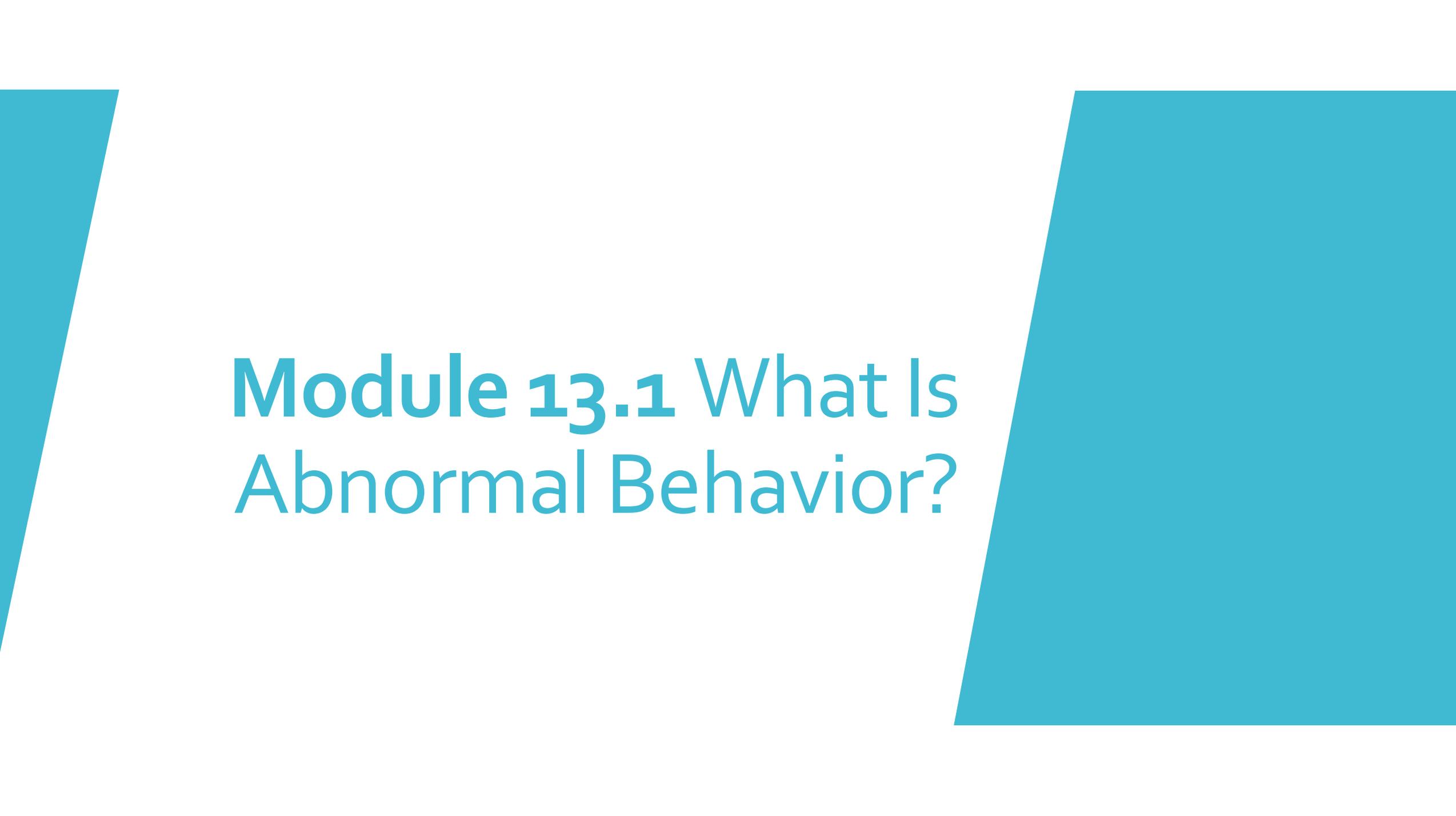


Psychological  
Disorders

# Chapter 13

# Psychological Disorders (1 of 6)

- **Module 13.1** What Is Abnormal Behavior?
  - **Identify** criteria used to distinguish normal behavior from abnormal behavior, and **apply** these criteria to the case examples of Claire and Phil.
  - **Identify** the major contemporary models of abnormal behavior.
  - **Describe** the features of psychological disorders and **explain** how they are classified in the DSM system.
- **Module 13.2** Anxiety-Related Disorders
- **Module 13.3** Dissociative and Somatic Symptom and Related Disorders
- **Module 13.4** Mood Disorders
- **Module 13.5** Schizophrenia
- **Module 13.6** Personality Disorders

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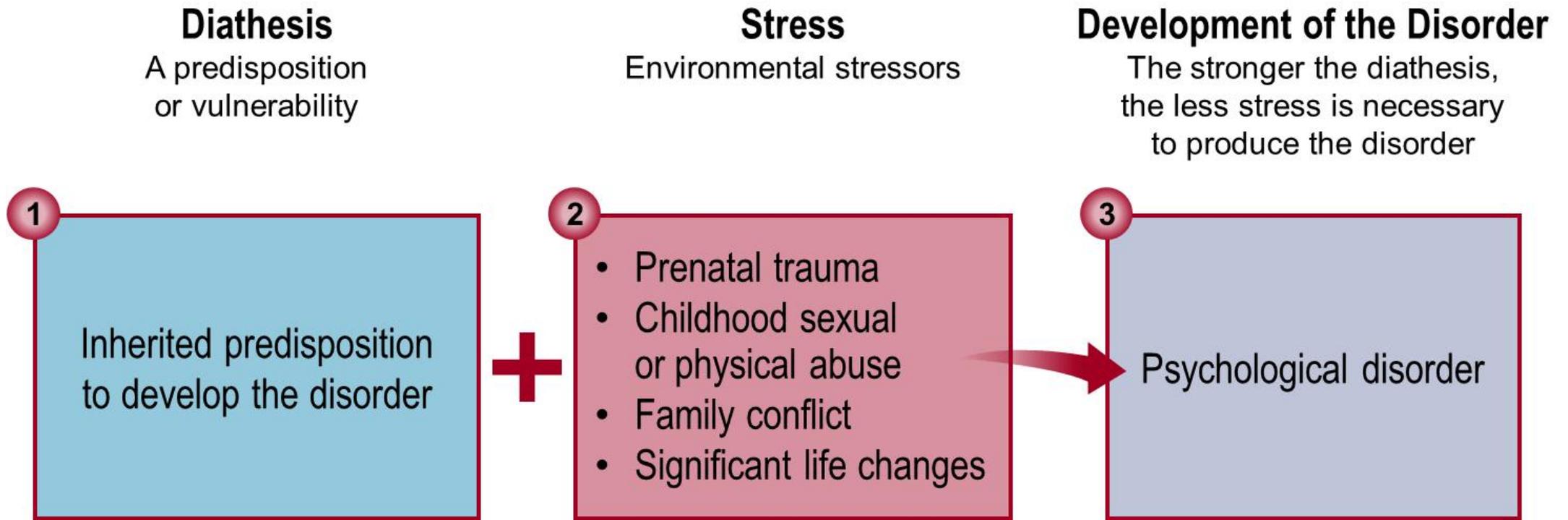
# Module 13.1 What Is Abnormal Behavior?

