

**PowerPoint  
Presentations for  
PSYCHOLOGY  
CORE CONCEPTS**  
*Sixth Edition*  
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## Chapter 12



### Psychological Disorders

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### What is Psychological Disorder?



The medical model takes a “disease” view, while psychology sees psychological disorder as an interaction of biological, cognitive, social, and behavioral factors

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## What is Psychological Disorder?

Three classic signs suggest severe psychological disorder

- Hallucinations
- Delusions
- Severe affective disturbances

*Part of a continuum ranging from absence of disorder to severe disorder*

*Disorders are an exaggeration of normal responses*

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## Changing Concepts of Psychological Disorder : Historical Roots

### **Ancient World**

- Supernatural powers-
- Possession by demons and spirits

### **400 B. C.**

- Physical causes-
- Hippocrates-imbalance of humors

### **Middle Ages**

- Medieval church
- Demons and witchcraft

### **18<sup>th</sup> Century**

- Mental disorders are diseases of the mind
- Similar to other physical diseases
- Objective causes requiring specific treatments

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## Changing Concepts of Psychological Disorder : The Psychological Model

### **Behavioral perspective –**

Abnormal behaviors can be acquired through behavioral learning – operant and classical conditioning

### **Cognitive perspective –**

Abnormal behaviors are influenced by mental processes – how people perceive themselves and their relations with others

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## Changing Concepts of Psychological Disorder : The Psychological Model

*Social-cognitive-behavioral approach*

- combines psychology's 3 major perspectives
- Behavior, cognition, and social/environmental factors all influence each other
- Recognize the influence of biology

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## Indicators of Abnormality

Distress

Maladaptiveness

Irrationality

Unpredictability

Unconventionality  
and undesirable  
behavior

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## Indicators of Abnormality

Distress

Maladaptiveness

Irrationality

Unpredictability

Unconventionality  
and undesirable  
behavior

Does the individual  
show unusual or  
prolonged levels of  
unease or anxiety?

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## Indicators of Abnormality

Distress

Maladaptiveness

Irrationality

Unpredictability

Unconventionality  
and undesirable  
behavior

Does the person act in ways that make others fearful or interfere with his or her well-being?

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## Indicators of Abnormality

Distress

Maladaptiveness

Irrationality

Unpredictability

Unconventionality  
and undesirable  
behavior

Does the person act or talk in ways that are irrational or incomprehensible to others?

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## Indicators of Abnormality

Distress

Maladaptiveness

Irrationality

Unpredictability

Unconventionality  
and undesirable  
behavior

Does the individual behave erratically and inconsistently at different times or from one situation to another; experiencing a loss of control?

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## Indicators of Abnormality

Distress

Maladaptiveness

Irrationality

Unpredictability

Unconventionality  
and undesirable  
behavior

Does the person  
behave in ways that  
are statistically rare  
and violate social  
norms?

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## How are Psychological Disorders Classified?



The DSM-IV, most widely used system, classifies disorders by their mental and behavioral symptoms

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## Overview of DSM-IV Classification System

DSM-IV (1994):

- Fourth edition of the Diagnostic and Statistical Manual of Mental Disorders
- Includes 300 disorders
  
- *Neurotic disorder or neurosis*  
*Psychotic disorder or psychosis*

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## Mood Disorders

### Major depression

- Form of depression that does not alternate with mania
- Accounts for majority of mental hospital admissions

*Seasonal affective disorder (SAD)* –  
Believed to be caused by deprivation of sunlight

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## Mood Disorders



### Bipolar disorder –

Alternating periods of depression and extreme elation

*Mania* –  
Pathologically excessive elation or manic excitement

*Depression* –  
Pathological sadness or despair

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## Anxiety Disorders

*Generalized anxiety disorder* –  
Characterized by persistent and pervasive feelings of anxiety, without any known external cause

*Panic disorder* –  
Marked by panic attacks that have no connection to events in a person's present experience

*Agoraphobia* –  
Fear of public places/open spaces

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## Anxiety Disorders



*Phobia or phobic disorder* – Disorder involving a pathological fear of a **specific** object or situation

*Cause: Preparedness hypothesis* – Notion that we have an innate tendency to respond quickly and automatically to stimuli that posed a survival threat to our ancestors

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## Anxiety Disorders



*Obsessive-compulsive disorder* – Characterized by patterns of persistent, unwanted thoughts and behaviors

- Obsession-thoughts, images, impulses that reoccur
- Compulsions-repetitive, purposeful acts

Genetic link-tendency to run in families

Learning component

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## Somatoform Disorders

Psychological problems appearing in the form of bodily symptoms or physical complaints

- *Psychosomatic-mental conditions lead to actual physical disease*
- *Conversion disorder* – paralysis, weakness, or loss of sensation, but with no discernable physical cause

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## Somatoform Disorders

*Hypochondriasis* –  
Somatoform disorder involving excessive concern about health and disease



