
PSY1102

Introduction to Applied Psychology

Class 15

Psychological disorders

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Agenda for today

1. Perspectives on psychological disorders
 - a. Defining psychological disorders
 - b. Understanding psychological disorders
 - c. Classifying psychological disorders
 - d. Labelling psychological disorders
2. Anxiety disorders
 - a. Generalised anxiety disorder
 - b. Panic disorder
 - c. Phobias
 - d. Obsessive-compulsive disorder (OCD)
 - e. Post-traumatic stress disorder (PTSD)
 - f. Understanding anxiety disorders

1. Perspectives on psychological disorders

- All of us know several people, and among those people there is likely a diversity of personalities.
- As an example, it is likely that someone you know “pushes the limits” more than other people, taking more chances and engaging in riskier behaviour.
- At what point do you begin to see this behaviour as not quite normal, or – more seriously – as indicating a psychological disorder?
- Moreover, how do you, as a non-specialist, describe this behaviour? Is the behaviour:
 - Attention-seeking?
 - An indication of some pathology?
 - A “cry for help”?

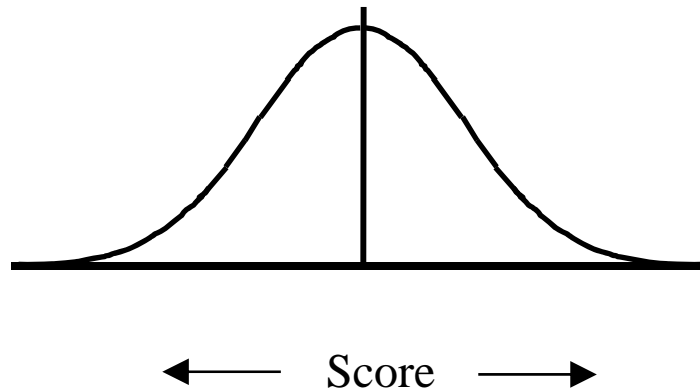
1. Perspectives on psychological disorders (cont'd.)

- How should we define psychological disorders?
- How should we understand psychological disorders? Are they sicknesses that need to be diagnosed, or are they natural (and perhaps adaptive) responses to a troubling environment?
- How should we classify psychological disorders?
 - For example, in medicine diseases can be classed as bacterial, viral, autoimmune, etc. Is there a similar system for psychological disorders?
 - Also, how do we assign a label to the disorder in a way that does not attach a stigma to the person? Here, a medical analogy might be leprosy (Hansen's disease). Consider the difference between the phrases "he has leprosy" and "he's a leper". One labels the disease, the other labels the person.

1a. Defining psychological disorders

How should we draw the line between normality and disorder?

- Psychological disorders involve ongoing patterns of thoughts, feelings, and actions that are deviant, distressful, and/or dysfunctional.
- What do these terms mean?
- As context, consider a theoretical distribution of any attribute (e.g., curiosity):



1a. Defining psychological disorders: deviance

- Deviant simply implies that you are different from most other people in your culture.
- Although perhaps useful, this definition is clearly culture-specific. As the culture changes, so does the definition of deviant. For example:
 - Homosexuality used to be considered deviant behaviour. Medical treatments were sometimes applied to “convert” homosexuals to a “normal” sexual orientation. (DSM, 1986.)
 - A few decades ago, it was rare to see people walking in the street with a cup of coffee; today, it is normal.
 - In some cultures, left-handedness is seen as deviant.
 - Empiricists may see religion as a set of irrational beliefs and behaviours, in which people speak to (and sometimes hear), fear, and seek guidance from a “spirit” that no one has ever observed in a documented manner.

1a. Defining psychological disorders: distress

- However, to be indicative of a disorder the deviant attitude or behaviour usually causes the person distress.
- Finally, a diagnosis of psychological disorder is more likely when the deviant behaviour or attitude is not only distressing but is also a harmful dysfunction.
- Despite these diagnostic criteria, it can still be difficult to verify objectively the existence of a psychological disorder.
 - Is ADHD a true psychological disorder, or has the culture changed (especially in the classroom) in a manner that marginalises the high-energy behaviour of some students, and especially boys?
 - Left-handers, who make up about 10% of the population, have a shorter life expectancy than right-handers. If a left-hander is distressed about this condition, does it become a psychological disorder?

