



PSYCHOLOGICAL #17 DISORDERS

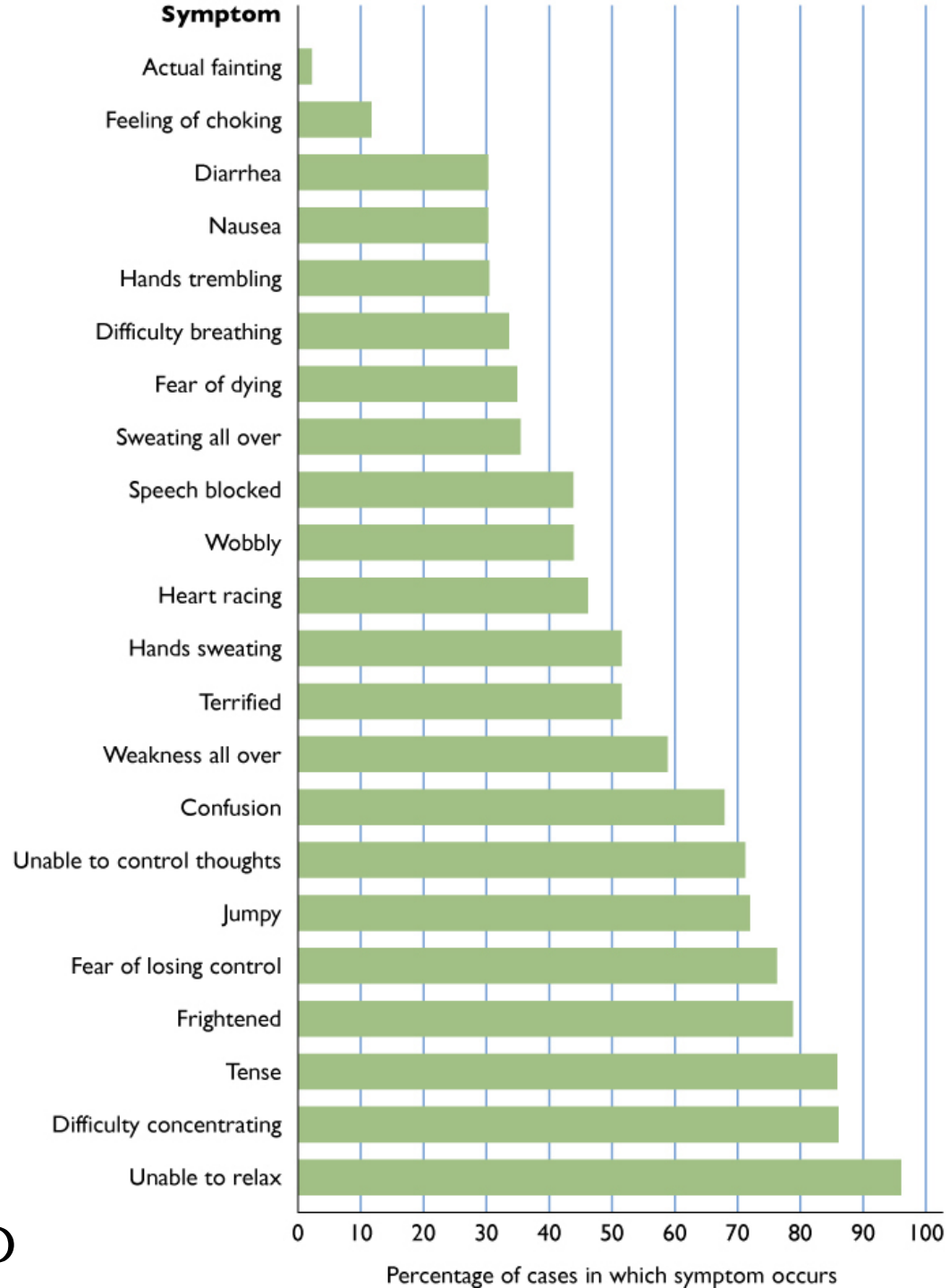
A better understanding of mental illness may reduce the stigma around it.

ANXIETY-RELATED DISORDERS



Anxiety has adaptive value, preparing people for coping better. **Anxiety-related disorders** are characterized by distressing, persistent anxiety or maladaptive behavior that reduce anxiety.

