

Chapter 12

The Psychological Disorders

Outline

- I. What is “Abnormal”?
 - A. **Abnormal** refers to maladaptive cognitions, affects, and/or behaviors that are at odds with social expectations and result in distress or discomfort.
 - B. What may be abnormal and disordered in one culture or social situation may be viewed as normal and commonplace in another.

- II. Classifying Abnormal Reactions: The DSM
 - A. **Diagnosis** is the act of recognizing a disorder on the basis of a specified set of symptoms.
 - B. Emil Kraepelin published the first classification scheme for “mental disturbances” in 1883.
 - C. The American Psychiatric Association published its system for classifying psychological disorders, *The Diagnostic and Statistical Manual of Mental Disorders*, in 1952.
 1. The most recent edition, published in 2000, is the DSM-IV-TR (where TR stands for “text revision”).
 2. The DSM-IV lists 297 different diagnostic categories.
 3. Except for known biological factors, the manual attempts to avoid reference to etiology, or causes, of disorders.
 4. The system is important for adequate communication concerning disorders.

- III. Problems with Classification and Labeling
 - A. The DSM-IV refers only to disordered behaviors, not to disordered people.
 - B. Labels *do not explain* behavior and may stick long after the symptoms are gone.
 - C. **Comorbidity** refers to the occurrence of two or more disorders in the same individual.
 1. For those suffering any disorder in his or her lifetime, nearly 80 percent will have two or more disorders.
 2. Many psychological disorders are also comorbid with physical illnesses.

- IV. A Word on “Insanity”
 - A. The term insanity is a legal term, not a psychological one.
 - B. **Insanity** usually requires that one did not know or fully understand the consequences of his or her actions at a given time, could not discern the difference between right and wrong, and was unable to exercise control over his or her actions at the time a crime was committed.
 - C. A related issue, competence, concerns whether one is in control of his or her mental and intellectual functions to understand courtroom procedures and aid in his or her own defense.

- V. A Few Cautions
 - A. “Abnormal” and “normal” are not two distinct categories.
 - B. Abnormal does not mean dangerous.
 1. People jailed for violent crimes are no more likely to have a psychological disorder than not jailed persons.
 2. Persons with psychological disorders are more likely than persons without such disorders to be *victims* of violent crimes.
 - C. Abnormal does not mean bad.
 - D. Psychological disorders may occur in mild and moderate forms.

VI. Anxiety Disorders

- A. **Anxiety** refers to a feeling of general apprehension or dread accompanied by predictable physiological changes.
 - 1. Anxiety disorders are the most common of all the psychological disorders, affecting 13.3 percent (19.1 million persons) in the U.S. aged 18-54.
 - 2. They are diagnosed two to three times more in women than in men.
- B. The major symptom of **generalized anxiety disorder** is distressing, felt anxiety.
 - 1. Anxiety may be intense or diffuse, and can cause substantial interference.
 - 2. People with this disorder may be prone to drug and alcohol abuse.
- C. In **panic disorder**, the major symptom is more acute—a recurrent, unpredictable, unprovoked onset of sudden, intense anxiety, or a “panic attack.”
 - 1. Onset is usually between adolescence and the mid-twenties.
 - 2. A comorbid diagnosis of depression significantly increases the rate of suicide and suicide attempts.
- D. The essential feature of **phobic disorders** is a persistent and excessive fear of some object, activity, or situation that consistently leads a person to avoid that object, activity, or situation.
 - 1. **Specific phobias** involve fear of animals; the physical environment; blood, injection or injury; or a specific situation.
 - 2. **Social phobias** are significant and persistent fears of social or performance situations in which embarrassment may occur.
 - 3. The prognosis (the prediction of the future course of a disorder) is good for phobic disorders, but few seek professional assistance.
 - 4. **Agoraphobia** means “fear of open places.”
- E. The **obsessive-compulsive disorder (OCD)** is an anxiety disorder characterized by a pattern of recurrent obsessions and compulsions.
 - 1. **Obsessions** are ideas or thoughts that involuntarily and constantly intrude into awareness.
 - 2. **Compulsions** are constantly intruding, repetitive behaviors.
 - 3. It seems that OCD has a biological basis, but the general prognosis is not good.
- F. **Posttraumatic stress disorder (PTSD)** involves distressing symptoms that arise some time after the experience of a highly traumatic event.
 - 1. The person must have experienced, witnessed, or been confronted with an event that involves actual or threatened death or serious injury.
 - 2. The person’s response involves intense fear, helplessness, or horror.
 - 3. Three additional clusters of symptoms include re-experiencing the event via flashbacks or nightmares, avoidance of possible reminders of the event, and increased arousal or “hyperalertness.”
 - 4. Estimates of the lifetime prevalence of PTSD range from about two percent to eight percent of the population.
 - 5. PTSD is commonly associated with alcohol and substance abuse or depression.