1b. Understanding psychological disorders

- Societies have struggled to cope with unusual behaviour for millennia.
- Over 2500 years ago, holes were made in skulls of several people in southern France, presumably to treat some disorder.
- More recently, “mad” or “insane” people were caged (sometimes for public viewing), beaten, burned, or subjected to other horrendous treatments.
- During the Spanish Inquisition (1400s to 1800s), many people were tortured for heresy. In this situation, the torturers were doing “God’s work” and the “heretics” were being punished for their beliefs.

www.youtube.com/watch?v=-86bO2tkNSE

1b. Creativity and the artistic temperament

Now the flames they followed Joan of
Arc

As she came riding through the dark;
No moon to keep her armour bright,
No man to get her through this very
smoky night.

She said, "I'm tired of the war,
I want the kind of work I had before,
A wedding dress or something white
To wear upon my swollen appetite."

"Well, I'm glad to hear you talk this way,
You know I've watched you riding every
day

And something in me yearns to win
Such a cold and lonesome heroine."

"And who are you?" she sternly spoke
To the one beneath the smoke.

"Why, I'm fire," he replied,

"And I love your solitude, I love your
pride."

"Then fire, make your body cold,
I'm going to give you mine to hold,"
Saying this she climbed inside
To be his one, to be his only bride.
And deep into his fiery heart
He took the dust of Joan of Arc,
And high above the wedding guests
He hung the ashes of her wedding dress.

It was deep into his fiery heart
He took the dust of Joan of Arc,
And then she clearly understood
If he was fire, oh then she must be wood.
I saw her wince, I saw her cry,
I saw the glory in her eye.
Myself I long for love and light,
But must it come so cruel, and oh so
bright?

Joan of Arc, by Leonard Cohen (1971)

1b. Understanding: the medical model

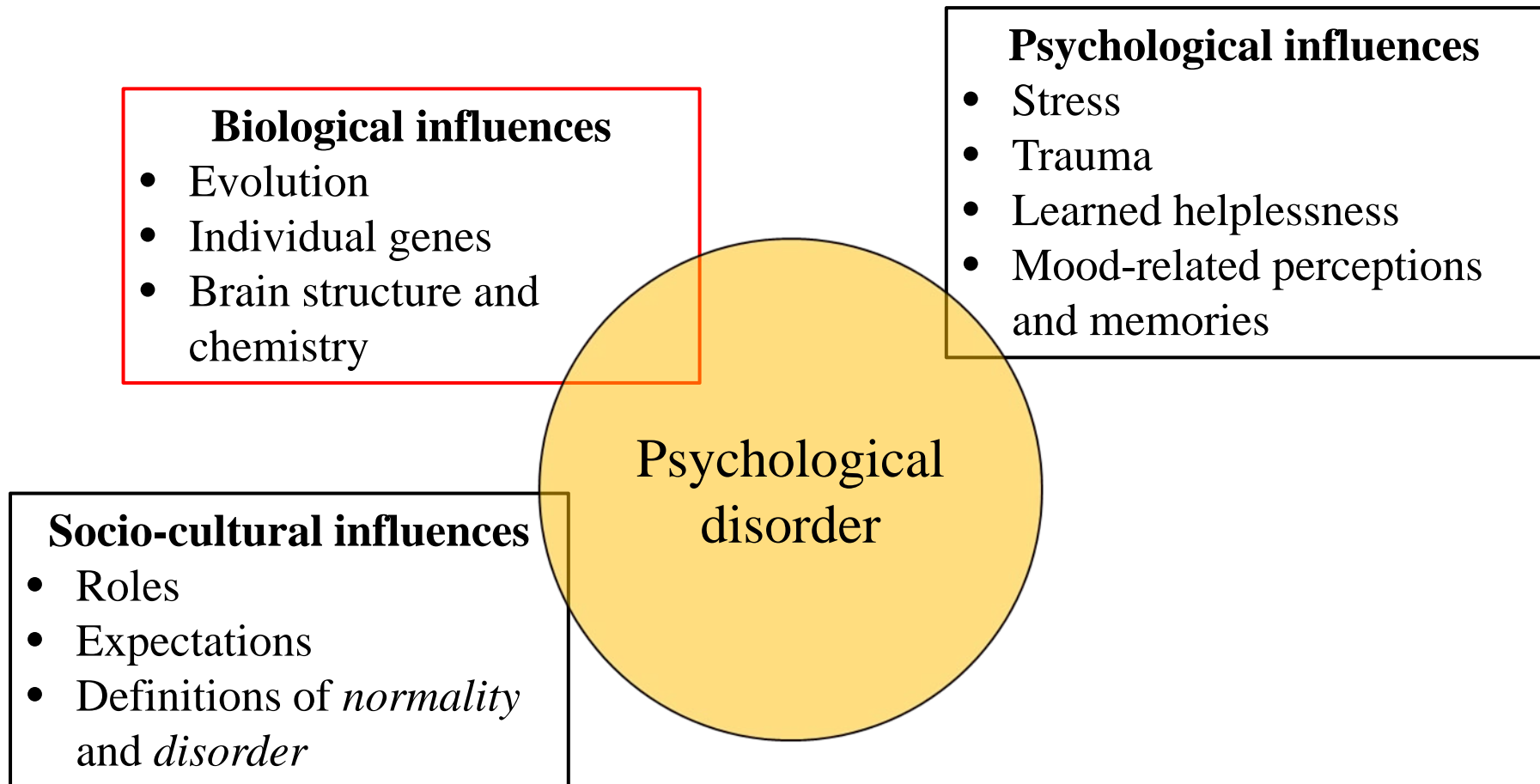
- Once again, we encounter the mind-body issue.
- Rather than seeing “madness” as a form of demon possession, Pinel saw it as an illness of the mind.
- Accordingly, his therapeutic approach was to treat the person with respect, take them out of chains and isolation, and speak with them.
- In the 1800s, it became clear that syphilis can affect the brain and cause mental issues. This opened the door to the use of the medical model, which sees a mental illness as a psycho-pathology which may be treated in a psychiatric hospital.
- Here, the very vocabulary used to describe the disorder and treatment are heavily weighted from a medical perspective.

