

## 1: ISBN - Abnormal Psychology 2nd Edition Direct Textbook

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Source Origins and Historical Perspectives of Abnormal Psychology Over the years, doctors and scientists around the world have developed diagnostic criteria and treatments for psychological disorders. Other ancient scientists and physicians believed that hysteria was responsible for such conditions. For those unfortunate enough to be institutionalized for treatment of psychological disorders around the time of the Renaissance, treatment was less than adequate. In fact, treatment was either non-existent or involved being restrained, abused, and ridiculed, while being forced to live in disgusting, unsanitary conditions. In addition, patients were often publicly humiliated as they were viewed by tourists who possessed a morbid fascination with such institutions. It was not until the 18th and 19th centuries that reformers bravely challenged authorities about the treatment of patients, although efforts to improve conditions for the mentally ill were initially met with resistance.

Defining and Classifying Normal and Abnormal Behavior Although there is currently no specific definition of abnormal behavior, there are several variables to consider in determining what constitutes abnormal behavior. Looking at cultural significance, some behaviors may be considered normal for an individual according to the culture. However, an individual residing in the country other than his country of origin may consider some behaviors abnormal compared to those derived from his country of birth. Other variables to consider are the context in which the behavior occurs, the age, religious beliefs, or political views of the individual, and the gender of the individual. Similarly, if behavior deviates from social norms, is dangerous, deviant, or causes significant and impairment in functioning, the behavior is considered abnormal.

Abnormal Psychology has Evolved into a Scientific Discipline It was Freud who initially determined that a link existed between the mind and body. When informed about a client whose symptoms disappeared after a hypnotic session, Freud declared that if memories were brought into awareness from another part of the mind, those thoughts could be analyzed and dealt with by the client, and could lead to a successful recovery.

Theoretical Models of Abnormal Psychology Scientific research involves the study of several theoretical perspectives. The biological theories rely on research into brain structure, the nervous system, the role of genetics, disease, physical injury, and chemical processes within the body which are directly related to behavior. The psychodynamic theories focus on inner conflict, the influence of early life on the adult, and the inner workings of the unconscious mind. During the mid s, the humanist and existential theories became increasingly popular. These perspectives focus on lifestyle, free will, choice and emotional wellbeing. The goal of self-actualization is sought by dealing with emotional turmoil, and fulfilling basic needs such as love, safety, self-esteem, and physiological needs. Sociocultural perspectives describe the influence of society and lifestyle where behavior is concerned. Incarceration is an example of how cause stress and unusual or stressful living conditions can cause behavioral changes. Similarly, psychosocial theories identify numerous environmental stressors such as the lack of social support, and natural disasters when studying behavior. Countless variables exist and require consideration when attempting to define abnormal behavior. Over the years, startling progress has been made in the field of psychology, thanks to the various theoretical perspectives, and the advancement of research methods. During the early years of psychology, individuals were mistreated due to a lack of knowledge surrounding psychological illness. However, the development and ever-evolving theoretic perspectives continue to contribute invaluable knowledge to the understanding, diagnosis, and treatment of psychological illness. When trying to define what abnormal behavior is, one must take several determining factors into consideration. So, when I see someone whose behavior is a little odd, perhaps in a humorous way, or if they are dressed in weird clothing. This type of behavior I would consider eccentric, but not abnormal. However, bizarre might also be a word that I would use to describe eccentricity, depending on the circumstances at a particular moment. Yet another term, disordered, can only mean one thing when considering what is and what is not abnormal behavior, and that is, the person is so disturbed in some way that it causes them significant disruption to the extent that it interferes with day to day living and their

sense of safety and wellbeing. Factors Influencing Definitions of Abnormal Behavior If I were to observe odd behavior that persisted over time and completely out of context, I think I would be sure the behavior was abnormal. For example, when grieving for a lost loved one, the process is through stages which gradually settle as time passes and the individual comes to terms with his loss. Some telltale signs would be a lack of care about hygiene, poor attendance, or no attendance at work, and persisting feelings of sadness that are not able to be explained except for the primary cause which was the death of a loved one. Anxiety, Mood Affective, Dissociative, and Somatoform Disorders Researchers and clinicians often refer to different theories to help explain the cause of various psychological disorders. The various perspectives such as biological, cognitive, and behavioral all have components which can be applied for treatment of psychological disorders. While some clinicians rely more heavily on one theory, most psychologists and research scientists draw on each of the components for research purposes and for designing effective treatment plans.

**Biological Components** From a biological standpoint, psychological disorders can be explained by various bodily processes that cause physiological responses to stress. Stress can be detrimental to healthy bodily functioning and when the disruption is caused due to the presence of a psychological disorder, bodily functions fail to work correctly which can cause a perpetual cycle of maladaptive mind-body interactions. Chemical processes in the brain control bodily functions, so the release of, or the lack of necessary chemicals to maintain homeostasis will cause the physical imbalances in addition to impaired mental processing and function. Medications are often prescribed to help maintain the healthy chemical production and balance.

**Behavioral Components** Behavioral theories can also be used to explain possible causes of psychological disorders. Treatment plans such as behavior modification are designed and used in interventions, face-to-face, or as part of group therapy. Helping a patient to become aware of certain unwanted behaviors is vital to the success of therapy. For example, maladaptive thought processes can be disabled when the patient is aware of, and takes a proactive approach to replacing unwanted behaviors with more desirable, positive behaviors. In the case of the traumatic experience which continually causes extreme anxiety, the association between circumstance and an unwanted behavior is more likely to be rectified in the cycle broken the patient is aware of why he behaves poorly in response to certain stressors.

