

ATLANTIC INTERNATIONAL UNIVERSITY

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PSYCHOLOGY

EXAM: PSYCHOLOGICAL DISORDERS

*Introduction to topics in the chapter*

**Defining Psychological disorders**

Psychological disorders are cognitive operations and or conduct patterns that cause mental anguish and or deterioration in the working of the body or organ. An abnormal life is someone's inability to cope with his or her social environment(maladjustment) and is regular with certain standards. For instance: 1. To what extent is his or her maladjusted behavior? Doing a normal thing disorderly or unnecessarily repeating it. 2. Is the mannerism alien to the way things are done in that society? 3. Is the behavior expected within his or her age bracket? Does the behavior cause anxiety, pain or sorrow to the Person.? 4. Will the observed behavior cause harm to the person or people around him? 5. In the eyes of the law, can he accountable for his behavior.? All these, form the yardstick with which to measure someone's behavior before it can be tagged abnormal.

Psychological disorders have been explained and arranged by categories for ease of diagnosis by the American Psychiatric association and published in 1952. It is called the Diagnostic and statistical manual for mental disorder DSM-5(Fifth edition). This has helped substantially in preventing wrong diagnosis of someone with a perceived Psychological disorder. Categorization of disorders in this manual is premised on resemblance in symptoms. One benefit of the DSM-5 is; it's used by Public health officials to rate the number of Psychological disorders diagnosed within a period of time. An individual or group's lifetime prevalence rate of a particular Psychological disorder can also be known. Different perspectives explain Psychological disorder among which are: 1. **Biological.** In this perspective psychological disorders have physical causes and can be treated using drugs. 2. **Biopsychosocial perspective** agrees that psychological disorders emanate from physical causes but with influences from psychological and social factors. It supports the use of drugs and psychotherapy in treating the disorder. 3. **Psychodynamic** explains Psychological disorders as unsolved unconscious disputes in sexual and aggressive form dating back to one's early childhood exposures. It adopts Psychoanalysis as it's form of treatment. 4. **Learning perspective** views abnormal behavior as outcome of defective learnings or failure in keeping to proper thoughts and actions. Classical and operant conditioning can be used to help patient get over inappropriate behaviors. 5. **Cognitive perspective** attributes abnormal behaviors to out-of- order thinking and deformed perception. A change in thinking pattern will ultimately change the behavior.

**Anxiety disorders**

**Anxiety disorder** can be referred to as repeated and severely frightful thoughts about something that might happen in the future. Panic disorder is a form of anxiety disorder that could either be a panic attack or agoraphobia. **A panic attack** comes suddenly and can cause a shaking of the hands and increase in heartbeat. **Agoraphobia** is a kind of anxiety disorder with acute fright with the feeling, he can not get out of it. **Generalized Anxiety disorder** is a longtime exaggerated worry lasting about 6 months. It comes with symptoms like; difficulty sleeping and concentrating. **Social anxiety disorder.** People

suffering from this disorder experience severe fear for social gatherings, where they may be required to speak or act a play. They get scared, they might disgrace themselves before other people. **Specific phobia** is needless or exaggerated fear for a particular object or situation. **Obsessive compulsive disorder**: This disorder causes a person to experience incessant preoccupation with thought that continuously seizes the mind. It is compulsive because the thought is unreasonable and uncontrollable.

### **Depressive and Bipolar disorders**

**Depressive disorder** is an acute and unnecessary unhappiness that affects somebody's disposition. **Bipolar disorder** is a swift and extreme change in temper from intense unhappiness to a great degree of joy. The individual will experience a normal and steady state of mind in between the two extreme psychological phenomena. **Major depressive disorder** is feeling overload of unhappiness, frustration and desperation without any interest in enjoyment. Symptoms may include difficulty in cognition, in focusing on something important, sleeping and loss of hunger for food. **Bipolar disorder** with the 'high' episode posing danger to the victim and those around him is called bipolar 1 disorder, while the 'high' episode with lenient manifestation is regarded as bipolar 11 disorder. Bipolar disorder has a less prevalence rate compared to depressive disorder. Researchers have found that Genetics, culture, Heredity, Gender and stressors influence people's vulnerability to depressive and Bipolar disorders. Possibility of suicide exist in people of different age groups as a result of depressive and bipolar disorders, schizophrenia and substance abuse.

