FOCUS ON VOCABULARY AND LANGUAGE

. . . *it made me think for the first time that I might be nuts*. Marc had had many of the symptoms of **obsessive-compulsive disorder (OCD)** since childhood. Consequently, he came to the conclusion that he might have a mental disorder (*it made him think he might be nuts*). There are many other colloquial expressions for mental illness, such as *screwy*, *crazy*, *cracked*, *wacky*, *weird*, and *insane*.

What Is a Psychological Disorder?

Where do we *draw the line* between clinical depression and understandable grief? Between *bizarre irrationality* and *zany creativity*? Between abnormality and normality? Myers is addressing the problem of how exactly to define **psychological disorders**. How do we distinguish (*draw the line*) between someone who displays unusual or absurd innovative ability (*zany creativity*) and someone who has strange and unusual reasoning (*bizarre irrationality*)? Between someone who is "ab-normal" and someone who is not? For psychologists and other mental health workers, psychological disorders involve persistently harmful thoughts, feelings, and actions that are deviant, distressful, and dysfunctional.

Understanding Psychological Disorders

"The devil made him do it." Our ancestors explained strange and puzzling behavior by appealing to what they knew and believed about the nature of the world (e.g., gods, stars, demons, spirits, etc.). A person who today would be classified as psychologically disturbed because of his or her bizarre behavior would have been considered to be possessed by evil spirits or demons in the past (*the devil made him do it*). These types of nonscientific explanations persisted up until the nineteenth century.

Classifying Disorders—and Labeling People

But *diagnostic classification* does more than *give us a thumbnail sketch* of a person's disordered behavior. Psychology uses a classification system (the **DSM-IV-TR**) to describe and impose order on complicated psychological problems. When a descriptive label (*diagnostic classification*) is used to identify a disorder, it provides a quick and useful means of communicating along with a great deal of information about the disorder in abbreviated form (*it gives us a thumbnail sketch*). In addition, the classification of a disorder helps predict its future course and treatment and stimulates research into its causes. As Myers points out, *to study a disorder we must first name and describe it*.

Some [critics] have been concerned that *it casts too wide a net* and brings "almost any kind of behavior within the *compass* of psychiatry" (Eysenck et al., 1983). The DSM-IV-TR classification system has been received with a less-than-enthusiastic response by some practitioners. Many criticize the inclusion of a large number of behaviors as psychologically disordered (*it casts too wide a net*) and suggest that just about any behavior is now within the purview (*compass*) of psychiatry. For example, the number of disorder categories has increased significantly (*it has swelled*) from 60 in the 1950s to 400 in today's DSM). Nevertheless, many other clinicians find the DSM-IV-TR a useful and practical tool or device.

Labels can be self-fulfilling . . . When we characterize or classify (*label*) someone as a certain type of person, the very act of labeling may help bring about or create the actions described by the label (*the label becomes self-fulfilling*). Myers notes that "labels matter" suggesting that they influence our perceptions in important ways.

Anxiety Disorders

Generalized Anxiety Disorder

irregular heartbeats . . . ringing in the ears . . . edgy . . . jittery . . . sleep-deprived . . . furrowed brows . . . twitching eyelids . . . fidgeting. These are all descriptions of the symptoms of **generalized anxiety disorder**. The person may have an arrhythmia (*irregular heartbeat*), may hear high-pitched sounds (*ringing in the ears*), may be nervous and jumpy (*edgy*), and may start trembling (*jittering* or *shaking*). The sufferer may worry all the time, be unable to sleep (experience *sleep deprivation* or *insomnia*), or feel apprehensive and those feelings may show in frowning (*furrowed brows*), rapidly blinking eyes (*twitching eyelids*), and restless movements (*fidgeting*). These symptoms may also accompany panic attacks.

Panic Disorder

. . . *washed out* . . . This means to be physically or emotionally exhausted. Following a panic attack, which can include symptoms such as heart palpitations (a *racing heart*), shortness of breath, feeling strangled (choking sensations), trembling, dizziness, and numbness, a person may feel extremely fatigued (*washed out*).

Because nicotine is a **stimulant**, *lighting up doesn't lighten up*. People who smoke cigarettes have a higher probability (*a doubled risk*) of a first time panic attack. So, igniting and smoking a cigarette (*lighting up*) doesn't necessarily lead to an elevated mood (*it doesn't lighten up our mood*).

