Psychological Disorders

A constellation of symptoms that create significant distress or impairment in work, school, family, relationships, and/or daily living

Psychological Disorders: A General Overview

- Defining Normal and Abnormal
- Models of Abnormality
- Diagnosis: A Necessary Step
- Comorbidity of Disorders

Psychological Disorders: A General Overview

Defining Abnormality

- • Statistical Rarity
- • Interference with Normal Functioning
- • Personal Distress
- • Deviance from Social Norms
- • *Problems with these criteria?*

Psychological Disorders: A General Overview

Defining Abnormality cont.

1. The term "abnormal" is highly relative to the culture in which it is being defined.
2. "Abnormal behavior is any behavior that is maladaptive and deviates from what is considered "normal."

Psychological Disorders

Models of Abnormality

- **Medical Model:** The perspective that mental disorders are caused by biological conditions and can be treated through medical intervention.
- **Psychological Models:** The perspective that mental disorders are caused and maintained by one's life experience.

Psychological Disorders

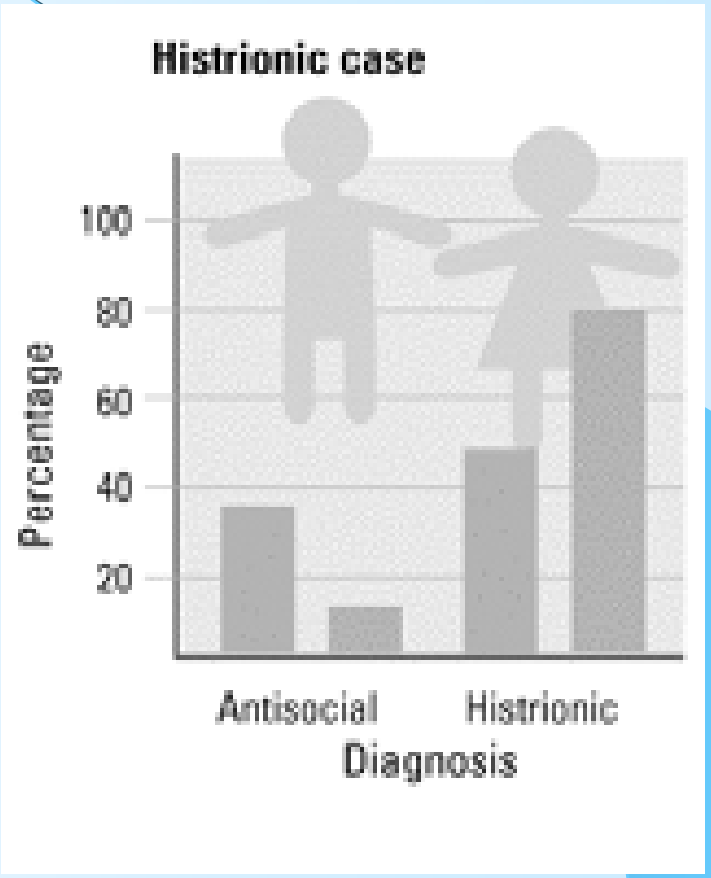
Diagnosis – the DSM-IV-TR

- Lists more than 200 psychological disorders.
- Specifies the number of symptoms, their length, and their severity for EACH disorder, thus standardizing the process of giving a diagnosis.
- Criticisms?

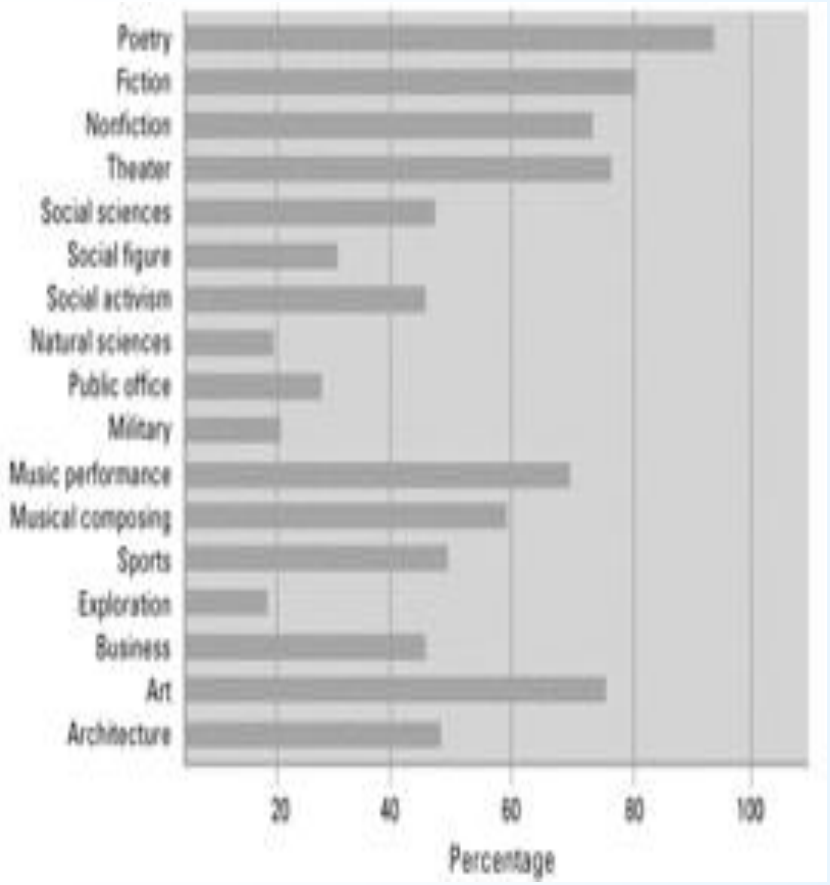
Psychological Disorders

Psychiatric Diagnosis: Gender Bias

- Case histories mailed to 354 clinical psychologists, asking for a diagnosis: i.e., Fictitious clients, Histrionic or Antisocial symptoms.
- Males were more often diagnosed as antisocial.
- Females were more often diagnosed as histrionic.



