

Psychology 110
Dr. Gordon

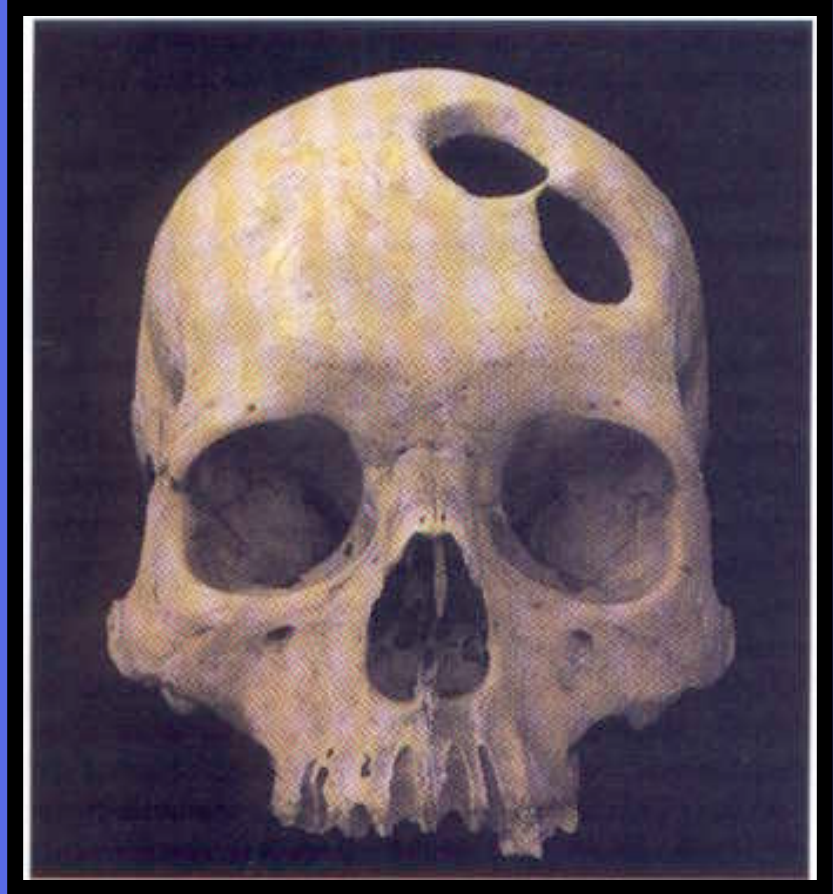
Module #45
Psychological Disorders
An Introduction

A. What is a psychological disorder?

- *1. History of psychological disorder*
- 2. Defining psychological disorders through criteria*
- 3. The Medical versus Biopsychsocial models*
- 4. Classification and the DSM-IV*
- 5. Prevalence rates*
- 6. The impact of psychological disorders and labeling*

1. History of psychological disorders

- The way we look at psychological disorders changes with time. We will examine some of historical views of abnormality. One of the more primitive views suggested that psychological dysfunction stemmed from demons. The slide to the right illustrates a primitive techniques called “trephening” This technique involved chiseling a hole in one’s skull to release the demons.*



Trephening

1. History of psychological disorders

- *The church was often consulted to cure abnormal behavior. The church believed that psychological dysfunction was caused by satan. As a result, the church would perform the exorcism (below) to remove the possession.*



1. History of psychological disorders

- *Historians discovered that Catholic church accused Joan of Arc of being a heretic after she defeated the British. They claimed that her visions were caused by satan. She arrested and eventually executed.*



Joan of Arc

1. History of psychological disorders

- *In the middle ages, torture was used to remove the evil spirits that were causing the psychological dysfunction. By making the body uncomfortable, the demon would flee! The slide below illustrates “smoking” out the demon.*



1. History of psychological disorders



- In America, the Puritans believed that psychological dysfunction was caused by witchcraft. The slide above illustrates a famous Salem witch trial.*

