# Psychology 020 – Tuesday March 25, 2008
# Chapter 13: Psychological Disorders

## What is abnormal behaviour?
All behaviour is on a continuum

Conceptual Definitions

Statistical deviation: abnormal = infrequent
Deviations from ideal mental health
Cultural norms

The Three D's
- Distressing
- Deviance
- Dysfunction

DSM IV

Multi-axial approach
1. Clinical disorder
2. Personality disorder
3. General medical conditions
4. Psychosocial and environmental problems
5. Level of current functioning

Diagnosis of a disorder requires:

- Sufficient symptoms
- Causes distress
- Causes impairment in functioning

Many psych students find that the various disorders apply to them
- Abnormal behaviour is not qualitatively different from normal behaviour
- Many of us will exhibit similar symptoms
- Behaviours are only problematic when they harm or interfere with functioning
- Diagnosing friends and romantic partners may lead to conflict

## Mood Disorders
- Characterized by emotional disturbances that disrupt physical, perceptual, social and thought processes.

- Major Depressive disorder
- Dysthymic disorder

- Mania
- Bipolar disorder
- Cyclothymia

Prevalence: 1 in 5 adults will experience depression (lifetime)

Emotional Symptoms
- Depressed or dysphoric mood
- Anhedonia (loss of pleasure)

Physical Symptoms
- Somatic complaints
- Motor retardation
- Sleep disturbances
- Weight loss of gain

Distorted Thinking
- All or nothing thinking
- Overgeneralization
- Catastrophizing
- Negative mental filter
- Disqualify the positive

Pessimistic, self-critical thinking can lead to thoughts of suicide

Seen in the most severely depressed individuals
- Delusions
- Hallucinations

Relation to Depression
- Mood congruent: symptoms are consistent with the person's depressed thinking
-Mood incongruent: symptoms are inconsistent with the person's depressed thinking

Average duration of depression (untreated) 8-10 months
- Cyclical disorder
- Rarely experience just 1 episode, stress often triggers episode

Onset: any age but typically during mid 20's
Dysthymic Disorder
- Symptoms less severe
- More chronic form of depression

Double Depression
- Person suffers Dysthymia and Unipolar depression
  - Dysthymia develops first

- Major depressive episode occurs later

Mania
- <1% of population: 10-20% who suffer a depressive episode develop bipolar disorder.
- Emotional Symptoms: inflated self-esteem, elation
- Physical symptoms: decreased need for sleep
- Cognitive symptoms: distractible, goal directed behaviour

Bipolar Disorder
- Periods of depression alternating with mania
- Bipolar I Mania, but not always depression
- Bipolar II (must have MDE)

Possible
- Mixed Episodes
- Rapid cycling

Variants
- Hypomania
- Cyclothymia

Biological Factors
Depression
    Identical – 67%
    Fraternal – 15 %
Bipolar
    Identical - > 70%
    Fraternal – 50%

Bipolar - > genetic contribution than depression

Neurochemical Factors
Depression
- Low levels of serotonin and norepinephrine
- Antidepressants ( > serotonin levels = > pleasure/motivation
- PET findings: decreased metabolic activity in frontal lobe of the cerebral cortex

Mania
- High levels of serotonin and norepinephrine
- Lithium( less neural activity = less manic behaviour)
- Antidepressants can induce a manic episode

Cognitive Factors
- Negative triad

- Rumination
- Learning factors: learned helplessness

Vulnerability-Stress Model
Genetic predisposition: each person has a predisposition
Environmental stressors: current or recent life event that tax coping

**Treating Mood Disorders**

- Drug therapy: antidepressants (MDE) or lithium (bipolar disorder)
- ECT (Electro-convulsive therapy)
- Psychotherapy
- Cognitive-Behaviour Therapy

What works best? CBT + drug

## What is Schizophrenia?

- Most severe of adult psychiatric disorders
  - Severe disturbances in speech, thinking, perception, emotions and relating to others
- History
  - Kraepelin, Bleuler
  - "Split-mind" not split personality

- Perceptual distortions over the course of schizophrenia
  - Difficulties with sensory integration

