

PSYCHOLOGY *for* NURSES

Psychology for Nurses is a comprehensive book written for those taking diploma and degree programmes in nursing. It is also for the registered nurses (RN) who would like to enrich their nursing practice. Psychology as a subject must provide adequate insight for those who are embarking into the nursing profession, a healthcare profession which requires adjustment to the behaviour of the patients and those around them; understanding the patients' anxiety, fear or pain; and self-acceptance by the nursing care givers in order to function independently within the areas of their responsibility.

This book is unique in that the author who is a psychologist and a mental health nurse practitioner has introduced new concepts that are relevant to the nursing practice. Among these concepts are psychology of nursing care; psychological interventions, like the therapeutic smile; and the therapeutic use of self or presence. The basic concepts of psychology are also presented in this book since, as the author views it, it is very important that all nurses know and understand the origin and the development of psychology as a science.

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• Arnel Banaga Salgado •



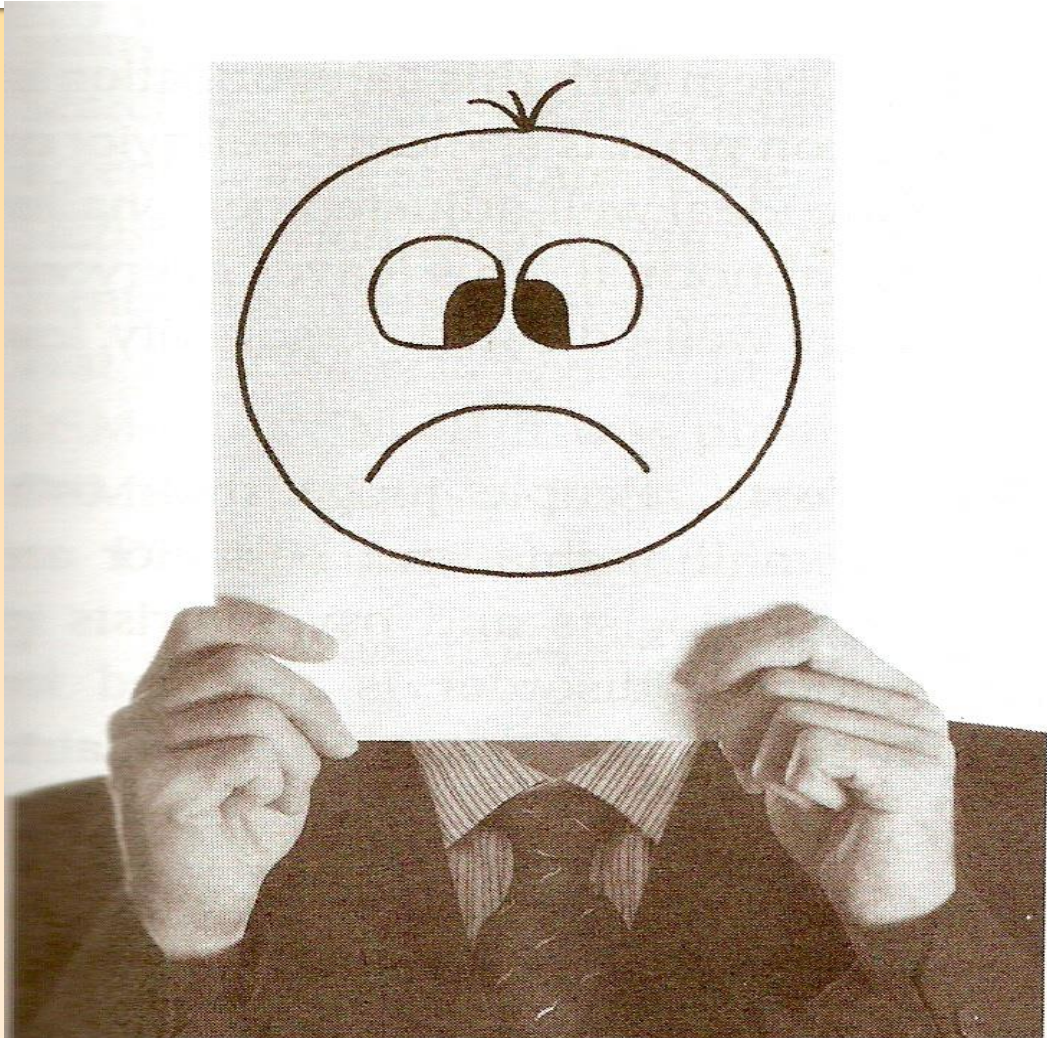
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Chapter 14



