed with various phobias. The categories are:

- Being alone
- Storms
- Water
- Close spaces
- Flying
- Blood
- Height
- Animals

The phobia with the highest percentage is Animals, followed by Height and Blood. Being alone has the lowest percentage among the listed phobias.
Phobias

The diagram shows the percentage of people surveyed who experience phobias. The categories include:

- Being alone
- Storms
- Water
- Close spaces
- Flying
- Blood
- Height
- Animals

The chart indicates the following:

- Being alone: Approximately 10% fear
- Storms: Approximately 5% phobia
- Water: Approximately 7% fear
- Close spaces: Approximately 12% fear
- Flying: Approximately 18% fear
- Blood: Approximately 15% fear
- Height: Approximately 22% fear
- Animals: Approximately 25% phobia

The colors blue and green represent fear and phobia, respectively.
Obsessive-Compulsive Disorder

- **Obsessive-compulsive disorder**
  - An obsession versus a compulsion
  - Checkers
  - Hand washers
### Obsessive-Compulsive Disorder

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## Obsessive-Compulsive Disorder

### Common Obsessions and Compulsions Among Children and Adolescents With Obsessive-Compulsive Disorder

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<tr>
<td>Excessive hand washing, bathing, tooth brushing, or grooming</td>
<td>85</td>
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<tr>
<td>Repeating rituals (in/out of a door, up/down from a chair)</td>
<td>51</td>
</tr>
<tr>
<td>Checking doors, locks, appliances, car brakes, homework</td>
<td>46</td>
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Post-Traumatic Stress Disorder

- **Post-traumatic stress disorder**
  - PTSD
  - “shellshock” or “battle fatigue”
  - Not just due to a war situation

- **Post-traumatic growth**
Understanding Anxiety Disorders

The Learning Perspective

• Fear conditioning
  – Stimulus generalization
  – Reinforcement

• Observational learning
Understanding Anxiety Disorders

The Biological Perspective

- Natural selection
- Genes
  - Anxiety gene
  - Glutamate
- The Brain
  - Anterior cingulate cortex
Somatoform Disorders
Somatoform Disorder

- Somatoform disorder
  - Somatic (body)
  - Conversion disorder
  - Hypochondriasis
Dissociative Disorders
Dissociative Disorders

• **Dissociative disorders**
  – Fugue state
  – Dissociate (become separated)
Dissociative Identity Disorder

- **Dissociative identity disorder (DID)**
  - Multiple personality disorder
Understanding Dissociative Identity Disorder

- Genuine disorder or not?
- DID rates
- Therapist’s creation
- Differences are too great
- DID and other disorders
Mood Disorders
Mood Disorders

- Mood disorders
  - Major depressive disorder
  - Bipolar disorder
Major Depressive Disorder

- Major depressive disorder
  - Lethargy
  - Feelings of worthlessness
  - Loss of interest in family and friends
  - Loss of interest in activities
Major Depressive Disorder
Major Depressive Disorder

- Men's already high suicide rate further increases in late adulthood.

Graph showing the increase in U.S. suicides per 100,000 people by age and gender.
Bipolar Disorder

- **Mania** (manic)
  - Overtalkative, overactive, elated, little need for sleep, etc.

- Bipolar disorder and creativity
Understanding Mood Disorders

• Many behavioral and cognitive changes accompany depression
• Depression is widespread
• Compared with men, women are nearly twice as vulnerable to major depression
• Most major depressive episodes self-terminate
• Stressful events related to work, marriage and close relationships often precede depression
• With each new generation, depression is striking earlier and affecting more people
Understanding Mood Disorders

Percentage of 18-to 84-year-olds experiencing major depression at some point in life

- USA
- Edmonton
- Puerto Rico
- Paris
- Germany
- Florence
- Beirut
- Taiwan
- Korea
- New Zealand

- Males
- Females

Around the world, women are more susceptible to depression.
Understanding Mood Disorders

The Biological Perspective

• Genetic Influences
  – Mood disorders run in families
    • Heritability
    • Linkage analysis

• The depressed brain

• Biochemical influences
  – Norepinephrine and serotonin
Understanding Mood Disorders

