

A Short Presentation to Abnormal Psychology

Farhan Rasool*

Department of Psychology, Government Medical College and Hospital, Chandigarh, India

Corresponding Author*

Farhan Rasool
Department of Psychology,
Government Medical College and Hospital,
Chandigarh, India
E-mail: farhanrasool87@yahoo.com

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Abstract

Abnormal psychology is a branch of medicine that focuses on the understanding of the nature, causes, and medications of mental disorders. The purpose of this article is to present the definitions and concepts of abnormal psychology and to discuss the remedies available for abnormal psychology. Different psychologists, philosophers, historians, anthropologists, clinicians, and physicians have proposed their definitions, concepts, and concepts about abnormal psychology, to compile it more authentically; we would discuss a few personalities who contributed to the field of abnormal psychologists.

Keywords: Abnormal psychology • Ammunition • Black magic • Anxiety • Somatoform disorder

Introduction

Abnormal psychology

Since there are various branches of psychology listed out there, the branch that deals with abnormalities and uncommon behavior is abnormal psychology. The branch itself says about what it deals with, more broadly, abnormal psychology is one of the bifurcations of psychology that particularly alludes to a behavior which is deviated from normal, or unacceptable in society, for instance, not abiding by the social norms, maladaptive behaviors, personal distress, etc.

To understand abnormal psychology, first, we must look at the functional definition of abnormal behavior. According to the American psychological association's dictionary, "behavior that is atypical or statistically uncommon within a particular culture or that is maladaptive or detrimental to an individual or to those around that individual. Such behavior is often regarded as evidence of a mental or emotional disturbance, ranging from minor adjustment problems to severe mental disorder" [1]. Also, there is a general rule to follow when defining or labeling a behavior as abnormal. Psychologists often allocate such behaviors by using the 4D's: Deviance; Distress; Dysfunction; Danger.

Literature Review

Now, we would discuss the 4D's in a little more detail to get a wider view of abnormal behavior.

Deviance

Since the word abnormal refers to "away from the normal." So, a behavior that is considered abnormal in a general population or society is said to have deviated from the normal. Examples of deviant behavior include excessive consumption of drugs, adult content, and eating disorders. The thing is, the list goes on, even deviant behaviors are classified into further categories such as deviant behavior at home, school, playground, and workplace.

Distress

Distress is often bewildered with stress, but the catch here is that stress is a normal reaction to environmental or internal dysfunction while distress is a form of prolonged stress, or when the stress is too severe to handle. We consider distress among the 4D's because distress shows abnormality when it gets out of hand.

Dysfunction

When an individual's functionality starts to hamper their normal well-being, then it is said to be a dysfunction. Dysfunction talks about unconventional thinking, behavior, and emotions, which eventually impact an individual's psychological, social, as well as cognition abilities that they use in their daily life to deal with different situations and scenarios. Examples of dysfunction include mental disorders such as anxiety disorders, mood disorders, depressive disorders, psychotic disorders, neurosis disorders, personality disorders, and eating disorders.

Danger

As we often think and perceive that abnormal people are dangerous to live with. To some extent, this is true, but the case is not the same always. The danger is among the 4D's because it's obvious to have an inference that the person whose behavior is not socially acceptable is dangerous and may be a threat to society. But we must understand that danger, solely, is not a characteristic of being abnormal. There are several people out there who are mentally fit but committing crimes and are even more dangerous than an abnormal person. For instance, a person who loves to keep dangerous animals and reptiles at their home, someone who loves to drive fast, or maybe a person who is into keeping different types of arms and ammunition to showcase their hobby, none of them could be considered as an abnormal person until and unless they show the other three D's: Deviant, Distress, and Dysfunction. Indeed, a study suggests that in individuals with mental disabilities, dangerousness is more the exception than the rule.

I hope that the concept of abnormal behavior, in the light of the 4D's, is clear so now we move to the concept of abnormal psychology.

Abnormal psychology is focused on understanding the nature, causes, and medications of mental disorders. Now, there is one more branch of psychology that may seem like abnormal psychology, but it is not clinical psychology. The difference between the two is as simple as breathing! It has been said that abnormal psychology is a study of abnormal behavior whereas clinical psychology emphasizes more on a professional side such as practicing the concept of abnormal psychology in a practical fashion. Let's try to understand this with a short example, you know a friend who is mentally unfit these days due to some genuine reasons, and over time, his behaviors start to deviate from the normal ones. Soon you notice that he is not in his mind and acting weird, for example, murmuring to himself, and gradually isolating himself from his peers.

Now, what does the above example depict? Yes, abnormal behavior! Though we did not follow the 4D's religiously, we can make an inference that the above example is good for stamping a behavior as abnormal. After having identified the behavior, now comes the role of clinical psychology. What clinical psychology does is prepare a practical plan, proper diagnosis, and treatment, as in this case, clinical psychology will be used to prepare a proper treatment plan, needless to mention, by a clinical psychologist.

