

January 26-30<sup>th</sup> History VQ Work

Psychology

Read and complete Chapter 16 Study Guide Handouts

Read and complete chapter 16 section assessments in the Psychology Textbook.

# Study Guide 16-1

For use with textbook pages 447–454

## What Are Psychological Disorders?

### Key Term

**DSM-IV** the fourth version of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (page 451)

### Drawing From Experience

Have you ever been around someone who acted “odd?” Do you think this person is mentally ill or just different? How would you define abnormal behavior?

In this section, you will learn about the difficulty in judging normal from abnormal behavior. You will also learn about a system for classifying psychological problems.

### Organizing Your Thoughts

Use the diagram below to help you take notes as you read the summaries that follow. Think about the different ways to define abnormal behavior. Give an example of behavior that would be considered “abnormal” according to each approach listed below.

Approach	Example
Deviation	1.
Adjustment	2.
Psychological Health	3.

### Read to Learn

#### Introduction (page 447)

It is often difficult to draw a line between normal and abnormal behavior. Many people feel that having visions and hearing voices is an important part of a religious experience. Others believe these are signs of a psychological disorder (mental illness). The fact that someone is different does not always mean that the person is mentally ill.

4. Describe a time when you chose to be different in a healthy way.

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### **Defining and Identifying Psychological Disorders (page 448)**

There are several ways to define abnormality. There is no one correct definition, however. One approach is to say that whatever most people do is normal. Then abnormality would be anything that deviates or differs from what most people do. This is the deviation approach. For example, most people wear clothes out in the cold. According to the deviation approach, someone who wore a bathing suit in the snow would be abnormal. The deviation approach has serious problems. What most people do is not always right or best.

Another way to tell the difference between normal and abnormal is to say that normal people can get along in the world. They can take care of themselves, work, find friends, and live by the rules of society. By this definition, abnormal people are those who cannot adjust. According to this adjustment approach, people who are so unhappy that they refuse to eat or cannot hold a job would be abnormal. One problem with this approach is that some people with psychological disorders seem perfectly normal.

Some psychologists define normal and abnormal in terms of psychological health, similar to physical health or illness. They feel that a normal or healthy person is one who is making progress toward being the best they can be. As you learned earlier, this is the idea of self-actualization. One problem with this approach is that it is hard to tell if people are making progress toward their full potential.

Some psychologists believe that labeling someone as mentally ill simply because he or she is odd is wrong. Thomas Szasz argues that most people we call mentally ill are not ill at all. They just have "problems in living" that cause conflicts with the world around them. Rather than helping them deal with their problems, we often label them sick and shut them up in hospitals. This is an uncommon view. Most psychologists believe that some people do need hospitalization.

As you can see, abnormality is difficult to define. This means we should be careful not to judge someone as sick just because he or she acts in a way we cannot understand. Mild psychological problems are common. Only when the problems are big enough to get in the way of everyday life do they become illnesses.

5. Give an example of a behavior that would be considered abnormal according to the adjustment approach.

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### The Problem of Classification (page 450)

For years psychiatrists have been trying to find a way to classify mental disorders. This task is difficult, because psychological problems are not as clear-cut as physical diseases. In 1952, the American Psychiatric Association agreed on a standard system for classifying abnormal symptoms. The most recent major revision is the *Diagnostic and Statistical Manual of Mental Disorders*, fourth version, or DSM-IV. It was published in 1994. Before 1980, the two major classes of illness were *neurosis* and *psychosis*. Now those terms have been replaced by more specific categories.

The DSM-IV includes the following descriptions within each category of illness. (1) *Essential features* are characteristics that define the disorder. (2) *Associated features* are additional characteristics that usually go with the essential ones. (3) *Differential diagnosis* describes ways to tell one disorder from another similar one. (4) *Diagnostic criteria* is a list of symptoms, taken from the essential and associated features, that must be present to say that a person has that illness.

Diagnosing mental disorders is complicated. People may have more than one illness. The DSM-IV overcomes this problem by looking at someone's mental functioning in five ways, or axes. *Axis I* classifies current symptoms. *Axis II* classifies long-standing disorders. *Axis III* describes related medical conditions. *Axis IV* measures the person's current stress level. *Axis V* describes how well the person is functioning in relationships with people, on the job, and in using leisure time.

