



Abnormal Behavior

Abnormal psychology focuses on understanding behaviors, thoughts, and emotions that deviate from what is considered "normal" within a given society. Definitions of abnormal behavior have evolved over time, shaped by historical and cultural contexts. In ancient times, mental illness was often attributed to supernatural forces, and treatment included practices like exorcisms or confinement. With the advent of science and psychology, views shifted toward biological and psychological explanations, leading to more humane treatment methods.

The distinction between "*normality*" and "*abnormality*" is complex and often subjective. Normal behavior generally aligns with societal expectations and promotes effective daily functioning, while abnormal behavior may cause significant distress or impair an individual's life. However, what is considered abnormal can vary widely across cultures and social contexts. For instance, behaviors considered unusual in one culture may be typical or even valued in another. Therefore, abnormal psychology emphasizes the role of cultural, social, and situational factors in defining and understanding mental health issues. These considerations are essential for promoting empathy and tailored treatment approaches that respect each individual's unique background.

What is Abnormal Behavior?

Actions, thoughts, and feelings harmful to a person or others; experiencing discomfort enough to not function is called abnormal behavior. The abnormal behavior can lead to psychological disorder i.e. a "harmful dysfunction" in which behavior is judged to be:

- atypical--not enough in itself
- disturbing--varies with time and culture
- maladaptive--harmful
- unjustifiable--sometimes there's a good reason

What is Psychologically Abnormal?

The Four D's

- **Deviance** refers to behaviors, thoughts, or emotions that are distinctly different, extreme, unusual, or even bizarre, representing a withdrawal from societal expectations. Deviance from behaviors, thoughts, and emotions that differ evidently from a society's ideas about proper functioning and deviation from social norms i.e. stated and unstated rules for proper conduct.

Judgments of abnormality vary widely across cultures, as norms are often culture-specific; what may be acceptable in one society could be viewed as unacceptable in another. Additionally, these norms are influenced by specific contexts within each culture. When a behavior significantly deviates from these norms, it is often labeled as abnormal. For example, behaviors that are rare or unexpected in one cultural context may be entirely normative in another.

- **Distress** is a key indicator of psychological disorders, as it involves experiences that are unpleasant and upsetting to an individual. When a person feels upset, agitated, or is experiencing significant distress, it may suggest the presence of abnormal behavior. Typically, behaviors, thoughts, or emotions need to cause distress to be considered abnormal. However, not all distress stems from psychological issues; for instance, physical causes like toothaches or other pains can also lead to distress. These types of physical or surgical distress would not be classified as abnormalities.
- **Dysfunction:** is another important feature of abnormality. Abnormal behavior is often dysfunctional, meaning it disrupts a person's ability to perform daily tasks effectively. When a problem interferes with someone's capacity to manage daily responsibilities, it suggests an issue with their well-being. For instance, a student may struggle to keep up with academic tasks, or an employee may find it hard to perform job duties. In cases like social phobia, a person might avoid specific situations; for example, a receptionist with social anxiety may struggle to interact with people, impacting their job performance. However, dysfunction alone does not imply psychological abnormality, as it can stem from various other causes. A comprehensive assessment of behavior is necessary to determine if it is truly abnormal.
- **Dangerous:** Abnormal behavior may become dangerous when it poses a risk to oneself or others. This danger can manifest through impulsive or harmful behaviors, often resulting from intense emotional states, which can signal underlying psychological issues. While not all abnormal behaviors are dangerous, those that require immediate attention to ensure safety. For example, in cases of abnormal behavior, a person experiencing depression may have suicidal thoughts. Similarly, an individual may exhibit homicidal tendencies, posing a potential threat to others, which can occur in conditions like schizophrenia or borderline personality disorder.

