

Psychological Disorders

1- Abnormal Behavior

Abnormal behavior is a behavior that is deviant, maladaptive or personally distressful over a long period of time:

- **Deviant** behavior means not within social standard or the context it is placed in (example washing your hands 10 times, acceptable in a lab environment).
 - **Maladaptive** behavior is a behavior that presents danger to the person or to his surroundings.
 - **Personally distress** means that the person engaging finds it troubling. Can lead to guilt and shame.
- > Only one of these criteria is required to be considered abnormal, could be a mix.

Theoretical Approaches to Psychological Disorders:

- **Biological Approach** => organic, biological causes to these disorders. Has a biological origin = **Medical Model**.
- **Psychological Approach** => Experience, thoughts, emotions, personality, observational learning, beliefs etc. are the cause for these disorders.
- **Sociocultural Approach** => omnipresent in qualifying the behavior as deviant. Culture matters in complex ways (right for woman = ab behavior). Role of culture + social factors like poverty, family, gender etc.
- **BioPsychoSocial Model** => Combine the 3 approaches and states that they work all at once together. **Vulnerability-stress hypothesis** or **diathesis-stress model** = pre-existing conditions (gene, experience...) may put the person at risk. And combined with stressful experience, it leads to psychological disorders.

Classifying these disorders -> DSM-5 or ICD-10

Many critics to DSM-5 like too much biological perspective, too much social norms and subjectivity etc.

Autism Spectrum Disorder:

- Impaired social interactions and communication, repetitive behavior, restricted interests etc.
- There is no single cause but mainly biological (neurological and genetic...) + social (reacting parents...)

Somatic Symptom Disorder:

- Also called **Somatoform disorder**
- Person experiences bodily (somatic) symptoms and then excessive thoughts and feelings about them.
- **ADHD** = person exhibits one or more of the following: inattention, hyperactivity and impulsivity.

2- Anxiety and Anxiety-Related Disorders

Anxiety disorders involves fear that are uncontrollable, disrupting the ordinary life. Feature motor tension, hyperactivity, anxious/worried expectations and thoughts.

- DSM-5 recognize 12 types of anxiety disorders, the 4 most common ones:

Generalized Anxiety Disorder:

- Persistent for at least 6 months.
- Individual is unable to specify the reasons for anxiety.
- Biological factors like genetic predisposition, neurotransmitter (GABA), Sympathetic Nervous system affected etc.
- Sociocultural factors like harsh self-standard, overly strict/cold parents, history of uncontrollable traumas or stressors.

Panic Disorder:

- Individual experience recurrent, sudden onset of terrors, often without warning and with no specific cause.
- Biological factors like genetic predisposition, neurotransmitter (GABA, Norepinephrine, Serotonin), high level of brain chemical **Lactate**. Learning associations where they overgeneralize fear.
- Sociocultural factors where women are more susceptible for this disorder due to weaker hormone level regulation in anxiety-provoking situations.

Specific Phobia:

- Individual has an irrational, overwhelming, persistent fear of a particular object or situation.
- Factors can be classical conditioning, observational learning or others.
- women more likely than men.
- One risk factor is that if one of the parent has a psychological disorder, not necessarily a specific phobia, the child is likely to have this disorder.

Social Anxiety Disorder (SAD):

- Also called **Social Phobia**
- Individual has an intense fear of being humiliated or embarrassed in social situations, prevent them from showing who they really are.
- Genetic predisposition, Neural circuitry (through amygdala, thalamus, prefrontal cortex), neurotransmitter (oxytocin).
- Overprotective/Rejective parents.

- DSM-5 recognize also 2 other types related to anxiety but not classified as one of them:

Obsessive-Compulsive Disorder (OCD):

- Individual has anxiety-provoking thoughts that will not go away and/or urges him to perform repetitive, ritualistic behaviors to prevent future situations (do everything twice to avoid bad luck).
- Genetic predisposition, neurotransmitter (Serotonin and dopamine), high level of **glutamate**, forms of learning (learned that doing this will lead to a specific outcome) = **avoidance learning** (avoid a negative punishment).