So, we can conclude by saying that by now we have understood the variation between abnormal and clinical aspects of psychology.

Coming back to abnormal psychology, we would now look at its history.

Discussion

History of abnormal psychology

The history of abnormal psychology could be dated back between 450 and 350 BC. Since there were not much, or maybe null, technical as well as medical advancements, people used to consider abnormal behavior as something superstitious, or at times they believed that a person who behaved abnormally would have been under some black magic influence. Also, to make a note here that in ancient times people engaged in worshipping different idols and deities, and they often related abnormal behaviors with the same. They proposed that their deities are angry and people suffering from abnormal behaviors are under the influence of their severe punishment.

Human life came into existence on earth some 3 million or more years ago, our knowledge of abnormal psychology is finite. Two Egyptian papyri, the Edwin smith papyrus, and the Ebers papyrus, dating from the sixteenth century B.C. provide some clues to the earliest treatments of diseases and behavior disorders.

The Edwin smith papyrus (discovered by Edwin smith) talks about early behavior and mental disorders and their treatments. Also, the papyrus described the human brain, possibly for the first time in history. Another papyrus, the ebers papyrus deals with the circulatory system and treatment methods, but according to this papyrus, treatment relied on black magic and incantations. Therefore, these two papyri talk about mental disorders and different aspects of treating abnormal individuals in history.

Different psychologists, philosophers, historians, anthropologists, clinicians, and physicians have proposed their definitions and concepts about abnormal psychology, to compile it more authentically, we would discuss a few personalities who contributed to the field of abnormal psychology.

Hippocrates (461-429 B.C.)

Hippocrates was a Greek philosopher who contributed to the field of medicine. His predispositions were that abnormal behavior did not emerge from the influence of black magic or deities' punishments rather it was a matter of discussion on the brain's anatomy and its physiological functioning. In other words, he focused on the physiological causes of the mental disorders rather than labeling them as "black magic" or "demonic possession". He further classified all mental disorders into three general categories-mania, melancholia, and phrenitis (brain fever). He carried out clinical observations of individuals lying under the categories. Also, he came up with a paradigm named four humors related to human temperament or personality. The four humors were thought to be earth, air, fire, and water. These elements combined to form essential fluids in our body-blood (sanguis), phlegm, bile (choler), and black bile (melancholic). So, that is how ancient compartmentalization of human behavior came into existence: The sanguine, the phlegmatic, the choleric, and the melancholic. Each of these types defends different personalities and attributes. Overall, hippocrates's discovery of understanding mental disorders from a physiological and anatomical point of view contributed significantly to the field of psychology [2].

Plato (429-347 B.C.)

Plato, a Greek philosopher, emphasized an individual's thinking abilities and actions that reflected their abnormal behavior. He studied a few criminals and their deviant behaviors to know about the distinction between normal and abnormal behavior. His treatment plans included "hospital" care for individuals with mental disorders and there they would come across different treatments that would engage in the development of their physical and mental health. At that time, due to a lack of resources and knowledge, people did not agree to his treatment plans. An important note to take here is that despite such unconventional thinking, he shared a belief that mental disorders were in part divinely caused [2].

Aristotle (384-322 B.C.)

Popularly known as "Plato's student", he also contributed to the field of psychology as well as human behavior. He held a view that if we distract our thinking, then pain can be elevated, and pleasure can be achieved [2].

Avicenna (C 980-1037)

Ibn Sina popularly known as avicenna fueled up the golden period of Islam with his exceptional contributions to the field of medicine. During his time, in middle East countries, people labeled mental disorders with supernatural beliefs and over time these beliefs grew in popularity. People held a belief that "sin" was the root cause of any mental disorder. Individuals would have transgressed or indulged in a major sin(s) which is why they got impacted by mental disorders as a "punishment". Avicenna tried to eradicate such beliefs through his discoveries such as the concept of logic and reasoning and also penned a book named Kitab al-Shifa [2].

Approaches to abnormal psychology

There are several theories or schools of thought which cover a broader aspect of abnormal psychology each with different perspectives. We will have a look at them one by one.

Psychodynamic perspective: This school of thought was postulated by Sigmund Freud, who proposed that mental disorders are caused by psychological disruptions. He also proposed that mental disorders are a result of unresolved, unconscious conflicts. The treatment plan involves identifying and resolving the conflicts with a psychodynamic approach [3].

Behavioral perspective: This approach deals with faulty learning and maladaptive thought process. Treatment usually focuses on restructuring or remolding maladaptive behaviors into socially acceptable ones. For instance, if an abusive husband beats his spouse now and then, there is a high chance that he learned this behavior from his father, and now he requires restructuring of his behaviors with the help of suitable treatment plans [3].

