**ABNORMAL Disorder**

Defining abnormal behavior is difficult. It generally has the following characteristics.

-it is maladaptive and/or disturbing to the individual  
-it is disturbing to others  
-it is atypical, not shared by many members of the population  
-it is irrational

Different schools of thought have different perspectives on the causes of disorders:

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| **Perspective**  Psychoanalytic/psychodynamic  Humanistic  Behavioral  Cognitive  Sociocultural  Biomedical | **Cause of disorder**  Internal, unconscious conflicts  Failure to strive toward one’s potential or being out of touch with one’s feelings  Reinforcement history, the environment  Irrational, dysfunctional thoughts or ways of thinking  Dysfunctional society  Organic problems, biochemical imbalances genetic predispositions |

CATEGORIES OF DISORDERS

**Anxiety Disorders** – share the common symptom of anxiety

- phobia

- generalized anxiety disorder, often referred to as GAD (previously called anxiety state)

- obsessive-compulsive disorder

- posttraumatic stress disorder- involves flashbacks or nightmares following a person’s involvement in or observation of an extremely troubling even

**Somatoform Disorders** - when a person manifests a psychological problem through a physiological symptom

- hypochondriasis

- conversion disorder

#### Dissociative Disorders

- psychogenic amnesia

- fugue

- multiple personality disorder

**Mood or Affective Disorders** - involves extreme or inappropriate emotions

- Major depression also known as unipolar depression- the most common mood disorder. Key factor is the length of the depressive episode. Other symptoms- loss of appetite, fatigue, change in sleeping patterns, lack of interest in normally enjoyable activities, feelings of worthlessness

- Seasonal Affective Disorder (SAD) – experience depression only in certain parts of the year, winter, treated with light therapy

- Bipolar disorder, also know as manic depression- involves both depressed and manic episodes

##### Theories on causes

- Aaron Beck, cognitive theorist says comes from unreasonably negative ideas that people have about themselves, their world, and their futures- cognitive triad. Also attributional theory applies

- Has been found to correlate with feelings of learned helplessness

- Evidence suggests a biological component- low levels of serotonin

**Schizophrenic Disorders** – fundamental symptom is disordered, distorted thinking often demonstrated through delusions and/or hallucinations. There are four kinds

- Disorganized schizophrenia- evidence odd uses of language, make up their own words (neologisms), make clang associations, inappropriate affect or flat affect

- Paranoid schizophrenia- delusions of persecution

- Catatonic schizophrenia- engage in odd movements, stupor, move jerkily and quickly for no apparent reason, waxy flexibility. Increasingly rare

- Undifferentiated schizophrenia- exhibit disordered thinking but no symptoms of one of the other types of schizophrenia

Causes- most popular ideas is biological, dopamine hypothesis, people with schizophrenia have high dopamine levels. Also, enlarged ventricles and brain asymmetries, also seems to be genetic predisposition

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| --- | --- | --- | --- | --- | --- |
| Who has schizophrenia? Schizophrenia is one of the most common mental illnesses. About 1 of every 100 people (1% of the population) is affected by schizophrenia. This disorder is found throughout the world and in all races and cultures. Schizophrenia affects men and women in equal numbers, although on average, men appear to develop schizophrenia earlier than women. Generally, men show the first signs of schizophrenia in their mid 20s and women show the first signs in their late 20s. Schizophrenia has a tremendous cost to society, estimated at $32.5 billion per year in the US (statistic from *Brain Facts*, Society for Neuroscience, 1997). For more information on schizophrenia go to <http://faculty.washington.edu/chudler/schis.html> | |  |  | | --- | --- | | http://www.woodford.k12.ky.us/wchs/apreview/cfacea.gif | http://www.woodford.k12.ky.us/wchs/apreview/cfaceb.gif | | http://www.woodford.k12.ky.us/wchs/apreview/cfaced.gif | http://www.woodford.k12.ky.us/wchs/apreview/cfacec.gif | |

**Personality Disorders** (check out [www.rider.edu/users/suler/perdis.html](http://www.rider.edu/users/suler/perdis.html))

Antisocial personality disorder

Dependent personality disorder

Narcissistic

Histrionic

Obsessive-compulsive personality disorder

**How is normality defined, and what are the major psychological disorders?**

* Psychopathology refers to maladaptive behavior and to the scientific study of mental, emotional, and behavioral disorders.
* Definitions of normality usually take into account the following; *subjective discomfort*, *statistical abnormality*, *social nonconformity*, and the *cultural or situational context of behavior*.
* Two key elements in judgments of disorder are that a person’s behavior must be *maladaptive* and it must involve a *loss of control*.
* Major mental disorders include psychotic disorders, dementia, substance related disorders, mood disorders, anxiety disorders, somatoform disorders, dissociative disorders, personality disorders, and sexual or gender identity disorders.
* Traditionally, the term *neurosis* has been used to describe milder, anxiety-related disorders. However, the term is fading from use.
* *Insanity* is a legal term defining whether a person may be held responsible for his or her actions. *Sanity* is determined in court on the basis of testimony by expert witnesses.