DSM-5 Definition of Abnormal behavior:

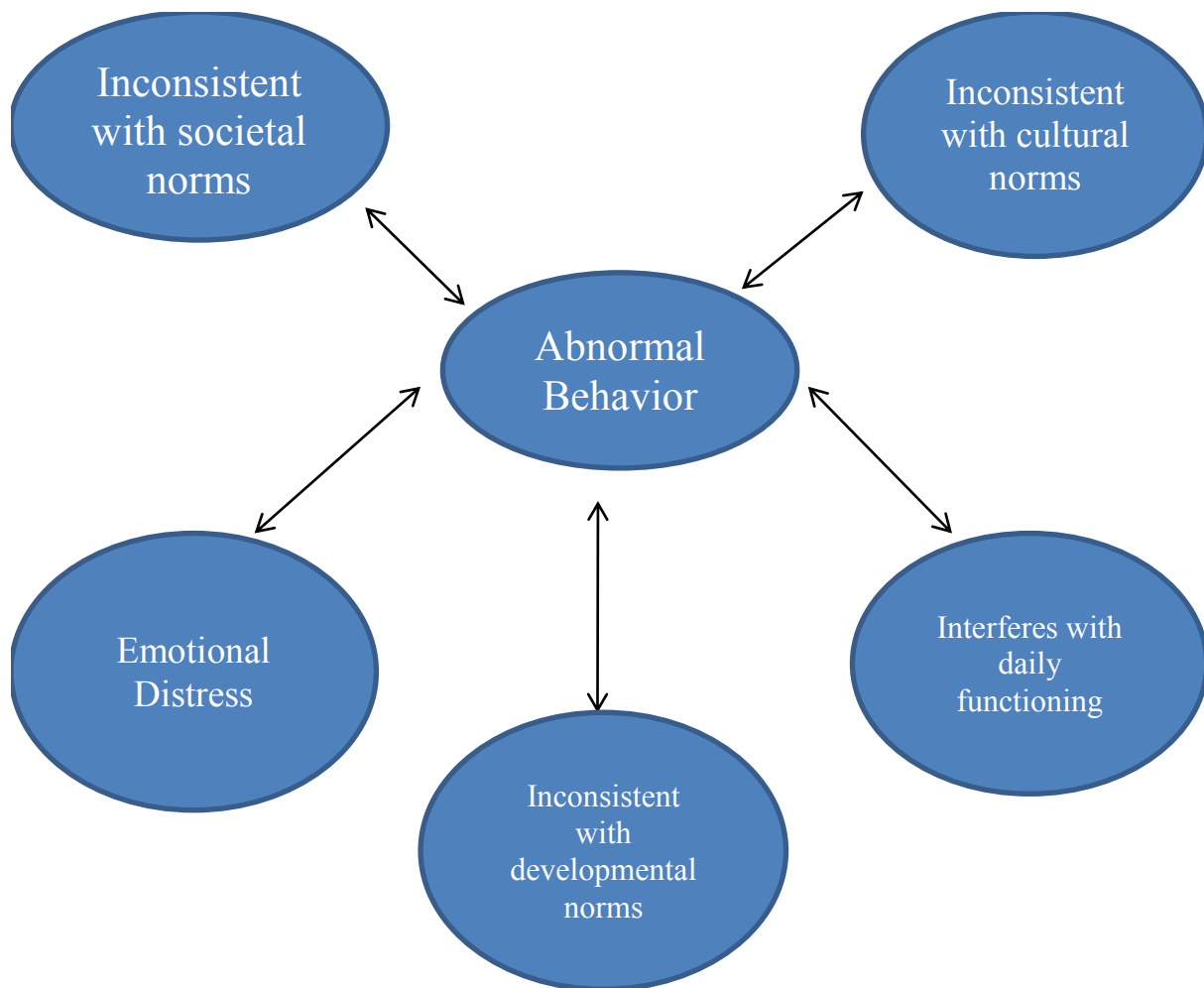
DSM stands for Diagnostic and statistical manual for psychological disorders.

It defines abnormal behavior as:

“It is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in psychological, biological or developmental processes underlying mental functioning”.

Mental disorders are usually associated with significant disturbance in social, occupational, or other important activities.

Definition of Abnormal Behavior



Early Theories

In ancient societies, abnormal behavior was often attributed to the influence of evil spirits, a belief that may date back to the Stone Age. Uncontrollable or unusual behaviors were seen as resulting from supernatural forces. People believed that the body and mind were battlegrounds for external forces of good and evil, with abnormal behavior arising from the struggle between these forces.