VII. Somatoform Disorders

- A. The **somatoform disorders** involve physical, bodily symptoms or complaints with no known medical or biological cause for the symptoms.
- B. **Hypochondriasis** is the diagnosis for someone preoccupied with the fear of a serious disease.
 - 1. Persons with this disorder are unusually aware of every ache and pain.
 - 2. It affects men and women equally.
- C. **Somatization disorder** is characterized by several, recurrent, long-lasting complaints about physical symptoms for which there is no physical cause.
- D. In **conversion disorder**, there is a loss or altering of physical functioning that suggests a physical disorder, but there is no medical explanation for the symptoms.
 - 1. One remarkable symptom of this disorder (which occurs only in some patients) is known as *la belle indifférence*, a seemingly inappropriate lack of concern over one’s condition.
 - 2. The Greeks knew this disorder; they named it hysteria.
 - 3. This disorder intrigued Freud, which led him to develop a new method of therapy.

VIII. Dissociative Disorders

- A. The underlying theme of the **dissociative disorders** is that a person seeks to escape from some aspect of life or personality seen as the source of stress, discomfort, or anxiety.
- B. **Dissociative amnesia** is the inability to recall important personal information—an inability too extensive to be explained by ordinary forgetfulness.
 - 1. What is forgotten is usually some traumatic incident and some or all of the experiences that led up to or followed it.
 - 2. There is no medical explanation for the loss of memory.
 - 3. These cases tend to be more common in wartime.
- C. When amnesic forgetfulness is accompanied by a change of location, the disorder is known as **dissociative fugue**.
- D. The major symptom of **dissociative identity disorder** is the existence within the same person of two or more distinct personalities or traits.
 - 1. This disorder is still commonly known as multiple personality disorder.
 - 2. Changes in personality are dramatic and extreme.
 - 3. Changes can take place without warning or provocation.
 - 4. Which personality will be dominant cannot be predicted or controlled by the individual.
 - 5. People with this disorder often have been the victim of child abuse or sexual abuse.
 - 6. The diagnosis is rarely made in other countries.

IX. Personality Disorders

- A. **Personality disorders** are long-lasting patterns of perceiving, relating to, and thinking about the environment and oneself that are maladaptive and inflexible and cause either impaired functioning or distress.
- B. The DSM-IV lists eleven personality disorders, which are clustered in three groups.
 - 1. Cluster I includes disorders of odd or eccentric reactions such as paranoid personality disorder or schizoid personality disorder.
 - 2. Cluster II includes disorders of dramatic, emotional or erratic reactions, such as histrionic and narcissistic personality disorders.
 - 3. Cluster III disorders involve anxiety and fearfulness such as avoidant personality disorder or dependent personality disorder.
- C. Cluster I: Disorders of Odd or Eccentric Reactions
 - 1. *Paranoid personality* refers to extreme sensitivity, suspiciousness, envy, and mistrust of others.
 - 2. *Schizoid personality* refers to an inability to form, and an indifference to, interpersonal relationships.
- D. Cluster II: Disorders of Dramatic, Emotional, or Erratic Reactions
 - 1. *Histrionic personality* disorder describes someone who is overly dramatic, reactive, and demonstrates intensely expressed behavior.
 - 2. *Narcissistic personality* disorder reflects a grandiose exaggeration of self-importance, a need for attention or admiration, and a tendency to set unrealistic goals.
- E. Cluster III: Disorders Involving Anxiety and Fearfulness
 - 1. *Avoidant personality* disorder refers to an over-sensitivity to the possibility of being rejected by others and an unwillingness to enter into relationships for fear of being rejected.
 - 2. *Dependent personality* disorder describes a person who allows and seeks others to dominate and assume responsibility for action; this person has a poor self-image and lacks confidence.
- F. The prognosis for the personality disorders is poor.
- G. The **antisocial personality disorder** is characterized by an exceptional lack of regard for the rights and property of others, accompanied by impulsive, often criminal behaviors.
 - 1. Persons with the disorder used to be called “psychopaths” or “sociopaths.”
 - 2. Symptoms include deceit and manipulation of others without guilt or regret.

