

Understanding of abnormal psychology and clinical psychology

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Abnormal psychology is the branch of psychology that studies unusual patterns of behavior, emotion and thought, which may or may not be understood as precipitating a mental disorder. The science of abnormal psychology studies two types of behaviors: Adaptive and Maladaptive behaviors. Clinical psychology is the applied field of psychology that seeks to assess, understand and treat psychological conditions in clinical practice. The theoretical field known as 'abnormal psychology' may form a backdrop to such work, but clinical psychologists in the current field are unlikely to use the term 'abnormal' in reference to their practice.

Psychopathology is a similar term to abnormal psychology but has more of an implication of an underlying pathology (disease process), and as such is a term more commonly used in the medical specialty known as psychiatry.

MAJOR PERSPECTIVES ON ABNORMAL BEHAVIOR Each of the approaches emphasizes different factors believed to contribute to abnormal behavior, but they do overlap in varying degrees in actual practice. * Sociocultural- problems reflect cultural values and beliefs. * Behavioral- inappropriate conditioning or modeling. * Evolutionary- exaggerated form of an adaptive reaction. Humanistic- blocked personal growth. *

Psychoanalytical/psychodynamic- unconscious, unresolved conflict. * Cognitive- faulty thinking * Biological- problems with brain function, genetic predisposition, biochemistry. **ABNORMALITY** - (or dysfunctional behavior), in the vivid sense of something deviating from the normal or differing from the typical (such as an aberration), is a subjectively defined behavioral characteristic, assigned to those with rare or dysfunctional conditions.

Defining who is normal or abnormal is a contentious issue in abnormal psychology.

IDENTIFYING ABNORMAL BEHAVIOR: FOUR BASIC STANDARDS

1. Statistical infrequency. (How rare is the behavior?) A behavior may be judged abnormal if it occurs infrequently in a given population.
2. Disability or dysfunction. (Is there a loss of normal functioning?) People who suffer from psychological disorders may be unable to get along with others, hold a job, eat properly, or clean themselves.
3. Personal distress. (Is the person unhappy?) The personal distress criterion focuses on the individual's own judgment of his or her level of functioning.
4. Violation of norms. Is the behavior culturally abnormal?) The fourth approach identifying abnormal behavior is violation of, or nonconformance to, social norms, which are cultural rules that guide behavior in particular situations.

CLASSIFYING ABNORMAL BEHAVIOR: The standard abnormal psychology and psychiatry reference book in North America is the Diagnostic and Statistical Manual of the American Psychiatric Association. The current version of the book is known as DSM IV-TR. It lists a set of disorders and provides detailed description on what constitutes a disorder such as Major Depressive Disorders or anxiety disorder.

It also gives general descriptions of how frequently the disorder occurs in general population, whether it is more common in males or females and other such facts. The diagnostic process uses five dimensions called " axes" to ascertain symptoms and overall functioning of the individual. These axes are as follows

- * Axis I- Symptom Disorders and " Clinical Disorders", which would include major mental and learning disorders.
- * Axis II-

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Personality Disorders and a decrease of the use of intellect disorder. Axis III- General medical conditions and “ Physical disorders” * Axis IV- Psychosocial/environmental problems, which contribute to the disorder. * Axis V- Global assessment of functioning (often referred to as GAF) or “ Children’s Global Assessment Scale”. The Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association provides a common language and standard criteria for the classification of mental disorders. The DSM is used in the United States and to various degrees around the world.

It is used or relied upon by clinicians, researchers, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies, and policy makers. The current version is the DSM-IV-TR (fourth edition, text revision). The current DSM is organized into a five-part axial system. The first axis incorporates clinical disorders. The second axis covers personality disorders and intellectual disabilities. The remaining axes cover medical, psychosocial, environmental, and childhood factors functionally necessary to provide diagnostic criteria for health care assessments.

Common Axis I disorders include depression, anxiety disorders, bipolar disorder, ADHD, autism spectrum disorders, anorexia nervosa, bulimia nervosa, and schizophrenia. Common Axis II disorders include personality disorders: paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, borderline personality disorder, antisocial personality disorder, narcissistic personality disorder, histrionic personality disorder, avoidant personality disorder, dependent personality disorder, obsessive-compulsive personality disorder; and intellectual disabilities.

