
Psychological Disorders

— Unit 5: Individual and Group
Behaviour —

What is normal behaviour?

A man living in the Ozark Mountains has a vision in which God speaks to him. He begins preaching to his relatives and neighbors, and soon he has the whole town in a state of religious fervor. People say he has a “calling” and his reputation as a prophet and healer spreads.

He ventures to St. Louis and attempts to hold a prayer meeting, blocking traffic, on a main street at rush hour. He is arrested. He tells the police about his conversations with God, and they take him to the nearest mental hospital where he is diagnosed as a paranoid schizophrenic and hospitalized.

The Medical Model

- The **Medical Model** of mental illness proposes to think of abnormal behaviour as a disease.
 - Reflected in terms like mental *illness*, psychological *disorder*, and *psychopathy*
- This became the dominant way of thinking about abnormal behaviour starting in the 18th century and continuing today.
- In the middle ages people who behaved strangely were thought to be possessed by the devil, labelled lunatics and were often:
 - Tortured
 - Hanged
 - Burned at the stake

The Medical Model

Mental illness still carries a lot of stigma in today's society, the medical model helps to rectify that by equating mental illness with physical illness.

- <https://www.youtube.com/watch?v=ZhdCWifl7M0&index=2&list=PLo0H4jLotmp7Pjyk4zlqrguVkMTXMTTh2>
- <https://www.youtube.com/watch?v=sZhpPTcOFR4&index=3&list=PLo0H4jLotmp7Pjyk4zlqrguVkMTXMTTh2>

Flaws with the Medical Model

- Distinguishing normal and abnormal behaviour is a difficult thing to do.
 - Often involves a deviation from social or cultural norms
 - May be related to one's ability to adjust to life physically, emotionally, and socially
- Some psychologists argue that under the guise of healing the sick, this view of mental illness allows modern society to lock up deviant people and maintain its norms
- This point of view is a minority however. The fact that it is difficult to define abnormality does not mean it doesn't exist. We should, however, proceed with caution in diagnosing and treating psychological disorders.

Journal Entry #1

Textbook pg. 447-450

10 mins.

How have society's views have changed over the last century when it comes to mental health and psychological disorders.

Explain.

Classifying Psychological Disorders

- In 1952 the American Psychiatric Association agreed upon a system for classification of abnormal symptoms called the **Diagnostic and Statistical Manual of Mental Disorders** or **DSM**
- It has been revised 6 times since then, now the **DSM V** (2012)
- The diagnostic guidelines are explicit, concrete, and detailed to allow for consistent diagnosis. The current version describes over 200 types of psychological disorders.

DSM V

Descriptions of each psychological disorder are divided into the following:

1. **Essential Features** - defining characteristics (must be present)
2. **Associated Features** - additional features (usually present)
3. **Differential Diagnosis** - how to distinguish it from others that are similar
4. **Diagnostic Criteria** - list of symptoms

used to describe a mental disorder

The Multiaxial System

The DSM V uses 5 major dimensions, or *axes*, to describe an individual's mental functioning with each axis representing a different part of the patient's case.

Axis 1 - Major Clinical Syndrome

- classifies symptoms into defined categories
- ex) mood disorders, childhood disorders, schizophrenia

Axis 2 - Personality and Developmental Disorders

- developmental and personality disorders
- ex) autism, compulsiveness, language disorders

The Multiaxial System

Axis 3 - Physical Disorders and Conditions

- potentially relevant to patient care, or may cause the syndrome on Axis 1 and 2
- ex) brain damage, diabetes, hemophilia

Axis 4 - Severity of Psychosocial Stressors

- levels of stress at which the person is currently functioning
- based on what they have experienced in the past year

Axis 5 - Global Assessment of Functioning Scale

- determines highest level of functioning in three major areas
- social relations, occupational functioning, and use of leisure time

used to describe a person

ex) 58 year old male patient

Axis 1 Major depression, Alcohol dependence

Axis 2 Dependent personality disorder

Axis 3 Alcohol cirrhosis of the liver

Axis 4 Psychosocial stressors: anticipated retirement and change in home with loss of contact with friends (severity 3 - moderate)

Axis 5 Current GAF is 44 (some impairment in communications, family relations, and mood). Highest functioning in the last year is 55

Journal Entry #2

Textbook pg. 450-454

10 mins

What are the potential pros and cons of using the DSM-V to classify people on the basis of mental disorders?