6. How is classifying mental illnesses different from classifying physical diseases?

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**Study  
Guide****16-2****Anxiety Disorders***For use with textbook pages 455–459***Key Terms****anxiety** a vague, generalized apprehension or feeling that one is in danger (page 456)**phobia** an intense and irrational fear of a particular object or situation (page 456)**panic disorder** an extreme anxiety disorder that manifests itself in the form of panic attacks (page 457)**post-traumatic stress disorder** disorder in which victims of traumatic events experience the original event in the form of dreams or flashbacks (page 459)**Drawing From Experience**

Have you ever felt generally uneasy for no real reason? Have you ever been in love to the point that you had a hard time thinking about anything else? In this section, you will learn about the most common types of anxiety disorders.

**Organizing Your Thoughts**

Use the diagram below to help you take notes as you read the summaries that follow. Think about the symptoms of different anxiety disorders. For each example below, list the disorder that it describes.

Example	Disorder
Famous football announcer John Madden rides a bus to games around the country because he is afraid to fly in a plane.	1.
A store clerk who was robbed at gunpoint experiences the robbery over and over in her dreams.	2.
A student is so intent on writing a perfect paper that he can never finish one.	3.
A person feels a sudden anxiety so severe that he feels like he is choking and going to die.	4.
A person feels a vague worry all the time, so that she can't make decisions or keep up with friendships.	5.

## Read to Learn

### Introduction (page 455)

Anxiety is a general feeling of dread or uneasiness that you feel in response to a real or imagined danger. Everyone feels anxiety sometimes. People with anxiety disorders feel more than the normal amount. They feel very anxious over things that other people would see as minor problems. The anxiety gets in the way of their normal daily activities. Anxiety disorders may be expressed as constant worrying, mood swings, and physical symptoms like headaches, tense muscles, and fatigue.

6. Think of a time when you felt anxious. What was the “real or imagined danger” that caused this feeling?
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### Generalized Anxiety Disorder (page 456)

Fear is a reaction to a real danger that you can identify. Yet anxiety can result from a vague feeling of danger for no reason that the person can identify. Some people feel an overall anxiety all the time. This is generalized anxiety disorder. They worry so much about unknown things that they cannot make decisions or enjoy life. They have trouble keeping relationships and fulfilling life's responsibilities. They are trapped in a cycle. The more they worry, the more difficulty they have. The more difficulty they have, the more they worry. People with this disorder often have tense muscles, trouble relaxing, poor appetites, indigestion, and trouble sleeping.

Some research suggests that this disorder may be learned. If a man feels very anxious on a date, even the thought of another date may make him nervous. So, he learns to avoid having dates. His anxiety may then spread as he learns to avoid other situations that make him anxious. Genes may play a role as well.

7. Give an example of a situation that involves fear. How is this different from anxiety?
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### Phobic Disorder (page 456)

A **phobia** is an intense and unreasonable fear of a particular object or situation. It is anxiety that is out of proportion to the danger. For example, people with claustrophobia are afraid of enclosed spaces. They may be too afraid to get on an elevator. This is a *specific phobia*. People with *social phobias* fear that they will embarrass themselves in public. The most common social phobia is fear of speaking in public. People with *agoraphobia* fear being in public places. They may stop going to movies, shopping, and even leaving the house. Phobias can be mild or extreme. Most people deal with them by avoiding what they fear.

8. Suppose someone is so afraid of cats that he will not walk around his neighborhood for fear of seeing one. What type of phobia might this person have?
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**Panic Disorder (page 457)**

Panic disorder is extreme anxiety in the form of panic attacks. These attacks can involve choking feelings, chest pain, dizziness, trembling, and hot flashes. People may even feel that they are about to die. Attacks usually last just a few minutes but can last an hour or two. Panic disorder may be inherited, in part. Usually a stressful event sets off the first attack.

9. How is panic disorder different from generalized anxiety disorder?
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**Obsessive-Compulsive Disorder (page 458)**

An anxious person may keep thinking the same thoughts over and over again. Such an uncontrollable pattern of thoughts is called *obsession*. A person who repeats the same unreasonable actions over and over has a *compulsion*. These problems often occur together. This condition is called *obsessive-compulsive disorder*. A compulsive person may feel the uncontrollable urge to wash his hands 30 times a day. An obsessive person may be unable to stop thinking about death. An obsessive-compulsive person may do both.