3. The disorder is more common among persons of low socioeconomic status, who live in an urban setting and have a history of symptoms dating from childhood.
4. Although the disorder is very resistant to treatment, there is evidence of a burnout factor when these people reach their 40s.

X. Alzheimer's Dementia

- A. Dementia is a condition characterized by the marked loss of intellectual abilities.
- B. A slow deterioration of one's intellectual functioning is the most common symptom associated with **Alzheimer's disease**; personality changes also occur.
- C. It is a physical disease caused by abnormal changes in brain tissue.
- D. It is diagnosed with certainty at autopsy.
 1. There will be a mass of tangles of abnormal protein fibers.
 2. Waste materials, called plaques, are degenerated nerve fibers that wrap around a core of protein.
 3. There will be small cavities filled with fluid and debris.
 4. Atrophy will be evident.
- E. It is a disorder becoming increasingly more common.
 1. About 7 million in North America and Europe have been diagnosed.
 2. In the year 2000 there were 4.5 million persons in the U. S. diagnosed with Alzheimer's; by the year 2050, that number is estimated to be 13.2 million.
- F. There is a genetic predisposition for the disorder.
 1. Obesity is a risk factor for developing Alzheimer's dementia.
 2. Receiving a head injury or trauma is a risk factor.
 3. Using folic acid in one's diet may reduce the chance of getting Alzheimer's.
 4. Engaging in cognitively challenging activities may reduce the risk of Alzheimer's dementia in old age.
- G. A number of hypotheses are being investigated for the cause and treatment of the disorder.

XI. Mood Disorders

- A. With **mood disorders**, the intensity or extreme nature of one's mood is the major symptom.
- B. **Major depression** is the diagnosis for a constellation of symptoms that includes feeling sad, low, and hopeless, coupled with a loss of pleasure or interest in most normal activities.
- C. **Dysthymia** is a mild case of major depression, but it tends to be more chronic, or continuous.
- D. In **bipolar disorder**, episodes of depression are occasionally interspersed with episodes of mania.
 1. This is still referred to as "manic depression."
 2. **Mania** is characterized as an elevated mood with feelings of euphoria or irritability and increased levels of activity.

XII. The Roots of Depression

- A. There is evidence for a genetic, or inherited, predisposition to the bipolar mood disorder.
- B. We suspect that there is a genetic basis for major depression as well.
- C. The **diathesis-stress model** proposes that the expression of disordered behaviors (particularly depression) results from the interaction of an inherited predisposition and the experience of stress or trauma.
 1. Some neurotransmitters, collectively referred to as biogenic amines, appear to influence mood.
 2. Brain anatomy appears to be different for some of the individual disorders.
- D. A variety of psychological factors may influence the development of depression.
 1. These could include learning experiences, situational stress, and cognitive factors.
 2. Freud believed that depression was a reflection of early childhood experiences that leads to anger directed inwardly.
 3. Women are twice as likely than men to be diagnosed with mood disorders.

XIII. Schizophrenia

- A. **Schizophrenia** involves a distortion of reality and a retreat from other people, accompanied by disturbances in affect, behavior, and cognition.
- B. Schizophrenia can be found around the world at the same rate: about 1 percent
- C. Recent research indicates that schizophrenia has three dimensions of symptoms.
 - 1. **Negative symptoms** refer to emotional and social withdrawal, reduced energy and motivation, apathy and poor attention.
 - 2. **Positive psychotic symptoms** include hallucinations and delusions.
 - a. **Hallucinations** are false perceptions.
 - b. **Delusions** are false beliefs.
 - 3. Positive disorganized symptoms of schizophrenia include disorders of thinking and speech, bizarre behaviors, and inappropriate affect.
- D. The correlates of negative symptoms include structural abnormalities in the brain, a clearer genetic basis, more severe complications at birth, a lower educational level, poorer adjustment patterns before onset, and a poorer prognosis.
- E. Correlated with both types of positive symptoms are excesses of the neurotransmitter dopamine, relatively normal brain configuration, severe disruptions in early family life, over-activity and aggressiveness in adolescence, and a relatively good response to treatment.
- F. Not all of the data on typing schizophrenia has been supportive.
- G. The DSM-IV-TR characterizes schizophrenic subtypes as paranoid, disorganized, catatonic, and undifferentiated.

