Chapter in Review

1. Psychologists have yet to agree on what does and does not constitute a psychological disorder. Most psychologists use the *DSM* for diagnosis, but they do not necessarily agree with the diagnostic categories and criteria in the *DSM*. There are three principle ideas about what constitutes psychological disorder: the *DSM* view, the myth of mental illness view, and harmful dysfunction view.
2. The number of people with psychological disorder is not known with certainty, because there are numerous problems with trying to answer this question using survey research methods. Surveys may identify people as "disordered" who are merely responding in a normal way to adverse events (false positives); or they may fail to identify people who are actually disordered for various reasons (false negatives). The term *insanity* is a legal term, not a medical or psychological term.
3. The *DSM-5* categorizes each psychological disorder according to its quality, symptoms, course, and other phenomena. The two *DSM* categories of greatest interest to most counseling and clinical psychologists are the major mental disorders and personality disorders. Co-morbidity refers to a situation where a person has more than one diagnosis of psychological disorder at a time or over the lifetime.
4. Generalized anxiety disorder (GAD) defines the basic experience of anxiety, a feeling of tension, physiological arousal (e.g., increased heart rate), and apprehension or worry about events that have not yet occurred (as opposed to fear, which is experienced during a threat).
5. Phobias are powerful, disruptive, irrational fears. Specific phobias are phobias that refer to a specific thing (e.g., heights, airplanes, blood, small animals). Specific phobias are the most common anxiety disorder, but are the least disabling. Social phobia is a controversial diagnosis where ordinary shyness is taken to a dysfunctional extreme.
6. Panic disorder consists of powerful anxiety over the possibility of experiencing a panic attack.
7. Anxiety disorders result from combinations of causes. The triple vulnerability theory of David Barlow proposes that anxiety disorders result from the interaction of generalized biological vulnerability (genetic inheritance), generalized psychological vulnerability (beliefs that make the person vulnerable to anxiety in general), and specific psychological vulnerability (specific beliefs that make the person vulnerable to a particular anxiety disorder).
8. Obsessive-compulsive disorder is the most severe anxiety disorder, consisting of persistent, intrusive, anxiety-provoking thoughts (obsessions), often combined with a strong urge (compulsion) to perform repetitive, ritualistic behaviors or mental acts designed to relieve the anxiety provoked by the obsessive thoughts.
9. Post-traumatic stress disorder (PTSD) is a rare response to trauma. PTSD may consist of experiences of "reliving" the traumatic event, negative changes in mood and cognition, and changes in physiological arousal levels and reactivity.
10. Depressive disorders are characterized by sadness, hopelessness, helplessness, grief, guilt, and low feelings of self-worth. Bipolar disorders are characterized by ceaseless energy, elation, unrealistically high self-esteem, and racing thoughts, and/or anger, anxiety, or extreme irritability.

11. Major depressive disorder is the most commonly diagnosed psychological disorder. Virtually all patients with depression also suffer from anxiety. Many people suffer from chronic, persistent depression, and some are treatment-resistant.
12. Genotypes, in combination with environmental factors, can predispose a person to become depressed. Depression is not due to a "chemical imbalance," although many sorts of biochemical changes may be associated with depression. Abramson and Alloy's hopelessness theory and Beck's theory of negative cognitive triad describe cognitive vulnerabilities that can trigger depression given conducive sets of circumstance. Women have much higher rates of depression and anxiety than men.
13. Bipolar disorders are a spectrum of disorders, not a single disorder. The classical picture of manic depression as alternating cycles of depression and hypomania or mania is not typical. Depression dominates over mania in bipolar disorders.
14. The vast majority of people who commit suicide could likely be diagnosed with a psychological disorder, although the vast majority of those with psychological disorder never commit suicide. Rates of suicide have increased over the past 50 years, but decreased in the United States. The large majority of completed suicides are committed by men.
15. Critics such as Alan Horwitz and Jerome Wakefield argue that anxiety and depressive disorders are being overdiagnosed as a result of peculiarities of *DSM* diagnostic criteria and the influence of the pharmaceutical industry. They suggest that ordinary human responses to extremely stressful life events are being mistaken for psychological disorder.
16. Schizophrenia affects very few people, but it is the most common psychotic disorder (i.e., a disorder characterized by severely impaired ability to grasp reality and respond rationally). Its symptoms can be divided into two categories: positive symptoms (e.g., hallucinations and delusions) and negative symptoms (e.g., lack of appropriate emotional responses, facial expressions, or normal speech). Schizophrenia has a strong genetic component, and neurodevelopmental factors may also play a role in its development.
17. Personality disorders are pervasive, chronic patterns of dysfunctional thinking and relating to the world. The personality disorders tend to be relatively stable through the life span and thus are fairly resistant to treatment. However, compared with other psychological disorders, they result in a milder degree of impairment and dysfunction.
18. Those with personality disorder suffer impairment in at least two of the following areas: identity, self-direction, empathy, and intimacy.
19. There are 10 basic personality disorders, according to the *DSM-5*.
20. Dissociative disorders are a *DSM* category of disorders where there is one of several types of breakdowns of memory, perception, awareness or identity. Dissociative identity disorder (DID or "multiple personality") is perhaps the most controversial diagnosis in the *DSM*. Some researchers suggest that the "epidemic" of DID over recent decades was created by the media and well-meaning but deluded psychotherapists. Most psychiatrists do not believe there is enough evidence to justify the inclusion of DID in the *DSM*.

