

Abnormal Behavior

**Psychological Disorders
Psychopathology**

What is Normal Behavior?

What is Abnormal Behavior?

**Culture defines what is
normal and abnormal
behavior**

Models of Abnormal Behavior

- Statistical Model
- Physiological or Biological Model
- Sociological Theory
- Psychoanalytic Theory
- Learning Model

Statistical Model

- Persons who are greater than two standard deviations away from the mean are considered abnormal.
- a. Works for intelligence

Physiological or Biological Model

- Abnormal behavior is linked to a disease which
- Has symptoms
- Classify the symptoms get a diagnosis
- After you get the diagnosis get some therapy (drugs)
- When the therapy is complete you are cured

Problem

- Desirable behavior such as working for the Olympics would be considered abnormal
- Belief one is controlled by aliens would be considered abnormal

Example 1

- Symptoms - runny nose, cough, temperature, feel achy
- Classify the symptoms Get a diagnosis (viral upper respiratory inf.)
- Diagnosis Therapy (aspirin, bed-aspirin, bedrest, chicken soup)
- When Therapy is done Cured

Example 2

- Symptoms Feeling down, blue, thoughts of suicide
- Diagnosis Depression
- Therapy Drugs, talk therapy,
- Therapy done Are they Cured?

NO

In Remission

Problems with the Biological Model

- Cannot get rid of the label
- No independent means to verify the existence of a disease

Certain behaviors are categorized and called mental illnesses.

E.g., hallucinations, delusions, paranoia.

Diagnosis schizophrenia.

- Why does the patient have delusions and hallucinations?
- Because they are schizophrenic
- Is a circular explanation

Sociological Theory

- SZAZZ
- Contends mental illness is a myth
- The key to mental disorders is in the label
- Without the label there is no disorder
- Mental illness is merely a term we give to people whose behavior is different from the norms of a society

- However, the behavior is not criminal, heretical, or revolutionary
- So, to account for the deviance, the person must be mentally ill
- Thus, mental illness is not a condition; it depends on how the individual is seen by others

Psychoanalytic Theory

- Abnormal behavior is caused by conflicts between the Id, Ego, & Superego
- You have symptoms because of anxiety

Learning Model

- Symptoms are caused by classical and operant conditioning
- You reinforce individuals for exhibiting symptoms

Today

- We define abnormal behavior when one or more of the following occur.
- 1. Bizarreness or extremeness
- 2. Disturbance of others
- 3. Subjective distress
- 4. Interference with daily functioning.

Diagnosis and Classification of Abnormal Behavior

- First Classification system was developed by Kraepelin (1883)
- Tried to use objective measures
- Identified two major mental disorders
 - 1. Dementia Praecox - Schizophrenia
 - 2. Manic Depressive Psychosis - Bipolar

Since Kraepelin

- Several international efforts have tried to develop a unified worldwide system.
- In U.S
- Diagnostic and Statistical Manual (DSM) Currently - DSM IV

In DSM IV

- Behavior is rated on five dimensions called a Multiaxial Assessment
- I Clinical Disorders
- II Personality and Developmental disorders
- III General Medical Conditions
- IV Psychosocial and Env. Problems
- V Global Assessment of Functioning Scale (GAF)

Clinical Disorders

- Mood Disorders
- Anxiety Disorders
- Schizophrenia and Other Psychotic Disorders
- Substance Abuse Disorders
- Eating Disorders
- Sleep Disorders
- Others

Personality and Developmental Disorders

- Disorders that usually occur in childhood
- Occurs from personality development that occur in childhood
- Obsessive - Compulsive
- Mental Retardation
- Paranoid Disorder

General Medical Conditions

Conditions that may have a psychological component

- e.g., asthma

May also have conditions that are not directly psychological but may have an impact on the person

- Nutritional conditions
- Alzheimer's

Psychosocial and Environmental Problems

- Educational Problems
 - Illiteracy
- Housing Problems
 - homelessness
- Occupational Problems
 - unemployment

Global Assessment of Functioning Scale (GAF)

- How well has the individual functioned during the last year

Advantages

- Has increased the diagnostic precision
- Categories are based on empirical symptom clusters
- Has increased the reliability of different disorders.

