FOCUS ON VOCABULARY AND LANGUAGE

. . . it made me think for the first time that I might be nuts. Marc had experienced 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, *mad*, and insane.

So it's no wonder that *we sometimes see ourselves in the psychological disorders we study*. When reading the material on **psychological disorders**, you may sometimes experience the feeling that Myers is writing about you *(we sometimes see ourselves in the psychological disorders we study)*. On occasion, we all feel, think, and behave in ways similar to disturbed people. Becoming aware of this may help us understand the processes underlying psychological disorders.

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 has strange and unusual reasoning *(bizarre irrationality)* and someone who displays unusual or absurd innovative ability *(zany creativity)*? Between someone who is *abnormal* and someone who is not? For psychologists and other mental health workers, a psychological disorder involves a significant dysfunction in a person's thoughts *(cognitions)*, feelings *(emotion regulation)*, or behavior.

Thinking Critically About: ADHD—Normal High Energy or Disordered Behavior?

At home, he *chatters away* and *darts* from one activity to the next. He rarely *settles down* to read a book or focus on a game. If a young boy talks constantly *(chatters away)*, moves quickly *(darts)* from doing one thing to doing something else, is nervous and restless *(fidgety)*, and seldom sits quietly *(settles down)* to read a book or focus on a game, he may be diagnosed with **attention-deficit/hyperactivity disorder (ADHD)**. There is some debate about whether this behavioral pattern is a real disorder or simply reflects the normal range of behavior in overly energetic young people who may disrupt class or annoy their teachers *(children who are "a persistent pain in the neck in school")*. Skeptics claim that ADHD is being overdiagnosed, while others argue that today's more frequent diagnosis reflects increased awareness of the disorder.

ADHD is *heritable*, and research teams are *sleuthing* the *culprit* gene variations and abnormal neural pathways (Nikolas & Burt, 2010; Poelmans et al., 2011; Volkow et al., 2009; Williams et al., 2010). A *sleuth* is a detective or investigator who solves puzzles or mysteries. Because ADHD appears to be *heritable* (that is, it is able to be transmitted from parent to child), researchers are trying to find *(sleuthing)* the responsible *(culprit)* gene variations and abnormal neural pathways that are related to it. However, the debate continues over whether normally active, noisy, and hard-to-control *(rambunctious)* behavior is too often diagnosed as a psychiatric disorder and whether there is a cost to the long-term use of stimulant drugs in treating ADHD.

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 (for example, by appealing to gods,

the stars, demons, or spirits). A person who today would be classified as psychologically disturbed because of his or her bizarre or strange behavior, in the past would have been considered to be possessed by evil spirits or demons *("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 and psychiatry use a classification system (the **DSM-5**) to describe and impose order on complicated psychological problems. When a descriptive label *(a diagnostic classification)* is used to identify a disorder, it does not explain the problem. However, it does provide a quick and useful means of communicating a great deal of information in an 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*.

Critics have *long faulted the DSM manual for casting too wide a net* and bringing "almost any kind of behavior within the *compass* of psychiatry" (Eysenck et al., 1983). Over the years, critics have argued that the DSM classification system has many flaws or problems *(they have long faulted the DSM manual)*. 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 or scope *(compass)* of psychiatry. Nevertheless, many other clinicians find the DSM manual to be 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 (it becomes *self-fulfilling*). For example, if we hear that someone we work with is hard to please or hard to deal with *(difficult)*, we may treat that person with distrust *(treat the person suspiciously)*. In return, he may react to us just as we would expect a hard-to-get-along-with *(difficult)* person would. Myers makes the point that *labels matter*, suggesting that they influence our perceptions in important ways. David Rosenhan, whose research seems to confirm this, notes that *a label can have "a life and influence of its own."*

Anxiety Disorders, OCD, and PTSD

Generalized Anxiety Disorder

. . . dizziness . . . sweating palms . . . irregular heartbeat . . . ringing in the ears . . . on edge . . . jittery . . . sleep deprived . . . furrowed brows . . . twitching eyelids . . . trembling. . . fidgeting . . . These are all descriptions of the symptoms of **generalized anxiety disorder**. A person with this disorder may have an arrhythmia *(irregular heartbeat)*, hear high-pitched sounds *(ringing in the ears)*, experience lightheadedness *(dizziness)*, have perspiring hands *(sweating palms)*, be nervous and jumpy *(on edge)*, or start shaking (start *trembling* or become *jittery*). The person may worry all the time, be unable to sleep (be *sleep deprived* or have *insomnia*), and feel apprehensive. These symptoms may show *(leak out)* in frowning *(furrowed brows)*, rapidly blinking eyes *(twitching eyelids)*, and restless movements *(fidgeting)*. Generalized anxiety disorder and depression often occur together *(they often go hand in hand)*. 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)*, chest pains,

shortness of breath, feeling strangled *(choking sensations)*, trembling, dizziness, and numbness—a person may feel extremely fatigued and tired *(washed out)*. The surge of anxious symptoms *(the anxiety tornado)* occurs *(strikes)* suddenly, causes harm, and then disappears. But it is not forgotten. Even after just a few panic attacks, people may become apprehensive about experiencing the frightening symptoms again *(they may come to fear the fear itself)*.