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Common Axis III disorders include brain injuries and other medical/physical disorders which may aggravate existing diseases or present symptoms similar to other disorders. DISORDERS IN ABNORMAL PSYCHOLOGY * Anxiety disorders * Mood disorders * Schizophrenia *Eating disorders* Developmental disorders (childhood disorders) * Personality disorders * Sexual Disorders * Delusional disorders * Dissociative disorders * Substance abuse disorders * Cognitive disorders * Sleep disorders * Adjustment disorders * Factitious disorders Impulse-control disorders * Somatoform disorders EATING DISORDERS Eating disorders are characterized by obsessive concerns with weight and disruptive eating patterns that negatively impact physical and mental health. Types of eating disorders include: * Anorexia Nervosa—is an eating disorder characterized by immoderate food restriction and irrational fear of gaining weight, as well as a distorted body self-perception. It typically involves excessive weight loss and is usually found more in females than in males.

Due to the fear of gaining weight, people with this disorder restrict the amount of food they consume. This restriction of food intake causes metabolic and hormonal disorders. * Bulimia nervosa—is an eating disorder characterized by binge eating and purging, or consuming a large amount of food in a short amount of time followed by an attempt to rid oneself of the food consumed (purging), typically by vomiting, taking a laxative or diuretic, and/or excessive exercise. DEVELOPMENTAL DISORDERS

Developmental disorders, also referred to as childhood disorders, are those that are typically diagnosed during infancy, childhood or adolescence. These psychological disorders include: * ADHD (Attention deficit-hyperactivity
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disorder)—is a mental disorder and neurobehavioral disorder characterized by either significant difficulties of inattention or hyperactivity and impulsiveness or a combination of the two. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), symptoms emerge before seven years of age

THREE SUBTYPES OF THE DISORDER ADHD-PI or ADHD-I| Predominantly Inattentive| If symptoms of hyperactivity-impulsivity but not symptoms of inattention have been shown for at least six months to an extent that is disruptive and inappropriate for the individual's developmental level. | ADHD-HI or ADHD-H| Predominantly hyperactive-impulsive| If symptoms of inattention but not symptoms of hyperactivity-impulsivity have been shown for at least six months to an extent that is disruptive and inappropriate for the individual's developmental level. ADHD-C| Combined type| If symptoms of both inattention and hyperactivity-impulsivity have been shown for at least six months to an extent that is disruptive and inappropriate for the individual's developmental level. | SYMPTOMS Indicators of hyperactivity-impulsivity: *Feeling restless, fidgeting with hands or feet, and squirming while seated *Running, climbing, or leaving a seat in situations where sitting or quiet behavior is expected *Blurting out answers before hearing the whole question Interrupting or intruding on others *Having difficulty waiting in line or taking turns or enjoying leisure activities quietly *Adolescents or adults may feel very restless, as if “ driven by a motor”, and talk excessively. Indicators of inattention: *Not giving close attention to details or making careless mistakes in schoolwork, work, or other play activities. *Becoming easily distracted by irrelevant sights and sounds Failing to pay attention to

instructions and making careless mistakes, not finishing work, chores or duties *Losing or forgetting things like toys, pencils, books, assignments and tools needed for a task *Having trouble organizing activities, often skipping from one uncompleted activity to another *Not appearing to listen when spoken to directly *Avoiding or disliking things that take a lot of mental effort for a long period of time Indicators of Combined type: both hyperactivity-impulsive and inattention. EVIDENCE POINTS IN ADHD Genetic Factors- ADHD is four times as likely to have had a relative who also diagnosed with ADHD -Presence of Dopamine chemical in the brain (Diagnosed ADHD has less) * Nutrition and food- Food additives may exacerbate ADHD -Refined sugar - may be to blame for a range of abnormal behaviors -Lackness of Omega-3 Fatty acid which is important in grow development -Fish oil appears to alleviate ADHD Diagnosed and boost their potential at school * Environmental Factors- Maternal smoking during pregnancy because of nicotine content which causes Hypoxia (Lack of oxygen in the uterus) Lead Exposure is a mere contributor of ADHD. Ex. Toxic levels of lead from old paint. * Brain Damage- Brain Damage in Frontal lobes of the brain (areas of controlling problem-solving, planning and understanding) Brain Volume- ADHD patients have 3-4% smaller brain volume than normal ones. " White matter"- (long distance connection between brain regions that normally become stronger as child grows up) Abnormal small volume of white matter. More Information about ADHD: *Estimated 3-5% of children are affected most common in children. *Three times more common among boys than girls 60% of child patients retain symptoms in adult * Autism-- is characterized by delays or abnormal functioning before the age of three years in one or more