1b. Understanding: the biopsychosocial approach

- Consistent with the social-cognitive perspective on personality, today's view is that all behaviour is a product of the interaction of nature and nurture, including our environment.
- Without considering the environment in which the person operates, the burden of mental illness is placed on the person.
- By including the environment as a potential contributing factor, we acknowledge that the person's behaviour is, at least in part, a product of his or her history and perception of current situation.
- Some disorders (e.g., anorexia and bulimia) are culture-specific; that is, they occur in one culture, but not others.
- Others (e.g., schizophrenia and depression) can be found across cultures.

1b. Understanding: the biopsychosocial approach

- Figure 14.1 (page 597) in the textbook summarises the biopsychosocial approach to psychological disorders.



1c. Classifying psychological disorders

- Information is made more manageable when we can organise it.
- One way to organise information is alphabetically, for example in a dictionary or encyclopedia.
 - How do you “alphabetise” information in a non-alphabetic language, such as Mandarin?
- Another way to organise information is to classify it according to characteristics. For example:
 - Vertebrates have an internal skeleton with a vertebral column;
 - Birds have feathers; mammals have hair or fur; reptiles have neither; (most) fish have scales.

1c. Classifying psychological disorders

How and why do clinicians classify psychological disorders?

- Classification helps to describe a disorder, which in turn can:
 - Help predict its future course;
 - Suggest treatment options; and
 - Stimulate research into its origins.
- The first step in classification is to name the disorder, after which we must describe it.
 - Caution: remember that the vocabulary we use to describe something can be heavily laden with assumptions and biases.

1c. Classifying psychological disorders: DSM-IV-TR

- The American Psychiatric Association has created the *Diagnostic and Statistical Manual of Mental Disorders* to describe and classify psychiatric and psychological disorders.
- The current volume is the fourth (IV) edition which appeared in 2000 as a “text revision”; DSM-5 will appear in May 2013 (www.dsm5.org/Pages/Default.aspx).
- DSM-IV-TR was developed in coordination with the World Health Organisation’s *International Classification of Diseases* (ICD-10), and together they are the “gold standard” for psychological disorders, despite the prevalence of medical terminology.
- Table 14.1 (p.598) in the textbook gives an example of the material in the DSM.

1c. Classification: DSM-IV-TR (continued)

- Table 14.1 (p.598) in the textbook gives an example (from the DSM) of the method for diagnosing a psychological disorder.

