FOCUS ON VOCABULARY AND LANGUAGE

No wonder studying psychological disorders sometimes evokes an *eerie sense* of self-recognition, one that *illuminates* our own personality. When reading this chapter, you may sometimes experience the strange, uncanny feeling *(eerie sense)* that Myers is writing about you. On occasion, we all feel, think, and behave in ways similar to disturbed people. Becoming aware of how alike we sometimes are may help shed some light on *(illuminate)* the processes underlying personality.

Perspectives on Psychological Disorders

Where should we *draw the line* between sadness and depression? Between *zany creativity* and *bizarre irrationality*? Between normality and abnormality? 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 "abnormal" and someone who is not? For psychologists and other mental health workers, psychological disorders involve patterns of thoughts, feelings, and actions that are deviant, distressful, and dysfunctional (Comer, 2004; Stein et al., 2010).

Thinking Critically About: ADHD—Normal High Energy or Genuine Disorder?

At home, he *chatters away* and *darts* from one activity to the next, rarely *settling 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 (those 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.

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 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 Psychological Disorders

"Schizophrenia" provides a *handy shorthand* for describing a complex disorder. 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 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 is a *handy shorthand*).

Some critics have *faulted* the manual for *casting too wide a net* and bringing "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 *(fault)* 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 *(the number of disorder categories has swelled)* and today there are five times *(quintuple)* as many as in the 1952 first edition. Nevertheless, many other clinicians find the DSM-IV-TR to be a useful and practical tool or device.

Labeling Psychological Disorders

Labels can serve as *self-fulfilling prophecies*. A *prophecy* is a prediction about the future. 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 a *self-fulfilling prophecy*). For example, someone who is led to believe that you are malicious and spiteful *(nasty)* may treat you in an impersonal and unfriendly manner *(may treat you coldly)*. In return, you may respond as a disagreeable or offensive *(mean-spirited)* person would. As noted, a *label* can have "a life and influence of its own."

Thinking Critically About: Insanity and Responsibility

"Hinckley *Insane*, Public *Mad*" . . . The word *mad* has a number of meanings: (a) angry; (b) *insane*; (c) foolish and irrational; (d) rash; (e) enthusiastic about something; or (f) frantic. John Hinckley, who shot U.S. President Ronald Reagan, was not sent to prison; instead, he was confined to a mental hospital. The public was angry and upset *(mad)* because Hinckley was judged to be "mad" *(insane)*.

Anxiety Disorders

Generalized Anxiety Disorder

. . . heart palpitations . . . ringing in his ears . . . edgy . . . jittery . . . sleep-deprived . . . furrowed brows . . . twitching eyelids . . . fidgeting . . . These are all descriptions of the symptoms of **generalized anxiety disorder**. A person may have increased heart rate *(heart palpitations)*, hear high-pitched sounds *(ringing in the ears)*, be nervous and jumpy *(edgy)*, and start trembling *(be jittery)*. The sufferer may worry all the time, be unable to sleep (be *sleep-deprived* or have *insomnia*), and feel apprehensive, which may show in frowning *(furrowed brows)*, rapidly blinking eyes *(twitching eyelids)*, and restless movements *(fidgeting)*.

Panic Disorder

Because nicotine is a stimulant, *lighting up doesn't lighten up*. People who smoke cigarettes are at an increased risk *(at least doubled)* of suffering from **panic disorder**. So, igniting and smoking a cigarette *(lighting up)* doesn't necessarily lead to an elevated mood (it *doesn't lighten up* our mood).

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

Post-Traumatic Stress Disorder

. . . flashbacks . . . Many military personnel who have been in combat during a war *(battle-scarred veterans)*, as well as others who have experienced traumatic stressful events, develop **post-traumatic stress disorder (PTSD)**. Symptoms include terrifying images of the event *(flashbacks)*; very frightening dreams *(nightmares)*; extreme nervousness, anxiety, or depression; and a tendency to become socially isolated.

Understanding Anxiety Disorders

Grooming gone wild becomes hair pulling. The biological perspective explains our tendency to become anxious in evolutionary or genetic terms. A normal behavior that 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)*.