The Biological Perspective

Depressed state
(May 17)
Understanding Mood Disorders

The Biological Perspective

Depressed state (May 17)

Manic state (May 18)
Understanding Mood Disorders

The Biological Perspective

Depressed state (May 17)

Manic state (May 18)

Depressed state (May 27)
Understanding Mood Disorders

The Social-Cognitive Perspective

- Negative Thoughts and Moods Interact
  - Self-defeating beliefs
    - Learned helplessness
    - Overthinking
  - Explanatory style
    - Stable, global, internal explanations
- Cause versus indicator of depression?
Understanding Mood Disorders

Explanatory Style

Breakup with a boyfriend/girlfriend
Understanding Mood Disorders

Explanatory Style

Breakup with a boyfriend/girlfriend
Understanding Mood Disorders

Explanatory Style

- Breakup with a boyfriend/girlfriend
  - Stable
    - “I'll never get over this.”
Understanding Mood Disorders

*Explanatory Style*

- **Breakup with a boyfriend/girlfriend**
  - **Stable**
    - "I'll never get over this."
  - **Temporary**
    - "This is hard to take, but I will get through this."
Understanding Mood Disorders

Explanatory Style

Breakup with a boyfriend/girlfriend

- Stable
  - "I'll never get over this."
  - Global
    - "Without my boyfriend/girlfriend, I can't seem to do anything right."

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Understanding Mood Disorders

**Explanatory Style**

- **Breakup with a boyfriend/girlfriend**
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  - **Specific**
    - "I miss my boyfriend/girlfriend, but thankfully I have family and other friends."
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    - "This is hard to take, but I will get through this."
Understanding Mood Disorders

Explanatory Style

Breakup with a boyfriend/girlfriend

Stable
“I’ll never get over this.”

Global
“Without my boyfriend/girlfriend, I can't seem to do anything right.”

Internal
“Our breakup was all my fault.”

Temporary
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Understanding Mood Disorders

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  - External
    - "It takes two to make a relationship work and it wasn't meant to be."
Understanding Mood Disorders

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Successful coping
Understanding Mood Disorders

The Social-Cognitive Perspective

• Depression’s Vicious Cycle
  – Stressful experience
  – Negative explanatory style
  – Depressed mood
  – Cognitive and behavioral changes
Understanding Mood Disorders
The Vicious Cycle of Depression

1. Stressful experiences
Understanding Mood Disorders

The Vicious Cycle of Depression

1. Stressful experiences
2. Negative explanatory style
Understanding Mood Disorders

The Vicious Cycle of Depression

1. Stressful experiences
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3. Depressed mood
Understanding Mood Disorders

The Vicious Cycle of Depression

1. Stressful experiences
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4. Cognitive and behavioral changes
Biopsychosocial Approach to Depression
Biopsychosocial Approach to Depression

Biological influences:
- genetic predispositions
- changes in brain chemistry
- brain damage due to stress and other factors

Depressed mood
Biopsychosocial Approach to Depression

**Biological influences:**
- genetic predispositions
- changes in brain chemistry
- brain damage due to stress and other factors

**Psychological influences:**
- negative explanatory style
- learned helplessness
- gender differences

Depressed mood

Arrows indicate the interconnections between biological, psychological, and depressed mood influences.
Biopsychosocial Approach to Depression

**Biological influences:**
- genetic predispositions
- changes in brain chemistry
- brain damage due to stress and other factors

**Psychological influences:**
- negative explanatory style
- learned helplessness
- gender differences

**Social-cultural influences:**
- traumatic/negative events
- cultural expectations
- depression-evoked responses

**Depressed mood**
Schizophrenia
Symptoms of Schizophrenia

- **Schizophrenia** (split mind)
  - Not multiple personalities
Symptoms of Schizophrenia

*Disorganized Thinking*

- Disorganized thinking
  - **Delusions**
    - Delusions of persecution (paranoid)
  - Breakdown in selective attention
Symptoms of Schizophrenia

**Disturbed Perceptions**

- Disturbed perceptions
  - Hallucinations
    - hearing voices
Symptoms of Schizophrenia

*Inappropriate Emotions and Actions*

- Inappropriate Emotions
  - Flat affect

- Inappropriate Actions
  - Catatonia
  - Disruptive social behavior
Types of Schizophrenia