Problems

- Has expanded the list of childhood problems
 - Now have developmental disorders
 - Arithmetic disorders
 - Developmental Reading Disorders
 - Developmental writing disorders
 - Diagnoses are often made without regard to the capacity of kid
 - Really is a learning problem.

• Political pressure

- DSM III did not claim that Homosexuality was a problem.
- Only included ego-dystonic homosexuality (homosexuality that adversely affected other aspects of psychological health)
- Due to political pressure (a vote in a committee) homosexuality was completely removed.
- If you can get changes in diagnoses due to political pressure, then what is labeled abnormal can be anything.

Disorders

Anxiety Disorders

- Phobias
- Anxiety State Disorder
- Generalized Anxiety
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder

Phobias

- Fears out of proportion to the danger posed by the object or situation.
- Snakes
- Spiders
- Places
- Usual defense – avoid the situation
Negative Reinforcement

Anxiety State Disorder

- Panic Disorders
 - Are recurrent attacks of panic or anxiety that occur unpredictably
 - E.g., driving a car, classroom, alone watching TV
 - Symptoms
 - Get intense apprehension, fear, and terror
 - Often associated with feelings of impending doom
 - Hot / Cold flashes
 - Shortness of Breath
 - Etc.

Generalized Anxiety

- Generalized persistent anxiety of at least one month's duration
 - Not linked to a particular object or situation
- Symptoms
- Motor Tension
 - Hyperactivity
 - Life out of control
 - May result in alcoholism or drug use

Obsessive Compulsive Disorder

- Obsessions
- Recurrent Thoughts you cannot get out of your mind
- Compulsions
- Ritualized behaviors that occur over and over

Dissociative Disorders

- Psychogenic Amnesia
- Fugue

Psychogenic Amnesia

- Sudden inability to recall important personal information
- Not due to an organic mental disorder
- Extent too great to be explained by forgetfulness
- Four types based on a severity scale

Localized

- a. Is the most common
- b. Cannot recall events for a certain time following a psychological traumatic event
- c. Usually lasts for a few hours

Example

- Uninjured person in a car wreck.
Wreck kills everyone else
- Cannot recall anything from the time of the accident until two days later.
- Accident - No recall - New recall

Selective

- Same as localized but can recall some events but not others following the accident
- E.g., After the accident can recall making funeral arrangements but cannot recall calling family members.
- Accident - some recall - all recall

Generalized

- Failure to recall whole life after the accident
- Accident - No recall of their past
- Can develop new memories

Continuous

- Can't recall events in the past
and
- cannot recall new information

Fugue

- Here amnesia is accompanied by physical flight
- Unexpected travel from home or work with the assumption of a new identity but no recall of the old identity
- Following recovery, there is no recall of the Fugue State

III Organic Mental Disorders

- Caused by temporary or permanent brain damage or dysfunction.
- E.g. head trauma

IV Somatoform Disorders

- Conversion Disorders
- Hypochondriasis

Conversion Disorders

- Loss or alteration in physical functioning that suggests a physical disorder but is a psychological disorder
- Disturbances are not under voluntary control
 - Sensory - Deftness
 - Motor - Paralysis
 - Visceral - Chronic Cough, Headache

Hypochondriasis

- Characterized by excessive preoccupation with health concerns and incessant worry about developing physical illnesses.
- Basically overinterpret every conceivable symptom as an illness

Mood Disorders

- Depression
- Mania
- Bipolar
- Seasonal Affective Disorder

Depression

- Is very prevalent but probably not the most prevalent of mental disorders
 - a. One of every 20 Americans suffers from severe depression
 - b. 125,000 Americans are hospitalized each year

- Almost everyone is depressed at one time or another
- Is not enough to give you the label of depression.
- Depends on some criteria provided by yourself and others to get the label

Main symptoms

- Responsible for the world's problems
- Worthlessness
- Ineffective
- Expect to fail

Criteria for Diagnosis

- Depression is excessive for the loss experienced
- Is the cause of depression unclear?
- Is so intense that it jeopardizes responsible daily functioning and may lead to suicide
- Is the depression chronic

Many causes are hypothesized

- Learning and biological models have the best explanations

Depression may result in suicide

- Some facts
- Females are three times more likely than males to attempt suicide but males are more successful.
- Is the second leading cause of death among individuals between 15-24

Myths of Suicide

- People who talk about suicide don't actually commit suicide
- Wrong. Most have a history of threats, have an extremely high risk.

