

# PERSPECTIVES ON ABNORMAL BEHAVIOUR

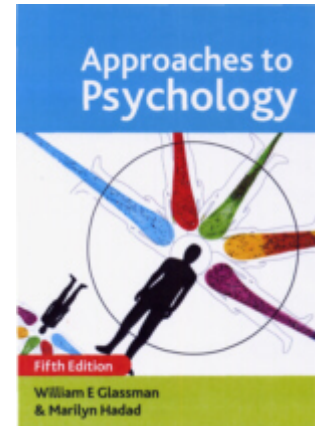
## Contents

[Introduction to Abnormal Behaviour](#)

[Perspectives on Aetiology and Treatment](#)

[Understanding Schizophrenia](#)

[Publications Related to Abnormal Behaviour](#)



## Introduction to Abnormal Behaviour

Probably no aspect of behaviour is more challenging to understand than psychopathology – the study of mental disorders. In everyday life, people often talk about ‘mental illness’, a term which echoes the medical background of many mental health practitioners. This medical model (embraced by the Biological approach) assumes that the cause of psychopathology is to be found in physical malfunctions of the brain and nervous system. However, not all approaches agree that all disorders have purely physical causes; indeed, the other approaches generally argue that learning often contributes to behavioural problems (such as phobias and stress). In order to avoid prejudging the cause of observed problems, the term ‘abnormal behaviour’ is preferable to terms like ‘mental illness’.

Names are important when it comes to discussing abnormal behaviour, because in everyday life, the use of terms related to pathology can often have negative social effects, called **stigmatising**. Even among professionals, there is a tendency to equate the problem with the person, so that one speaks of ‘a schizophrenic’ rather than ‘a person with schizophrenia’. (If this distinction seems petty, try substituting ‘flu’ for ‘schizophrenia’ – does it seem reasonable to equate the person with *that* illness?) Issues like this demonstrate that the social dimension of how we respond to abnormal behaviour is important, and not easily separable from the behaviour itself.

The reality is that public understanding of abnormal behaviour is fairly limited. While it has improved since the days of early asylums like Bedlam (in London) and Bicetre (near Paris), most people tend to be wary or even frightened when they encounter behaviour which seems very atypical. This is most obvious when considering disorders like schizophrenia, where the individual may experience hallucinations and severe delusions, but it is also true that most people have little understanding of mood disorders like depression, or the real nature of drug addiction, or many other problems described as ‘abnormal behaviour’. In some respects, the Internet is helping, by making it easier for people to access information about both health and pathology, but the reality is that right

now we still don't have all the answers when it comes to understanding and treating abnormal behaviour.

## Resources

### Internet Mental Health

One of the biggest and best websites for general information about many aspects of mental health and abnormal behaviour.

### NIMH Mental Health Topics

Link for consumer-oriented portion of web site for U.S. government institute which funds mental health research; main site also includes material for professionals.

### PsychNet-UK

British site which is roughly UK equivalent of Internet Mental Health; provides resources and links on various aspects of abnormal behaviour.

### Canadian Mental Health Association

National non-profit association with a focus on community support and enhancing understanding of mental health issues and disorders.

### Mental Health Bill of Rights

APA presentation of 1997 document supported by fifteen organisations representing more than 600,000 U.S. health professionals, addressing the need for professional and societal standards for dealing with individuals with mental disorders.

### Centre for Study of Psychiatry and Psychology

Web site created by Dr. Peter Breggin, a critic of many standard ideas about abnormal behaviour, especially the medical model and the use of drugs and electroshock as treatments. Like many critics, his views can sometimes seem extreme, but often raise interesting issues.

### On Being Sane In Insane Places

Online version of David Rosenhan's controversial "experiential study" of diagnosis, originally published in *Science* in 1973; for a commentary, relating Rosenhan's study to the problem of *stigmatisation* of those with mental disorders, see Constructing Difference: Social Deviance, by Newman and Smith.