Chapter 14

Abnormal Behavior

EXPECTED LEARNING OUTCOMES

After studying this chapter, you are expected to:

1. cite the five approaches in defining an abnormal behavior or a psychological disorder;
2. describe the different models of psychopathology;
3. name the system of classifying abnormal behavior and its historical development;
4. list down the major categories of mental disorders described in DSM-IV; and
5. describe the types, causes and symptoms of the major categories of psychological disorders.

Introduction

- In medicine, abnormality generally refers to a lack of integrity in any organ's structure or function.
- A broken bone, an excess of certain sugars in the blood, an ulcer on the wall of the stomach – all are abnormal (Bower, Bootzin, and Zajonc; 1987).

- Thus, for medical doctors the line between normality and abnormality is relatively easy to draw, but for psychologists and psychiatrists the criteria that divide normal behavior from abnormal behavior are not easily specified.
- There are several ways of defining psychological abnormality and some of these definitions may change from one society to another and from time to time in the same society

Approaches in Defining Abnormal Behavior or Psychological Disorders

1. The Practical Approach (Inability to Function).

- This approach claims that inability to function effectively and adapt to the demands of society are considered symptoms of abnormal behavior.

2. Statistical Approach (Deviation from the Average).

- Behaviors that are rare or infrequent are considered abnormal.
- One limitation of this approach is that not all rare are abnormal, say the genius or people with superior intelligence.

3. Valuative Approach (Deviation from the Ideal).

- It considers abnormal behavior as a deviation from the norm or what most people do.
- Consideration is what most people do therefore if you deviate from what most of the people do then your behavior is abnormal.
- One problem with this categorization is that norms change over time and people do not always agree on what is the standard behavior or what is the ideal behavior.

4. Personal Approach (Subjective or Personal Discomfort).

- People judge their own normality and only those who are distressed by their own thoughts and behavior are considered abnormal.
- This approach is being used by many psychologists and psychiatrists in regard to homosexuality and the diagnosis of psychological disorder is reserved for homosexuals who are seriously unhappy with their sexual preference (American Psychiatric Association, 1980).

5. Norm Violation.

- Each society has a set of rules, rules of right and wrong behavior that members live.
- Members are governed by these rules and if the rules are broken, they label the violator as abnormal.
- Since norms change drastically they may seem an inappropriate basis for the definition of normality.

MODELS OF PSYCHOPATHOLOGY

a. The Biological Model. This school assumes the underlying cause or etiology of mental disorder has a biological basis. It is like a physical illness therefore medication and medical therapies are the effective treatments.

b. The Learning Model. Abnormal behavior is learned through conditioning and reinforcement just like the normal behavior. Treatment therefore includes retraining and conditioning.

c. **Cognitive Model.** Faulty or negative thinking causes depression or anxiety. To treat this, refocus thinking, change faulty irrational or negative thinking to positive ones.

d. Humanist-Existential Model. Sometimes known as the phenomenological model, it claims that abnormal behavior occurs as a result of failure to fulfill one's self-potential. It is due to stress on faulty self-image. To improve self-concept, treatments include client-centered and Gestalt therapies towards self-acceptance.

e. Psychoanalytic and Psychodynamic Model.

Abnormal behavior represents unconscious motives and conflicts. Treatment is psychoanalysis.

Diagnosis and Classification of Abnormal Behavior

- A system of classification which is highly accepted as a standard is that provided by the American Psychiatric Association which is used by most professionals is the popular DSM-IV or the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.
- It describes around or more than 300 specific mental disorders.
- This was first published in 1952 based on a format used by the army during World War II. DSM was revised in 1968 and became DSM-II.
- It was revised in 1977 to become DSM-III. DSM-III-R was published in 1987 which clarified and updated the previous revision. DSM-IV was the latest edition published in 1994 (Leal, 1995).