- Usually takes place with little or no warning
- Wrong. 8 of 10 attempts are preceded by warnings

- Can be clear threats or vague statements or actions
 - Giving away possessions
 - Saying "I won't be around soon"
 - You won't have to worry about me anymore
 - Cutting up credit cards
 - Very serious if the person has a plan and the plan is very precise

- People who attempt suicide are fully intent on dying1.
- Wrong
 - Only 3-5% really want to die,
 - 30 % are ambivalent and arrange things so it is a matter of chance
 - 65% don't want to die but arrange suicide so rescue is likely
- Is why only 1/8th of attempters succeed

- People who attempt suicide remain so forever
- Wrong. Usually is only for a period of time

- People attempting suicide always appear to be sad or blue
- Wrong. Often a person who is sad or blue and is contemplating suicide will become very happy when they make the decision to actually do it.
- Mood swings from very depressed or sad to very happy - be cautious

Symptoms

- Have pervasive sadness
- Believe they are responsible for their own and the world's problems
- They are worthless and ineffective
- Expect to fail
- Feelings of helplessness and pessimism

- Have difficulty getting started
- May take several hours to get out of bed
- Movements are often slow
- Loss of appetite
- Loss of sleep
- Overly concerned with body aches and pains.
- Can be a large weight loss.

What to do

- Take very seriously
- When people are making vague threats ask directly "Are you thinking about committing suicide?"
- They will usually tell you yes
- Provide empathy and support
- Show you care and are genuinely concerned
- Get person to help and take them there
- Use suicide prevention hotlines

**YOU ARE NOT
RESPONSIBLE IF SOMEONE
COMMITTS SUICIDE**

Mania

- Hard to distinguish from a normal person with high spirits but is more
- Symptoms
- Is very hyperactive (bounces off the walls)
- Has a flight of ideas goes from one thought to another
- Sleep is infrequent
- Attention: Is easily distracted
- Easily frustrated

Bipolar

- Depression alternates with Mania
- Sometimes with periods of normality
- Cycle can be 1-2 days or 6-8 months

Seasonal Affective Disorder

- People become depressed as days become shorter
- May be related to the amount of sunlight a person is exposed to
- Gets better with increased UV and IR light
- Unknown Cause but may be related to other things such as bipolar

Substance Abuse Disorders

Substance Abuse Disorders

- When combined, is the most prevalent mental disorder
- Two major groups
 - Substance Abuse
 - Substance Dependence

Substance Abuse

- Causes lots of problems
- Highly correlated with Domestic Violence
 - Rapes
- Other problems
 - DWI
 - Other Violence

Substance Dependence

- Characterized by:
 - Increased tolerance to the compound
 - Loss of control for using the substance
 - Withdrawal when not using the substance

Many types

Nicotine Addiction

- Mostly delivered through cigarettes
- Millions of addicts
- Result – usually high BP
 - Heart disease
 - Lung Cancer
- Is probably the hardest drug to kick

Caffeine Addiction

- Is obtained from many sources
 - Coffee
 - Soft drinks
- Result
 - Mood swings
 - Liver problems
 - Diabetes

Alcoholism

- Extremely common problem
- Most damaging drug to the body
 - Affects every body structure and damages them all
- Causes lots of related social problems
- Add other substances in increase date rape
- Withdrawal is difficult
- Treatment has high relapse rate

Causes

- Some say genetic but poor evidence
- Probably learned initially
- Increased tolerance
 - Maintained by positive and negative reinforcement (withdrawal)

