ABNORMAL BEHAVIOR AND DISORDERS

AP PSYCHOLOGY
WHAT IS A PSYCHOLOGICAL DISORDER?

• **Psychopathology** - the study of patterns of thinking, feeling, behaving that are characterized by maladaptive (harmful) and disruptive behavior, and is uncomfortable for those experiencing and observing.
WHEN IS BEHAVIOR ABNORMAL?

• To be considered abnormal, the behavior must meet all of these (MUDA)
  • Maladaptive behavior—destructive to oneself or others
  • Unjustifiable—without a rational basis
  • Disturbing—troublesome to other people
  • Atypical—so different that they violate a norm (rule for accepted and expected behavior in a particular culture)
WHAT IS A PSYCHOLOGICAL DISORDER?

• Symptoms become problems and concerning when they are persistent for at least 2 weeks, and interfere or prevent normal everyday functioning and routines.
TYPES OF PSYCHOLOGICAL DISORDERS

• **Neurotic disorder** - a psychological disorder which is distressing, but the person is still able to think rationally and function socially
  
  • Some people become neurotic due to stress, bad news, BUT are still able to maintain their identity, job, or relationships.
  
  • Others who are observing these people would appear something is bothering them.
Psychotic disorder - a psychological disorder where a person loses touch with reality and experiences irrational thinking and distorted perceptions.
EXPLAINING PSYCHOLOGICAL DISORDERS

HOW HAVE THEY BEEN LOOKED AT THROUGHOUT HISTORY?
HISTORY OF ABNORMAL DISORDERS

- Spirit possession/exorcism/trephining
- Flagellants
- Bloodletting
THE GREEKS’ NOTION OF ABNORMALITY

Four types of temperament called "Humors," developed by Hippocrates

- Phlegmatic: listless, apathetic
- Sanguine: happy
- Choleric: hot-tempered
- Melancholic: sad or depressed
POSSESSION

• Mental illness as caused by the devil
• Widespread religious persecution
• Exorcisms, burning, beheading, strangling, mutilating
A MOVE FORWARD

• Philippe Pinel was a French physician who worked to reform treatment of people with mental disorders
  • Took over the Bicêtre insane asylum and forbid the use of chains and shackles. He removed patients from dungeons, provided them with sunny rooms, and also allowed them to exercise on the grounds.
**DIATHESIS STRESS MODEL**

- **Diathesis stress model** views psychological disorders as arising from a genetic predisposition triggered by sufficient amounts of stress.
  - This model is based on the interaction of **nature (diathesis)** vs. **nurture (stress)**.

![Diagram of Diathesis Stress Model](image)
DIATHESIS STRESS MODEL

For example, if two twins carry a genetic predisposition towards a particular disorder, the twin who has led the more stressful life has the higher chance to develop symptoms/ stress triggered the gene.
Bio-psycho-social perspective - perspective of psychology which believes psychological disorders are the result of an interaction of biological, psychological, and sociocultural factors.
BIO-PSYCHO-SOCIAL ASSESSMENT

Biological influences:
- evolution
- individual genes
- brain structure and chemistry

Psychological influences:
- stress
- trauma
- learned helplessness
- mood-related perceptions and memories

Psychological disorder

Social-cultural influences:
- roles
- expectations
- definitions of normality and disorder
CLASSIFYING DISORDERS

THE DSM
The DSM-IV-TR (Diagnostic statistical manual/ 4th edition/ Text revision) provides a common language for identifying, classifying, and treating psychological disorders broken into 5 axes.

The DSM-IV-TR prevents opinions and speculation by providing a common language, which was written and agreed upon by many experienced psychologists.
HOW IS THE DSM USED?

• The DSM-IV TR is based on five different dimensions.
  • This multiaxial approach allows clinicians and psychiatrists to make a more comprehensive evaluation of a client's level of functioning, because mental illnesses often impact many different life areas.
AXIS I- CLINICAL SYNDROMES

• These include:
  • childhood disorders
  • cognitive disorders
  • substance abuse
  • schizophrenia
  • sleep disorders
  • eating disorders
  • anxiety disorders
  • mood disorders
  • somatoform disorders
• Personality disorders cause significant problems in how a patient relates to the world
  • Including antisocial personality disorder and histrionic personality disorder.