Psychological Disorders

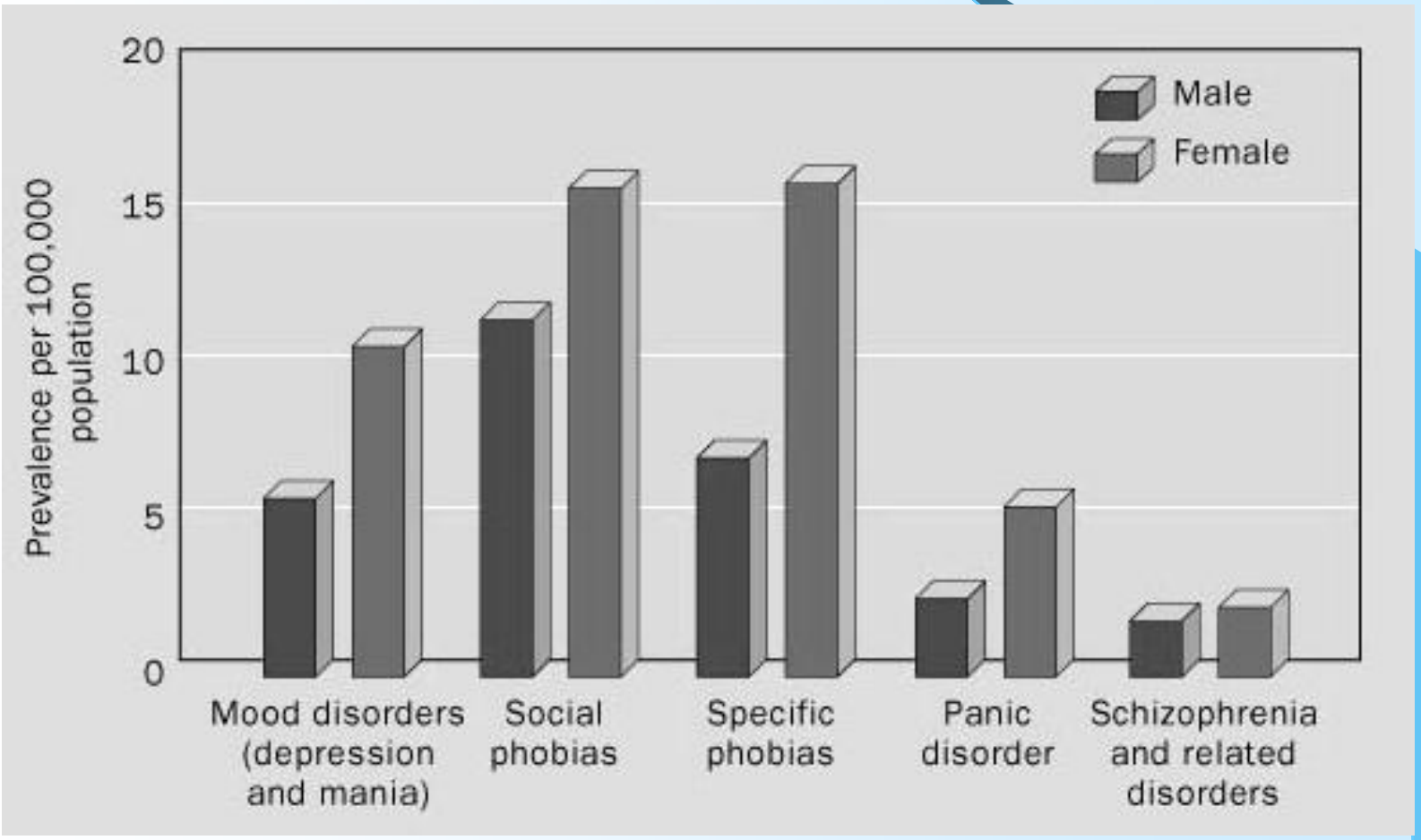


Creativity and Mental Illness

- The rate of mental illness is slightly higher among those successful in the arts than those successful in other professions.

