



PSYCHOLOGY

# WELCOME TO PSYC 110

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there are times where  
not knowing the answer  
means you should  
guess. giving directions  
is not one of those times.  
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## **PSYC 110 (General Psychology)**

### **Module 14:** Psychological Disorders

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# What should we get out of today?

## THE PLAN

**SYMPTOMATOLOGY**

**“COMMON” DISORDERS**

**PERSONALITY DISORDERS**



# Before we start, let's have a disclaimer

***While we learn about Psychological Disorders, be wary of...***

## **“MED STUDENTS’ DISEASE” (aka “Second Year Syndrome” or “Intern’s Syndrome”)**

A condition frequently reported in medical students, who perceive themselves to be experiencing the symptoms of a disease that they are studying



You will be tempted to self-diagnose your own behavior.

This should only be done by a professional!



## Prognosis

The probable course of an illness

## Prevalence

The total number or percentage of cases (e.g., of a disease or disorder) existing in a population, either at a given point in time (**point prevalence**) or during a specified period (**period prevalence**).



## Categories of prognoses:

### **Acute**

Sudden onset, short experience

### **Chronic**

Develops over time, long-lasting

### **Episodic**

Recurrent phases, with periods of  
offset (going “back to normal”)  
in between



# Symptomatology is the study of disordered behaviors

## **Symptomatology**

The collection of any behaviors, thoughts, or feelings that may be a potential indicator of a specific psychological disorder

## **Heterogeneity**

The possibility that two people diagnosed with the same disorder may experience different symptoms



## CASE STUDY: Tyler



Tyler, a cook for an independent catering company, has become increasingly dissatisfied with his job and lifestyle. Oftentimes between serving patrons, he will disappear to a bathroom cubicle as he fights back tears. Knowing that he has a difficult time concentrating at work, Tyler frequently calls in sick, opting instead to spend the day in bed. While his coworkers are becoming increasingly concerned, Tyler does not have many friends to check up on him and offer support. His family doesn't seem to notice, especially because Tyler seems to go through periods of relatively high functioning. However, at his lowest points, Tyler has caught himself fantasizing about suicide.





Depression is marked by intense, recurrent episodes of sadness

## **Major Depressive Disorder (MDD) [also known as Unipolar Depression]**

Symptoms:

- Decreased mood
- Loss of motivation
- Lack of energy
- Thoughts of suicide
- Feelings of emptiness, worthlessness, and guilt
- Neurocognitive deficits (memory, attention, etc.)

**Episodic:** Symptoms must be continually experienced for at least two weeks

One or more depressive episodes warrants a diagnosis

## **Persistent Depressive Disorder (PDD) [also known as Dysthymia]**

Symptoms are similar to MDD but less severe

Symptoms are consistent rather than episodic

Symptoms must be present for at least two years, with periods of normalcy lasting no longer than two months





**point**  
**solutions**



## CASE STUDY: Maria



Maria, a 26-year-old graduate student, seeks help for mood swings affecting her studies and relationships. She reports periods of elevated mood lasting 4–5 days, during which she feels energized, confident, and highly productive, but these episodes do not cause her any dysfunction in her everyday life. Following these, she experiences prolonged depressive episodes, marked by low energy, feelings of worthlessness, and loss of interest in activities.



# Bipolar Disorders are characterized by cycles

## Bipolar I

Episodic cycles of depression and mania

Symptoms:

- Mania
  - Racing, grandiose thoughts and ideas
  - Potentially risky behavior
  - Irritable mood—individuals may become argumentative when someone attempts to rationalize with them
- Depression
  - Similar to MDD

At least one manic and one depressive episode warrants a diagnosis

## Bipolar II

Episodic cycles of depression and hypomania

Symptoms:

- Hypomania
  - Mood disturbance is not severe enough to noticeably impair functioning
  - May take the form of a dramatic increase in efficiency, accomplishments, or creativity
- Depression
  - Similar to MDD

One hypomanic and one depressive episode warrants a diagnosis



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**solutions**



## CASE STUDY: Brandon



Brandon has a family history of severe mental illness. For most of his life, he hadn't been personally afflicted. However, in his late 20s he entered a period of immense financial stress, and found himself living on the streets. Soon after, Brandon began speaking in long-winded sentences that seemed to lack purpose and direction. When his speech was more organized, he often spoke about how his family members were out to get him. Efforts to help and support Brandon have been ineffective; his ability to maintain an affect appropriate for professional situations prevents him from holding a job for any length of time.

