

What Are Mental Disorders?

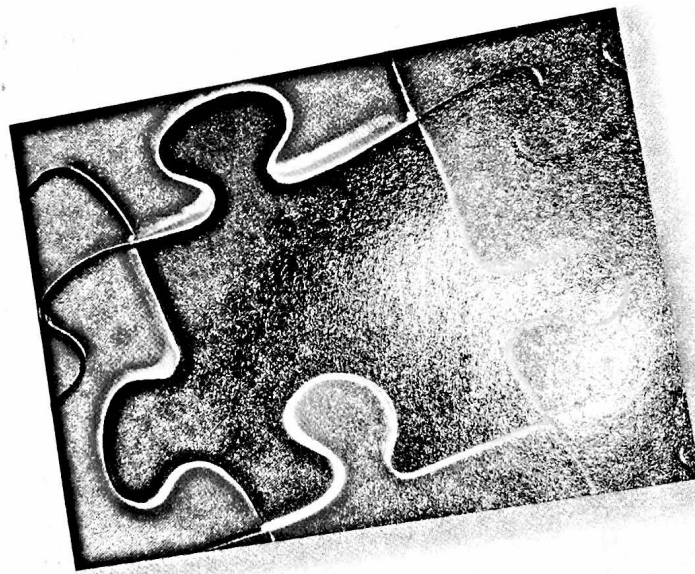
Everyone at times feels depressed, anxious, afraid, alone, or angry. For most people, these feelings are temporary and last only a brief time. For some people, however, the feelings can be intense or endure day after day. When such feelings begin to interfere with the demands of daily life, the person may have a mental disorder.

HEALTH TERMS

mental disorder
 anxiety disorder
 somatoform disorder
 hypochondria
 affective disorder
 bipolar disorder
 personality disorders
 schizophrenia

HEALTH CONCEPTS

- Mental disorders are rooted in emotional, psychological, physical, or biochemical problems.
- Mental disorders can interfere with an individual's normal functioning with self, others, and even society at large.
- Mental disorders can differ from person to person and episode to episode.



Mental Disorders

A mental disorder is an illness of the mind that can affect the thoughts, feelings, and behaviors of a person, preventing him or her from leading a happy, healthful, and productive life. People who suffer from some form of mental disorder are often identified by their inability to cope in healthful ways with life's changes, demands, problems, or traumas.

In the past, mental disorders were misunderstood and people with such disorders were feared or shunned. Science has shed new light on these problems and their causes. Mental disorders are now widely understood not only as disturbances in the emotions but also as imbalances in the chemistry of the brain.

HEALTH
Online



Find more about anxiety disorders such as panic and phobias at health.glencoe.com.

Types of Mental Disorders

All mental disorders are classified into one of two general types: organic or functional. An *organic disorder* is one that is clearly caused by a physical illness or an injury that affects the brain. Examples of such disorders are: brain tumors, alcoholism, infections such as syphilis and meningitis, lupus, and stroke. So are some inherited chemical imbalances.

A *functional disorder* may occur as the result of psychological causes in which no clear brain damage is involved. These disorders generally include or result from such conditions as stress, emotional conflict, fear, or poor coping skills. Functional disorders may be tied to inborn causes, traumatic events in childhood, or current causes. Increasingly, research has indicated that, like organic disorders, functional disorders may be the result of chemical imbalances in the brain. Whatever their root causes, the main categories of functional disorders are *anxiety disorders*, *somatoform disorders*, *affective disorders*, and *personality disorders*.

Anxiety Disorders

Most people experience some form of anxiety from time to time, but their fears do not affect their daily lives. An **anxiety disorder** is an illness in which real, imagined, or persistent fears prevent a person from enjoying life. An anxiety disorder is characterized by continuous, chronic anxiety. People with anxiety disorders often arrange their lives so as to avoid the object or situation that makes them anxious or fearful. Four types of anxiety disorders are **phobias**, obsessive-compulsive disorders, panic disorders, and post-traumatic stress disorders.

PHOBIA

This is a specific fear that is so strong, a person goes to extreme measures to avoid the fear-producing object or activity. Examples of phobias include acrophobia, a fear of heights, and claustrophobia, a fear of enclosed spaces. A person with a phobia may be unable to carry out daily activities. Some mental health professionals believe that a phobia is related to some past experience that was upsetting to the individual. Although there is no longer a threat or real danger, the fear remains real.