Cognitive perspective: This perspective comes into action when an individual's thought process and behaviors do not comply with society and norms. Here, faulty thoughts and false assumptions take responsibility for unconventional behaviors. The treatment plan includes cognitive therapies such as Cognitive Behavior Therapy (CBT) in which restructuring of cognition takes place and gradually the unconventional behaviors get eliminated [3].

Classifications of abnormal psychology

Classification in abnormal psychology is a vital concept and requires a thorough understanding of how and where to put mental disorders systematically so they don't get mixed up with each other. Now the question here arises why would mental disorders get mixed up? Do not the behaviors that are abnormal fall into the same category? Well, the simple answer to such questions is a big NO! For instance, psychotic disorders are way different from neurosis disorders, so we cannot afford to mix them up as the diagnosis for each of them is explicitly different. Therefore, classification is

required and it helps clinicians and other medical practitioners to diagnose different types of mental disorders with accuracy and veracity. So, to classify such distinctions, two such classification systems are present which are broadly accepted by clinicians throughout the globe. Namely, the diagnostic and statistical manual of mental disorders in its fifth edition and produced by the American Psychiatric Association (APA) and the international statistical classification of diseases and related health problems in its eleventh edition and assembled by the World Health Organization (WHO) [4]. These two works by prominent organizations are followed when classifying different mental disorders. Diagnostic and statistical manual of mental disorders is focused, exclusively, on mental disorders, different mental disorders are categorized into different sections such as personality disorders, depressive disorders, bipolar-related disorders, anxiety disorders, mood disorders, neurodevelopmental disorders, and so on, the other hand, internal statistical classification of diseases and related health problems emphasizes not only on mental disorders but also ample diseases and their symptoms as well as diagnosis [4]. Therefore, proper classification is required to characterize mental disorders to their respective section, and the manuals actively assist clinicians to have a better understanding of various diseases and mental disorders.

Types of disorders and behaviours that lie under abnormal psychology

Different disorders lie under abnormal psychology, each of them has its section, and under that lies more sub-type disorders that we will get to know about in a little more detail so that there would be no room for doubt, hopefully.

Neurotic disorders: These disorders refer to minor psychiatric disorders such as anxiety disorders, depression, and phobias. If talked about anxiety, according to American Psychological Association's dictionary, anxiety refers to "an emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune" [5]. If anxiety prevails for a prolonged period, it develops into a disorder. Such disorders are characterized by persistent tension and worry. Anxiety disorders include generalized anxiety disorder, phobias, Post-Traumatic Stress Disorder (PTSD), obsessive-compulsive disorder, and panic disorders.

Psychotic disorders: These disorders are extensive psychiatric disorders and include severe disorders like schizophrenia, bipolar disorder, delusion disorders, and substance-induced psychotic disorders. For example, schizophrenia refers to a "break from reality", in other words, when an individual could not differentiate between real and imaginary that's when a "break from reality" kicks in. There are two types of symptoms in schizophrenia, positive and negative. Positive symptoms include hallucinations, delusions, and disorganized speech, while negative symptoms include inappropriate thoughts, emotions, behaviors, apathy, and anhedonia.

Dissociative disorders: Such disorders indicate memory loss disorder, in more clear words, when an individual forgets their identity and wanders from place to place in search of a new one, or even starts a new life by deserting their past behind. Dissociative Disorders include dissociative identity disorder, dissociative amnesia, and dissociative fugue [6].

Personality disorders: Disorders that are based on disruptions of behavioral patterns that impair social functioning are termed personality disorders. Personality disorders are further characterized into three fragments: Cluster A, cluster B, and cluster C. Cluster A includes paranoid personality disorder, schizoid personality disorder, and schizotypal personality disorder, cluster B includes antisocial personality disorder, borderline personality disorder, histrionic personality disorder, and narcissistic personality disorder and cluster C includes avoidant personality disorder, dependent personality disorder, and obsessive compulsive personality disorder.

Somatoform disorders: These disorders refer to complaints of physical ailments without any medical cause. These disorders indirectly allude to an individual's cognition. For instance, when people say "it's all in your mind" that's what somatoform disorder means. Somatoform disorders include conversion disorder, hypochondriasis, and factitious disorder.

Organic disorders: Disorders derived from brain damage are known as organic or neurological disorders. Such disorders are sourced by chemical imbalances in the brain. Organic disorders include Alzheimer's disease, dementia, and Kluver-Bucy syndrome.

Eating disorders: Such disorders are characterized by irrational beliefs about food utilization and healthy weight. Eating disorders include anorexia nervosa, intense fear of gaining weight, and bulimia nervosa, consuming a lot of food in a short period.