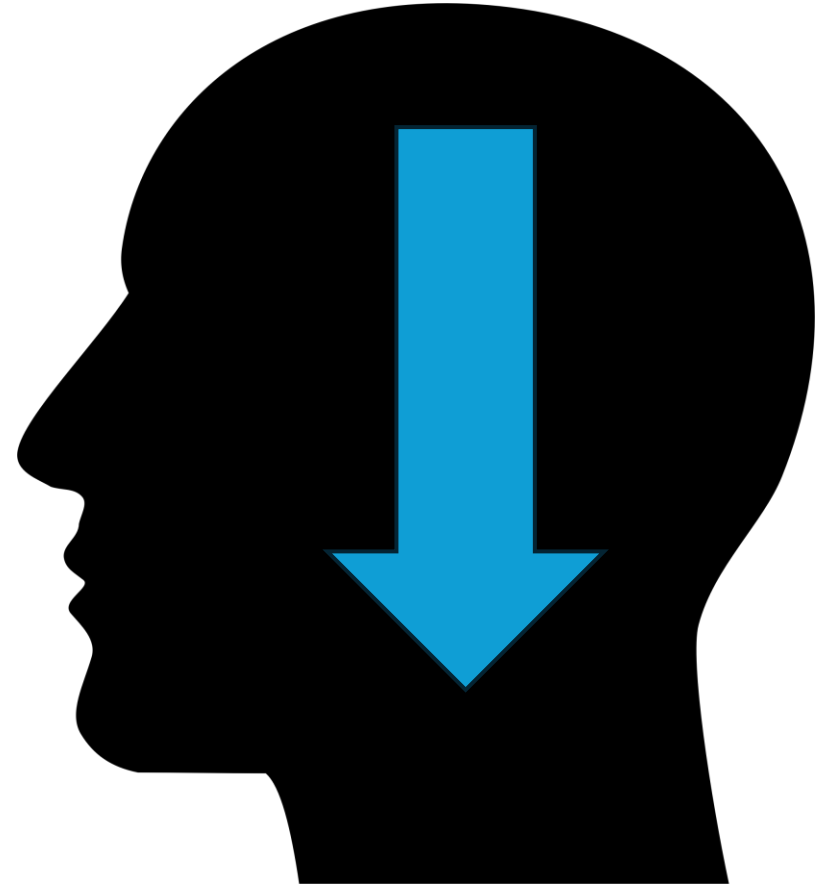


# Schizophrenia means “Split Mind”



## **Positive Symptoms**

Behaviors that show an increased presentation



## **Negative Symptoms**

Behaviors that show a decreased presentation



# Schizophrenia means “Split Mind”



## **Positive Symptoms**

Behaviors that show an increased presentation

## **Hallucinations**

Sensory perceptions that occur in the absence of a real, external stimulus, or substantial distortions of sensory input

## **Disorganized Thinking and Speech**

Problems in organizing ideas

*“I wish you a happy, healthy, blessed, and fruitful year, and many good wine years to come as well as a healthy and good apple year, and sauerkraut and cabbage and squash and seed year.”*

## **Delusions**

An irrational belief that is maintained despite being unsupported by external evidence (e.g., delusions of persecution, delusions of grandeur)



### **Affect**

Either diminished (Flat Affect) or out-of-context (Inappropriate Affect) emotional expression