When the disordered brain detects that something is *amiss*, 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 post-traumatic 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 *(amiss)*, it appears to produce a series of recurring cognitions *(mental hiccups)* or behaviors.

Mood Disorders

Major Depressive Disorder

To grind temporarily to a halt and *ruminate*, as depressed people do, is to reassess one's life when feeling threatened, and to redirect energy in more promising ways (Watkins, 2008). 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 *(ruminate on)* the meaning of our existence, and focus more optimistically on the future. As Myers notes, there is a positive aspect to being depressed *(there is an up side to being down)*.

The difference between a *blue mood* after bad news and a mood disorder is like the difference between gasping for breath after a hard run and being chronically short of breath. 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.

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. This is similar to the images you get when you press the fast forward button on the DVD player or see a "speeded-up" film.

Understanding Mood Disorders

One study gave 13 *elite* Canadian swimmers the *wrenching* experience of watching a video of the swim in which *they failed to make the Olympic team* or failed at the Olympic games (Davis et al., 2008). Top ranked *(elite)* swimmers viewed a video in which their performance was too poor to qualify them for the Olympic team *(they failed to make the team)*. Watching their losing swim was an emotionally distressing *(wrenching)* experience, and functional magnetic resonance imaging scans showed that the distraught swimmers' brain activity patterns were similar *(akin)* to those of patients with depressed moods.

Depressed people *view life through the dark glasses of low self-esteem* (Orth et al., 2009). Social-cognitive theorists point out that biological factors do not operate independently of thinking and acting**.** People who are depressed often have negative beliefs about themselves and about their present and future situations *(they view life through the dark glasses of low self-esteem)*. These self-defeating beliefs can accentuate or amplify a nasty *(vicious)* cycle of interactions between genetic predisposition, cognition, and mood.

There is, however, a *chicken-and-egg problem* with 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*; 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 15.9, The vicious cycle of depressed thinking*).

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)*.

. . . even small *losses can temporarily sour our thinking*. When loyal basketball fans were depressed by their team's loss, they had a more pessimistic *(bleaker)* assessment of the outcome of future games, as well as negative views of their own abilities *(the loss soured their thinking)*. Depression can cause self-focused negative thinking.

Schizophrenia

Symptoms of Schizophrenia

. . . *hodge-podge* . . . The symptoms of **schizophrenia** include fragmented and distorted thinking, disturbed perception, and inappropriate feelings and behaviors. Schizophrenia victims, when talking, may move rapidly from topic to topic and idea to idea so that their speech is incomprehensible (a *word salad*). This may be the result of a breakdown in *selective attention*, whereby an assorted mixture *(hodge-podge)* of stimuli continually distracts the person.

Others with schizophrenia lapse into an emotionless state of *flat affect*. The emotions of schizophrenia are frequently not appropriate for the situation. There may be laughter at a funeral, anger and tears for no apparent reason, or no expression of emotion whatsoever *(flat affect)*. Most people with schizophrenia who experience *flat affect* have problems recognizing *(perceiving)* facial emotions and comprehending what other people may be thinking *(reading others' states of mind)*.

Other Disorders
Dissociative Disorders

. . . *a ruse* . . . Kenneth Bianchi is a convicted murderer who pretended to suffer from multiple personalities in order to avoid jail or the death penalty. His cunning ploy *(ruse)* fooled many psychologists and psychiatrists. It also raised the question of the reality of **dissociative identity disorder** as a genuine disorder.

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 increased dramatically *(exploded)* after the DSM added the first formal description of the disorder. In addition, the average number of personalities also multiplied (it *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 solicit *(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.")

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 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 *(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)*. Psychological and biological factors *(strands)* combine to produce the disorder. If the biological predispositions are fostered *(channeled)* in more positive ways, the result may be a fearless hero; alternatively, the same disposition may produce a killer or a manipulative, calmly calculating, self-centered, but charming and intelligent individual *(a cool con artist)*. Research confirms that with antisocial behavior, as with many other things, nature and nurture interact.

(Figure 15.11) . . . *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 other people's suffering. 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.