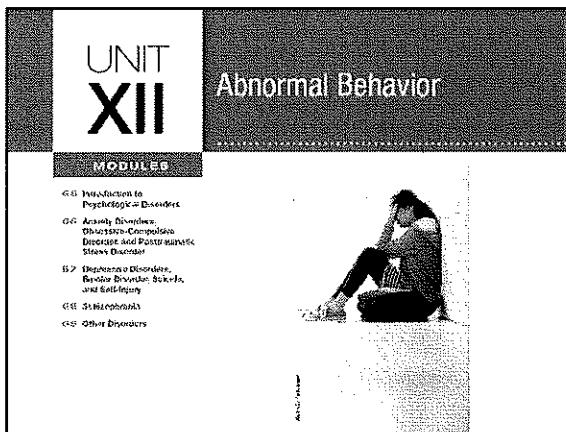


Unit 12 MODULE 65 → Intro to Abnormal Psych

4/5/2019



Where is the line between normality and abnormality?

"Who in the rainbow can draw the line where the violet tint ends and the orange tint begins? Distinctly we see the difference of the colors, but where exactly does the one first blendingly enter into the other? So with sanity and insanity."
 ~Herman Melville, *Billy Budd*, Sailor, 1924

Learning Targets

Module 65
Introduction to Psychological Disorders

- 65-1 Explain how we draw the line between normality and disorder.
- 65-2 Contrast how the medical model and the biopsychosocial approach influence our understanding of psychological disorders.
- 65-3 Describe how and why clinicians classify psychological disorders, and explain why some psychologists criticize the use of diagnostic labels.

What is a psychological disorder?

a syndrome marked by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior

Significantly disturbed thoughts, emotions, or behaviors are *dysfunctional* or *maladaptive*—they interfere with normal day-to-day life.

For instance, believing your home must be thoroughly cleaned every weekend is not a disorder. But if cleaning rituals interfere with work and leisure, they may be signs of a disorder.

Learning Targets cont.

Module 65
Introduction to Psychological Disorders

- 65-4 Discuss the controversy over *attention-deficit/hyperactivity disorder*.
- 65-5 Examine whether psychological disorders predict violent behavior.
- 65-6 Describe how many people have, or have had, a psychological disorder, and explore whether poverty is a potential risk factor.

Can the definition of "significant disturbance" change over time?

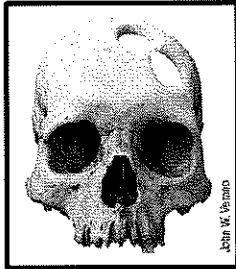
From 1952 through December 9, 1973, homosexuality was classified as a psychological disorder. As of December 10, 1973 it was not.

The American Psychiatric Association made this change because more and more of its members no longer viewed same-sex attraction as a psychological problem.

However, the *stigma and stresses* that people who are gay, lesbian, transgender, and gender nonconforming often experience can increase the risk of mental health problems. [Hatzenbuehler et al., 2009; Meyer, 2003]

What was trephining?

In the Stone Age, drilling skull holes like these may have been an attempt to release evil spirits and cure those with mental disorders.



John W. Verardo

What is the *medical model*?

the concept that diseases, in this case psychological disorders, have physical causes that can be *diagnosed, treated, and, in most cases, cured*, often through treatment in a *hospital*

By the 1800s, researchers discovered that syphilis infects the brain and distorts the mind. Researchers began to look for physical causes of other mental disorders and for treatments that would cure them. Hospitals replaced asylums, and the *medical model* of mental disorders was born.

How was mental illness treated during the Middle Ages?

During the Middle Ages, mental illness was believed to have been induced by the Devil and required a harsh cure that would drive out the evil demon.

People considered "mad" were sometimes caged or given "therapies" such as genital mutilation, beatings, removal of teeth or lengths of intestines, or transfusions of animal blood. (Farina, 1982).


What is the biopsychosocial approach to understanding mental illness?

Biological, psychological, and social-cultural influences together weave the fabric of our behaviors, our thoughts, and our feelings.

As individuals, we differ in the amount of stress we experience and in the ways we cope with stressors.