OCD Related Disorders:

- **Hoarding disorder** = compulsive collecting, poor organization skills and poor cognitive skills (example: don't want to throw old things because of uncertainty of later use).
- **Excoriation disorder** = skin picking, more common in women, symptom of autism too.
- **Trichotillomania** = hair pulling, not necessarily on the head (eyebrows or other body parts).
- **Body Dysmorphic Disorder** = Preoccupation with physical appearance, comparing self to other; lead to maladaptive behavior (excessive exercises etc.)

Post Traumatic Stress Disorder (PTSD):

- Happens after a traumatic event where this disorder overwhelms the individual and his ability to cope.
- Happens also if the person hears about it
- Symptoms: flashbacks + black outs, difficulty with memory/concentrating, impulsive behavior, lack of sleep etc.
- Genetic predisposition, cultural background plays a role too because not everyone who experience the traumatic episode reacts the same.

3- Disorders Involving Emotion and Mood

Depressive Disorders:

- The individual suffers from depression, not pleasure in life.
- **Major Depressive Disorder (MDD)** involves a significant depressive episode for at least 2 weeks. Symptoms: trouble sleeping, fatigue, feeling worthless, no history of euphoric mood, no interest etc.
- **Persistent depressive disorder** is for more than 2 months; poor concentration, sleep and lack of energy.
- Biological factors: genetic predisposition, brain structure and function (part relative to identify reward), neurotransmitter (Serotonin). Only generate vulnerability, stressful environment is a must.
- Psychological factors: learning & cognitive theories, **learned helplessness** + Thinking about a negative experience over and over again + Pessimistic attributional style (internal cause problem) ≠ optimistic attributional style.
- Sociocultural factors: SES (low socioeconomic status) more likely to develop depression, alcoholism, woman>men.

Bipolar Disorder:

- Extreme mood swings from mania (over euphoric, energetic etc) periods to depressive ones, in cycles.
- Two types: **Bipolar I** where the euphoric episodes are so strong that hallucinations might happen. Whereas **Bipolar II** is a milder version.
- Biological factor: Genetics plays great role here (high chance of twins having this disorder), brain activity (metabolic activity decrease in depression phase, increase in the other), neurotransmitter (norepinephrine, serotonin).
- Sociocultural factors: childhood experiences (physical, sexual or verbal abuse)
- Could be confused with **Disruptive Mood Dysregulation Disorder**.

4- Dissociative Disorders

Psychological disorder that involves a sudden loss of memory or change in identity due to the dissociation of the individual's conscious awareness from previous memories and thoughts.

Related to amygdala and hippocampus.

Dissociative Amnesia:

- A type of amnesia characterized by extreme loss that's caused by psychological stress.
- Mainly identity and autobiographical experiences are forgotten.

Dissociative Identity Disorder (DID):

- Also called [Multiple Personality Disorder](#)
- The individual has 2 or more distinct personality, each one with its own memories, behaviors and relationships.
- Might be caused by a sort of coping with intense trauma.
- Media plays a role
- Kind of social construction where they compartmentalize different aspect of self (including conflicts) to independent identities.

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5- Schizophrenia

Psychosis is a psychological state where a person's perceptions and thoughts are not part of the reality.

Schizophrenia:

- Characterized by highly disordered thought processes.
- Refer to the individual as Psychotic.

Symptoms:

-**Positive Symptoms** = something added above normal behavior:

- **Hallucinations** = sensory experiences without a real stimuli (visual and auditory).
- **Delusions** = False, unusual, or magical beliefs not part of the individual's culture. (ex: CIA, I am Jesus etc.)
- **Thoughts disorder** = thoughts of the individual are unusual, bizarre and meaningless (new words in speech etc.)
- **Referential thinking** = attributing meaning to random event (dead bird = sign of god)
- **Movement disorder** = unusual behavior and body movements. + **Catatonia** = state of immobility, freezing for a period of time.

-**Negative Symptoms** = deficit and decrease of normal function

- **Flat effect** = display little or no emotion
- Lacking the ability to read the emotions of others + no goal-directed behavior.

-**Cognitive Symptoms** = deficit in executive functioning

- Difficulty in attention, memory, and interpreting information.

