

# Psychological Disorders

Chapter 13

## What is mental illness?

- The medical model
  - Diagnosis, etiology, prognosis
- Thomas Szasz
- Criteria
  - Deviance
  - Maladaptive
  - Personal distress

## Diagnostic and Statistical Manual of Mental Disorders

- DSM-IV
- Multiaxial
  - Axis I: Clinical Syndromes
  - Axis II: Personality Disorders or Mental Retardation
  - Axis III: Medical Conditions
  - Axis IV: Social/Environment Problems
  - Axis V: Global Assessment of Functioning

### ■ Diagnostic criteria for Schizophrenia

A. *Characteristic symptoms:* Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):

- (1) delusions
- (2) hallucinations
- (3) disorganized speech (e.g., frequent derailment or incoherence)
- (4) grossly disorganized or catatonic behavior
- (5) negative symptoms, i.e., affective flattening, alogia, or avolition

**Note:** Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other.

B. *Social/occupational dysfunction:* For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

C. *Duration:* Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

# Diagnostic and Statistical Manual of Mental Disorders

- DSM-IV
- Multiaxial
  - Axis I: Clinical Syndromes
  - Axis II: Personality Disorders or Mental Retardation
  - Axis III: Medical Conditions
  - Axis IV: Social/Environment Problems
  - Axis V: Global Assessment of Functioning

## Global Assessment of Functioning (GAF) Scale

CODE	NOTE
100 - 81	Superior functioning in a wide range 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.
90 - 81	Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.
80 - 71	If symptoms are present they are transient and expectable reactions to psychosocial stressors; no more than slight impairment in social, occupational, or school functioning.
70 - 61	Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
60 - 51	Moderate symptoms OR moderate difficulty in social, occupational, or school functioning in social, occupational, or school functioning.
50 - 41	Serious symptoms OR any serious impairment in social, occupational, or school functioning.
40 - 31	Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.
30 - 21	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment OR inability to function in almost all areas.
20 - 11	Some danger of hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.
10 - 01	Persistent danger of severely hurting self or others OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

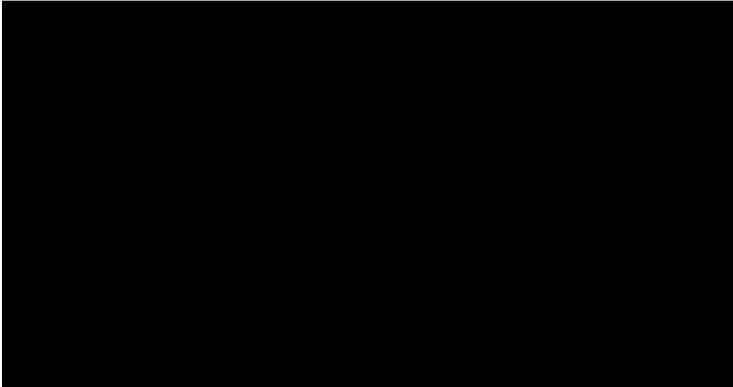
## Disorders

- Anxiety Disorders
- Somatoform Disorders
- Mood Disorders
- Dissociative Disorders
- Schizophrenia

## Anxiety Disorders

- Generalized anxiety disorder
- Phobic disorder
- Panic disorder/agoraphobia
- Obsessive-compulsive disorder
- Post-traumatic stress disorder

## DSM criteria for GAD



## DSM criteria for GAD (cont'd)

4. The focus of the anxiety and worry is not confined to features of an Axis I disorder, e.g., the anxiety or worry is not about having a panic attack (as in panic disorder), being embarrassed in public (as in social phobia), being contaminated (as in obsessive-compulsive disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in anorexia nervosa), having multiple physical complaints (as in somatization disorder), or having a serious illness (as in hypochondriasis), and the anxiety and worry do not occur exclusively during posttraumatic stress disorder.
5. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
6. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.