Classification of Psychological Disorders

Anxiety Disorders

Anxiety disorders are a class of disorders marked by feelings of excessive apprehension and anxiety.

- Occur in approximately 17% of the population
- 5 types of anxiety disorders

5 Types of Anxiety Disorders

1. Generalized Anxiety Disorder

- chronic high level of anxiety that is not tied to any specific threat

2. Phobic Disorder

- a persistent and irrational fear of an object or situation that presents no realistic danger

3. Obsessive-Compulsive Disorder

- persistent, uncontrollable intrusions of unwanted thoughts (obsessions) and urges to engage in senseless rituals (compulsions).

4. Panic Disorder

- recurrent attacks of overwhelming anxiety that occur suddenly and unexpectedly

5. PTSD (Post-Traumatic Stress Disorder)

- victims of traumatic events re-experience the events in form of dreams or flashbacks

Somatoform Disorders

Somatoform Disorders are physical ailments with no authentic organic basis that are due to psychological factors.

Two of the major types of somatoform disorders are:

1. **Conversion Disorders** - a significant, persistent loss of function with no apparent biological cause (ex. loss of vision, partial paralysis).
2. **Hypochondriasis** - excessive preoccupation with health concerns and incessant worry about developing physical illness.

Dissociative Disorders

Dissociative Disorders are a class of disorders in which people lose contact with portions of their consciousness or memory, resulting in disruptions in their sense of identity.

1. **Psychogenic Amnesia** - sudden loss of memory for important personal information that is too extensive to be due to normal forgetting and is not due to any physical damage to the brain.
2. **Dissociative Identity Disorder** - involves the coexistence in one person of two or more largely complete, and usually very different personalities.
 - each personality often has its own name, memories, and mannerisms
 - the original personality is usually unaware of the other personalities

Mood Disorders

Mood Disorders are a class of disorders marked by emotional disturbance of varied kinds that may spill over to disrupt physical, perceptual, social, and thought processes.

Types of mood disorders include:

- SAD (Seasonal Affective Disorder)
- Major Depressive Disorder
- Bipolar Mood Disorder

Types of Mood Disorders

1. Seasonal Affective Disorders

- period of depression or mania that tend to occur repeatedly at the same time each year
- connected to the amounts of daylight - commonly depression in the winter

2. Major Depressive Disorder

- individual shows persistent feelings of sadness and despair and a loss of interest in previous sources of pleasure.

3. Bipolar Mood Disorder

- marked by the experience of both depressive and manic periods
- in the **manic phase** a person experiences elation, confusion, distractibility, and racing thoughts.
- in the **depressive phase** the individual is overcome by feelings of failure, worthlessness, lethargy and despair

Schizophrenic Disorders

Schizophrenic Disorders are a class of disorders marked by disturbances in thought that spill over to affect perceptual, social, and emotional processes.

Subtypes of schizophrenic disorders include:

1. Paranoid - involves hallucinations and delusions
2. Catatonic - marked by motor disturbances
3. Disorganized - severe deterioration of adaptive behaviour
4. Undifferentiated - cannot be placed in any one category but a combo
5. Remission - symptoms have diminished from a diagnosable level

Personality Disorders

Personality Disorders are defined as having maladaptive or inflexible ways of dealing with others and one's environment.

- People with personality disorders seem unable to establish meaningful relationships with others, assume social responsibilities, or adapt to their social environment
- Can include a wide range of self-defeating personality patterns

Types of Personality Disorders

Disorder	Characteristics
Antisocial	Displays pattern of disregarding and violating the rights of others without feeling remorse
Dependent	Displays pattern of submissiveness and excessive need to be taken care of
Histrionic	Displays excessive emotions, excessively seeks attention
Obsessive-Compulsive	Has an intense interest in being orderly, having control, and achieving perfection
Paranoid	Distrusts others, perceives others as having evil emotions
Schizotypal	Feels intense discomfort in close relationships, has disordered thinking and eccentric behaviour

Addiction

Addiction is a pattern of drug abuse characterized by an overwhelming and compulsive desire to obtain and use the drug.