### **Schizophrenia**

**Schizophrenia** is a significant mental disorder in which there is separation from reality, illusion, daydream, get elated or depressed without emotions, separation from people and other weird behaviors. Some Symptoms of Schizophrenia are positive, others negative. Positive or 'added' symptoms include feeling things that are not real; seeing, feeling or hearing strange sensations that are not present in the surrounding, this is called Hallucination. Another added symptom is forming wrong notions about people or things. This is delusion. It could be in the form of inflated idea about oneself called delusion of **grandeur** or that of **persecution**; forming a belief that somebody is doing or is in the process of doing something mischievous against him or her. Studies show no single cause for Schizophrenia, rather a number of factors combined could be responsible for the malady.

### **Somatic symptom, Dissociative, gender and personality Disorder**

**Somatic symptom disorder** is an ailment with physical symptoms traceable to psychological causes and not due to any medical condition. Symptoms could sometimes be real or imagined. **Conversion disorder**: Is a form of Somatoform disorder experiencing loss of either sensational or Motor operating part of the body, not having physical causes but solves some problems. It could be blindness or loss of hearing function due to paralysis in certain part of the body. Those with conversion disorder could act unconcerned about the obvious symptoms of their ailment. **Dissociative disorder**; Is the Inability to coordinate both physical and psychological self into one unified identity due to separation of component parts of personality. Dissociative disorder and Dissociative Amnesia are both caused by traumatic events. In the case of Dissociative Amnesia the individual loses coordination of his several identities as well lose memory of personal information or experience, not attributable to the use of drugs or normal forgetfulness. **Dissociative identity disorder** is a stress induced swift switch between personalities of an individual, such that he is not able to recall experiences in his previous state. Disruption of the

Sleep/wake cycle is said to contribute to Dissociative identity disorder. Other causes are cognitive and social factors. **Sexual dysfunction** is proven to be both a cause and effect of depression, so people complaining of sexual dysfunction should also be investigated for symptoms of depression. **Personality disorder** is a mental health disorder for which an individual goes through a protracted period of difficult adjustment in accommodating other people, making it hard to get along with. It starts from early childhood or adolescence.

### Childhood disorder

Apart from intellectual disability, other forms of childhood disorder are; **disruptive mood dysregulation disorder, autism spectrum disorder and attention-deficit/hyperactivity disorder**. Disruptive mood dysregulation disorder is a childhood disorder characterized by highly irascible and recurrent eruption of negative emotions that interrupt public and educational life. It was created by Authors of DSM-5 as a compromise diagnosis for the controversial pediatric bipolar disorder. **Autism spectrum disorder** is a lifetime incapacity to initiate and sustain social connections. **Attention-deficit/hyperactivity disorder** is a childhood disorder causing loss of concentration and challenges with finishing an assignment. Studies show that smoking and drug use during pregnancy predisposes unborn children to Attention - deficit/hyperactivity disorder.

### Questions of exam

1. Which perspective sees abnormal behavior as a symptom of an underlying physical disorder?  
a. cognitive      b. psychodynamic  
c. biological      d. behavioral

**Answer: c. biological**

2. Which perspective sees abnormal behavior as the result of faulty and negative thinking?  
a. psychodynamic      b. cognitive  
c. behavioral      d. biological

**Answer: b. cognitive**

3. Which perspective sees abnormal behavior as the result of early childhood experiences and unconscious sexual and aggressive conflicts?  
a. cognitive      b. biological  
c. humanistic      d. psychodynamic

**Answer: d. psychodynamic**

4. Which perspective sees psychological disorders as resulting from both physical and psychological causes?

- a. cognitive
- b. biopsychosocial
- c. biological
- d. behavioral

**Answer: b. biopsychosocial**

5. Psychosis is a loss of contact with reality. (true/false)

**Answer: true**

6. Panic disorder, specific phobia, and obsessive-compulsive disorder are all examples of \_\_\_\_\_ disorders.

- a. neurotic
- b. anxiety
- c. personality
- d. somatic symptom

**Answer: b. anxiety**

7. Dawn is convinced that she has a disease and goes from one doctor to another searching for a diagnosis; however, every doctor she consults says there is nothing physically wrong with her. Dawn is suffering from

- a. somatic symptom disorder
- b. dissociative identity disorder.
- c. a conversion disorder.
- d. body dysmorphic disorder.