Because nicotine is a stimulant, *lighting up doesn't lighten up*. People who smoke cigarettes are at an increased risk *(at least doubled)* of a *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).

Posttraumatic Stress Disorder (PTSD)

Typical symptoms include *recurring haunting memories and nightmares*, *a numb feeling of social withdrawal*, *jumpy anxiety*, and trouble sleeping (Hoge et al., 2004, 2006, 2007; Kessler, 2000). Many *battle-scarred veterans* have been diagnosed with PTSD. Many military personnel who have been in combat during a war *(battle-scarred veterans)*, as well as others who have experienced traumatic or stressful events, develop **posttraumatic stress disorder (PTSD)**. Symptoms include terrifying images of the event *(flashbacks)*, frequent recall of frightening episodes *(recurring haunting memories)*, very frightening dreams *(nightmares)*, extreme nervousness *(jumpy anxiety)*, or depression, as well as a tendency to become socially isolated *(a numb feeling of social withdrawal)*.

Understanding Anxiety Disorders, OCD, and PTSD

When the *disordered* brain detects that something is wrong, it seems to generate a *mental hiccup of repeating thoughts or actions* (Gehring et al., 2000). Obsessions and compulsions—along with panic attacks, generalized anxiety, and posttraumatic stress—appear to be manifested biologically as an overarousal of brain areas involved in impulse control and habitual behaviors. When the malfunctioning *(disordered)* brain becomes aware that something is wrong, it appears to produce a series of recurring cognitions or behaviors *(a mental hiccup of repeating thoughts or actions)*.

Grooming gone wild becomes *hair pulling*. The biological perspective explains our tendency to be anxious *(panic-prone)* in evolutionary or genetic terms. A normal behavior that had survival value in our evolutionary past—such as cleaning *(grooming)*—may now be distorted into compulsive action. Thus, *hair pulling* may be an exaggerated version of normal grooming behavior (*grooming* that has *gone wild*).

Substance Use and Addictive Disorders

Tolerance and Addiction

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** results in the person requiring larger and larger doses of the substance to experience the same 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]).

Depressants

. . . as when *tipsy* restaurant patrons leave *big tips* (Lynn, 1988). Alcohol can increase both harmful and helpful inclinations *(it is an equal-opportunity drug)*. Thus, it often happens that restaurant

clientele give larger gratuities *(extravagant tips)* when they are more intoxicated or inebriated *(tipsy)*. Whatever tendencies you have when sober will be stronger when you are drunk.

. . . *"beauty is in the eyes of the beer holder"* . . . The saying *"beauty is in the eyes of the beholder"* suggests that a person's beliefs about what constitutes attractiveness determines what will be seen as beautiful. Myers rephrases this saying—using *beer holder* instead of *beholder*—to make the point that sexually aggressive men who know that alcohol lowers inhibitions may attempt to get their female companions *(dates)* to drink. The women become the *beer holders*, which lowers their inhibitions and, as a result, they may perceive the men as attractive *("beauty is in the eyes of the beer holder")*.

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)* can assist in the process of meeting members of the opposite sex, as well as lower sexual inhibitions. Thus, a man might believe that the use of alcohol will facilitate his ability to initiate contact and get to know a woman *(liquor is the quicker pick-her-upper)*. But Myers points out that alcohol is not the only factor involved in this phenomenon—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, *the person may pay a long-term price*: a *gnawing craving* for another *fix* . . . There is a cost *(the person may pay a long-term price)* for enjoying drug-induced pleasures. For someone who is addicted to a drug, this cost may be a persistent inner torment *(gnawing)* and an urgent, persistent desire *(craving)* for another dose of the drug *(a fix)*. Because of the need for progressively larger doses to achieve the same effect *(**tolerance**)*, and because of the extreme discomfort of **withdrawal**, a drug user may end up paying the highest cost of all *(may pay an ultimate price)*—death by overdose.

Stimulants

If you are a smoker who has tried unsuccessfully *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 develop a tolerance for the drug. As a result, they find it very difficult to stop or quit smoking (it is hard *to kick their 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 *(they travel a fast track to flying high)*. However, within 15 to 30 minutes the euphoric feeling *(rush)* is gone; it is replaced by a collapse *(crash)* into a disturbed, nervous state of unhappiness and hopelessness *(an agitated depression)*. Many regular cocaine users seeking this elevated mood *(high)* become addicted.