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## Dissociative Disorders

*Dissociative disorders* –  
Group of pathologies involving  
“fragmentation” of the personality

**Dissociative  
amnesia**

**Dissociative  
fugue**

**Depersonalization  
disorder**

**Dissociative  
identity disorder**

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## Dissociative Disorders

**Dissociative  
amnesia**

A psychologically induced loss of memory for personal information

**Dissociative fugue**

**Depersonalization  
disorder**

**Dissociative  
identity disorder**

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## Dissociative Disorders

Dissociative  
amnesia

**Dissociative fugue**

Depersonalization  
disorder

Dissociative  
identity disorder

Dissociative  
amnesia with the  
addition of "flight"  
from one's home,  
family, and job

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## Dissociative Disorders

Dissociative  
amnesia

Dissociative Fugue

**Depersonalization  
disorder**

Dissociative  
identity disorder

Abnormality involving  
the sensation of  
mind and body  
having separated

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## Dissociative Disorders

Dissociative  
amnesia

Dissociative Fugue

Depersonalization  
disorder

**Dissociative  
identity disorder**

Condition in which the  
individual displays  
multiple identities

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## Schizophrenic Disorders

### Schizophrenia –

- severe psychopathology
- personality disintegrates
- Cognitive processes distorted
- More common in men than women
- First appearance typically before age 25 for men; between 25 and 45 for women

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## Major Types of Schizophrenia

Disorganized

Catatonic

Paranoid

Undifferentiated

Residual

Positive

Negative

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## Major Types of Schizophrenia

Disorganized

Catatonic

Paranoid

Undifferentiated

Residual Type

Features  
incoherent speech,  
hallucinations,  
delusions, and  
bizarre behavior

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## Major Types of Schizophrenia

Disorganized

**Catatonic**

Involves remaining motionless or extreme excitement

Paranoid

Undifferentiated

Residual Type

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## Major Types of Schizophrenia

Disorganized

Catatonic

**Paranoid**

Prominent feature: combination of delusions and hallucinations

Undifferentiated

Residual Type

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## Major Types of Schizophrenia

Disorganized

Catatonic

Paranoid

**Undifferentiated**

Persons displaying a combination of symptoms that do not clearly fit in one of the other categories

Residual Type

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## Major Types of Schizophrenia

Disorganized

Catatonic

Paranoid

Undifferentiated

**Residual Type**

Individuals who have had a past episode of schizophrenia but are free of symptoms

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## Major Types of Schizophrenia

**Positive Schizophrenia**

Any form in which the person displays active symptoms (e.g. delusions, hallucinations)

Negative Schizophrenia

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## Major Types of Schizophrenia

Positive Schizophrenia

**Negative Schizophrenia**

Any form distinguished by deficits, such as withdrawal and poverty of thought processes

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## Possible Causes of Schizophrenia

Evidence for causes found in a variety of factors including genetics, abnormal brain structure, and biochemistry

### *Diathesis-stress hypothesis –*

Genetic factors place the individual at risk, but environmental stress factors transform this potential into an actual schizophrenic disorder

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## Developmental Disorders

*Can appear at any age, but often first seen in childhood*

### **Autism –**

Marked by impoverished ability to “read” other peoples, use language, and interact socially

### **Dyslexia –**

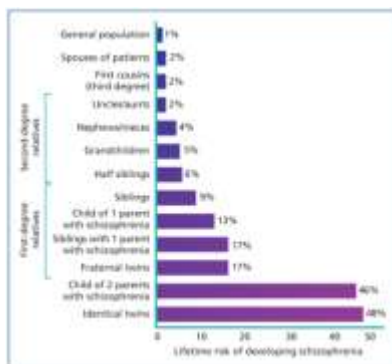
A reading disability, thought by some experts to involve a brain disorder

### **Attention-deficit hyperactivity disorder –**

Disability involving short attention span, distractibility, and extreme difficulty in remaining inactive for any period

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## Adjustment Disorders and Other Conditions That May Be a Focus of Clinical Attention

Mild depression	Marital problems
Physical complaints	Academic problems
Parent-child problems	Job problems
Bereavement	Malingering

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## Shyness

Shyness, a distressing pattern of avoiding or withdrawing from social contact is treatable, but it is not a DSM-IV disorder

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## Diagnostic Labels

Depersonalization-

- Results from labeling
- Robbing people of their individuality and identity by treating them impersonally
- Reinforces disturbed behavior

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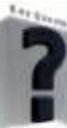
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## What are the Consequences of Labeling People?



Ideally, accurate diagnoses lead to proper treatments, but diagnoses may also become labels that depersonalize individuals and ignore the social and cultural contexts in which their problems arise

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## The Plea of Insanity

### *Insanity –*

A legal term, not a psychological or psychiatric one, referring to a person who is unable, because of a mental disorder or defect, to confirm his or her behavior to the law

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