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<td>Residual</td>
<td>Withdrawal, after hallucinations and delusions have disappeared</td>
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Onset and Development

• Statistics on schizophrenia
• Onset of the disease
• Positive versus negative symptoms
• Chronic (process) schizophrenia
• Acute (reactive) schizophrenia
Understanding Schizophrenia

*Brain Abnormalities*

- Dopamine Overactivity
  - Dopamine – D4 dopamine receptor
  - Dopamine blocking drugs
- Glutamate
Understanding Schizophrenia

*Brain Abnormalities*

• Abnormal Brain Activity and Anatomy
  – Frontal lobe and core brain activity
  – Fluid filled areas of the brain
Understanding Schizophrenia

**Brain Abnormalities**

- Maternal Virus During Pregnancy
  - Studies on maternal activity and schizophrenia
  - Influence of the flu during pregnancy
Understanding Schizophrenia

Genetic Factors

- Genetic predisposition
- Twin studies
- Genetics and environmental influences
Understanding Schizophrenia

*Psychological Factors*

- Possible warning signs
  - Mother severely schizophrenic
  - Birth complications (low weight/oxygen deprivation)
  - Separation from parents
  - Short attention span
  - Poor muscle coordination
  - Disruptive or withdrawn behavior
  - Emotional unpredictability
  - Poor peer relations and solo play
Personality Disorders
Personality Disorders

- Personality disorders
  - Anxiety cluster
  - Eccentric cluster
  - Dramatic/impulsive cluster
Antisocial Personality Disorder

- **Antisocial personality disorder**
  - Sociopath or psychopath

- Understanding antisocial personality disorder
Rates of Disorder
Rates of Disorder

- Mental health statistics
- Influence of poverty
- Other factors

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<td>3.1</td>
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<tr>
<td>Social phobia</td>
<td>6.8</td>
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<tr>
<td>Phobia of specific object or situation</td>
<td>8.7</td>
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<tr>
<td>Mood disorder</td>
<td>9.5</td>
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<tr>
<td>Obsessive-compulsive disorder</td>
<td>1.0</td>
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<tr>
<td>Schizophrenia</td>
<td>1.1</td>
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<td>Post-traumatic stress disorder (PTSD)</td>
<td>3.5</td>
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<tr>
<td>Attention-deficit hyperactivity disorder (ADHD)</td>
<td>4.1</td>
</tr>
<tr>
<td>Any mental disorder</td>
<td>26.2</td>
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The End
Teacher Information

• **Types of Files**
  – This presentation has been saved as a “basic” Powerpoint file. While this file format placed a few limitations on the presentation, it insured the file would be compatible with the many versions of Powerpoint teachers use. To add functionality to the presentation, teachers may want to save the file for their specific version of Powerpoint.

• **Animation**
  – Once again, to insure compatibility with all versions of Powerpoint, none of the slides are animated. To increase student interest, it is suggested teachers animate the slides wherever possible.

• **Adding slides to this presentation**
  – Teachers are encouraged to adapt this presentation to their personal teaching style. To help keep a sense of continuity, blank slides which can be copied and pasted to a specific location in the presentation follow this “Teacher Information” section.
Teacher Information

- **Hyperlink Slides** - This presentation contains two types of hyperlinks. Hyperlinks can be identified by the text being underlined and a different color (usually purple).
  
  - **Unit subsections hyperlinks**: Immediately after the unit title slide, a page (slide #3) can be found listing all of the unit’s subsections. While in slide show mode, clicking on any of these hyperlinks will take the user directly to the beginning of that subsection. This allows teachers quick access to each subsection.
  
  - **Bold print term hyperlinks**: Every bold print term from the unit is included in this presentation as a hyperlink. While in slide show mode, clicking on any of the hyperlinks will take the user to a slide containing the formal definition of the term. Clicking on the “arrow” in the bottom left corner of the definition slide will take the user back to the original point in the presentation.

These hyperlinks were included for teachers who want students to see or copy down the exact definition as stated in the text. Most teachers prefer the definitions not be included to prevent students from only “copying down what is on the screen” and not actively listening to the presentation.