Section Summaries

What is a psychological disorder?

1. In the myth of mental illness view of psychological disorders, mental problems are not “illnesses” but rather problems in living to which medical labels have been affixed.
2. The *DSM* view, the accepted view of the psychiatry and clinical psychology professions, uses the criteria of dysfunction and personal distress or impairment in functioning to diagnose disorders.
3. The harmful dysfunction view incorporates evolutionary and social science insights. It proposes that judgments of harm always contain elements of social judgment and cultural values, but judgments of dysfunction can be based upon fact—whether a psychological attribute or mechanism is performing the function for which it was shaped through evolution by natural selection.
4. *Insanity* is primarily a legal term, not a mental health term.
5. Estimates of the prevalence of mental disorders are likely to be inaccurate.
6. Disorders may be divided into two general categories: major mental disorders and personality disorders.
7. The *DSM*-5 categorizes and subdivides disorders according to general types of symptoms, severity, course, and other phenomena.

What are anxiety disorders?

1. Anxiety disorders include generalized anxiety disorder, specific phobia and social phobia, and panic disorder. Obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) have traditionally been considered anxiety disorders, but now the *DSM* lists them in separate categories.
2. Many of the symptoms of anxiety disorders are common in somewhat milder form in people with no psychological disorder.
3. Theories of the causes of mental illness which take several interacting categories of causes into consideration—biology, society, behavior, and experience—are known as integrated theories or models. Barlow’s triple vulnerability theory of anxiety disorders is one such integrated model.

What are depressive and bipolar disorders?

1. The most severe depressive disorder is major depressive disorder (major depression). Bipolar disorders cover a spectrum of symptoms but generally include major depression and hypomania or full mania. Symptoms of anxiety often overlap those of depression.
2. Contemporary models of the causes of depression are integrated models that include genetic, biochemical, and psychosocial components. However, depression is not caused by a “chemical imbalance.”
3. Psychological factors in the onset of depression include cognitive vulnerabilities as described in hopelessness theory and the negative cognitive triad.
4. Women have much higher rates of depression (but not bipolar disorder) than men.
5. Depression greatly increases the risk of suicide. Suicide rates have increased globally over the past 50 years, but have decreased substantially in the United States. Men are at higher risk than women.

Are depression and anxiety overdiagnosed?

1. Some critics argue the *DSM* criteria when combined with the influence of the pharmaceutical industry are creating widespread overdiagnosis of psychological disorders.
2. Horowitz and Wakefield argue that even extreme shyness is an ordinary human trait. Only if shyness is not functioning as it was intended to function over evolutionary time should it be diagnosed as social phobia. Others argue that even if social phobia is overdiagnosed, those overdiagnosed may still receive benefit from treatment for extreme shyness.
3. Horowitz and Wakefield argue that symptoms of depression also may be ordinary human responses to highly stressful life events. There are qualities that distinguish these ordinary human responses from true depression.

What is schizophrenia?

1. Schizophrenia is a disabling psychological disorder which consists of both positive and negative symptoms. Positive symptoms are those in which something is added to the person's behavior that should not be there, such as hallucinations and delusions. Negative symptoms are those in which something that should be there is absent—for example, appropriate emotional responses.
2. Like mood and anxiety disorders, schizophrenia is almost certainly a result of a number of converging factors. Genetics play a large role, but the "genes for schizophrenia" have not yet been identified, likely because many sets of common genes are potentially involved. A new strategy for investigating genetic links to schizophrenia is endophenotyping.
3. Neurodevelopmental factors in schizophrenia may include prenatal exposure to virus or nutritional deficiency, birth complications, or developmental problems in adolescence.

What are personality disorders?

1. Personality disorders are pervasive, chronic patterns of dysfunctional thinking and relating to the world which generally begin in adolescence and last throughout a person's life span. While these conditions may be serious, they do not usually result in the same degree of distress or impairment and dysfunction caused by the major mental disorders.
2. There are 10 personality disorders categorized in the *DSM-5*.
3. The chapter discusses symptoms of paranoid personality disorder, borderline personality disorder, and obsessive-compulsive personality disorder.
4. The classification system currently used to diagnose personality disorders is highly controversial, and many researchers believe that the category system for personality disorders does not reflect the way these disorders occur in nature or are experienced by sufferers.
5. Dissociative identity disorder (DID) is among the most controversial of all DSM diagnoses, and most psychiatrists do not believe there is enough evidence for its existence to justify its inclusion in the DSM.