- Axis I: Is a clinical syndrome present?
- Axis II: Is a personality disorder or mental retardation present?
- 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, also present?
- Axis V: What is the global assessment of this person's functioning?

1c. Classification: DSM-IV-TR (continued)

- In addition, Table 14.1 lists 16 clinical syndromes, such as those shown below, without trying to explain their causes.
 - These categories must be reliable (that is, a diagnosis by one professional will be confirmed independently by another).
- Disorders usually first diagnosed in infancy, childhood, and adolescence
 - Delirium, dementia, amnesia, and other cognitive disorders
 - Mental disorders due to a general medical condition
 - Substance-related disorders
 - Schizophrenia and other psychotic disorders
 - Mood disorders
 - Anxiety disorders
 - ...

1c. Classification: DSM-IV-TR (continued)

- Clinicians answer a series of objective questions about observable behaviours. (Note how this is an empirical approach that differs from psychoanalysis, for example.)
 - For example, “Is the person afraid to leave home?”
- In one study, the inter-rater reliability of diagnoses by two psychologists was 83%, indicating good (but not perfect) interpretation of the results or diagnostic value of the test items.

1c. Classification: DSM-IV-TR (concluded)

- One of the issues with diagnosis is that of “expanding territory” – that is, increasing the number of behaviours that can be indicative of a psychological disorder.
 - “To someone who has only a hammer, all the world looks like a nail.”
- In 1950, 60 disorder categories were recognised; today, 400 are recognised. Moreover, now 26% of Americans meet the diagnostic criteria in any one year, and 46% at some time in their lives. Also, the number of (US) children diagnosed as having a psychological disorder has tripled to 6 million since the early 1990s.
 - Is this change an indication of better diagnosis or a more relaxed definition of “disorder”?

1d. Labelling psychological disorders

Why do some psychologists criticise the use of diagnostic labels?

- There is some concern that the labels used in the DSM are arbitrary and may simply be value judgments.
- The process of assigning a label to a person can “pigeonhole” the person. Aside from being offensive to the person’s dignity, labelling can guide how we and others view the person.
- In the classic study by Rosenhan (“On being sane in insane places”, 1973), normal people went to the hospital complaining of hearing voices; other than this (and false names), they answered all questions truthfully. All 8 were diagnosed with a psychological disorder.
- Worse, although they exhibited no other symptoms, clinicians “discovered” the causes of their disorders.

1d. Labelling psychological disorders (cont'd.)

- In summary, labels adhere to the person, often with adverse consequences.
 - “He’s an ex-con.”
 - “George Wallace is a separatist.”
 - “A tiger doesn’t change its stripes.”
- Two comments about labelling:
 - It’s important to label the behaviour, not the person.
 - In the case of some psychological disorders, it’s important to recall that the disorder is a disease of the brain, not a flaw in the character of the person.

“Just trying to stay linear.”

2. Anxiety disorders

What are anxiety disorders, and how do they differ from ordinary worries and fears?

- We've all experienced anxiety, especially before public speaking, performing in front of an audience, etc.
- This adaptive response is different from the “distressing, persistent anxiety or maladaptive behaviours that reduce anxiety.”

2. Anxiety disorders: types

- Generalised anxiety disorder: a person in unexplainably and continually tense and uneasy.
- Panic disorder: a person experiences sudden episodes of intense dread.
- Phobias: a person feels irrationally and intensely afraid of a specific object or situation.
- Obsessive-compulsive disorder (OCD): a person is troubled by repetitive thoughts or actions.
- Post-traumatic stress disorder (PTSD): a person has lingering memories, nightmares, and other symptoms for weeks after a severely threatening, uncontrollable event.

2a. Generalised anxiety disorder

- Generalised anxiety disorder is an anxiety disorder in which a person is continually tense, apprehensive, and in a state of autonomic nervous system arousal.
- Symptoms include difficulty concentrating, poor sleeping habits, continual worry, agitation.
- Generalised anxiety disorder is more common in women than in men.
- The Freudian term is free-floating anxiety, in that the source of the anxiety cannot be specified.
- Generalised anxiety disorder tends to be disabling, and can lead to depression or physical problems such as ulcers and hypertension (high blood pressure).
- Generalised anxiety disorder is rarer beyond age 50.