## Perspectives on Aetiology and Treatment

If one seeks to understand abnormal behaviour, it is useful to start with a definition of what is 'abnormal'. As the text notes, criteria have changed over time – incidents like the Salem Witch Trials in the 1700s reflected a view that interpreted pathology in terms of demonic possession. (It now appears the real cause was poisoning by a fungus from spoiled grain, which led to a panic by the community in response to strange behaviour by those poisoned.) Today, diagnostic criteria try to consider behaviour in terms of the person's ability to function and reported quality of life (i.e. maladaptiveness and suffering). The use of diagnostic categories, based primarily on symptoms, is an attempt to group together similar cases, in much the way that early botanists categorised similar plants. (In both cases, the assumption is that categorising is the first step towards a deeper understanding.) The most widely used systems for diagnostic classification are Diagnostic and Statistical Manual IV (DSM\_IV) and the International Classification of Diseases (ICD).

Diagnosis, of course, is normally seen as the first step to understanding the cause (**aetiology**) of the abnormal behaviour, and therefore to identifying an appropriate treatment. While this process has proven very successful in dealing with communicable diseases like influenza and measles, it has had less overall success in dealing with abnormal behaviour. In part, this reflects theoretical disagreements among the five approaches about aetiology, and therefore about how best to treat a problem. A second factor which hampers the effectiveness of diagnosis based on symptoms is that similar behaviours may result from different causes. (For example, an elderly person showing delusions may be suffering from paranoia, or may simply have an undiagnosed hearing impairment which leads them to misinterpret the words and actions of others!)

Even the process by which health practitioners (and society) diagnose problems and disorders can pose problems – for example, you are less likely to be accurately diagnosed if the practitioner is from a different cultural or ethnic background than your own. In fairness, the groups that publish the most widely used standards for diagnosis, the American Psychiatric Association (DSM-IV) and the World Health Organisation (ICD-9), are aware of the difficulties, and are striving to improve the accuracy and reliability of diagnosis, but the present system is far from perfect.

It is not possible here to discuss all details of diagnosis and treatment, or to discuss the nature of every disorder. (The text provides more information on these topics, of course.) However, the following resources may be useful if you are seeking additional information, either about causes and treatment of abnormal behaviour in general, or how specific approaches deal with particular forms of abnormal behaviour.

## Resources

### Understanding Mental Illness

General information about diagnosis and treatment, from [National Association for Mental Health](#), U.K.

### DSM-IV Information Index

Extensive information about DSM-IV and mental disorders, from PsychNet-UK.

### APA Diagnostic Classification

An online version of the DSM-IV-TR manual, from BehaveNet, a site for mental health professionals.

### DSM-V: The Future Manual

Official APA commentary on the next version of the DSM.

### Ethics of Research on Individuals with Mental Illness

2003 task force report by American Psychiatric Association.

(See also links for NIMH and Internet Mental Health, given in the previous section.)

## **Biological**

### Genetics of Mental Illness

Lecture notes by Dr. David Curtis, a British psychiatrist and researcher.

### The Biology of Mental Disorders

An extensive 1992 report by the U.S. Office of Technology Assessment; while much of the specific content is now out-dated, it provides an overview of the issues, and an interesting historical perspective.

## **Behaviourist**

### Association for Behavioural and Cognitive Therapies

Formerly the Association of Advancement of Behaviour Therapy, an organisation for Behaviourist therapists; contains limited direct content, but has links to other organisations and sites.

## **Cognitive**

### Basics of Cognitive Therapy

Several pages providing a basic introduction to Cognitively-based approaches to therapy; part of Mindstreet, a commercial site offering materials for health care professionals created by therapists, including Aaron Beck.

## **Psychodynamic**

### American Psychoanalytic Association

Official site for one of the largest psychodynamically-oriented groups; contains a variety of information, including short articles and essays.

## Humanistic

### What is the Person-centred Approach?

Overview of Rogerian therapy, from [British Association for the Person-centered Approach](#).

### A Client-Centered Psychotherapy Practice

Article by Barbara Brodley, a practicing therapist, providing detailed discussion of the Rogerian approach, as well as a transcript of a client-centered therapy session; from the [Association for the Development of the Person Centered Approach](#) website, which also contains a variety of related articles.

## Understanding Schizophrenia

Of all the forms of abnormal behaviour, perhaps no disorder is more challenging than schizophrenia. One of the potentially most disruptive disorders, in terms of affecting the individual's ability to function, it can present symptoms which are disturbing to both the sufferer and others: hallucinations, delusions, confused thought and speech, inappropriate emotions, strange gestures, and so on. (Note that these symptoms do *not* normally all appear in a single case!) Affecting about 1% of the adult population in both developed and developing nations, it is a complex and challenging disorder.