# Cultural Bases of Abnormal Behavior



# Models of Abnormal Behavior





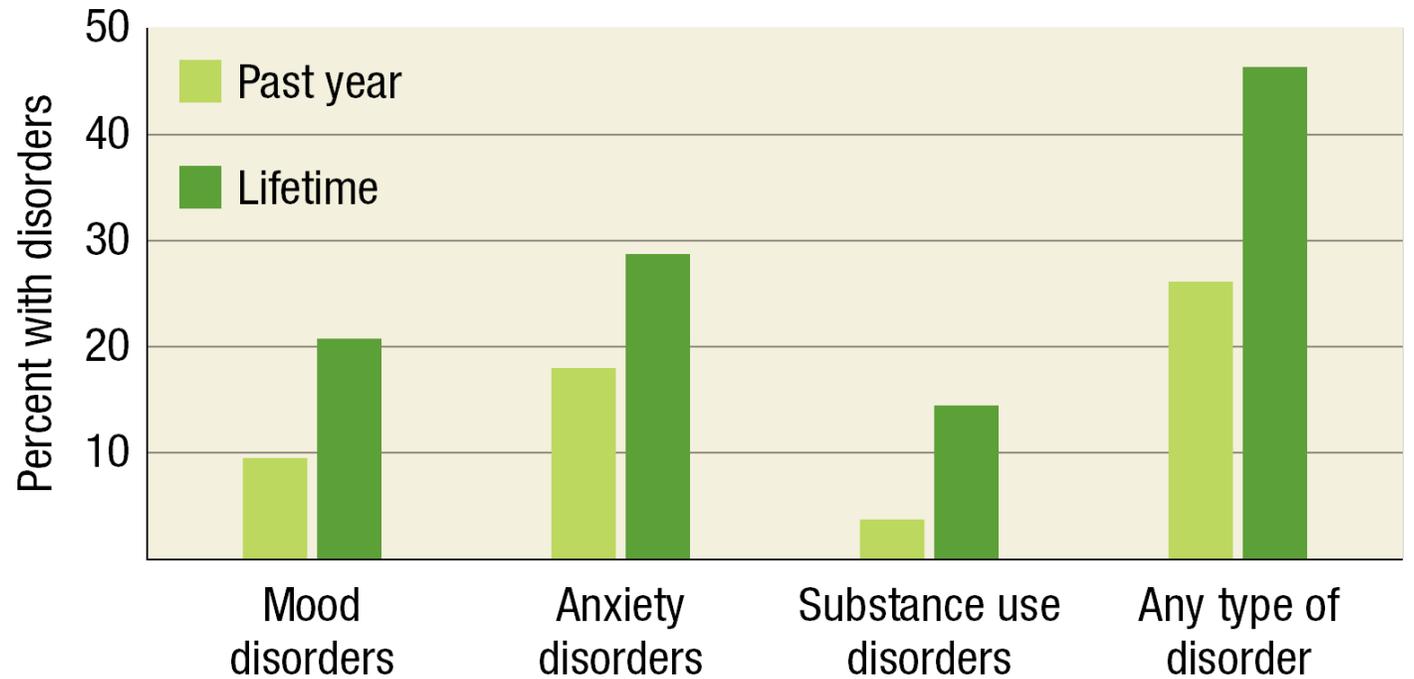
# The Diathesis-Stress Model

FIGURE 13.1

# How Common are Psychological Disorders?

## Prevalence of Psychological Disorders

FIGURE 13.2



# Overview: Contemporary Models of Abnormal Behavior (1 of 2)

- CONCEPT CHART 13.1

	<b>Model</b>	<b>Focus</b>	<b>Key Questions</b>
Psychological Models	Psychodynamic model	Unconscious conflicts and motives underlying abnormal behavior	How do particular symptoms represent or symbolize unconscious conflicts? What are the childhood roots of a person's problem?
Psychological Models	Behavioral model	Learning experiences that shape the development of abnormal behavior	How are abnormal patterns of behavior learned? What role does the environment play in explaining abnormal behavior?
Psychological Models	Humanistic model	Roadblocks to self-awareness and self-acceptance	How do a person's emotional problems reflect a distorted self-image? What roadblocks did the person encounter in the path towards self-realization?
Psychological Models	Cognitive model	Faulty thinking underlying abnormal behavior	What styles of thinking characterize people with particular types of psychological disorders? What roles do personal beliefs, thoughts, and ways of interpreting events play in the development of abnormal behavior patterns?

