

### what is abnormality?

- **psychopathology** is the study of abnormal behavior; mental illness has been defined in various ways throughout history (e.g., possession, evil spirits, bodily imbalances)
- current definitions of abnormality are based on several factors
  - **statistical definition**
  - **social norm deviance**
  - **subjective discomfort**
  - **inability to function normally**
- disorders vary according to culture; cultural sensitivity and relativity are necessary in diagnosing and treating psychological disorders
- overall, psychological disorders are any pattern of behavior that causes an individual significant distress, causes people to harm themselves or others, or harms their ability to function in daily life

## Psychological Disorders

### models of abnormality

explanations for disordered behavior depend on theoretical model used to explain personality in general

- **biological model:** proposes that psychological disorders have a biological or medical cause
- **psychological models:** propose that disordered behavior is the result of various forms of emotional, behavioral, or thought-related malfunctioning
  - **psychodynamic**
  - **behaviorism**
  - **cognitive**
- **biopsychosocial perspective:** incorporates biological, psychological, and sociocultural factors

**Table 14.1 The Axes of the DSM-IV-TR**

AXIS	TYPE OF INFORMATION	DESCRIPTION IN BRIEF
Axis I	Clinical Disorders and Other Conditions That May Be a Focus of Clinical Attention	Psychological disorders that impair functioning and are stressful and factors that are not disorders but that may affect functioning, such as academic or social problems
Axis II	Personality Disorders and Mental Retardation	Rigid, enduring, maladaptive personality patterns and mental retardation
Axis III	General Medical Conditions	Chronic and acute illnesses and medical conditions that may have an impact on mental health
Axis IV	Psychosocial and Environmental Problems	Problems in the physical surroundings of the person that may have an impact on diagnosis, treatment, and outcome
Axis V	Global Assessment of Functioning	Overall judgment of current functioning, including mental, social, and occupational

Adapted from the American Psychiatric Association, *DSM-IV-TR* (2000).

**Table 14.2 Axis I Disorders of the DSM-IV-TR**

DISORDER	EXAMPLES
Disorders usually first diagnosed in infancy, childhood, or adolescence	Learning disabilities, ADHD, bed-wetting, speech disorders
Delirium, dementia, amnesia, and other cognitive disorders	Alzheimer's, Parkinson's, amnesia due to physical causes
Psychological disorders due to a general medical condition	Personality change because of a brain tumor
Substance-related disorders	Alcoholism, drug addictions
Schizophrenia and other psychotic disorders	Schizophrenia, delusional disorders, paranoid psychosis
Mood disorders	Depression, mania, bipolar disorders
Anxiety disorders	Panic disorder, phobias, stress disorders
Somatoform disorders	Hypochondria, conversion disorder
Factitious disorders	Pathological lying, Munchausen syndrome
Dissociative disorders	Dissociative identity disorder (formerly multiple personality), amnesia not due to physical causes
Sexual and gender identity disorders	Sexual desire disorders, paraphilias
Eating disorders	Anorexia, bulimia
Sleep disorders	Insomnia, sleep terror disorder, sleepwalking, narcolepsy
Impulse-control disorders not classified elsewhere	Kleptomania, pathological gambling, pyromania
Adjustment disorders	Mixed anxiety, conduct disturbances

Adapted from the American Psychiatric Association, *DSM-IV-TR* (2000).

**Table 14.3 Occurrence of Psychological Disorders in the United States**

CATEGORY OF DISORDER	SPECIFIC DISORDER	PERCENTAGE/NUMBER*
Depressive disorders	Major depressive disorder	5%/9.9 million
	Dysthymic disorder	5.4%/10.9 million
	Bipolar disorder	1.2%/2.3 million
Schizophrenia	All types	1.1%/2.2 million
Anxiety disorders	Panic disorder	1.7%/2.4 million
	Obsessive-compulsive disorder	2.3%/3.3 million
	Post-traumatic stress disorder	3.6%/5.2 million
	Generalized anxiety disorder	2.8%/4.0 million
	Social phobia	3.7%/5.3 million
	Agoraphobia	2.2%/3.2 million
	Specific phobia	4.4%/6.3 million

\*Percentage of adults over age 18 affected annually/actual number within the population where available, in the United States.