XIV. The Causes of Schizophrenia?

- A. Schizophrenia has a genetic basis (though not as clearly so as mood disorders).
- B. Schizophrenia is a disease of the brain.
- C. The role of dopamine in excess amounts in the brain is being investigated.
- D. Another theory is that some people are genetically prone to develop the symptoms of schizophrenia when they are exposed to stressors—the diathesis-stress model, again.
- E. The consensus, however, is that schizophrenia is a complex disease of the brain, not a “disorder of living.”

XV. SPOTLIGHT: Disorder, Race, and Gender

- A. There are no differences among racial/ethnic groups in the *overall* incidence of psychological disorders.
- B. African Americans are more likely to suffer from phobias and somatiform disorders than are Caucasian Americans.
 - 1. They are less likely to suffer from depression, dysthymia, obsessive-compulsive, and anti-social personality disorder.
 - 2. African Americans are significantly less likely to seek professional help for psychological disorders.
- C. Asian Americans report higher incidents of social anxiety and social phobias.
- D. When Native Americans experience a psychological disturbance it is usually depression, posttraumatic stress disorder, or alcohol related.
- E. With regard to gender, women are significantly more likely to be diagnosed with depression and men more likely to be diagnosed with antisocial personality disorder.

Practice Test Questions

Multiple Choice

- As you read this item, which provides the best estimate of the percentage of North Americans suffering from a psychological disorder?
 a. 10 percent
 b. 30 percent
 c. 50 percent
 d. There is no way to make such an estimate.
- Which words, terms, or concepts are NOT included in your textbook's definition of abnormality?
 a. maladaptive
 b. bizarre or strange
 c. distress or discomfort
 d. affect, behavior, and/or cognition
- Which of the following is TRUE concerning people with psychological disorders?
 a. They tend to be more dangerous than others.
 b. They usually realize that they have some sort of problem.
 c. They are distinctly different from persons who are normal.
 d. They are people who have poor self-control or will power.
- The "etiology" of a disorder refers to the
 a. cause of the disorder.
 b. extent to which it is disabling.
 c. type of treatment called for.
 d. nature of the likely outcome of the disorder.
- Classification schemes and labels for psychological disorders, such as those found in the DSM-IV-TR, have some potential problems. Which of these is NOT one of those problems?
 a. Labels tend to dehumanize real human suffering.
 b. There is no logical or sensible rationale behind such schemes.
 c. They usually focus on the individual and not the larger group to which the person belongs.
 d. Schemes and labels may define and describe but they do not explain.
- Tracy reports feeling anxious, nervous, and "on edge" all day long. She is tired, but cannot seem to sleep well. Sometimes she feels like crying for no reason at all. If Tracy has a disorder, the best diagnosis is probably that Tracy is experiencing a _____ disorder.
 a. psychogenic fugue
 b. obsessive-compulsive
 c. generalized anxiety
 d. panic
- What two words best differentiate between panic disorder and generalized anxiety disorder?
 a. acute and chronic
 b. stimulus and response
 c. rational and irrational
 d. distress and discomfort
- More than anything else, what is the difference between fear and anxiety?
 a. Fear is more commonly irrational; anxiety is rational.
 b. Fear involves the autonomic nervous system, anxiety does not.
 c. Fear is the symptom of a disorder; anxiety is not.
 d. Fear requires an object; anxiety does not.
- Everything else being equal, which of these disorders has the best prognosis?
 a. schizophrenia
 b. dissociative identity disorder
 c. phobic disorder
 d. antisocial personality disorder
- Constantly checking and rechecking to confirm that the front door is really locked may be a sign of
 a. a fugue state.
 b. a phobia.
 c. a conversion disorder.
 d. an obsessive-compulsive disorder.