Post-Traumatic Stress Disorder (PTSD)

Typical symptoms include *recurring haunting memories and nightmares*, a numb feeling of social withdrawal, jumpy anxiety, and trouble sleeping . . . Many *battle-scarred veterans* have been diagnosed with PTSD. Many military personnel who experienced combat (*battle-scarred veterans*), as well as others who experienced traumatic or stressful events, develop **post-traumatic stress disorder (PTSD)**. Symptoms include terrifying images of the event (*flashbacks*), very frightening dreams (*nightmares*), frequent recall of frightening episodes (*recurring haunting memories*), extreme nervousness (*jumpy anxiety*) or depression, and a tendency to become socially isolated.

Understanding Anxiety Disorders

Grooming had survival value; it detected insects and infections. Gone wild, it becomes compulsive hair pulling. The biological perspective on psychological disorders explains our tendency to be anxious in evolutionary or genetic terms. A normal behavior that once had survival value in our evolutionary past may now be distorted into compulsive action. Thus, compulsive hair pulling may be an exaggerated version of normal grooming behavior (*grooming gone wild*).

Dissociative and Personality Disorders

Dissociative Disorders

Rather, note these *skeptics*, some therapists *go fishing for* multiple personalities . . . Those who doubt the existence of **dissociative identity disorder** (*skeptics*) find it strange that the number of diagnosed cases in North America has increased dramatically (*exploded*) in the last decade. In addition, the average number of personalities has multiplied (*mushroomed*) from 3 to 12 per patient. In the rest of the world, dissociative identity disorder is rare or nonexistent; in Britain, where it is rarely diagnosed, some consider it an eccentric (*wacky*) American fad. However, one explanation for

the disorder's popularity may be that because many therapists expect it to be there they actively solicit (*go fishing for*) symptoms of the disorder from their patients.

Personality Disorders

. . . *con artist* . . . A person who suffers from an **antisocial personality disorder** is usually a male who has no conscience, who lies, steals, cheats, and who is unable to keep a job or take on the normal responsibilities of family and society. When combined with high intelligence and no moral sense, the result may be a clever, smooth talking, and deceitful trickster or confidence man (a *con artist*).

Antisocial personality disorder is woven of both biological and psychological *strands*. The analogy here is between the antisocial personality and how cloth is made (*woven*). Both psychological and biological factors (*strands*) combine to produce antisocial personality disorder. Although no single gene codes for complex behavior such as crime, there does seem to be a genetic tendency toward an uninhibited approach to life. Those prone to antisocial behavior show a genetic vulnerability that is expressed in low levels of arousal, low levels of stress hormones, and below normal ability in aspects of thinking such as planning, organization, and inhibition of impulsive behavior.

Substance-Related Disorders

Tolerance, Addiction, and Dependence

Why might a person who rarely drinks alcohol get buzzed on one can of beer, while a long-term drinker shows few effects until the second six-pack? Prolonged use of a **psychoactive drug** produces the ability to take more and more of the substance to produce the drug's effect (***tolerance***). Thus, while an infrequent user of alcohol may get somewhat intoxicated (*buzzed*) from one beer, a regular drinker might experience little effect until six or more beers have been consumed (*until the second six-pack* [of beer]).

Types of Psychoactive Drugs

. . . *as when tipsy restaurant patrons leave big tips*. Alcohol can increase both harmful and helpful inclinations (*it is an equal-opportunity drug*). Thus, it often happens that restaurant clientele give a large gratuity (*big tips*) when they are intoxicated or inebriated (*tipsy*). Whatever tendencies you have when sober will be more obvious when you are drunk.

If, as commonly believed, *liquor* is the *quicker pick-her-upper*, *the effect lies partly in that powerful sex organ, the mind*. Many people think that alcohol (*liquor*) speeds up the process of meeting members of the opposite sex and lowers sexual inhibitions. Thus, a male may believe that use of alcohol will facilitate his ability to initiate contact and get to know a female (it will be a *quicker pick-her-upper*). But Myers points out that it is not only alcohol that is involved—rather, our *beliefs* about its effects on sexual behavior are also involved (*the effect lies partly in that powerful sex organ, the mind*).

For this short-term pleasure, **opiate** users may *pay a long-term price*: a *gnawing craving* for another *fix* . . . There is a cost (*one pays a long-term price*) for enjoying drug-induced pleasures. For an **addict**, this price may be a persistent inner torment (a *gnawing*) and an urgent, unrelenting desire (a *craving*) for another dose of the drug (a *fix*).

