

What is Abnormal?

Abnormal behavior is defined as behavior that is deviant, maladaptive, and/or personally distressful.

- **Distress**: The individual reports of great personal distress.
 - The distressed created by obsessive behavior drives a person wash her hands 4 times an hour, take 7 showers a day, and cleans her apartment twice.
- **Dysfunctional**: Maladaptive behavior interferes with a person's ability to function effectively in the world.
 - Believing that you are the leader of the free world and everyone is subservient to you would interfere with your ability to get along with others.
- **Deviant**: Behavior that is a serious deviation from social norms of that culture.
 - For example, washing your hands 4 times an hour, taking 7 showers a day, and cleaning your apartment twice a day is considered deviant.

Who assesses these criteria?

- psychiatrists
- clinical psychologists

When abnormal behavior becomes extreme, people are judged to have a psychological disorder. The difficulty in assessing a psychological disorder is

- distinguishing between normal behavior and extreme behavior and
- the presence or absence of the symptoms.

People can be incorrectly labeled as having a psychological disorder for political, social reasons, rather than psychological.

When seeking treatment, especially drugs treatment, make sure you see a clinical psychologist or psychiatrist. Commercials on television tell you to go see your doctor or physician because most people have a physician and not a psychologist.

Warning: What knowing about Psychological Disorders Doesn't Allow you to Do!

I am not a clinical psychologist. As you will see, in this chapter, psychological disorders are difficult to diagnose (leave it for the professionals). This chapter is to help you understand people with a psychological disorder. It is difficult to tell the difference between "normal" behavior and "abnormal" behavior.

- The first time I took Introductory Psychology, I thought I was schizophrenic. One of the dangers of learning about psychological disorders is that students often think that they have one by looking at the definition of each psychological disorder and find that some of the symptoms apply to themselves.
- I always double-check the locks on my car and door, and the stove and worry about small things.
- I talk to myself out loud to myself a lot as I try to resolve my own problems. An outsider, it could look like I have a psychological disorder (eg. schizophrenic).
- I get depressed for a day sometimes. Is this normal? If it were, when would it become abnormal?

If you feel you have any psychological problems, please contact those at:

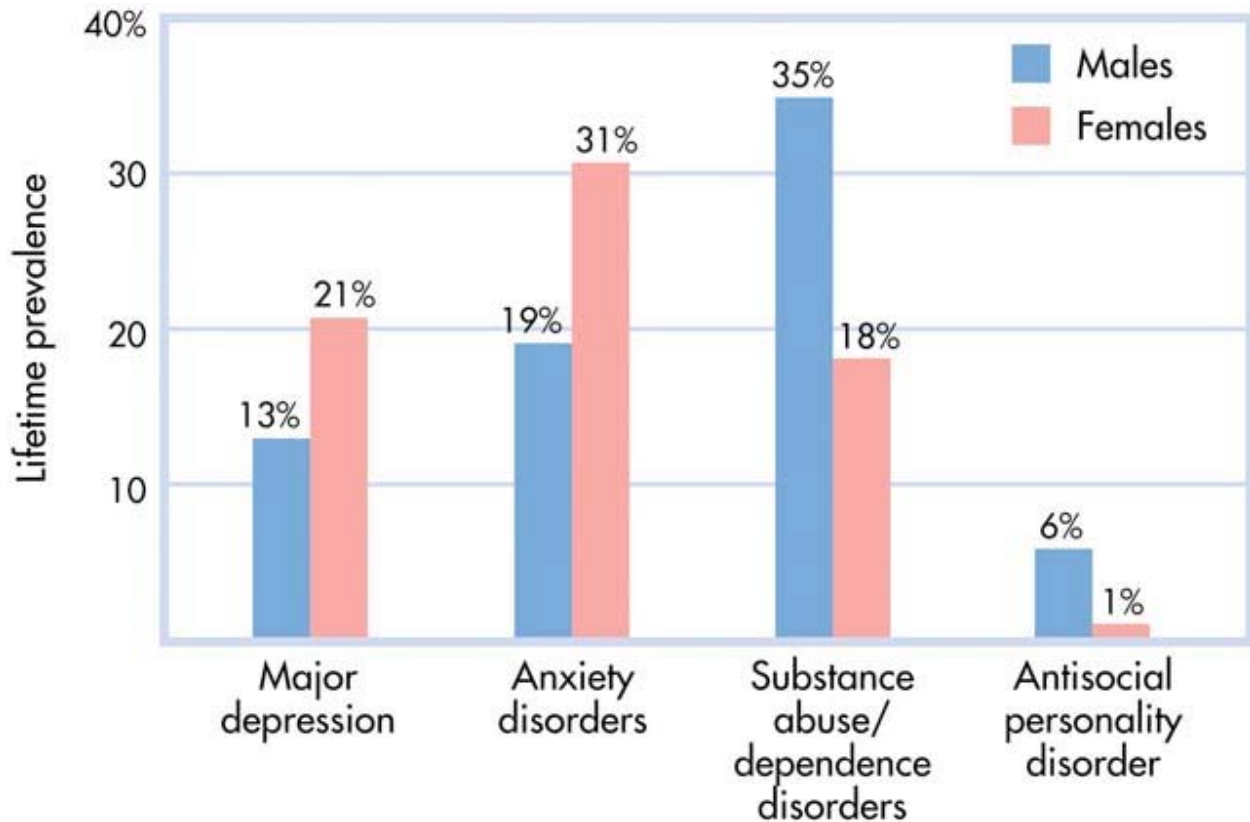
- Academic Services and Counseling Services
- Student Health Services
- White Bird Clinic 24 hour crisis hotline (687-4000)