- Generalized anxiety disorder
 - Continuing feelings of worry, anxiety, physical tension, and irritability across many areas of life functioning
 - “free-floating anxiety”



Frequency of symptoms of GAD

■ Phobia

- Intense fear of an object or a situation that is greatly out of proportion
- Fear of something not dangerous; easily aroused (e.g., hearing the word “snake”)
- Avoidance of encountering the feared object or situation, affecting functioning

- Phobia

- Specific phobias: phobias of specific objects, places, or situations
- Social anxiety disorder/social phobia: intense fear of negative evaluation in social situations (e.g., eating in public, conversing with others, giving a speech)

Animal type	Specific animals or insects		Person has extreme fear of dogs, cats, or spiders
Natural environment type	Event or situations in the natural environment		Person has extreme fear of storms, heights, or water
Situational type	Public transportation, tunnels, bridges, elevators, flying, driving		Person becomes extremely claustrophobic in enclosed spaces
Blood-injection-injury type	Blood, injury, injections		Person panics when viewing a child's scraped knee



- Panic disorder

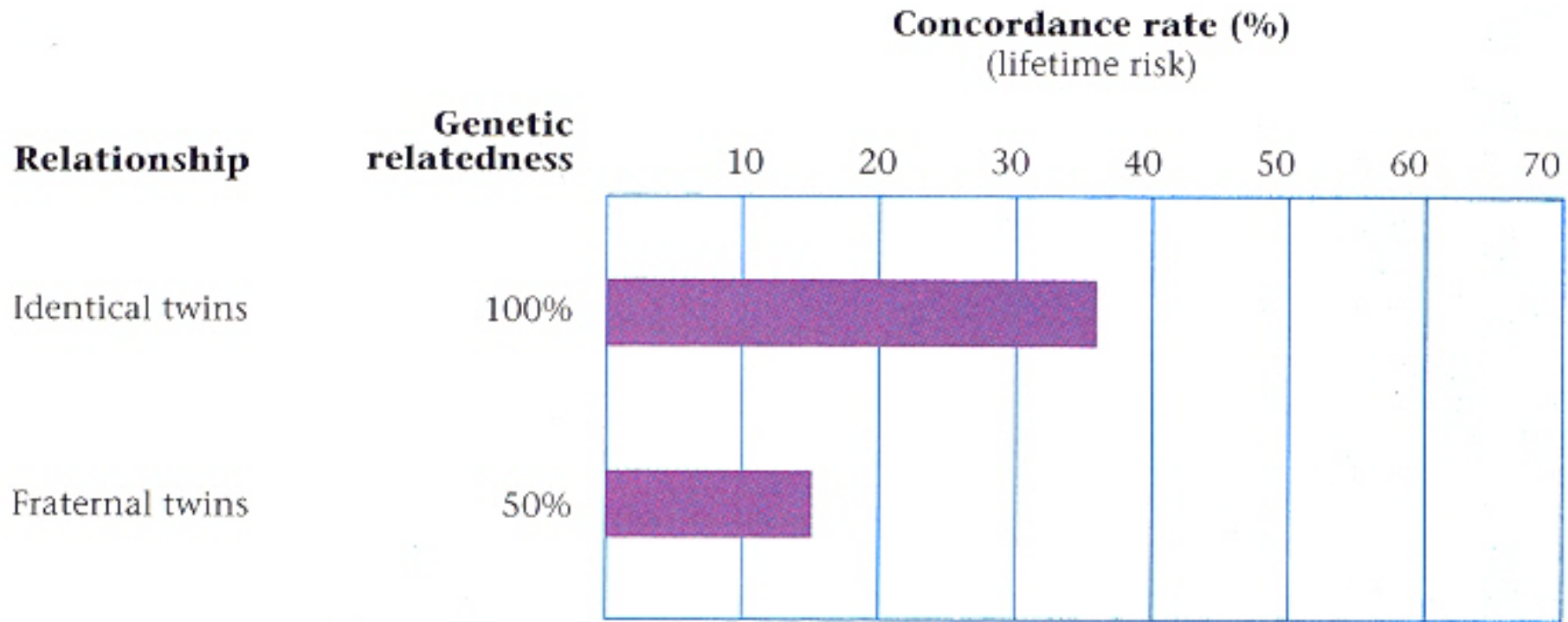
- Repeated and unexpected minutes-long episodes of intense dread in which a person experiences terror and chest pain, choking, or other frightening sensations (panic attacks)