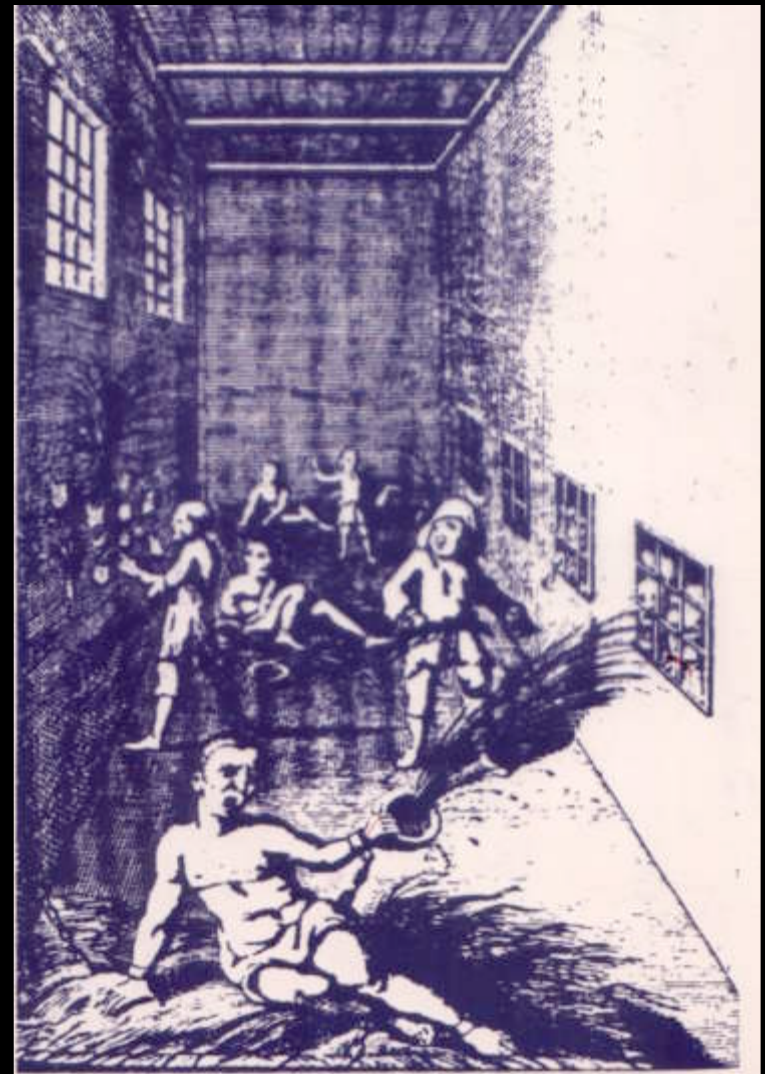
1. History of psychological disorders



- *The Puritans relied on torture to remove Satan's influence. The slide above illustrates an accused witch being submerged in cold water.*

1. History of psychological disorders

- In England, the institutional “Asylum” was born. The asylum was built to protect the public from persons believed to be insane. Asylums tended to practice inhumane treatment toward their inhabitants. The slide to right illustrates the public watching the insane from viewing windows.*



The “Asylum”

1. History of psychological disorders

- *Asylum residents were often chained to their own beds. Restraint was a common strategy used to control the insane. In the slide to the right, the patient has been chained to her bed where she was left to sleep in her own excrement.*



1. History of psychological disorders

- *Inhumane treatment has always been an issue in treating those with psychological dysfunction. Throughout history, individuals have advocated for humane treatment. In the United States, one such adocate was Doretha Dix.*



Dorthea Dix

1. History of psychological disorders

- *However, the moral treatment movement got its biggest push from the French! The slide to the right shows Philippe Pinel, the champion of humane or moral treatment. Historians point to Philippe Pinel's work at the La Bicetre hospital in Paris as the first of the serious asylum reforms. Pinel's reforms were simply humane. That is, he removed the chains and let in the sunlight.*



Phillippe Pinel

1. Defining psychological disorders...

- It is a reasonable conclusion that Jeffrey Dahmer meets most if not all the criteria for a psychological disorder. These generally accepted criteria include deviance from the culture, psychological distress, maladaptive behavior, statistical deviance, and deviation from the ideal. One usually finds these criteria in most abnormal psychology texts.*