**Answer: a. Somatic symptom disorder**

8. Dissociative amnesia, characterized by loss of memory of one's identity, is generally brought on by physical trauma. (true/false)

**Answer: false**

9. A common early experience of people with dissociative identity disorder is

- a. drug use by their mother while pregnant.
- b. measles or mumps when young.
- c. parental divorce.
- d. early physical and/or sexual abuse

**Answer: d. early physical and/or sexual abuse**

10. Hallucinations, delusions, and disorganized thinking and speech are \_\_\_\_\_ symptoms of schizophrenia.

- a. negative
- b. positive

c. dissociative      d. obsessive

**Answer: b. Positive**

11. Thao's belief that he is a secret agent for the devil is a good example of a delusion (true/false)

**Answer: true**

12. A patient who sits completely still for hours as if he were in a stupor and sometimes experiences periods of great agitation and excitement is suffering from \_\_\_\_\_ schizophrenia.

- a. disorganized                      b. undifferentiated
- c. paranoid                            d. catatonic

**Answer: d. catatonic**

13. Which of these is a symptom of autistic spectrum disorder?

- a. periods of deep despair
- b. hallucinations
- c. inability to understand others' thoughts and feeling
- d. fear of public speaking

**Answer: c. inability to understand others' thoughts and feelings**

14. Major depressive disorder is diagnosed more often in women than in men. (true/false)

**Answer: true**

15. \_\_\_\_\_ is characterized by periods of inflated self-esteem, wild optimism, and hyperactivity known as manic episodes.

- a. Schizophrenia
- b. Major depressive disorder
- c. Borderline personality disorder
- d. Bipolar disorder

**Answer: d. Bipolar disorder**

16. The risk of suicide is especially high in individuals who have

- a. schizophrenia.                      b. paraphilias.
- c. depression.                         d. specific phobia.

**Answer: c. depression**

17. Psychological disorders are more common than some physical diseases.  
(true/false)

**Answer: true**

18. Depressive and bipolar disorders seem to be the result of
- biological factors only
  - both biological and environmental factors.
  - environmental factors only.
  - poor parenting in early childhood.

**Answer: b. both biological and environmental factors**

### **Critical Thinking: Write answers of 3 to 6 paragraphs**

- Some psychological disorders are more common in women (depression, agoraphobia, and simple phobia), and some are more common in men (antisocial personality disorder and substance abuse). Give some possible reasons for such gender differences in the prevalence of these disorders. Support your answer.**

**Answer:** A number of reasons account for gender differences in the prevalence of psychological disorders among men and women. Being the weaker sex, women experience a lot of domestic violence in their relationships called intimate relationship violence. These repeated physical and emotional abuse at home predisposes them to **depression**. Prevalence of depression among women compared to men in a 2010 worldwide survey was 3.5% and 3.2% respectively. In Canada the prevalence was 5.0% in women and men 2.9% in a 2002 survey. Prevalence is attributed more to biological differences in sex. Women are 15 times more disposed to experiencing **Generalized anxiety disorder** along with other morbidities than men. **Socio-economic factors** also contribute to the differences in the prevalence of psychological disorders between men and women. Men are more economically empowered than women, therefore a good number of women are not able to meet their financial needs or obligation. They get stressed in the debilitating circumstance and become vulnerable to certain mental disorders like depression. This is obvious with women living in slum areas as shown in a 10 years study carried out between 2009 and 2019.

**Some cultural practices** de-humanize women like, Child marriage, Forced-marriage, Female genital mutilation and other degrading inhuman treatments that subject women to psychological trauma. The discrimination and abuse meted out to women even in religious practices are sufficient to deal a mental blow to the psyche of women and they eventually get into psychological disorder. In a study: Mental health problems associated with female genital mutilation carried out on 66 genitally mutilated immigrant women originating from Africa, 17.5% of the women scored above cut off for affective or anxiety disorders (Post-

traumatic stress disorder). Instances about where women are taken as sex slaves after their husbands have been killed and are subjected to unbearable treatments pushing them to the brink of suicide. Those who survive the ordeal are traumatized the rest of their lives, especially in Africa where there is dearth of competent medics that can counsel and treat such victims.

**Burden of child care:** In other clime, fathers run away or stay away from home and leave the women/wives to bear the burden of care-giving alone. A number of single-mothers as they are fondly called develop mental disorders in course of their travail raising kids alone. A study carried out among single mothers in Cyprus in 2019 shows 44.6% of the 316 single mothers appeared to experience psychological distress. High tendency for **body shame** due to pressure from the social media. This has led to eating disorders and psychological distress in women, trying to replicate a 'perfect' body image seen on social media. Some women could suffer **anorexia nervosa** as a psychological disorder. Men are less affected by the trend. In a face-to-face household survey carried out from 2001-2003 using the WHO composite international Diagnostic interview, Lifetime prevalence estimates of DSM-IV anorexia nervosa, bulimia nervosa and binge eating disorder are; .9%, 1.5% and 3.5% among women, and .3%, .5% and 2.0% among men.

