Abnormal Behavior

Psychopathology: mental disorder

Deviant: represents a serious departure from social and cultural norms of behavior, not normal.

Maladaptive: dysfunctional behavior that interferes with a person’s ability to function normally in one or more important areas of life.

Distressful: unpleasant feelings or emotions that impact a person’s level of functioning.

Medical model: a way of helping people with abnormal behavior: diagnose, treat, cure.

DSM-5: The book used for classifying psychological disorders by medical professionals.


Neurodevelopmental Disorders: characterized by developmental deficits that produce impairments of personal, social, academic or occupational functioning.

Types:
- Intellectual developmental disorders
- Communication disorders
- Autism spectrum disorder
- Attention-deficit/hyperactivity disorder
- Specific learning disorder
- Motor disorders

Autism Spectrum Disorder: a group of developmental disabilities that can cause significant social, communication and behavioral challenges.

Attention Deficit Hyperactivity Disorder: characterized by a pattern of behavior, present in multiple settings (e.g., school and home), that can result in performance issues in social, educational, or work settings. As in DSM-IV, symptoms will be divided into two categories of inattention and hyperactivity and impulsivity that include behaviors like failure to pay close attention to details, difficulty organizing tasks and activities, excessive talking, fidgeting, or an inability to remain seated in appropriate situations.

Schizophrenia: characterized by abnormal thinking, perceptions, and losing touch with reality.

Types of schizophrenia:
- Schizotypal (Personality) disorder
- Delusional disorder
- Brief psychotic disorder
- Schizophreniform disorder
- Schizophrenia
- Schizoaffective disorder
**Delusions:** a bizarre or farfetched belief that continues in spite of competing contradictory evidence.
- **Delusions of reference:** believing that hidden messages are being sent to you via newspaper, TV, radio, or magazines.
- **Delusions of grandeur:** believing you are someone very powerful or important, such as Napoleon.
- **Delusions of persecution:** believing that spies, aliens, the government, or even your neighbors are plotting against you.

**Hallucinations:** a false or distorted perception that seems vividly real to the person experiencing it. The hallucinations can include hearing voices, seeing people, or even smelling things that are not really there.

**Positive symptoms:** characteristics of schizophrenia that are added to a person’s personality, such as hallucinations, delusions, inappropriate emotions, and word salad.

**Negative symptoms:** characteristics of schizophrenia that are taken away from a person’s personality, such as flattening of the emotions and speech, apathy, a general disinterest in life and social withdrawal. People with the negative symptoms of schizophrenia will often neglect themselves and their appearance and alcohol and substance abuse is quite common.

**Chronic (process) schizophrenia:** characterized by long periods of symptom development and negative symptoms of schizophrenia, such as flat affect. Does not appear to be related to life stressors.

**Acute (reactive) schizophrenia:** may occur at any time during life, usually surfaces in response to stress or a major emotional event.

**Genetic basis for schizophrenia:** the risk of developing schizophrenia increases if there is schizophrenia in the family.

**Dopamine hypothesis:** over activity of certain dopamine neurons may cause some forms of schizophrenia, especially those that involve hallucinations and delusions. Antipsychotic medications block the excess dopamine activity to reduce the hallucinations and delusions.

**Diathesis-stress model:** people inherit a predisposition or diathesis that increases their risk of schizophrenia; stressful life experiences then trigger schizophrenic episodes.

**Viral effects:** mothers who catch certain viruses, such as the flu, while pregnant may increase the risk of brain abnormalities in babies leading to schizophrenia.

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**Bipolar and Related Disorders:** includes changes in mood and changes in activity or energy.