Why should you care about psychological disorders?

Common responses are:

- Psychological disorders are not that big of a problem-- No one I know has a psychological disorder.
- Psychological disorders will happen to someone else who is less deserving than me.
- Psychological disorders are fairly rare and uncommon.

What does the National Comorbidity Survey tell us about Psychological Disorders?



- Almost one in two adults (48%) had experienced the symptoms of a psychological disorder at some point in their lifetime.
 - The lifetime prevalence rate of cancer is 30%. Psychological disorders represent a significant source of misery for individuals and lost of productivity for society.
- Almost 1/3 (30%) of the respondents experienced the symptoms of a psychological disorder in the last 12 months.
- 80% of those who suffered the symptoms of a psychological disorder in the previous year did not seek treatment or help for their symptoms.

What are the possible explanations of these findings?

- There is a lack of awareness about psychological disorders.
- There is still a stigma attached to seeking treatment for psychological disorders.
- There is a lack of awareness and access to mental health services.
- There is a lack of financial resources to pay for treatment of psychological services.
- Most people seem to weather the symptoms without becoming completely debilitated without professional intervention.

Part of a statement by David Satcher, the Former Surgeon General

Promoting mental health for all Americans will require scientific know-how but even more importantly, a societal resolve that we will make the needed investment. The investment does not call for massive budget; rather, it calls for the willingness of each of us to educate ourselves and others about mental health and mental illness, and thus to confront the attitudes, fears, and misunderstanding that remain as barriers before us. It is my intent that this report will usher in a healthy era of mind and body for the nation.

David Satcher, M.D., Ph.D.
Surgeon General

From the Preface of Mental Health: A Report of the
Surgeon General.

You can find it at:

- www.surgeongeneral.gov/library/mental_illness

or for more free information look at:

- www.mentalhealth.org
- www.mentalhealth.org/publications/ordering/cfm

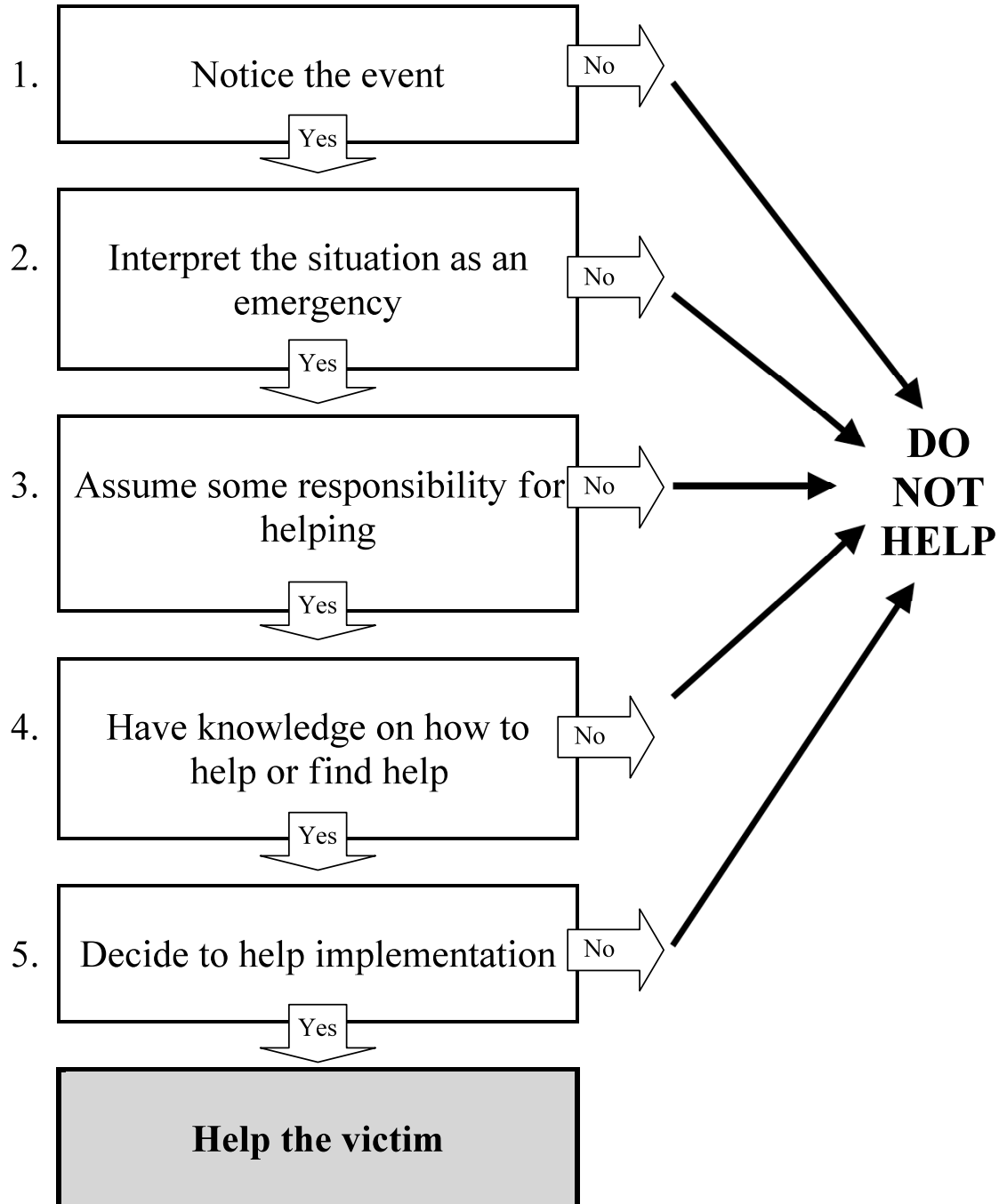
The descriptions of psychological disorders and the guidelines to help prevent suicide are meant to help you provide “psychological first aid”. They do not qualify you as a clinical psychologist to diagnose psychological disorders, or as a suicide prevention expert.

If we look back on Latane and Darley’s decision tree for helping, these guidelines provide you with the means of

- noticing the event,
- deciding if the situation is an emergency by starting a conversation,
- taking responsibility for helping the person
- and implementing that knowledge such as:
 - calling White Bird 24-hour crisis number (687-4000)
 - visiting Student Health Services

Latané and Darley's Model of Helping Behavior

In order to provide help, one must:



Anxiety

- GAD
- Panic attacks and Panic disorder
- Phobias (Agoraphobia/Social Phobia)
- PTSD
- OCD

Mood

- Major Depression
- Dythymic Disorder
- Bipolar Disorder
- Cyclothymic Disorder

Dissociative Disorder

- Dissociative Amnesia
- Dissociative Fugue
- Dissociative Identity Disorder (DID)

Personality

- Personality
- Antisocial
- Borderline

Schizophrenia

- Paranoid
- Disorganized
- Catatonic
- Undifferentiated