Psychological Disorders I

Classification
The DSM IV
Disorders Once Called “Neuroses”

Classifying Psychological Disorders

- Simplifies communication among health-care workers.
- A particular syndrome, or collection of symptoms, may point to a particular underlying cause that will yield to a particular therapy.
- However, being labeled as having a particular psychological disorder can have negative consequences for a person.

The DSM-IV

- Stands for “Diagnostic and Statistical Manual of Mental Disorders” Version 4
- Current version includes 297 diagnostic categories organized in terms of symptoms
- Includes statistical incidence of the disorders.
Before the DSM

- An earlier classification system begun by Emil Kraepelin divided disorders into two broad categories:
  - Neurosis
    - Characterized by anxiety, either on the surface driving the symptoms.
    - Individual has good contact with reality.
  - Psychosis
    - Characterized by loss of contact with reality.
    - Anxiety not a necessary component.

Neurosis and the DSM

- Several categories of psychological disorder found in the DSM would fall under the older category of neurosis. These include:
  - Anxiety Disorders
  - Somatoform Disorders
  - Dissociative Disorders
- Each of these categories comprises two or more subcategories of disorder.

Anxiety Disorders

- Characterized by anxiety “on the surface”
- Category includes:
  - Phobic disorders
  - Panic disorder
  - Generalized anxiety disorder
  - Obsessive-compulsive disorder
  - Posttraumatic stress disorder
**Phobic Disorders**

- Also called “phobias” (Greek for “fears”)
- Severe anxiety aroused by a specific stimulus or situation.
- Level of fear is out of proportion to the actual danger involved.
- Some effective treatments assume that disorders arise from a process of classical conditioning.

**Panic Disorder**

- Characterized by a recurrent onset of intense anxiety called a “panic attack.”
- Panic attacks occur anywhere, any time, last for a short period, and may leave the person feeling completely drained.
- Origin is probably traceable to a sensitivity of neurons involved in the fear circuitry of the brain.
- Strangely, anti-depressants often help.

**Generalized Anxiety Disorder**

- Person experiences chronic anxiety that is not tied to specific things or situations.
- Name comes from the idea that anxiety began narrowly attached to certain things/situations and then generalized broadly.
- Often responsive to treatment using “minor” tranquilizers.
Obsessive-Compulsive Disorder

- Characterized by recurrent obsessions and/or compulsions
  - Obsessions are thoughts that involuntarily and constantly intrude into awareness.
  - Compulsions are constantly intruding, repetitive behaviors. These sometimes develop into elaborate rituals.
- Certain drugs can help control the disorder, as can certain behavioral therapies.

Posttraumatic Stress Disorder

- The person has experienced, witnessed, or been confronted with an event that involves actual or threatened death or injury.
- The person’s response involves intense fear, helplessness, or horror.
- Symptoms include re-experiencing the event through flashbacks or nightmares, avoidance of reminders of the event, and increased arousal or “hyper-alertness.”

Somatoform Disorders

- These involve physical, bodily symptoms of complaints.
- The category includes these subcategories:
  - Hypochondriasis and somatization disorder
  - Conversion disorder
Hypochondriasis and Somatization Disorder

- Hypochondriasis – preoccupation with a fear of a serious disease.
- Somatization disorder – several recurrent, long-lasting complaints about symptoms for which there is no apparent physical cause.
- Initially, persons may be rewarded for expressing these fears or symptoms, by the concern or sympathy of others. However, others eventually tire of hearing of it when nothing seems to happen.

Conversion Disorder

- Once called “hysteria” and believed to be unique to women.
- Symptoms are the apparent loss of a given kind of sensory input (e.g., blindness) or a paralysis. However, no physical cause can be found. In addition, person may exhibit “la belle indifférence” – an apparent lack of concern about the problem.
- Freud suggested that the symptoms arise in order to resolve some unconscious conflict.

Dissociative Disorders

- These are disorders in which a person seeks to escape from some aspect of life or personality that is seen as a source of stress.
- They include:
  - Dissociative Amnesia
  - Dissociative Fugue
  - Dissociative Identity Disorder
**Dissociative Amnesia**
- An extensive inability to recall important personal information, not due to physical problems with the brain.
- Origin theoretically is in the desire to suppress memories that are too anxiety-provoking to bear. However, this is done unconsciously.

**Dissociative Fugue**
- This is amnestic forgetfulness accompanied by “flight” to a new location.
- As in dissociative amnesia, it may represent a flight from anxiety-provoking memories and circumstances, in this case, literally.

**Dissociative Identity Disorder**
- Formerly called “multiple personality”
- Existence within the same person of two or more (usually more) distinct personalities.
- Some alternate personalities may be aware of others, some may not be.
- Classic cases in the movies: The Three Faces of Eve; Sybil