**Types of Bipolar:**
- Bipolar I
- Bipolar II
- Cyclothymic disorder
- Substance/Medication-Induced Bipolar

<table>
<thead>
<tr>
<th>Symptoms of mania may include:</th>
<th>Symptoms of depression may include:</th>
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<tbody>
<tr>
<td>Elated mood</td>
<td>Sadness</td>
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<tr>
<td>Profound irritability</td>
<td>Lack of interest in things that were once enjoyable</td>
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<tr>
<td>Racing thoughts</td>
<td>Disinterest in interacting with others</td>
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<tr>
<td>Difficulty concentrating</td>
<td>Frequent crying episodes</td>
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<tr>
<td>Feelings of undue power</td>
<td>Feelings of guilt or worthlessness</td>
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<tr>
<td>Feelings of self-importance</td>
<td>Changes in appetite or weight</td>
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<tr>
<td>Reckless spending of money</td>
<td>Problems with money or concentration</td>
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<tr>
<td>Alcohol and/or drug abuse</td>
<td>Headaches, backaches, or digestive problems</td>
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<tr>
<td>Insomnia</td>
<td>Difficulty sleeping or excessive sleeping</td>
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<tr>
<td>Engaging in unsafe sex</td>
<td>Thoughts about death or suicide</td>
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**Bipolar I disorder:** one experiences repeated episodes of both mania and depression.

**Bipolar II disorder:** one never develops severe mania, but instead experiences *hypomania* — mild to moderate mania that doesn't usually lead to as much disruptive behavior as severe mania. Bipolar II disorder occurs when episodes of hypomania alternate with depression.

**Rapid-cycling Bipolar disorder:** leads to especially frequent episodes of mania, hypomania or depression — at least four episodes in a given year.

**Cyclothymia:** hypomania alternates with episodes of mild depression over at least a two-year period.

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**Depressive Disorders:** includes disorders that have the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function.

**Types of Depressive Disorders:**
- Major depressive disorder
- Persistent depressive disorder (Dysthymia)
- Disruptive mood dysregulation disorder
- Premenstrual dysphoric disorder

**Major (Unipolar) Depression:** characterized by a lasting and continuous depressed mood. People suffering from major depression often feel lethargic and deeply discouraged leading some to have suicidal thoughts. Approximately 10% of those suffering major depression attempt suicide, but it is not until they are coming out of their depression.

**Dysthymia:** a type of depression in which the symptoms are not as severe as major depression. It is characterized by chronic sadness, loss of interest in activities, and low energy.

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**Anxiety disorders:** includes disorders that share features of excessive fear and anxiety and related behavioral disturbances.

**Types of Anxiety disorders:**
- Generalized Anxiety Disorder (GAD)
- Social Anxiety Disorder
- Separation Anxiety Disorder
- Panic Disorder
- Specific Phobia
- Agoraphobia
**Generalized Anxiety Disorder (GAD):** characterized by persistent, uncontrollable, and ongoing apprehension about a wide range of life situations. The cause of the anxiety cannot be pinpointed. GAD can cause chronic fatigue and irritability. It affects twice as many women as men.

**Panic Disorder:** characterized by sudden episodes of extreme anxiety and panic attacks. The attacks can last from :30 – 1:00 and involve a pounding heart, rapid breathing, sudden dizziness, a feeling of lightheadedness, choking, sweating, vomiting, and diarrhea.

**Phobias:** characterized by a strong, irrational fear of specific objects or situations that are normally considered harmless. Some of the more common phobias are:
1. **Mysophobia:** fear of germs
2. **Claustrophobia:** fear of closed spaces
3. **Hemophobia:** fear of blood

**Agoraphobia:** fear of public places and open places

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**Obsessive-Compulsive Disorder and Related Disorders:** Includes disorders that share features of obsessive preoccupation and repetitive behaviors

**Types:**
- OCD
- Body dysmorphic disorder
- Hoarding
- Trichotillomania
- Excoriation

**Obsessive-Compulsive Disorder:** Characterized by persistent, repetitive, and unwanted thoughts (obsessions) and behaviors (compulsions). In order to relieve the anxiety-provoking thoughts, one performs behaviors, or rituals. These can include repeatedly checking things, cleaning things, straightening things, etc.

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**Trauma and Stressor Related Disorders:** Includes disorders in which people are exposed to a traumatic or stressful event that causes certain behaviors or thoughts.

