Defining Abnormal Behavior

How has mental illness been explain in the past and in other cultures?

In the past, people used to drill into their heads to release the “demons” in a process called trepanning. Hippocrates began to challenge this belief that illnesses of both the body and mind were the result of an imbalance in body fluids or humors. He was the first to explain mental disorders as a biological cause. During the middle ages, the blame went back to religion/spirits and treatments were mstoly exorcism – the formal casting out of a demon through religious processes. This was replaced during the Renaissance with witchcraft beign the main culprit and many were put to death.

One of the concerns regarding disorders is that they are often determined by what is normal of the culture. The problem is that what is normal for one is not always normal for another. This becomes a problem when psychological professionals are trying to treat someone from a different culture. Cutlural relativity comes into play. This is hwere you take into consideration the uniqueness of individual cutlures. In Asian cultures, mental health is looked down upon so many people might report phsycial symptoms instead of mental ones. Being aware of how they view mental illness is important so that you end up treating the right thing. There are others that are culture-bound syndromes where they only exist in a particular culture. For example – TKS (Taijin-kyofu-sho) is a disorder in Japan where people are afraid of doing something inappropriate like staring or blushing in public

What is a psychologically abnormal behavior?

One way to address this is by defining behiavor as a spectrum with normal being in the middle. So frequently occurring behavior would be acceptable and seen as normal while infrequent behavior would be seen as abnormal – but this may not work for all things like happiness.

Another way to look at abnormal is if it goes against the norms of society in which they live. However, deviance (going against a norm) is not always seen as abnormal/negative. Some also define abnormality as social noncomfority or a failure to follow social norms but problems arise when looking at different cultures. Even the situational context is important before you label something as abnormal.

One major sign of a disorder is subjective discomfort – emotional distress. However not all people with a disorder are uncomfortable with their actions – think serial killer. So another way of looking at it is maladaptive behavior – interferes with everyday living. Most psychologists define a disorder as a pattern of bheaivor that causs. People significant distress, cauess them to harm themselves or tohers or harms their ability to function in daily life. Most psychologicsts will use the following criteria (and you have to meet at least 2)

* Is the beahavior unusual
* Does the behavior go against social norms
* Does the behavior cause the person significant subjective discomfort
* Is the behavior maladaptive
* Does the behavior cause the person to be dangers to self or others.

What are the major models of abnormality?

There are three theoretical models for looking at the causes of disorders:

1. Biological: there is a biological or medical cause. Many are caused by chemical imbalances, genetic problems, brain damage and dysfunction or a combination of the above. Research is beginning to show that personality traits are as much influenced by genetics as they are by experience and upbringing even across cultures. This approach has had a large impact on how mental disorders are looked at bring the terms mental illness and symptoms of the disorder to be more acceptably used. The use of these terms however tends to make some non psychological people believe that mental disroders are biologically caused and can be addressed by medicine.
2. Psychological Models: Many of these are based on Frued’s work.
* Psychodynamic model says that they are the result of repressing one’s therning thoughts and memores and believes the unconscious mind has a lot to dowt with it. As these thoughts are trying to resurface a disorder results because you are trying to keep them repressed.
* Behaviorists say that the disroders are learned just like any other behavior. And the use of operant conditioning and reinforcement has furthered the development of the behavior into a disorder
* Cognitive see it as resulting from maladaptive thinking patterns.

Biopsychosocial: this takes into account all of the above. So it looks at biological, psychological, and sociocultural. So instead of one being independent, they are work together to cause various disorders. So you might have an anxious tendency, but its not until the experiment or situation occurs that causes it to become maladaptive.

What is stigma, and how does it relate to mental illness?

Stigma is social disapproval. Some who feel the stigma might believe that their disorder is actualy a sign of weakness, possession, or other sign negativity. An example of this comes from a study done in 1977 in Toronto. Stewart Page called 180 people looking to rent a room. When she said that she was being released from a mental hospital 75% said the rooms were not available, but when someone else called they were available again. This can cause some people to stop seeking help. Stigmas come from a variety of places including media, personal experiences, and cultural misrepresentations. In the last several years the stigma has began to lessen for some and this is mostly because people are talking openly about it and the more you are exposed, the less stigma you attach.

How do psychological disorders impact individuals, their families, and society?

Everyone’s experience is different and impact may include dealing with the stigma, losing friends, family, and jobs. For those who don’t want to admit there is an issue, they have a hard time seeking help. Also when you are being treated – especially with meds you have to deal with the side effects – weight loss or gain as well as other health problems. Also many insurances have limited resources or coverage for mental health which increases the stigma.

Caring for someone with a mental illness is also difficult. It can put people at greater risk for their own health – both physical and mental.