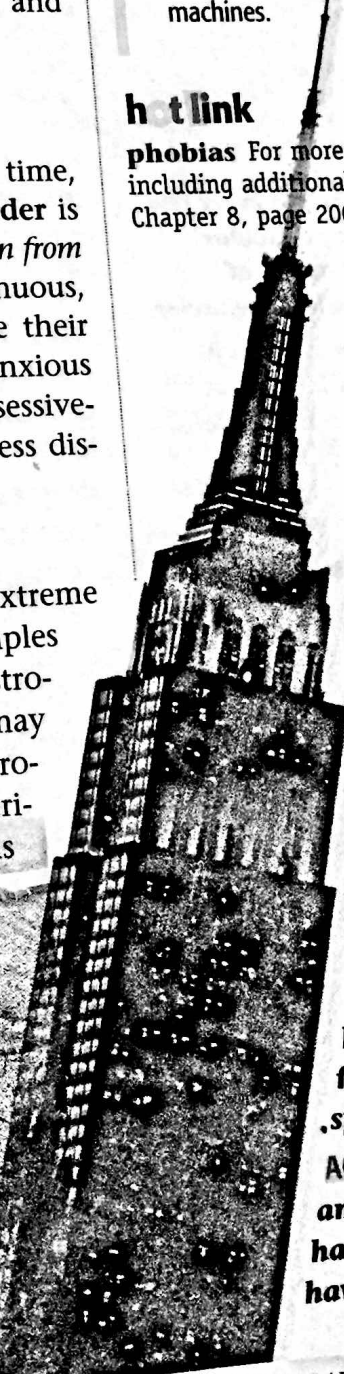
Did You Know?

There are many phobias, including:

- **Astraphobia**, a fear of lightning.
- **Bathophobia**, a fear of depth.
- **Dromophobia**, a fear of crossing streets.
- **Ophidiophobia**, a fear of snakes.
- **Tapephobia**, a fear of being buried alive.
- **Ailurophobia**, a fear of cats.
- **Pyrophobia**, a fear of fire.
- **Logizomechanophobia**, a fear of computers and other machines.

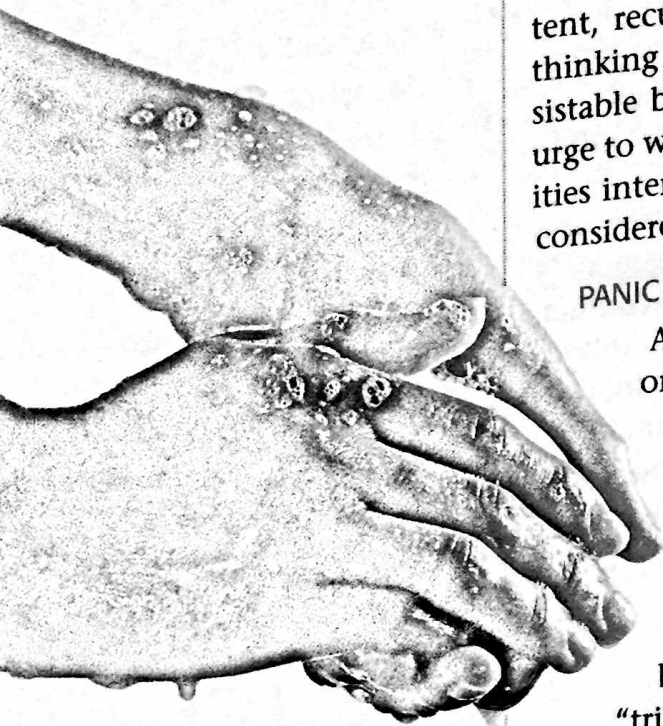
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phobias For more on phobias, including additional examples, see Chapter 8, page 200



◀ People have phobias about all kinds of things, from snakes to speaking in public.

ACTIVITY Think about any phobias you may have. What do they have in common?



OBSESSIVE-COMPULSIVE DISORDER

A person with obsessive-compulsive disorder, or OCD, is trapped in a pattern of repeated behaviors or thoughts. *Obsessions* are persistent, recurrent, unwanted thoughts or ideas that keep people from thinking about other things. *Compulsions* are urgent, repeated, irresistible behaviors. A person with OCD might, for example, feel the urge to wash his or her hands 20 or 30 times a day. When these activities interfere with other daily functions and commitments, they are considered a problem.

PANIC DISORDER

A person with a panic disorder has a condition in which fear or anxiety prevails and gets in the way of functioning and enjoying life. The individual may feel anxious, fearful, and upset most of the time, or the feelings may arise for no apparent reason. These "panic attacks" are accompanied by severe symptoms such as trembling, a racing heartbeat, shortness of breath, dizziness, or a fear of losing control or even dying. A person can be anywhere when the attack begins, although it can usually be connected with certain "triggers"—an object, condition, or situation.

POST-TRAUMATIC STRESS DISORDER

This is a condition in which a person who has experienced or witnessed a traumatic event feels severe and long-lasting aftereffects. This disorder is common among veterans of military combat, rape survivors, and survivors of natural disasters such as floods or unnatural disasters such as plane crashes. Typical symptoms include flashbacks, nightmares, emotional numbness, dreams about the event, sleeplessness, feelings of guilt, or an extreme reaction to an image or sound that reminds the person of the event. Symptoms may appear six months or even years after the initial event.