Adapted from NIMH (2001).

U- Unjustifiable (the Behavior is impossible to excuse, pardon, or justify)

M- Maladaptive (the behavior does not demonstrate adequate or appropriate adjustment to the environment or situation.)

A- Atypical (The behavior is not representative of a type, group, or class)

D- Deviant (The behavior departs from the norm)

And to remember the tip, use the mnemonic: **U MAD?**

**Table 14.4 Common Phobias and Their Scientific Names**

FEAR OF	SCIENTIFIC NAME
Washing and bathing	Ablutophobia
Spiders	Arachnophobia
Lightning	Ceraunophobia
Dirt, germs	Mysophobia
Snakes	Ophidiophobia
Darkness	Nyctophobia
Fire	Pyrophobia
Foreigners, strangers	Xenophobia
Animals	Zoophobia

Source: Adapted from Culbertson (2003).

**Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)**

- DSM first published in 1952, current version (*DSM-IV-TR*) published in 2000
- currently describes approximately 250 different psychological disorders and includes diagnostic criteria along five different categories, or axes (see Tables 14.1 and 14.2)
- in general, approximately 22% of adults over age 18 in the United States suffer from a mental disorder

## Psychological Disorders

**anxiety disorders**  
most dominant symptom is excessive or unrealistic anxiety

- anxiety can be free-floating (nonspecific, anxious in general) or more specific, as in the case of phobias
  - **social phobias**
  - specific phobias (e.g., **claustrophobia**, **acrophobia**)
  - **agoraphobia**
- **panic disorder** consists of an individual having frequent panic attacks that interfere with normal daily functioning; **panic disorder with agoraphobia** occurs when a fear of having panic attacks in public prevents an individual from going out
- **obsessive compulsive disorder (OCD)** consists of recurring anxiety-provoking thoughts or obsessions that are only relieved through ritualistic or repetitive behaviors or mental events
- **generalized anxiety disorder** involves excessive worry about lots of things and occurs more days than not
  - **magnification**
  - **all-or-none thinking**
  - **overgeneralization**
  - **minimization**
- causes
  - **behaviorists:** anxious behavioral reactions are learned
  - **cognitive psychologists:** anxiety is result of illogical, irrational thought processes
  - **biological:** anxiety is due to imbalance in several neurotransmitters (e.g., serotonin, GABA) and/or difference in brain activation; panic disorder is also hereditary
  - **culture:** anxiety disorders found around the world but particular forms vary across cultures

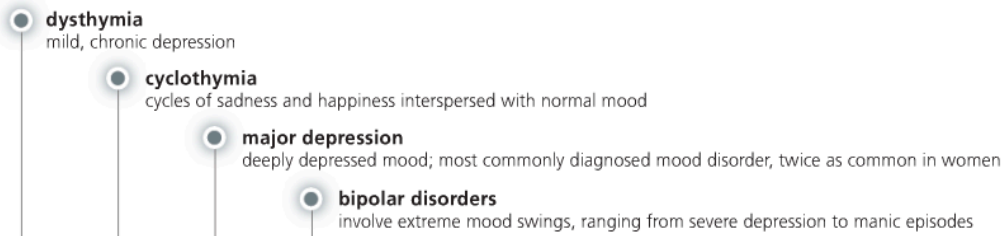
**somatoform disorders**  
include disorders in which individuals believe they are sick and may experience physical symptoms but there is no physical illness or problem

- **hypochondriasis:** excessive worry about illness and getting ill
- **somatization disorder:** involves complaints of specific physical symptoms
- **conversion disorder:** not as common, symptoms involve loss of motor and/or sensory functions; may be sudden and dramatic
- causes
  - **psychodynamic:** repressed anxiety is manifest as a physical symptom
  - **cognitive:** magnification of minor physical symptoms coupled with false beliefs