Jeffrey Dahmer

1. Defining psychological disorders...

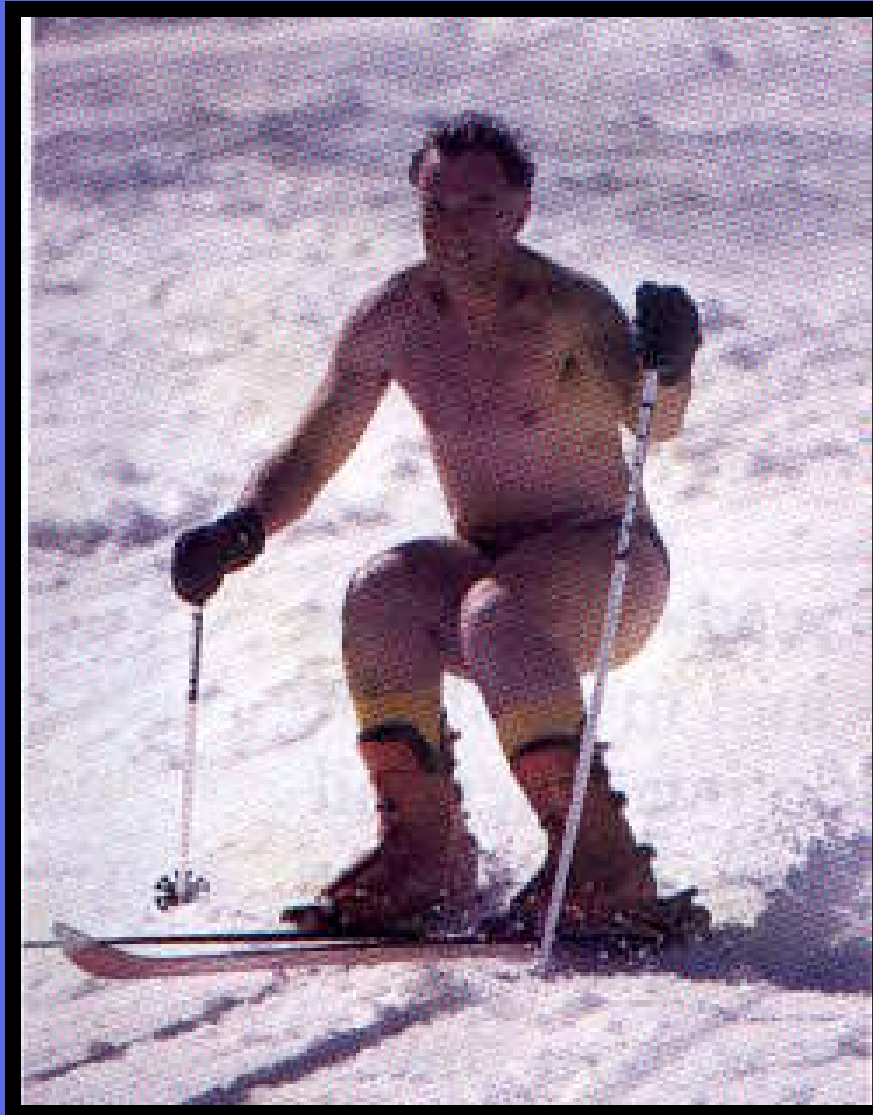
- In your text, Myers uses other but related criteria that include atypical, disturbing, maladaptive, and unjustifiable. Ascertaining whether or not a pattern of behavior is disordered is a difficult exercise. In your text, Myers implies that a disordered behavior must meet all of the following criteria. That is, the disorder must be atypical, disturbing, maladaptive, and unjustifiable.*



*Bill Gates:
His history suggests that he is atypical but not disturbing, maladaptive, or unjustified.*

1. Defining psychological disorders...

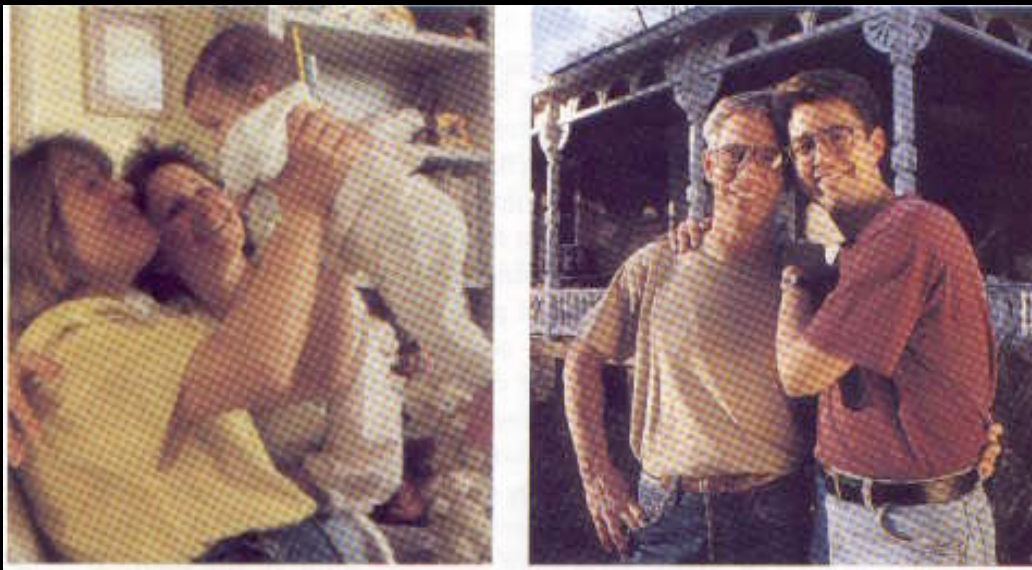
*More acceptable
in the Swiss Alps?*



- *Atypical suggests that the behavior deviates from the cultural and historical context. For example, streaking while skiing is atypical but to consider it dysfunctional is a different story. In European cultures, nude beaches and sunbathing are common but this is not the case in the United States.*

1. Defining psychological disorders...

- However, if clinicians view streaking as atypical, they need to consider its historical context. In the mid 1970's, our culture was more tolerant of "streaking." In 2004 and 2005, streaking is more atypical and less tolerated. The historical context and its interpretation of abnormality can change in a moment. Myers cites the American Psychiatric Association's decision to drop homosexuality from its diagnostic manual for clinical syndromes.*



In a matter of one day, being gay was no longer considered a clinical syndrome by the psychiatric community.

