

## Examrace

# Psychopathology-Abnormality, DSM-IV-TR, Categories of Disorders for Competitive Exams

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- Psychological illness, psychological disorders, or mental illness are referred to as psychopathology.
- The term is used to describe abnormal behavior.
- Psychopathology is the area of study in psychology that primarily focuses upon the origin, development and manifestation of behavioral and mental disorders.
- Abnormal psychology is that branch of psychology that studies, describes, explains, and identifies abnormal behavior.
- The observable behavior and mental experiences of an individual may be indicative of a mental or psychological disorder.
- The overt behavior and other experiences provide cues to the development of mental or psychological disorders.
- Psychiatrists and clinical psychologists treat mental disorders.
- Besides, they are also interested in studying and conducting research on the nature and role of the events that cause these disorders e. g. past history of a person and other variables that contribute to mental illness.

## Defining Abnormality

### What is Abnormal Behavior?

- Abnormality can be defined in a number of ways.
- People identify, understand and explain abnormality according to their past experience, common information, cultural tradition, societal attitude, and/or professional knowledge.

### Definitions of Abnormal Behavior

#### 1. Statistical definition

- People deviating from the norm are considered “abnormal” .
- BUT what if majority of people indulge into erratic behavior?
- What about the creative artists who did not go along the norm?

## **2. Abnormality as deviation from “Ideal” Ideal refers to the standard toward which most people strive.**

- Abnormality, according to this definition, is not striving toward the ideal.
- BUT what about those for whom the ‘ideal’ is not the ‘ideal’ ?
- For example a student who is a very good painter and does not want to pursue conventional education.

## **3. A Sense of Personal Discomfort Seen As Abnormality**

- A person is seen as abnormal if his thoughts and behavior are a source of discomfort for him.
- Discomfort can be in the form of anxiety, distress, or guilt.

## **4. Inability to function effectively**

- People, who cannot function and perform as effectively as they ought to, are seen as abnormal.
- This definition includes adjusting, and adapting to the social requirements.

## **5. The Legal Definition of Abnormality**

- Laws in different countries define abnormality according to their legal standards.
- It is primarily needed for differentiating sanity from insanity.
- Abnormality may be viewed as not being able to foresee and understand the consequences of the criminal act.
- Or it can be taken as inability to control one’s own thoughts and behaviors.
- Or it can be the ability to see right as different from wrong.

## **Perspectives on Abnormality**

- Approaches to studying, describing, and understanding, explaining, and predicting abnormality.
- These approaches affect the way a mental patient will be treated.

## **Perspectives of Abnormal Behavior**

### **1. Medical Perspective**

- Psychological problems are caused by physiological factors.
- These can be the biological processes and systems, genetic factors, the nervous system and the neurotransmitters, hormonal changes, or external variables affecting the biology of a person.

## 2. Psychodynamic Perspective

- Childhood experiences are the root cause of mental disorders.
- Unconscious determinants are significant.

## 3. Behavioral Perspective

- Abnormal behavior is learned.
- Abnormality is a learned response.
- It results from our interaction with the external world.

## 4. Cognitive Perspective

- The factors causing mental disorders are a person's cognitions, thoughts, and beliefs.

## 5. Humanistic Perspective

- People's need to self-actualize, and their responsibility for their own actions, play a central role in abnormality behavior.

## 6. Sociocultural Perspective

- The social milieu in which one lives, the family and the people around, the society, and the culture at large are of primary importance in the onset, and later treatment, of mental illness.

## **Classification of Mental Disorders**

- Kraepelin gave the first classification system of mental disorders.
- A number of classification systems followed afterwards.
- The purpose was to assist the clinicians diagnose mental disorders, as well as to determine the extent of the problem.

## **Classification Systems**

DSM- IV- TR

ICD

- DSM-IV-TR
- Diagnostic and statistical manual of mental disorders is the classification system compiled by the American Psychiatric Association.
- This is the most widely used classification system all over the world.

## **Icd: International Classification**

- For decades, mental health professionals in Western Europe and a major part of the world used this classification system.

- The World Health Organization developed ICD.
- ICD is a comprehensive classification system of all kinds of diseases, including psychological or psychiatric illnesses.
- For a number of years ICD9 remained a popular diagnostic system.
- Research, in the last more than a decade, reflected that the revised and improved versions of DSM had an edge over ICD in many respects.
- Besides, there were no major differences as such in the two systems.
- Also, the need for a single universally accepted system was intensely felt.
- Therefore today DSM-IV-TR is recognized as a universally accepted diagnostic system.