If you are a smoker who has tried *to kick your habit,* you probably aren't surprised [that tobacco products are as addictive as heroin and cocaine]. The phrase *to kick the habit* means to stop using a substance or to cease a habitual behavior such as smoking, drinking, or drug use. Because **nicotine** is as addictive as heroin or cocaine, regular smokers may become dependent or develop tolerance. As a result, they find it very difficult to stop or quit smoking (it is hard *to kick the habit*).

Cocaine users *travel a fast track from flying high to crashing to earth*. Cocaine, which can be inhaled through the nose (*snorted*), injected, or smoked, produces feelings of elation very rapidly (*it's a fast track to flying high*). However, within 15 to 30 minutes the euphoric feeling (*rush*) is gone and replaced by a collapse (*crash*) into a disturbed, nervous state of unhappiness and hopelessness (*agitated depression*).

. . . *crack* . . . This is a very potent, synthetic form of cocaine that produces a feeling of euphoria (a *rush*) followed by deep depression, tiredness, and irritability (a *crash*).

Ecstasy delights for the night but darkens our tomorrows. **Ecstasy (MDMA)**, an **amphetamine** derivative, triggers the release of dopamine, influences the serotonin system, and produces elated feelings (*the feel-good flood*). While the euphoric state produced by Ecstasy lasts for hours (*it delights for the night*), repeated use of the drug can also lead to a permanently depressed mood (*it darkens our tomorrows*) by damaging serotonin-producing neurons.

Mood Disorders

Grinding temporarily to a halt, as we do when feeling threatened or finding that our goals are beyond our reach, gives us time to think hard and consider our options. From a biological point of view, depression is a natural reaction to stress and painful events. It is like a warning signal that brings us to a complete stop (we *grind to a halt*), allowing us time to reflect on life, contemplate (to *think hard* about) the meaning of our existence, and focus more optimistically on our future. As Myers notes, depression is similar to a car's oil light—it is an signal that warns us about a problem and prompts us to stop and take the appropriate action.

Major Depressive Disorder

The difference between a *blue mood* after bad news and *major depressive disorder* is like the difference between gasping for breath after a hard run and having chronic asthma. We all feel depressed and sad (we have *blue moods*) in response to painful events and sometimes just to life in general. These feelings are points on a continuum; at the extreme end, and very distinct from ordinary depression, are the serious **mood disorders** (e.g., ***major depressive disorder***) in which the signs of chronic depression (loss of appetite, sleeplessness, tiredness, low self-esteem, and a disinterest in family, friends and social activities) last two weeks or more.

Bipolar Disorder

If depression is living in slow motion, mania is fast forward. **Bipolar disorder** is characterized by mood swings. While depression slows the person down (*is like living in slow motion*), the hyperactivity and heightened exuberance (***mania***) at the other emotional extreme seems to speed the person up. This is similar to the images you get when you press the *fast forward* button on a DVD player or see a speeded-up film.

Understanding Mood Disorders

Depressed people see life through dark glasses. Social-cognitive theorists point out that biological factors do not operate independently of environmental influences. People who are depressed often have negative beliefs about themselves and their present and future situations (*they view life through dark glasses*). These self-defeating beliefs can accentuate or amplify (*magnify*) a nasty (*vicious*) cycle of interactions between chemistry, cognition, and mood.

Misery may love another's company, but *company does not love another's misery*. The old saying "*misery loves company*" means that depressed, sad people like to be with other people. However, the possible social consequence of being withdrawn, self-focused, self-blaming, and complaining (*depressed*) is rejection by others (*company does not love another's misery*).

Critics point out *a chicken-and-egg problem* nesting in the social-cognitive explanation of depression. The old saying "which came first, the chicken or the egg?" is asking about the direction of causality. The social-cognitive explanation of depression has a similar problem because it is not clear whether it is the negative thinking that causes the depressed mood or whether the negative mood triggers depressing thoughts. Myers notes that there is a vicious cycle involved in depression (see Figure 12.12)—rejection and depression interact (*they feed each other*).

Schizophrenia

Symptoms of Schizophrenia

Others with schizophrenia lapse into an emotionless *flat affect*, a zombielike state of no apparent feeling. The emotions of **schizophrenia** are frequently not appropriate for the situation. There may be laughter at a funeral or anger and tears for no apparent reason. There may also be no expression of emotion whatsoever (*flat affect*), which resembles a half-dead, trancelike (*zombielike*) state of indifference or apathy.