• A person who has an IQ lower than 70 is considered mentally challenged
AXIS III- MEDICAL CONDITIONS THAT CONTRIBUTE TO DISORDER

• This could include:
  • Tumors
  • Diabetes
  • Strokes
  • Obesity
  • HIV
  • Brain injuries
AXIS IV - PSYCHOSOCIAL AND ENVIRONMENTAL FACTORS THAT CONTRIBUTE TO DISORDER

- This could include the type of a job a person performs, where a person lives, family life

![Figure 1. Karasek’s job strain model](image)
AXIS V - GLOBAL ASSESSMENT OF FUNCTIONING

- This is a number between 100 and 1 that indicates how a person could and would function in society.
THE DSM-V

• Some changes have been made in how/when disorders are diagnosed
  • For example: The DSM-5 chapter on anxiety disorder no longer includes obsessive-compulsive disorder (which is included with the obsessive-compulsive and related disorders) or posttraumatic stress disorder and acute stress disorder (which is included with the trauma- and stressor-related disorders)
  • These changes will NOT need to be known for this year’s AP test
ANXIETY DISORDERS

ABNORMAL BEHAVIOR
ANXIETY DISORDERS

• Anxiety disorders involve a condition characterized by intense feelings of apprehension or nervousness, which is long-standing and disruptive to normal functioning.

• Types of anxiety disorders:
  • Generalized Anxiety disorder
  • Panic disorders
  • Phobias
  • Obsessive-compulsive disorder
  • Post-traumatic stress disorder
ANXIETY DISORDERS

• There are normal moments to have anxiety,
  • for example taking a test, asking someone out, or speaking in public,

• People with anxiety disorders cannot explain why or how they have anxiety and often experience anxiety with everything that they do.
**GENERALIZED ANXIETY DISORDER**

- **Generalized anxiety disorder**, also called free-floating anxiety, is characterized by nonspecific, unexplainable apprehension and tenseness that accompany most situations and circumstances.

- People who experience this disorder *generally* have anxiety towards everything and anything—nothing specific.
PANIC DISORDERS

- Panic disorders are characterized by sudden bouts of intense, unexplained panic attacks that are similar to symptoms of a heart-attack.

- Some panic attacks can be justified, for example speaking in public; however, people with a panic disorder however, cannot predict when they will have a panic attack.
• **Phobias** are characterized by disruptive, irrational (should not be afraid of) fears of objects or situations

  • **Agoraphobia**, a common phobia, is a fear of leaving a place or being alone that is often the result of the fear of having a panic attack in public
OBSESSIVE-COMPULSIVE DISORDER

• Obsessive-compulsive disorder (OCD) is characterized by unwanted, repetitive thoughts (obsessions) accompanied by unwanted actions (compulsions)
  • For example, the constant thought (obsession) that one has germs on their hands could lead to repeatedly washing one’s hands (compulsion)
<table>
<thead>
<tr>
<th>Common Obsessions:</th>
<th>Common Compulsions:</th>
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<tbody>
<tr>
<td>Contamination fears of germs, dirt, etc.</td>
<td>Washing</td>
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<tr>
<td>Imagining having harmed self or others</td>
<td>Repeating</td>
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<tr>
<td>Imagining losing control of aggressive urges</td>
<td>Checking</td>
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<td>Intrusive sexual thoughts or urges</td>
<td>Touching</td>
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<td>Excessive religious or moral doubt</td>
<td>Counting</td>
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<tr>
<td>Forbidden thoughts</td>
<td>Ordering/arranging</td>
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<td>A need to have things &quot;just so&quot;</td>
<td>Hoarding or saving</td>
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<tr>
<td>A need to tell, ask, confess</td>
<td>Praying</td>
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POST-TRAUMATIC STRESS DISORDER

- **Post-traumatic stress disorder (PTSD)** - characterized by reliving a severely upsetting event in a unwanted recurring memory or dream.

Some Vietnam veterans have experienced PTSD when they returned back to America.

This included traumatic flashbacks, which resulted in a difficult time differentiating the past from the present and adjusting to their life before the war.
CAUSES OF ANXIETY DISORDERS

• Heredity- some people have a genetic predisposition that could lead to the development of an anxiety disorder
CAUSES OF ANXIETY DISORDERS

- **Brain** - people who have anxiety disorders experience:
  - heightened activity in frontal lobes - the thinking area, and the autonomic nervous system,
  - And have an amygdala that is not functioning properly.
CAUSES OF ANXIETY DISORDERS

- Neurotransmission- deficiency or low levels of serotonin and GABA, while also having excessive norepinephrine
  - GABA reduces neural activity in the brain, which therefore could explain symptoms of anxiety because people do not have enough GABA.
  - In addition, norepinephrine speeds up neural activity in the brain, providing an explanation for people who experience anxiety.
MOOD DISORDERS

ABNORMAL BEHAVIOR
Major Depressive Disorder

- **Major depressive disorder** - a person experiences depressed moods; characterized by diminished interest in activities, feelings of worthlessness for at least 2 weeks consistently.