- Panic disorder
 - Because patients do not know what triggers the panic attacks, they may become fearful of going to places wherein escape is difficult and help would not be available (agoraphobia)

- Obsessive-compulsive disorder (OCD)
 - Condition in which a person feels trapped in repetitive, persistent thoughts (obsessions) and repetitive, ritualized behaviors (compulsions) designed to reduce anxiety

Thought or Behavior	Percentage Reporting Symptom
Obsessions (<i>repetitive thoughts</i>)	
Concern with dirt, germs, or toxins	40
Something terrible happening (fire, death, illness)	24
Symmetry, order, or exactness	17
Compulsions (<i>repetitive behaviors</i>)	
Excessive hand washing, bathing, toothbrushing, or grooming	85
Repeating rituals (in/out of a door, up/down from a chair)	51
Checking doors, locks, appliances, car brakes, homework	46

Common obsessions and compulsions among children and adolescents with obsessive-compulsive disorder (Rapoport, 1989).



Some studies revealed the genetic basis of anxiety-related disorders (e.g., Noyes et al., 1987). Abnormal neurotransmitter activities (e.g., functional deficit in GABA, involved in inhibiting anxiety in stressful situations) also seem to play a role.

(a) Classical conditioning: Acquisition of phobic fear



(b) Operant conditioning: Maintaining of phobic fear
(negative reinforcement)

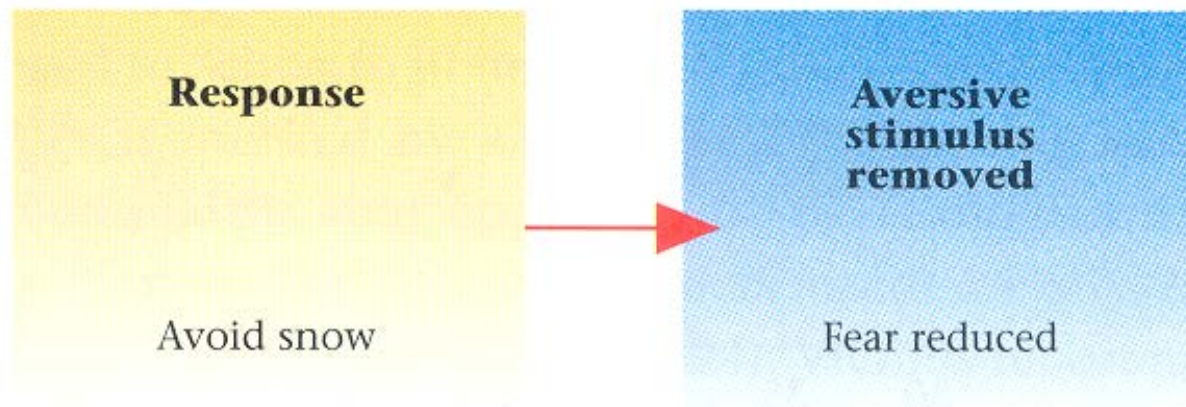


Figure 14.9
Conditioning as an explanation for phobias.

(a) Many phobias appear to be acquired through classical conditioning when a neutral stimulus is paired with an anxiety-arousing stimulus. (b) Once acquired, a phobia may be maintained through operant conditioning. Avoidance of the phobic stimulus reduces anxiety, resulting in negative reinforcement.

SELECTED HOMOPHONES	
THREATENING MEANING/ SPELLING	NONTHREATENING MEANING/ SPELLING
Bury	Berry
Die	Dye
Patients	Patience
Bruise	Brews
Flu	Flew
Sword	Soared
Bore	Boar

Cognitive perspective: Anxious people tend to catastrophize (e.g., predicting terrible events despite contrary evidence, sensitivity to anxiety-related sensations). A study showed that anxious people are more likely than non-anxious people to interpret homophones as the threatening words (Matthews & MacLeod, 2005).

