Definition of psychological disorder
Psychopathology — the study of psychological disorders, including their symptoms, etiology (cause), and treatment.
Psychological disorder — a condition characterized by abnormal thoughts, feelings, and behaviors.
- Behaviors, thoughts, and inner experiences that are atypical, dysfunctional, or dangerous are signs of psychological disorders
- However, there is no single definition of psychological abnormality or normality

American psychological association (APA) definition
A psychological disorder is a condition that consists of:
- Significant disturbances in thought, feelings, and behaviors
- The disturbances reflect some kind of biological, psychological, or developmental dysfunction
- The disturbances lead to significant distress or disability in one's life

The diagnostic & statistical manual of mental disorders (DSM)
diagnosis — appropriately identifying and labeling a set of defined symptoms
Diagnostic and statistical manual of mental disorders:
- Published by the American psychiatric association
- First published in 1952 and has since undergone numerous revisions
- DSM-5 is the classification system used by most mental health professionals today
- Provides information about comorbidity (the co-occurrence of two disorders)

- Diagnostic feature — overview of the disorder
- Diagnostic criteria — specific symptoms required for diagnosis
- Prevalence — precent of population throughout to be affected
- Risk factors

DSM-V classification system
Pros
- provides a common basis for communication
- Helps clinicians make predictions
- Naming the disorder can provide comfort

Cons
- Stigma (shame, negative reputation)
- Medicalizing mental illness

The international classification of diseases (ICD)
Published by the world health organization (WHO)
Classification and criteria for specific disorders are similar to the DSM but some differences exist
- Used to examine general health of populations and monitor prevalence of diseases / health problems internationally.

Supernatural perspectives — psychological disorders attributed to a force beyond scientific understanding
- Practitioners of black magic (sorcery)
- Possessed by spirits
- Witchcraft

Treatments included torture, beating, and exorcism

Biological perspectives — view psychological disorders as linked to biological
Phenomena: genetic factors, chemical imbalances, and brain abnormalities.

Diathesis-stress model
Psychosocial perspective
- Emphasizes the importance of learning, stress, faulty and self-defeating thinking patters, and environmental factors
- Views the cause of psychological disorders as a combination of biological and psychological factors

Diathesis-stress model:
Integrates biological and psychosocial factors to predict the likelihood of a disorder
Diathesis + stress = development of a disorder

Anxiety disorders — uncontrollable fears that are disproportionate and disruptive
- Generalized anxiety disorder
- Panic disorder
- Specific phobia
- Social anxiety disorder

Generalized anxiety disorder
A relatively continuous state of excessive, uncontrollable, and pointless worry and apprehension
Diagnosis criteria
- The diffused working and apprehension that are not part of another disorder
- 5 symptoms occurs more days that not for at least 6 months
- 5 symptoms are accompanied by any three of the following symptoms

Symptoms: restlessness, difficulty concentrating, being easily fatigued, muscle tension, irritability, and sleep difficulties
Prevalence
- Affects about 5.7% of US population during their lifetime
- Females are 2 times as likely as males to experience the disorder.

Cause
- Biological factors: genetic predisposition, GABA (neurotransmitter) deficiency
- Psychological and sociocultural factor: harsh self-standards, critical parents, negative thoughts, trauma

Panic disorder — recurrent and unexpected panic attacks, along with at least one month of persistent concern about additional panic attacks, worry over the consequences of the attacks, or self-defeating changes in behavior related to the attacks
Panic attack — a period of extreme fear or discomfort that develops abruptly and reaches a peak within 10 minutes.
Cause
- Biological factors: genetic predisposition (43% heritability)
- Sociocultural factors: gender differences

Specific phobia
Diagnosis and Symptoms
- An irrational, overwhelming, persistent fear of a particular object or situation (eg spider phobia)
- Prevalence — affects 12.5% of the US population at some point in their lifetime

Cause
- Psychological factors: learned
- Biological factors: genetic disposition

The four major specific phobia categories
Natural environment: astrophobia, hydrophobia, dendrophobia