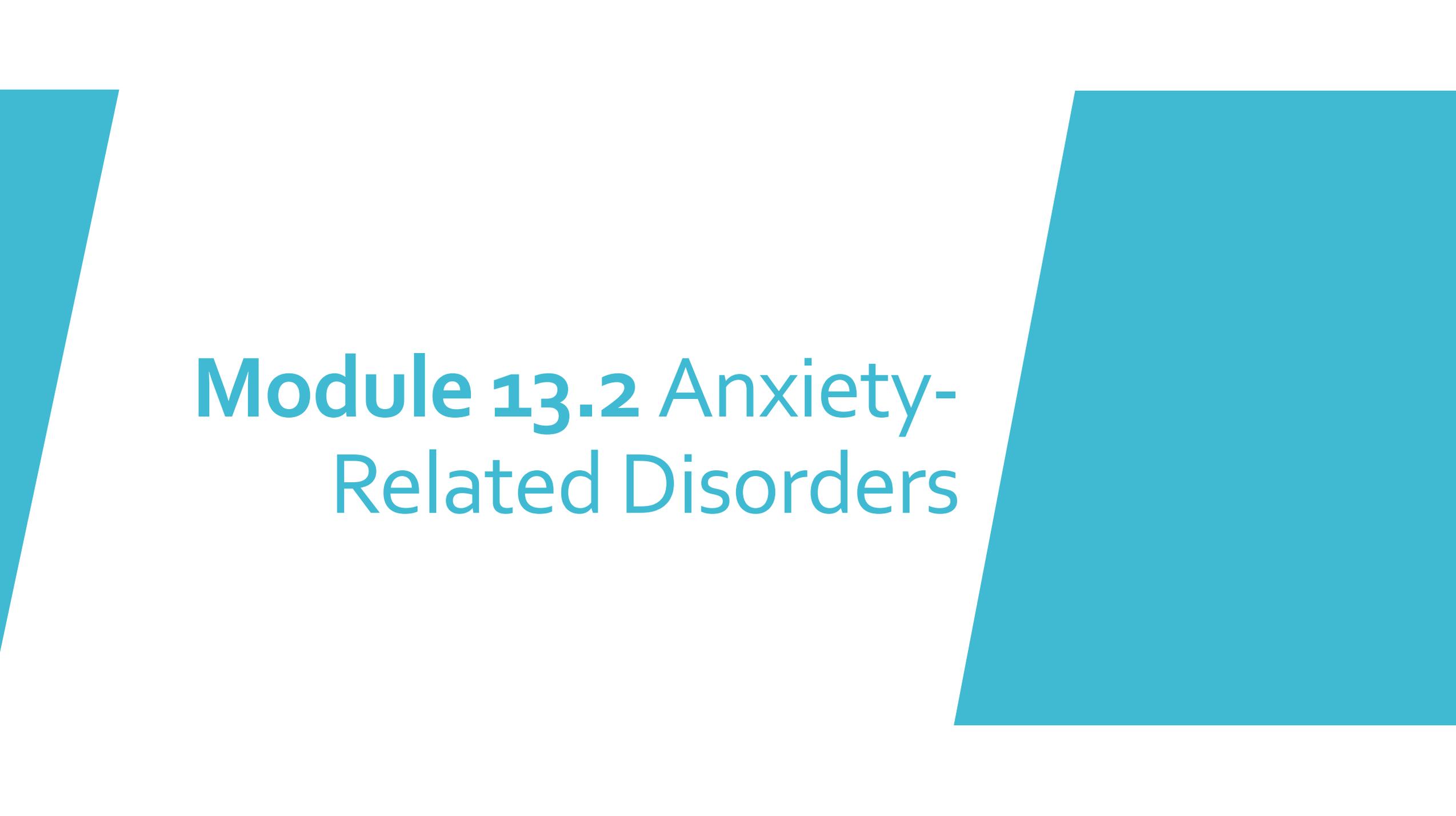
# Overview: Contemporary Models of Abnormal Behavior (2 of 2)

- CONCEPT CHART 13.1

<b>Model</b>	<b>Focus</b>	<b>Key Questions</b>
Medical model	Biological underpinnings of abnormal behavior	What roles do neurotransmitters, genetics, and brain abnormalities play in abnormal behavior?
Sociocultural model	Social ills contributing to the development of abnormal behavior, such as poverty, racism, and prolonged unemployment; relationships between abnormal behavior and ethnicity, gender, culture, and socioeconomic level	What relationships exist between social class status and risks of psychological disorders? Are there gender or ethnic group differences in various disorders? How are these explained? What are the effects of stigmatization on people who are labeled mentally ill?
Biopsychosocial model	Interactions of biological, psychological, and sociocultural factors in the development of abnormal behavior	How might genetic or other factors predispose individuals to psychological disorders in the face of life stress? How do biological, psychological, and sociocultural factors interact in the development of complex patterns of abnormal behavior?

# Psychological Disorders (2 of 6)

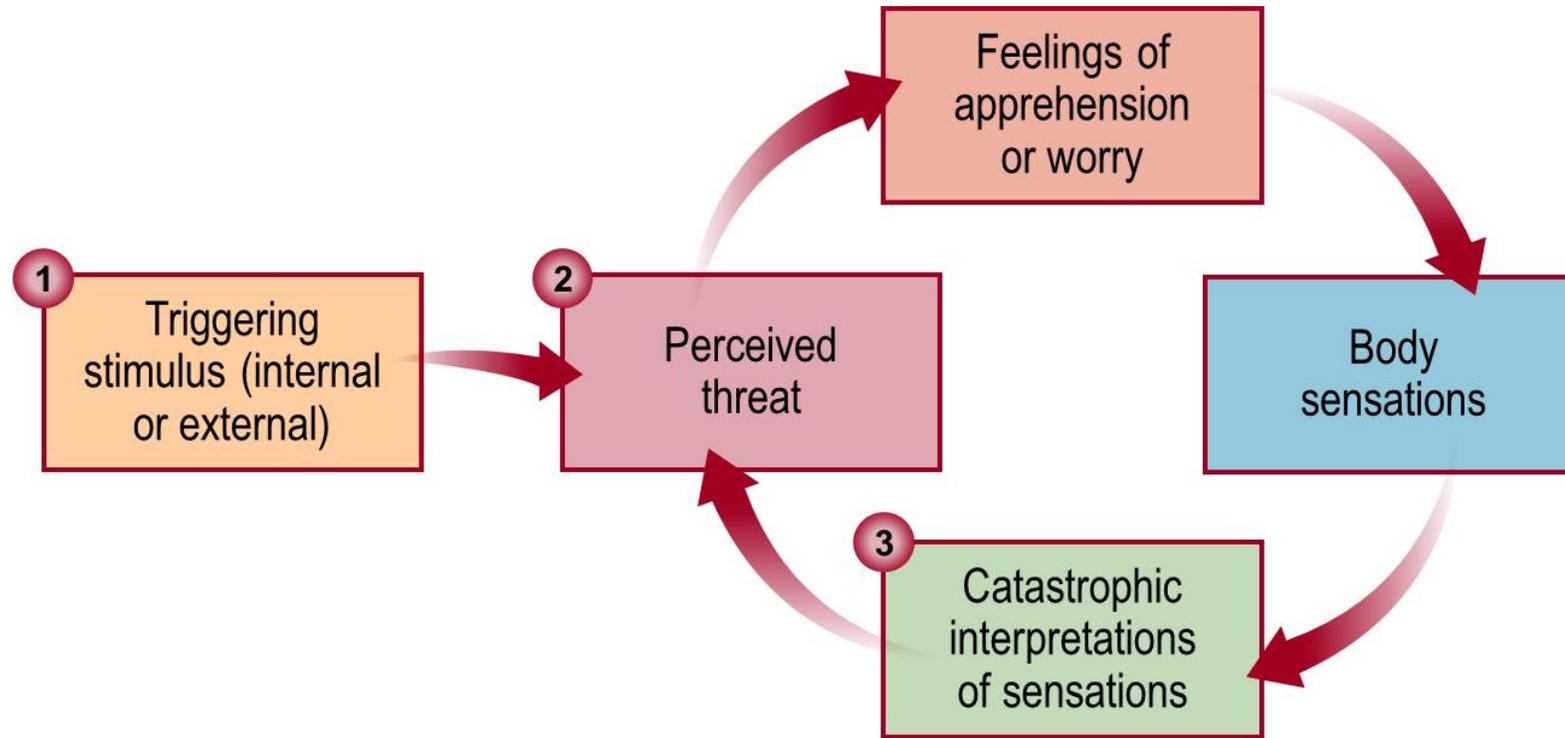
- **Module 13.1** What Is Abnormal Behavior?
- **Module 13.2** Anxiety-Related Disorders
  - **Identify** and **describe** types of anxiety-related disorders and underlying causal factors in these disorders.
- **Module 13.3** Dissociative and Somatic Symptom and Related Disorders
- **Module 13.4** Mood Disorders
- **Module 13.5** Schizophrenia
- **Module 13.6** Personality Disorders

