

PSYC100 GENERAL PSYCHOLOG Y

PSYCHOPATHOLOGY

What is abnormality?

The classification of mental disorders

Lecture outline

Anxiety disorders

Obsessive-compulsive and related disorders

Depressive and bipolar disorders

Schizophrenia spectrum

Personality disorders



What is abnormality?

- Abnormality as deviation from the (statistical) average
 - Gifted are statistically rare, is that abnormal?
 - Common things like anxiety are considered as disorders.
 - Abnormality as deviation from the norm
 - Society's norms; is rule breaking is bad, then is having panic attack also bad?
 - Abnormality as deviation from ideal mental health
 - Varies across cultures
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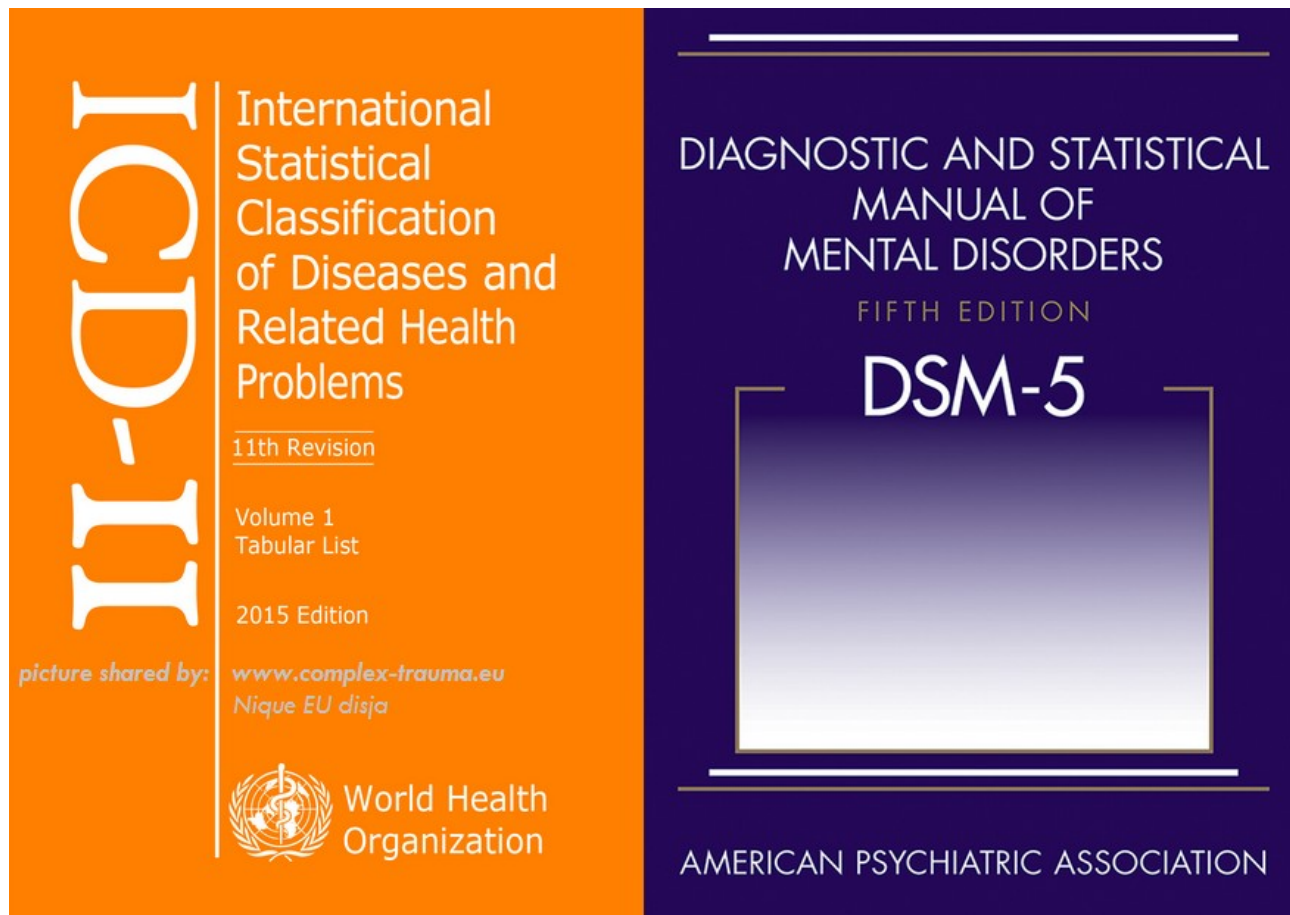
What is abnormality?

- Abnormality as personal distress
 - Obsessive-compulsive behaviour
 - Abnormality as others' stress
 - Interpersonal aspect; narcissistic personality disorder
 - Abnormality as maladaptiveness
 - Substance use
 - Abnormality as unexpected behaviour
 - Anxiety in anxiety disorders is out of proportion
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The classification of mental disorders

- Kraepelin published the first recognised textbook of psychiatry in 1883. Kraepelin claimed that certain groups of symptoms occur together sufficiently often for them to be called a 'disease' or syndrome.
 - His classification formed the basis for the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the *International Classification of Diseases* (ICD).
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DSM and ICD

Does classification always work?

On being sane in insane places (Rosenhan, 1973)

- Eight psychiatrically 'normal' people (a Psychology student, three Psychologists, a paediatrician, a psychiatrist, a painter-decorator, and a housewife) presented themselves at the admissions offices of 12 different US psychiatric hospitals, complaining of hearing voices saying 'empty', 'hollow' and 'thud' (auditory hallucinations).
- These symptoms, together with their names and occupations, were the only falsification of the truth involved at any stage of the study.
- All eight *pseudo-patients* were admitted (in 11 cases with a diagnosis of 'schizophrenia', in the other 'manic depression'), after which they stopped claiming to hear voices. They were eventually discharged with a diagnosis of 'schizophrenia (or manic depression) in remission' (i.e. without signs of illness).
- The only people to have been suspicious of their true identity were some of their 'fellow' patients. It took between 7 and 52 days (average 19) for them to convince the staff that they were well enough to be discharged.
- In a second experiment, members of a teaching hospital were told about the findings of the original study, and were warned that some pseudo-patients would be trying to gain admission during a particular three-month period. Each member of staff was asked to rate every new patient as an impostor or not. During the experimental period, 193 patients were admitted, of whom 41 were confidently alleged to be impostors by at least one member of staff, 23 were suspected by one psychiatrist, and a further 19 were suspected by one psychiatrist and one other staff member. All were genuine patients.