Psychological Disorders

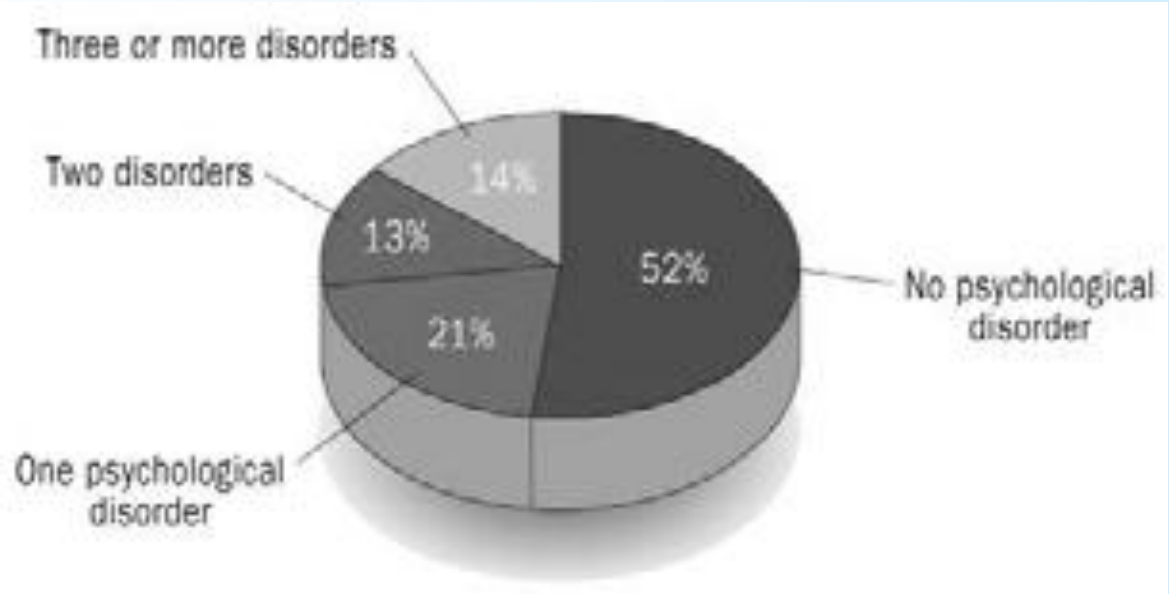
Lifetime Prevalence of Disorders



Psychological Disorders

Comorbidity of Disorders

- Many people who have psychological disorders experience more than one diagnosable disorder at the same time.



DSM – IV – TR

- Official categorization of psychological disorders in U.S.
- 5-Axis model adopted in 1980
  - Axis 1
    - Clinical disorders (e.g., mood , psychotic, and anxiety disorders)
  - Axis 2
    - Personality disorders (e.g., narcissism, antisocial, borderline) & mental retardation
  - Axis 3
    - Medical (physical) conditions influencing Axis 1 & 2 disorders
  - Axis 4
    - Psychosocial & environmental stress influencing Axis 1 & 2 disorders
  - Axis 5
    - Global Assessment of Functioning score: highest level of functioning patient has achieved in work, relationships, and activities

Anxiety Disorders

- Panic Disorder
- Generalized Anxiety Disorder
- Phobic disorder
- PTSD (Post-traumatic Stress Disorder)
- OCD (Obsessive Compulsive Disorder)

What is Anxiety?

- A general feeling of apprehension that interferes with one's ability to function normally.
- Three categories of criteria for the presence of anxiety disorder(s):
  - -- Behavioral
  - -- Physiological
  - -- Cognitive

Anxiety Disorders: Panic Disorder

- **Axis 1**
- **Panic Disorder**
  - Sudden, unexpected attacks – overwhelming anxiety
  - Heart palpitations, difficulty breathing, chest pain, nausea, sweating, dizziness, etc.
  - Fear of dying or losing one's mind
  - Hypothesized causes
    - Hypersensitivity of locus coeruleus (in brainstem; "alarm system" for fight or flight response)
    - Personal belief that physiological arousal is harmful; high number of stressful childhood/adolescent events

Anxiety Disorders: Panic Attack

- **Panic:**
  - Intense physiological reaction(s) that occur in the absence of an emergency
    - Onset is usually sudden
  - Frequent attacks are diagnosed as “panic disorder.”
    - The rates among women are twice that of men.

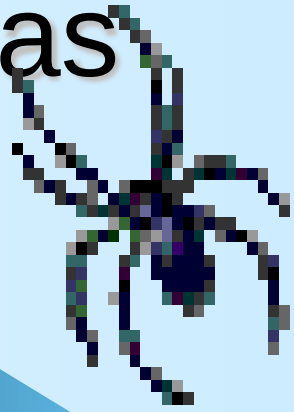
Anxiety Disorders: Generalized Anxiety Disorder

- **Axis 1**
- **Generalized Anxiety Disorder**
  - Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months about multiple events &/or activities (i.e., work, school performance)
  - Difficulty to control the worry
  - Anxiety is usually associate with feelings of restlessness, easily fatigued, difficulty concentrating, mind going blank, irritability, muscle tension, sleep disturbance

Anxiety Disorders: Generalized Anxiety Disorder

- **Axis 1**
- **Generalized Anxiety Disorder con't.**
  - The anxiety & worry is not about have a panic attack
  - The anxiety, worry, or physical symptoms cause significant distress or impairment in social, work, or other important areas of functioning
  - The disturbance is not due to the direct physiological effects of a substance (e.g., drugs of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a Mood Disorder, Psychotic Disorder, or a Pervasive Developmental Disorder.

Anxiety Disorders: Phobias



- Axis 1
- **Criteria for a specific phobia**
  - Significant persistent fear that is excessive &/or unreasonable cued by the presence or anticipation of a specific object or situation.
  - Exposure to the phobic stimulus provokes an immediate anxiety response.
  - The person recognizes that the fear is excessive or unreasonable
  - The phobic situation(s) is avoided or else is endured with intense anxiety or distress.