### **DSM-IV-TR**

- The first DSM was published in 1917.
- It originated from a project of the American Medico-Psychological Association, now known as American psychiatric Association and United States Bureau of the Census.
- In order to collect uniform data on hospitalized mental patients, they developed a list of 59 mental illnesses.
- The list was further expanded with the publication of the first DSM in 1952.
- The first DSM included a list of 106 mental illnesses.
- DSM-II was published in 1968.
- DSM-III was published in 1980.
- DSM-III-R was published in 1987.
- DSM-IV was published in 1994.
- DSM-IV was developed after a special 27-member task force of experts worked for five years.
- More than 1000 psychiatrists contributed and advised in deciding about the diseases and other information to be included in DSM-IV.
- DSM-IV-TR was published in 2000.
- DSM-IV-TR contains definitions of more than 200 mental disorders.

**These disorders are organized into 17 major categories.**

### **Multi Axial System of DSM-IV-TR**

- DSM-IV-R also contains five axes, or five types of information, that have to be considered in the diagnosis of a patient.

## Axes of DSM-IV-TR

- Axis I: Clinical disorders
- Axis II: Long standing problems that are frequently overlooked in the presence of disorders listed in axis mental retardation, personality disorder & I.
- Axis III: General medical conditions that may be relevant to a psychological disorder.
- Axis IV: Psychosocial or environmental problems that a person is facing. These problems may affect the diagnosis, treatment, or the course of the mental disorder.
- Axis V: Global Assessment of Functioning.

## Major Categories of Disorders in DSM-IV-TR

1. Anxiety disorders
2. Somatoform disorders
3. Dissociative disorders
4. Mood disorders
5. Schizophrenia
6. Personality disorders
7. Sexual disorders
8. Substance-related disorders
9. Delirium, dementia, amnesia, and other cognitive disorders.

## Anxiety Disorders

- Disorders in which anxiety becomes an impediment in a person's routine functioning.
- Anxiety is a reaction to real or imagined threat that may hamper the daily functioning and results in uneasiness, worry, and apprehension.
- In anxiety disorders, anxiety occurs without an obvious external cause, to an extent that it affects routine functioning of the person.
- Stress is the part of daily routine in a person's life but the reactions to stress vary from individual to individual.
- Anxiety is one of the various reactions to stress.
- Whether or not one will develop anxiety, and to what extent, will depend on the nature of stress faced, family history, and fatigue or over work, and the person's coping strategies.

## Major symptoms of stress include

- Sleeplessness
- Headaches
- Twitching and trembling
- Dry mouth
- Memory problems
- Nightmares
- Irritability
- Fatigue
- Sweating
- Muscle tension
- Insomnia

**Common causes are:**

- Imagined threat
- Grief
- Physical or emotional stress
- Use of drugs
- Withdrawal from drugs.

**Subcategories of Anxiety Disorders**

- Generalized anxiety disorder
- Panic disorder
- Phobic disorder
- Obsessive compulsive disorder
- Post- traumatic stress disorder

**Treatment can be done through:**

- Finding the actual cause of anxiety.
- Avoid becoming dependent on mood altering drugs.
- Avoid stimulants such as caffeine, nicotine, alcohol etc.
- Biofeedback and relaxation therapy.
- Aerobic exercises.

- Avoid the effects that have been produced due to anxiety, if anxiety is cured, the other symptoms will be resolved automatically.

## 1- Generalized Anxiety Disorders

- The disorder marked by long-term, persistent, anxiety and worry.
- It refers to the long-term anxiety in which there is continual and exaggerated state within the person due to which he/she is continually tense, apprehensive and in automatic nervous system arousal.
- Chronic form of anxiety disorders.

### **Causes include**

- Hereditary causes,
- Or this disorder begins at very early age and the revealing of the symptoms is gradual not burst.

### **Treatment involves**

- Medications and use of psychotherapy,
- Exposure therapy,
- Behavioral therapy and cognitive behavioral therapy.

### **Symptoms involve**

- People with this disorder are unable to relax,
- Insomnia
- Trembling,
- Muscle tension,
- Headaches, sweating,
- Twitching,
- Trembling,
- Feel tiredness,
- Depression etc.

## 2- Panic Disorder

- Disorder in which anxiety is manifested in the form of panic attacks lasting from a few seconds to many hours.
- Panic attacks are unpredictable; resulting from vague anxiety and that may accompany physiological manifestations.

**Symptoms include**

- Dizziness and/or fainting
- Sweating
- Trembling
- Palpitation
- Nausea
- Choking
- Fear of dying
- Fear of being out of control
- Skin blushing or flushing
- Chest pain and discomfort
- Sleep disturbances
- Agitation
- Facial paralysis etc.

**Causes involve**

- Use of drugs and stimulants.
- As a result of some incident or risk factor.
- The exact cause of panic attacks is still not known; may result due to temporal dysfunction of the brain or may have been learnt through past experiences.
- More frequent in women than men.
- Prognosis: The disorder is difficult to treat and long- lasting as well, but behavioral therapies and use of drugs can minimize the symptoms.