- **Psychological dependence** is use of a drug to such an extent that a person feels nervous and anxious without it.
- **Physical dependence** is when the use of a drug has permanently changed the levels of neurotransmitters in the brain causing physical symptoms of withdrawal.

Addiction

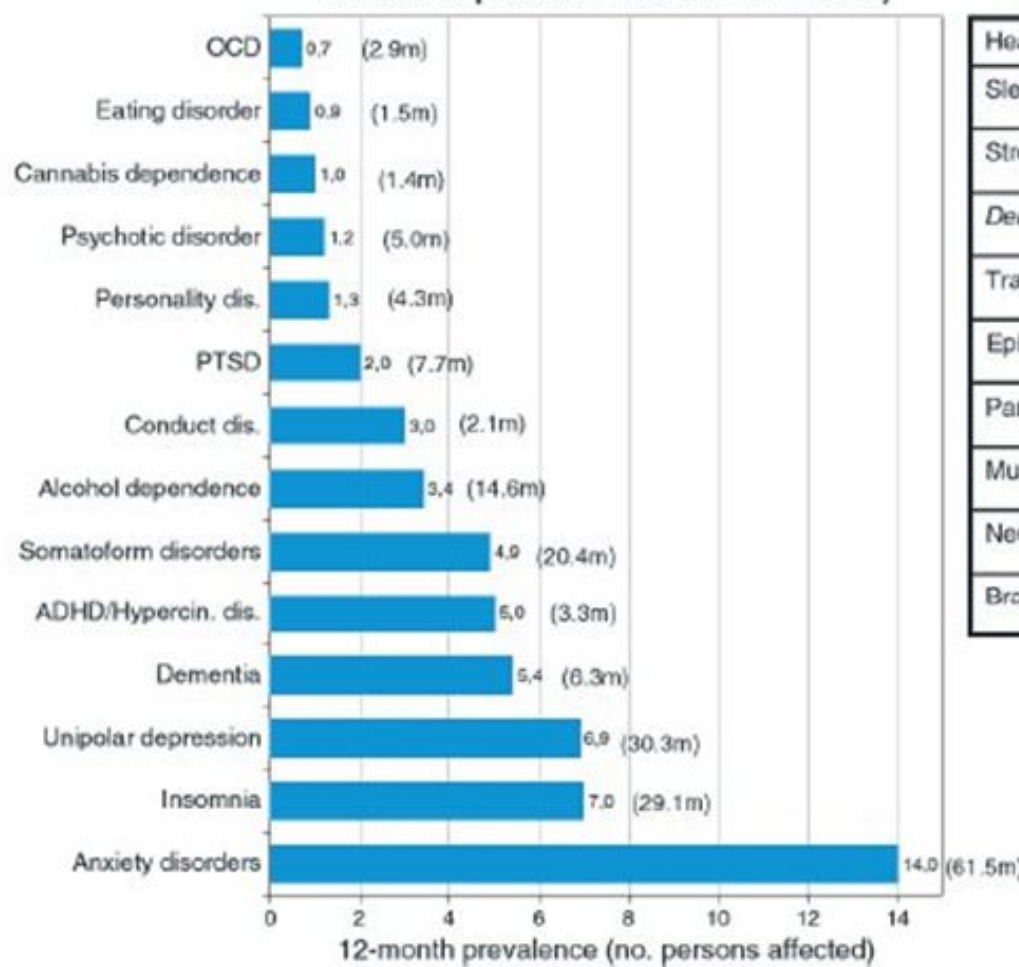
<http://learn.genetics.utah.edu/content/addiction/mouse/>

Tolerance is the physical adaptation to a drug so that a person needs an increased amount in order to produce the original effect

- Increased tolerance escalates use



Mental Disorders by prevalence (and estimated number of persons affected in millions)



Neurological disorders: Number of persons affected (in millions)

Headache*	152.8
Sleep Apnoea	12.50
Stroke	8.24
<i>Dementias**</i>	6.34
Traumatic brain injury	3.75
Epilepsy	2.64
Parkinsons Disease	1.25
Multiple Sclerosis	0.54
Neuromuscular dis.	0.26
Brain Tumours	0.24

Research Assignment