**Cognitive Components** Because of the existence of faulty thought processes known as cognitive distortions which accompany psychological disorders, researchers and clinicians often rely heavily on cognitive theories to explain unwanted behaviors and the onset of a particular disorder. Cognitive distortions cause exaggeration, overly emotional responses to otherwise normal situations. Continual justification and exaggeration lead to prolonged states of hypervigilance which is detrimental to the physical and mental well-being of an individual. An example of cognitive distortion is fortune telling where the patient automatically assumes a worst-case scenario in anticipation of an upcoming event or circumstance.

**Emotional Components** Clinicians and theorists often draw on research findings relevant to other theories to draw conclusions and understand behaviors associated with various disorders. In circumstances where biological cognitive and behavioral explanations failed to provide clues about the possible underlying cause of the disorder, the psychodynamic perspective may be helpful in providing an explanation. In the case of dissociative disorders, the psychodynamic theory points to avoidant behavior being present for the purpose of keeping emotional turmoil suppressed. Rather than finding a solution to a problem that possibly occurred in childhood, an individual may continue living with underlying disturbances rather than confront them proactively to resolve anxiety. Referring to several theoretical perspectives when searching for answers about psychological illness has its obvious advantages. Rather than relying on just one theory to understand, diagnose and treat psychological disorders, clinicians are able to gather as much information as possible to help them in their quest. When understood completely the theories seem more complementary than not, and provide researchers and clinicians with the tools necessary for identifying underlying causes, reasons for abnormal behavior, and for the development and application of successful interventions. Thanks to the contributions of researchers, each perspective continues to evolve providing more insight and understanding into the development, management, and possible extinction of countless psychological disorders and their symptoms.

Source What is Agoraphobia? Do I have it? Among the numerous phobias, Agoraphobia is relatively common. Agoraphobia can cause significant distress and influence day-to-day functioning in a

significant and negative manner. The individual with agoraphobia will harbor a fear of public places, or being in a crowd of people. Ironically, those who suffer with agoraphobia will also be alarmed if they find themselves alone, because they fear they will need help and nobody will be close by to offer assistance. Agoraphobics often feel panicky and fall into a vicious cycle of fearing panic will disable them if they leave the safety of their home, but at the same time, they feel stress because they are unable to do so. How could a person develop this fear? Could this fear arise in some other way? Agoraphobia can exist in conjunction with Panic Disorder, among other things. Anyone who has experienced a panic attack will know the feeling of apprehension and sheer terror when they think about having a panic attack in a public place. Because attacks often occur in open or public places, and especially in crowded spaces while in the supermarket or out driving, an individual will be inclined to stay at home rather than risk a possibly humiliating and debilitating experience in the presence of others. This type of behavior is known as avoidant behavior. When a combination of the three problems exist together, and perhaps with additional disorders present, the daily routine can be severely disrupted leading to a multitude of other life issues. Behavior modification is available, and much research has recently been conducted on this very problem, particularly with an increased incidence of PTSD with returning military personnel. Can such fears be explained through principles of classic conditioning? Conditioning can explain how phobias develop, and how the cycles of perpetual fear is fed by fear itself. This cycle gathers its own momentum, and unfortunately it is difficult to break without professional assistance. The anticipation of having an episode is a response bought about through conditioning, just as conditioning describes how the association with a situation or circumstance can also trigger a fear response. Physiological symptoms of anxiety disorders are rapid heartbeat, high blood pressure and sleeping issues such as insomnia. Coping with symptoms of anxiety disorder can be extremely distressing and exhausting, so a suitable drug treatment in conjunction with psychological therapy is often necessary to maintain some sense of stability. Different types of anxiety disorders exist; some are generalized, meaning there is no obvious reason for the feelings of anxiousness, and phobic disorder which is a more specified anxiety and produces a fear of certain things or situations. For example, someone which arachnophobia has an extreme fear of spiders, more so than the usual apprehension most people feel. Panic Disorder is also relatively common, and can occur with either generalized or phobic disorders. Panic attacks cause the overwhelming fear that something drastic may happen, despite no evidence of any threat. Coping mechanisms can be developed to help ease the severity of panic attacks. Episodes often manifest without warning and can have debilitating effects. People who suffer from panic attacks have been known to leave full grocery carts in the aisle of a supermarket and promptly leave, for fear that something terrible will happen to them and nobody will know how to provide the help they need. Although this is a coping mechanism, it is maladaptive, and has been known to cause the onset of agoraphobia, another anxiety disorder. The agoraphobic sufferer will eventually become housebound for fear of leaving and entering an unsafe environment. Like other disorders, anxiety disorders are also thought to have genetic links. Oftentimes, no genetic predisposition is evident, and panic disorder may seem to be triggered by a traumatic event. It could however, be a combination of both factors. There are two suitable drug treatments for anxiety disorders; benzodiazepines and serotonin agonists Pinel, , p. Benzodiazepines are effective, although they produce a sedative effect and are not recommended for the long term. Buspirone is a serotonin agonist and does not produce the sedative effect, although it has been known to cause sleeping problems and nausea Pinel, , p. Interestingly, the SSRIs used to treat depression are commonly used for treating anxiety disorders, and are found to be very effective. Source Tourette Syndrome Tourette syndrome is said to develop in childhood and is recognizable by the demonstration of repetitious ticks, gestures, or sounds produced by the sufferer. There seems to be no control over these tics, and they can and do occur at inappropriate times. The repetitious behavior displayed in Tourette patients is also similar to obsessive compulsive disorder, and is often co-existent. Tourette syndrome is a brain disorder, and as it develops over time, it usually becomes more pronounced.

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