### **Alogia**

Brief, empty speech

### **Avolition**

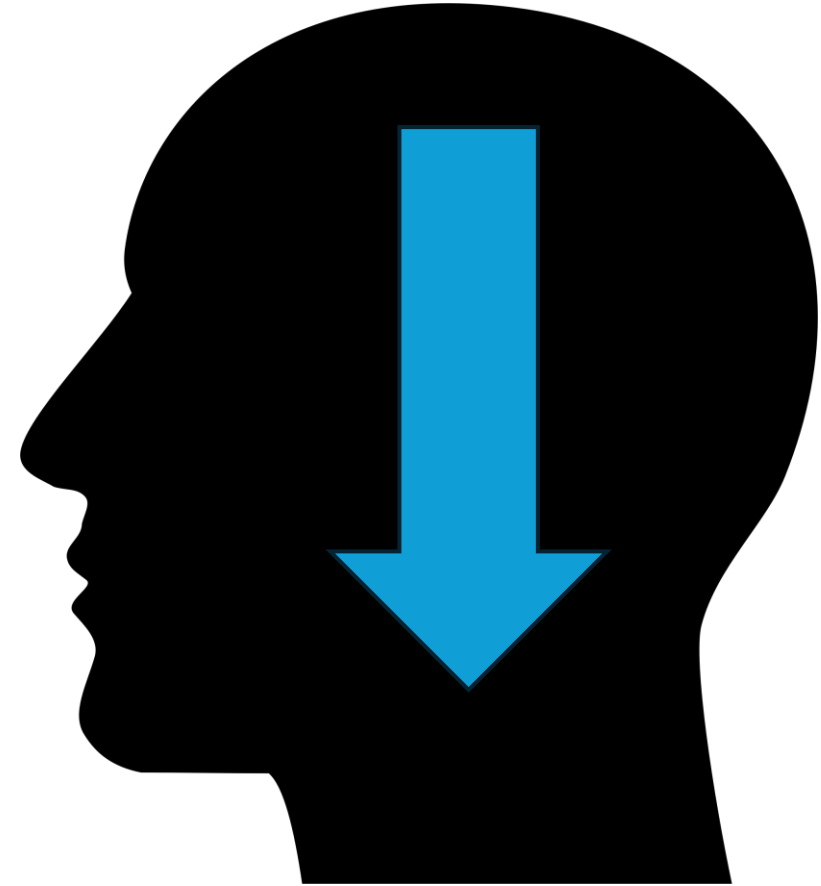
Lack of energy and a disinterest in engaging in regular activities

### **Anhedonia**

Inability to experience pleasurable emotions from normally pleasurable life events (e.g., eating, social interaction, sexual activity)

### **Catatonia**

Lack of reaction to external stimuli



### **Negative Symptoms**

Behaviors that show a decreased presentation



**point**  
**solutions**



# Personality Disorders are marked by extreme, inflexible personality traits





# Personality Disorders are categorized into three clusters

<b>Cluster A Odd &amp; Eccentric</b>	<b>Cluster B Dramatic &amp; Emotional</b>	<b>Cluster C Anxious &amp; Fearful</b>
Schizoid	Histrionic	Avoidant
Schizotypal	Narcissistic	Dependent
Paranoid	Borderline	Obsessive-Compulsive
	Antisocial (a.k.a. Psychopathy)	



Cluster A Personality Disorders are characterized by a struggle to relate to others



### **Schizoid Personality Disorder**

- Emotional detachment
- Anhedonia
- Indifferent to criticism AND praise

### **Schizotypal Personality Disorder**

- Eccentricity
- Cognitive/perceptual distortions
- Odd beliefs (e.g., clairvoyance, telepathy)