**3- Phobias**

- Phobias are the particular, persistent, irrational and intense paralyzing fear of some objects and situations that they are unable to explain and overcome; and that may occur without any actual cause.

**Symptoms include**

- Perspiration
- Frustration,
- Rapid heart beat

- Headaches etc.

### **Causes of Phobias may include:**

- Result of some traumatic event or disaster
- Hereditary component,
- Prevalent equally in men and women,
- Anxiety,
- Panic attacks.

### **Treatment of Phobias includes**

- Use of behavior therapy especially behavioral- modification therapy.
- Procedure of systematic desensitization is used.
- Biofeedback is also helpful.

## **4- Obsessive- Compulsive Disorder**

- Obsession is an unwanted, recurrent and persistent thought that continuously recurs, and that can be intrusive and inappropriate
- A compulsion is the uncontrollable urge to perform an apparently strange and unreasonable act repeatedly.

### **Symptoms include**

- Distress,
- Frustration,
- Anxiety etc

### **Causes include:**

- Risk factor,
- Stereotype behaviors,
- Brain abnormalities,
- Unpleasant thoughts,
- Some incident etc.

Prognosis: It is a chronic illness in which total removal of symptoms is not possible, but improvement through medication and therapy is possible

## **2. Somatoform Disorders**

A disorder in which psychological problems take the physical (somatic) form without any apparent physical cause; a state where there are physical symptoms present but no medical cause.

### **Symptoms include**

- Blurred vision
- Dizziness
- Vomiting
- Difficulty in swallowing etc

### **There are two types of somatoform disorders.**

- Hypochondriasis
- Conversion disorders

#### **1. Hypochondriasis**

- Type of somatoform disorder in which the person experiences a persistent fear of illness, and is preoccupied by health concerns even minor pains and aches may be interpreted as a symptom of some serious disease.

### **Symptoms involve**

- In this disorder doctor shopping is very frequent.
- Sympathy may exaggerate these complaints.
- Patient undergoes surgery and regularly takes medication.
- Patient focuses closely on normal physiological states such as rapid heartbeat, sweating, palpitations etc; patient interprets it as some severe disease.
- Minor health problems may become severe as a result of persistent stress and discomfort

#### **2. Conversion Disorders**

- Disorder in which the person undergoes an actual, genuine and specific, physical problem and disturbance, the problem has a purely psychological reason and there is no biological cause involved.
- The problem manifests itself suddenly, without any prior indication.

Unexplainable neurological symptoms appear at once when no testable cause is present.

### **Symptoms include**

- Partial blindness.

- Loss of voluntary control over motor and sensory functions.
- Inability to hear and talk.
- Sudden display of emotions: and at times there is no emotion.
- Symptoms may be exaggerated by stress.

The sufferers frequently do not show a natural concern about the symptoms.

Causes include

- Hereditary component and observational learning.
- A state of severe stress
- People who have other organic problems may develop conversion disorder
- A prior knowledge of the disease and symptoms is there.

### **3. Dissociative Disorder**

- A disorder in which critical personality facets, that is normally integrated and working together, become separate.
- This allows stress avoidance and anxiety reduction by way of escape.
- The person uses defense mechanisms for avoiding stress and to deal with traumatic experiences
- At a time, two or more personalities, may exist within the person

#### **Symptoms include**

1. Auditory or visual illusion,
2. Feeling of confusion and disorientation,
3. Severe anxiety attacks,
4. Suicidal attempts,
5. Inflicting self-injuries

#### **Causes involves**

- High state of stress

#### **Treatment includes**

- Psychotherapy
- Self- induced trance
- Minimize stress

## **Types of Dissociative Disorder**

### **1- Dissociative Amnesia**

- A state when a selective loss of memory occurs.
- The person is unable to recall specific events often as a result of extreme stress.
- Significant memory loss occurs about personal information that is not due to an organic cause.
- This disorder vanishes abruptly as it begins and rarely re-occurs.

### **2- Dissociative Fugue**

- Fugue means, “Flight”
- Fugue is a form of amnesia.
- The sufferer takes sudden impulsive trips, at times assuming a new identity.
- Dissociative fugue includes forgetting as well as fleeing from one’s home for days and weeks, also being unable to remember one’s identity.
- Unconscious wandering in which the person has limited social contacts.
- In some instances, person may take over another personality that is more sociable than the previous one.

### **3- Dissociative Identity Disorder/Multiple Personality**

- Rare disorder in which the person may take over two or more personalities that are entirely different from one another
- The first one is usually restrained, restricted and dull but the other one is entirely different from the previous one; one’s mannerisms, vocal, movements are entirely different from one another

### **4. Mood Disorders**

- Psychological and affective disturbances characterized by emotional extremes that are enough to produce troubles in daily living
- The emotional response is disturbed and so strong that it disturbs everyday living.