Expelling the Evil Spirits:

For severe cases of abnormality, treatments aimed to drive out these supposed evil spirits, primarily through trephination and exorcism.

- **Trephination** involved using a stone instrument, or trephine, to cut a circular section out of the skull, thought to release the spirits causing the disturbance.

- **Exorcism**

Various rituals were employed to cast out evil spirits, including:

- **Prayer:** Invoking divine intervention through specific prayers.
- **Noise Making:** Creating loud sounds to drive away the spirits.
- **Bitter Brews:** Forcing the afflicted individuals to consume unpleasant-tasting drinks.
- **Flogging:** Physically beating the affected person as a means of expelling the spirits.
- **Starvation:** Withholding food to purge the evil influences.

In many regions of Asia, some of these exorcism techniques persist today, with examples still observable in countries like Pakistan.

Models of Abnormality

1. **Biological/Biomedical:** Emphasizes biological processes
2. **Psychodynamic:** Emphasizes unconscious emotional processes
3. **Cognitive:** Emphasizes semi-conscious thinking processes
4. **Behavioral:** Emphasizes learning processes

1. Biomedical Model

The biomedical model suggests that psychological disorders are fundamentally illnesses or diseases that affect the nervous system. This approach emphasizes that abnormal behavior, thoughts, and emotions stem from biological dysfunctions within the brain. According to this model, understanding mental illnesses requires a thorough examination of the brain's structure and function, identifying what has gone awry at a biological level.

Main Assumptions:

- Psychological disorders are viewed as diseases that disrupt normal biological processes.
- Abnormal behavior results from dysfunctions in brain biology, which can manifest as changes in mood, thought patterns, or behaviors.

Possible Causes of Abnormal Behavior:

1. **Biochemistry:** An imbalance in neurotransmitters (such as serotonin, dopamine, or norepinephrine) or hormones can lead to malfunctioning brain regions. For instance, low levels of serotonin are often associated with depression, while dopamine imbalances can relate to conditions like schizophrenia.
2. **Structural Damage or Abnormality:** Any physical damage or atypical development in the brain can alter emotional regulation, cognition, and behavior. For example, traumatic brain injuries or neurodevelopmental disorders can have profound effects on a person's mental health.

Factors That May Affect Nervous System Functioning:

- **Genetics:** Hereditary factors can predispose individuals to certain psychological disorders, highlighting the role of inherited developmental abnormalities. Family history can significantly influence susceptibility to conditions like bipolar disorder or schizophrenia.
- **Toxicity:** Exposure to harmful substances, such as drugs or environmental toxins, can lead to chemical imbalances or structural brain damage. For instance, heavy metal exposure has been linked to cognitive impairments.
- **Infection:** Certain infections can cause neurobiological changes that result in psychological symptoms. For example, viral infections like encephalitis can lead to acute changes in behavior and cognition. Schizophrenia and prenatal viral exposure or intellectual disability
- **Stress:** Chronic stress can have long-lasting hormonal effects that disrupt normal brain function, contributing to various psychological disorders. Prolonged exposure to stress hormones like cortisol can impact mood regulation and cognitive functioning.

The biomedical model emphasizes a scientific, medical approach to understanding and treating psychological disorders, often focusing on medication and medical interventions. While it has led to significant advancements in treatment, it is essential to recognize that mental health is complex and often influenced by a combination of biological, psychological, and social factors.

2. Behavioral Model

The behavioral model of abnormality posits that abnormal behavior is primarily the result of abnormal learning processes influenced by the environment. According to this perspective, there is no fundamental difference between normal and abnormal behaviors;

both are learned through the same mechanisms. This model emphasizes that maladaptive behaviors can be understood and modified through learning principles.

Main Assumptions:

- **Abnormal Behavior as Learned Response:** Abnormal behaviors are viewed as learned responses to environmental stimuli, often resulting from reinforcement or punishment.
- **No Qualitative Difference:** Normal and abnormal behaviors are not fundamentally different but are learned through similar processes. Therefore, understanding the learning history of an individual can provide insights into their psychological issues.

