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 Kraeplin (1883)
- Tried to use objective measures
- Identified two major mental disorders
  - 1. Dementia Praecox - Schizophrenia
  - 2. Manic Depressive Psychosis - Bipolar

Since Kraeplin

- 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 unpredictability
  - 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 months 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
- Hypochondrias

Conversion Disorders

- Loss or alternation 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, Head ache

Hypochondrias

- Characterized by excessive preoccupation with health concerns and incessant worry about developing physical illnesses.
- Basically over interpret 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

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.

- 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

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

- People who attempt suicide are fully intent on dying.
- 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 worlds problems
- They are worthless and ineffective
- Expect to fail
- Feelings of helplessness and pessimism

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 COMMITS 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 anther
- Sleep is infrequent
- Attention: Is easily distracted
- Easily frustrated

- 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.

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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

- 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
- Lots of types
- Obsessive-Compulsive Disorder
- Paranoid Disorder
- Antisocial Disorder
- Others
Psychosexual Disorders
- Many types
- One of the most neglected problems
- Usual Solution – Incarceration

Transexualism
- 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 beings 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.
<table>
<thead>
<tr>
<th><strong>Sexual Sadism</strong></th>
<th><strong>Voyeurism</strong></th>
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<tbody>
<tr>
<td>- You get excitement by inflicting pain on others</td>
<td>- Repetitive looking at unsuspecting people who are naked, disrobing, or engaging in sexual activity</td>
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<tr>
<td>- Can be consenting or non-consenting</td>
<td>- Orgasm occurs by masturbation</td>
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<tr>
<td>- Often begins in childhood</td>
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<tr>
<td>- Often occurs with non-consenting until the person is caught</td>
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<th><strong>Pedophilia</strong></th>
<th><strong>Exhibitionism</strong></th>
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<tr>
<td>- Repeated act or fantasy of engaging in a sexual activity with prepubertal children</td>
<td>- Repeated exposing genitals to an unsuspecting stranger to get sexual excitement.</td>
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<td></td>
<td>- Wants to shock or surprise the person</td>
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<tr>
<td></td>
<td>- Usually is not dangerous</td>
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<td>- Usually occurs with males</td>
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