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# Module 13.2 Anxiety- Related Disorders

# Anxiety- Related Disorders





# Cognitive Model of Panic

FIGURE 13.3

# Overview: Anxiety-Related Disorders

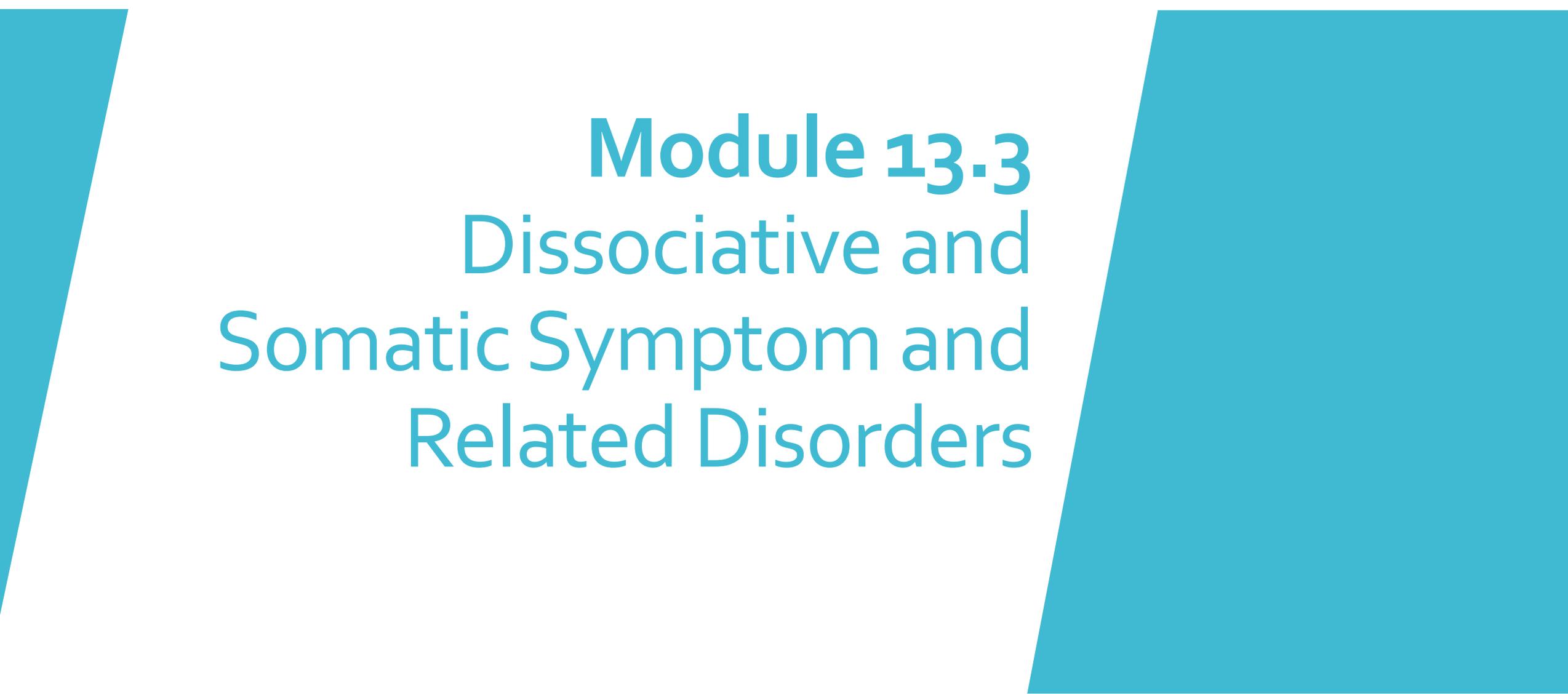
## • CONCEPT CHART 13.2

Type of Disorder	Lifetime Prevalence in Population (approximate)	Symptoms	Associated Features
Agoraphobia	1.4% to 2%	Fear and avoidance of public places	This generally develops secondarily to panic disorder, as the person attempts to avoid situations in which attacks have occurred or in which help might be unavailable in the event of an attack.
Panic disorder	5.1%	Repeated panic attacks accompanied by persistent concern about future attacks	Panic attacks have strong physiological symptoms; beginning attacks occur without warning; this disorder may be accompanied by agoraphobia.
Generalized anxiety disorder	5.7%	Persistent, excessive levels of anxiety and worry	Anxiety has a free-floating quality in that it is not tied to particular objects or situations.
Specific phobia	12.5%	Fear and avoidance of a specific object or situation	Avoidance of the phobic object or situation is negatively reinforced by relief from anxiety.
Social anxiety disorder	12.1%	Fear and avoidance of social situations or performance situations	This involves underlying fear of rejection, humiliation, or embarrassment in social situations.
Obsessive-compulsive disorder	2% to 3%	Recurrent obsessions and/or compulsions	A repetitive cycle may ensue in which obsessive thoughts engender anxiety that, in turn, is partially relieved (negatively reinforced) by performing the compulsive ritual.