Anxiety Disorders: Types of Phobias

Agoraphobia

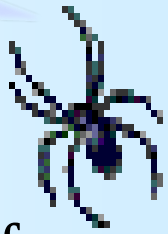
- "fear of the marketplace"
- Onset – early 20's
- Mostly women
- Accounts for 50-80% of the psychiatric population with phobia

Social Phobia

- Fear of social situations
- Onset – approx. 15-25 yrs of age

Specific Phobia

- Fears of specific objects or situations
- Onset – approx. 5-9 yrs of age
- E.g.: fear of spiders; fear of blood; fear of women



Anxiety Disorders: Acquisition of Phobias

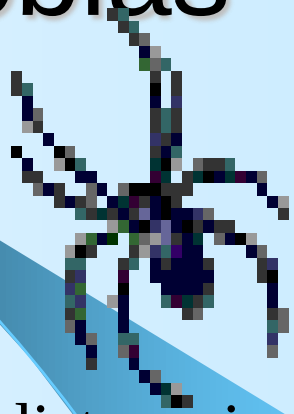
Classical Conditioning

- A previously NS becomes associated with a fear-producing stimulus.

Modeling

- Vicarious Conditioning

Anxiety Disorders: Phobias



- Axis 1
- **Criteria for a specific phobia con't**
  - The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person's normal routine, occupation (or academic) functioning, or social activities or relationships, or there is a marked distress about having the phobia.

Anxiety Disorders: Phobias

- **Social Phobia**
  - Fear public scrutiny and embarrassment
  - Most common phobia
- Hypothesized causes
  - Hyperactivity of amygdala in certain situations involving the feared entity
  - Extreme shyness in childhood perpetuates social phobia into adulthood
  - Classical and operant conditioning (exp w/ Little Albert)
  - Social modeling of others who have phobias

Anxiety Disorders: Posttraumatic Stress Disorder (PTSD) 309.81

- Axis 1
- Typically occur after a traumatic event (especially crimes, war)
  - Symptoms include re-experiencing the trauma (dreams, flashbacks), avoidance of anything associated with the trauma, and constant state of hypervigilance, exaggerated startle response, psychomotor agitation, poor concentration
- Sense of having no control over the traumatic event
  - "the world is a dangerous place"
- Drug abuse is high w/ PTSD
  - Negative reinforcement (avoidance of symptoms with use)

Anxiety Disorders: Posttraumatic Stress Disorder (PTSD)

- Axis 1
- PTSD con't.
  - Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions
  - Recurring dreams of the event
  - Acting or feeling as though the event were recurring (i.e., includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes
  - Persistent avoidance of stimuli associated with the trauma

Anxiety Disorders: Posttraumatic Stress Disorder (PTSD)

- Axis 1
- PTSD con't.
  - Persistent symptoms of decreased arousal that was not present before the trauma
  - For example: difficulty falling asleep or staying asleep; irritability or outbursts of anger; difficulty concentrating; hypervigilance; exaggerated startle response
  - Duration of disturbance is more than 1 month
  - Disturbance causes significant clinical distress or impairment in social, occupational, or other import. areas

Anxiety Disorders: Posttraumatic Stress Disorder (PTSD)

- Hypothesized causes
  - Hypersensitivity of locus coeruleus ("alarm system") and limbic system
  - Those with lower IQs, fewer cognitive/intellectual resources are more likely to be predisposed
  - Commonly seen in conjunction with childhood sexual or physical abuse and domestic battery
  - Lack of family/friend/social support after trauma

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Anxiety Disorders: Obsessive-Compulsive Disorder (OCD)

Anxiety Disorders: Obsessive-Compulsive Disorder (OCD)

- Axis 1
- Essential features of OCD are recurrent obsessions or compulsions that are severe enough to be time consuming (i.e., take up more than 1 hr/day) or cause significant distress or impairment.
- Obsessions are defined as:
  - Recurrent, persistent, intrusive thoughts, impulses, or images

Anxiety Disorders: Obsessive-Compulsive Disorder (OCD)

- Compulsions are defined as:
  - Recurrent urges to perform ritualistic / repetitive actions or mental acts
  - Washing: thoughts of contamination
  - Checking: Did I lock the car?
  - Counting: Count to 100 so that the obsessive thought of disaster will not happen
  - Repeating words silently over & over
  - Praying

Anxiety Disorders: Obsessive-Compulsive Disorder (OCD)

- Compulsions con't
  - These behaviors or mental acts are aimed at decreasing distress or preventing some dreaded event or situation.
  - The behaviors or mental acts are either not connected in realistic way with what the individual is trying to neutralize, prevent, or are clearly excessive and unreasonable.

Anxiety Disorders: Obsessive-Compulsive Disorder (OCD)

- **Obsessions usually have a theme. For example:**
  - Fear of germs/dirt
  - Having things orderly
  - Aggressive impulses
  - Sexual thoughts that cannot be controlled
- **Some obsessions include:**
  - Washing hands constantly
  - Hair pulling
  - Disturbing images of hurting a loved one
  - Distress when things are disorderly

Anxiety Disorders: Obsessive-Compulsive Disorder (OCD)

- **Compulsions also have a theme. For example:**
  - Cleaning/washing
  - Counting
  - Checking
  - Doing the same thing repeatedly
- **Some Compulsions include:**
  - Constantly checking to make sure the door is locked/things are shut off
  - Hands becoming raw from washing
  - Counting your steps
  - Hoarding items of little or no value
  - Eating food in a specific order

Anxiety Disorders: Obsessive-Compulsive Disorder (OCD)

- Hypothesized causes
  - Malfunction of caudate nucleus of the basal ganglia
  - Inability to turning off recurrent thoughts
  - Serotonin-based medications reduce symptoms (although “why” is not known)
  - Operant conditioning: compulsions relieve anxiety created by obsessions
  - Rejecting families lead to higher stress, which can manifests into OCD for rejected person

Class Activity

- For each of the following words, write a sentence that describes an experience you had that is associated with that respective word…
- Train
- Ice
- House
- Meeting
- Machine
- Road
- Rain
- Tunnel