## Somatoform and Dissociative Disorders

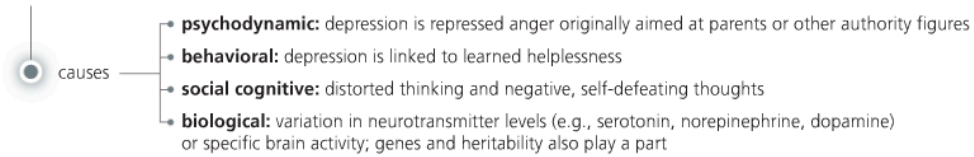
**dissociative disorders**  
involve a dissociation in consciousness, memory, or sense of identity, often associated with extreme stress or trauma

- **dissociative amnesia:** person cannot remember personal information
- **dissociative fugue:** person takes sudden trip and cannot remember trip or personal information
- **dissociative identity disorder:** person seems to experience at least two or more distinct personalities; validity of actual disorder has been topic of debate
- causes
  - **psychodynamic:** repressed thoughts and behavior are primary defense mechanism and reduce emotional pain
  - **cognitive and behavioral:** trauma-related thought avoidance is negatively reinforced by reduction in anxiety and emotional pain
  - **biological:** support for brain activity differences in body awareness has been found in individuals with **depersonalization disorder**



## Mood Disorders

(involve a disturbance in mood or emotion; can be mild or severe)



**Table 14.5 The Personality Disorders**

PERSONALITY DISORDER	DESCRIPTION
<b>Odd or Eccentric Types</b>	
Paranoid	Extreme suspicion of others; mistrustful, often jealous
Schizoid	Loners who are cool, distant, and unwilling and unable to form close relationships with others
Schizotypal	Difficulty in forming social relationships, odd and eccentric behavior, tendency to hold magical beliefs
<b>Dramatic or Erratic Types</b>	
Antisocial	Lacking in conscience or morals; users and con artists who experience no regret or strong emotions
Borderline	Moody, unstable, lacking in a clear sense of identity, clinging to others
Histrionic	Tendency to overreact and use excessive emotions to draw attention from and manipulate others. Love to be the center of attention
Narcissistic	Extremely vain and self-involved
<b>Anxious or Fearful Types</b>	
Avoidant	Fearful of social relationships, tend to avoid social contacts unless absolutely necessary
Dependent	Needy, want others to make decisions for them
Obsessive-Compulsive	Controlling, focused on neatness and order to an extreme degree

Adapted from the American Psychiatric Association, *DSM-IV-TR* (2000).

**schizophrenia**  
psychotic disorder involving a break with reality and disturbances in thinking, emotions, behavior, and perceptions

- primary symptoms are often classified as positive (in excess or in addition to normal functions) or negative (absence or decrease in normal functions)
  - categories
    - **disorganized**
    - **catatonic**
    - **paranoid**
  - causes
    - positive symptoms appear to be associated with overactivity of dopamine areas of brain; negative with lower dopamine activity; related to dopamine hypothesis
    - genetics and brain structural defects have been implicated
    - biological roots supported by universal prevalence rate of approximately 1% across cultures; genetics supported by twin and adoption studies
    - **stress vulnerability model**: suggests people with genetic markers for schizophrenia will not develop the disorder unless they are exposed to environmental or emotional stress at critical times in development
- **delusions**: false beliefs about the world (e.g., delusions of persecution, delusions of grandeur, delusions of reference)
  - **disturbed or disorganized thoughts**: often lacking structure or relevance, most often displayed through disorganized speech
  - **hallucinations**: can occur in any sensory modality but auditory hallucinations are most common
  - **changes in mood**: including flat affect (displaying little or no emotion)
  - **disorganized or odd behavior**: ranging from periods of immobility to odd gesturing or facial grimaces

## Schizophrenia and Personality Disorders

**personality disorders**  
involve excessively rigid and maladaptive patterns of behavior and ways of relating to others (see Table 14.5)

- **antisocial personality disorder**: sociopath; minimal to no regard for value of others' rights or feelings; more common in men
- **borderline personality disorder**: relationships with others that are intense and unstable; often moody, manipulative, and untrusting of others; more common in women
- causes
  - **psychodynamic**: inadequate resolution of Oedipus complex
  - **cognitive-behavioral**: specific behaviors learned over time, associated with maladaptive belief systems
  - genetic factors play a role, with many showing increased rates of heritability
  - variances in stress tolerance and disturbances in family relationships and communication have also been linked to personality disorders