1. Defining psychological disorders...

Hitchcock's movies bring a disturbing element to the movie goer.



- Disturbing implies that the person's pattern of behavior is distressful to self and an observer. In the Alfred Hitchcock thriller, "The Birds," the behavior these children are exhibiting is disturbing to them and all of us, but their reactions are definitely not atypical or maladaptive. If attacked by killer birds, we would all be running for our lives.*

1. Defining psychological disorders...

The result of maladaptive behavior?



- Maladaptive refers to a pattern of behavior that may be harmful to self or others. The slide to the right suggests that drinking under the influence can be harmful to self and others. Committing suicide is maladaptive because it is harmful to self and others. A social phobia is harmful to self because it restricts healthy interactions.*

1. Defining psychological disorders...



A preschooler is justified when pretending to be a doctor. However, for an adult to pretend is considered fraud.

- Lastly, the behavior is dysfunctional if it is not justified. A child of three has an imaginary friend. To most of us, this behavior is not alarming because it is developmentally justified. That is, a child of three can have an active imagination. However, if Dr. Gordon walks into class and introduces his imaginary friend, his behavior is not justified. Your verbal reaction would likely be, “We need a new professor!”*

1. Defining psychological disorders...

- *What about these guys? Tattoos are acceptable in our culture to a greater extent. However, when tattoos cover the entire body, our culture probably views that as deviant or atypical.*



*Psychological
Disorder
Or
Atypical?*

1. Defining psychological disorders...

- *What about these guys? In some cultures, a man wearing women's clothing is considered normal. In the American culture, a man who dresses in women's clothing is considered a cross dresser who deviates from the cultural norm.*



*Psychological
Disorder
Or
Atypical?*

1. Defining psychological disorders...

- What about these guys? The slide below illustrates how much of the behavioral norm is contingent upon our culture. On the left, this man would be considered a cross dresser. On the right, a Scotsman shows off the traditional quilt that is acceptable in his culture.*



*Psychological
Disorder
Or
Atypical?*

1. Defining psychological disorders...

- What about this guy? The “Can Man” and his mode of transportation are considered atypical. Unless you are a recycling fanatic, the can man’s is not disturbing or maladaptive. This is good example of being eccentric but not abnormal.*



Wearing a can suit is not considered a psychological disorder because it does not cause harm.

1. Defining psychological disorders...

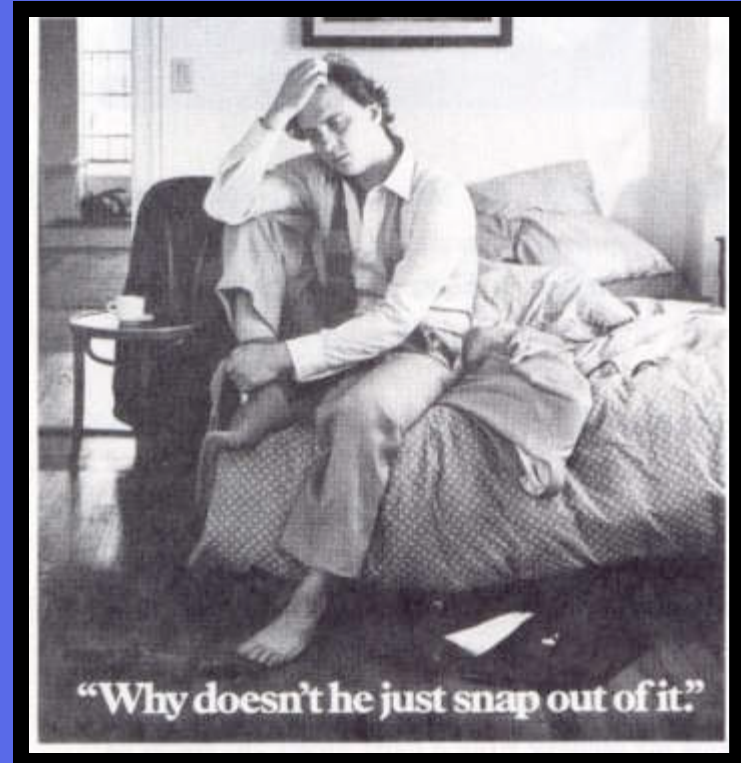
- *The cartoon below illustrates an anger management specialist being the victim of one diagnosed with an intermittent explosive disorder. Explosive anger is definitely atypical, disturbing, maladaptive, and not justified.*

Did you know that there are 161 known ways to diagnose depression? However, there is only one diagnosis for anger!