Treatments and interventions

After discussing abnormal psychology, its components, history, approaches, and different types, now it's time to conclude this article by discussing remedies available for abnormal psychology. There are therapies available and then, in the end, we would discuss psychopharmacology-drugs and medicines.

Psychotherapy: It was introduced by Austrian neurologist, Sigmund Freud. The main objective of this therapy is to "talk", therefore, it is popularly known as talk therapy. Freud believed that talking is helpful sometimes. In this therapy, therapists let their clients talk and ask them to remember their past experiences, in other words, recollecting their unconscious thoughts and facing them upfront.

Behavior therapy: This therapy deals with the eradication of maladaptive behavior with adaptive behavior. It is said that behaviors are learned and therefore they can be reshaped. This therapy holds a view that deviant behaviors can be restructured, if we recall the behavioral approach, we will be able to understand this therapy in a better demeanor. This therapy is individual-oriented, which means, this therapy is beneficial irrespective of any mental disorder and focuses on the present scenario of the client. Clients are assured that it's possible to change or restructure their behaviors by putting forward authentic evidence. Therapy sessions are as long as somewhere between six to eight weeks.

Cognitive behavioral therapy: First postulated by Aaron Beck in the 1960's. This therapy is used to eliminate useless thoughts. According to Beck, we have unique conjectures of schemas about ourselves, people, and the environment around us. He formulated the concept of cognitive restructuring in which he discussed that faulty thought processes such as "Why am I so boring?" or "I feel like I am an irresponsible mother, so I am a bad mother" could be restructured to "Am I certain that I am boring?" or "...but I am a mother and need to take care of my child anyhow no matter what others say or make me feel". This therapy lasts between twelve to twenty weeks.

Systematic desensitization: This therapy was proposed by Joseph Wolpe, and it is widely used to deal with fear and phobias. There are various steps that a therapist follows to carry out such therapy. The first step includes relaxation training, deep breathing, Jacobson's muscle relaxation technique, hypnosis, biofeedback, and mental imagery, followed by the second, hierarchy construction, and the last step, desensitization of anxiety-provoking events.

Now, let's understand the mentioned steps to get a vivid view of what systematic desensitization is all about. The client is asked to imagine the list of anxiety-provoking situations in ascending order (hierarchy construction), and if the client feels agitated, then they are asked to stop imagining and come back to the normal state and repeat the relaxation stage. This cycle, imagination-relaxation-imagination, continues unless the client becomes ready to face their fears.

Client-centered therapy: This analysis was proposed by Carl Rogers. The therapy is widely used by therapists and clinicians to help their clients overcome distress and abnormalities. This therapy is profitable as it covers a broad range of domains such as personality disorders, stress management, relationship issues, substance-induced disorder, and eating disorders. Rogers believed that "listening" is a vital part of any treatment plan or even in general life scenarios. Most of us might have faced this situation where we felt "unheard". That's what Rogers talked about, since he was a psychologist, he knew the fact that listening makes things clear in a two-way communication. Therefore, he emphasized "active listening" and indulged in a practice where he used to repeat the client's words so that they may feel comfortable and reassured that someone is listening to them. Also, he gave the concept of the real self and idle self, where the real self defines what we are, and the idle defines what we desire to become.

Drugs and other medicines to treat psychopathology: Sometimes therapies may take a lot of time and for individuals looking for instant relief or cure, that's when medicines come into play. The branch of medicine that deals with mental disorders are called anti-psychotic drugs and anti-depressants. These drugs are used to inhibit or exhibit neurotransmitters that are responsible for disruptions in the brain. For instance, anti-psychotic drugs treat schizophrenia by inhibiting dopamine receptors. A few anti-psychotic drugs include clozapine and haldol. On the other hand, anti-depressants exhibit neurotransmitters such as serotonin and norepinephrine. All such drugs have mild to severe side effects. To lower such side effects, pharmaceutical scientists have come up with newer anti-depressants which are Selective Serotonin Reuptake Inhibitors (SSRI). Prozac is one of the most common medicines sold under Selective Serotonin Reuptake Inhibitors (SSRI) [6].

Overall, therapists and clinicians suggest that it's better to take medications along with the therapy sessions. This gives a sense of confidence to the clients and boosts their self-esteem. One important point to be noted down here, it's not suggested to build a dependency on medications since this is a harmful practice and gradually leads to substance abuse.

Conclusion

So, this was all about abnormal psychology. Again, before I conclude, I would like to state a few points before, the presence of the 4D's is not mandatory but highly encouraged. Though this is not any hard and fast rule, we are supposed to stick to such norms to make the diagnosis as well as the treatment plan easier both for the clinician and the client. Classification is also important since it helps us to characterize disorders and other diseases in an established format. Another important point is to not solely depend on medications but look for different strategies and techniques to tackle mental issues.

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