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MEANING, DEFINITION AND CLASSIFICATION OF MENTAL DISORDERS

Abnormal psychology is concerned with understanding the nature, causes, and treatment of mental disorders. According to the Diagnostic and Statistical Manual of Mental Disorders, Edition 5 (DSM-5), a mental disorder is defined as a syndrome that is present in an individual and that involves clinically significant disturbance in behaviour, emotion regulation, or cognitive functioning.

These disturbances are thought to reflect a dysfunction in biological, psychological, or developmental processes that are necessary for mental functioning.

DSM-5 also recognizes that mental disorders are usually associated with significant distress or disability in key areas of functioning such as social, occupational or other activities. However, predictable or culturally approved responses to common stressors or losses (such as death of a loved one) are excluded. In brief, mental disorders are patterns of abnormal behaviour, emotions or thought that significantly interfere with an individual's adaptation to important life demands and often cause distress in the individual or in others.

Diagnosis of mental disorders can lead to effective and efficient treatment and, ideally, cure. Organizing information within a classification system allows us to study the different disorders that we classify and therefore to learn more about their causes, prognosis and treatment.

At the most fundamental level, classification systems provide us with a nomenclature (a naming system) and enable us to structure information in a more helpful manner. There are two main systems of mental disorders classification: the categorical approach and the dimensional approach.

The categorical approach uses discrete, distinct categories and subcategories to order mental disorders. It uses a systematic approach to

classification, outlining symptoms based on scientific research. It is consistent and comprehensive, but divisive. It distinctly divides people into groups, which may result in stigmatism and labelling.

The categorical approach utilises two tools to aid in diagnosis: the DSMIV (Diagnostic and Statistical Manual of Mental Disorders, Edition 4) and the ICD-10 (International Classification of Diseases and Related Health Problems, Edition 10).

Both classify mental disorders, order them categorically and use recognisable symptoms to aid their classification. The DSM-IV has 16 categories, and is widely used by mental health professionals for diagnosis and is generally used by doctors and psychiatrists

The DSM-IV uses five axes:

- Axis 1: Clinical disorders and other conditions (patient's primary diagnosis)
- Axis 2: Personality disorders and mental retardation
- Axis 3: General medical conditions that might affect the patient psychologically.
- Axis 4: Psychosocial and environmental problems
- Axis 5: Global assessment of functioning, an assessment of the patient's level of functioning

Unlike the categorical approach, the dimensional approach uses scales and continuums to diagnose, quantifying symptoms so that they can be analysed. Strengths of the dimensional approach are more comprehensive diagnosis, unique combinations of mental conditions and non-divisive approach, not leading to labelling and stigmatism.

However, due to unique combinations being taken into account, the diagnosis process can become very timeconsuming. Also, there are potentially endless combinations, meaning that accurate diagnosis may prove difficult.

CONCEPT OF NORMALITY AND ABNORMALITY

The term 'normal' is extremely subjective and context-dependent. According to Grivas et al (2010), what is accepted to be normal is "the pattern of thoughts, feelings or behaviour that conforms to usual, typical or expected standards in a culture".

Then, abnormal is "the patterns of thoughts, feelings or behaviour that is deviant, distressing and dysfunctional in relation to the usual, typical or expected standards in a culture." No single indicator is sufficient

enough to define or determine abnormality. Generally, the following factors indicate whether a person has some form of abnormality.

Social Context

What may be considered as normal in one societal makeup or culture is likely to be vastly different to another culture. Thoughts, feelings and behaviours, which are inappropriate or unusual in a culture are regarded as abnormal

. For example, in some South-East Asian countries, it is entirely acceptable for one to spit on the ground to clear one's throat – it is normal. However, in Australian culture, this is largely unacceptable and abnormal. Even within cultures or different groups of people, whether something is normal or not depends on the particular situation or context. For example, carrying a fully loaded rifle may be normal if you are part of the armed forces, but probably not if you are in a restaurant.

Violation of the Standards of Society

When people fail to follow the conventional social and moral rules of their cultural group we may consider their behaviour abnormal. Of course, much depends on the magnitude of the violation and on how commonly the rule is violated by others. A behaviour is most likely to be viewed as abnormal when it violates the standards of society and is statistically deviant or rare. In contrast, most of us have parked illegally at some point

This failure to follow the rules is so statistically common that we tend not to think of it as abnormal.

Social Discomfort

When someone violates a social rule, those around him or her may experience a sense of discomfort or unease. People who walk the streets looking dirty, making bizarre body movements or shouting at others are widely spotted as 'abnormal'.

Such behaviours that make people uncomfortable or cause distress to them are indicative of abnormality. At times, the most important factor, is our evaluation of whether the person can control his or her behaviour. Behaviours that the society views as irrational, unpredictable and dangerous are indicative of abnormality.

Subjective Distress

If people suffer or experience subjective distress it is indicative of abnormality. Depressed people clearly suffer, as do people with anxiety

disorders. Such distress include feelings of dissatisfaction, sadness, anxiety or lethargy, physical complaints like nausea or headache, or unwanted thoughts or impulses.

Although suffering is an element of abnormality in many cases, it is neither a sufficient condition (all that is needed) nor even a necessary condition (a feature that all cases of abnormality must show) so as to consider something as abnormal.

Impairment of Adaptive Functioning

Maladaptive behaviour is often an indicator of abnormality. Adaptive behaviour may be understood as behaviour that meets the performance requirements or role demands of one's situation.

The person with depression may withdraw from friends and family and may be unable to work for weeks or months. Maladaptive behaviour interferes with our well-being and with our ability to enjoy our work and our relationships.

Statistical Deviancy

The word abnormal literally means "away from the normal." But simply considering statistically rare behaviour to be abnormal does not provide us with a solution to our problem of defining abnormality. If something is statistically rare and undesirable (like severely diminished intellectual functioning), we are more likely to consider it abnormal than something that is statistically rare and highly desirable (such as genius) or something that is undesirable but statistically common (such as rudeness).

Abnormality may be thus understood as significant deviation from commonly accepted patterns of behaviour, emotion or thought. Decisions about abnormal behaviour always involve social judgments and are based on the values and expectations of society at large. This means that culture plays a role in determining what is and is not abnormal.