2b. Panic disorder

- Panic disorder is an anxiety disorder marked by unpredictable minutes-long episodes of intense dread in which a person experiences terror and accompanying chest pain, choking, or other frightening sensations.
- Symptoms include sudden onset of a panic attack which lasts several minutes and which is accompanied by tachycardia, shortness of breath, choking sensations, trembling, or dizziness.
- Panic disorder is more common in smokers than in non-smokers and is exacerbated by smoking.
- Hot flashes experienced by menopausal women have some of the same symptoms, but without the panic.

2c. Phobias

- A phobia is an anxiety disorder marked by a persistent, irrational fear and avoidance of a specific object or situation.
- A phobia is different from generalised anxiety disorder in that the anxiety is focused on one object or situation.
- As shown in Figure 14.2 (page 603), it is much more common to fear a particular item than to have a phobia about it.
- A phobia can be debilitating, with physical symptoms such as sweating, trembling, or diarrhea.

2d. Obsessive-compulsive disorder (OCD)

- Obsessive-compulsive disorder is an anxiety disorder characterised by unwanted repetitive thoughts (obsessions) and/or actions (compulsions).
- Compulsive behaviours (see Table 14.2, page 604) include such things as:
 - Cleaning items or the hands
 - Checking that items are positioned properly, locked, etc.
- OCD is seen most often among teens and young adults, affecting about 2-3% of them.
- For most people, the symptoms decrease with age, with about 20% recovering completely.

2e. Post-traumatic stress disorder (PTSD)

- Post-traumatic stress disorder is an anxiety disorder characterised by haunting memories, nightmares, social withdrawal, jumpy anxiety, and/or insomnia that lingers for four weeks or more after a traumatic experience.
- In earlier times, PTSD in soldiers was called *shell shock* or *battle fatigue*.
 - For Vietnam veterans, PTSD rate was about 1/3 for soldiers who had been in heavy battle.
 - Parenthetically, the costs of a war must include the therapy required to deal with the personal catastrophes of war.
- Aside from war, PTSD can follow disasters such as plane crashes, terrorist attacks, earthquakes, tornadoes, etc.

2e. Post-traumatic stress disorder (PTSD) (cont'd.)

- Overall, the incidence of PTSD is about twice as high in women than in men.
- The greater one's emotional reaction to the initial trauma, the greater the likelihood of developing PTSD.
- Some PTSD symptoms, such as unfocused attention, may have a genetic component.
- There is some feeling that PTSD may be over-diagnosed.
- Having survivors revisit the traumatic experience may be harmful, and seems to be ineffective.
- On the positive side, some people show survival resiliency, not developing PTSD after a traumatic experience.

2e. Post-traumatic stress disorder (concluded)

- Most people who survived the Holocaust did not develop PTSD.
- Post-traumatic growth is typified by positive psychological changes as a result of struggling with extremely challenging circumstances and life crises.
- Some people who have passed through traumatic experiences seem to gain strength from their struggle, gaining increased appreciation for life and other positive characteristics related to life relationships and perspective.

2f. Understanding anxiety disorders

What produces the thoughts and feelings of anxiety disorders?

- Freud's theory proposed that people repress intolerable feelings and that the resulting submerged mental energy could create anxiety.
- Today, we speak more often of two different perspectives: learning and biological.

2f. Understanding anxiety disorders: learning

- Humans and other species come to fear stimuli associated with frightening events.
- The learning process (fear conditioning) can generalise from one specific event to (in lab rats, for example) anxiety in the lab environment.
- Two learning process can contribute to such anxiety:
 - Stimulus generalisation occurs when a person attacked by a dog comes to fear all dogs; and
 - Reinforcement helps maintain our phobias and compulsions, for example when people change their lives to avoid the stimulus and this maladaptive behaviour reduces anxiety, but at the cost of building a new behavioural repertoire.
- We can also learn fear through observational learning.

2f. Understanding anxiety disorders: biology

- Three biological items are considered relevant to anxiety disorders.
- People (and other animals) cautious about predators and other environmental dangers may enjoy, via natural selection, an increased likelihood of surviving to produce offspring.
- Some people seem predisposed to anxiety because of their genes. Such a pattern is evident in twin studies, for example.
- Over-arousal of specific areas of the brain is associated with PTSD, panic attacks, generalised anxiety, and obsessions and compulsions.
 - For example, the anterior cingulate cortex seems to be hyper-active in people with OCD.

Summary: Class 15

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