DSM 5

- I. Neurodevelopmental Disorders (e.g. ADHD, autism)
 - II. Schizophrenia Spectrum and Other Psychotic Disorders
 - III. Bipolar and Related Disorders
 - IV. Depressive Disorders
 - V. Anxiety Disorders
 - VI. Obsessive-Compulsive and Related Disorders
 - VII. Trauma- and Stressor-Related Disorders
 - VIII. Dissociative Disorders
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DSM (cont.)

IX. Somatic Symptom and Related Disorders

X. Feeding and Eating Disorders

XI. Elimination Disorders

XII. Sleep-Wake Disorders

XIII. Sexual Dysfunctions

XIV. Gender Dysphoria

XV. Disruptive, Impulse-Control, and Conduct Disorders

XVI. Substance-Related and Addictive Disorders

DSM (cont.)

XVII. Neurocognitive Disorders

XVIII. Personality Disorders

XIX. Paraphilic Disorders

XX. Other Mental Disorders

Example: Major depressive disorder

A person must experience **at least 5 symptoms** during the **same 2-week period**, and the symptoms must represent a **change from previous functioning**. At least **one** of the symptoms must be: depressed mood or loss of interest/pleasure.

1. Depressed mood most of the day, nearly every day
 2. Markedly reduced interest or pleasure in most activities
 3. Significant unintentional weight loss or gain, or change in appetite
 4. Insomnia or hypersomnia
 5. Observable psychomotor agitation or slowing
 6. Fatigue or loss of energy
 7. Feelings of worthlessness or excessive/inappropriate guilt
 8. Reduced ability to think, concentrate, or make decisions
 9. Recurrent thoughts of death, suicidal ideation, or suicide attempt
- The symptoms cause **clinically significant distress** or impairment in social, occupational, or other important areas of functioning.
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Separation Anxiety Disorder

Selective Mutism

Specific Phobia

Social Anxiety Disorder (Social Phobia)

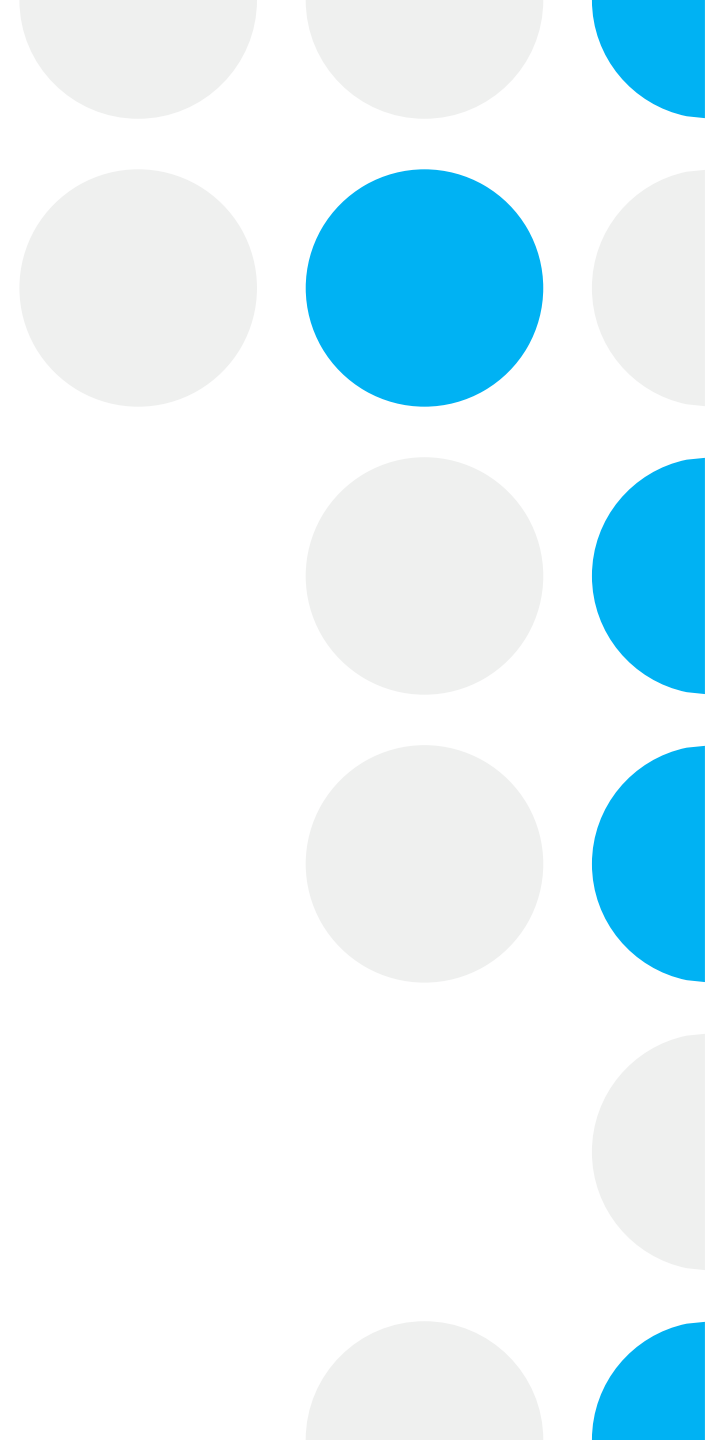
Panic Disorder

Agoraphobia

Generalized Anxiety Disorder (GAD)