- Major depression is a serious disorder and often requires medical attention.
DYSTHYMIC DISORDER

- **Dysthymic disorder** - symptoms are similar to major depression but not as severe; however, this disorder could last for over 2 years
  - People who are classified with dysthymic disorder may be able to attend work or school, but would appear depressed to others, whereas people who experience major depression often cannot function in daily routines or jobs.
BIPOLAR I DISORDER

- **Bipolar I disorder** - a person alternates between depression and mania - which is extreme overexcitement and energy
  - Bipolar I disorder was once referred to as manic depression
BIPOLAR II DISORDER

- Bipolar II disorder occurs when depression alternates with hypomania—less severe symptoms of mania compared to manic episodes in Bipolar I.
CYCLOTHYMIC DISORDER

• Cyclothymic disorder is a less severe case of bipolar (similar to dysthymic disorder for depression)
mania
hypomania
"minor" depression
major depression
BP1
cyclothymia
BP2
Mood Disorders

- Mania with Psychosis
- Mania
- Hypomania
- Elation
- Normal Mood
- Dys-Thymia
- Mild Depression
- Moderate Depression
- Severe Depression
- Severe Depression with Psychosis

Depressive Disorder

- Cyclothymia

Recurrent Depressive Disorder

Bipolar Affective Disorder
CAUSES OF MOOD DISORDERS

- Heredity - runs in families
- Brain - less activity in frontal lobe
CAUSES OF MOOD DISORDERS

• *Neurotransmission*- low levels of serotonin, norepinephrine, and dopamine
  • Serotonin is involved in mood regulation, norepinephrine in alertness, and dopamine in pleasure- if each has low levels, then it would explain depression
CAUSES OF MOOD DISORDERS

- **Social-cultural factors** - **learned helplessness** - occurs when people have failed multiple times at certain activities and have since learned to give up, or quit trying.
  - Some people who are depressed try to feel better, but have not always successful, resulting in giving up and feeling even more depressed.
DISSOCIATIVE DISORDERS

ABNORMAL BEHAVIOR
Dissociative disorders occur when a sense of the self has become dissociated, or separated, from previous memories, thoughts, or feelings.

A person who experiences a dissociative disorder experiences something similar to a wall in their brain, which divides memories from present experiences.
Psychoanalysts believed that dissociative disorders are the result of repression, which is a defense mechanism that unconsciously blocks traumatic and unwanted thoughts.
• Dissociative amnesia is characterized by a loss of memory in reaction to a traumatic event.
Dissociative fugue is characterized by a loss of identity resulting in fleeing, or traveling to a new location and beginning a brand new identity, while unaware of previous identity and life.
Dissociative identity disorder is a rare and controversial disorder in which a person experiences two or more distinct and alternating personalities.

Formerly called multiple-personality disorder, this disorder is rare. In order to be classified with this disorder, a person must have separate and non-interactive personalities; implying that each personality is unique and unaware of each other.
CAUSES OF DISSOCIATIVE DISORDERS

• May be linked to child abuse and the defense mechanism of repression, which unconsciously banishes traumatic events and could eventually create a whole new personality.

• Repeated abuse could lead to the self separating and creating a new personality, which is a stronger personality than the personality who is being abused.
SOMATOFORM DISORDERS

ABNORMAL BEHAVIOR
Somatoform disorders include persistent psychological problems that result, or are converted into physical disorders and symptoms.

- An example of a somatoform disorder would be converting nervousness of speaking in public into a stomach ulcer.
HYPOCHONDRIAC

• Hypochondriacs have a strong, unjustified fear of having a physical illness resulting in the person believing he or she is sick.

• Hypochondriacs often frequent hospitals where they self-diagnose themselves and even argue with doctors who suggest that they are not sick.
Conversion disorder occurs when a person experiences blindness, deafness, or other sensory or motor failure without a physical cause.

- Some people experience tremendous amounts of stress, which could eventually be converted to physical illnesses.
- For example, traumatic news resulting in blindness or the inability to walk.
BODY DYSMORPHIC DISORDER

• Preoccupation with an imagined defect in appearance. If a slight physical anomaly is present, the person’s concern is markedly excessive.
  • The preoccupation causes clinically significant distress or impairment in functioning
  • The preoccupation is not better accounted for by another mental disorder
SCHIZOPHRENIA

ABNORMAL BEHAVIOR
Schizophrenia is a severe psychotic disorder characterized by disorganized and delusional thinking, disturbed perceptions, and inappropriate emotions.

