

FOCUS ON VOCABULARY AND LANGUAGE

Page 593: It's no wonder that studying psychological disorders may at times evoke an *eerie sense* of self-recognition, one that *illuminates* the dynamics of 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

Page 594: 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 persistently harmful thoughts, feelings, and actions that are deviant, distressful, and dysfunctional.

Page 595 (*Thinking Critically*): 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 an overly energetic young person. Skeptics claim that ADHD is being overdiagnosed, while others argue that today's more frequent diagnosis reflects increased awareness of the disorder.

Page 596: . . . "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, 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.

Page 597: "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 (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 abbreviated form (*it is a handy shorthand*).

Page 598: Some critics have *faulted* the manual for *casting too wide a net* and bringing "almost any kind of behavior within the *compass* of psychiatry." 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. Nevertheless, many other clinicians find the DSM-IV-TR to be a useful and practical tool or device.

Page 600: 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 prophesy*). For example, someone who is led to believe that you are malicious

and spiteful (*nasty*) may treat you in an impersonal and unfriendly manner (*treat you coldly*). In return, you may respond as a disagreeable or offensive (*mean-spirited*) person would.

Page 601 (*Thinking Critically*): “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 President 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

Page 602: . . . 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 (*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*).

Page 602: 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*).

Page 604: . . . flashbacks . . . Many military personnel who were in combat during a war (*battle-scarred veterans*), as well as others who 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.

Page 607: *Grooming gone wild becomes hair pulling*. The biological perspective explains our tendency to be anxious (*anxiety-prone*) 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*).

Dissociative Disorders

Page 610: . . . a ruse . . . Kenneth Bianchi is a convicted psychopathic 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.

Page 610: Rather, note *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 was also multiplied (it *mushroomed*) from 3 to 12 per patient. One explanation for the disorder's popularity is that many therapists (*often hypnotherapists*) expect it to be there, so they actively solicit (*go fishing for*) symptoms of dissociative identity disorder from 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* [fashionably popular].)

Mood Disorders

Page 612: 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*. 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 and contemplate (*ruminate on*) the meaning of our existence, and to focus more optimistically on the future.

Page 612: 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** (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.

Page 613: If depression is *living in slow motion*, mania is *fast forward*. **Bipolar disorder** is characterized by mood swings. While depression slows the person down (*living in slow motion*), the hyperactivity and heightened exuberant state (**mania**) at the other emotional extreme seems to speed the person up, similar to the images you get when you press the *fast forward* button on the DVD player or see a "speeded-up" film.

Page 613: A *racing mind* arouses an upbeat mood. In an experiment that tried to simulate the rapid (*racing*) thoughts of mania, students read statements at either double or half the normal reading speed. Those who read rapidly reported feeling happier, more powerful, more energetic, and more creative. Thinking at a very fast rate (*a racing mind*) induces very positive feelings (*arouses an upbeat mood*).

Page 617: 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. 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 fMRI scans showed that the distraught (*bummed-out*) swimmers' brain activity patterns were similar (*akin*) to those of patients with depressed moods.

Page 618: Depressed people *view 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 about their present and future situations (*they view life through dark glasses*). These self-defeating beliefs can accentuate or amplify a nasty (*vicious*) cycle of interactions between chemistry, cognition, and mood.

Page 621: 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*).

Page 621: . . . 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

Page 622: . . . *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.

Page 623: 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*).

Personality Disorders

Page 629: . . . *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*).

Page 629: 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.