Biological factors:

- Genes
- Abnormality in brain structure (enlarged ventricles that deteriorate parts of the brain), problems in prenatal development may cause it.
- Neurotransmitter Regulation (dopamine, blocking dopamine to reduce the symptoms) + abnormality in glutamate receptors (high level might treat it)

Psychological factors:

- Stress may contribute to the development

Sociocultural factors:

- Not a cause but affect the development
- History of Schizophrenia in the family + lower social functioning might be a sign of potential Schizophrenia.

-> Treat early (after first psychotic episode) is an important goal.

6-Personality Disorders

Personality disorders are chronic, maladaptive cognitive-behavioral patterns integrated in the personality.

Antisocial Personality Disorder (ASPD):

- Characterized by guiltlessness, irresponsibility, law breaking etc.
- 7 **symptoms** in DSM-5 (3 of them are enough to attribute this disorder):
 - 1.Failure to conform to social norms
 - 2.Deceitfulness
 - 3.Impulsivity
 - 4.Aggressive
 - 5.Disregard for safety of self or others
 - 6.Irresponsibility
 - 7.Lack of remorse
- Genetic play a great role when paired with childhood experience (its the gene that differentiates them) , prefrontal cortex affected
- Low level of autonomic nervous system (keeping their cool during deception or stressful situations including punishments)
- **Psychopaths** are a subgroup who engage in violence, have a lower level of gray matter than the others.

-> Hard to treat because they're deceitful, and its like an act of weakness.

Borderline Personality Disorder (BPD):

- Characterized by 4 symptoms:
 - 1.Unstable affect,
 - 2.Unstable sense of self and identity including self defensive impulsive behavior,
 - 3.Negative interpersonal relationships (shifts between idealization and devaluation)
 - 4.Self-harm (suicide, mutilation etc.)
- Engage in maladaptive behavior (alcohol, drugs etc)
- Genetics combined with childhood experiences (abuse etc.)
- Cognitive factors like being powerless, and others are dangerous so they develop a **Hyper-vigilance** = tendency to be over alert. + **Splitting** where they differentiate between hated enemies and friends that can not do wrong.

-> Reducing stress might treat this disorder.

PERSONALITY DISORDERS**CLUSTER A**

(odd, eccentric)

PARANOID

- suspicious
- hypersensitive
- secretive

SCHIZOID

- seclusive
- indifferent
- passive

SCHIZOTYPAL

- odd in thinking
- w/ bizaare fantasy
- w/ peculiar language

CLUSTER B

(dramatic or emotional)

HISTRIONIC

- attention-seeker
- flamboyant
- provocative

NARCISSISTIC

- excessive self-admiration
- egocentric
- sense of grandiose

BORDERLINE

- impulsive
- self-mutilative
- manipulative

ANTISOCIAL

- rule breaker
- aggressive
- abusive

CLUSTER C

(anxious or fearful)

AVOIDANT

- fears criticiem
- overly serious
- withdrawn

DEPENDENT

- clingy
- indecisive
- submissive

**OBSESSIVE-
COMPULSIVE**

- perfectionist
- passive-aggressive
- rigid

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7-Suicide

Attempting or committing suicide is considered an abnormal behavior.

Biological factors:

- Genetic predispositions (suicide runs in the family)
- Low level of Serotonin and serotonin-linked genes.
- Poor physical health (specially if chronic).

Pychological factors:

- 90% have mental disorders (anxiety and depression the most)
- Stressful circumstance
- *Interpersonal Theory of Suicide* -Thomas Joiner = A desire to die (person's social needs are not met) + Acquired capability for suicide (overcome the fear of death, sin etc.)

Sociocultural factors:

- Cultural and religious norms play a huge role (↓)
- Culture of honor (↑)
- Gender: Male 4 time more likely

8- Psychological Disorders and Health and Wellness

Labeling a psychological disorder (**Stigma**) like it only happens to others has many consequences:

Prejudice and Discrimination:

-> Negative stereotypes like prone to violence or incompetent in all fields. This leads to discrimination; as long as the individual can perform all the tasks required, he or she should be paid/treated the same.

Physical health:

-> People with psychological disorders are more likely to be physically ill, obese, smoke, drink etc. Despite that, they can still lead healthy lifestyles and make positive changes!!

Overcoming Stigma:

-> Individuals suffering from psychological disorders should be more visible to society and not be ashamed. We should not have a restricted, close minded idea about them. Acknowledge that they have great potential and are not that different from us, a more **positive** environment.