- Sources: Prevalence data based on American Psychiatric Association, 2013; Conway et al, 2006; Blanco et al., 2006; Grant, Hasin, Stinson et al., 2006; Kessler, Berglund, et al, 2005; Kessler, Chiu, et al., 2015; Stein & Sareen, 2015

# Psychological Disorders (3 of 6)

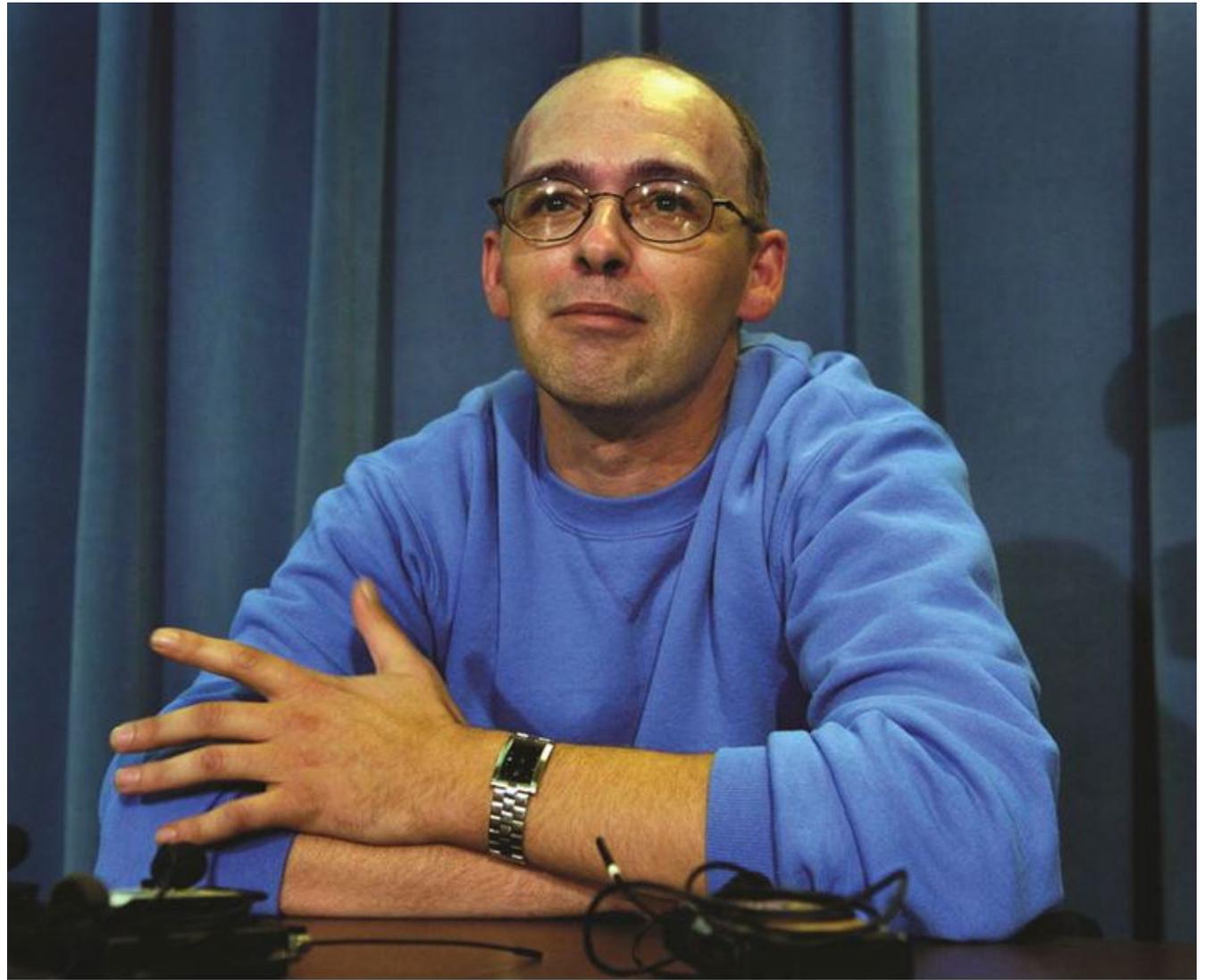
- **Module 13.1** What Is Abnormal Behavior?
- **Module 13.2** Anxiety-Related Disorders
- **Module 13.3** Dissociative and Somatic Symptom and Related Disorders
  - **Identify** and **describe** types of dissociative and somatic symptom and related disorders and underlying causal factors in these disorders.
- **Module 13.4** Mood Disorders
- **Module 13.5** Schizophrenia
- **Module 13.6** Personality Disorders