Types of Psychological Disorders

What is the DSM classification system?

The first DSM (Diagnostic and Statistical manual) came out in 1952 with the purpose of helping professionals diagnose the disorders. It has gone through several changes over the years from looking at causes to symptoms. Each disorder is described in detail, including an overview of the disorder (diagnostic features), specific symptoms required for diagnosis (diagnostic criteria), prevalence information (what percent of the population is thought to be afflicted with the disorder), and risk factors associated with the disorder.

 The DSM-V also addresses comorbidity or the co-existence of two disorders. This has been helpful as sometimes the disorder itself is a symptom of something greater.

What are the challenges of diagnosing a mental illness?

The DSMV list 237 disorders versus the previous editions 297. The fear has become that everyday actions/behaviors can be classified as a disorder. Some other fear that the requirements have loosened for example in the past depression could not be caused by grief and now that is no longer an exception.

What are the different types of anxiety disorders and their causes?

Anxiety disorders includes all disorders where the primary symptom is unrealistic anxiety characterized by increased heart rate, breathing issues, clasmy or sweath skin, and fear of impending harm. Anxiety can be about something specific or a generalized feeling.

Just about everyone suffers from anxiety at times, but what makes it a disorder is the excessive nature of it. – greater than it should be given the circumstances or unrealistic. So if you didn’t study for a test and are anxious that is normal. But if you studied a lot and are excessively anxious – that is a problem. Free floating anxiety is this and is a common symptom of the disorder. When there is nothing realistic that is causing the anxiety.

* Phobic Disorders – one of the most common types of anxiety disorder. This is an irrational, disproportionate, and persistent fear of something. Fearing a live snake is fine but fearing a picture of a snake is not.
	+ Social phobia (social anxiety disorder) involves a fear of interacting with others. And is one of the most common phobias that people have. They think they are going to be judged negatively so they avoid. Some of the more common ones are stage fright and a fear of public speaking. History of being shy as a child is common of people with Social Phobias
	+ Specific phobias – this is an irrational fear of some objects or specific situation. One of the most known is agoraphobia – fear of being someplace where they can’t escape if something goes wrong. They tend to be afraid of things such as crowds, but also crossing bridges or being in a car. Some will suffer from panic attacks as a result.
* Panic Disorders – a disorder in which panic attacks occur frequently to cause a disturbance with coping or living everyday life.
	+ Panic Attack – the sudden onset of intense panic with multi physical symptoms including racing heart rate, trouble breathing, inability to move. Often like you are dying. They are in a state of terror and feel like they need to escape but are unable to. Most last about 10-15 minutes, but some are shorter or longer.
* Obsessive Compulsive Disorder – having unwanted thoughts (obsessions) that occur over and over again that are followed by some kind of compulsion or repetitive behavior. Everyone has these symptoms every once in a while, but the distress caused by the inability to complete the behavior is what makes it a disorder.
* Generalized Anxiety Disorder – This is someone who has free floating anxiety that is persistent most of the day for the better part of months or more. There are a lot of physical discomforts including muscle aches and fatigue which are signs of stress. But the problem is the stress is from their worrying not from an outside source.

Causes of anxiety disorder –

* Psychodynamic sees it as danger signal that repressed urges are threating to surface. The phobia is a symbol of what is buried deep inside you.
* Behaviorists say that the reactions are learned. They are the result of conditioned fear responses. Your initial fear is reinforced by getting attention so the fear becomes consistent (the belief is that if you stop getting attention than the fear would go away)
* Cognitive thinks it’s the result of illogical, irrational though processes. They address the process of magnification or making a mountain out of a mole hill.
* Biological thinks it’s a chemical imbalances or a genetic component. Twin studies have helped foster this thinking as identical twins are more likely to have the disorder.

What are some different types of somatoform disorders and their causes?

A somatoform disorder is the belief that you are physically ill although there is not pplysical illness or problem.

* Hypochondriasis – better known as hypochondria they worry excessively about getting ill. The fact that they are worried about getting ill is what makes it a somatoform disorder and not an anxiety disorder.
* Somatization Disorder - this is where you complain about a specific phsycial symptom. They tend to show less worry but more drama than people with hypochondria. They tend to get emotional when describing the symptoms and can become very demanding of attention and threatening suicide when they don’t receive it. One of the symptoms is the way they describe the pain – like unbearable and beyond description.
* Conversion disorder – deals specifically with those controlled by the somatic nervous system and deal specifically with loss of motor and /or sensory functions. The loss is dramatic and normally goes along with another mental disorder such as depression. They tend to be indifferent or lack of concern regarding the symptoms. The symptoms disapper when the person is asleep, under hypnosis or anesthesia or unconscious.