Separation anxiety disorder

- Characterized by excessive fear or distress about being separated from major attachment figures.
 - Symptoms may include persistent worry about harm happening to them, reluctance to leave home, nightmares about separation, or physical complaints when separation is anticipated.
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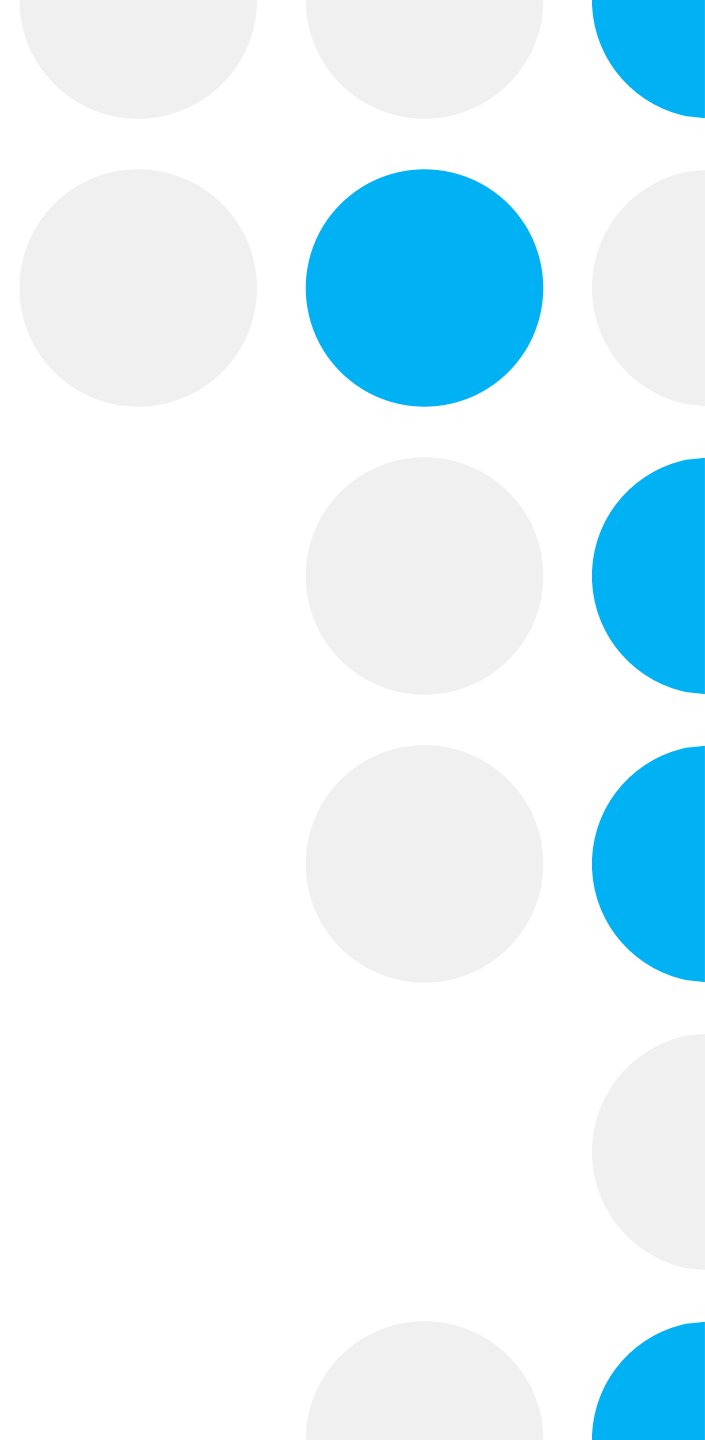
Selective mutism

- Marked by a consistent failure to speak in specific social situations (e.g., school) despite speaking normally in other settings.
 - Not due to lack of language knowledge, developmental delay, or other communication disorders. Often associated with social anxiety.
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Specific phobia

- Involves intense fear or anxiety triggered by a specific object or situation (such as claustrophobia, animals, heights, flying, blood/injection/injury, etc.).
 - Exposure nearly always provokes anxiety, leading to avoidance or enduring with intense distress.
 - Fear is excessive relative to actual danger.
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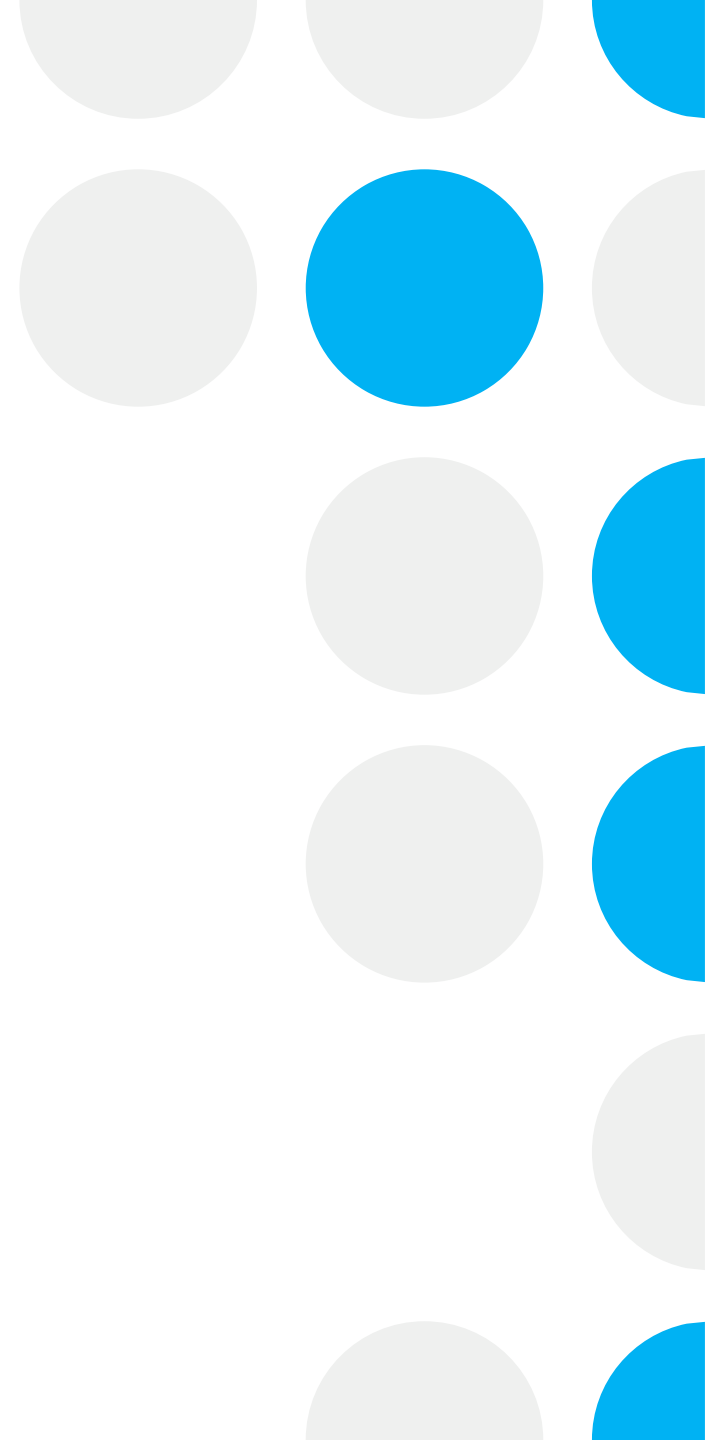
Social anxiety disorder

- A persistent fear of social situations where one may be judged, embarrassed, or scrutinized.
 - Common triggers include conversations, meeting new people, public speaking, or eating in front of others.
 - Leads to avoidance or intense distress and interferes with functioning.
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Panic disorder

