Psychological Disorders

Introduction to Psychological Disorders

- Defining Psychological Disorders
- Understanding Psychological Disorders
- Classifying Psychological Disorders
- Labeling Psychological Disorders
- Rates of Psychological Disorders
Psychological Disorders

I felt the need to clean my room ... spent four to five hours at it ... At the time I loved it but then didn't want to do it any more, but could not stop ... The clothes hung ... two fingers apart ... I touched my bedroom wall before leaving the house ... I had constant anxiety ... I thought I might be nuts.

Marc, diagnosed with obsessive-compulsive disorder
(from Summers, 1996)

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Psychological Disorders

People are fascinated by the exceptional, the unusual, the abnormal. This fascination can be due to two reasons:

1. During various moments we feel, think and act like an abnormal individual.

2. Psychological disorders may bring unexplained physical symptoms, irrational fears, and suicidal thoughts.

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Psychological Disorders

To study the abnormal is the best way of understanding the normal.

William James (1842-1910)

1. There are 450 million people suffering from psychological disorders (WHO, 2004).

2. Depression and schizophrenia exist in all cultures of the world.

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Defining Psychological Disorders

Mental health workers view psychological disorders as persistently harmful thoughts, feelings and action.

When behavior is deviant, distressful, and dysfunctional psychiatrists and psychologists label it as disordered (Comer, 2004).

Deviant, Distressful & Dysfunctional

1. Deviant behavior (going naked) in one culture may be considered normal while in others leads to arrest.
2. Deviant behavior must accompany distress.
3. If a behavior is dysfunctional it is clearly a disorder.

In Wodaabe tribe men wear costumes to attract women. In Western society this would be considered abnormal.

Understanding Psychological Disorders

Ancient Treatments of psychological disorders include trephination, exorcism, being caged like animals, beaten, burned, castrated, mutilated, and transfused with animal’s blood.

Trephination (boring holes in the skull to remove evil forces)

OBJECTIVE 47-1 Identify criteria for judging whether behavior is psychologically disordered.

OBJECTIVE 47-2 Contrast the medical model of psychological disorders with the biopsychosocial perspective on disordered behavior.
Medical Perspective

Philippe Pinel (1745-1826) from France, insisted that madness was not due to demonic possession but an ailment of the mind.

Medical Model

When physicians discovered that syphilis led to mental disorders, the medical model started looking at physical causes of these disorders.

1. **Etiology**: Causation and development of the disorder.
2. **Diagnosis**: Identifying (symptoms) and distinguishing one disease from another.
3. **Treatment**: Treating a disorder in a psychiatric hospital.
4. **Prognosis**: Forecast about the disorder.

Biopsychosocial Perspective

Assumes that biological, socio-cultural, and psychological factors combine and interact to produce psychological disorders.
Classifying Psychological Disorders

American Psychiatric Association rendered a Diagnostic and Statistical Manual of Mental Disorders (DSM) to describe psychological disorders.

Most recent edition, DSM-IV-TR (Text Revision, 2000) describe 400 psychological disorders compared to 60 in the 1950s.

OBJECTIVE 47-3 | Describe the goals and content of the DSM-IV-TR.
Multiaxial Classification
Note Global Assessment for Axis V

- Axis II: Is a Personality Disorder (page 66) or Mental Retardation (See Chapter 15) present? Clinicians may or may not select one of these two conditions.
- Axis III: Is a General Medical Condition, such as diabetes, hypertension, or arthritis, also present?
- Axis IV: Are Psychosocial or Environmental Problems, such as school or housing issues, also present?
- Axis V: What is the Global Assessment of this person's functioning? Clinicians assign a code from 0-100. For example:
  - 50-70: Superior functioning in a wide scope of activities; life's problems never seem to get out of hand; is sought out by others because of his or her many positive qualities. No symptoms.
  - 30-40: Moderate symptoms (for example, flat affect or occasional panic attacks) or moderate difficulty in social, occupational, or school functioning (for example, few friends, or conflicts with peers or coworkers).
  - 20-30: Persistent danger of severely hurting self or others (for example, recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.

Goals of DSM
1. Describe (400) disorders.
2. Indicate how prevalent the disorder is.

Disorders outlined by DSM-IV-TR are reliable thus diagnosis by different professional are similar.
Others criticize DSM-IV-TR for “putting any kind of behavior within the compass of psychiatry.”

Labeling Psychological Disorders
1. Critics of the DSM-IV-TR argue that labels can stigmatize individuals.

Asylum baseball team (labeling)

OBJECTIVE 47-4 Discuss the potential dangers and benefits of using diagnostic labels.
Labeling Psychological Disorders

2. Labels can be helpful for health care professionals, communicating with one another and establishing therapy.

Labeling Psychological Disorders

3. “Insanity” labels raise moral and ethical questions about how society should treat people who have disorders and have committed crimes.

Rates of Psychological Disorders

<table>
<thead>
<tr>
<th>PERCENTAGE OF AMERICANS WHO HAVE EXPERIENCED SELECTED PSYCHOLOGICAL DISORDERS IN THE PRIOR YEAR</th>
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</thead>
<tbody>
<tr>
<td>Disorder</td>
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<tr>
<td>Alcohol abuse</td>
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<tr>
<td>Generalized anxiety</td>
</tr>
<tr>
<td>Phobias</td>
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<tr>
<td>Obsessive-compulsive disorder</td>
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<tr>
<td>Mood disorder</td>
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<tr>
<td>Schizophrenia</td>
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<tr>
<td>Antisocial personality</td>
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<tr>
<td>Any mental disorder</td>
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</tbody>
</table>

(These people experience two or more of these disorders, such as depression and alcohol abuse, simultaneously.)

Source: Data from Nemer & et al., 2002.

OBJECTIVE 47-5 | Discuss the prevalence of psychological disorders, and summarize the findings on the link between poverty and serious psychological disorders.
Rates of Psychological Disorders

Prevalence of psychological disorders during previous year (WHO, 2004).

Risk and Protective Factors

Risk and protective factors for mental disorders (WHO, 2004).

**Risk and Protective Factors for Mental Disorders**

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
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<tbody>
<tr>
<td>Academic failure</td>
<td>Aerobic exercise</td>
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<tr>
<td>Birth complications</td>
<td>Community support</td>
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<tr>
<td>Caring for chronically ill or patients with dementia</td>
<td>Economic independence</td>
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<tr>
<td>Child abuse and neglect</td>
<td>Feelings of security</td>
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<tr>
<td>Chronic illness</td>
<td>Feelings of mastery and control</td>
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<tr>
<td>Chronic pain</td>
<td>Good parenting</td>
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<tr>
<td>Family disorganization or conflict</td>
<td>Literacy</td>
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<tr>
<td>Low birth weight</td>
<td>Positive attachment and early bonding</td>
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Risk and Protective Factors

<table>
<thead>
<tr>
<th>Low socioeconomic status</th>
<th>Positive parent-child relationships</th>
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<tbody>
<tr>
<td>Medical illness</td>
<td>Problem-solving skills</td>
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<tr>
<td>Neurochemical imbalance</td>
<td>Resilient coping with stress and adversity</td>
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<td>Parental mental illness</td>
<td>Self-esteem</td>
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<td>Parental substance abuse</td>
<td>Social and work skills</td>
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<td>Personal loss and bereavement</td>
<td>Social support from family and friends</td>
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<td>Peer work skills and habits</td>
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<td>Reading disabilities</td>
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<td>Sensory disabilities</td>
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<td>Social insensitivity</td>
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<td>Stressful life events</td>
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<td>Substance abuse</td>
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<td>Trauma experiences</td>
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