Animals: batrachophobia, gynophobia, equinophobia
Mutilation / medical treatment: trypanophobia, dentophobia, homophobia
Situational: claustrophobia, aerophobia, glossophobia

Social anxiety disorder
Characterized by extreme and persistent fear of anxiety and avoidance of social situations in which the person could potentially be evaluated negatively by others, leading to serious impairments in life
Prevalence — experienced by about 12% of US population during their lifetime
Risk factors
- Fears of social situations possibly develop though conditioning
- Overprotective or rejecting parents
- Genetic factors

Anxiety-related disorders
Anxiety-related, but not classified in DSM-5 as anxiety disorders:
Post-trauma stress disorder (PTSD)
Diagnosis criteria
- Individual was exposed to, witnessed, or experienced the details of a traumatic experience ("actual or threatened death, serious injury, or sexual violence") (APA 2013)

Symptoms
- Intrusive and distressing memories of the event
- Flashbacks — stated during which individual relieves the event and behaves as if it were occurring at that moment
- Avoidance of stimuli connected to the event
- Persistently negative emotional states
- Feelings of detachment from others
- Irritability
- Proneness toward ourbursts
- Exaggerated startle response

Prevalence — experienced by approximately 7% of the US population in their life
Risk factors:
- Trauma experience
- Those involving harm by others carry greater risk than those that do not
- Lack of immediate social support
- Subsequent life stress
- Female gender
- ;ow socioeconomic status
- Personal history of mental disorders
- History of childhood adversity
- Family history of mental disorders
- Personality characteristics (neuroticism)
- Possession of one or two short versions of a gene that regulates serotonin

Obsessive-compulsive disorder (OCD)
- Involves thoughts and urges that are intrusive and unwanted (obsessions) and / or the need to engage in repetitive behaviors or mental acts (compulsions)
- Obsessions — persistent, unintentional, and unwanted thoughts and urges that are highly intrusive, unpleasant, and distressing
- Compulsions — repetitive and ritualistic acts, typically carried our primarily as a means to minimize the distress that obsessions trigger or to reduce the likelihood of a feared event
- Prevalence
- experienced by approximately 2.3% of the US population in their lifetime

Hoarding disorder
Involves great difficulty in discarding possessions, regardless of how valueless / useless they are, usually resulting in an accumulation of items that clutter living or work areas
Why are they unable to let go of items?
- They think items might be useful at a later time
- Sentimental attachment to items

Obsessive-compulsive disorders
Causes
Biological factors:
- Genetic predisposition
- Serotonin, dopamine, and glutamate

Psychological factors:
- Avoidance learning

Mood-related disorders
Characterized by massive disruptions in mood and emotions that can cause a distorted outlooked on life and impair ability to function
Depressive disorders
Depression (intense and persistent sadness) is the main feature
Bipolar and related disorders
Mania (extreme elation and agitation) is the main feature
Manic episode — “a distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy lasting at least one week” (APA, 2013)

Major depressive disorder (MDD)
Diagnosis criteria
- “Depressed mood most of the day, nearly every day” (APA, 2013)
- Loss of interest and pleasure in usual activities
- At least 5 symptom for at least a two-week period
- Symptoms cause significant distress or impair normal functioning and are not caused by substances or a medical condition

Major depressive disorder is episodic
Symptoms
- Weight loss or weight gain / increased or decreased appetite
- Difficulty falling asleep or too much sleep
- Loss of interest or pleasure in most or all normal activities
- Fatigue / loss of energy
- Feelings of worthlessness or guilt
- Difficulty concentrating, indecisiveness
- Suicidal ideation — thought of death, thinking about / planning suicide, suicide attempt

Prevalence
- Affects around 6.6% of the US population each year and 16.8% of the US population in their lifetime
- More common among women than men

Comorbidity — with anxiety disorders and substance abuse disorders
Risk factos
- Unemployment
- Low income
- Living in urban areas
- Being separated, divorced, or widowed