Somatoform Disorders

A somatoform disorder describes *an illness in which a person complains of disease symptoms, but no physical cause can be found*. An example of this type of disorder is *hypochondria—a preoccupation with the body and fear of presumed diseases that are not present*. A hypochondriac constantly feels aches and pains and worries about developing cancer, heart disease, or some other serious problem. Because hypochondriacs are convinced they are suffering from some disease, they refuse to believe doctors who tell them that they are healthy.

Affective Disorders

Everyone has different moods, and these moods are always subject to change. However, some mood swings are severe, can last for long periods of time, or lead to extreme behaviors. *Affective disorder, a mood disorder, is an illness often with an organic cause that relates to*

▲ **Washing hands every few minutes for no particular reason may be a sign of obsessive-compulsive behavior.**

ACTIVITY In a small group, discuss how you feel about people who exhibit some form of obsessive-compulsive disorder.

emotions and may involve mood swings or mood extremes that interfere with everyday living.

CLINICAL DEPRESSION

This is an affective disorder in which feelings of sadness, hopelessness, or despair last for more than a few weeks and interfere with daily activities and interests. It can be a serious health problem that affects one's ability to concentrate, sleep, perform at school or work, or handle everyday decisions and challenges. It can also be the symptom of substance abuse or diseases such as alcoholism or drug addiction. Depression often runs in families and can be biologically based, but it can also be caused by life events and accumulated traumas or stressors.

BIPOLAR DISORDER

Bipolar disorder, often inherited and sometimes called manic depression, is a psychological illness characterized by extreme mood swings between depression and extreme happiness, or mania. During manic periods, those with bipolar disorder may feel extremely happy or energetic. They may be overly talkative, often going rapidly from one topic of conversation to another. They may make lots of plans and take part in all sorts of activities. They may even act impulsively or take unnecessary risks. Often this "high" period ends abruptly, and a period of deep depression sets in. Between episodes of extreme emotions, however, manic depressives may behave normally. Some people only experience the manic phase or the depressive phase.

Personality Disorders

Personality disorders include a variety of psychological conditions that affect a person's ability to get along with others. People with personality disorders may often be at odds with others and not see their part in the problem. Unlike anxiety disorders, personality disorders have no apparent distinct signs or symptoms. The individual continues to function, often effectively, in his or her environment but may respond in ways that offend or interfere with others' interactions. These patterns of behavior may be harmful to the person with the disorder or to those in his or her environment.

ANTISOCIAL PERSONALITY DISORDER

One common personality disorder is termed the *antisocial personality*, characterized by a person's constant conflict with society. The antisocial individual may display behavior that is cruel, uncaring, irresponsible, and impulsive. Although he or she can distinguish right from wrong, the antisocial personality



The Beatable, Treatable Blues

- If you're going through a tough time, remember that using alcohol or illegal drugs will make it worse.
- Surround yourself with supportive and encouraging people.
- Put your feelings in a private journal, or draw, dance, or find some other creative outlet.
- Talk about your feelings with those you love and who love you.
- Eat, sleep, and get enough physical activity.
- Do something for someone else. Doing so takes the focus away from you and your feelings.

▼ **All human beings feel blue sometimes, but if the feelings last too long or are too intense or scary, it's a good idea to seek help.**





Seasonal Sadness

People with SAD, or seasonal affective disorder, feel sad or lethargic during the winter, when the hours of daylight decrease. They may sleep a lot, gain weight, or withdraw socially. People who suffer from the reverse condition—summer seasonal affective disorder, or SSAD—are negatively affected in the summer months when light increases. They may get very agitated, have trouble sleeping, lose weight, and feel worthless and depressed.

The following are tips for people with SAD or SSAD:

- Find out from your doctor about special lights that may help you to feel better.
- If you feel light deprived, spend as much time as you can outdoors.
- If depression or agitation lasts too long, consult your family doctor.

often does not care about others' needs or society's rules and therefore is often in trouble with the law.

PASSIVE-AGGRESSIVE PERSONALITY DISORDER

People with passive-aggressive personality disorder are often uncooperative with others. They resent being told what to do, yet they rely on others' direction. Angry over issues of control, they show their anger, but only indirectly. For example, a passive-aggressive person who does not want to take part in a school activity either may forget to show up or may arrive late and leave early.

SCHIZOPHRENIA

A *serious mental disorder meaning "split mind,"* schizophrenia affects about one to two percent of the population and appears most frequently among people between the ages of 15 and 35. Untreated schizophrenics may behave inappropriately, exhibit abnormal emotional responses or, in some cases, show no emotional responses at all. Some schizophrenics withdraw, often losing all sense of time and space. Others hallucinate, hear voices, talk to themselves, act in an odd manner, or neglect to care for themselves. People with paranoid schizophrenia mistrust and are often suspicious of others. They may believe that they are being followed, listened to, or targeted for harm.

Much research is being carried out to better understand schizophrenia. Causes for this condition may stem from a physical disorder or may be genetic in nature. The disorder may come and go throughout a person's life. Professional help and chemical intervention are always recommended.