- Defined by recurrent, unexpected panic attacks, along with persistent worry about additional attacks or their consequences, and/or significant maladaptive behaviour changes (e.g., avoidance).
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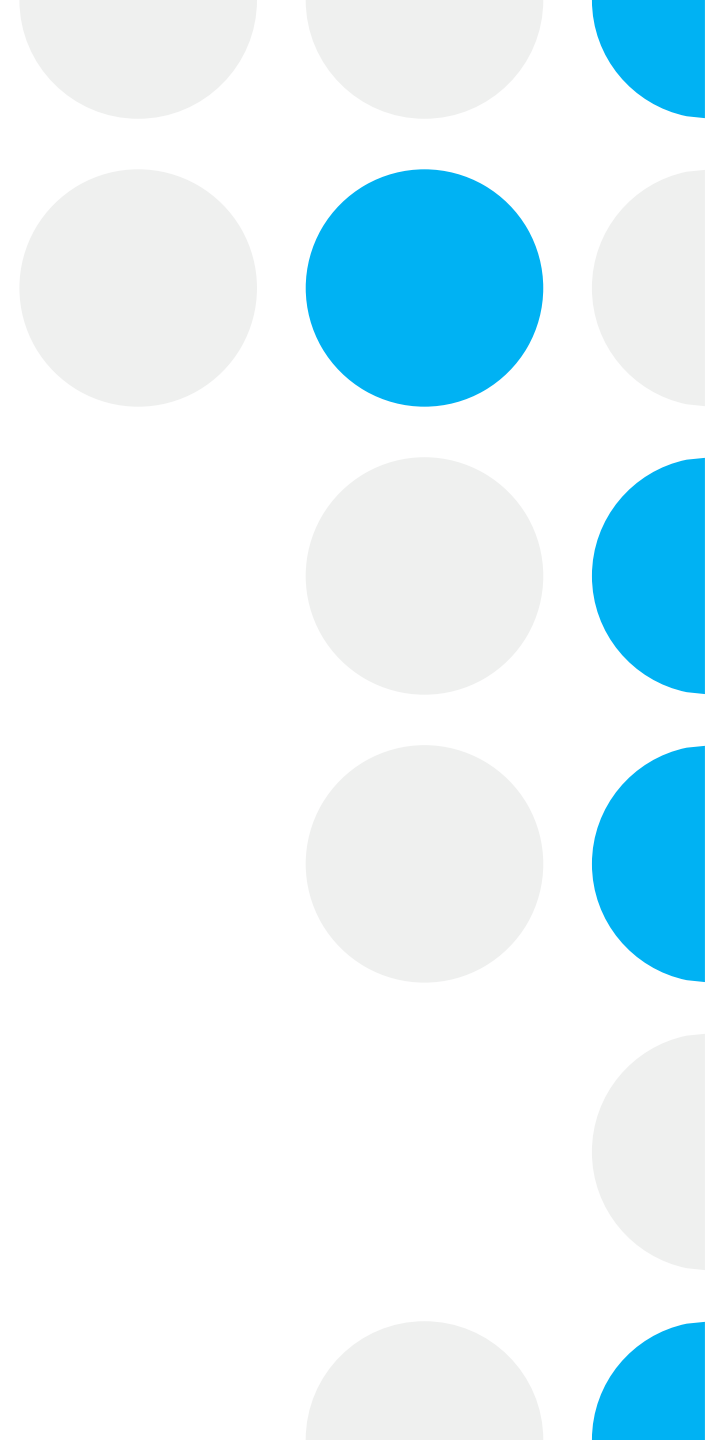
Agoraphobia

- Fear or anxiety about being in situations where escape might be difficult or help unavailable in case of panic-like symptoms.
 - Common situations: public transportation, open spaces, enclosed places, crowds, or being outside the home alone.
 - People may avoid these situations or need a companion.
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Generalized anxiety disorder

- Chronic, excessive worry about multiple areas of life (work, health, finances, family, etc.) occurring more days than not for at least 6 months.
 - The person cannot pinpoint the source of anxiety.
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Obsessive-compulsive disorder (OCD)

Body Dysmorphic Disorder

Hoarding Disorder

Trichotillomania (Hair-Pulling Disorder)

Excoriation (Skin-Picking) Disorder

Obsessive-compulsive disorder

- A condition involving obsessions, compulsions, or both.
 - **Obsessions:** intrusive, unwanted thoughts, urges, or images that cause anxiety.
 - **Compulsions:** repetitive behaviours or mental acts performed to neutralize the anxiety or prevent a feared event.
 - Symptoms are time-consuming or impair functioning.
 - The person recognizes the thoughts/behaviours as excessive, though insight can vary.
 - E.g. cleaning, checking, symmetry etc.
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Body dysmorphic disorder

- Characterized by a preoccupation with perceived defects or flaws in physical appearance that are minor or not observable to others.
 - Individuals engage in repetitive behaviours (e.g., mirror checking, excessive grooming, skin picking) or mental acts (comparing appearance to others).
 - Causes significant distress or impairment; may involve muscle dysmorphia.
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Hoarding disorder

- Marked by persistent difficulty discarding or parting with possessions, regardless of actual value.
 - This leads to accumulation of clutter that congests living areas and compromises use of space.
 - Attempts to discard items cause significant distress.
 - Not explained by lack of space or poverty.
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Trichotillomania (Hair-Pulling Disorder)

- Recurrent pulling out of one's hair, leading to noticeable hair loss.
 - Individuals have repeated attempts to decrease or stop the behaviour.
 - Often linked to tension before pulling and relief afterward, though this pattern can vary.
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Excoriation (Skin-Picking) Disorder