11. Which of these is most likely to result from experiencing some real, life-threatening event?
 a. psychogenic fugue c. posttraumatic stress disorder
 b. child abuse d. panic attacks
12. By definition, what do the somatoform disorders have in common?
 a. either hallucinations or delusions c. exaggerated fears and anxiety
 b. bodily symptoms or complaints d. feelings of profound depression
13. The disorder that used to be called multiple personality disorder is
 a. significantly less common than it was 50 years ago.
 b. now one of the more common forms of schizophrenia.
 c. classified as a dissociative identity disorder.
 d. characterized by a sense of *la belle indifférence*.
14. More than anything else, what do personality disorders have in common that makes them different from other varieties of psychological disorders?
 a. As a group, they are extremely rare.
 b. They involve significant levels of anxiety.
 c. They tend to begin at an early age and to be long lasting.
 d. They generally provide more distress for the person with the disorder than for others.
15. If someone experiences delusions, this symptom shows us a disorder of
 a. affect. c. cognition.
 b. behavior. d. affect, behavior, or cognition, depending.
16. Alzheimer's dementia
 a. is a physical disease of the brain and, therefore, is not listed in the DSM-IV-TR.
 b. cannot be diagnosed before one's death.
 c. occurs only in the elderly (persons over 75).
 d. is degenerative and deadly.
17. The collection of disorders called "mood disorders" has as its major symptom
 a. disorganized thinking and confusion.
 b. the experience of strange, unexplainable behaviors.
 c. disturbances of affect.
 d. cognitive disorientation.
18. By far, the most common form of mood disorder is
 a. depression. c. paranoia.
 b. bipolar. d. mania.
19. Concerning mood disorders, which of the following is FALSE?
 a. Depression is more common in women than in men.
 b. It is more common to find depression alone than mania alone.
 c. Depression generally occurs in a series of episodes.
 d. The symptoms of mania rarely recur or relapse.
20. Of these factors, which seems LEAST likely to be involved as a cause of depression?
 a. hormone levels c. neurotransmitters
 b. genetic predispositions d. biogenic amines
21. Which of these symptoms tends NOT to be associated with schizophrenia?
 a. high levels of felt anxiety
 b. social withdrawal and retreat from others
 c. flattened affect
 d. disturbed cognitions, including delusions

22. Which of these would be considered to be a positive symptom of schizophrenia?
- a. a good prognosis
 - b. loss of affect
 - c. hallucinations
 - d. social withdrawal
23. About which statement concerning the causes of schizophrenia do we feel most certain?
- a. Dopamine causes schizophrenia.
 - b. Schizophrenia results from child abuse.
 - c. Schizophrenia runs in families.
 - d. Parents of schizophrenic persons are cold and aloof.

True/False

1. ___ True ___ False Insanity is a term that comes from the legal profession, not from psychology or psychiatry.
2. ___ True ___ False Classifying psychological disorders is a project that was begun in the 1950s and culminated in the first Diagnostic Manual in 1960.
3. ___ True ___ False By definition, psychological disorders must involve one's affect, one's behaviors, or one's cognitions.
4. ___ True ___ False Although comorbidity is common among the personality disorders, it rarely occurs with the anxiety disorders.
5. ___ True ___ False Social phobias include the fears of eating in public and public speaking.
6. ___ True ___ False Although it is classified as an anxiety disorder, there is increasing evidence that OCD has a strong biological basis.
7. ___ True ___ False The phenomenon known as *la belle indifférence* is best associated with conversion disorder.
8. ___ True ___ False People with antisocial disorder used to be called "psychopaths" or "sociopaths."
9. ___ True ___ False Rates of death attributed to Alzheimer's dementia have increased markedly over the past 35 years.
10. ___ True ___ False By definition, patients cannot be depressed and anxious at the same time.
11. ___ True ___ False Dysthymia is another (technical) term for major depressive disorder.
12. ___ True ___ False Schizophrenia means "split mind"—literally, splitting of the mind into two (or more) different, yet distinct, personalities.
13. ___ True ___ False About one-quarter of those diagnosed with schizophrenia will simply never get better.
14. ___ True ___ False Although women are diagnosed with major depression more often than men are, they are probably over-diagnosed and do not truly experience any more depression.