of the following domains: (1) social interaction; (2) communication; and (3) restricted, repetitive, and stereotyped patterns of behavior, interests, and activities. Autism has a strong genetic basis, although the genetics of autism are complex and it is unclear whether ASD (Autism Spectrum Disorder) is explained more by rare mutations, or by rare combinations of common genetic variants.

In rare cases, autism is strongly associated with agents that cause birth defects. Repetitive behavior Autistic individuals display many forms of repetitive or restricted behavior, which the Repetitive Behavior Scale-Revised (RBS-R) categorizes as follows: * Stereotypy is repetitive movement, such as hand flapping, head rolling, or body rocking. * Compulsive behavior is intended and appears to follow rules, such as arranging objects in stacks or lines. * Sameness is resistance to change; for example, insisting that the furniture not be moved or refusing to be interrupted. Ritualistic behavior involves an unvarying pattern of daily activities, such as an unchanging menu or a dressing ritual. This is closely associated with sameness and an independent validation has suggested combining the two factors. * Restricted behavior is limited in focus, interest, or activity, such as preoccupation with a single television program, toy, or game. * Self-injury includes movements that injure or can injure the person, such as eye poking, skin picking, hand biting, and head banging. A 2007 study reported that self-injury at some point affected about 30% of children with ASD.

No single repetitive or self-injurious behavior seems to be specific to autism, but only autism appears to have an elevated pattern of occurrence and severity of these behaviors. CHILD ABUSE Child abuse is the physical, sexual
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or emotional mistreatment or neglect of a child or children. Child abuse can occur in a child's home, or in the organizations, schools or communities the child interacts with. **FOUR MAJOR CATEGORIES OF CHILD ABUSE** Physical abuse involves physical aggression directed at a child by an adult. Physical abuse is the intentional or non-accidental production of a physical injury.

Ex. Bruises, scratches, burns, broken bones, lacerations, as well as repeated “ mishaps,” and rough treatment that could cause physical injury, are the results of physical abuse. Effects: likely to receive bone fractures, particularly rib fractures and may have a higher risk of developing cancer. Sexual abuse refers to the participation of a child in a sexual act aimed toward the physical gratification or the financial profit of the person committing the act. Child sexual abuse (CSA) is a form of child abuse in which an adult or older adolescent abuses a child for sexual stimulation. Ex.

Asking or pressuring a child to engage in sexual activities (regardless of the outcome), indecent exposure of the genitals to a child, displaying pornography to a child, actual sexual contact with a child, physical contact with the child's genitals, viewing of the child's genitalia without physical contact, or using a child to produce child pornography. Effects: Guilt and self-blame, flashbacks, nightmares, insomnia, fear of things associated with the abuse (including objects, smells, places, doctor's visits, etc.), self-esteem issues, sexual dysfunction. Emotional abuse is defined as the production of psychological and social deficits in the growth of a child as a result of behavior such as loud yelling, coarse and rude attitude, inattention, harsh criticism, and denigration of the child's personality. Ex.

Ridicule, degradation, destruction of personal belongings, torture or killing of a pet, excessive criticism, inappropriate or excessive demands, withholding communication, and routine labelling or humiliation Effects: abnormal or disrupted attachment development, a tendency for victims to blame themselves (self-blame) for the abuse, learned helplessness, and overly passive behavior Child neglect is the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm.