Learning Mechanisms:

- **Classical Conditioning:** This form of learning occurs through the association of two stimuli. When an individual learns to associate a neutral stimulus with a significant stimulus, a conditioned response can occur. For example, Pavlov's famous experiment demonstrated that dogs could be conditioned to salivate upon hearing a bell, which had been paired with food. In a therapeutic context, classical conditioning principles can be applied to treat phobias through systematic desensitization.
- **Operant Conditioning:** Operant conditioning involves learning through consequences. Behaviors are shaped by their outcomes—behaviors followed by rewards (reinforcement) are more likely to be repeated, while those followed by negative outcomes (punishment) are less likely to recur. This principle is often used in behavioral therapy, where positive reinforcement is employed to encourage desired behaviors and discourage maladaptive ones.
- **Social Learning Theory:** Proposed by Albert Bandura, this theory emphasizes learning through observation and imitation. Individuals can learn new behaviors by watching others, especially role models. The decision to imitate a behavior often depends on the observed consequences, known as vicarious reinforcement (reward for the model) or vicarious punishment (punishment for the model). For example, a child may learn aggressive behaviors by observing an adult who is rewarded for such actions.

The behavioral model has led to effective therapeutic approaches that focus on changing maladaptive behaviors through reinforcement, punishment, and exposure techniques. By altering the environmental factors that contribute to abnormal behavior, this model aims to foster healthier behavior patterns and improve overall psychological well-being.

3. The Cognitive Model

The cognitive model of abnormality asserts that abnormal behavior is primarily the result of abnormal thought processes. This perspective emphasizes that our mental representations of the world significantly influence how we interact with our

environment. According to this model, if these mental representations are flawed or if our reasoning abilities are inadequate, it can lead to disordered emotions and behaviors.

Main Assumptions:

1. **Abnormal Behavior as a Result of Abnormal Thinking:** The cognitive model posits that dysfunctional thinking patterns are at the core of psychological disorders. Individuals with mental health issues often engage in cognitive distortions that skew their perception of reality, leading to maladaptive behaviors.
2. **Mental Representations Shape Interaction:** We understand and navigate the world through mental representations, or schemas, that we develop based on our experiences. These schemas help us interpret information and respond to various situations. If these mental frameworks are inaccurate, they can lead to distorted beliefs and inappropriate reactions.
3. **Inaccurate Thinking and Reasoning:** When individuals hold inaccurate perceptions of themselves, others, or the world, or when they engage in poor reasoning and problem-solving strategies, their emotional responses and behaviors can become disordered. For example, someone with social anxiety may misinterpret social cues, believing that others view them negatively, leading to avoidance behavior.

Factors in Abnormal Behavior:

- **Inaccurate Perception:** Misinterpretations of events and experiences can lead to feelings of anxiety, depression, and other emotional disturbances. Cognitive biases, such as catastrophizing or overgeneralizing, contribute to these distorted perceptions.
- **Poor Reasoning and Problem-Solving:** Inadequate reasoning skills can hinder an individual's ability to effectively tackle challenges. This can manifest as a lack of coping strategies or an inability to see alternative perspectives, exacerbating feelings of helplessness or frustration.

The cognitive model emphasizes the bidirectional relationship between cognition and emotion, suggesting that while cognitive processes influence emotions, emotional states can also impact cognitive functioning. However, the model primarily focuses on the cognitive aspects of mental health, often overlooking the underlying reasons for faulty thinking. This model has led to the development of cognitive-behavioral therapy (CBT), a widely used treatment that aims to help individuals identify and change maladaptive thought patterns, ultimately improving their emotional well-being and behavior.

4. The Psychodynamic Model

The psychodynamic model of abnormality, rooted in the theories of Sigmund Freud, posits that psychological disorders arise from emotional problems residing in the unconscious mind. This approach emphasizes that our thoughts and behaviors are

influenced by unconscious processes and unresolved conflicts, often stemming from early childhood experiences.