- Recurrent skin picking that results in skin lesions.
 - Repeated efforts are made to reduce or stop picking.
 - Leads to distress, medical complications, or impairment in social or occupational functioning.
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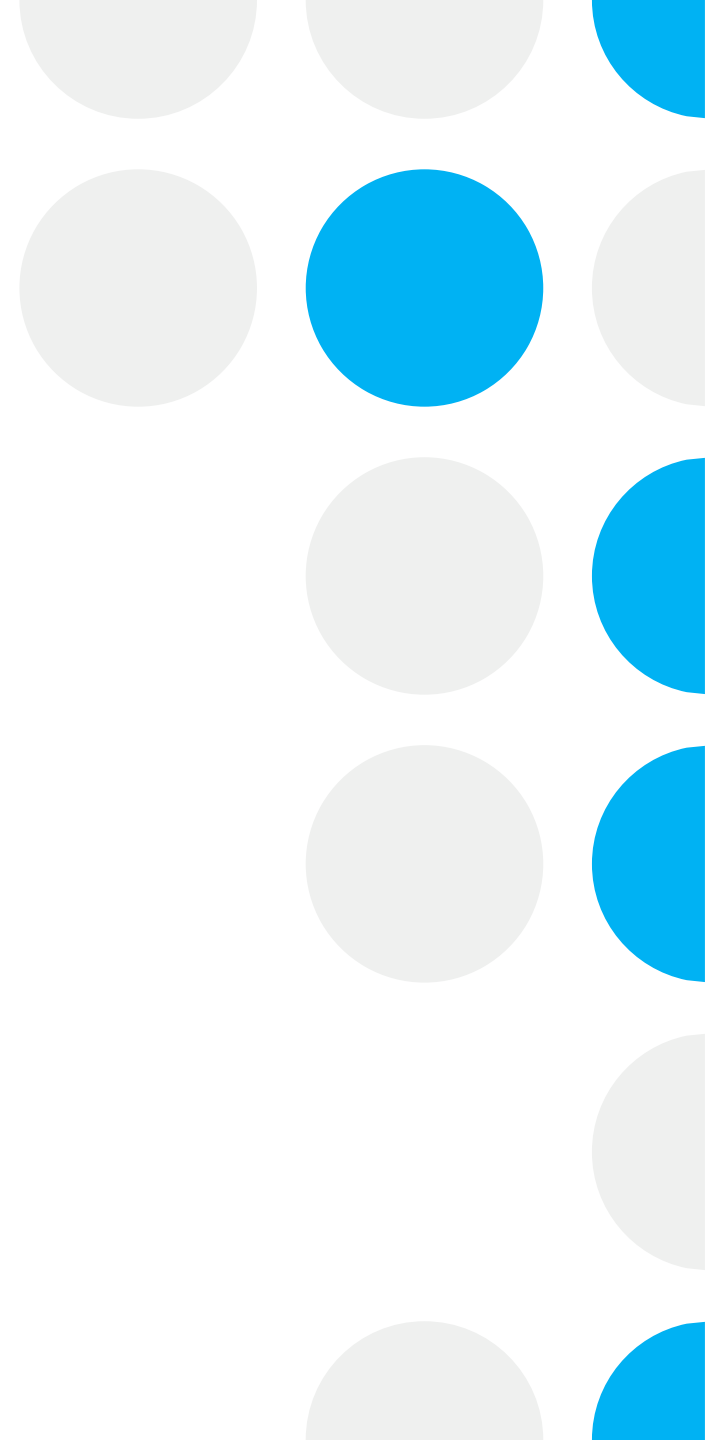
Major Depressive Disorder

and Bipolar

Persistent Depressive Disorder

Bipolar I

Bipolar II



Major Depressive Disorder

- A condition marked by persistent depressed mood or loss of interest, along with other symptoms such as changes in sleep, appetite, energy, concentration, or thoughts of self-harm.
 - Symptoms last at least **2 weeks** and cause significant distress or impairment.
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Persistent Depressive Disorder

- A chronic, long-lasting form of depression with a low mood that persists for **2 years or more** (1 year in children/adolescents).
 - Symptoms are less severe than MDD but more enduring, often with low energy, poor self-esteem, and hopelessness.
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Bipolar I

- Defined by at least one **manic episode**, which is a period of abnormally elevated, expansive, or irritable mood with increased energy and impaired functioning.
 - Depressive episodes often occur but are **not required** for diagnosis.
 - Causes **marked impairment**, may include psychosis, or require hospitalization.
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Bipolar II

- Characterized by recurring **hypomanic episodes** (a milder form of mania that does not cause severe impairment) and **major depressive episodes**.
 - No history of full manic episodes.
 - **No marked impairment**, no psychosis, and no hospitalization due to hypomania.
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Schizophrenia

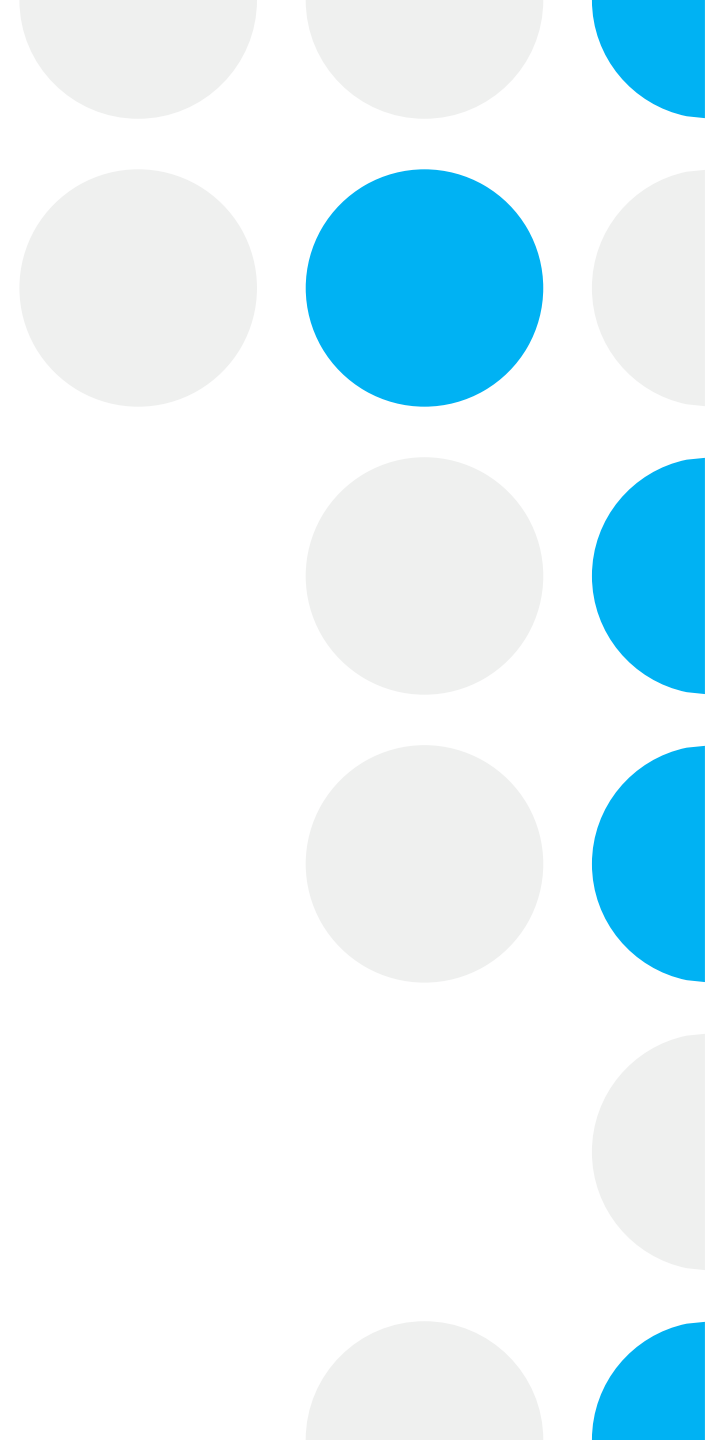
Schizophrenia

Schizophreniform Disorder

Schizoaffective Disorder

Brief Psychotic Disorder

Delusional Disorder



Schizophrenia

- A chronic disorder with persistent psychotic symptoms (delusions, hallucinations, disorganized speech/behaviour, negative symptoms) lasting **≥6 months**, with significant decline in functioning.
 - Symptoms tend to be long-term and disabling without treatment.
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Psychotic symptoms in schizophrenia