#### **Mood disorders mainly include:**

1. Major depression
2. Mania
3. Bipolar disorder

#### **1. Major Depression**

- Previously known as “melancholia” .

- Major depression is a severe form of depression.
- Common form of mood disorders
- A disorder characterized by lack of concentration, decision- making, sociability, withdrawal from others, and a feeling of worthlessness and inadequacy.
- Depression is labeled as depressive disorder when it persists for long and hampers daily life.

### **Symptoms include**

1. Concentration problems,
2. Irritability and restlessness,
3. Persistent sadness, anxious and empty mood
4. Fatigue,
5. Appetite changes
6. Feeling of agitation
7. Sleep disturbances
8. Hopelessness and pessimism
9. Loss of interest in activities, which are pleasurable
10. Suicidal thoughts

### **Causes include**

1. Hereditary cause,
2. Stress,
3. Chemical imbalances in the brain; the sufferer however has the belief that it is a medical illness rather than a psychological one
4. Most commonly occurs in people with low self- esteem
5. Women are twice as likely to develop major depression as men.
6. Learning experiences may contribute to the development of depression
7. Serious loss in business or some other disaster,
8. Relationship problems, financial setbacks etc

### **Treatment includes**

- Use of medication,
- Psychotherapy,

- Behavioral therapy

## 2. Mania

- Mania is the opposite state of depression.
- It is an extended state of intense wild elation.

## 3. Bipolar Disorder

- Bipolar disorder is a combination of depression and mania.
- The sufferer alternates between periods of extreme euphoria and elation i.e.. , mania, and bouts of depression.
- Side Effects of Mood Disorders
- The height of elation may lead to high creative output, although it does not ensure high quality of the creative output.
- The manics are often reckless and end up with self-injury.

### Causes

- Psychodynamic explanation: Feeling of loss that can be real or potential.
- Hereditary factor: These disorders appear to be running in families.
- The role of neurotransmitters: Serotonin and nor epinephrine have been found to be related to these disorders.
- Alterations in the level of these chemicals have a role to play in mood disorders
- Behavioral explanation: Lack of, or reduction in, positive reinforcement leads to mood disorders.
- Cognitive explanation: the sufferers of depression believe that they are life's losers; they are failures, inadequate, and not meant to be the 'winners' in life. They have a pessimistic view of life.
- Evolutionary psychology explanation: Considering the impact of the genetic factors, it states that depression is an adaptive response to unattainable goals.

## 5. Schizophrenia

- Schizophrenia is a category of mental disorders marked by severe distortion of reality.
- There is a deep division between the real world and the schizophrenic's world.
- What makes schizophrenia different from other disorders?
- Significant decline from a previous level of functioning.
- Disturbances of thought and language

- Symptoms in Schizophrenia
- Delusions,
- Hallucinations,
- Emotional disturbances, Withdrawal
- Delusions
- Unshakable, firm, and deeply believed in beliefs are held by the schizophrenic.
- Delusions can be about one's being grand, or being persecuted by others, or others planning against him, or one's thoughts being relayed to others who are out of physical reach.
- Hallucinations and Perceptual Disorders
- The schizophrenic has sensory experiences that ordinary people do not have.
- They may hear voices, see people or objects, and/or smell things that others find to be non-existent.
- The hallucinations mean reality to the schizophrenic.
- Hallucinations are usually based on the delusions.
- The sense of own body is also affected in schizophrenia.
- Emotional Disturbances
- Overall the schizophrenics show a flat, blank, and bland emotional response.
- Also, their emotional responses are inappropriate.
- Withdrawal
- Schizophrenics live in an isolated world of their own.
- Schizophrenics withdraw from others.
- They avoid socializing.
- They are not interested in others.
- In extreme cases they are oblivious of the presence of others.

## **Types of Schizophrenia**

### **1. Disorganized or Hebephrenic Type**

- Marked by inappropriate emotion: inappropriate giggling, laughter, silliness, incoherent speech, infantile behavior, and strange and at times obscene behavior.

### **2. Paranoid Schizophrenia**

- The patient experiences delusions and hallucinations of his own greatness.
- Behavior is unpredictable, and erratic.
- Sense of judgment is lost.

### 3. Catatonic Schizophrenia

- Catatonic schizophrenia is marked by disturbances in the motor activity and muscular control.
- Major disturbances occur in movement.
- At times all motion stops and the patient just freezes in one position.
- This frozen posture may last for hours and even days.
- In some phases the patient exhibits wild, free floating, and even violent movement.

### 4. Undifferentiated Schizophrenia

- This variety of schizophrenia involves a combination of the major symptoms found in other varieties.
- This diagnosis is used when patients do not fit into any one of the major categories of schizophrenia.

### 5. Residual Schizophrenia

- Residual schizophrenia consists of minor signs of schizophrenia after a major, more serious, episode.

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