Everyone has obsessions and compulsions. A hobby that occupies much of your time may be an obsession. People who become deeply involved in their hobby, enjoy it, and can still function well in life do not have a disorder. It only becomes a disorder when it prevents people from doing what they want and need to do.

People may develop obsessions or compulsions to take their attention away from their real fears. This would reduce their anxiety a bit. For example, a compulsion may make a person feel she is doing something well, even if it is only avoiding cracks in a sidewalk. Although most people with obsessive-compulsive disorder know that their thoughts and actions are unreasonable, they feel unable to stop them.

10. If someone checks his door locks every few minutes to make sure they are locked, is this an obsession or a compulsion? Explain.
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**Post-Traumatic Stress Disorder (page 459)**

Post-traumatic stress disorder is a condition in which a person who has experienced a terrible event feels the effects long afterwards. This disorder is common among combat veterans, survivors of disasters such as floods and plane crashes, and victims of violence, such as rape. Common symptoms include "flashbacks." These are nightmares during which the victim lives the experience over again. Following the flashbacks the person may be unable to sleep and may have feelings of guilt. This disorder can last for decades.

11. Why do you think a survivor of a Nazi concentration camp might feel guilty?
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**Study Guide 16-3***For use with textbook pages 460–463***Somatoform and  
Dissociative Disorders****Key Terms**

**somatoform disorder** physical symptoms for which there is no apparent physical cause (page 461)

**conversion disorder** changing emotional difficulties into a loss of a specific voluntary body function (page 461)

**dissociative disorder** a disorder in which a person experiences alterations in memory, identity, or consciousness (page 462)

**dissociative amnesia** the inability to recall important personal events or information, usually associated with stressful events (page 462)

**dissociative fugue** a dissociative disorder in which a person suddenly and unexpectedly travels away from home or work and is unable to recall the past (page 462)

**dissociative identity disorder** a person exhibits two or more personality states, each with its own patterns of thinking and behaving (page 462)

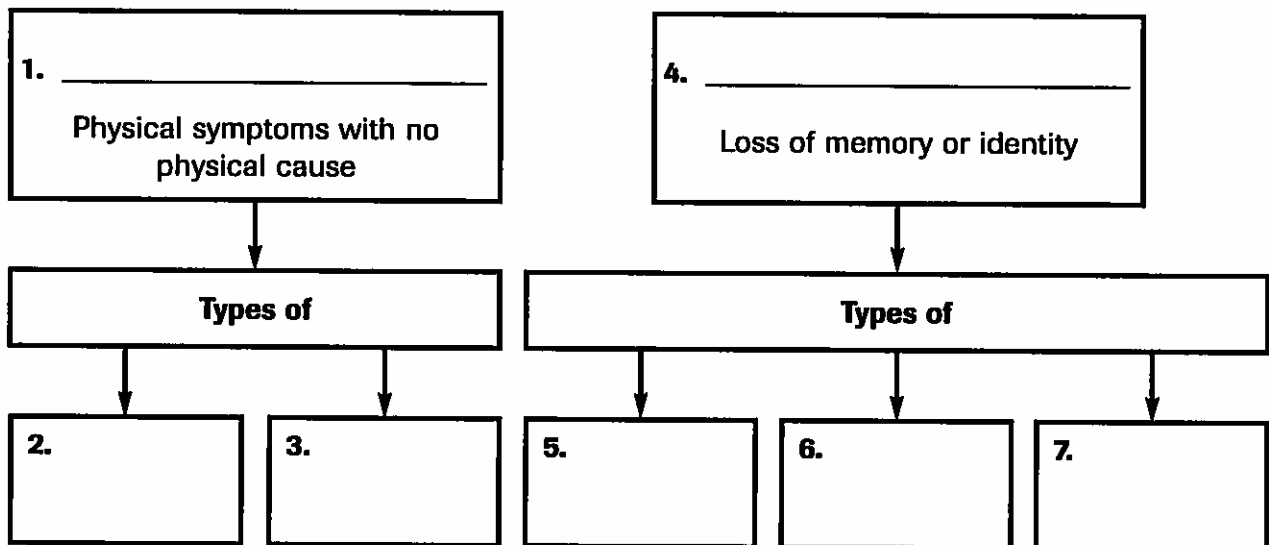
**Drawing From Experience**

What kinds of unusual psychological problems have you seen in television dramas? Have you seen shows about someone with multiple personalities? The last section discussed different types of anxiety disorders. In this section, you will learn about two other categories of disorders: somatoform and dissociative.