Main Assumptions:

1. **Unconscious Emotional Problems:** According to the psychodynamic perspective, many psychological disorders are manifestations of emotional difficulties that individuals may not be fully aware of. These issues are often rooted in internal conflicts, repressed memories, or unresolved feelings that influence behavior and emotional well-being.
2. **Early Childhood Experiences:** The model posits that the origins of these emotional problems can typically be traced back to childhood experiences. Significant events or traumas, particularly those involving primary caregivers, can leave lasting imprints on an individual’s psyche, shaping their perceptions, emotions, and coping mechanisms throughout life.
3. **Parent-Child Relationships:** The dynamics of the relationship between a child and their parents are viewed as crucial determinants of mental health. Secure attachments foster emotional stability, while insecure attachments may lead to anxiety, depression, or personality disorders. The quality of these early relationships influences an individual's ability to navigate relationships and handle emotional challenges later in life.

The psychodynamic model emphasizes the importance of exploring the unconscious mind to uncover repressed emotions and unresolved conflicts. Therapeutic techniques such as free association, dream analysis, and exploring transference are used to help individuals gain insight into their unconscious motivations and work through emotional issues. While the psychodynamic approach has evolved over the years, its focus on the interplay between childhood experiences and adult mental health remains a foundational concept in understanding psychological disorders.

Perspectives and Disorders

Psychological School/Perspective	Cause of the Disorder
Psychoanalytic/Psychodynamic	Disorders stem from internal, unconscious drives and conflicts. Emotional problems are often rooted in repressed memories and unresolved childhood experiences that shape behavior and emotional health.
Humanistic	Disorders arise from the failure to strive towards one’s potential or from being disconnected from one’s feelings. This perspective emphasizes personal growth, self-actualization, and the importance of understanding one’s subjective experiences.
Behavioral	Disorders are a result of reinforcement history and environmental influences. Abnormal behaviors are learned responses to environmental stimuli and can be modified through conditioning and reinforcement techniques.

Psychological School/Perspective	Cause of the Disorder
Cognitive	Disorders are caused by irrational or dysfunctional thoughts and cognitive distortions. This perspective highlights the role of maladaptive thinking patterns in influencing emotions and behaviors, suggesting that changing thought processes can lead to improvements in mental health.
Socio-cultural	Disorders are viewed as products of dysfunctional societal structures and cultural factors. This perspective considers how social context, cultural norms, and interpersonal relationships contribute to mental health issues.
Biomedical/Neuroscience	Disorders result from organic problems, biochemical imbalances, and genetic predispositions. This perspective emphasizes the role of biological factors, such as neurochemical disturbances, brain structure anomalies, and hereditary influences on mental health.

Each perspective offers valuable insights into understanding psychological disorders, emphasizing different aspects of human experience and functioning. Integrating these viewpoints can provide a more comprehensive understanding of mental health issues, leading to more effective treatment approaches that address both psychological and biological factors.

Classifying Psychological Disorders

The American Psychiatric Association (APA) rendered a Diagnostic and Statistical Manual of Mental Disorders (DSM) to describe psychological disorders.

Multiaxial Classification

- i. Axis I: Clinical disorders
- ii. Axis II: Personality disorders and mental retardation
- iii. Axis III: General medical conditions
- iv. Axis IV: Psychosocial and environmental problems
- v. Axis V: Global assessment of functioning

Major Classifications in the DSM:

According to DSM, the terms "neurotic disorders" and "psychotic disorders" refer to two distinct categories of mental health conditions based on the severity of symptoms and their impact on reality perception and functioning.

1. Psychotic Disorders

2. Neurotic Disorders

1. Neurotic Disorders

Neurotic disorders often referred to as "anxiety disorders" in modern terminology, are characterized by the presence of anxiety and emotional distress that do not involve a loss of touch with reality. Individuals with neurotic disorders typically exhibit distressing symptoms but can still function in daily life. Distressing but one can still function in society and act rationally.