# Module 13.3

## Dissociative and Somatic Symptom and Related Disorders

# Dissociative Disorders and Their Causes



# Somatic Symptom and Related Disorders



# Overview: Dissociative and Somatic Symptom and Related Disorders

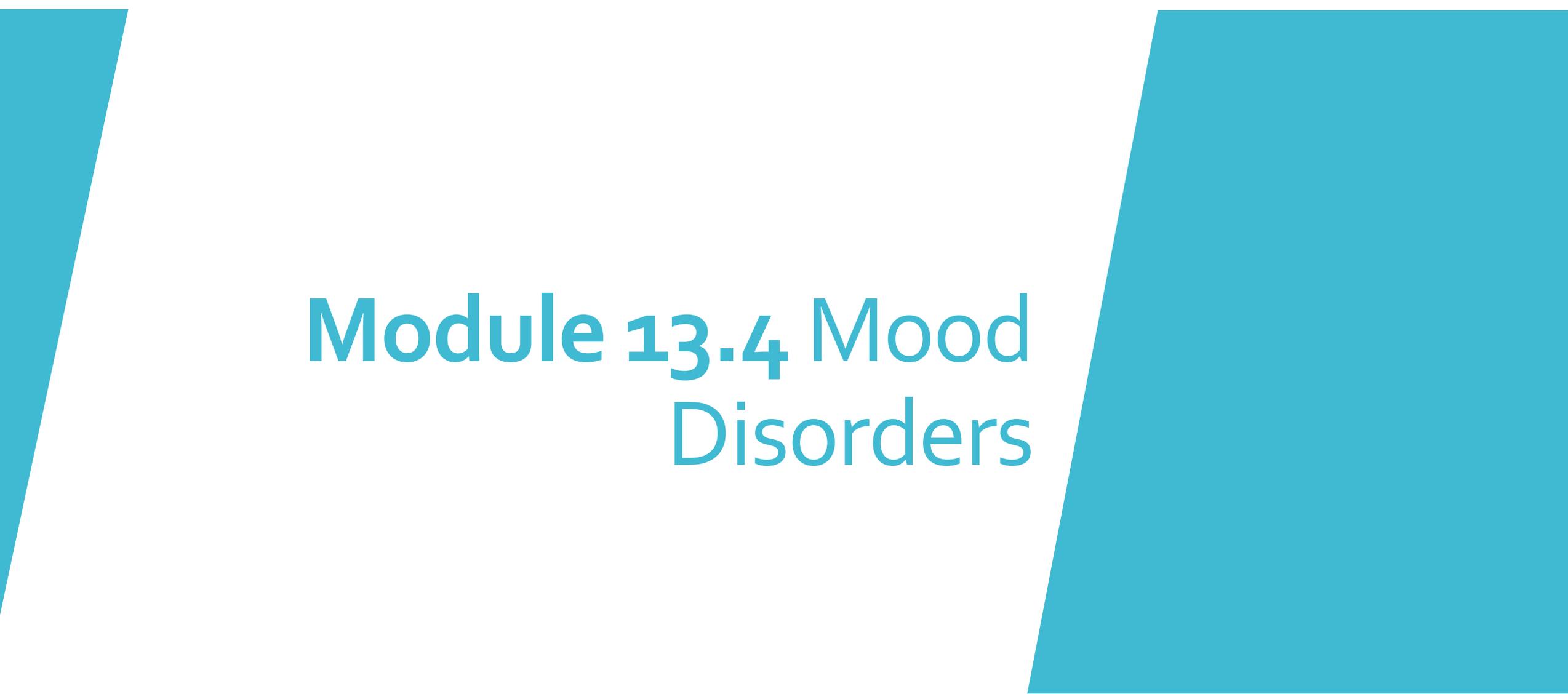
- CONCEPT CHART 13.3

Type of Disorder	Lifetime Prevalence	Features	Comments
Dissociative identity disorder	Rare	Multiple personalities emerge within the same individual	May represent a type of psychological defense against trauma or unbearable abuse from childhood
Dissociative amnesia	Rare	Memory loss that cannot be explained as the result of head trauma or other physical cause	Typically involves loss of memories associated with specific traumatic events
Conversion disorder	Rare, but is reported in 5% of patients referred to neurology clinics	A loss or change of physical function that cannot be explained by a medical condition	May have been much more common in Freud's day than in our own
Somatic symptom disorder	Unknown, but may affect between 5% and 7% of the general population	Excessive concerns about one's physical symptoms to the point that it significantly interferes with one's thoughts, feelings, or behaviors in daily life	May have features similar to those of anxiety-related disorders

- Sources: Prevalence data based on American Psychiatric Association, 2013

# Psychological Disorders (4 of 6)

- **Module 13.1** What Is Abnormal Behavior?
- **Module 13.2** Anxiety-Related Disorders
- **Module 13.3** Dissociative and Somatic Symptom and Related Disorders
- **Module 13.4** Mood Disorders
  - **Identify** and **describe** types of mood disorders and underlying causal factors in these disorders.
  - **Identify** factors linked to risk of suicide.
- **Module 13.5** Schizophrenia
- **Module 13.6** Personality Disorders



# Module 13.4 Mood Disorders

# Types of Mood Disorders



# Cognitive Factors in Depression (1 of 2)

- TABLE 13.1 Cognitive Distortions Linked to Depression

Type of Cognitive Distortion	Description	Example
All-or-nothing thinking	Viewing events in black or white terms, as either all good or all bad	Do you view a relationship that ended as a total failure, or are you able to see some benefits in the relationship? Do you consider any less-than-perfect performance as a total failure?
Misplaced blame	Tendency to blame or criticize yourself for disappointments or setbacks while ignoring external circumstances	Do you automatically assume that it's your fault when things don't go as planned?
Misfortune telling	Tendency to think that one disappointment will inevitably lead to another	If you get a rejection letter from a job you applied for, do you assume that all the other applications you sent will meet the same fate?
Negative focusing	Focusing your attention only on the negative aspects of your experiences	When you get a job evaluation, do you overlook the praise and focus only on the criticism?
Dismissing the positives	Snatching defeat from the jaws of victory by trivializing or denying your accomplishments; minimizing your strengths or assets	When someone compliments you, do you find some way of dismissing it by saying something like, "it's no big deal" or "anyone could have done it"?

- Source: Adapted from Burns, 1980; Nevid & Rathus, 2010; Nevid, Rathus, & Greene, 2014

# Cognitive Factors in Depression (2 of 2)

- TABLE 13.1 Cognitive Distortions Linked to Depression

Type of Cognitive Distortion	Description	Example
Jumping to conclusions	Drawing a conclusion that is not supported by the facts at hand	Do you usually or always expect the worst to happen?
Catastrophizing	Exaggerating the importance of negative events or personal flaws (making mountains out of molehills)	Do you react to a disappointing grade on a particular examination as though your whole life is ruined?
Emotion-based reasoning	Reasoning based on your emotions rather than on a clear-headed evaluation of the available evidence	Do you think that things are really hopeless because it feels that way?
Shouldisms	Placing unrealistic demands on yourself that you <i>should</i> or <i>must</i> accomplish certain tasks or reach certain goals	Do you feel that you <i>should</i> be further along in your life than you are now? Do you feel you <i>must</i> ace this course or else? (Not that it wouldn't be desirable to ace the course, but is it really that you <i>must</i> ?)
Name-calling	Attaching negative labels to yourself or others as a way of explaining your own or others' behavior	Do you label yourself as lazy or stupid when you fall short of reaching your goals?
Mistaken responsibility	Assuming that you are the cause of other people's problems	Do you automatically assume that your partner is depressed or upset because of something you said or did (or didn't say or do)?

- Source: Adapted from Burns, 1980; Nevid & Rathus, 2010; Nevid, Rathus, & Greene, 2014

# Suicide



Art/Corbis

# Common Myths about Suicide

## • TABLE 13.2 Myths About Suicide

Myth	Fact
People who threaten suicide are only seeking attention.	Not so. People who go on to commit suicide often give clear clues concerning their intentions, such as disposing of their possessions or suddenly making arrangements for a burial plot.
A person must be insane to attempt suicide.	Most people who attempt suicide may feel hopeless, but they are not insane (that is, out of touch with reality).
Talking about suicide with a person with depression may prompt the person to attempt it.	An open discussion of suicide with a person with depression does not prompt the person to attempt it. In fact, extracting a promise that the person will not attempt suicide before calling or visiting a mental health worker may well <i>prevent</i> a suicide.
People who attempt suicide and fail aren't serious about killing themselves.	Most people who commit suicide have made previous unsuccessful attempts.
If someone threatens suicide, it is best to ignore it so as not to encourage repeated threats.	Though some people do manipulate others by making idle threats, it is prudent to treat every suicidal threat as genuine and to take appropriate action.