## Anxiety Disorders

- Generalized anxiety disorder
- Phobic disorder
- Panic disorder/agoraphobia
- Obsessive-compulsive disorder
- Post-traumatic stress disorder

## Phobias

- Acrophobia
  - Fear of heights
- Claustrophobia
  - Fear of enclosed spaces
- Androphobia
  - Fear of men
- Agoraphobia
  - Fear of public places

## Anxiety Disorders

- Generalized anxiety disorder
- Phobic disorder
- Panic disorder/agoraphobia
- Post-traumatic stress disorder
- Obsessive-compulsive disorder

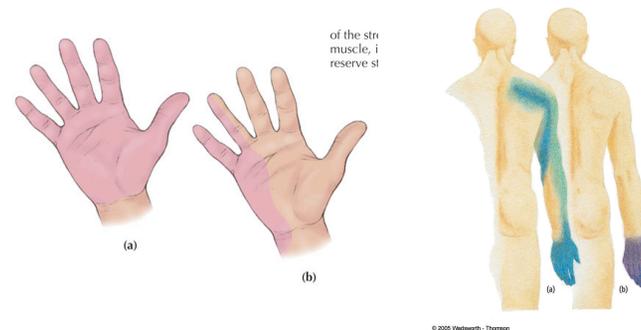
## OCD



## Somatoform Disorders

- Compare to: Psychosomatic illness
- Conversion disorder
- Hypochondriasis
- Compare to:
  - Malingering
  - Factitious disorder (Munchausen syndrome)
  - The Sick Role

## Glove Anesthesia



## Somatoform Disorders

- Compare to psychosomatic illness
- Conversion disorder
- Hypochondriasis
- Compare to:
  - Malingering
  - Factitious disorder (Munchausen syndrome)
- The Sick Role

### Factitious Disorder (Munchausen) Part II

## Mood Disorders

- Major depressive disorder

## Depression Screening Test

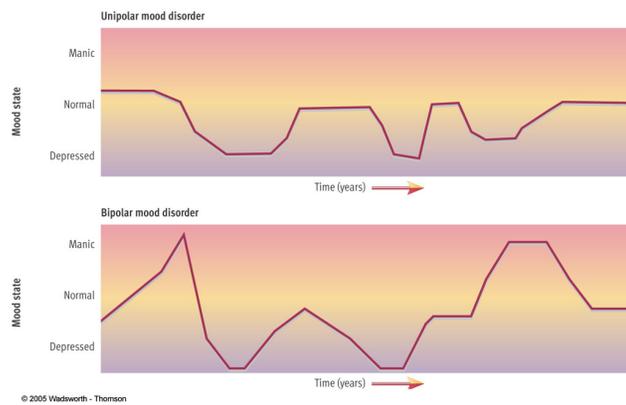
- Do you feel sad, blue, unhappy or "down in the dumps?"
- Do you feel tired, having little energy, unable to concentrate?
- Do you feel uneasy, restless or irritable?
- Do you have trouble sleeping or eating (too little or too much)?
- Do you feel that you are not enjoying the activities you used to?
- Do you feel that you lost interest in sex or experiencing sexual difficulties?
- Do you feel it takes you longer than before to make decisions or unable to concentrate?
- Do you feel inadequate, like a failure or that nobody likes you anymore?
- Do you feel guilty without a rational reason, or put yourself down?
- Do you feel that things always go or will go wrong no matter how hard you try?