3. Medical versus Biosocial models

- In the middle ages, one might say this guy's problem is with his demons! We know better today. He is depressed and cannot "snap out of it." How do we explain the origins of his condition? Clinical researchers have looked to two models to explain such phenomenon. These are the medical and biosocial models. Let's start with the medical model.*



Did you know that depression is the most diagnosed health condition in the 21st century.

3. Medical versus Biosocial models

- The medical model obviously starts with Phillippe Pinel in terms of moving the mentally ill to a hospital setting. Those responsible for making the medical model a viable approach to our understanding of psychological disorder are many. However, one extraordinary man who argued for a connection between the organic causes and mental illness was Richard Von Krafft-Ebing.*



*Richard
Von Krafft-Ebing*

3. Medical versus biosocial models

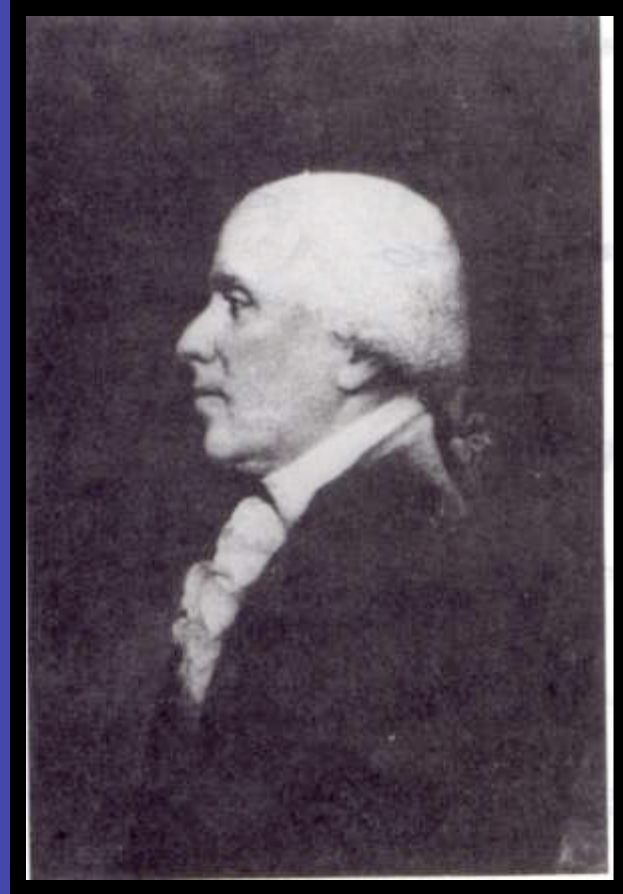
- The idea that the physical caused the mental progressed at a slow pace. Nevertheless, significant scientific findings paved the way for the somatogenic position (the view that mental illness stemmed from organic disease). For example, Krafft-Ebing's discovery of the cause and effect relationship between syphilis and paresis (paralysis and psychosis) is well documented.*



Richard Von Krafft-Ebing

3. Medical versus biosocial models

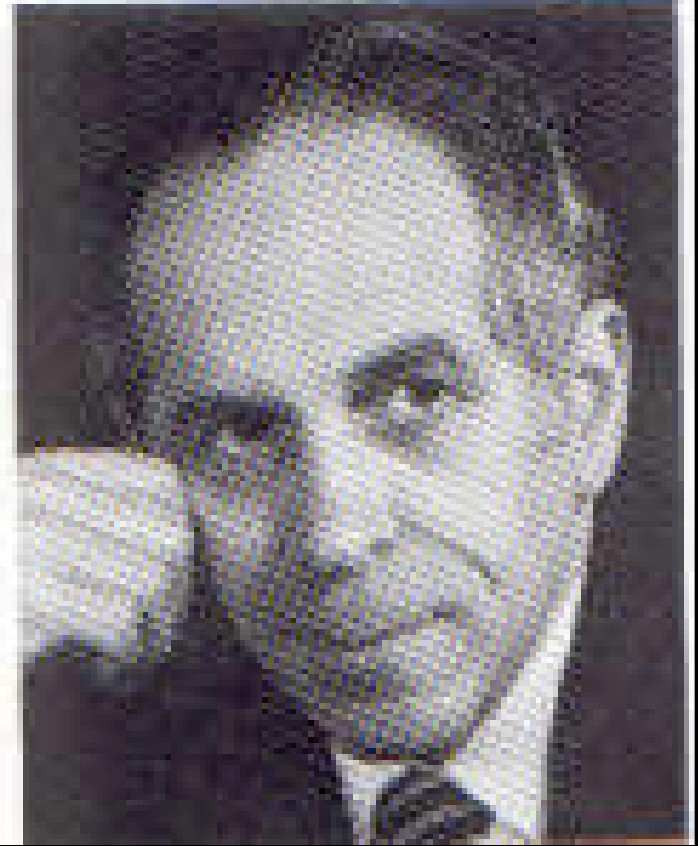
- As it relates to the medical model, psychological disorders are given all the right terminology. The term psychological disorder is used interchangeably with such terms as psychopathology or mental illness. Like any illness, psychological disorders are given a diagnosis and prognosis. Symptoms are identified and a treatment is selected. Benjamin Rush is considered by some to be the father of modern American psychiatry and advocate of the medical model.*