Class Activity

- For each experience you wrote down, rate whether the experience was pleasant or unpleasant
- After you have rated all experiences, tally the total number of pleasant and unpleasant experiences

Class Activity

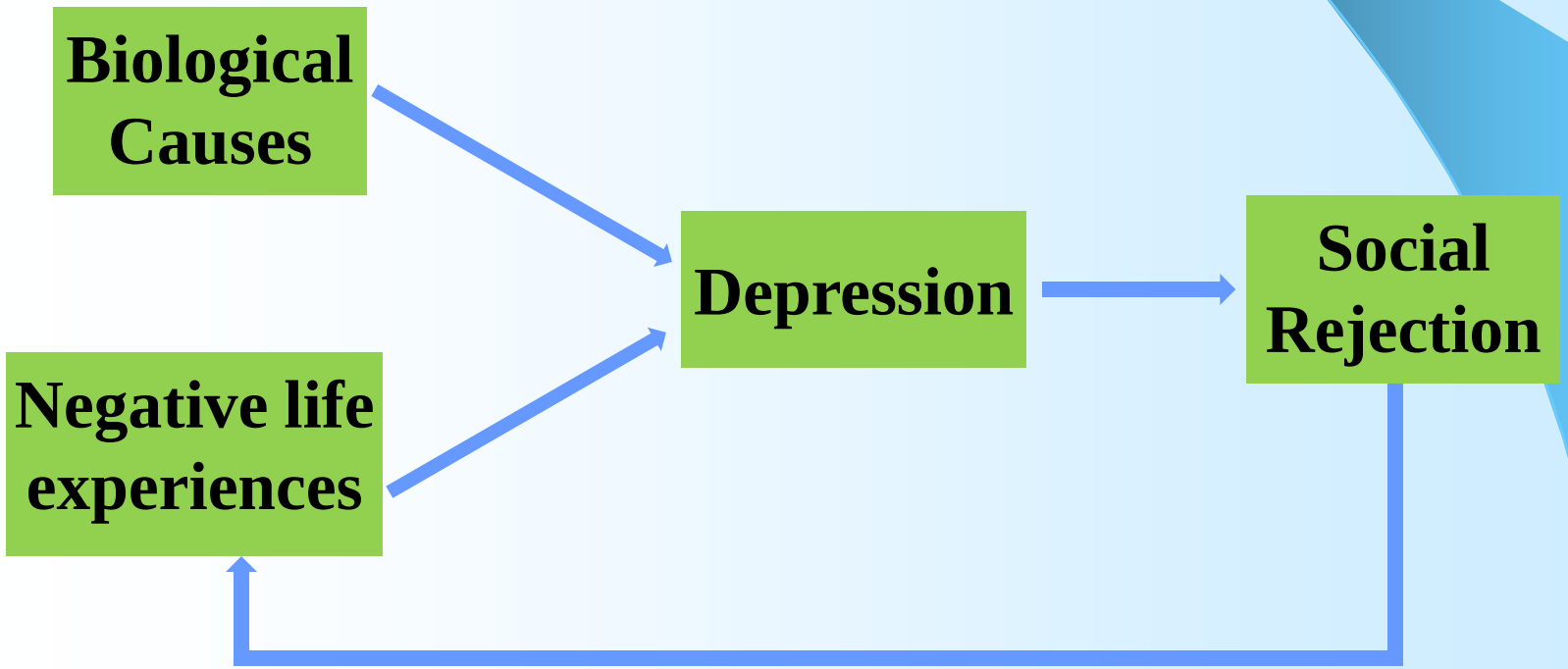
- How have you felt today?
  - Happy? Sad? Somewhat depressed?
  - The number of pleasant vs. unpleasant experiences you recalled should be related to your mood today.
  - When we are depressed, we remember more unpleasant than pleasant events.

Mood Disorders: Types of Depression

- Dysthymia
  - Mild, yet chronic form of depression.
- Major Depression
  - Can be accompanied by psychosis
  - Single episode or Recurrent episodes
- Bipolar I & Bipolar II Disorder
- Cyclothimia
  - Chronic, fluctuating mood disturbance involving numerous periods of hypomanic symptoms and numerous periods of depressive symptoms.
- Seasonal Affective Disorder
  - Usually occurs during the Fall /Winter.

Mood Disorders: Vicious Cycle of Depression

Depression can lead to behaviors that cause social rejection, which worsens the depression.



Mood Disorders: Suicide

- Approximately 30% of clinically depressed people attempt suicide
  - Suicide rates vary depending on age, sex, & race.
  - Remember
    - If someone talks about it, they're really thinking about it
    - Attempters often don't really want to die
    - Someone who's been depressed & is suddenly better may have made the decision
    - If you have any reason to wonder – GET HELP!