- **Anxiety Disorders:** a group of conditions where the primary symptoms are anxiety or defenses against anxiety. The patient fears something awful *will* happen to them. They are in a state of intense apprehension, uneasiness, uncertainty, or fear.
 - **Generalized Anxiety Disorder GAD:** An anxiety disorder in which a person is continuously tense, apprehensive, and in a state of autonomic nervous system arousal. The patient is constantly tense and worried, feels inadequate, is oversensitive, can't concentrate, and suffers from insomnia.
 - **Panic Disorder:** An anxiety disorder marked by a minutes-long episode of intense dread in which a person experiences terror and accompanying chest pain, choking, and other frightening sensations.
 - **Phobias:** A person experiences sudden episodes of intense dread. Must be an irrational fear.
- **Obsessive-compulsive disorder:** Persistent unwanted thoughts (obsessions) cause someone to feel the need (compulsion) to engage in a particular action. Obsession about dirt and germs may lead to compulsive hand washing.
- **Post-traumatic Stress Disorder PTSD:** Flashbacks or nightmares following a person's involvement in or observation of an extremely stressful event. Memories of the event cause anxiety.
- **Somatoform Disorders:** Occur when a person manifests a psychological problem through a physiological symptom.

Two types:

- **Hypochondriasis:** Has frequent physical complaints for which medical doctors are unable to locate the cause. They usually believe that the minor issues (headache, upset stomach) are indicative are more severe illnesses.
- **Conversion Disorder:** Report the existence of severe physical problems with no biological reason. Like blindness or paralysis.

- **Dissociative Disorders:**

Dissociative disorders are a group of psychological conditions characterized by a disruption in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior. These disorders can manifest as a detachment from reality, leading individuals to experience disruptions in their sense of self or memory. The causes of dissociative disorders often relate to trauma or stress, with the individual unconsciously using dissociation as a coping mechanism to escape painful memories or emotions.

There are three main types of dissociative disorders:

- **Psychogenic Amnesia**

Psychogenic amnesia, also known as dissociative amnesia, involves a loss of memory that cannot be attributed to a physiological cause, such as brain injury or disease. Individuals may be unable to recall important personal information, often related to traumatic or stressful events. Key features include:

- **Memory Loss:** The memory loss can range from specific events (e.g., forgetting a traumatic experience) to a broader loss of identity and life history.
- **Lack of Physiological Basis:** Unlike organic amnesia, where memory loss is due to identifiable brain damage, psychogenic amnesia is purely psychological, often triggered by emotional trauma or distress.

- **Retrograde Amnesia**

Retrograde amnesia refers to the inability to recall memories from the past prior to a specific event or injury. However, in the context of dissociative disorders, it is important to note that retrograde amnesia does not arise from organic causes (i.e., brain injury or degeneration). Instead:

- **Not Organic:** Retrograde amnesia as understood here refers to the psychological component where the individual cannot remember information about themselves or their past due to psychological stress or trauma.
- **Categories:** Organic amnesia can be further classified into retrograde amnesia (loss of pre-existing memories) and anterograde amnesia (inability to form new memories), but dissociative retrograde amnesia is strictly linked to psychological factors rather than physical brain damage.

- **Dissociative Fugue**

Dissociative fugue is a more complex form of dissociative amnesia, where individuals not only forget significant personal information but also travel away

from their home or customary work locations, often finding themselves in unfamiliar environments. Features of dissociative fugue include:

- **Unexpected Travel:** Individuals may suddenly relocate, sometimes adopting new identities and lifestyles without any recollection of their past life.
 - **Confusion about Identity:** During the fugue state, individuals may experience confusion about their identity or may even assume a new identity altogether.
 - **Temporary Condition:** The fugue state can last from hours to years, but individuals often return to their original state of consciousness and may have no recollection of the events that transpired during the fugue.
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- **Dissociative Identity Disorder:** Dissociative Identity Disorder (DID), previously known as Multiple Personality Disorder, is a complex psychological condition characterized by the presence of two or more distinct personality states or identities within a single individual. These identities may have their own names, ages, histories, and characteristics, leading to significant disruption in the person's sense of self and continuity of experience. DID often arises as a coping mechanism in response to severe trauma or chronic childhood abuse, allowing the individual to compartmentalize traumatic memories and emotions. As a result, each identity may serve a specific function, helping the person manage overwhelming feelings or memories. For individuals with DID, the experience can be distressing, leading to gaps in memory, difficulties in relationships, and challenges in functioning in daily life. Treatment typically involves psychotherapy aimed at integrating the separate identities into a cohesive self and addressing the underlying trauma.
 - **Mood Disorders:** Mood disorders are a category of mental health conditions characterized by significant disturbances in emotional regulation, leading to extreme or inappropriate emotions that interfere with daily functioning. Individuals with mood disorders may experience intense feelings of sadness, hopelessness, or anxiety that can fluctuate or persist over time. This group of disorders includes a range of conditions, such as Major Depression, Bipolar Disorder, and Seasonal Affective Disorder, each presenting with unique symptoms and patterns of emotional disruption. The impact of mood disorders can be profound, affecting an individual's ability to work, maintain relationships, and engage in daily activities, underscoring the importance of effective diagnosis and treatment.
 - **Major Depression:** Major Depression, also referred to as unipolar depression, is a prevalent mood disorder characterized by persistent feelings of sadness or a lack of interest in previously enjoyed activities. To be diagnosed, individuals typically must experience symptoms for at least two

weeks without an apparent cause, which may include changes in appetite, sleep disturbances, fatigue, difficulty concentrating, and feelings of worthlessness or guilt. Major Depression is often described as the “common cold” of psychological disorders due to its high prevalence in the population. This disorder can severely impact one’s daily life, affecting personal relationships and overall functioning. Treatment options, including psychotherapy and antidepressant medications, aim to alleviate symptoms and improve the individual’s quality of life.

- **Seasonal Affective Disorder:** Seasonal Affective Disorder (SAD) is a type of depression that occurs at specific times of the year, typically during the winter months when daylight hours are shorter. The condition is believed to be linked to changes in sunlight exposure rather than temperature, which affects the body’s internal clock and levels of serotonin, a neurotransmitter that regulates mood. Individuals with SAD may experience symptoms such as low energy, changes in sleep patterns, difficulty concentrating, and feelings of hopelessness. The treatment for SAD often involves light therapy, where individuals are exposed to bright, artificial light that mimics natural sunlight. This intervention can help alleviate symptoms by rebalancing biological rhythms and boosting mood.
- **Bipolar Disorder:** Bipolar Disorder, formerly known as manic depression, is a mood disorder characterized by alternating periods of depression and manic episodes. During manic episodes, individuals may experience heightened energy, increased activity levels, and an exaggerated sense of self-confidence. However, the nature of these episodes can vary significantly from person to person; some individuals may feel euphoric, while others may become irritable or agitated. The manic phase can lead to impulsive or risky behaviors, such as excessive spending, reckless driving, or uncharacteristic social interactions. Conversely, depressive episodes can be marked by profound sadness, lethargy, and feelings of worthlessness. The cyclical nature of bipolar disorder necessitates careful management and treatment, which may include mood stabilizers, psychotherapy, and lifestyle modifications to help individuals maintain emotional balance and improve overall functioning.

2. Psychotic Disorders

Psychotic disorders represent a category of severe mental health conditions characterized by profound disturbances in thought processes, perception, emotional regulation, and behavior. Individuals suffering from these disorders often experience a significant disconnection from reality, which can lead to impaired functioning in daily life. The hallmark of psychotic disorders is the presence of psychotic symptoms, including

delusions, hallucinations, and disorganized thinking. These symptoms can manifest in various forms, impacting how individuals perceive themselves and their surroundings.

Schizophrenic Disorders

Schizophrenia is one of the most well-known psychotic disorders, affecting approximately 1 in every 100 people. The condition is characterized by a range of symptoms that can severely disrupt an individual's ability to think clearly, manage emotions, make decisions, and relate to others. Common symptoms of schizophrenia include:

- **Disorganized Thinking:** Individuals with schizophrenia may exhibit fragmented, bizarre, or distorted thought processes. This disorganization often stems from a breakdown in selective attention, where the individual struggles to filter out irrelevant information, leading to incoherent speech and difficulty in maintaining a logical flow of ideas.
- **Disturbed Perceptions:** Hallucinations are a common symptom, wherein individuals experience sensory perceptions—such as hearing voices or seeing things—that are not present. These experiences can be distressing and can further alienate individuals from reality.
- **Inappropriate Emotions and Actions:** People with schizophrenia may display inappropriate emotional responses, such as laughing during serious situations or showing a lack of emotional expression (flat affect). This disconnect can be perplexing for both the individual and those around them.