MOOD DISORDERS

- Mood disorders

- Disturbances in emotional experience that are strong enough to intrude on everyday living

- Major depressive disorder
 - Disorder in which a person experiences significantly depressed mood or diminished interest in most activities, along with such symptoms as weight loss and sleep difficulties

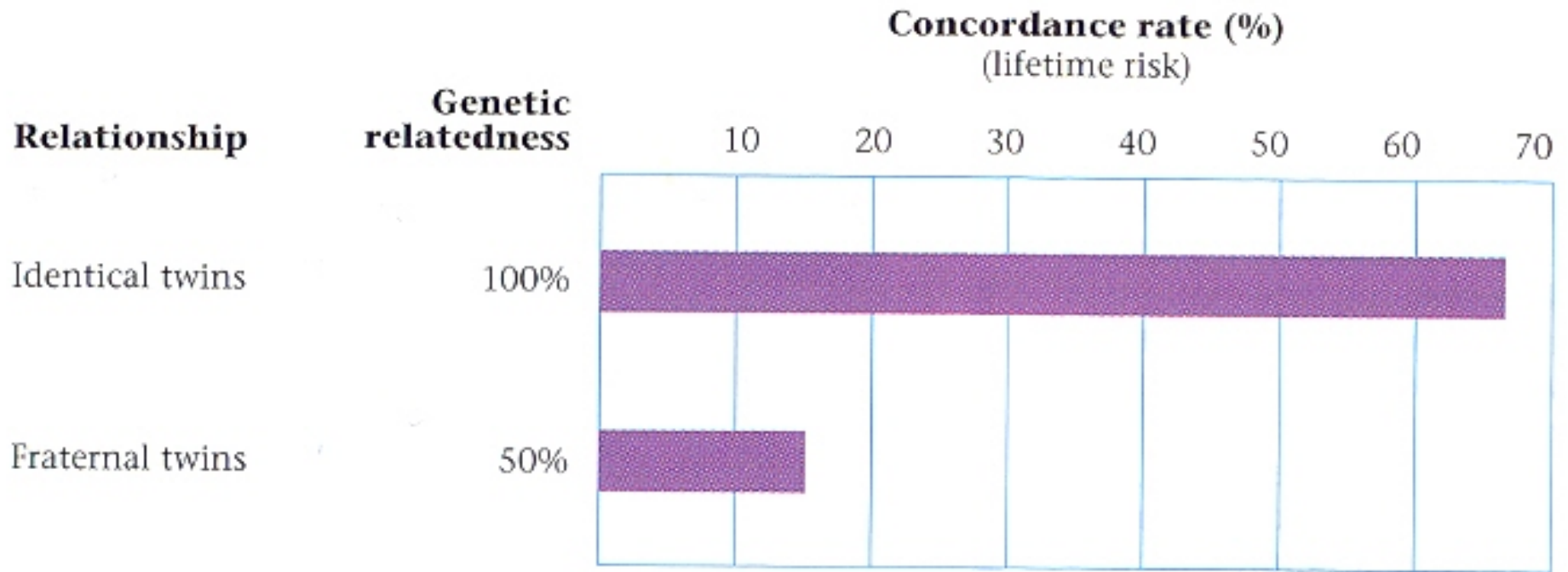
- 1 I feel downhearted, blue, and sad.
- 2 I don't enjoy the things that I used to.
- 3 I feel that others would be better off if I were dead.
- 4 I feel that I am not useful or needed.
- 5 I notice that I am losing weight.
- 6 I have trouble sleeping through the night.
- 7 I am restless and can't keep still.
- 8 My mind isn't as clear as it used to be.
- 9 I get tired for no reason.
- 10 I feel hopeless about the future.

If you agree with at least five of the statements, including either item 1 or 2, and if you have had these symptoms for at least two weeks, help from a professional is strongly recommended. If you agree with item 3, you should get help immediately.