- ✂ Delusions: false beliefs that are sustained in the face of evidence that normally would be sufficient to destroy them
 - ✂ Hallucinations: false perceptions that have a compelling sense of reality (mostly auditory)
 - ✂ Disorganized thought and language
 - ✍ Nonsensical, rhyming patterns i.e. clanging
 - ✂ Affects emotional expression
 - ✍ Blunt, flat, or inappropriate affect
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Delusions

- **Persecutory delusions:** Belief of being harmed, watched, or targeted by others.
 - **Delusions of reference:** Belief that neutral events or media have special personal significance.
 - **Grandiose delusions:** Belief of having exceptional power, wealth, identity, or abilities.
 - **Delusions of control:** Belief that one's thoughts, feelings, or actions are controlled by external forces.
 - **Thought delusions:** Including thought insertion, thought withdrawal, or thought broadcasting.
 - **Somatic delusions:** False beliefs about bodily functions or physical abnormalities.
 - **Nihilistic delusions:** Belief that oneself, others, or the world does not exist or has ended.
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Clanging

TH: 'What colour is your dress?'

CL: 'Red . . . Like a bed.'

TH: 'Why is it like a bed?'

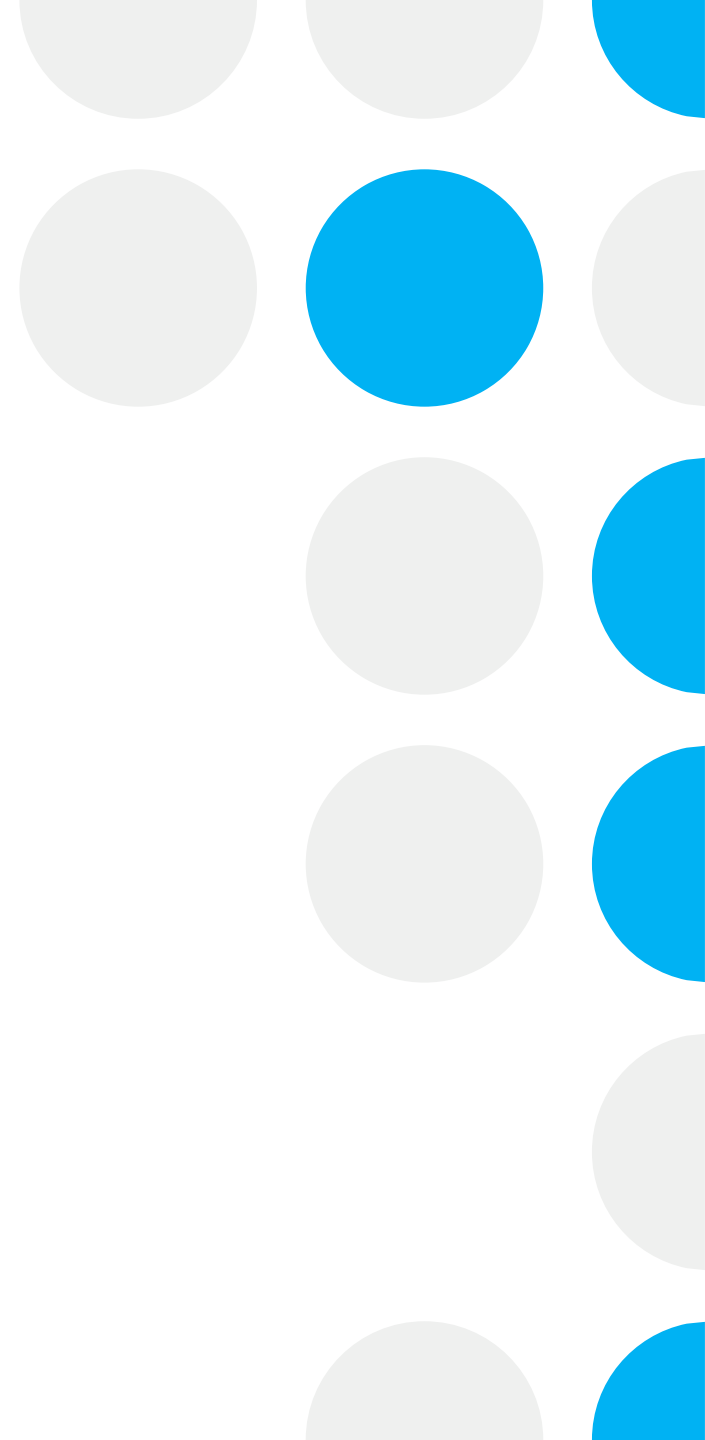
CL: 'Because it's dead.'

TH: 'Why is a bed like being dead?'

CL: 'I dunno . . . maybe it's a med.'

TH: 'What's a med?'

CL: 'A bled.'