Schizophrenia is considered a psychotic disorder, which is a lack of understanding, or understanding of the difference between reality and fiction or fantasy.
SYMPTOMS

• **Neologisms** - words that only make sense to the one saying them
  - “jlfdjklfljdj” this could be a word to schizophrenic

• **Word salad** - chaotic thoughts that do not make any sense or have any sentence structure
  - “The bus flew over the stairs and into a baked biscuit”. - does not make sense
SYMPTOMS

- **Delusions** are false beliefs that people experience with schizophrenia
  - Delusions of grandeur - one of the most common - is the false belief of being more important than actuality.
  - Delusions of persecution is the false belief that a people are out to get them.
  - Delusions of sin - is the false belief that a person is responsible for some misfortune or tragedy.
  - Delusions of influence - the false belief that a person is being controlled by an outside force.
SYMPTOMS

• **Hallucinations** are false perceptions - perceptions are interpretations of sensory stimuli
  - **Auditory hallucinations** are the most common
## CLASSIFYING SYMPTOMS

<table>
<thead>
<tr>
<th>Positive Symptoms</th>
<th>Negative Symptoms</th>
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<tbody>
<tr>
<td>Include the <strong>additions</strong> of delusions, hallucinations, and disorganized thinking</td>
<td>Include the <strong>absence or the missing</strong> of pleasure, lack of speech, and flat affect - no emotion</td>
</tr>
</tbody>
</table>
TYPES OF SCHIZOPHRENIA

• **Paranoid schizophrenia** is characterized by delusions of persecution—everyone out to get him or her, and auditory hallucinations.
  
  • This is most common type of schizophrenia, and could be considered dangerous because these people believe others are out to get them (delusions of persecution) and cannot differentiate between reality and fiction—psychotic.

  [Image of John Nash]

  [Image of Jani Schofield]
CATATONIC SCHIZOPHRENIA

- Catatonic schizophrenia is characterized by waxy flexibility - no movement, and a catatonic stupor - no emotion or flat effect.
  - Could spend hours in a state of waxy flexibility - not moving.
Disorganized schizophrenia is characterized by bizarre behavior, delusions, and hallucinations.

- Often described as “going mad”
OTHER TYPES OF SCHIZOPHRENIA

- Undifferentiated schizophrenia is not consistent with any particular type of schizophrenia.
- Residual schizophrenia describes people who have experienced the symptoms of schizophrenia but presently are symptom free.
CAUSES OF SCHIZOPHRENIA

• Heredity- twin studies have revealed that identical twins, where one twin has schizophrenia have the highest chance of developing this schizophrenia, followed by fraternal twins, and then if a biological parent has or had the disease.
CAUSES OF SCHIZOPHRENIA

• Brain - schizophrenics have large fluid-filled spaces called ventricles, a slower functioning frontal lobe, and a smaller thalamus
• MRI imaging showing differences in brain ventricle size in twins - one schizophrenic, one not.
CAUSES OF SCHIZOPHRENIA

- *Neurotransmission*- schizophrenics have increased number of dopamine receptor sites
  - Excessive dopamine could be responsible for delusions and hallucinations

- Prenatal viruses- viral infection during pregnancy
PERSONALITY DISORDERS

ABNORMAL BEHAVIOR
PERSONALITY DISORDERS

• Personality disorders are characterized by inflexible and persistent behavioral patterns that disrupt social functioning.
TYPES OF PERSONALITY DISORDERS

• Personality disorders- Odd- Eccentric cluster
  • Paranoid Personality disorder, Schizoid Personality Disorder, Schizotypal Personality Disorder

• Personality disorders- Dramatic- Erratic cluster
  • Borderline Personality Disorder, Antisocial Personality Disorder, Narcissistic Personality Disorder, Histrionic Personality Disorder

• Personality disorders- Anxious fearful cluster
  • Avoidant Personality Disorder, Dependent Personality Disorder, Obsessive-Compulsive Personality Disorder
PERSONALITY DISORDERS - ODD - ECCENTRIC CLUSTER

- Paranoid personality disorder - show deep distrust towards other people
  - Their personality is described as always being suspicious of others, which affects the way they act around others.
• **Schizoid personality disorder** - detached from social relationships
  • A hermit who chooses to live out in the woods, away from people and society.
PERSONALITY DISORDERS- ODD- ECCENTRIC CLUSTER