Key Terms and Concepts

abnormal _____

diagnosis _____

etiology _____

comorbidity _____

insanity _____

anxiety _____

generalized anxiety disorder _____

panic disorder _____

phobic disorder _____

specific phobias _____

social phobias _____

agoraphobia _____

obsessive compulsive disorder _____

obsessions _____

compulsions _____

posttraumatic stress disorder (PTSD) _____

somatoform disorders _____

hypochondriasis _____

somatization disorder _____

conversion disorder _____

dissociative disorders _____

dissociative amnesia _____

dissociative fugue _____

dissociative identity disorder _____

personality disorders (PDs) _____

antisocial personality disorder _____

dementia _____

Alzheimer's dementia _____

mood disorders _____

major depressive disorder _____

dysthymia _____

bipolar disorder _____

mania _____

diathesis-stress model _____

schizophrenia _____

negative symptoms of schizophrenia _____

positive symptoms of schizophrenia _____

delusions _____

hallucinations _____

Answers to Practice Test Questions

Multiple Choice

1. **b** Granted that it's only an estimate and granted that it may be a bit too conservative, but of these choices, the best bet would be to say that approximately 30 percent of the population has a psychological disorder at any point in time.
2. **b** Yes, some reactions of persons with psychological disorders may seem strange or bizarre, but these terms are certainly not part of the definition of abnormality.
3. **b** One of the sad realities of mental disorders is that—in virtually every case—the person with the disorder is (or at one time was) aware of the fact that something is not right. The other alternatives are simply false statements.
4. **a** Etiology means source or cause; prognosis is the term used to describe the likely outcome of a disorder.
5. **b** There are several problems with schemes for labeling and classifying disorders, but each of those schemes is certainly based on some logical or sensible rationale for doing so.
6. **c** This is a pretty good description of the symptoms of generalized anxiety disorder.
7. **a** The anxiety in panic disorder is acute—of short duration, but intense—while the anxiety of generalized anxiety disorder is chronic—of long duration.
8. **d** Typically, fear requires an object, anxiety does not. We talk of being afraid of something, which implies an object of that fear.
9. **c** By definition. All disorders are unpleasant and distressing, but in most cases, phobias are easily treated and have a very positive prognosis.
10. **d** This would be a definitional symptom of obsessive-compulsive disorder.
11. **c** Real, life-threatening events eventually can result in a wide range of disorders, but the best choice here is posttraumatic stress disorder because it virtually defines the disorder. (Again—you've got to know those definitions!)
12. **b** Soma means "body," hence, somatoform disorders involve some bodily symptoms or complaints.
13. **c** There is little doubt that psychologists will continue to talk about "multiple personalities" for some time, but the DSM-IV-TR correctly now names this as "dissociative identity disorder."
14. **c** Not only is the third alternative, **c**, the correct choice, but the other alternatives are nearly the opposite of being true.
15. **c** By definition, delusions are false beliefs, and beliefs are cognitions—they may give rise to certain behaviors or affects, but they themselves are cognitions.
16. **d** Alzheimer's disease is certainly listed in the DSM-IV. Of course it can be diagnosed. It can be found in relatively young people; and it is degenerative and deadly.
17. **c** The only "catch" here is to recall that "affect" is related to emotion or mood.
18. **a** This one isn't even close and the answer is depression. Also note that paranoia isn't even a mood disorder.
19. **d** As is the case for depression, episodes of mania tend to recur and relapse. In other words, we seldom find just one isolated case of mania.
20. **a** There is surely a genetic predisposition for depression and depression (somehow) involves the collection of neurotransmitters called biogenic amines. I know of no serious hypothesis that relates depression to hormone level.
21. **a** There may be some anxiety associated with schizophrenia, but it is not likely, and the other symptoms virtually define the disorder.
22. **c** A good prognosis is surely a good thing, but it is not a symptom. Loss of affect and social withdrawal are indeed losses, and, hence, are negative symptoms. The most common positive symptoms of schizophrenia are hallucinations and delusions.
23. **c** That schizophrenia runs in families is an assertion with which most psychologists would readily agree. Saying that dopamine causes schizophrenia is an overstatement. Yes, dopamine may be involved or implicated, but we cannot say that it "causes" schizophrenia.

True/False

1. **T** Insanity is a term that has been around for a long time in many different contexts. As it is used today, however, it is a legal term, not a psychological one.
2. **F** No, systems for classifying disorders go back to at least the late 1800s—remember Kraepelin?
3. **T** Psychological disorders impact on one's psychological functioning, and we have agreed that one's psychological functioning involves either affect, behavior, or cognition.
4. **F** Comorbidity, remember, is the joint occurrence of two disorders in the same person at the same time. Yes, comorbidity is common among the personality disorders, but it is similarly common among the anxiety disorders as well.
5. **T** Indeed, these would be two excellent examples of social phobias.
6. **T** As our understanding of underlying physiological and genetic processes continues to increase, the reality of this statement will, I suspect, generalize much beyond OCD.
7. **T** It is not one of the defining characteristics of conversion disorder, but it is commonly found in this disorder.
8. **T** Even though the terms are not found in the DSM-IV, they are still commonly used.
9. **T** For several reasons, this statement is correct.
10. **F** Sure they can. Depression and anxiety are not mutually exclusive. To be depressed and anxious at the same time is to provide a very difficult clinical picture, but it is possible, even common.
11. **F** No. Dysthymia does involve depression, but it is much less severe and is less debilitating than major depression.
12. **F** Schizophrenia does mean (literally) “splitting of the mind,” but not into separate personalities. The split referred to is a split from reality as the rest of us experience it.
13. **T** And about one-quarter will get better and stay that way, while about half seem to get better for awhile and then (for a myriad of reasons) relapse, and have their symptoms return.
14. **F** No, the hypothesis seems reasonable, but it turns out that women really do experience more depression than men do. The big question is why this is the case

EXPERIENCING PSYCHOLOGY

What Do People Believe About Psychological Disorders?