Benjamin Rush

3. Medical versus biosocial models

- The medical model is not without its critics. Thomas Szasz opposes the medical model. He proposes that the disease analogy converts moral and social questions about what is acceptable behavior into medical questions. Most abnormal behavior is simply a deviation from the social norm and not a disease.*



Thomas Szasz

3. Medical versus biosocial models

- *The slide below illustrates the biopsychosocial model. This model relies on the idea that one's biological nature is embedded within a environmental system. In other words, psychopathology is the product of biological, psychological, and social factors.*



In this model, each of the factors can mutually influence the other.

3. Medical versus biosocial models

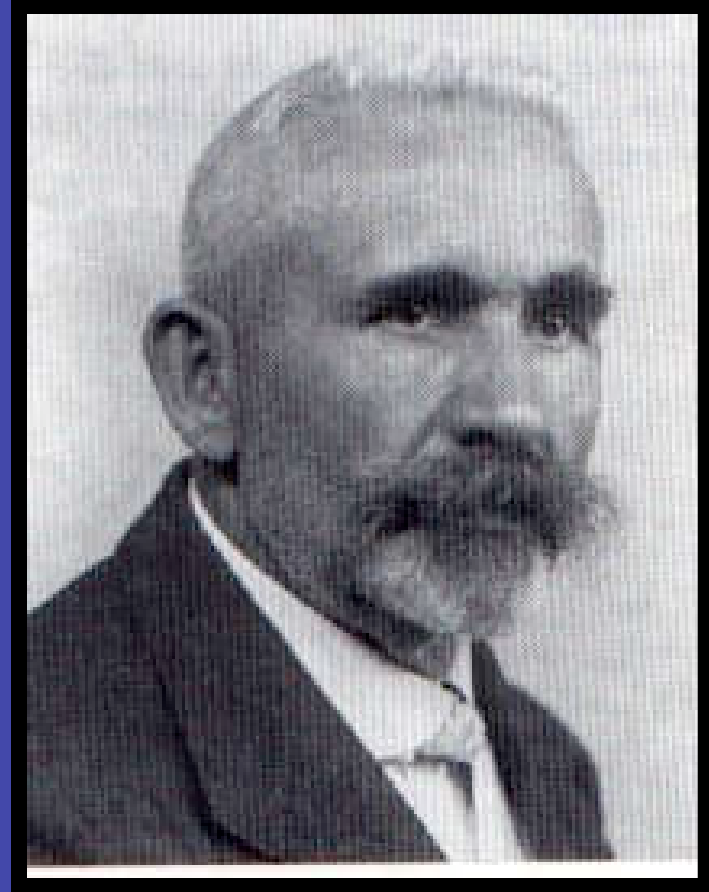
- For example, in specific cultures, we find certain psychological disorders. In western cultures, the emphasis on a thin body image may influence the course of certain eating disorders like anorexia nervosa. Icelanders have to be concerned about alcoholism. In your text, Myers briefly discusses other culturally specific disorders.*



Karen Carpenter (center) died of Anorexia Nervosa. some considered anorexia to be a condition specific to western cultures.