### **Paranoid Personality Disorder**

- Pervasive mistrust of others
- Often interpret others' actions as malicious

*Symptoms are similar to Schizophrenia, but not as severe*



## **Histrionic Personality Disorder**

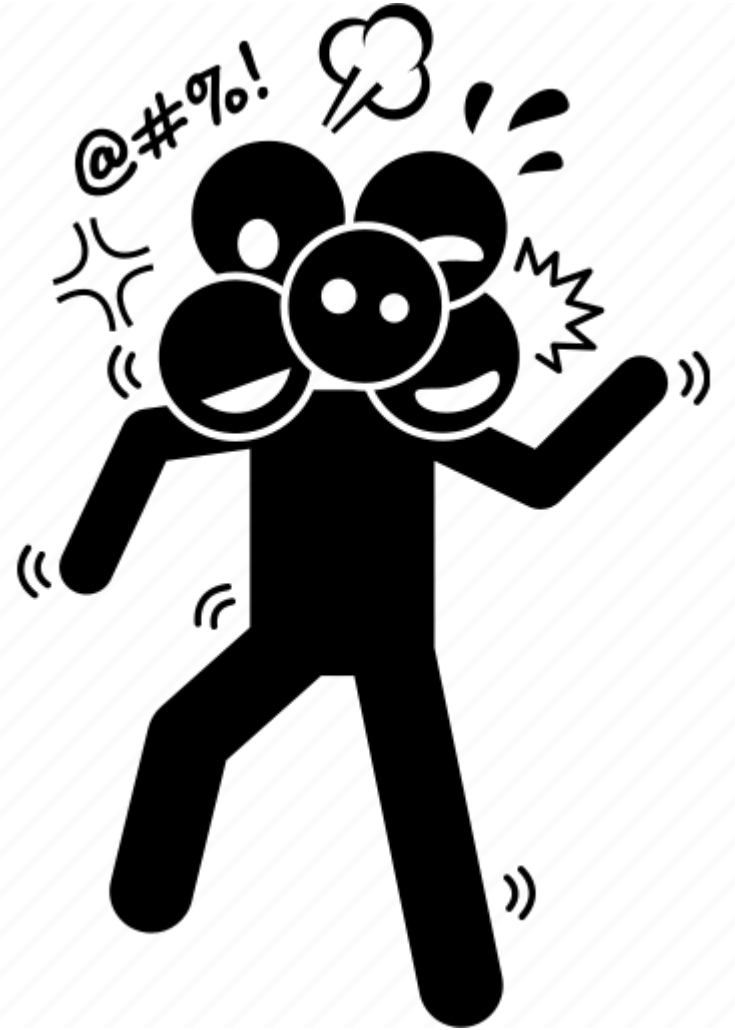
- Overly dramatic and attention-seeking
- Often act or dress in a sexually provocative way

## **Narcissistic Personality Disorder**

- Preoccupied with self, negative toward others
- Expect to be admired—overestimate own abilities

## **Borderline Personality Disorder**

- Erratic and highly unstable emotions
- Will “test” relationships due to mistrust of others
- Irritable, impulsive, unpredictable





## Antisocial Personality Disorder

- “Psychopath” or “Sociopath”
  - P = Genetic; S = From upbringing/trauma
- Selfish and manipulative behavior
- Report an inability to “feel” emotions
- Skilled at faking affections
- Often have trouble postponing gratification and planning ahead
- Highly represented in prison populations, but not all are murderers



<https://youtu.be/ltgkkdIgPe0?si=dQOJN27aI29Qgpbd&t=8>





## Cluster C Personality Disorders are characterized by anxious traits



### **Avoidant Personality Disorder**

- Social inhibition
- Feelings of inadequacy
- Hypersensitivity to rejection

### **Dependent Personality Disorder**

- Excessive and persistent need to be taken care of by others
- Submissive, clingy, lack of self-confidence

### **Obsessive-Compulsive Personality Disorder**

- Extreme orderliness, cleanliness, perfectionism, and control
- Not as dysfunctional as OCD



# What should we get out of today?

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**PERSONALITY DISORDERS**



# How did we do?



Being entirely honest  
with oneself is a good  
exercise.

Sigmund Freud

## For y'all:

Collab Project Final Submission  
**due tonight**

Collab Project Reflection  
**due tonight**

Two InQuizitives **due May 7**

Two Reflection Journals **due May 7**

Friday Quiz 11 [Disorders ONLY]  
**on Friday**