There are popular misconceptions about many areas of psychology, but in none more so than in abnormal psychology. This simple, 10-item, true-and-false survey will give you some insight to the mistaken ideas that many people have about the psychological disorders. It might be interesting to compare the responses of persons who have had a psychology class with the responses of those who have not.

- T F 1. Most violent crimes are committed by persons who are mentally ill.
- T F 2. People with psychological disorders are obvious; they act in some bizarre way.
- T F 3. This week, more people will be diagnosed with psychological disorders than with cancer and cardiovascular disease combined.
- T F 4. Except in rare cases, a clear distinction can be drawn between “normal” and “abnormal” behaviors.
- T F 5. Geniuses are particularly prone to psychological disorders.
- T F 6. Psychological disorders are more prevalent in highly technical, advanced, societies.
- T F 7. Most mental disorders are incurable.
- T F 8. People with mental illness seldom realize that they are ill.
- T F 9. Mental illness is about as common among children and adolescents as it is among adults.
- T F 10. If a person is diagnosed with one psychological disorder, he or she almost certainly will not have another, different disorder as well.

As you know, Items number 3, 6, and 9 are true, while the others are false.

Using the Internet to Expand Your Appreciation of Psychology

1. ANXIETY DISORDERS (pp. 425-431), SOMATOFORM DISORDERS (pp. 431-433), DISSOCIATIVE DISORDERS (pp. 433-434), and PERSONALITY DISORDERS (pp. 434-436)

I suspect that I need not caution, “handle with care” for the Internet websites on the issues raised in Chapter 12. There are millions of them. Almost all are at worst well-intentioned sites maintained by well-trained and well-intentioned practitioners of psychology. Most websites exist in an attempt to be helpful, but as students of psychology we are looking for information, not assistance with personal problems. As has been the case for previous chapters, what is listed below is a sample, but I feel that it is a sampling of websites that offer a well-rounded, scientific approach to psychological disorders. The websites that are listed here for our chapter on psychological disorders are also relevant for many sections of Chapter 13 on treatment and therapy for those disorders.

Lastly, this is another chapter for which we have mega-sites that simply do not break down coverage to suit our outline. The Internet simply covers psychological disorders.

<http://www.mentalhealth.com>

(a monster site with hundreds of links, titled “Internet Mental Health”—which may sound suspicious. From the homepage, click on “Disorders.” For each disorder on the list you get both an American and a European description, articles on treatment, and links to recent research, booklets, magazine articles, and other Internet website links. If you were to explore each of the disorders and each of the links provided, a) the semester would be over by the time you finished, but b) you would have encountered nearly all there is know!)

<http://www.nami.org>

(The National Alliance for the Mentally Ill sponsors this extensive website. Their mission statement claims that they are “dedicated to the eradication of mental illness and to the improvement of quality of life of all whose lives are affected by these diseases.” As you would expect, this is a very compassionate as well as informative website.)

<http://www.mentalhealth.samhsa.gov>

(the website of the National Mental Health Information Center—developed “for users of mental health services and their families, the general public, policy makers, providers, and the media.” As a huge government-sponsored website, it provides a great deal of information, but require patience to navigate it fully.)

<http://www.psych.org>

(the American Psychiatric Association sponsors this website. It exists primarily to serve the psychiatrists who are its members, but even beginning students can glean some gems here.)

<http://www.nimh.nih.gov>

It is difficult to imagine a more useful site than that of the National Institute of Mental Health. Clicking on the links provided on the homepage will keep you busy for quite a long time.)

<http://psychclassics.yorku.ca/Szasz/myth.htm>

Can you imagine the reaction to this *American Psychologist* article by Thomas Szasz, first published in 1960? “The myth of mental illness” was enough to get friends arguing. It remains a thought-provoking piece.)

<http://www.adaa.org>

(the “Anxiety Disorders Association of America,” sponsors this website. It is “dedicated to informing the public, healthcare professionals and legislators that anxiety disorders are real, serious and treatable.” There are many great links here including “About Anxiety Disorders.” The “Fast Facts & Media” link is also well worth a visit.)