4. Classification and the DSM IV

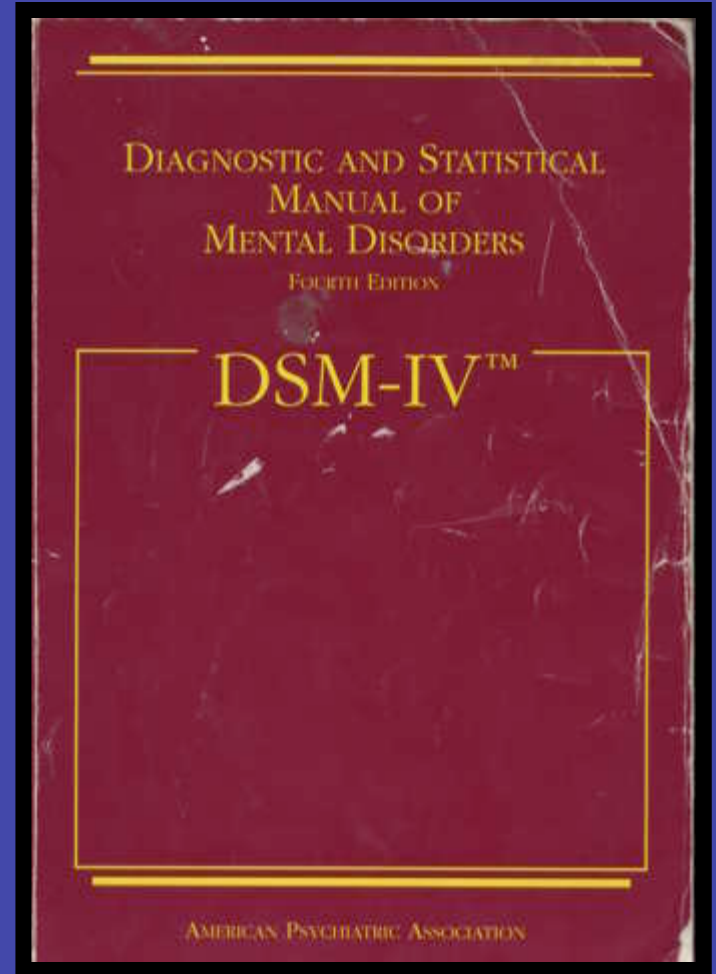
- All sciences rely on classification schemes to make order out of the many observations generated. Psychological disorders are no exception. In 1883, Emil Kraepelin devised the first modern classification system for psychological disorders. In 1952, the first DSM (diagnostic statistical manual) was published. The DSM is now in its fourth edition with the fifth to come out some time in 2010.*



Emil Kraepelin

4. Classification and the DSM IV

- *The DSM-IV is pictured to the right. With any new DSM edition, certain terms and/or diagnoses are omitted or added. In fact, since the first DSM, there are now three times as many diagnoses in the DSM-IV. For example, Myers indicates that certain terms are no longer used in the DSM such as neurotic and psychotic disorders. As was discussed earlier, homosexuality was dropped from the DSM-III. There are a total of 17 clinical syndrome categories (e.g., depression, anxiety disorders, etc...)*



DSM-IV

4. Classification and the DSM IV

- Studies have shown that the DSM-IV has fairly high reliability. In other words, Riskind and others (1987) found that 83 percent of the time a second psychiatrist's diagnosis was the same as the first. The slide to right illustrates a therapist employing diagnostics to obtain a diagnosis.*



4. Classification and the DSM IV

- *Some argue that the DSM-IV is not reliable. That is, the categories are simply arbitrary and label people. Nevertheless, the DSM-IV diagnoses are necessary for insurance companies for reimbursement purposes and to plan treatment. The cartoon makes light of psychodiagnostics.*



5. Prevalence rates

- *Prevalence studies have been conducted to determine who (gender, ethnicity, gender, etc...) has what disorder. Below, data from the Robins and Regier (1991) survey is presented. What are some of the vital statistics? Myers summarizes findings from numerous prevalence studies. First, 1 in 6 Americans suffer from a major clinical syndrome.*

TABLE 45.1

PERCENTAGE OF AMERICANS WHO HAVE EVER EXPERIENCED PSYCHOLOGICAL DISORDERS

Disorder	Ethnicity			Gender		Total
	White	Black	Hispanic	Men	Women	
Alcohol abuse or dependence	13.6%	13.8%	16.7%	23.8%	4.6%	13.8%
Generalized anxiety	3.4	6.1	3.7	2.4	5.0	3.8
Phobias	9.7	23.4	12.2	10.4	17.7	14.3
Obsessive-compulsive disorder	2.6	2.3	1.8	2.0	3.0	2.6
Mood disorder	8.0	6.3	7.8	5.2	10.2	7.8
Schizophrenia	1.4	2.1	0.8	1.2	1.7	1.5
Antisocial personality	2.6	2.3	3.4	4.5	0.8	2.6

Source: Data from Robins & Regier, 1991. Similar gender differences, though with somewhat higher rates of disorder, come from the U.S. National Comorbidity Survey (Kessler & others, 1994).

5. Prevalence rates

- *Second, 1 in 6 has been validated in other western cultures (Great Britain and Australia). Third, prevalence rates are high among those in poverty. As such, does poverty cause psychological disorders or does having a disorder lead to poverty? To answer this question, it may depend on the disorder. Schizophrenia and the deterioration that follows likely leads to poverty. In contrast, poverty likely leads to such disorders as depression.*



Schizophrenia leads to poverty?

5. Prevalence rates

- Prevalence studies have also revealed interesting patterns as it related to the onset of mental illness. There is strong evidence that early adulthood is a vulnerable time in one's life. Interestingly, the onset for personality and anxiety disorders tends to be during the childhood years. Psychotic disorders, alcohol abuse, OCD, and bipolar disorder emerge around 20 years. Later, at around 24, the onset of depression occurs.*



The onset of anxiety Disorders appears to be During the childhood years.