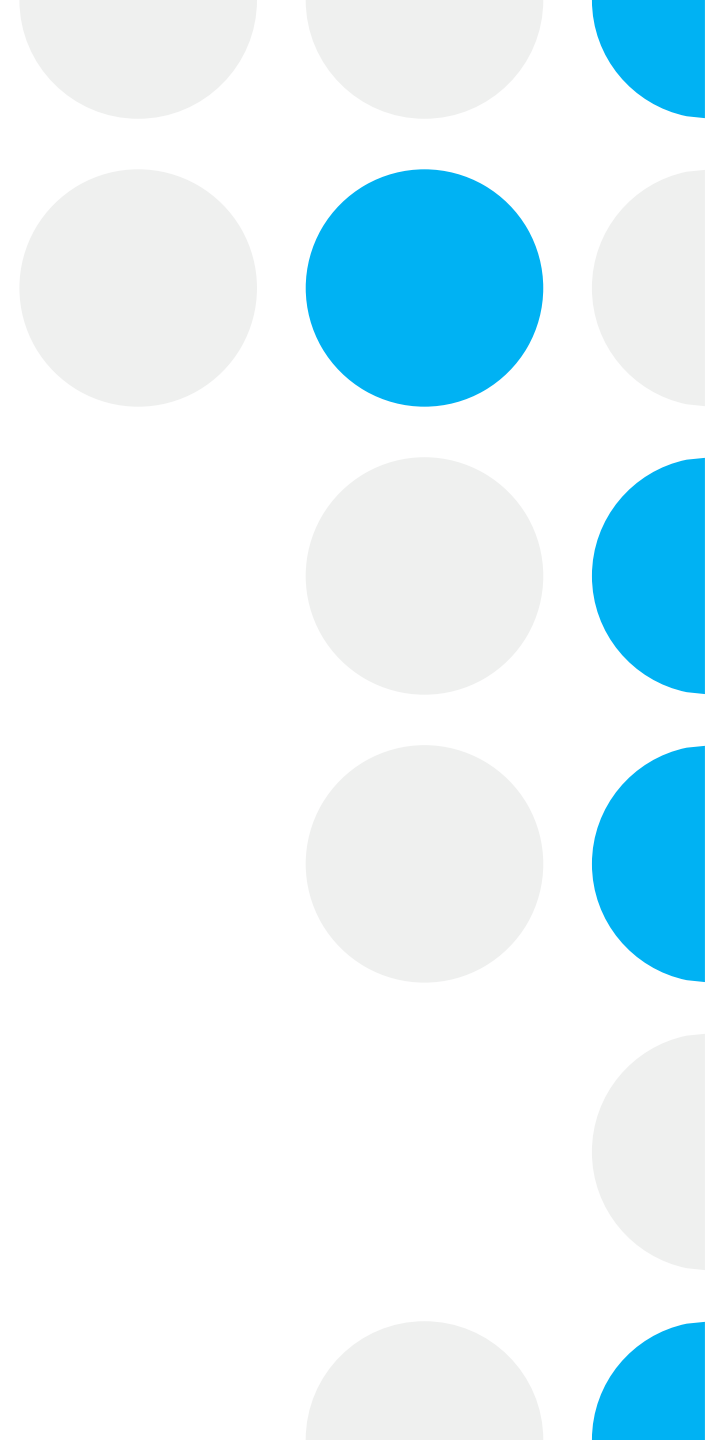


Schizophreniform Disorder

- Same symptom pattern as schizophrenia but with a duration of **1–6 months**.
 - Functioning may be impaired but long-term impairment is not required. Can progress to schizophrenia if symptoms persist.
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Schizoaffective Disorder

- Features **both psychotic symptoms and mood episodes** (major depressive or manic).
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Example

- A 28-year-old individual presents with a two-year history of auditory hallucinations and persecutory delusions, accompanied by recurrent major depressive episodes and periods of elevated mood with decreased need for sleep and increased goal-directed activity.
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Brief Psychotic Disorder

- A sudden onset of psychotic symptoms (delusions, hallucinations, disorganized speech/behaviour) **lasting 1 day to <1 month**, followed by full return to baseline.
 - Often triggered by stress
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Example

- A 24-year-old college student, after a heated argument with her roommate and failing two exams, suddenly becomes convinced that the FBI is monitoring her through her laptop camera and that classmates are government agents sent to poison her food. She is seen talking to herself, screaming at “agents” in the hallway, and appears terrified. She barely sleeps for 5 days. After 12 days, with low-dose antipsychotic medication and supportive therapy, the beliefs and hallucinations completely disappear, and she returns fully to her baseline, with good insight that it was related to extreme stress.
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Delusional Disorder

- Marked by **one or more delusions** lasting **≥ 1 month**, with otherwise relatively normal functioning.
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Erotomaniac type A 45-year-old woman believes that a famous actor she has never met is secretly in love with her. She interprets his TV interviews as containing coded love messages directed only to her. She mails him letters and once traveled to his city to “meet him at the airport.” Apart from this fixed belief, she works full-time as an accountant, dresses appropriately, and has normal conversations.

Persecutory type (most common) A 58-year-old man is convinced for the past 3 years that his neighbors have installed hidden microphones in his apartment walls and are recording him to blackmail him. He has filed multiple police reports and covered his walls with aluminum foil. He still goes to work every day as a bus driver and has no hallucinations or bizarre behavior outside this belief system.

Somatic type A 38-year-old woman is absolutely certain she has a parasitic worm infestation in her intestines despite dozens of negative medical tests (stool tests, CT scans, colonoscopies). She spends hours a day researching rare parasites online and repeatedly demands antiparasitic medication. Functioning is fairly intact otherwise.

Jealous type A 50-year-old husband believes, without evidence, that his wife has been unfaithful with multiple colleagues for the past 2 years. He checks her phone daily, follows her car, and questions minor details in her stories, but does not have mood swings, hallucinations, or disorganized thinking.

Personality Disorders

Cluster A (Odd or eccentric)

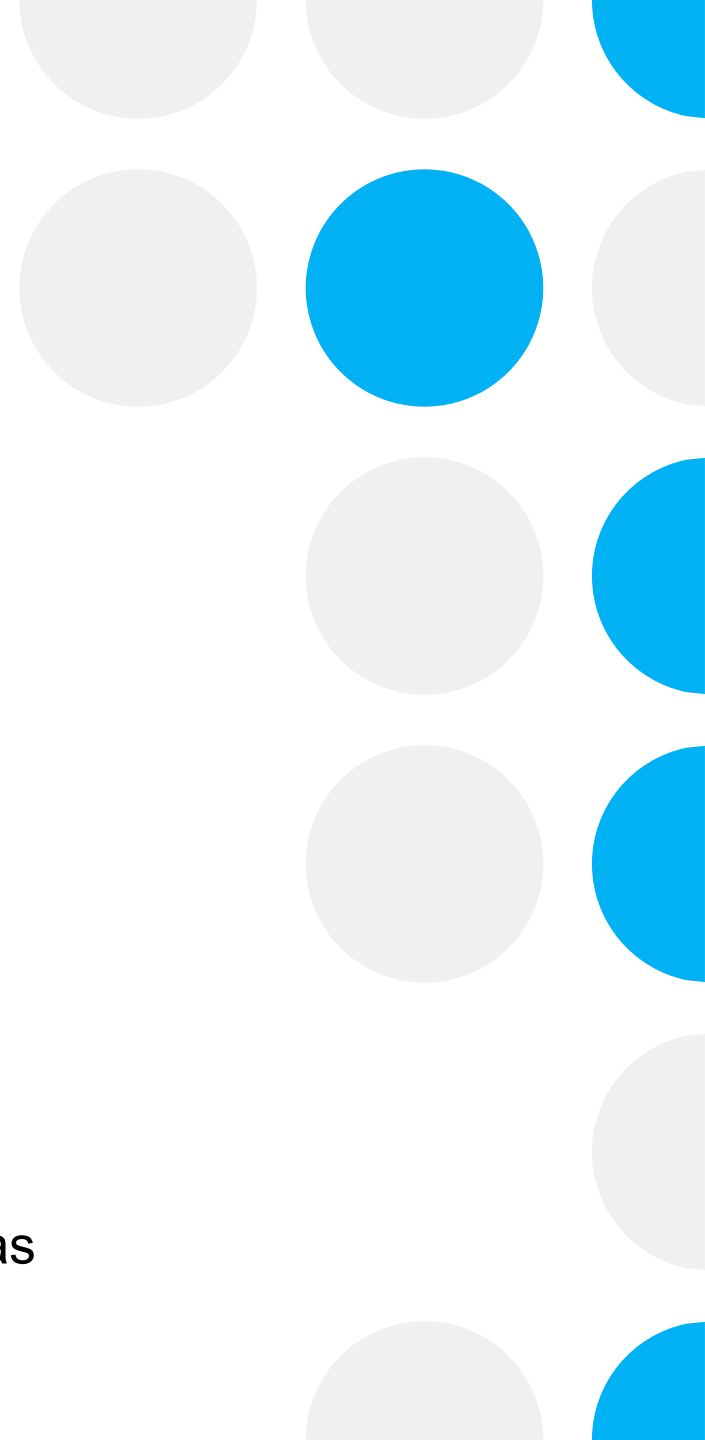
1. Paranoid Personality Disorder
2. Schizoid Personality Disorder
3. Schizotypal Personality Disorder