Mood Disorders

- Emotional disturbances that interfere with normal life functioning
  - Axis 1
- Major Depressive Disorder
  - At least 2 weeks of depressed mood/loss of interest along with several other symptoms, including…
  - Significant weight change (but not through a diet)
  - Insomnia or hypersomnia
  - Restlessness or sluggishness
  - Indecisiveness, lack of concentration
  - Thoughts of death or suicide

Mood Disorders: Major Depressive Disorder

- Hypothesized causes
  - Low activity in frontal lobe area that controls emotional centers of brain
  - Markedly different levels of serotonin & norepinephrine than normal
  - Negative view of world, self, & future (internal & stable attributions of self-blame)
  - Critical & unsupportive families

Mood Disorders: Bipolar Disorder

- **Bipolar I Disorder**
  - ➢ Manic phases & depressive episodes
  - – Manic phases last at least a week and are characterized by intense agitation and/or elation
  - – Followed by Major Depressive episodes
  - – The two types of episodes alternate with breaks or "normality" in-between… but not in all cases, i.e., rapid cycling.
  - – Left untreated, these extreme shifts in mood can progress to a constant state

Mood Disorders: Bipolar Disorder

- **Bipolar II Disorder**
  - ➢ Hypomanic phases & Major Depressive episodes
  - – The presence or history of at least one or more Hypomanic phases
  - – The presence or history of al least one or more Major Depressive episodes
  - – Has never experienced a Manic Episode or a Mixed Episode
  - – The two types of episodes alternate with breaks or “normality” in-between… but not in all cases, i.e., rapid cycling.

Eating Disorders

- Axis 1
  - 90% of diagnoses are women
- Anorexia nervosa
  - Intense fear of gaining weight – constant desire to keep losing weight
    - They usually weigh less than 85% of avg weight for height
  - Distorted body image
  - Loss of menstrual periods (amenorrhea)
  - ~ 10% die from this disorder

Eating Disorders: Anorexia Nervosa

- ****Hypothesized causes**
  - Family history of OCD
  - Being “perfectionistic”, irrational about expectations for body
  - Feelings of mastery over body
  - Cultural emphasis on being thin

Eating Disorders: Bulimia Nervosa

- Recurrent binge eating followed by purging, fasting, and/or intense exercising
- Hypothesized causes
  - Lower levels of serotonin (creates feeling of satiety)
  - Dieting in some extreme cases can lead to onset
  - Normative influence: approval by peers

Schizophrenic Disorders

- Axis 1
- Grossly impaired/altered functioning
  - Social
    - Withdrawn, few friends, usually since childhood
  - Affect (emotional)
    - Flat affect &/or, inappropriate emotional responses
  - Cognitive
    - Delusions; hallucinations; loose associations; neologisms; clanging
  - Motor
    - Tracing patterns in the air or holding one pose for hours (catatonia); overexcited activity
  - Alogia or poverty of speech, is the lessening of speech fluency and productivity, thought to reflect slowing or blocked thoughts, and often manifested as short, empty replies to questions.

Schizophrenic Disorders

- Axis 1
- Grossly impaired/altered functioning – con't.
  - Sense of self
    - Frequently lack a sense of meaning; can lack a sense of individualism
  - Volition
    - Generally an inability to meet goals &/or complete tasks
- Gender ratio
  - Equally common in both sexes (APA, 1987)
- Prevalence
  - Life time prevalence rates are reported at approx. 0.2% to 1% in Europe and Asia. U.S. rates are generally higher.
  - About 1 in 100 develop schizophrenia worldwide

Schizophrenic Disorders: Positive Symptoms

- **Positive Symptoms:** Cognitive, emotional, and behavioral excesses
- Examples :
  - Hallucinations: Auditory; Visual; Tactile; Gustatory; Olfactory
  - Delusions
  - Thought disorders, e.g., neologisms, loose associations
  - Bizarre behaviors

Schizophrenic Disorders: Negative Symptoms

- **Negative Symptoms:** Cognitive, emotional, and behavioral deficits
- Examples :
  - Apathy
  - Flattened affect
  - Social withdrawal\
  - Inattention
  - Slowed speech or lack of speech

Schizophrenic Disorders: Subtypes

- Catatonic
  - Bizarre, immobile, or relentless motor behaviors
- Paranoid
  - Hallucinations (voices), delusions of persecution and/or grandeur (Jesus), suspicion
  - Intellect and affect are usually normal
- Disorganized
  - Personality deterioration, bizarre behavior (public urination), disorganized speech
  - Or flat, inappropriate affect (laughter)

Schizophrenic Disorders: Subtypes con't.

- Residual
  - At least one episode of schizophrenia, but without any prominent psychotic symptoms.
  - Symptoms must still include marked social isolation/withdrawal; odd/inappropriate behavior; inappropriate affect; illogical thinking; mild loose associations, etc.
- Undifferentiated
  - No specific category is appropriate
  - Continue to show prominent psychotic symptoms, e.g., delusions; hallucinations; incoherence; grossly disorganized behavior

Schizophrenic Disorders

- Hypothesized causes
  - Having relatives with schizophrenia increases risk
    - But, over 80% w/ a schizophrenic relative do not develop it
  - Impaired frontal lobe functioning
    - Abstract thinking & planning
  - Abnormally high levels of dopamine
  - Complications at birth which lead to oxygen deprivation

Personality Disorders

- Axis 2
- **Defined:** Stable, inflexible, and maladaptive personality traits, causing distress in normal functioning, especially noticeable over repeated interactions

Personality Disorders: 11 Types

- 301.7 Antisocial Personality Disorder
- 301.0 Paranoid Personality Disorder
- 301.83 Borderline Personality Disorder
- 301.81 Narcissistic Personality Disorder
- 301.6 Dependent Personality Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder
- Historionic Personality Disorder
- Avoidant Personality Disorder
- Personality Disorder Not Otherwise Specified
- Obsessive-Compulsive Personality Disorder

Personality Disorders: Antisocial Personality Disorder

- A.k.a. psychopaths, sociopaths, social deviants
- Pattern of disregard for others, violation of the rights of others
  - Lack of conscience, empathy, remorse
- While only 1-2% of U.S. population, ~ 60% of male prisoners are estimated to have this personality disorder
  - Serial killers are good example

-- Approximately 3% males and 1% females in the general population.