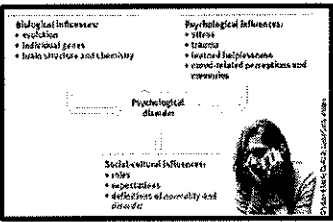
Cultures also differ in their sources of stress and in their traditional ways of coping.

What were some efforts at reform at the turn of the nineteenth century?



Reformers such as Philippe Pinel in France opposed brutal treatments and under Pinel's influence, hospitals sponsored patient dances, called "lunatic balls," as depicted in this painting by George Bellows. (Dance in a Madhouse)

What are the biopsychosocial factors that influence mental health?



Today's psychology studies how biological, psychological, and social-cultural factors interact to produce specific psychological disorders.

What is the vulnerability-stress (or diathesis-stress) model?

The biopsychosocial approach gave rise to the *stress vulnerability model* (also called the *diathesis-stress model*).

This model suggests that genetic predispositions combine with environmental stressors to increase or decrease the likelihood of developing a psychological disorder.
(Monroe & Simons, 1991; Zuckerman, 1999)

Why do clinicians classify psychological disorders?

In biology, classification creates order. To classify an animal as a "mammal" says a great deal—that it is warm-blooded, has hair or fur, and produces milk to nourish its young.
In psychiatry and psychology, too, classification orders and describes symptoms.

For instance, to classify a person's disorder as "schizophrenia" suggests that the person talks incoherently, has bizarre beliefs, shows either little emotion or inappropriate emotion, or is socially withdrawn.

What is epigenetics?

the study of environmental influences on gene expression that occur without a DNA change

Research on **epigenetics** (literally, "in addition to genetic") supports the vulnerability-stress model by showing how our DNA and our environment interact.
In one environment, a gene will be *expressed*, but in another, it may lie dormant.
For some, that will be the difference between developing a disorder or not developing it.

What, beyond describing symptoms, is the purpose of diagnosing disorders?

But diagnostic classification gives more than a thumbnail sketch of a person's disordered behavior, thoughts, or feelings.
In psychiatry and psychology, classification also aims to *predict* a disorder's future course, *suggest* appropriate treatment, and *prompt research* into its causes.

To study a disorder, we must first name and describe it.

1. What Would You Answer?

Which of the following describes the general idea that psychological disorders result from an interplay of a variety of factors?

- A. the diathesis-stress model
- B. the DSM-5
- C. the biopsychosocial approach
- D. the psychoanalytic model
- E. the medical model

What is the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition?

The American Psychiatric Association's **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)** is a widely used system for classifying psychological disorders.

Mental health professionals use the detailed diagnostic criteria in the *DSM-5* to guide diagnosis and treatment.

What are some changes to diagnostic labels in the 5th edition of the DSM?

The conditions formerly called "autism" and "Asperger's syndrome" were combined under the label *autism spectrum disorder*.

"Mental retardation" became *intellectual disability*.

New disorders, such as *hoarding disorder* and *binge-eating disorder*, were added.

TRY IT

Think critically

What are the benefits to diagnosing and labeling certain sets of behaviors?


How can labeling and diagnosing be detrimental to individuals or society as a whole?

Share your ideas with your partner.

2. What Would You Answer?


Which of the following is the primary purpose of the DSM-5?

- A. describing mental disorders
- B. selecting appropriate psychological therapies for mental disorders
- C. placing mental disorders in their appropriate cultural context
- D. selecting appropriate medicines to treat mental disorders
- E. understanding the causes of mental disorders

 **What is one criticism of the DSM-5?**

Critics have long faulted the DSM for casting too wide a net and bringing "almost any kind of behavior within the compass of psychiatry"
(Eysenck et al., 1983)

Some psychologists believe the DSM-5's even wider net will extend the pathologizing of everyday life.

 **Are some diagnoses controversial?**

Yes. For instance, *disruptive mood dysregulation disorder* is a new DSM-5 diagnosis for children "who exhibit persistent irritability and frequent episodes of behavior outbursts three or more times a week for more than a year."

