Other Disorders

A Brief Overview

How are disorders classified?

- Diagnostic and Statistical Manual of Mental Disorders
  - (currently in the 4th edition: DSM IV)
  - Focuses on the symptoms of disorders

History of Psychological Assessment

- In the 1950’s:
  - Only 60 disorders defined
- Now:
  - Over 400 disorders
- Then: homosexuality was a mental disorder

What kinds of problems might come from using a Diagnostic Manual?

- The problem with a DSM
  - Labeling people
  - People judge someone that has a diagnosis differently than someone that doesn’t

Another problem

- Labels aren’t always correct
  - 8 psychologists went to a mental hospital complaining that they heard voices (they were faking)
    - All eight diagnosed as mentally ill
    - No symptoms shown after the hospital admitted them
    - Doctors discovered the causes of their symptoms as mixed emotions during upraising
    - Kept them for up to 19 days
Anxiety Disorders
- Stress and anxiety are normal
- If it becomes intense and persistent, it may be an anxiety disorder
  - Generalized anxiety disorder
  - Panic disorder
  - Phobias
  - Obsessive-Compulsive Disorder
  - Post-Traumatic Stress Disorder

Generalized Anxiety Disorder
- Continuously tense, apprehensive, autonomically aroused
  - To feel this sometimes is normal
  - This is continuously feeling this way
  - "free-floating" anxiety with no apparent cause
- 2/3 are women
- May lead to physical problems
  - High blood pressure
  - Ulcers

Panic Disorder
- A disorder where one experiences panic attacks
  - Panic attack: heart palpitations, shortness of breath, choking sensations, trembling, dizziness
  - Often misperceived as a heart attack
  - Some people may have one panic attack and never have another
  - Panic disorder is having multiple attacks

More on panic disorder
- Stimulants can increase the likelihood for an attack
  - Cigarettes especially
- 1 in 75 have this disorder
- Can become cyclic
  - One may become terrified of having a panic attack, which leads to anxiety, which causes another panic attack

Phobias
- An irrational fear that disrupts behavior
- Fear is normal- this is fear that persists and does not allow you to continue your life
- Arachnophobia: fear of spiders
- Agoraphobia: fear of open spaces and crowded areas

BUT… who can forget
- Automatonophobia
  - Fear of ventriloquist's dummies
- Hexakosioihexekontahexaphobia
  - Fear of the number 666
- Paraskavedekatriaphobia
  - Fear of Friday the 13th.
- Trichophobia
  - Fear of hair
- Pteronophobia
  - Fear of being tickled by feathers
- Hippopotomonstrosesquippedallopia
  - Fear of long words.
Obsessive Compulsive Disorder
- 2-3 percent of the population
- Two parts:
  - Obsessions: unwanted repetitive thoughts
  - Compulsions: ritualistic/repetitive actions

<table>
<thead>
<tr>
<th>Thought or Behavior</th>
<th>Percentage Reporting Symptoms</th>
</tr>
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<tbody>
<tr>
<td>Obsessions (repetitive thoughts)</td>
<td></td>
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<tr>
<td>Concern with dirt, germs, or toxin</td>
<td>49</td>
</tr>
<tr>
<td>Something bad is happening (fire, death, illness)</td>
<td>74</td>
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<tr>
<td>Symmetry, order, or exactness</td>
<td>47</td>
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<tr>
<td>Compulsions (repetitive behaviors)</td>
<td></td>
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<tr>
<td>Washing hands, bathing, toothbrushing, or grooming</td>
<td>89</td>
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<tr>
<td>Repeating rituals: Do a task, up/down from a chair</td>
<td>51</td>
</tr>
<tr>
<td>Checking doors, locks, appliances, car brake, homework</td>
<td>44</td>
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</tbody>
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Source: Adapted from Dworkin, J.

Post-Traumatic Stress Disorder
- Starts with: traumatic stress-uncontrollable feelings
- Symptoms: haunting memories and nightmares, social withdrawal, insomnia, jumpy, feeling numb
- Combat veterans, accident and disaster survivors, sexual assault victims
- Possibly due to a link in the amygdala to the traumatic event

Dissociative Disorders
- Loss of memory and a change in identity
- Possibly a dissociation between themselves and a stressful situation
- Dissociative Identity Disorder
- Dissociative Fugue

DID: Dissociative Identity Disorder
- Two or more identities that alternately control their behavior
- Memory impairment across the various identities
- Identities may change gender and be a huge shift in personality
- Very controversial whether it even exists

Mood Disorders
- Two main types:
  - Major Depressive Disorder
    - Prolonged feelings of helplessness and lethargy until it rebounds to normal
  - Bipolar Disorder
    - Alternating between depression and a mania (overexcited) state

Prozac, Zoloft: Selective Serotonin Reuptake Inhibitors
- More likely to effect women

Major Depressive Disorder
- Two or more weeks of being depressed
  - Diminished feelings of pleasure in most activities
- Treatments:
  - Commonly biological
    - Prozac, Zoloft: Selective Serotonin Reuptake Inhibitors
      - Makes more serotonin available
  - More likely to effect women
Bipolar Disorder

- Depression + mania
  - Mania: wildly optimistic state
  - Overactive, elated, little need for sleep, fewer sexual inhibitions
  - Possibly leads to reckless investments

- Men and women equally effected
- Highly genetic: Heritability index: 90%
- Treatments:
  - Lithium: unsure of why it helps

A few facts about mental disorders

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
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<tr>
<td>Family history</td>
<td>Healthy lifestyle</td>
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<tr>
<td>Bipolar illness</td>
<td>Healthy eating</td>
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<tr>
<td>Congenital anomalies</td>
<td>Regular exercise</td>
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<tr>
<td>Major depression in relatives</td>
<td>Regular sleep</td>
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<tr>
<td>Birth complications</td>
<td>Regular mental stimulation of the emotions (e.g., mindfulness, meditation)</td>
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<tr>
<td>Low birth weight</td>
<td>Adequate social support and relationships</td>
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<td>Low social support</td>
<td>Mental health counseling or therapy</td>
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<tr>
<td>Isolated early life</td>
<td>Community support</td>
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<tr>
<td>Neurocognitive delay</td>
<td>Support from family and friends</td>
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Some factors can predict psychological disorders