Types of Schizophrenia

Schizophrenia can manifest in several subtypes, each with unique features:

a) **Disorganized Schizophrenia:**

Characterized by disorganized speech, behavior, and flat or inappropriate emotional responses. Individuals may engage in nonsensical speech patterns, such as clang associations, producing rhyming phrases that lack coherent meaning, e.g., “Imagine the worst. Systematic, sympathetic. Quite pathetic, apologetic, paramedic, your heart is prosthetic.”

b) **Paranoid Schizophrenia:** This subtype involves a preoccupation with delusions and hallucinations, often centered on themes of persecution or conspiracy. Individuals may believe that others are plotting against them or that they are being monitored, leading to intense feelings of paranoia and mistrust, exemplified by thoughts like, “Somebody is out to get me!”

c) **Catatonic Schizophrenia:** Individuals with catatonic schizophrenia may exhibit extreme motor behavior, including periods of unresponsiveness or rigidity. They may also engage in echolalia or echopraxia, where they mimic the speech or

movements of others in a parrot-like manner, creating significant challenges in communication and interaction.

- d) **Undifferentiated Schizophrenia:** This category is characterized by a variety of symptoms that do not fit neatly into the other subtypes. Individuals may present a mix of symptoms, including disorganized behavior, delusions, and hallucinations, making it difficult to categorize their experience.

Individuals with neurotic disorders may experience significant anxiety, distress, and discomfort, but they retain insight into their condition and do not experience delusions or hallucinations. While Psychotic disorders require prompt intervention and often involve more intensive treatment approaches, including antipsychotic medications and psychotherapy, to help individuals manage their symptoms and improve functioning.

Other Disorders

- sadist, masochist
- Eating Disorders
- Substance use disorders
- ADHD

1. Sadism and Masochism

These terms refer to sexual practices that involve the giving or receiving of pain or humiliation:

- **Sadism:** Deriving pleasure from inflicting pain, suffering, or humiliation on another person.
- **Masochism:** Deriving pleasure from receiving pain, suffering, or humiliation.

These practices can occur within the context of consensual BDSM relationships, where clear boundaries and consent are established.

2. Eating Disorders

Eating disorders are serious conditions related to persistent eating behaviors that negatively impact health, emotions, and daily life. Common types include:

- **Anorexia Nervosa:** Characterized by restricted food intake, intense fear of gaining weight, and distorted body image.
- **Bulimia Nervosa:** Involves episodes of binge eating followed by compensatory behaviors, such as purging or excessive exercise.
- **Binge-Eating Disorder:** Characterized by recurrent episodes of eating large quantities of food without compensatory behaviors.

Eating disorders can lead to severe physical and psychological health issues and often require comprehensive treatment.

3. Substance Use Disorders

Substance use disorders involve the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Key features include:

- **Craving:** A strong desire or urge to use the substance.
- **Loss of Control:** Inability to reduce or control substance use.
- **Tolerance:** Needing increased amounts of the substance to achieve the desired effect.
- **Withdrawal:** Symptoms that occur when reducing or stopping substance use.

These disorders can significantly impact an individual's life and often require professional intervention for treatment.

4. Attention-Deficit/Hyperactivity Disorder (ADHD)

ADHD is a neurodevelopmental disorder characterized by persistent patterns of inattention and/or hyperactivity-impulsivity. Key features include:

- **Inattention:** Difficulty sustaining attention, following through on tasks, and organizing activities.
- **Hyperactivity:** Excessive fidgeting, talking, and difficulty remaining seated or quiet.
- **Impulsivity:** Acting without thinking, difficulty waiting for one's turn, and interrupting others.

ADHD can affect academic, occupational, and social functioning and is often treated with behavioral therapies and medications.