# Overview: Mood Disorders

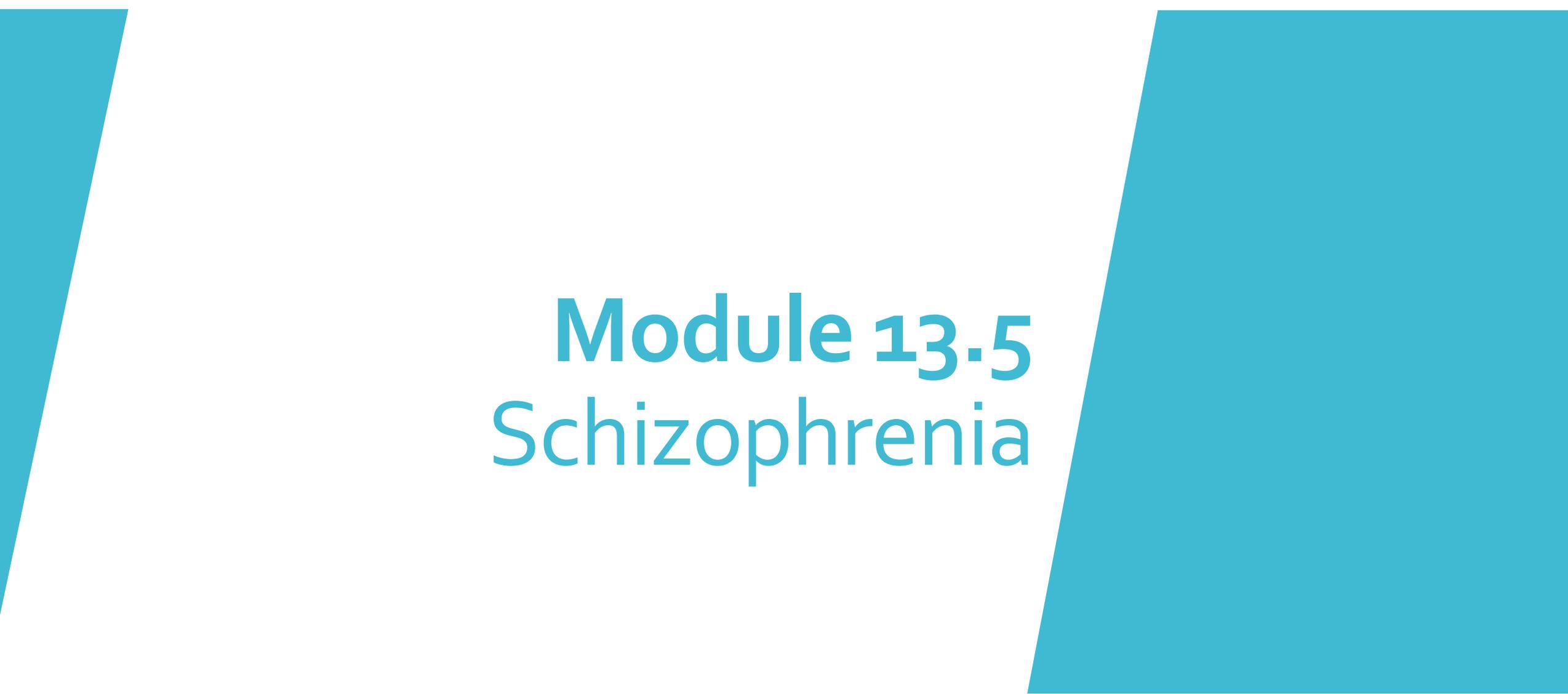
- CONCEPT CHART 13.4

Type of Disorder	Lifetime Prevalence (approximate)	Symptoms	Associated Features
Major depression	12% in men, 21% in women, 16.5% overall	Downcast mood, feelings of hopelessness and worthlessness, changes in sleep patterns or appetite, loss of motivation, loss of pleasure in pleasant activities	Following a depressive episode, the person may return to his or her usual state of functioning, but recurrences are common
Bipolar disorder	1%	Periods of shifting moods between mania and depression, perhaps with intervening periods of normal mood	Manic episodes are characterized by pressured speech, flight of ideas, poor judgement, hyperactivity, and inflated mood and sense of self

- Sources: Prevalence data based on American Psychiatric Association, 2013; Conway et al., 2006

# Psychological Disorders (5 of 6)

- **Module 13.1** What Is Abnormal Behavior?
- **Module 13.2** Anxiety-Related Disorders
- **Module 13.3** Dissociative and Somatic Symptom and Related Disorders
- **Module 13.4** Mood Disorders
- **Module 13.5** Schizophrenia
  - **Describe** the features of schizophrenia and underlying causal factors.
  - **Explain** the development of schizophrenia based on the diathesis-stress model.
- **Module 13.6** Personality Disorders