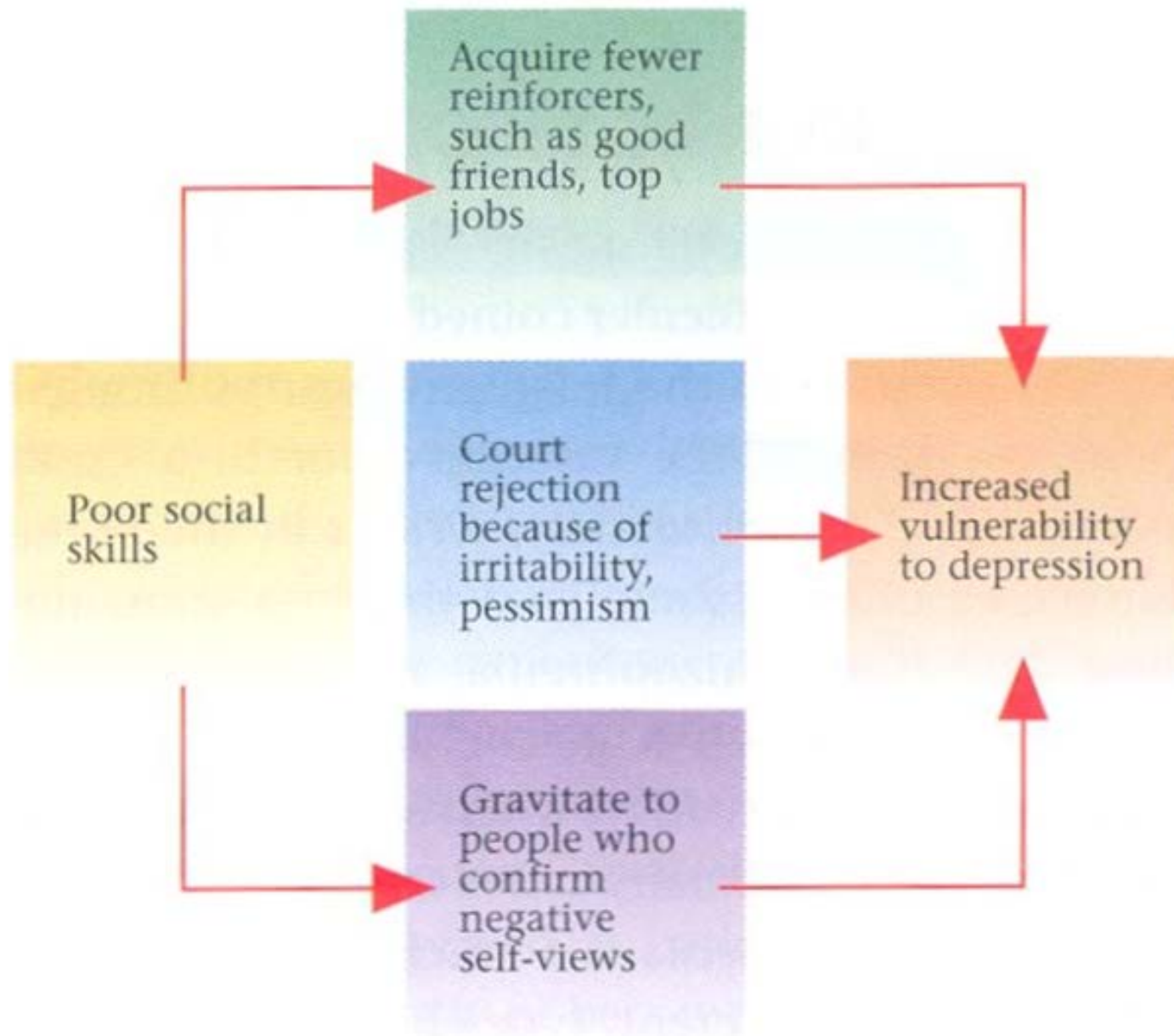
- Bipolar disorder

- Condition in which a person alternates between periods of mania and periods of depression
- **Mania**: dramatically elevated mood, decreased need for sleep, increased energy, inflated self-esteem, increased talkativeness, and irresponsible behavior