Causes –

* Psychodynamic – turn repressed anxiety into physical symptoms.
* Behaviorists – brings two kinds of reinforcement – positive in the form of attention from doctors, etc. and negative from eliminating the stressful situation associated with the disorder
* Cognitive – magnify minor physical symptoms and allow false beliefs about their health to dominate their thinking

What are the different types of dissociate disorders and their causes?

Dissociative disorders – involve a break in consciousness, memory or person’s sense of identity. Being able to drive somewhere without knowing how you got there is a common example. One part of your conscious mind focuses on something, (like work) while a lower part focuses on the driving part. With the disorder – the dissociation is much more pronounced.

* Dissociative Amnesia – cannot remember personal information or specific personal events. Normally stuff that is episodic. Normally it is associate with some kind of trauma such as abuse or rape and cannot be explained by simple forgetfulness. It can be for a short period of time or a total loss of one’s past personal memories. They normally come back quickly and sometimes after a long delay.
* Dissociative Fugue – this is when the person suddenly travels away from. Home and afterward connot remember the trip or even personal infomraiton such as identity. They may take on a new identity while in the new place but all the skills and abilities from the previous life will remain intact. – again normally after some kind of trauma or war.
* Dissociative Identity Disorder – this used to be known as multiple personalities. They have 2 or more distinct personalities that exist in one body. There is generally a core personality that knows nothing about the other ones. Fugues are common when someone suffers from DID as the other personality takes them somewhere and the core personality awakens in a strange place with no idea how to get there.

Causes –

* Psychodynamic – a defense mechanism – it’s a way to repress threatening or unacceptable thoughts
* Cognitive and behavioral are connected. The person may feel guilt, sharm or anxiety when thinking about disturbing events so they avoid them. This is negatively reinforced by the anxiety disappearing. They are not thinking about it so life is better.
* Biological – a lower form (depersonalization disorder) is shown in people who have lover brain activity in the areas responsible for their sense of body awareness than those without it. Some also believe they be more culture bound

What are the different types of mood disorders and their causes?

Affect is the term for mood or emotion. Mood disorders refer to affective disorders that are involved with disturbances with your emotions. A fluctuation in moods is normal. However when you are in the extreme state of emotion a disorder might appear.

* Dysthymia is mild form of persistent depression that lasts for at least 2 years
* Cyclothymia is a cycle of going between the extremes for at least 2 years.

Both tend to appear as a result of some external event. The problem is they go on to long for it to be normal.

* Major depression – characterized by a depressive mood that lasts for 2 weeks or longer, a loss of interest or pleasure in activities and several other symptoms including feelings of worthlessness and exhaustion. Suicide is a real risk for people who suffer from this and sometimes they also suffer from delusional thinking or hallucinations. It is the most common mood disorder and occurs in women twice as often as men. (this difference does not exist in college students or single adults which leads many to think it has more to do with envioromental factors such as marriage might have more to do with this than biological factors. There is also research that shows that the way the two gneders deal with their problem is also a factor – women tend to think about it more which is another symptom of depression.
* Bipolar disorder – this is when a person suffers from severe mood swings from major depressive to manic stages (excessive excitement, energy, and elation or irritability). There is no external cause. To be diagnosed you must have at least one manic stage although there is no requirement for a major depressive episode. Bipolar 1 is characterized by excessive manic stages that last more than 7 days or are so severe that hospitalization is required. Bipolar 2 does not have as severe manic stages. There seems to be some connections between ADHD and bipolar due to the manic aspect but very few children with ADHD go on to develop bipolar disorder.

Causes –

* Psychodynamic – depression is anger originally aimed at parents or other authority figures who are too threatening to receive the expressions of anger directly. So the child represses it and later it becomes self blame and self hate.
* Social- cognitive view – there is a continuation of negative, slef-defeating thoughts about themselves. This is a correlation not a cuase and effect. Depression has an increased likelihood of negative thoughts. One study showed that at risk for depression are female or member of an ethnic minority, poverty, drug use, and engaging in delinquent behavior. Those without came from two parent households, higher self esteem and felt connected to parents, peers and school.
* Biological – focus on the effects of neurotransmiiters such as serotonin, norepinephrine, and dopamine. Drugs that treat depression normally affect those three neurotransmitters. There is also evidence of heritability and gene roles in depression.

What are the main symptoms, types, and causes of schizophrenia?

Eugen Bleuler was the first to come up with the name to show the division (schizo) within the brain (phren) among thoughts feelings, and behavior that seems to take place. It is also defined as a long lasting psychotic (break from reality) disorder which the person cannot distinguish real from fantasy and experiences disturbances in thinking, emotion, and behavior, and perception.