Ecstasy delights for the night but darkens the tomorrow. **Ecstasy (MDMA),** an **amphetamine** derivative, is a popular "club drug" taken at nightclubs and *all-night raves* (parties with loud music and dancing that go on most of the night). By triggering the release of dopamine and influencing the serotonin system, it produces an elated mood *(the feel-good flood)* as well as feelings of connectedness and intimacy with others (the *"I love everyone"* feeling). While the euphoric state produced by Ecstasy lasts for hours *(delights for the night)*, repeated use of the drug can lead to a permanently depressed mood *(darken the tomorrow)* by decreasing serotonin output.

Mood Disorders

It [depression] *slows us down* and gives us time to *think hard* and consider our options (Wrosch & Miller, 2009). From a biological point of view, depression is a natural reaction to stress and painful events. It is like a warning signal *(a compass that tells us what to do)* that makes us less active *(it slows us down)* and more attentive. It gives us time to reflect on life, contemplate *(think hard about)* the meaning of our existence, and focus more optimistically on our future. It also neutralizes *(defuses)* aggression, reduces *(cuts back on)* risk taking, and focuses our mind. As Myers notes, depression is similar to a car's oil light—it is a signal *(indicator)* that warns us about a problem and prompts us to stop and take 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, or 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** (such as **major depressive disorder**) in which the signs of chronic depression (for example, decrease or increase in appetite, sleeplessness, tiredness, low self-esteem, and/or a disinterest in family, friends, and social activities) last two weeks or more. Some clinicians compare major depression to how you would feel if you had to cope with the pain of losing a loved one *(the anguish of grief)* combined with the fatigue you feel after going without sleep for an entire night *(the exhaustion you feel after pulling an all-nighter)*.

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 (the person *lives in slow motion*), the hyperactivity and heightened exuberant state ***(mania)*** at the other emotional extreme seems to speed the person up *(mania is fast forward)*. This is similar to the images you get when you press the *fast forward* button on a DVD or Blu-ray player or see a "speeded-up" film.

Understanding Mood Disorders

. . . researchers have pulled out *some common threads*. An analysis of thousands of studies into the causes, treatment, and prevention of mood disorders has revealed some major related or associated factors *(some common threads)*. Any theory of depression must address these issues.

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

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 *chicken-and-egg problem* (the problem is *nesting* in the explanation). It is not clear whether (a) negative thinking causes depressed moods or (b) depressed moods trigger negative thoughts. Myers notes that there is a *vicious cycle* involved in depression (see *Figure 13.12, The vicious cycle of depressed thinking*). Depression, social withdrawal, and rejection interact *(they feed one another)*.

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)*.

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. Many people with schizophrenia have problems recognizing *(reading)* the expressions on other people's faces *(their facial emotions)* and comprehending what they might be thinking *(reading other peoples' states of mind)*.

Other Disorders
Dissociative Disorders

Rather, note these *skeptics*, some therapists *go fishing for* multiple personalities . . . Those who doubt the existence of **dissociative identity disorder** or **DID** *(skeptics)* find it strange that the number of diagnosed cases in North America increased dramatically *(exploded)* after the DSM added the first formal description of the disorder. In addition, the average number of personalities also multiplied *(mushroomed)* from 3 to 12 per patient. One explanation for the disorder's popularity is that many therapists expect it to be there, so they actively look for *(go fishing for)* symptoms of dissociative identity disorder in their patients. Note that in the rest of the world dissociative identity disorder is rare or nonexistent; in Britain, where it is rarely diagnosed, some consider it *"a wacky* (eccentric) *American fad."*

Other psychologists include **dissociative disorders** under the *umbrella* of posttraumatic stress disorder. There is a debate about the reality of dissociative identity disorder (DID). Some clinicians suggest that it should be included under the broader diagnostic category *(umbrella)* of posttraumatic **disorders**, noting that many DID patients recall being physically, sexually, or emotionally abused as children. From this perspective, DID would be a natural, protective response to these types of traumatic childhood experiences.

Personality Disorders

. . . con artist . . . A person with **antisocial personality disorder** is usually male, has no conscience, lies, steals, or cheats, and 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)*—or even a fearless, focused, ruthless soldier, CEO, or politician.

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)*. Psychological and biological factors *(strands)* combine to produce the antisocial personality. As Myers notes, while no single gene codes for complex behavior such as crime, there does seem to be a genetic tendency toward a fearless and 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 such aspects of thinking as planning, organization, and inhibition of impulsive behavior. Research confirms that with antisocial behavior—as with many other things—nature and nurture interact and affect brain functioning *(they leave their marks on the brain)*.

(Figure 13.14) . . . *Cold-blooded* . . . Someone described as *cold-blooded* is usually callous, merciless, and unfeeling. In addition, such a person might show a total lack of kindness, pity, or care for another person. Antisocial personalities who demonstrate little or no emotional reaction—including normal levels of fear and anxiety—and who engage in immoral activity without remorse may be categorized as *cold-blooded*. They tend to have low autonomic nervous system arousal and low levels of stress hormones (such as adrenaline) and are at increased risk of committing crimes.