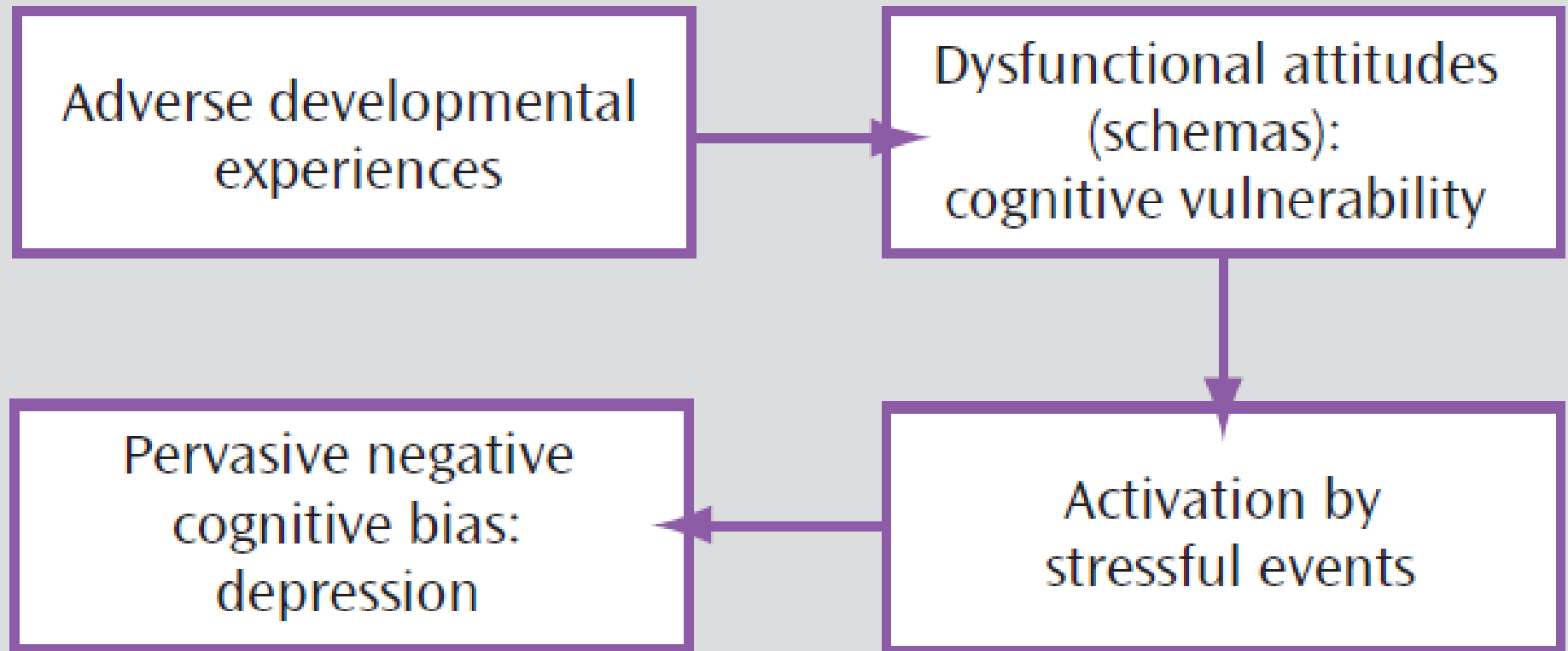
<i>Characteristics</i>	<i>Manic Episode</i>	<i>Depressive Episode</i>
Emotional	Elated, euphoric, very sociable, impatient at any hindrance	Gloomy, hopeless, socially withdrawn, irritable
Cognitive	Characterized by racing thoughts, flight of ideas, desire for action, and impulsive behavior; talkative, self-confident; experiencing delusions of grandeur	Characterized by slowness of thought processes, obsessive worrying, inability to make decisions, negative self-image, self-blame, and delusions of guilt and disease
Motor	Hyperactive, tireless, requiring less sleep than usual, showing increased sex drive and fluctuating appetite	Less active, tired, experiencing difficulty in sleeping, showing decreased sex drive and decreased appetite



Some studies revealed the genetic basis of mood disorders (e.g., Gershon et al., 1989). Abnormal neurotransmitter activities (e.g., lower level of activity of norepinephrine and serotonin) also seem to play a role.



Inadequate social skills (which could be a result of depression) may aggravate the problem of depression (Hames et al., 2013).



Depending of early adverse experience, some people develop negative schemas about oneself, the world, and the future. When encountering stressful events in later life, these people may develop depression (Beck, 2008).