**Organizing Your Thoughts**

Use the diagram on the next page to help you take notes as you read the summaries that follow. Think about the differences between somatoform and dissociative disorders. Name the categories of disorders described in the diagram, and list the types in each category.





## Read to Learn

### Introduction (page 460)

Sometimes psychological distress can bring on a variety of physical symptoms that have no physical cause. For example, a person may be unable to walk even though there is nothing wrong with his legs. This is called a **somatoform disorder**. Although nothing physical is wrong, the person is not faking. He really cannot move his legs.

8. How might suddenly being unable to walk actually help a person reduce stress?

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### Somatoform Disorders (page 461)

Two types of somatoform disorders are conversion disorder and hypochondriasis. A person with a **conversion disorder** changes or “converts” emotional difficulties into a loss of a body function. The person might suddenly be unable to hear. Many people experience mild conversion reactions. For example, you might be so frightened that you cannot move. This brief loss of function is not a disorder. A conversion disorder can be a long-term disability. For example, a man might wake up one morning and find he is paralyzed. Most people would panic. However, he takes it calmly. This calmness is one sign that the problem is psychological rather than physical. People with conversion disorders invent physical symptoms to avoid some unbearable problem. For example, a woman who lives in terror of blurting out things she does not want to say may lose the power of speech. This “solves” the problem. Conversion disorders are rare.

*Hypochondriasis* is a disorder in which a person in good health becomes obsessed with imaginary illnesses. The person spends a lot of time looking for signs of serious illness. He or she thinks any minor pain is a sign of a fatal illness. In spite of medical reports showing nothing is wrong, a hypochondriac will continue to believe a disease exists. Like conversion, hypochondriasis is a physical expression of emotional distress.

9. Suppose a person makes an appointment with a doctor once a month to check for cancer, even though her tests are always negative. Which somatoform disorder does this behavior suggest?

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### **Dissociative Disorders (page 462)**

A dissociative disorder is a breakdown in a person's normal conscious experience, such as a loss of memory or identity. Memory loss that has no physical explanation is **dissociative amnesia**. This may be an attempt to escape problems by blotting them out. People with amnesia may keep their other knowledge, but may not know who they are, where they work, or who their family is. It often results from a terrible event, such as witnessing a serious accident. Since it has no physical cause, amnesia is not the same as memory loss due to brain injury.

**Dissociative fugue** is a combination of memory loss and physical escape. The person may suddenly disappear and "wake up" three days later 200 miles away, not knowing who she is. She may establish a new identity—take a new name, get a job, and so forth—in the new place. The fugue state may last days or decades. When she wakes up, she will have no memory of what she did in the new location. Fugue is sort of a traveling amnesia. It serves as an escape from unbearable anxiety.

In **dissociative identity disorder**, a person seems to have two or more personalities, each with its own ways of thinking and behaving. These different personalities take control at different times. Some psychologists believe that dividing a personality is a person's attempt to escape from part of himself that he fears. People with this disorder usually suffered severe abuse as a child. This disorder is very rare.

10. Suppose a person saw someone murder her mother. She could remember nothing about herself from then on. Which type of dissociative disorder does this suggest?