There are several symptoms including delusions (false beliefs). There are

* delusions of persecution – belief they are being hunted,
* delusions of reference – other people (from Tv or books) are talking to them
* delusions of influence – they are being controlled by external forces
* delusions of grandeur- they have special talents or gifts or are extremely important
* A symptom is not multiple personalities
* There are delusional disorders where the primary symptom are delusions but that is not enough for a diagnosis of schizophrenia.

Hallucinations is where they hear voices or see things. The voices is most common and one of the key components of being diagnosed with schizophrenia. They can involve touch, smell and taste. Having a flat affect is another symptom where they show little or no emotion or they can go the other way and emotions can be over the top. To meet the criteria you must have two or more of the following for at least 1 moth: delusions hallucinations, disturbed speech, disturbed emotions, and disturbed behavior.

There are different types based on how the above symptoms show up.

* Disorganized – confused in speech, have vivid and frequent hallucinations, and tend to have very inappropriate affect or a flat affect. They generally can’t function in the normal rituals of everyday life.
* Catatonic – rare form that involves disturbed motor behavior. They don’t respond to the outside world and either don’t move at all or main odd looking postures for hours on end.
* Paranoid – have hallucinations and delusions. Auditory hallucinations are common and the delusions are normally of of persecution, grandeur, or extreme jealousy. The thinking is normal, but they can’t shake the delusions.

 When determining the type, they also look at the type of symptoms.

* Positive is the addition of a new behavior or distortion of normal functions. Generally the result of too much dopamine
* Negative is a decrease in normal functions. They can’t filter out stimuli to focus attention, flat affect, problems with producing speech, apathy, and withdrawal. They are associated with lower activity of dopamine activity and functioning in the frontal lobe.

Causes – the biopsychological model tends to be the most prevalent. They have found genetic, chemical influences, and brain structural defects as the cause. The amount of people with Schizophrenia is pretty consistent throughout cultures which shows there is little environmental causes. The risk is 6 times greater if you have a biological parent that suffers. However there is only a 50% of having it with identical twins. This goes to the environmental influences. There is a new study that shows stress-vulnerability model which basically says that if you have the genetic markers but it won’t develop unless something in the environment causes it. They have also found that complications with births of those with schizophrenia has been higher especially if the mother was exposed to the flu in the first trimester or extreme stress such as the death of a relative during the first trimester (all correlations not necessarily causes). There is also a link between marijuana usage and people with schizophrenia.

What are the different types of personality disorders and their causes?

Personality disorders affect the person’s entire life adjustment. They have an excessively rigid, maladaptive pattern of behavior and ways of relating to others. This makes it difficult for them to fit in. There are 10 different types separated into 3 categories.

* Cluster A – seen as odd or eccentric by others
	+ Paranoid (pervasive and unjustifiable suspiciousness and mistrust of others)
	+ Schizoid (lacks interest and desire to form relationship with others)
	+ Schizotypal (exhibits eccentricates in thought, perception, emotion, speech, and behavior
* Cluster B – behavior is very dramatic or erratic
	+ Antisocial (continuously violates the rights of others) – most well researched. Sometimes they are referred to as sociopath or psychopath. Freud believes the superego (morality principle) is weak or nonexistent. They feel no remorse or guilt when they do something wrong. Most are not killers but most will borrow money and not feel bad about not repaying it, they are impulsive and they don’t keep their commitments. Tend to be very selfish and self centered. 3-6 times more male than females are diagnosed with this.
	+ Histrionic (excessively overdramatic, emotional, and theatrical)
	+ Narcissistic (overinflated and unjustified sense of self importance and preoccupied with fantasies of success)
	+ Borderline (unstable in self image, mood, and behavior) They are on the border between reality and fantasy. Have intense and unstable relationships. Tend to be moody and manipulative (some use suicide attempts as a form of manipulation) they have confusion over identity so they can’t stay committed. 2-3 times greater in women.
* Cluster C – the main emotion is anxiety or fearfulness
	+ Avoidant (socially inhibited and oversensitive to negative evaluation)
	+ Dependent (allows others to take over and run their life. Are submissive, clingy, and fears separation)
	+ Obsessive compulsive (pervasive need for perfectionism that interferes with the ability to complete tasks, inflexible and stubborn)

Causes –

* Biological – there are genetic factors and if you have a close family member you are more likely to develop it. This was confirmed with adoptive studies as well. There seems to be lower levels of stress.

How can family and social influences affect the experience of mental illness?

Environmental influences do not generally cause a disorder, however, they can cause a person who is genetically predisposed toward an illness to develop the illness. There is a strong correlation between poverty and mental illness