For teachers who continually use the Bold Print Term Hyperlinks option, please contact the author using the email address on the next slide to learn a technique to expedite the returning to the original point in the presentation.
Teacher Information

• Continuity slides
  – Throughout this presentation there are slides, usually of graphics or tables, that build on one another. These are included for three purposes.
    • By presenting information in small chunks, students will find it easier to process and remember the concepts.
    • By continually changing slides, students will stay interested in the presentation.
    • To facilitate class discussion and critical thinking. Students should be encouraged to think about “what might come next” in the series of slides.

• Please feel free to contact me at kkorek@germantown.k12.wi.us with any questions, concerns, suggestions, etc. regarding these presentations.
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Use this slide to add a table, chart, clip art, picture, diagram, or video clip. Delete this box when finished
Definition Slide

= add definition here
Definition

Slides
Psychological Disorder

= deviant, distressful, and dysfunctional patterns of thoughts, feelings, or behaviors.
Attention-deficit Hyperactivity Disorder (ADHD)

= a psychological disorder marked by the appearance by age 7 of one or more of three key symptoms; extreme inattention, hyperactivity, and impulsivity.
Medical Model

= the concept that diseases, in this case psychological disorders, have physical causes that can be diagnosed, treated, and, in most cases, cured often through treatment in a hospital.
DSM-IV-TR

= the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, updated as of 2000 “text revision”; a widely used system for classifying psychological disorders.
Anxiety Disorders

= psychological disorders characterized by distressing, persistent anxiety or maladaptive behaviors that reduce anxiety.
Generalized Anxiety Disorder

= an anxiety disorder in which a person is continually tense, apprehensive, and in a state of autonomic nervous system arousal.
Panic Disorder

= an anxiety disorder marked by unpredictable minutes-long episodes of intense dread in which a person experiences terror and accompanying chest pain, choking, or other frightening sensations.
Phobia

= an anxiety disorder marked by a persistent, irrational fear and avoidance of a specific object, activity, or situation.
Obsessive-compulsive Disorder (OCD)

= an anxiety disorder characterized by unwanted repetitive thoughts (obsessions) and/or actions (compulsions).
Post-traumatic Stress Disorder (PTSD)

= an anxiety disorder characterized by haunting memories, nightmares, social withdrawal, jumpy anxiety, and/or insomnia that lingers for four weeks or more after a traumatic experience.
Post-traumatic Growth

= positive psychological changes as a result of struggling with extremely challenging circumstances and life crises.
Somatoform Disorder

= psychological disorder in which the symptoms take a somatic (bodily) form without apparent physical cause.
Conversion Disorder

= a rare somatoform disorder in which a person experiences very specific genuine physical symptoms for which no psychological basis can be found.
Hypochondriasis

= a somatoform disorder in which a person interprets normal physical sensations as symptoms of the disease.
Dissociative Disorders

= disorders in which conscious awareness becomes separated (dissociated) from previous memories, thoughts, and feelings.
Dissociative Identity Disorder (DID)

= a rare dissociative disorder in which a person exhibits two or more distinct and alternating personalities. Formerly called multiple personality disorder.
Mood Disorders

= psychological disorders characterized by emotional extremes.
Major Depressive Disorder

= a mood disorder in which a person experiences, in the absence of drugs or a medical condition, two or more weeks of significantly depressed moods, feelings of worthlessness, and diminished interest or pleasure in most activities.
Mania

= a mood disorder marked by a hyperactive, wildly optimistic state.
Bipolar Disorder

= a mood disorder in which the person alternates between the hopelessness and lethargy of depression and the overexcited state of mania. (formerly called manic-depressive disorder.)
Schizophrenia

= a group of severe disorders characterized by disorganized and delusional thinking, disturbed perceptions, and inappropriate emotions and actions.
Delusions

= false beliefs, often of persecution or grandeur, that may accompany psychotic disorders.
Personality Disorders

= psychological disorders characterized by inflexible and enduring behavior patterns that impair social functioning.
Antisocial Personality Disorder

= a personality disorder in which the person (usually a man) exhibits a lack of conscience for wrongdoing, even toward friends and family members. May be aggressive and ruthless or a clever con artist.