Subtypes of depression

Seasonal pattern —applies to situations in which a person experiences the symptoms of major depressive disorder only during a particular time of year
Permpartum onset (postpartum depression) — major depression during pregnancy or in the four weeks following the birth
Persistent depressive disorder (dysthymia) — depressed moods most of the day nearly every day for at least two years, as well as at least two of the other symptoms of major depression
• Chronically sad but do not meet all the criteria for major depression

Dipolar disorder
Involves mood states that fluctuate between depression and mania
Symptoms of Mania
• Excessively talkative
• Excessively irritable
• Exhibit flight of ideas — talk and rapidly, abruptly witching from one topic to another
• Easily distracted
• Exhibit grandiosity — inflated but unjustified self-esteem and self-confidence
• Show little need of sleep
• Take on several tasks at once
• Engage in reckless behavior
Prevalence
• Onset is typically before the age of 25
• Affects 1 out of 100 people in the US in their lifetime
• 36% of these individuals attempt suicide
Comorbidity — anxiety disorder and substance abuse disorders

Biological basis of mood disorders
Genetics
Major depressive disorders:
• Relatives have double the risk of developing the disorder
• Identical twin — 50% concordance rate; fraternal twins — 38% concordance rate
Bipolar disorder:
• Relatives have over 9 times the risk
• Identical twins — 67% concordance rate; fraternal twins — 16% concordance rate
Hormones — elevated levels of continual (stress hormones) are associated with depression
Brain Anatomy — amygdala and prefrontal cortex

Cognitive theories of depression
Cognitive theories suggest that depression is triggered by negative thoughts, interpretations, self-evaluations, and expectations
Diathesis-stress model: cognitive vulnerability + stressful life events = depression
Aaron Beck (1960s) — theorized that depression-prone people possess mental predispositions to think about most things in a negative way (depressive schemas)
Depressive schemas — contain themes of loss, failure, rejection, worthlessness, and inadequacy

Hopelessness theory
Specific, negative thinking style —> same of hopelessness —> depression
• Negative thinking — refers to a tendency to perceive negative life events as having stable and global causes
• Hopelessness — expectation that unpleasant outcomes will occur or desired outcomes will not occur, and there is nothing one can do to prevent such outcomes
Rumination
Distressed mood —> Rumination —> increased risk and duration of mood

Rumination — repetitive and passive focus on the fact that one is depressed and dwelling on depressed symptoms, rather than distracting one's self from the symptoms or attempting to address them in an active, problem-solving manner

Dissociative disorders — individuals experience extreme memory loss caused by extensive psychological stress
- Localized
- Generalized
- Systematized
- Continuous

Dissociative identity disorder
Diagnosis and Symptoms
- Covert — sudden and dramatic shift in the way a person perceives, thinks, and feels
- Overt — two or more distinct identities

Causes
- Extraordinarily severe abuse in early childhood
- Mostly woman
- Genetic

Schizophrenia
Highly disordered thought
- Split from reality
- Typically diagnosed in early adulthood
- High suicide risk

Symptoms of schizophrenia
Positive symptoms
- Hallucinations and delusions
- Thought disorders and referential thinking disorders of movement

Negative symptoms
- Flat affect
- Reduced speech output
- Social withdrawal
- Inability to experience pleasure

Cognitive symptoms
- Attention difficulties and memory problems
- Impaired ability to interpret information and make decisions

Causes of schizophrenia
Prevalence — affects 1% of the population
Genetics
- Risk in 6 times greater if one parent has schizophrenia

Neurotransmitters
- Dopamine hypothesis — an overabundance of dopamine or too many dopamine receptors are responsible for the onset and maintenance of schizophrenia
- Hight levels of dopamine in the limbic system —> hallucinations and delusions
- Low levels of dopamine in the prefrontal cortex —> negative symptoms

Brain Anatomy
- Unclogged ventricles
- Reduced gray matter in the frontal lobes
- Many show less frontal lobe activity when performing cognitive tasks

Events during pregnancy
- Obstetric complications during birth
- Mother's exposure to influenza during the first trimester