Personality Disorders: Anti-social Personality Disorder

Diagnostic Criteria:

A. A pervasive pattern of disregard for and the violation of the rights of others since at least age 15 (and at least 3 of the following).

1. Failure to conform to social norms as they relate to lawful behavior… i.e., repeated acts that constitute grounds for arrest.
2. Deceitfulness and manipulation as evidenced by repeated lying, use of aliases, conning others for profit or pleasure

Personality Disorders: Anti-social Personality Disorder

Diagnostic Criteria con't.:

3. Impulsivity &/or failure to plan ahead.
4. Significant irritability and aggressiveness as evidenced by repeated physical altercations/assaults.
5. Reckless disregard for the safety of others.
6. Consistently irresponsible as evidenced by repeated failure to maintain consistent appropriate work behavior &/or honor financial obligations.
7. A lack of remorse… indifference; rationalization for hurting, mistreatment, &/or stealing from others.

Personality Disorders: Anti-social Personality Disorder

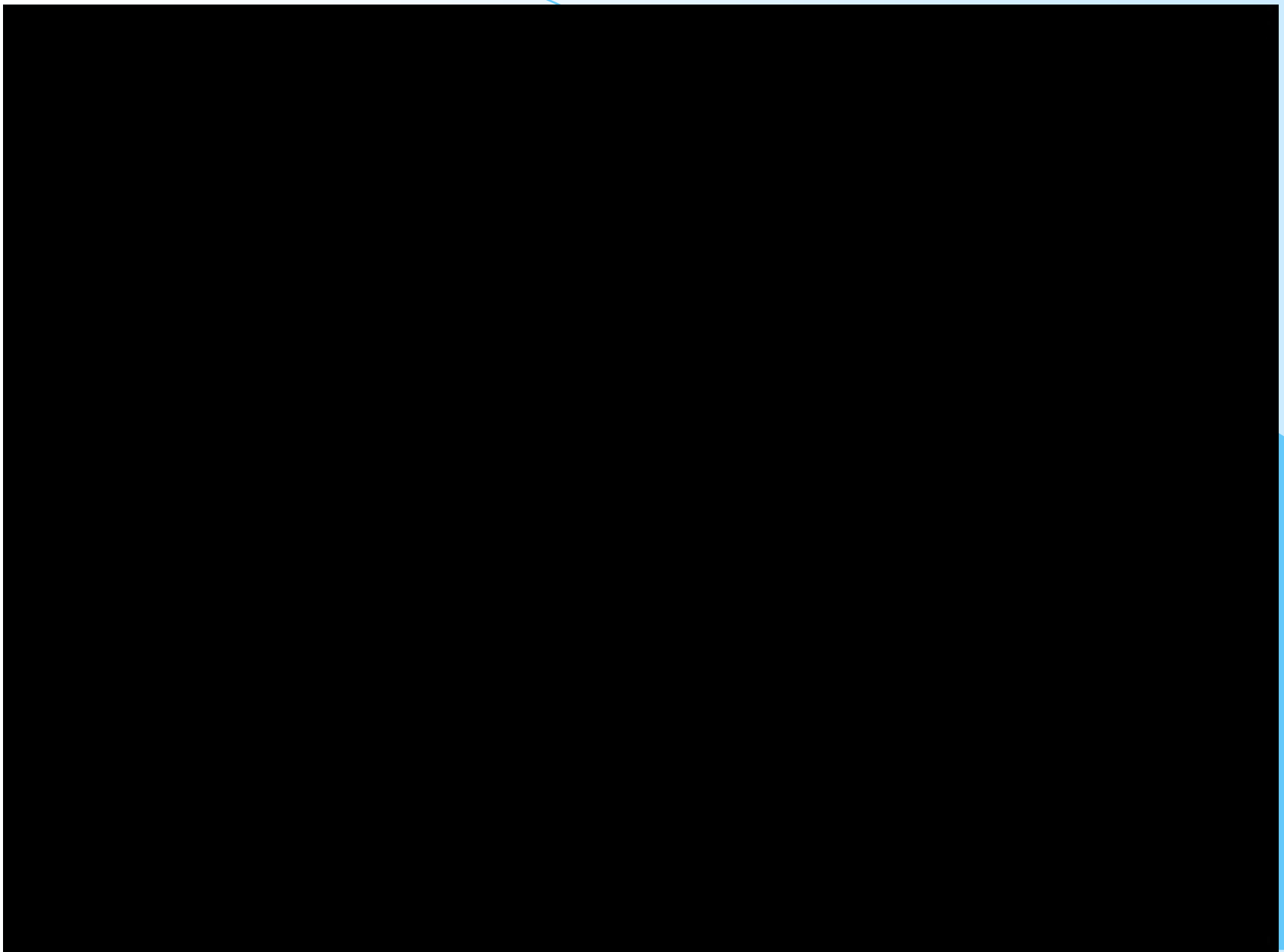
Diagnostic Criteria con't.:

B. Must be at least 18 y/o.

C. Must be evidence of Conduct disorder with onset BEFORE age 15.

D. Antisocial behavior is NOT exclusively during the course of a Schizophrenic or Manic episode.

Anti-social Personality Disorder



Personality Disorders: Anti-social Personality Disorder

- Hypothesized causes
  - Emotional deprivation, abuse, and inconsistent/poor parenting
  - Underresponsive nervous system
  - Sensation-seeking & unaffected by social rejection, mild punishment, and/or legal consequences