Marijuana

- Is considered illegal due to politics
- Is much safer than alcohol
- Has significantly increased in potency (e.g., Canadian)
- Causes fewer social problems

Problem

- Can be fatal if used over a long period
- E.g., Lung cancer
- Heart disease
- What is in bong water?
 - If undiluted, smoked material enters your lungs
-

Has Some Medicinal Purposes

- Glaucoma
- Anti-nausea purposes
- Problem: Often interferes with other medicinal drugs used in chemotherapy
- Probably other compounds work better for these purposes
- Has a major placebo effect

Is Considered a Gateway Drug

- But it probably isn't
 - Other drugs probably are:
 - Nicotine
 - Caffeine
 - Alcohol
 - Probably is a personality problem

Other Illegal Drugs

- Many types
 - Stimulants
 - Barbiturates
 - Depressants
 - Opiates
- Lots of social problems are associated with these drugs

Schizophrenic Disorders

- Schizophrenia means split mind
- Is marked by disturbances in thought that affect, perceptual, social, and emotional processes

At Some Point, Schizophrenia Always Involves

- Delusions, hallucinations, or disturbances in the form of thought
- A deterioration from a previous level of functioning during the episode

Symptoms

Irrational thoughts

- Delusions
 - False beliefs that are maintained although they are clearly out of touch with reality
 - Are many types
 - Persecutory:
 - Belief others are spying on you
 - People are spreading false rumors

Hallucinations

- Are sensory perceptions that occur in the absence of a real external stimulus

Many Forms

- Auditory
 - Are the most common
 - Can be single or multiple voices
 - Voices often speak to the individual or comment on their behavior
 - Command hallucinations
 - Must be obeyed
 - Can be very dangerous

Emotional Responses

- Many schizophrenics have little emotion
- May have inappropriate emotion
 - Cry at something everyone else is laughing at

Types of Schizophrenia

- Paranoid
- Catatonic
- Disorganized
- Undifferentiated

Paranoid

- Dominated by delusions of persecution
- Delusions of grandeur

Catatonic

- Striking motor disturbances ranging from:
- Motor rigidity to random motor activity

Disorganized

- Severe Deterioration
- Social Withdrawal
- Babbling and Giggling
- Delusions are centered on body functions
 - E.g., my brain is melting out my ears

Causes of Schizophrenia

- Is definitely genetic
 - How it occurs is unknown
 - Dopamine Hypothesis
 - Is caused by a lack of dopamine in the brain

Personality Disorders

Personality Disorders

- Lots of types
- Obsessive-Compulsive Disorder
- Paranoid Disorder
- Antisocial Disorder
- Others

Psychosexual Disorders

- Many types
- One of the most neglected problems
- Usual Solution – Incarceration

Transsexualism

- Discomfort and inappropriateness about one's anatomic sex and wish to live as a member of the opposite sex.
- Are not homosexuals
- Persons are uncomfortable wearing the cloths of their sex, behavior of their sex
- Mannerisms are of the opposite sex
- Usually begins in childhood but comes out in adolescence as a sexual or homosexual behavior in alternative sex roles.

Inhibited male orgasm

- Cannot ejaculate following prolonged sexual excitement

Premature ejaculation

- Recurrent absence or reasonable voluntary control during sexual activity
- Often occurs starting with first sexual encounters

Functional Dsypareunia

- Recurrent genital pain during intercourse
- Occurs in both males and females

Sexual Masochism

- Preferred mode of sexual excitement is humiliation, beatings, etc.
- Wants the whips, clubs, knives, and chains.

Sexual Sadism

- You get excitement by inflicting pain on others
- Can be consenting or non-consenting
- Often begins in childhood
- Often occurs with non-consenting until the person is caught

Voyeurism

- Repetitive looking at unsuspecting people who are naked, disrobing, or engaging in sexual activity
- Orgasm occurs by masturbation

Pedophilia

- Repeated act or fantasy of engaging in a sexual activity with prepubertal children

Exhibitionism

- Repeated exposing genitals to an unsuspecting stranger to get sexual excitement.
- Wants to shock or surprise the person
- Usually is not dangerous
- Usually occurs with males