- Mother's emotional stress

Eating disorders
Abnormal or disturbed eating habits
- Avoidant / restrictive food intake disorder
- Anorexia nervosa (under weight)
- Bulimia Nervosa (normal or overweight)
- Binge eating disorder
- Pica

Cause of eating disorders
Biological factors
- Changes in brain chemicals
- Genetic predisposition

Psychological and sociocultural factors
- Low self-esteem
- Perfectionism
- Impulsive behavior
- Troubled relationships

Personality disorders
Characterized by a pervasive and inflexible personality style that differs markedly from the expectations of the individual's culture and causes distress or impairment
Prevalence
- Slightly over 9% of the US population suffers from a personality disorder
- Avoidant and schizoid personality disorders are most frequent
- Antisocial and borderline personality disorder are most problematic

Personality disorders
Cluster A
- Paranoid personality disorder
- Schizoid personality disorders
- Schizotypal personality disorder

Cluster B
- Antisocial personality disorder
- Histrionic personality disorder
- Narcissistic personality diorder
- Borderline personality disorder

Cluster C
- Avoidant personality disorder
- Dependent personality disorder
- Obsessive-compulsive personality disorder

Borderline personality disorder
Characterized by instability in interpersonal relationships, self-image, and mood, as well as marked impulsivity
Symptoms
- Cannot tolerate the thought of being alone
- Relationships are intense and unstable
- Unstable view of self
- May be highly impulsive and may engage in reckless and self-destructive behaviors
- May sometimes show intense and inappropriate anger
- Can be moody, sarcastic, bitter and verbally abusive
- Splitting

Prevalence — afflicts 1.4% of the US population; more common in females

Comorbidity — anxiety, mood, and substance used disorders
Cause
- Core personality traits such as impulsivity and emotional instability show a high degree of heritability
- Many individuals report childhood abuse

Antisocial personality disorder
Characterized by complete lack of regard for other people's rights of feelings
Symptoms
- Repeatedly performing illegal acts
- Lying to or conning others
- Impulsivity and recklessness
- Irritability and aggressiveness
- Failure to act in responsible ways
- Lack of remorse
- Overinflated sense of self
- Superficial charm
- Lack ability to empathize

Diagnosis requires individual to be at least 18 years old
Prevalence
- Observed in 3.6% of the population
- More common in males

Antisocial personality disorder causes
Genetics
Personality and temperament dimensions related to this disorder (fearlessness, impulsive antisocially, and callousness) have a genetic influence
Adoption studies suggest antisocial behavior is determined by the interaction of genetic factors and adverse environmental circumstances
Emotional deficits
Individuals with antisocial personality disorder fail to show fear in response to environment cues that signal punishment, pain, or noxious stimulation
Brain anatomy
Research has revealed
- Less activation in Brian regions involved in the experience of empathy and feeling concerned for others
- Greater activation in a Brian area involved in self-awareness, cognitive function and interpersonal experience

Suicide
Statistics
- 90% of those who complete suicides have a diagnosis of at least one mental disorder (most frequently mood disorders)
- 2nd leading cause of death in American adolescents (after accidents)
- 10th leading cause of death for all ages in 2010 (an average of 105 each day)
- 4 times higher among males (79% of all suicides) than females
- Males most commonly use fire arms, females most commonly use poison

Risk factors
- Substance abuse problems (10 times greater in individuals with alcohol dependence)
- Previous suicide attempts
- Access to lethal means in which to act (eg. Firearm in the home)
- Precursors — withdrawal from social relationships, feeling like a burden, engaging in reckless and risk taking behaviors
- Sense of entrapment (feeling unable to escape feelings or external circumstances)

- Bullying
- Suicide of a family member
- Serotonin dysfunction

When someone is threatening suicide

- Take it seriously
- Calmly ask simple questions
- Be a supportive listener
- Emphasize that the undeniable can be survived
- Stay with the person until help arrives
- Encourage to get professional help

When someone is threatening suicide do not

- Ignore the warning signs
- Refuse to talk about it
- React with horror or disapproval
- Lecture judgmentally: “You should be thankful…”
- Offer false assurance everything will be alright
- Abandon the person once the crisis seems to have passed