Personality Disorders: Paranoid Personality Disorder

- **Diagnostic Criteria:**

A. Pervasive distrust and suspiciousness of others; believe that the motives of others are generally malicious; onset in early adulthood and must be present in multiple contexts as indicated by 4 or more of the following:

1. Suspects without sufficient basis that others are exploiting, harming, or deceiving them
2. Preoccupation with unjustified doubts as to the loyalty/trustworthiness of others

Personality Disorders: Paranoid Personality Disorder

- **Diagnostic Criteria con't.:**
  3. Significant reluctance to confide in others due to the belief that the information disclosed will be used maliciously against them
  4. Reads hidden demeaning &/or threatening meanings into benign remarks &/or events
  5. Persistently bears grudges

Personality Disorders: Paranoid Personality Disorder

- **Diagnostic Criteria con't.:**
  6. Perceives attacks on their character/reputation that are not apparent to others… quick to react angrily and counterattack
  7. Recurrent suspicions, without justification, with regard to the fidelity of spouse or significant other

B. Does NOT occur exclusively during the course of Schizophrenia, a mood disorder with psychotic features, or another psychotic disorder and is NOT due to the direct psychological effects of a general medical condition.

Personality Disorders: Borderline Personality Disorder

- **Diagnostic Criteria:**

  A pervasive pattern of instability in interpersonal relationships, self-image, & emotions. Marked by significant impulsivity beginning in early adulthood and is present in a variety of contexts as indicated by the following:

  1. Frantic efforts to avoid real or imagined abandonment.
  2. Pervasive pattern of unstable & intense interpersonal relationships usually characterized by alternating between extremes of idealization and devaluation.

Personality Disorders: Borderline Personality Disorder

- **Diagnostic Criteria con't.:**
  3. Identity disturbance: pervasive and persistently unstable self-image or sense of self
  4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, recklessness, binge eating).
  5. Recurrent suicidal behavior, gestures, threats, or self-mutilating behavior
  6. Emotional instability due to a significant reactivity of mood (e.g., intense eposidic dysphoria, irritability, or anxiety lasing a few hours to a few days).

Personality Disorders: Borderline Personality Disorder

- **Diagnostic Criteria con't.:**
  7. Chronic feelings of emptiness.
  8. Inappropriate, intense anger &/or difficulty controlling anger (e.g., frequent displays of temper; frequent physical altercations)
  9. Transient, stress-related paranoid ideation &/or severe dissociative symptoms (e.g., depersonalization) – is usually in response to some perceived abandonment.

Personality Disorders: Narcissistic Personality Disorder

- **Diagnostic Criteria:**

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and marked lack of empathy; beginning in early adulthood and is present in a variety of contexts as indicated by the following:

1. Grandiose sense of self-importance (e.g., exaggerates achievements and talents; expects to be recognized as superior without commensurate achievements)
2. Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love

Personality Disorders: Narcissistic Personality Disorder

SAY NO TO NARCISSISM

"PATHOLOGICAL NARCISSISM PERVADES EVERY FACET OF THE PERSONALITY, EVERY BEHAVIOR, EVERY COGNITION, AND EVERY EMOTION. THIS MAKES IT DIFFICULT TO TREAT. ADD TO THIS THE NARCISSIST'S UNTHINKING AND DEEPLY INGRAINED RESISTANCE TO AUTHORITY FIGURES, SUCH AS THERAPISTS AND HEALING, OR EVEN MERE BEHAVIOR MODIFICATION, ARE RENDERED UNATTAINABLE." - SAM VAKNIN --

MAILTO: MISTER.SKALLYWAG@GMAIL.COM
HTTP://SACKWINKIE.BLOGSPOT.COM/

Personality Disorders: Narcissistic Personality Disorder

http://thanasis.com/echo.htm

Personality Disorders: Narcissistic Personality Disorder

- **Diagnostic Criteria con't.:**
  3. Believes that he/she is "special" and unique and can only be understood by or associate with other special or high-status people (or institutions).
  4. Require/Demands excessive admiration
  5. Profound sense of entitlement, i.e., unreasonable expectations of especially favorable treatment; automatic compliance with his/her demands and expectations
  6. Interpersonally exploitive, i.e., willfully uses others to achieve their own ends

Personality Disorders: Narcissistic Personality Disorder

- **Diagnostic Criteria con't.:**
  7. Profound lack of empathy, i.e., does not recognize/identify with the needs &/or feelings of others.
  8. Envious of others and believes others are envious of them.
  9. Profound arrogance; pompous attitudes

Personality Disorders

- Criticism #1
  - Too much overlap with Axis I disorders
  - E.g., avoidant personality disorder sounds a lot like a social phobia
- Criticism #2
  - Only difference with a lot of personality disorders from normal behavior is the quantity of symptoms (i.e., symptoms in moderation are regarded as ‘normal’ or one has “tendencies.”)

A note regarding the hypothesized causes…

- Scientific ‘guesses’
  - It is very, very important to know that the causes listed here are merely scientific ‘guesses’
  - The causes often seem to work in tandem with each other to increase likelihood of particular disorder
  - ** No one ‘guess’ is likely to cause the disorder in isolation
  - Diathesis-Stress Model
    - If it’s in your genes (genetic predisposition), a disorder may not evolve unless environmental stressors occur to trigger the disorder
  - Lastly, many of these ‘guesses’ may, in some cases, actually turn out to be consequences rather than causes…
    - The chicken-or-the-egg question – which comes first?