### **Application Essay: Write a 3 to 6 paragraph answer**

**1. Use the Internet or go to a bookstore to do a survey of the types of disorders that are addressed in self-help books. In your essay, summarize the results of your survey and, using the information in this chapter, explain why such books are more common for some disorders than for others.**

**Answer:** Psychological disorders that are addressed in self-help books include, Anxiety, Trauma and depression among others.

**Generalized Anxiety Disorder** is a very common Psychological disorder experienced by many people in our ever-changing life circumstances. Sometimes people get anxious about a thing or situation and the anxiety grows into a disorder, but they never realize it. They see it as part of everyday life. Access to such self-help books can make a world of difference if, they can realize they need help and read them. I am personally stunned by the number of Tittles on anxiety alone. There are many self-help books on anxiety disorder in print to assist sufferers manage the condition. Below are a few of them.

**1. The Anxiety Journal.** By Corrine Sweet

2. **The Anxiety solution.** By Chloe Brotheridge
3. **Rewire your anxious Brain:** How to use the neuroscience of fear to end anxiety, panic and worry. By Catherine N Pittman PhD and Elizabeth M Karle MLIS
4. **Unwinding Anxiety:** New science shows how to break the cycles of worry and fear to heal your mind. By Judson Brewer
5. **The Anxiety and Phobia workbook.** By Edmund J. Bourn
6. **Get out of your mind and into your life:** The new acceptance and commitment therapy. By Steven C. Hayes, Spencer Smith.
7. **The Anxiety and worry workbook:** The cognitive behavioral solution. By David A. Clark, Aaron T. Beck
8. **Yes, I have anxiety:** Deal. With. It. By Nicole Stephen
9. **Reclaim your Brain:** How to calm your thoughts, heal your mind and bring your life back under control. By Joseph Annibali MD, Daniel G. Amen MD.
10. **Under pressure:** Confronting the epidemic of Stress and Anxiety in girls. Lisa Damour PhD

**Trauma** is one disorder many may live with for life, having faced some kind of traumatic stress at one time or the other, except those who know they can get help from professionals. Ignorance and lack of exposure to where they could be assisted have hindered many from looking out for help. The impact of certain life stressors reverberates on the psyche long after the stressor itself has ended. Trauma has brought down many promising lives who experienced Rape, War, Divorce, permanent disability after an accident etc. Access to self-help books can go a long way to healing and helping the victims cope with the aftermath of such life impactful stressors.

Self-help books on Trauma are as itemized below:

1. **Trauma and recovery** aftermath of violence- from domestic abuse to political terror. By Judith Lewis Herman MD
2. **The body keeps the score:** Brain, mind and Body in the healing of trauma By Bessel van der kolk MD
3. **What happened to you?** Conversations on Trauma, Resilience, and Healing. By Bruce D. Perry and Oprah Winfrey
4. **The PTSD workbook:** Simple, Effective techniques for overcoming Traumatic stress symptoms. By Mary Beth Williams



5. **Transformed by Trauma.** By Bret A. Moore, Josh Goldberg, and Ken Falke
6. **Overcoming childhood Trauma.** By Helen Kennerley.
7. **Getting Past Your Past: Take control of your Life with self-help Techniques from EMDR Therapy.** By Francine Shapiro
8. **Trauma Bonding: understanding and overcoming the Traumatic bond in a Narcissistic relationship.** By Lauren Kozlowski
9. **Healing trauma.** By Peter A. Levine
10. **Post Traumatic stress disorder: Scientific and professional dimension.** By Julian D. Ford.

**Depression** is another Psychological disorder with great potential to cause harm, especially to the sufferer. People afflicted by depression can self-harm. This is a dangerous situation. The attention of a professional is needed to manage the victim. Self-help books can be useful in navigating one's way out of a depressive mood. A number of such books are in print and accessible on-line as well. For example:

1. **This is depression.** By Dr. Diane McIntosh
2. **Feeling great.** By David D. Burns MD
3. **Learned Hopefulness.** By Dr. Tomasulo
4. **Unlearning anxiety and depression.** By Dr. Luciani
5. **Maybe you should talk to someone.** By Lori Gottlieb
6. **Your happiness toolkit: 16 Strategies for overcoming depression and build a joyful, fulfilling life.** By Carrie M. Wrigley, LCSW
7. **101 Ways to Be Less Stressed.** By Dr. Caroline Leaf
8. **Grieve works: Stories of Life, Death and Surviving.**
9. **Overcoming unwanted intrusive thoughts.** By Sally Winston, Martin N. Seif
10. **The Mindful way through depression.** By Mark Williams, John Teasdale, Zindel Segal, and John Kabat-Zinn.