Will this diagnosis assist parents who struggle with unstable children, or will it "turn temper tantrums into a mental disorder" and lead to overmedication, as the chair of the previous DSM edition warned?
(Frances, 2012)

What is another criticism of the DSM-5?

Another concern critics of the DSM-5 raise is the over-labeling of what might be common everyday feelings and practical responses to traumatic events.

For example, The DSM also now classifies severe grief following the death of a loved one as a possible *depressive disorder*.

Critics suggest that such grief could instead simply be considered a "normal" reaction to tragic life events.

What is a benefit of labeling disorders with the DSM-5?

For those who experience these challenging symptoms, diagnosis and treatment can be a relief and bring improved functioning.
(Kupfer, 2012; Maciejewski et al., 2016)

In psychiatry and psychology, classification also aims to *predict* a disorder's future course, *suggest* appropriate treatment, and *prompt research* into its causes.

To study a disorder, we must first name and describe it.

How did being labeled as "ill" impact how others viewed the grad students?

Until being released an average of 19 days later, those eight "patients" showed no other symptoms.

Yet after analyzing their (quite normal) life histories, clinicians were able to "discover" the causes of their disorders, such as having mixed emotions about a parent.

Even routine note-taking behavior was misinterpreted as a symptom.

How can diagnostic labels be misleading?

Once labeling a person, we view that person differently.
(Bathje & Pryor, 2011; Farina, 1982; Sadler et al., 2012)

Labels can change reality by putting us on alert for evidence that confirms our view.

In a classic study, teachers who were told certain students were "gifted" then acted in ways that elicited the behaviors they expected.
(Snyder, 1984)

Labels can be self-fulfilling.

How do labels have power in everyday life?

Getting a job or finding a place to rent can be a challenge for people recently released from a psychiatric hospital.

Label someone as "mentally ill" and people may fear them as potentially violent.

That reaction may fade as people better understand that many psychological disorders involve diseases of the brain, not failures of character.

What research has been conducted on mislabeling of behaviors?

David Rosenhan and seven of his graduate students went to hospital admissions offices, complaining (falsely) of "hearing voices" saying *empty, hollow, and thud*.

Apart from this complaint and giving false names and occupations, they answered questions truthfully.

All eight healthy people were misdiagnosed with disorders.

speaking out


Public figures have helped foster understanding by speaking openly about their own struggles with disorders such as depression and substance abuse.



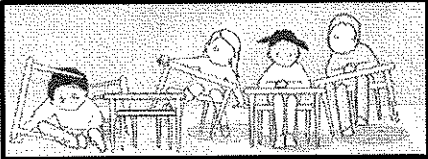
During his campaign, Boston Mayor Martin Walsh spoke openly about his past struggles with alcohol. His story of recovery helped him win in 2014—the closest Boston mayoral election in decades.

mental illness in Hollywood

Old stereotypes are slowly being replaced in media portrayals of psychological disorders. Recent films offer fairly realistic depictions. *Iron Man 3* portrayed a main character, shown at right, with posttraumatic stress disorder.



What are the symptoms of ADHD?



inattention and distractibility
hyperactivity
impulsivity

How has broadening the diagnostic criteria of ADHD created a controversy?

For example, the DSM has broadened the diagnostic criteria for **attention-deficit/hyperactivity disorder (ADHD)**.

For those who experience these challenging symptoms, diagnosis and treatment can be a relief and bring improved functioning.
(Kupfer, 2012; Maciejewski et al., 2016)

However, critics suggest that the criteria are now too broad and may turn normal, childish rambunctiousness into a disorder.
(Frances, 2013, 2014)

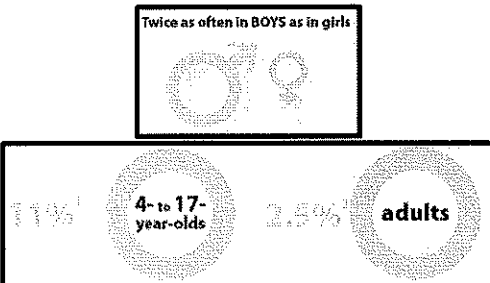
What are the arguments regarding the diagnosing of ADHD?