The word *schizophrenia* comes from the Greek for 'split personality'; it was coined by a doctor named Eugen Bleuler to describe the strange disconnection between thought processes and emotions that is often found in the disorder. However, the literal translation has often been misinterpreted by the general public, thinking it refers to individuals who show more than one personality – a rare condition properly described as *multiple personality disorder*. Unfortunately, the media often perpetuate this confusion: for example, the recent movie, "Me, Myself, and Irene", which presents Hollywood's version of multiple personality disorder, identifies the main character as suffering from schizophrenia!

As with other disorders, there is an intense debate about what actually causes schizophrenia. There is a variety of research that suggests neurological factors contribute to, if not actually causing, schizophrenia, but no single mechanism has been consistently identified, fuelling debate about its aetiology. (More and more, the evidence is pointing towards several potentiating factors at a physiological level, which then interact with adverse environmental factors to produce schizophrenia. Despite the debate, there is no doubt that today, new medications offer the possibility of alleviating the most severe symptoms, while reducing the side-effects associated with earlier drugs (and which often led to suffers curtailing taking the medication, leading to relapses).

At present, many questions remain – not the least of which is what environmental factors either provoke or alleviate schizophrenia. (One puzzle is that, while incidence rates are consistent across nations, remission rates are higher in developing countries than in

Western nations – despite the latter's supposedly better medical systems.) Nonetheless, the following sources will be useful if you wish to learn more about this complex disorder.

## **Resources**

### [Schizophrenia.com](#)

A major site, intended to assist friends and families of those suffering from schizophrenia, which provides a wide range of material, including first person accounts of what it is like to suffer from schizophrenia.

### [Schizophrenia](#)

Extensive and well-organised set of material and links, including listing of [DSM-IV diagnostic criteria](#); part of Internet Mental Health site.

### [Schizophrenia](#)

Overview intended for the general public, from the US National Institute of Mental Health.

### [Schizophrenia](#)

Brief summary article on diagnosis, causes, & treatment, with some links for details; part of Dr. Koop's medical encyclopedia.

### [The Experience of Schizophrenia](#)

Site maintained by Ian Chovil of Guelph, Ontario, who was first diagnosed as having schizophrenia in 1990; contains both personal reports and a variety of background information and links on schizophrenia.

### [Schizophrenia: Youth's Greatest Disabler](#)

Another site containing a variety of information about many aspects of schizophrenia, particularly its impact on families; created by the [Schizophrenia Society of Alberta](#).

## **Biological**

### [Legitimizing Brain Disease: The Case Against 'Mental Illness'](#)

Article arguing for explaining schizophrenia from Biological approach.

### [Gene Variant Linked to Schizophrenia](#)

NIMH report on study (February, 2007) claiming a link between specific gene and schizophrenia. (Note there have been many similar findings reported, with some disconfirmed; this result awaits confirmation. For a sense of the on-going research, enter "schizophrenia AND gene" in the [NIMH search engine](#).)

## **Other Approaches**

### Schizophrenia Without the Psychotropic Drugs

Website devoted to the ideas of the late Loren Mosher, a psychiatrist who at one time headed the NIMH Center for Studies of Schizophrenia, and eventually became a critic of the medical model as applied to schizophrenia; includes articles, interviews, and other information.

## **Publications Related to Abnormal Behaviour**

### Psychiatric Times

Online newsletter, intended primarily for professionals; contains searchable index of back issues; part of Mental Health Infosource site.

### Journal of Abnormal Psychology

Primary APA journal for area, however, website contains only very recent abstracts and tables of contents.

### Journal of Consulting and Clinical Psychology

As the name suggests, this APA journal has an applied focus; website contains only very recent abstracts and tables of contents.

### Archive of Vol. 10 of Journal of Abnormal Psychology

This e-text version of the 1915-1916 issue provides interesting browsing, as it dates from period when psychoanalysis was gaining attention, and well before antipsychotic drugs were developed; from Project Gutenberg e-text archive.