- Prevalence: 1-2% population

- Psychotic Disorder
  - Characterized by major disturbances in thought, emotion, and behaviour
  - Effects genders equally
  - Onset: earlier in males (15-30)
    - Positive vs. negative symptoms

- Positive symptoms
  "Excesses or distortions of normal processes"
  - Disorganized speech
    - Loose associations
    - Tangential thinking
    - Word salad
  - Hallucinations
  - Delusions (false beliefs strongly) held despite evidence to the contrary. E.g. Paranoid, religious, erotic.
  - Sometimes tragic consequences:

- Case story: Andrea Yates (drowned her kids to save them from the devil).
  - But, in very few cases; mostly at risk for themselves than others
    - Homicide: .2% (over 13 year period)
    - Suicidal death (4-12%)
    - Suicide attempts (25-50% at least once)

- Negative symptoms
  - Absence of normal functions
  - Blunted affect
  - Alogia (language absent or decrease)
  - Avolition (lack of motivation)
  - Impaired social skills
  - Withdrawal and antisocial
  - Anhedonia (lack of pleasure)

- Process Schizophrenia
  - Chronic
  - Slow onset, develops gradually over time
  - Evidences of oddity from early in childhood
  - Poor prognostic outlook

- Reactive Schizophrenia
  - Acute
  - Sudden and dramatic onset marked by intense emotional and intellectual upheaval
  - Diathesis-Stress model
  - Better prognosis

- Phases of schizophrenia

- Subtypes of schizophrenia

  - Disorganized
  - Catatonic
  - Paranoid
  - Undifferentiated
  - Type I: Primarily positive symptoms
  - Type II: Primarily negative symptoms

- Causes
  - Genetics
    - Heritability:
      - 46% (id. Twin)
      - 17% (fr. Twin)
  - Neurotransmitters (esp. Type I)
    - Dopamine hypothesis – overactivity of dopamine systems in the brain

- Abnormal brain structures (esp. Type II)
  - Brain Atrophy in cerebral cortex and limbic system
  - MRI – abnormalities in the thalamus.
- Psychological/Social causes
  - Stress – precedes onset
  - Social caution hypothesis
    - Stress associated with low SES
  - Social Drift hypothesis
    - Schizophrenia causes deterioration in social and occupational functioning
  - The family
    - Emotionally cold parenting
    - Expressed emotion (EE)

- Treatment

  - Biological
    - Antipsychotic Drugs
      - Side effects (Akinesia, Tardive Dyskinesia)
  - Cognitive-Behavioural Therapy
    - Target bizarre behaviour
    - Counter irrational thought (delusions)
    - Social-skills training (bizarre behaviours)
  - Family Therapy
    - Educational approach
    - Attempt to reduce expressed emotion

## Anxiety Disorders

Group of disorders characterized by
→unpleasant feelings or fear or apprehension

4 Components:
-Somatic (bodily symptoms)
-Behavioural (avoidance)
-Emotional (subjective fear)
-Cognitive (exaggerated perception of risk)

**●Phobias**
3 Main Types:
-Specific Phobias
-Social Phobias
-Agoraphobia

**●Specific Phobias**
4 Major Subtypes:
-Animal

-Natural Environment
-Blood, Illness, Injections
-Situations

Prevalence (all types)
~ 11% population (on average)
~ 7% male
~ 15% female

**●Social Phobia**
Excessive fear of social situations in which a person might be evaluated and possibly embarrassed
-Public speaking
-Meeting strangers
-Using public washrooms
-Eating in public

→2nd most common is specific phobias
→3rd largest mental health problem (depression being the most common)

**●Biological Approach**
-People are biologically prepared to develop certain fears
-Survival value
**●Causes?**

Psychoanalysis
-Phobias occur when unconscious sexual impulses threaten to emerge into consciousness
-Insufficient defence mechanisms

**●Behavioural Theory**

1.) Phobias are acquired through classical conditioning

(UCR) Fear
+ → (CS) outside
(UCS) outside
*Phobias can also be acquired via social learning

2.) Phobias maintained through operant conditioning

Acquired fear response → Avoidance (-) reinforcement → Fear and avoidance maintained