#### What is a personality disorder?

* Personality disorders are deeply ingrained maladaptive personality patterns.
* Sociopathy is a common personality disorder. Antisocial people seem to lack a conscience. They are emotionally unresponsive, manipulative, shallow, and dishonest.

**What problems result when a person suffers high levels of anxiety?**

* Anxiety disorders, dissociative disorders, and somatoform disorders are characterized by high levels of anxiety, rigid defense mechanisms, and self-defeating behavior patterns.
* The term nervous breakdown has no formal meaning. However, ‘emotional breakdowns’ do correspond somewhat to adjustment disorders.
* Anxiety disorders include generalized anxiety disorder, panic disorder with or without agoraphobia, agoraphobia (without panic), specific phobias, social phobia, obsessive-compulsive disorders, post-traumatic stress disorder, and acute stress disorder.
* Dissociative disorders may take the form of dissociative amnesia, dissociative fugue, or dissociative identity disorder.
* Somatoform disorders center on physical complaints that mimic disease or disability. Four examples of somatoform disorders are *hypochondriasis*, somatization disorder, somatoform pain disorder, and conversion disorders.

**How do psychologists explain anxiety-based disorders?**

* The psychodynamic approach emphasizes unconscious conflicts as the cause of disabling anxiety.
* The humanistic approach emphasizes the effects of a faulty self-image.
* The behaviorists emphasize the effects of previous learning, particularly avoidance learning.
* Cognitive theories of anxiety focus on distorted thinking, judgment, and attention.

**What are the general characteristics of psychosis?**

* Psychosis is a break in contact with reality that is marked by delusions, hallucinations, sensory changes, disturbed emotions, disturbed communication, and, in some cases, personality disintegration.
* An organic psychosis is based on known injuries or diseases of the brain. Other problems of unknown origin are termed functional psychoses.
* Some common causes of organic psychosis are untreated syphilis, poisoning, drug abuse, and dementia (especially Alzheimer’s disease).

**How do delusional disorders differ from other forms of psychosis?**

* A diagnosis of delusional disorder is almost totally based on the presence of delusions of grandeur, persecution, infidelity, romantic attraction, or physical disease.
* The most common delusional disorder is paranoid psychosis. Paranoids may be violent if they believe they are threatened.

**What forms does schizophrenia take? What causes it?**

* Schizophrenia involves a split between thought and emotion, delusions, hallucinations, and communication difficulties.
* Disorganized schizophrenia is marked by extreme personality disintegration and silly, bizarre, or obscene behavior. Social impairment is usually extreme.
* Catatonic schizophrenia is associated with stupor, mutism and odd postures. Sometimes violent and agitated behavior also occurs.
* In paranoid schizophrenia (the most common type), outlandish delusions of grandeur and persecution are coupled with psychotic symptoms and personality breakdown.
* Undifferentiated schizophrenia is the term used to indicate a lack of clear-cut patterns of disturbance.
* Current explanations of schizophrenia emphasize a combination or early trauma, environmental stress, inherited susceptibility, and abnormalities in the brain.
* Environmental factors that increase the risk of schizophrenia include viral infection or malnutrition during the mother’s pregnancy, birth complications, early psychological trauma and a disturbed family environment.
* Heredity is a major factor in schizophrenia.
* Recent biochemical studies have focused on the brain transmitter dopamine and its receptor sites.
* The dominant explanation of schizophrenia, and other problems as well, is the stress vulnerability model.

**What are mood disorders? What causes depression?**

* Mood disorders primarily involve disturbances of mood or emotion, producing manic or depressive states.
* Long-lasting, though relatively moderate, depression is called a dysthymic disorder. Chronic though moderate swings in mod between depression and elation are called a cyclothymic disorder. Reactive depressions are triggered by external events.
* Bipolar disorders combine mania and depression. In a bipolar I disorder the person alternates between mania and depression. In a bipolar II disorder, the person is mostly depressed, but also has periods of mild mania.
* The problem known as major depressive disorder involves extreme sadness and despondency but no evidence of mania.
* A major mood disorder accompanied by psychotic symptoms is called an affective psychosis.
* Seasonal affective disorder (SAD) which occurs during the winter months, is another common form of depression. SAD is typically treated with phototherapy.
* Biological, psychoanalytic, cognitive, and behavioral theories of depression have been proposed. Heredity is clearly a factor in susceptibility to mood disorders. Research on the causes and treatment of depression continues.