Energetic child + boring school = ADHD overdiagnosis

- Children are not meant to sit inside for hours in chairs.
- The youngest children in a class tend to be more fidgety and more often diagnosed.
- Older students may seek out stimulant ADHD prescription drugs—"good-grade pills."
- What are the long-term effects of drug treatment?
- Why the increased diagnoses worldwide?

How frequently is Attention Deficit Hyperactivity Disorder (ADHS) diagnosed?

Twice as often in BOYS as in girls



11% 4- to 17-year-olds 2.5% adults

What do the supporters of ADHD diagnoses note?


More diagnoses reflect increased awareness.

- ADHD is a real neurobiological disorder whose existence should no longer be debated."
- ADHD is associated with abnormal brain structure, abnormal brain activity patterns, and future risky or antisocial behavior.


How can ADHD be treated?

Treatment

- Stimulant drugs: increase and Address: calm hyperactivity, and increase ability to sit and focus.
- Some behavior therapy and aerobic exercise.
- Psychological therapies help with the distress of ADHD.



Extreme inattention, hyperactivity, and impulsivity can derail social, academic, and work achievements. The symptoms can be treated with stimulant medication, behavior therapy and aerobic exercise. The debate continues over whether normal high energy is too often diagnosed as a psychiatric disorder, and whether there is a cost to the long-term use of stimulant drugs in treating ADHD.




AP[®] Exam Tip

Notice that the term *insanity* comes out of the legal system.

Insanity in criminal law means that defendants cannot be held accountable for their actions at the time of the crime, typically due to mental disorder.

It is not a psychological or medical diagnosis and does not appear in the DSM-5.



Do disorders increase the risk of violence?


No. Most violent criminals are not mentally ill, and most mentally ill people are not violent. (Fazel & Grann, 2006; Skeem et al., 2016)

The few people with disorders who commit violent acts tend to be either those who experience threatening delusions and hallucinated voices that command them to act, who have suffered a financial crisis or lost relationship, or who abuse substances. (Douglas et al., 2009; Elbogen et al., 2016; Fazel et al., 2009, 2010)

TRY IT

What do you think?

Following the Newtown, CT., slaughter of 20 young children and 6 adults, people wondered: Could those at risk for violence be identified in advance by mental health workers and reported to police? Would laws that require such reporting discourage disturbed gun owners from seeking mental health treatment?




TRY IT

Thinking critically.

Using your understanding of the availability heuristic from Module 35, how could you explain why many people do have the belief that the mentally ill are more violent?

Discuss with your class.



How many people have or have had a psychological disorder?

The U.S. National Institute of Mental Health has estimated that just under 1 in 5 adult Americans currently have a "mental, behavioral, or emotional disorder (excluding developmental and substance use disorders)" or have had one within the past year. (NIMH, 2015)

What disorders are most prevalent in America?

Psychological Disorder	Percentage
Depressive disorders or bipolar disorder	9.3
Phobia of specific object or situation	8.7
Social anxiety disorder	6.8
Attention-deficit/hyperactivity disorder (ADHD)	4.1
Posttraumatic stress disorder (PTSD)	3.5
Generalized anxiety disorder	3.4
Schizophrenia	1.1
Obsessive-compulsive disorder	1.0

Data from: National Institute of Mental Health, 2015.

What are protective factors for mental illness?

There are many factors that can help shield people against mental illness.

Protective Factors

- Accrue resources
- Consistently offering empowerment, opportunity, and security
- Effective coping strategies
- Effective parenting
- Feelings of mastery and control
- Feelings of security
- High self-esteem
- Integrity
- Positive attachment and early bonding
- Positive parent-child relationships
- Proactive coping skills
- Resilient coping with stress and adversity
- Social and work skills
- Social support from family and friends

How prevalent are disorders across the globe?

A World Health Organization study—based on 90-minute interviews with thousands of people who were representative of their country's population—estimated the number of prior-year mental disorders in 28 countries. (Kessler et al., 2009)

Does poverty cause disorders or do disorders cause poverty?

It is both, though the answer varies with the disorder. For example, schizophrenia leads to poverty, but other disorders may not.