**●Social Learning Theory**
Acquiring fear through observation

**●Vulnerability – Stress Model**

Diatheses

-Possible genetic risks
-Tendency to overreact physiologically to stimuli
-Biological preparedness to associate fear with the stimulus

**●Panic Disorder**

Come on quickly and are not usually associated with specific places or people
→but can come to be associated with them eventually

**●Agoraphobia**

An intense fear of being in public places where escape or help may not be readily available
-Crowded places
-Driving on a bridge or tunnel
-Enclosed spaces

**●Causes?**

Biological Factors

-Genetics
-Low GABA levels
-Biological preparedness (fight or flight)

Cognitive Factors

-Misperceive regular body sensations as potentially dangerous events
→Again, it is our interpretations that causes our emotions and behaviour

Obsessive-compulsive disorder

- Prevalence 2-3%
- Involves recurrent obsessions or compulsions that are serious enough to adversely affect a persons life

Obsessions – persistent and anxiety provoking ideas, thoughts, impulses or images. Ego-dystonic.
Compulsions – repetitive behaviours or mental acts to prevent or reduce anxiety or distress e.g. hoarding compulsion.

Most Common Obsessions:

- Contamination of germs
- Imagining harming self or others
- Imagining losing control of aggressive urges
- Intrusive sexual thoughts or urges
- Excessive religious or moral doubt
- Forbidden thoughts
- Need to have things “just so”
- A need to tell, ask, confess

Compulsions:
- Washing
- Repeating
- Checking
- Touching
- Counting
- Ordering/arranging
- Hoarding/saving
- Praying

Causes???

Biological factors
- Genetics – anxiety in general
- Higher than normal activity in frontal lobe (involved in impulse control)
- Low serotonin levels
- Smaller caudate nucleus – so difficulty suppressing incoming impulses

Psychodynamic Theory
- Sexual and aggressive impulses – from unconscious break through into conscious awareness and cause anxiety

Learning Theory
- Learned an inappropriate and now vicious reinforcement cycle that is difficult to break
- Esp. compulsions maintained via negative reinforcement

Generalized Anxiety Disorder (GAD)

Prevalence: (M) 4%; (W) 7%
- Excessive worry and anxiety dominates patients life " free floating anxiety"
- Tense, on edge, irritable, sleep difficulties, exhausted, difficulty concentrating/marking decisions

Causes???

Biological
- Genetic vulnerability
- Insufficient GABA or GABA receptors

Cognitive
- Selectively focus on threats
- Overestimate threat

Post-Traumatic Stress Disorder

Prevalence: 1-2%

Following exposure to severe trauma and is characterized by:
- Re-experiencing the event through intrusive thoughts, flashbacks, nightmares and dreams
- Avoidance of stimuli associated with trauma
- Increased physiological arousal

Causes???

Biological factors
- Physiological hyperreactivity

Family Systems
- Family instability (childhood trauma)

Cognitive Factors
- Shattering assumptions

Other factors:
- Pre-existing distress
- Coping style
- Social support

## Somatoform Disorders

Bodily symptoms that suggest a physical defect or dysfunction BUT no physiological basis can be found. Emotions → Physical symptoms.

Different from:
- Malingering
- Factitious disorder

Types of Somatoform disorders
- Conversion disorder: motor or sensory symptoms suggesting a neurological impairment when there is none. Conversion refers to unconscious conflicts being converted into physical symptoms. Triggered by a stressful traumatic event. Need to address initial stressful event. Remove reinforcers.

- Pain disorder: predominant complaint is pain and psychological factors have an important role in the onset, severity, exacerbation or maintenances of pain. Acute or Chronic. Psychodynamic and behavioural.

- Hypochondriasis: unduly alarmed by any physical symptom they detect or convinced they have a serious illness despite evidence to the contrary. Runs in families, behaviourally rewarded, underlying conflicts cause anxiety, excessive illness growing up.

Treatment
- Rule out physical causes

Behavioural
- Focus on stress reduction/relaxation
- Reduce help seeking behaviour
- Eliminate reinforcers (gains)

Psychodynamic
- Resolve underlying conflict
- Emotional expression