<http://www.ocfoundation.org>

(this website of the Obsessive Compulsive Foundation is highly recommended. Nearly all of the links listed on the left side of the homepage are informative.

<http://www.issd.org>

Many of us find it difficult to fully comprehend the dissociative disorders—amnesia, fugue, and identity disorders. A website of the International Society for the Study of Dissociation is most helpful.)

<http://counselingresource.com/distress/personality-disorders/foundation/index.html>

(This “Personality Disorders Foundation” website is self-described as a work in progress. It may be relatively new, but it is impressively complete. You will find the link to “Links” (at the bottom of this homepage) most useful.)

2. ALZHEIMER'S DEMENTIA (pp. 437-440)

One problem for those of us studying issues like Alzheimer's Dementia is in distinguishing it—a disorder/disease of the brain—from simple forgetfulness. As you know, it is not just a matter of degree, nor is it necessarily a matter of age. The other difficulty is keeping up with new and exciting advances in the diagnosis and the treatment of Alzheimer's. Here is where the Internet is even more useful than textbooks—even yours—keeping us up-to-date.

<http://www.alz.org>

(The Alzheimer's Association maintains this most informative website. There are at least three links deserving of your attention: ALZHEIMER'S DISEASE, RESOURCES, and RESEARCH. They can be found on a toolbar near the top of the homepage.)

<http://www.alzheimers.org>

(Another great website is the “Alzheimer's Disease Education and Referral Center,” a service of the National Institute on Aging. This is a large nicely organized site, and the many links to a multitude of resources are well marked.)

<http://www.alz.co.uk>

(This website is for Alzheimer's Disease International, with offices in the UK. This website gives us a global perspective on a disease with global impact.)

<http://www.nlm.nih.gov/medlineplus/alzheimersdisease.html>

(The US National Library of Medicine and the National Institutes of Health. We have been to this library before. This is a great website for—if nothing else—up-to-date news on the disease.)

3. MOOD DISORDERS (pp. 468-471)

Yes, mania is a possible symptom of mood disorders, but there is little doubt that what we are talking about here is depression. One of the difficulties with depression is separating the normal depression of loss and grief from the depression of dysthymia and the symptoms of a major depressive disorder. These websites might help you sort out those distinctions.

<http://www.mooddisorderscanada.ca>

(the website of the Mood Disorders Society of Canada. Only a little bit of it seems Canadian; most of the site would be valid anywhere in the world. The link to “Understanding Mood Disorders” may be the most relevant.)

<http://www.adolescent-mood-disorders.com>

(I expected a website on mood disorders in teenagers to be more oriented toward teens—not their parents. Nonetheless, there are some good, informative links to be found on this homepage.)

<http://www.depression.com>

(GlaxoSmithKline, a pharmaceutical company that markets a line of anti-depressant medications funds this website, so beware of the possibilities of bias. At very least, their link to “Understanding Depression” is a very good one.)

<http://www.psychologyinfo.com/depression>

(We have visited this site before, and return for good reason. The vertical toolbar on the left provides the links you will need. Or even better, scroll down to the list of links at the bottom of the page and pick and choose.)

<http://www.nimh.nih.gov/healthinformation/depressionmenu.cfm>

(a government-sponsored Internet presence dealing with mood disorders—the site of the National Institute of Mental Health. It is not clear at first, but there are dozens of active links on this page.)

4. SCHIZOPHRENIA (pp. 443-447)

There is no reason to repeat my claims about how devastating this disorder/ disease can be. Always remember, however, that people with schizophrenia are like people with any disease or disorder—some are more severely afflicted than others. These websites will give you additional, up-to-date information.

<http://www.schizophrenia.com>

(“The World’s No. 1 Schizophrenia Website” is the claim. It is a busy, well designed website. So, it is a sort of do-it-yourself effort, and from that perspective it is impressive. Still, I suggest that you tread with a bit of care.)

<http://www.nlm.nih.gov/medlineplus/schizophrenia.html>

(back to the National Library of Medicine to check out what they have on schizophrenia. This site is complete and it is current.)

<http://www.narsad.org>

(The National Alliance for Research on Schizophrenia and Depression—is a donor-supported research organization. This website is not as rich or deep as many, but what you find here will be “cutting edge.”)

<http://www.psychologyinfo.com>

(starts with a nice summary piece, then offers 14 wonderful links)