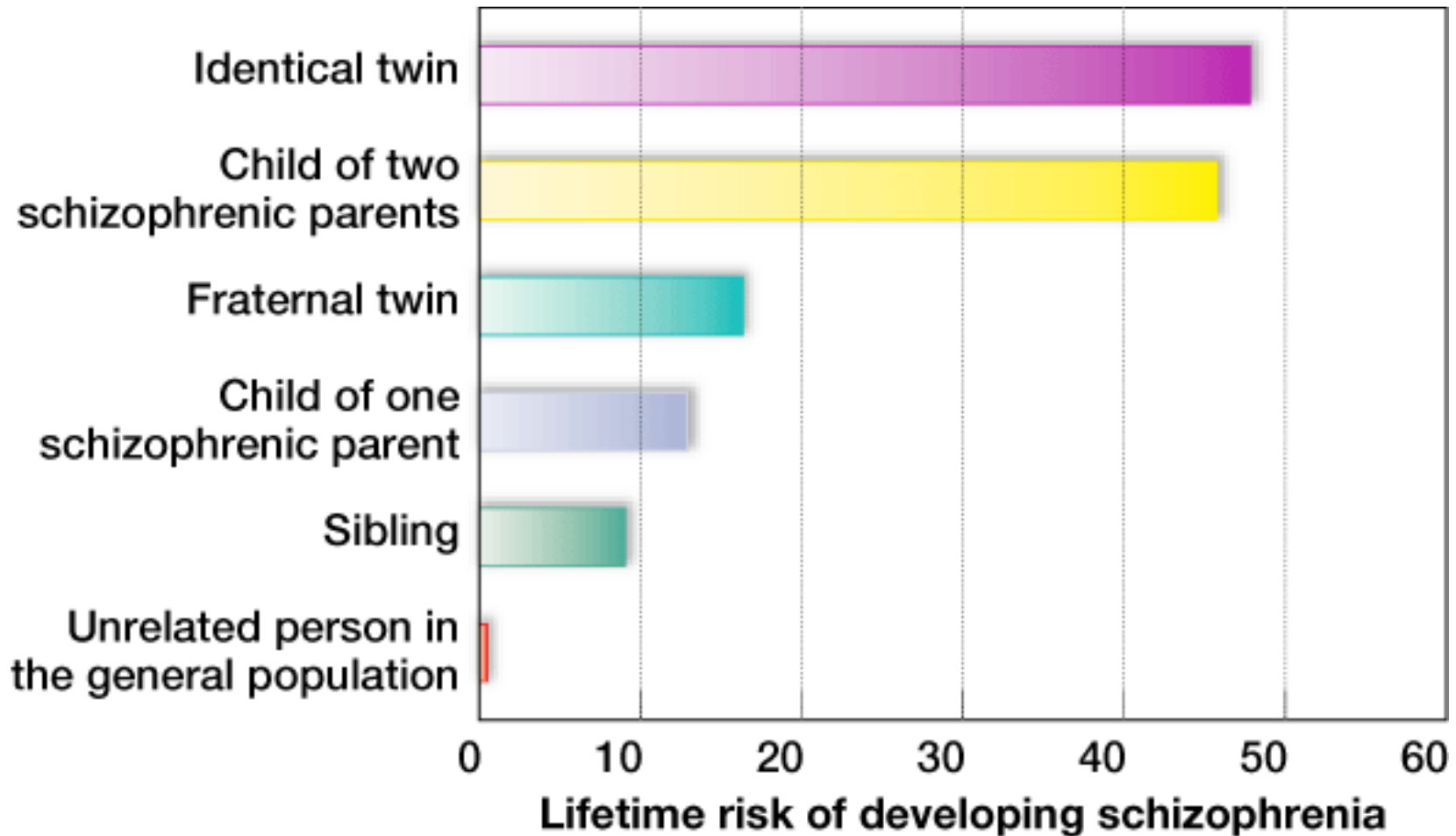
SCHIZOPHRENIA

■ Schizophrenia

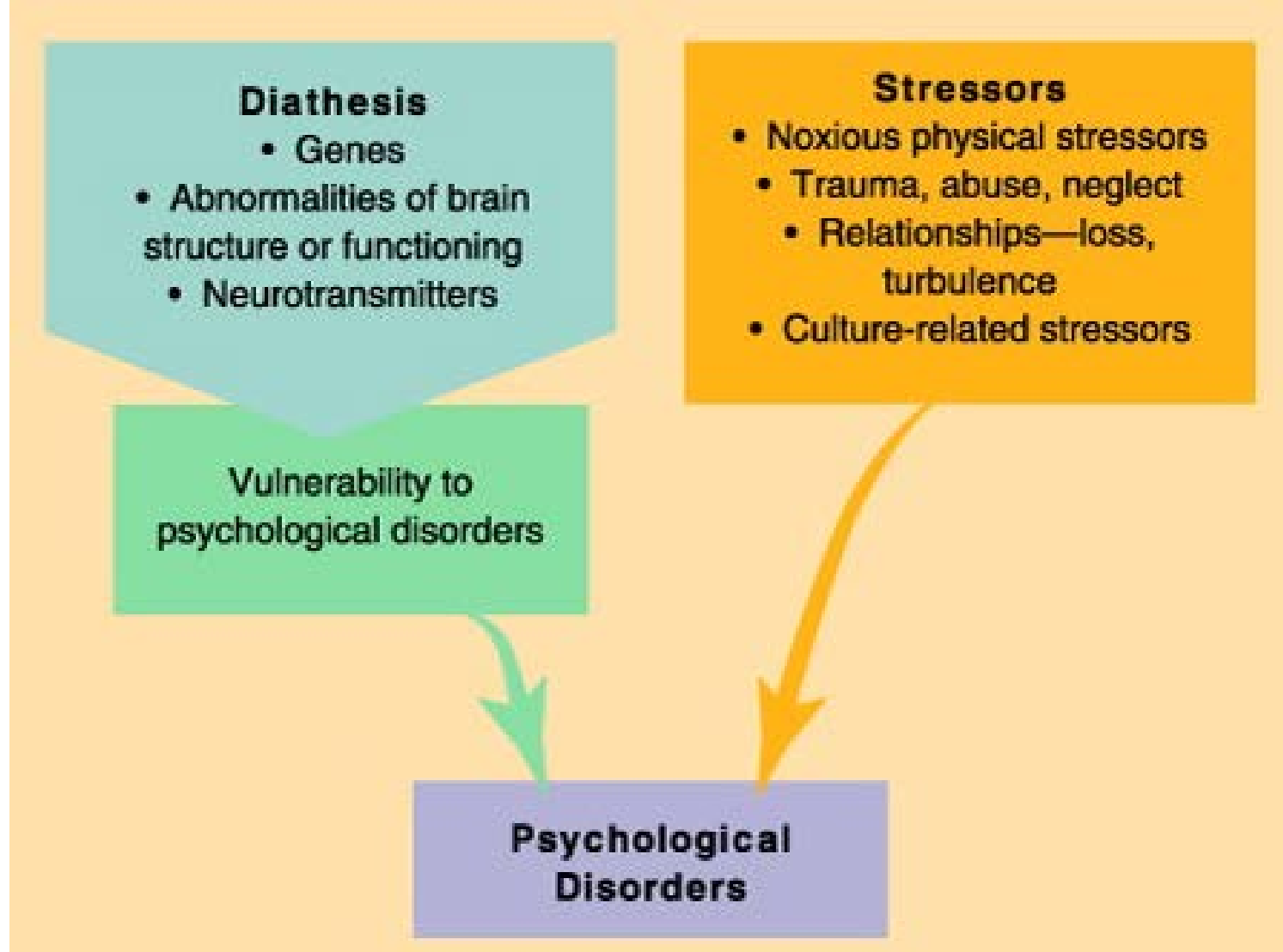
- Severe disorders characterized by disorganized and delusional thinking, disturbed perceptions, and inappropriate emotions and behaviors (e.g., compulsive acts, motionless for a long period, flat affect)

- Schizophrenia

- **Delusions:** firmly held beliefs with no basis (e.g., being controlled, being persecuted, thoughts being broadcast)
- **Hallucinations:** perceiving things that do not actually exist; an obscured sense of their bodies



Some studies revealed the genetic basis of schizophrenia (e.g., Gottesman, 1991). The dopamine hypothesis suggests that schizophrenia results from excess activity in those brain areas that use dopamine as a neurotransmitter. Drugs that block dopamine action can effectively reduce the symptoms (e.g., Lieberman & Koren, 1993).



The **diathesis-stress model** states that mental disorders are a joint product of a genetic vulnerability and stressors as triggers. Well before people develop schizophrenia, early signs of vulnerability can be observed (e.g., social withdrawal, movement abnormalities).