# Depression

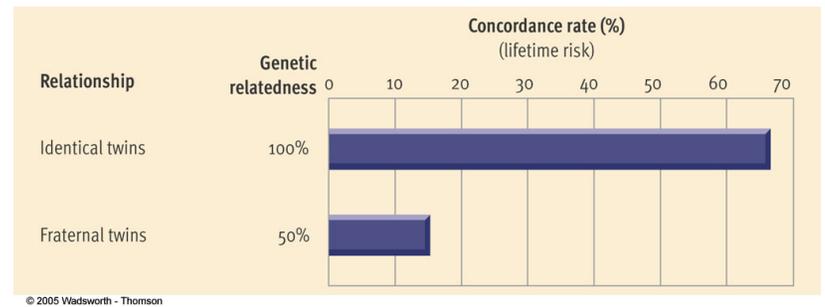


# Bipolar Disorder

- Formerly manic-depressive disorder



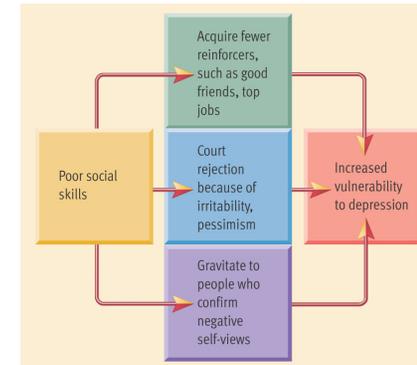
# Genetic Factors in Depression



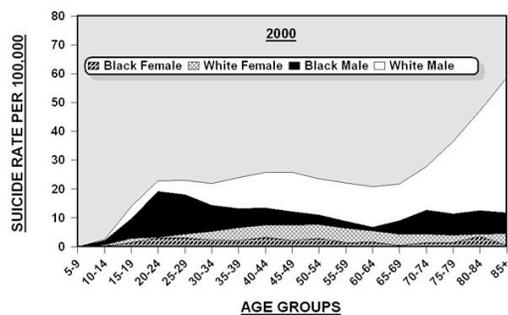
## Cognitive Factors in Depression

- Seligman
- Learned helplessness
  - Hopelessness theory
  - Pessimistic explanatory style
- Rumination

## Interpersonal Factors in Depression



## Suicide



Source: National Institute of Mental Health  
Data: Centers for Disease Control And Prevention, National Center For Health Statistics

## Dissociative Disorders

- Dissociative amnesia
- Dissociative fugue
- Dissociative identity disorder

## The Three Faces of Eve



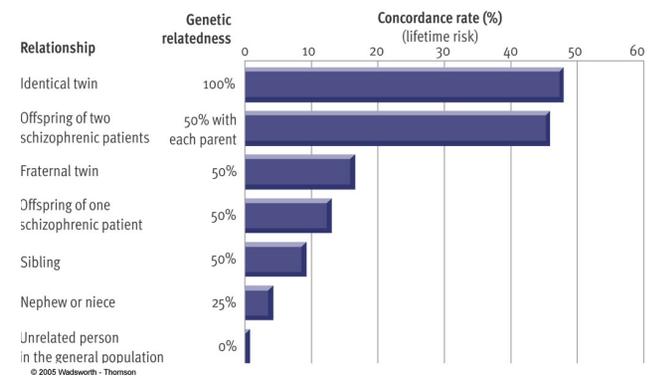
## Schizophrenia



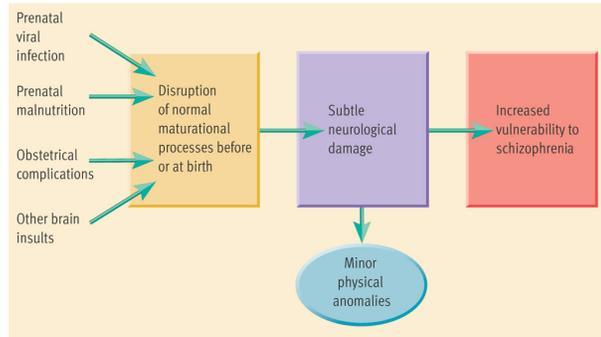
## Schizophrenia

- Types
- Paranoid
- Catatonic
- Disorganized
- Undifferentiated
- Tardive dyskinesia
- Positive vs. negative symptoms

## Genetics of Schizophrenia



## Neurodevelopmental Hypothesis



© 2005 Wadsworth - Thomson

## Culture and disorders

- Koro
- Windigo
- Anorexia nervosa