# Module 13.5

## Schizophrenia

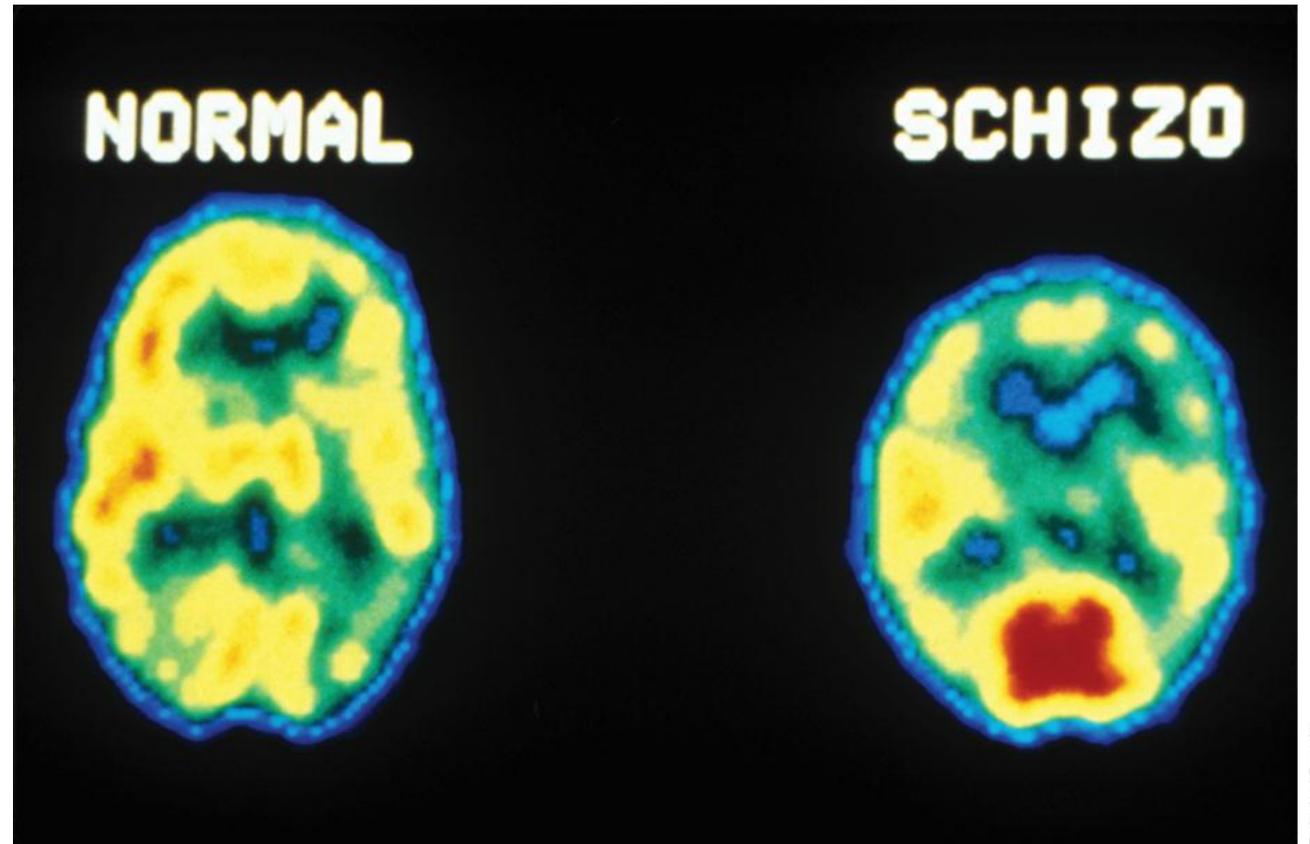
# Symptoms of Schizophrenia



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# Causes of Schizophrenia

FIGURE 13.5



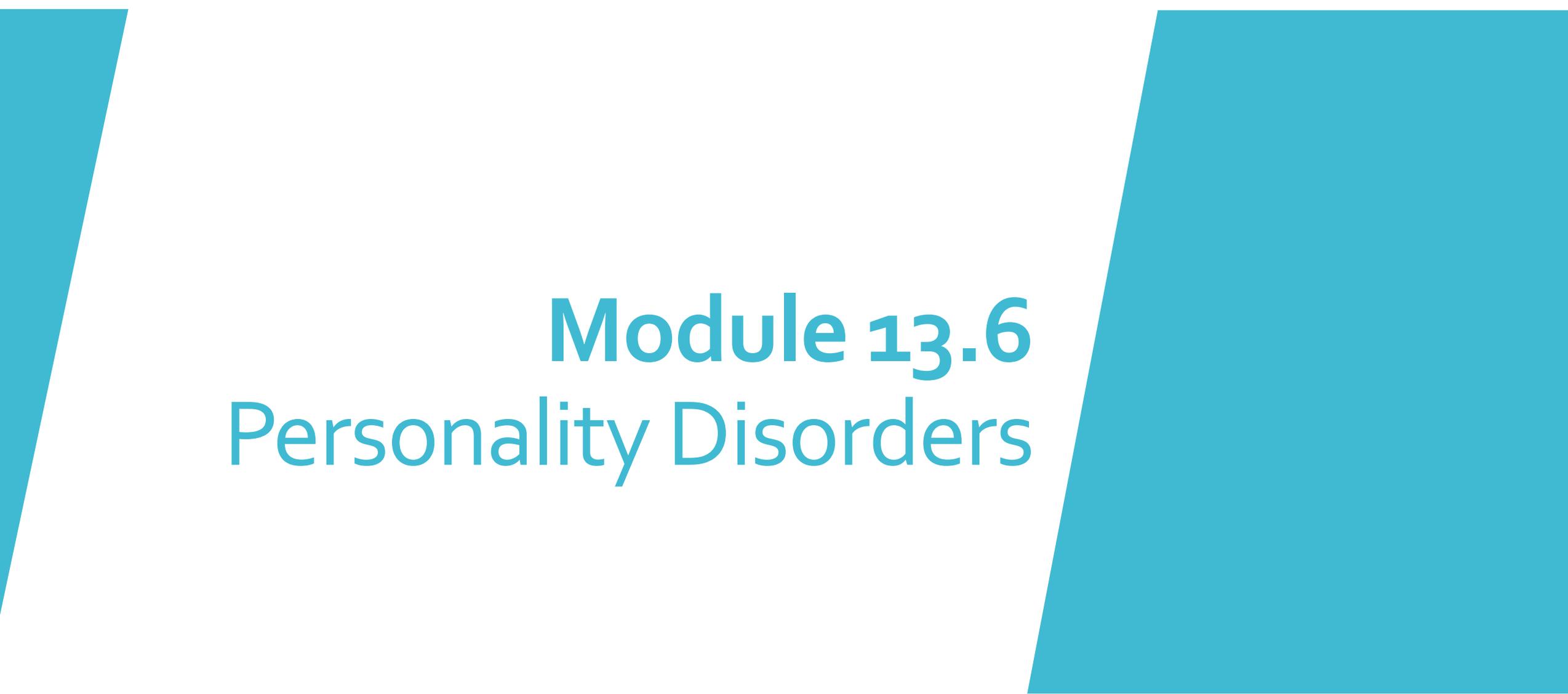
# Overview: Schizophrenia

- CONCEPT CHART 13.5

<b>Description</b>	<b>Symptoms</b>	<b>Probable Causes</b>
A chronic psychotic disorder affecting about 1% of the population	Delusions, hallucinations, bizarre behavior, incoherent or loosely connected speech, inappropriate emotions or lack of emotional expression, social withdrawal, and apathy	An interaction of a genetic predisposition and life stress; underlying brain abnormalities

# Psychological Disorders (6 of 6)

- **Module 13.1** What Is Abnormal Behavior?
- **Module 13.2** Anxiety-Related Disorders
- **Module 13.3** Dissociative and Somatic Symptom and Related Disorders
- **Module 13.4** Mood Disorders
- **Module 13.5** Schizophrenia
- **Module 13.6** Personality Disorders
  - **Define** the concept of personality disorders.
  - **Describe** the features of antisocial personality disorder and borderline personality disorder and underlying causal factors in these disorders.



# Module 13.6

## Personality Disorders

# Antisocial Personality Disorder



# Overview: Antisocial and Borderline Personality Disorder

- CONCEPT CHART 13.6

<b>Disorder</b>	<b>Lifetime Prevalence in Population (approximate)</b>	<b>Symptoms</b>	<b>Associated Features</b>
Antisocial personality disorder	Upwards of 6% in men, 1% in women	A pattern of antisocial and irresponsible behavior; callous treatment of others; lack of remorse for wrongdoing	Lacks empathy for others and may take advantage of people or fail to meet their commitments
Borderline personality disorder	1.6%–5.9%	Unstable moods and stormy relationships with others; unstable self-image; lack of impulse control	May engage in self-destructive behaviors, such as cutting themselves

- Sources: Prevalence data based on American Psychiatric Association, 2013; Cale & Lilienfeld, 2002; Kernberg & Michels, 2009; Kessler et al., 1994; Paris, 2010