- Schizotypal personality disorder- detached from social relationships, and also have odd perceptions, thoughts, beliefs, and behaviors
  - They are detached from relationships because their personality is so odd that people find them uncomfortable to be around
PERSONALITY DISORDERS - DRAMATIC-ERRATIC CLUSTER

- Borderline personality disorder - instability of emotions and self-image
  - This personality alternates between happy, sad, jealous, angry, etc.-sometimes all within a day.
PERSONALITY DISORDERS- DRAMATIC- ERRATIC CLUSTER

• Antisocial personality disorder- lack of conscience or remorse for the wrongdoing and treatment of others
• This personality disorder has also been referred to as a serial killer, or psychopath
PERSONALITY DISORDERS - DRAMATIC - ERRATIC CLUSTER

- Narcissistic personality disorder - exaggerated ideas of self-importance and achievements
  - Arrogance is a characteristic of narcissism
PERSONALITY DISORDERS - DRAMATIC-ERRATIC CLUSTER

- Histrionic personality disorder - excessive emotionality and preoccupation with being center of attention
  - “Drama queen” is often used to describe these people
PERSONALITY DISORDERS - ANXIOUS FEARFUL CLUSTER

• Avoidant personality disorder - sensitive about being rejected
  • These people always feel that their relationships are about to end and therefore act in a way to not be rejected
PERSONALITY DISORDERS - ANXIOUS FEARFUL CLUSTER

• Dependent personality disorder - behave in a clingy, submissive way in order to have a strong need to be taken care of
  • “Stage 5 clinger” - these people do not want to be left alone, and will alter personality in order to always have someone in their life.
PERSONALITY DISORDERS- ANXIOUS FEARFUL CLUSTER

- Obsessive-compulsive personality disorder - preoccupation with orderliness and perfection
  - Closely related to obsessive compulsive disorder
AUTISTIC DISORDER

• Autistic disorder—show difficulty with relationships, language difficulties, trouble focusing and performing tasks, and tend to focus on nonsocial aspects of human interactions
TEMPLE GRANDIN

- World-famous Autistic woman
- Diagnosed in 1947 at the age of three
  - Her parents were advised to institutionalize her
- Thinks in pictures
- Invented the squeeze machine
- Revolutionized cattle processing plants around the world
  - Over half the slaughterhouses in the US were designed by her
- World-renowned speaker on both autism and cattle
- Professor at Colorado State University

On Autism

Temple Grandin Trailer
ASPERGER’S SYNDROME

- **Asperger’s syndrome** - less severe form of autism. People with Asperger’s have impaired social relationships, engage in repetitive behaviors - like counting and memorizing meaningless facts.
FACTITIOUS DISORDERS

ABNORMAL BEHAVIOR
MUNCHAUSEN SYNDROME

- Munchausen (MOON-chow-zun) syndrome is a serious mental disorder in which someone with a deep need for attention pretends to be sick or gets sick or injured on purpose.
  - People with Munchausen syndrome may make up symptoms, push for risky operations, or try to rig laboratory test results to try to win sympathy and concern.
MUNCHAUSEN SYNDROME

• Munchausen syndrome belongs to a group of conditions, called factitious disorders, that are either made up or self-inflicted.

• Factitious disorders can be psychological or physical.
  • Munchausen syndrome refers to the most severe and chronic physical form of factitious disorder.
MUNCHAUSEN SYNDROME

- Munchausen syndrome is a mysterious and hard to treat disorder. However, medical help is critical for preventing serious injury and even death caused by the self-harm typical of Munchausen syndrome.
MUNCHHAUSEN SYNDROME BY PROXY

- Munchausen syndrome by proxy is a form of child abuse in which a parent induces real or apparent symptoms of a disease in a child.
  - This syndrome almost always involves a mother abusing her child by seeking unneeded medical attention for the child. It is rare and poorly understood. The cause is unknown.
MUNCHAUSEN BY PROXY

- The mother may fake symptoms of illness in her child by adding blood to the child's urine or stool, withholding food, falsifying fevers, secretly giving the child drugs to make the child throw up or have diarrhea, or using other tricks, such as infecting intravenous (given through a vein) lines to make the child appear or become ill.

Munchausen by Proxy in *The Sixth Sense*
MUNCHAUSEN BY PROXY

• These children are often hospitalized with groups of symptoms that don't quite fit any known disease.
  • Frequently, the children are made to suffer through unnecessary tests, surgeries, or other uncomfortable procedures.

• Munchausen syndrome occurs because of psychological problems in the adult, and is generally an attention-seeking behavior. The syndrome can be life-threatening for the child involved.