- **Axis I** describes any mental disorder or clinical syndrome that might be present.
- **Axis II** describes any personality disorder that might be present.
- **Axis III** describes any physical or medical disorders that might be present.

- **Axis IV** rates severity of psychosocial stressors in the individual's life during the past year.
- **Axis V** assesses the level of adaptive functioning currently and during the past year.

Anxiety Disorders

- Intense feelings of apprehension and anxiety that impede daily functioning

Somatoform Disorders

- Patterns of behavior characterized by complaints of physical symptoms in the absence of any real physical illness.
- Characterized by persistence of somatic or physical symptoms that do not have physiological cause.
- Quite different from the psychosomatic ailments.

Mood Disorder or Affective Disorders

- Mood disorders involve moods or emotions that are extreme and unwarranted.
- These disturbances in emotional feelings are strong enough to intrude on everyday living.

Dissociative Disorders

- Characterized by a loss of contact with portions of consciousness or memory, resulting in disruptions in one's sense of self.
- They appear to be an attempt to overcome anxiety and stress by dissociating oneself from the core of one's personality and result in a loss of memory, identity or consciousness.

Personality Disorders

- Personality disorders are patterns of traits that are long-standing, maladaptive, and inflexible and keep a person from functioning properly in society.
- Behavior often disrupts social relationships. Personality disorders are coded on Axis II of the DSM-IV system for diagnosing mental disorders.

Schizophrenic Disorders

- Schizophrenia is a serious psychotic disorder (out of touch with reality).
- Schizophrenia is different from multiple personality disorder. It includes disorders of thought.
- Schizophrenics display problems in both how they think and what they think. Schizophrenic thinking is incoherent. Loose associations are another characteristic.

Sexual Deviance

- DSM defines a sexual deviant as “individuals whose sexual interests are directed primarily toward objects other than people of the opposite sex, towards sexual acts not usually associated with coitus or toward coitus performed under bizarre circumstances” (American Psychiatric Association, 1968, p. 44)

- **Fetishism.** Sexual gratification that is dependent on an inanimate object or some part of the body other than the genitals.
- **Transvestism.** Sexual gratification obtained through dressing in clothing of the opposite sex.
- **Transsexualism.** Gender identification with the opposite sex.

- **Exhibitionism.** Sexual gratification obtained through exhibiting the genitals to an involuntary observer.
- **Voyeurism.** Sexual gratification obtained through secret observations of another person's sexual activities or genitals.
- **Pedophilia.** Sexual gratification obtained through sexual contacts with children

- **Incest.** Sexual relations among members of the immediate family.
- **Rape.** Sexual relations achieved by threatening or using force on another person.
- **Sadism.** Sexual gratification obtained through inflicting pain on another person.
- **Masochism.** Sexual gratification obtained through having pain inflicted on oneself

NANDA NURSING DIAGNOSES APPROPRIATE FOR MENTAL DISORDERS

1. Ego Integrity
2. Neurosensory
3. Sexuality (Component of ego integrity and social interaction)

KEY POINTS

- In diagnosing and classifying abnormal behavior, the most widely accepted system of classification is that devised by the American Psychiatric Association called the DSM-IV.
- The major categories of mental disorders described in DSM-IV include anxiety disorders, somatoform disorders, mood disorders, dissociative disorders, personality disorders, and schizophrenic disorders.
- Anxiety disorders are intense feelings of apprehension and anxiety that impede daily functioning.

- Somatoform disorders are patterns of behavior characterized by complaints of physical symptoms that do not have physiological causes.
- Mood or affective disorders are disturbances in moods or emotions that are extreme and unwarranted.

- Dissociative disorders are characterized by a loss of contact with portions of consciousness or memory resulting in disruption of one's sense and self.
- Personality disorders are long-standing, maladaptive, and inflexible patterns of traits that keep a person from functioning properly in society.
- Schizophrenia is a serious psychotic disorder in which delusions are common.