The study of mental and emotional disorders as well as aberrant behavior. In clinical discourse, abnormal psychology is also referred to as psychopathology.

Abnormal psychology is the area of psychological investigation concerned with understanding the nature of individual pathologies of the mind, mood, and behavior. It addresses dysfunction associated with distress or impairment in functioning and a response that is not typical or culturally expected. Such dysfunction should be considered on a continuum, rather than solely whether it is present or absent. Clinical assessment and diagnosis are important processes in the understanding and treatment of abnormal behavior, or psychopathology. Clinical assessment involves the evaluation of psychological, biological, and social factors in an individual presenting with abnormal behavior or symptoms of a possible psychological disorder. Diagnosis refers to the determination of whether reported problems or symptoms meet the criteria of a psychological disorder. As there are no specific lab tests to identify the presence of a disorder, diagnosis depends on the client report of symptoms, clinician observation of behavior, and signs from a mental status examination. The Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) provides a recognized classification system for identifying abnormal behavior. It includes disorders arranged in a number of major diagnostic classes: disorders usually first diagnosed in childhood (e.g., mental retardation, learning disorders, pervasive developmental disorders); delirium, dementia, amnestic, and cognitive disorders; substance-related disorders (i.e., substance use disorders, and substance-induced disorders); schizophrenia and other psychotic disorders; mood disorders (i.e., depressive and bipolar disorders); anxiety disorders; somatoform disorders; factitious disorders; dissociative disorders; sexual and gender identity disorders; eating disorders; sleep disorders; impulse-control disorders; adjustment disorders; and personality disorders. Personality disorders reflect an enduring pattern of functioning that deviates from the expectations of an individual's culture. They are also pervasive and inflexible, have an onset in adolescence or early adulthood, are stable over time, and lead to distress/impairment. There are three clusters of personality disorders based on descriptive similarities. Cluster A reflects odd/eccentric behavior and includes paranoid, schizoid, and schizotypal personality disorders. Cluster B reflects dramatic, emotional, and erratic behavior, and includes antisocial, borderline, histrionic, and narcissistic personality disorders. Cluster C reflects anxious/fearful behavior, and includes avoidant, dependent, and obsessive-compulsive personality disorders. Culture often sets parameters for what is viewed to be pathological versus what is not. For example, prior to 1980 the DSM included homosexuality as a mental disorder; it has since been removed from the DSM and is seen as part of normality. Diagnosis continues to evolve as the understanding of mental disorders increases. This is reflected by changes to each new edition of the DSM. Diagnosis is limited by clinical judgment about whether an individual's symptoms meet diagnostic criteria. Cultural differences can be misinterpreted as impairments if the clinician is not sensitive to the cultural context.

Conceptions of abnormal behavior have changed considerably over time. Efforts to understand
problematic behavior often derive from the prevailing theories of behavior that are popular at any given time. During the fourteenth to fifteenth centuries supernatural traditions prevailed which suggested that deviant behavior was defined by the battle between good and evil. Bizarre behavior was seen as the work of the devil and witches and drastic action was taken against those who were viewed to be possessed, such as exorcism. Later, biological traditions proposed physical causes for mental disorders. Hippocrates, known as the father of modern medicine, suggested that mental disorders were caused by brain pathology or head trauma. Brain functioning was proposed to be related to four bodily fluids or humors – blood, black bile, yellow bile, and phlegm – which emanated from different organs. Disease resulted from too much or too little of the fluids. For example, too much black bile was thought to lead to melancholia (depression). The biological tradition flourished in the nineteenth century, leading to increased institutionalization for those with mental illness. Psychological traditions soon developed. The approach of moral therapy developed to treat patients as normally as possible in environments providing the opportunity for social interaction. By the twentieth century two major psychological approaches emerged. Sigmund Freud developed the psychoanalytical approach which emphasized the influence of unconscious processes on abnormal behavior. Behaviorism also emerged with a focus on learning and adaptation in the development of psychopathology. The prevailing theory is now one of a multidimensional model of psychopathology (integrating biological, behavioral, cognitive, emotional, and social factors). This biopsychosocial model has been attributed to the work of George Engel. He described a framework from which to understand health and disease, offering a broad view that biological factors alone are not enough to explain health and illness. Biopsychosocial factors are thought to be involved in the development, course, and outcome of illness, including mental disorders. The relative importance of any one factor on causation varies. The role of these factors also varies across individuals, and across stages of the lifespan. Biological influences include the role of genetics in the development of illness. It is a challenge to determine which genes affect behavior and how. It is expected that no single gene or even combination of genes determines whether someone will develop a disorder, but rather genes providing risk interact with environmental factors. Psychosocial influences include stressful life events, one’s personality and temperament, interpersonal relationships, and culture. Various terms are used in discussing the etiology of mental illness, such as correlation, causation, and consequence. Correlation refers to the association between two or more events, and does not necessarily mean causation. Correlation studies have identified risk factors, which are biological, psychological, or sociocultural variables that increase the probability for developing a given disorder. Causation is difficult to establish, particularly due to the challenges of experimental research involving human subjects.

There are several research strategies for studying psychopathology, with the ultimate goal to uncover the causes of a particular disorder. Case study methodology provides detailed examination of a single individual; it provides detailed understanding of the given individual, but not general psychological principles. Epidemiological studies address the distribution of disorders in a given population, and the variables that are associated with the distribution. To study genetic and environmental influences, behavior-genetic paradigms are used which involve family, twin, and adoption studies. Environmental studies also address shared versus non-shared influences on psychopathology. Biological studies include psychophysiological research which addresses the impact of physiological responses on psychological processes, and utilizes brain imaging technology to document the structure and functioning of the brain. Psychopathology research is increasingly turning to hybrid forms of research design to address multiple methodological approaches simultaneously.
Treatment for mental disorders has evolved since the deinstitutionalization movement of the 1950s. Treatments may be pharmacological, psychological, or a combination of both. Much research has focused on the effectiveness of psychotherapy for psychological disorders. Most prominently, Hans Eysenck questioned the effectiveness of psychotherapy in papers in 1952 and 1960. This spurred increased attention to the study of therapeutic effectiveness, and in 1977 Smith and Glass reported that therapy works after utilizing meta-analysis. With increased efforts to study therapy outcomes has come increased attention to the development of empirically-based treatment for psychological disorders. The goal is the identification of which treatment is most effective for which person.

SEE ALSO: Clinical psychology ▶ Developmental psychopathology ▶ Diagnostic and Statistical Manual ▶ Mental illness ▶ Psychopathology

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