Yet the stresses and demoralization of poverty can also precipitate disorders, especially depression in women and substance abuse in men. (Dohrenwend et al., 1992)

What are risk factors for mental illness?

One example of a risk factor for a psychological disorder—poverty—crosses ethnic and gender lines. The incidence of serious psychological disorders is 2.5 times higher among those below the poverty line. (CDC, 2014)

Risk Factors

- Academic failure
- Birth complications
- Child abuse and neglect
- Child abuse and neglect
- Chronic economic
- Childhood pain
- Family discord/parental conflict
- Low birth weight
- Low socioeconomic status
- Medical illness
- Neurobiology of attachment
- Parental mental illness
- Parental substance abuse
- Perinatal loss and bereavement
- Poor social skills and habits
- Preexisting disabilities
- Sensory disabilities
- Social incompetence
- Stressful life events
- Substance abuse
- Trauma experiences

TRY IT

What do you think? Part II

How would you draw the line between sending mentally ill criminals to prisons or to psychiatric hospitals?

Would the person's history (for example, having suffered child abuse) influence your decision?

Talk about it with your partner.

Learning Target 65-1 Review



Explain how we draw the line between normality and disorder.

- According to psychologists and psychiatrists, a **psychological disorder** is a syndrome marked by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior.
- Disordered thoughts, emotions, or behaviors are dysfunctional or maladaptive, interfering with normal daily life.

Learning Target 65-3 Review



Describe how and why clinicians classify psychological disorders, and explain why some psychologists criticize the use of diagnostic labels.

- The American Psychiatric Association's **DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition)** contains diagnostic labels and descriptions that provide a common language and shared concepts for communication and research.
- Classification helps psychiatrists and psychologists to **predict** a disorder's future course, **suggest** treatment, and **prompt** research into its causes.

Learning Target 65-2 Review



Contrast how the medical model and the biopsychosocial approach influence our understanding of psychological disorders.

- The **medical model** assumes that psychological disorders are mental illnesses with physical causes that can be diagnosed, treated, and, in most cases, cured through therapy, sometimes in a hospital.
- The biopsychosocial approach assumes that three sets of influences—biological, psychological, and social-cultural—interact to produce specific psychological disorders.

Learning Target 65-3 Review cont.



Describe how and why clinicians classify psychological disorders, and explain why some psychologists criticize the use of diagnostic labels.

- Some critics believe the **DSM-5** casts too wide a net and may pathologize normal behaviors.
- Other critics view DSM diagnoses as arbitrary labels that create preconceptions that bias perceptions of the labeled person's past and present behavior.

Learning Target 65-2 Review cont.



Contrast how the medical model and the biopsychosocial approach influence our understanding of psychological disorders.

- Culture-specific disorders, the vulnerability stress model, and **epigenetics** all provide insight into the ways in which biology and environment interact to make it more or less likely that a psychological disorder will develop.

Learning Target 65-4 Review



Discuss the controversy over attention-deficit/ hyperactivity disorder.

- A child who displays inattention, hyperactivity, and impulsivity may be diagnosed with **attention-deficit/hyperactivity disorder (ADHD)** and treated with medication and other therapy.
- The controversy centers on whether the growing number of ADHD cases reflects over diagnosis or increased awareness of the disorder. Long-term effects of stimulant-drug treatment for ADHD are not yet known.

Learning Target 65-5 Review



Examine whether psychological disorders predict violent behavior.

- Most violent criminals are not mentally ill, and most mentally ill people are not violent. People with disorders are more likely to be victims than attackers.
- Whether people with mental disorders who become violent should be held responsible for their behavior raises moral and ethical questions. Psychology and law must often work hand-in-hand to determine the best course of action.

Learning Target 65-6 Review



Describe how many people have, or have had, a psychological disorder, and explore whether poverty is a potential risk factor.

- Psychological disorder rates vary, depending on the time and place of the survey. In one multinational survey, rates for any disorder ranged from 6 percent (Nigeria) to 27 percent (the United States).
- Poverty is a risk factor: Conditions and experiences associated with poverty contribute to the development of psychological disorders. But some disorders, such as schizophrenia, can drive people into poverty.