Cluster B (Dramatic, emotional, or erratic)

4. Antisocial Personality Disorder
5. Borderline Personality Disorder
6. Histrionic Personality Disorder
7. Narcissistic Personality Disorder

Cluster C (Anxious or fearful)

8. Avoidant Personality Disorder
9. Dependent Personality Disorder
10. Obsessive-Compulsive Personality Disorder (OCPD – not the same as OCD)



Cluster A

1. Paranoid Personality Disorder: Believes others are exploiting, harming, or deceiving them (without evidence) – Preoccupied with unjustified doubts about loyalty of friends/colleagues – Reluctant to confide in others (fears information will be used against them) – Reads hidden threatening meanings into benign remarks/events – Bears persistent grudges – Quick to feel attacked and counterattack e.g. Joseph Stalin

2. Schizoid Personality Disorder: Neither desires nor enjoys close relationships (including family) – Almost always chooses solitary activities – Little or no interest in sexual experiences with another person – Takes pleasure in few, if any, activities – Lacks close friends (except possibly first-degree relatives) – Appears indifferent to praise or criticism – Emotional coldness, flat affect e.g. Bill Gates

3. Schizotypal Personality Disorder: Magical thinking, ideas of reference, odd beliefs – Unusual perceptual experiences (illusions, sensing a “presence”) – Odd/eccentric appearance or behaviour - Unusual speech (vague, metaphorical, over-elaborate) – Lack of close friends – Ideas of reference (not full delusions) e.g. Van Gogh

Examples

Paranoid Personality Disorder

A 35-year-old employee persistently suspects coworkers are undermining him despite no evidence. He interprets neutral comments as hostile, holds longstanding grudges, and avoids confiding in others due to fears of betrayal. Functioning is limited by pervasive mistrust.

Schizoid Personality Disorder

A 40-year-old individual lives alone, shows little interest in social relationships, and reports minimal pleasure from activities. Affect is constricted, and the person appears indifferent to praise or criticism. Occupational functioning is adequate in solitary work settings.

Schizotypal Personality Disorder

A 25-year-old individual exhibits social anxiety, eccentric behavior, and odd beliefs (e.g., believing they can sense others' thoughts). Speech is vague and metaphorical, with limited close relationships. Perceptual distortions and magical thinking interfere with social and occupational functioning.

Cluster B

4. Antisocial Personality Disorder: Pervasive disregard for others' rights, deceitful, impulsive, aggressive, reckless, zero remorse. "Con artists" or criminals who feel no guilt. E.g. Ted Bundy

5. Borderline Personality Disorder: Unstable mood, self-image, and relationships; terror of abandonment; rapid mood swings; chronic emptiness; recurrent self-harm or suicidal behaviour; impulsive (spending, sex, substances). "Emotional burn victims" — everything feels life-or-death. E.g. Amy Winehouse, Marilyn Monroe

6. Histrionic Personality Disorder: Constant attention-seeking, overly dramatic/theatrical, shallow and rapidly shifting emotions, sexually seductive or provocative behaviour, uncomfortable when not the centre of attention. E.g. Madonna, Johnny Depp

7. Narcissistic Personality Disorder: Grandiosity, fantasies of unlimited success/power, believes they are "special," needs excessive admiration, entitlement, exploitative, lacks empathy, envious of others or believes others envy them. Fragile self-esteem hidden behind arrogance. E.g. Kanye West, Donald Trump, Steve Jobs

Examples

Antisocial Personality Disorder

A 30-year-old individual has a history of repeated arrests, deceitfulness, and impulsive behavior since adolescence. They demonstrate disregard for others' rights, lack remorse for harm caused, and fail to sustain employment or relationships.

Borderline Personality Disorder

A 26-year-old individual presents with unstable relationships, intense fear of abandonment, and marked mood reactivity. They report chronic feelings of emptiness, engage in self-harming behavior during interpersonal stress, and alternate between idealizing and devaluing others.

Histrionic Personality Disorder

A 32-year-old individual displays excessive emotionality, attention-seeking behavior, and discomfort when not the focus of attention. Speech is impressionistic, behavior is sexually provocative, and relationships are perceived as more intimate than they are.

Narcissistic Personality Disorder

A 38-year-old individual exhibits grandiosity, need for admiration, and lack of empathy. They exaggerate achievements, react poorly to criticism, and exploit relationships to maintain a sense of superiority, despite underlying interpersonal difficulties.

Cluster

8. Avoidant Personality Disorder: Extreme social inhibition, feelings of inadequacy, hypersensitive to criticism or rejection; Avoids jobs/activities involving contact, fears shame, sees self as inferior, very shy. E.g. Michael Jackson

9. Dependent Personality Disorder: Excessive need to be taken care of, submissive and clinging behaviour, terror of separation; Lets others take responsibility, fears being alone, urgently seeks new relationship when one ends, difficulty disagreeing. E.g. Scott Disick

10. Obsessive-Compulsive Personality Disorder: Rigid perfectionism, orderliness, and control at the expense of flexibility and efficiency; Preoccupied with rules/lists, stubborn perfectionism, workaholic, miserly, hoarding, delegating impossible unless done exactly their way. E.g. Elon Musk

Examples

Avoidant Personality Disorder

A 29-year-old individual avoids social and occupational interactions due to intense fear of criticism and rejection. Despite a strong desire for connection, they perceive themselves as socially inadequate and engage only in situations where acceptance is assured.

Dependent Personality Disorder

A 34-year-old individual demonstrates excessive need to be cared for, leading to submissive and clinging behavior. They have difficulty making decisions without reassurance, fear being alone, and remain in unhealthy relationships to avoid abandonment.

Obsessive-Compulsive Personality Disorder

A 42-year-old individual is preoccupied with orderliness, perfectionism, and control, at the expense of flexibility and efficiency. They devote excessive time to work, struggle to delegate tasks, and experience interpersonal conflict due to rigidity and high standards.

Lecture Summary

- What is normal and abnormal?
 - Classification systems
 - Disorders
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