**Why do people commit suicide? Can suicide be prevented?**

* Suicide is statistically related to such factors as age, sex, and marital status.
* In individual cases, the potential for suicide is best identified by a desire to escape, unbearable psychological pain, frustrated psychological needs, and a constriction of options.
* Suicide can often be prevented by the efforts of family, friends, and mental health professionals.

**What does it mean to be ‘crazy’? What should be done about it?**

* In Western law, the insanity defense evolved from the McNaghten rule.
* Insanity is closely related to claims of diminished capacity or claims that a person had an irresistible impulse.
* Inconsistencies in the application of the insanity defense have fueled debate about its validity.
* Thomas Szasz has raised questions about the nature of abnormal behavior and its relationship to personal responsibility and civil rights.
* Public policies concerning treatment of the chronically mentally ill continue to evolve as authorities try to strike a balance between providing help and taking away personal freedoms.

# PSYCHOLOGY ON THE NET

* **Anxiety Disorders**- Information and links to sites about anxiety disorders. <http://www.adaa.org/consumerresources/links/>
* **DSM-IV** Questions and Answers to common questions about the DSM-IV. <http://www.psych.org/clin_res/q_a.html>
* **Personality Disorders** – Multiple links to information on personality disorders and their treatment. <http://www.health-center.com/brain/personality/default.htm>
* Understanding **Schizophrenia** – An extensive look at schizophrenia. <http://www.mhsource.com/schizophrenia/index.html>

For more information on abnormal and other psychology topics check out [www.rider.edu/users/suler/psylinks.html](http://www.rider.edu/users/suler/psylinks.html)

**Psychological Disorders**

* Psychological disorders
* ADHD
* The medical model
* The biopsychosocial approach
* DSM- IV TR
* DSM – V
  + Axis I
  + Axis II
  + Axis III
  + Axis IV
  + Axis V
* Labels

**Anxiety Disorders**Anxiety Disorders

* + Generalizes anxiety disorder
  + Panic disorder
  + Phobias
    - Social phobias
  + Obsessive-compulsive disorders (OCD)
    - Obsessions
    - Compulsions
  + Post-traumatic stress disorder (PTSD)
  + Explaining Anxiety Disorders
    - Learning perspective
      * Conditioning
      * Observational learning
    - Biological perspective
      * Natural selection
      * Genes
      * The brain

**Somatoform disorders**

* Hypochondriasis

**Conversion Disorders**

**Dissociative disorders**

* + Dissociative identity disorder (DID)
  + Dissociative amnesia
  + Dissociative fugue

**Mood Disorders**

* Mood disorders
  + Major depressive disorder
  + Dysthmic disorder
  + Bipolar disorder
    - Mania
  + Seasonal Affective Disorder
  + Postpartum depression
  + Explaining mood disorders
    - Behavioral changes
    - Cognitive changes
    - Biological perspective
      * Genetic influences
      * Brain influences
      * Social-cognitive perspective
      * Cycle of depression

**Schizophrenia**

* Schizophrenia
  + Symptoms of schizophrenia
    - Disorganized thinking
      * Delusions
    - Disturbed perceptions
      * Hallucinations
    - Inappropriate emotions and actions
      * Flat affect
      * Word salad
  + Positive symptoms
  + Negative symptoms
  + Subtypes of schizophrenia
    - Paranoid schizophrenia
    - Disorganized
    - Catatonic
    - Undifferentiated
    - Residual

Understanding schizophrenia

* Brain abnormalities
  + Dopamine over activity
  + Abnormal brain activity
  + Maternal virus during mid pregnancy
* Genetic factors
  + Twin studies
* Psychological factors

**Personality Disorders**

* Personality disorders
  + Antisocial personality disorder
  + Dependent personality disorder
  + Histrionic personality disorder
  + Narcissistic personality disorder
  + Schizoid personality disorder
  + Borderline personality disorder
  + Schizotypal personality disorder

**Other disorders**

* Paraphilias (pedophilia, zoophilia, etc)
* Fetishism
  + Sadist
  + Masochist
* Eating Disorders
* Substance use disorders
* ADD & ADHD