**Types:**
- Reactive attachment disorder
- Disinhibited social engagement disorder
- Posttraumatic stress disorder (PTSD)
- Acute stress disorder

**Posttraumatic Stress Disorder (PTSD):** characterized by intense feelings of anxiety, horror, and helplessness after experiencing a traumatic event such as a violent crime, military combat, or natural disaster. People who suffer from PTSD can experience flashbacks, nightmares, depression, uncontrollable crying, irritability, and an inability to concentrate and maintain relationships.
**Dissociative disorders:** disorders of consciousness in which a person appears to experience a sudden loss of memory or a change of identity.

**Types:**
- Dissociative identity disorder - DID (multiple personality)
- Depersonalization/derealization disorder
- Dissociative amnesia (includes fugue state)

**Dissociative identity disorder (formerly known as multiple personality disorder):** characterized by the presence of two or more distinct personalities in the same individual. Each personality has its own name, unique memories, behaviors, and self-image. DID usually occurs from a traumatic childhood event.

**Depersonalization/Derealization disorder:** characterized by a person feeling detached from his/her body.

**Dissociative amnesia:** characterized by a partial or total inability to recall past experiences and important information. This is typically in response to a traumatic event or stressful situation, such as military combat or marital problems.

**Dissociative fugue:** characterized by suddenly and inexplicably leaving home and taking on a completely new identity with no memory of a former life. While in the fugue state, the person experiences amnesia, but can otherwise function normally.

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**Somatic Symptom and Related Disorders:** characterized by physical complaints or conditions which are caused by psychological factors, there are physical causes for the pain.

**Types:**
- Somatic symptom disorder
- Illness anxiety disorder
- Conversion disorder (Functioning neurological symptom disorder)
- Factitious disorder

**Conversion disorder:** characterized by paralysis, blindness, deafness, or other loss of sensation, but with no discernable physical cause.

**Illness Anxiety Disorder (Hypochondriasis):** an exaggerated concern about health and illness. A person suffering from hypochondriasis frequently meets with doctors and constantly reads about health symptoms.

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**Personality disorders:** an enduring pattern of inner experience and behavior that deviates from the expectations of the individual’s culture.

- **Paranoid personality disorder:** characterized by high levels of suspiciousness of the motives and intentions of others but w/out the outright paranoid delusions associated with paranoid schizophrenia. (More common in males)

- **Schizoid personality disorder:** characterized by being aloof and distant from others, with shallow or blunted emotions; considered “cold”. (More common in males)
• **Schizotypal:** characterized by odd thinking, often being suspicious and hostile, and having difficulties in establishing close social relationships.

• **Histrionic personality disorder:** characterized by being excessively dramatic, egocentric, and seeking attention and tending to overreact. (More common in females)

• **Narcissistic personality disorder:** characterized by being unrealistically self-important, manipulative, lacking empathy, and not being able to take criticism. (More common in males)

• **Borderline personality disorder:** characterized by being emotionally unstable, impulsive, unpredictable, irritable, and prone to boredom. (More common in females)

• **Antisocial personality disorder:** characterized by violating other people’s rights without guilt or remorse, being manipulative, exploitive, self-indulgent, and irresponsible. (More common in males)

• **Avoidant personality disorder:** characterized by being excessively sensitive to potential rejection and humiliation.

• **Dependent personality disorder:** characterized by excessively lacking in self-confidence, subordinating one’s own needs, and allowing others to make all decisions. (More common in females)

• **Obsessive-compulsive personality disorder:** characterized by usually being preoccupied with rules, schedules, and details, being extremely conventional, serious, and emotionally insensitive.

**Abnormal Key People:**

**Philipe Pinel:** French man who said the medical model should be applied to people with mental disorders.

**Dorothea Dix:** applied the medical model for people with mental disorders in the US.

**David Rosenhan:** conducted the pseudopatient experiment studying the influence of diagnostic labels.