6. Labeling and psychological disorders

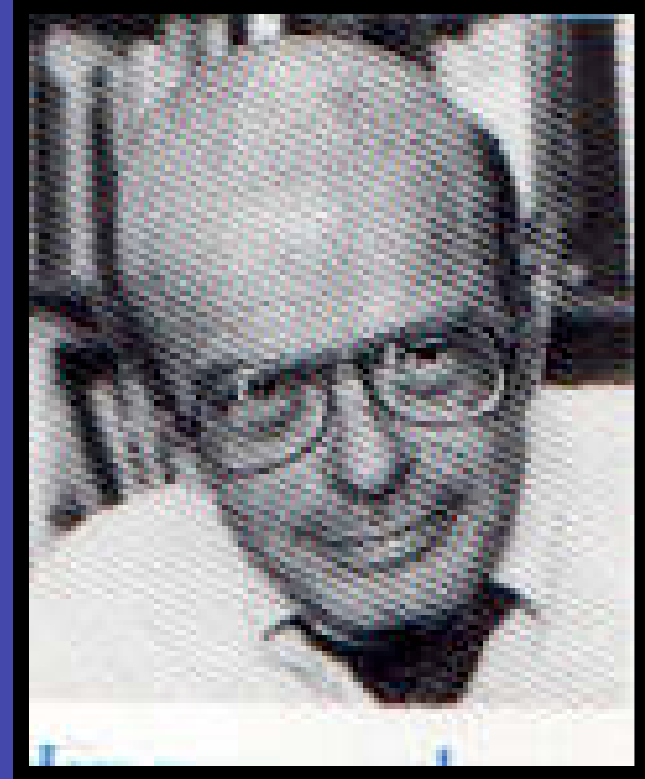
- *Once a diagnosis is given, it can set off others' perceptions. One perception is that a psychological diagnosis is a label and one that endures test of time. Furthermore, investigators have revealed stereotypes of mental illness. One stereotype is that all psychological disorders are incurable. A second stereotype is that those with serious mental illness tend to be violent. Lastly, those diagnosed with a disorder tends to be bizarre and quite different from normal people.*



Michael Myers from the "Halloween" series has been diagnosed as a psychotic killer, and has done much to perpetuate the stereotype of mental illness and violence.

6. Labeling and psychological disorders

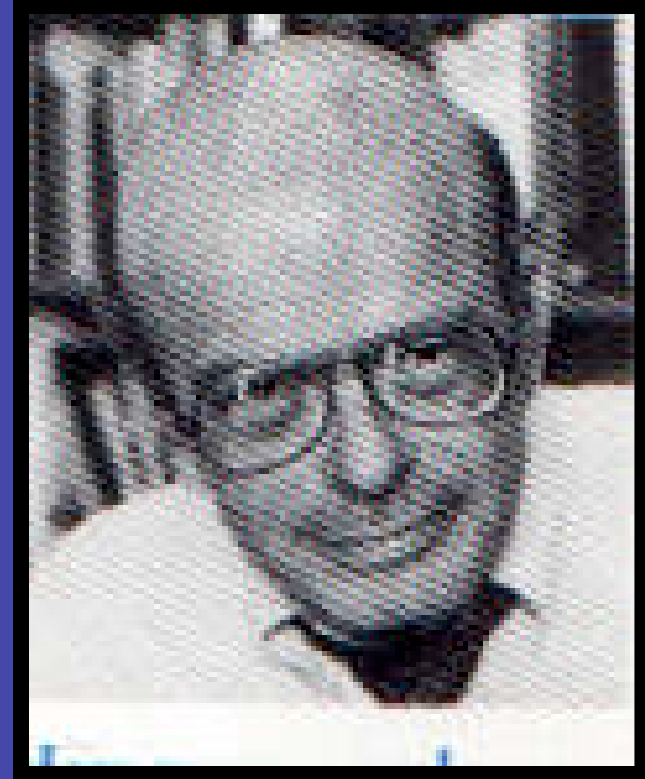
- To test the notion that others have negative perceptions of psychological disorders and labels, David Rosenhan conducted an ingenious study. The study determine whether or not Rosenhan and his students could trick psychiatric staff in to believing that they developed a schizophrenic condition (told intake that they heard voices). After an average of 19 days in a psychiatric hospital, these apparently normal patients were still perceived by the staff has displaying psychotic symptoms.*



David Rosenhan

6. Labeling and psychological disorders

- During their stay at the hospital, Rosenhan observed that the hospital staff rarely interacted with the patients. In fact, it was safe to say that the patients were socially isolated. Other studies revealed that discovering that a prospective tenant has been hospitalized and discharged from a mental hospital, one's chances of securing an apartment is greatly reduced. The good news is that findings such as this are decreasing because of the understanding that mental disorders are caused by diseases of the brain and not one's character.*



David Rosenhan