Psychological disorders addressed in self-help books like; Generalized anxiety disorder, trauma and depression are illnesses that the victim can do something to help himself. Someone suffering from anxiety can read a book on anxiety and it could help him get over the disorder, if he adopts and adapts to what is advised. Psychological disorders treated in self-help books appear simpler to manage as compared to more complex cases of schizophrenia and Dissociative disorders.

Someone suffering from depression is still in touch with reality, though weighed down by depressive thoughts. Such an individual may be able to pick up a book and read. A victim of depressive thoughts, anxiety or Trauma can reason along with the writer of a self-help book and make a meaning out of it. Disorders like Schizophrenia and others, the victim is out of touch with reality and there is not much he can do for himself. The sufferer needs professional help. It is easier for someone to know he has anxiety, Trauma or depression, in cases of schizophrenia or other complex disorders the individual will not know or accept something is wrong with him. It takes professional touch to diagnose and treat the more complex disorders like, Dissociative disorders, Schizophrenia and Bipolar 1 disorders.

**2. Formulate a specific plan that will help you recognize and avoid the five cognitive traps that contribute to unhealthy thinking. You might enlist the help of a friend to monitor your negative statements.**

**Answer:** The Five cognitive traps that contribute to unhealthy thinking are:

1. Setting unrealistic standards for yourself.
2. Negative 'what if'
3. Turning a single negative event such as a poor grade into a catastrophe.
4. Judging anything short of perfection to be a failure.
5. Demanding perfection in yourself and others.

My specific plan to recognize and avoid **setting unrealistic standards for myself** is; **Set SMART goals**. Knowing unrealistic standards lead to desperation and frustration when things do not add up as planned, it is safe to set targets that are SPECIFIC, MEASURABLE, ACHIEVABLE, RELEVANT and TIME-BOUND. For instance, submitting more than two courses a month for grading will be too tall an ambition for me, in pursuit of my academic program in AIU, considering my secular job, family life and other important life engagements I have to face each month. As a guide against unhealthy thinking, my academic goal for the month is set at submitting one or two courses for grading. This can be achievable if given required attention in my present circumstance.

2. **Negative 'what if'**, is one unhealthy thinking to avoid. I will guard against this by **ensuring I am optimistic in my thinking**. Consciously watch out for negative thoughts that contradicts the status quo and promptly reject them. It will be unhealthy thinking for my thoughts to dwell on negativity while hoping to move forward in life. My words betray my thoughts. If I am not thinking it, I will not say it. This is one point a friend can help out by monitoring negative

statements I make and call my attention to it. I will consciously use statements like; 'It is possible', 'It will work', 'I will succeed'. Positive thinking is a good way to stay out of negative 'what if'.

**3. Turning a single negative life event into a catastrophe.** Amplifying a bad event in my mind, blowing it out of proportion is an unhealthy thinking. **A conservative interpretation of every negative event** or outcome is a good way to maintain one's psychological equilibrium. It revolves around how one perceives a bad situation. I plan to consciously play down on negative events when they show up and keep hope alive in the face of daunting challenges. Rationalizing a negative event will promote my psychological health. Looking for opportunity in every negative event will minimize the mental burden that accompany it.

#### **4. Judging anything short of perfection to be failure.**

**Perfection is ideality**, it may not be the reality in every life situation. A healthy thinking therefore requires that I make do with an outcome that may not be exactly the way I wanted it. While working towards attaining the best, I will appreciate progress in small measures not throwing away an entire idea and effort put into it, because it did not come out as big as expected. I am resolved as part of my plan to accept any reasonable achievement made in course of pursuing a set goal. I will count every gain golden though, it comes piece meal.

**5. Demanding perfection in yourself and others.** To err is human and to forgive divine' goes the saying, indicating that the possibility of failing the 'perfect expectation' is rife. **I will not expect so much or set so high standards for my wife and children, so their failure to meet my expectation will not upset me.** Repeated Self-blame for not meeting up the ideal person I want to be, is a good way to increase mental stress, which is an unhealthy thinking. My plan therefore is to be conservative in my expectations from my wife and Children. Then tolerate, when I am not able to meet up some personal goals.

### **Bibliography**

Samuel E Wood, Ellen Green Wood and Denise Boyd

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