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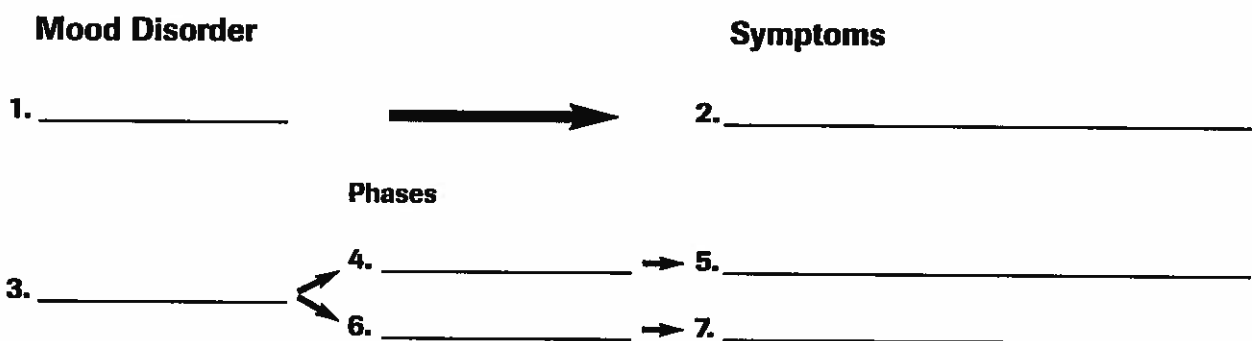
**Study  
Guide****16-4****Schizophrenia and  
Mood Disorders***For use with textbook pages 465–473***Key Terms****schizophrenia** a group of disorders characterized by confused and disconnected thoughts, emotions, and perceptions (page 466)**delusions** false beliefs that a person maintains in the face of contrary evidence (page 466)**hallucinations** perceptions that have no direct external cause (page 466)**major depressive disorder** severe form of lowered mood in which a person experiences feelings of worthlessness and diminished pleasure or interest in activities (page 470)**bipolar disorder** disorder in which an individual alternates between feelings of mania (euphoria) and depression (page 471)**Drawing From Experience**

Do you feel a little down at times? Yet, in the back of your mind, do you know that the feelings will pass?

The last section described two rare types of disorders, somatoform and dissociative. In this section, you will learn about schizophrenia and mood disorders.

**Organizing Your Thoughts**

Use the diagram below to help you take notes as you read the summaries that follow. Think about mood disorders and their symptoms. List two major types of mood disorders and their symptoms in the diagram below.

**Read to Learn****Introduction (page 465)**

Schizophrenia is the most complex and severe psychological disorder. We have difficulty understanding it because it is so far outside our experience.

Most of us have felt depressed or anxious at times. However, a schizophrenic's perceptions and behavior are bizarre beyond most people's ability to imagine.

8. Give an example of a behavior you have seen on TV, in a movie, or in real life that was so strange that it seemed out of touch with reality.
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### What Is Schizophrenia (page 466)

Disorders you have learned about to this point are emotional problems. Schizophrenia is a problem with the ability to reason and perceive reality. Schizophrenia is a group of disorders characterized by confused and disconnected thoughts and perceptions. The person lives in an unreal world. It is not a single problem. It has no single cure.

Many people with schizophrenia have **delusions**. These are false beliefs that they hold on to in spite of evidence that these beliefs are not true. Schizophrenics also have **hallucinations**. These are perceptions of things that are not there. For example, the person may hear voices when no one is speaking. Other symptoms include *incoherence* and showing emotions that are not appropriate to the situation.

9. Some people with schizophrenia believe that they are the Pope. Is this a delusion or a hallucination?
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### Types of Schizophrenia (page 467)

Psychologists classify schizophrenia into several types. The *paranoid type* involves delusions and hallucinations. It includes delusions of *grandeur*: "I am the savior." It also includes delusions of *persecution*: "Someone is always watching me." The *catatonic type* may not move for long periods. Symptoms of the *disorganized type* include confused language, inappropriate emotions, and disorganized movements. The *remission type* is anyone whose symptoms have disappeared for now, but are likely to come back. The *undifferentiated type* includes all the basic symptoms of schizophrenia.

Treatment is long-term and usually requires hospitalization. Recovery is possible, but no real cure exists. Victims usually never escape from it.

10. "Aliens are trying to take over my brain!" Which type of schizophrenia does this statement suggest?
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### Causes of Schizophrenia (page 468)

Schizophrenia is likely caused by a combination of genetic, physical, and environmental factors. Studies show that schizophrenia affects 1 percent of people. The odds increase to 5.5 percent if a parent or sibling is diagnosed.