Neglect is also a lack of attention from the people surrounding a child, and the non-provision of the relevant and adequate necessities for the child's survival, which would be a lacking in attention, love, and nurture Effects: Children who are victims of neglect have a more difficult time forming and maintaining relationships, such as romantic or friendship, later in life due to the lack of attachment they had in their earlier stages of life. CAUSES OF CHILD ABUSE Parents who physically abuse their spouses are more likely than others to physically abuse their children *Children resulting from unintended pregnancies are more likely to be abused or neglected *Racism*Unemployment and financial difficulties are associated with increased rates of child abuse. *Cinderella effect-stepchildren have a much higher risk of being abused PERSONALITY DISORDER Personality disorder refers to a class of personality types and enduring behaviors associated with significant distress or disability, which appear to deviate from social expectations particularly in relating to other humans.

Those diagnosed with a personality disorder may experience difficulties in cognition, emotiveness, interpersonal functioning or control of impulses. In general, personality disorders are diagnosed in 40-60 percent of psychiatric patients, making them the most frequent of all psychiatric diagnoses. 10

Personality disorders (DSM-IV) Cluster A * Paranoid personality disorder—Characterized by irrational suspicions and mistrust of others. * Schizoid personality disorder—Lack of interest in social relationships, seeing no point in sharing time with others. Schizotypal personality disorder—Characterized by odd behavior or thinking. Cluster B * Antisocial personality disorder—a pervasive disregard for the rights of others, lack of empathy, and (generally) a pattern of regular criminal activity. * Borderline personality disorder—Extreme "black and white" thinking, instability in relationships, self-image, identity and behavior often leading to self-harm and impulsivity. * Histrionic personality disorder—Pervasive attention-seeking behavior including inappropriately seductive behavior and shallow or exaggerated emotions. Narcissistic personality disorder—A pervasive pattern of grandiosity, need for admiration, and a lack of empathy. Characterized by self-importance, preoccupations with fantasies, belief that they are special, including a sense of entitlement and a need for excessive admiration, and extreme levels of jealousy and arrogance. Cluster C * Avoidant personality disorder—Pervasive feelings of social inhibition and social inadequacy, extreme sensitivity to negative evaluation and avoidance of social interaction. * Dependent personality disorder—Pervasive psychological dependence on other people. Obsessive-compulsive personality disorder—Characterized by rigid conformity to rules, moral codes and excessive orderliness SEXUAL

DISORDER OR SEXUAL DYSFUNCTION Refers to a difficulty experienced by an individual or a couple during any stage of a normal sexual activity, including desire, preference, arousal or orgasm. A thorough sexual history and assessment of general health and other sexual problems (if any) are very important. Assessing (performance) anxiety, guilt, stress and worry are integral to the optimal management of sexual dysfunction. Sexual desire disorders

Sexual desire disorders or decreased libido are characterized by a lack or absence for some period of time of sexual desire or libido for sexual activity or of sexual fantasies. The causes vary considerably, but include a possible decrease in the production of normal estrogen in women or testosterone in both men and women. Other causes may be aging, fatigue, pregnancy, medications (such as the SSRIs) or psychiatric conditions, such as depression and anxiety. * Hypoactive Sexual Desire Disorder: extremely low or no interest in sex at all. * Sexual Aversion Disorder: extreme aversion to sex, totally repulsed by mere thoughts of sex.

Sexual arousal disorders Sexual arousal disorders were previously known as frigidity in women and impotence in men, though these have now been replaced with less judgmental terms. Impotence is now known as erectile dysfunction, and frigidity has been replaced with a number of terms describing specific problems with, for example, desire or arousal. * Erectile dysfunction Erectile dysfunction is a sexual dysfunction characterized by the inability to develop or maintain an erection of the penis. The causes of erectile dysfunction may be psychological or physical.

Psychological erectile dysfunction can often be helped by almost anything that the patient believes in; there is a very strong placebo effect. Physical damage is much more severe. One leading physical cause of ED is continual or severe damage taken to the nervierigentes, which prevents or delays erection, ordiabetesas well as cardiovascular disease, which simply decreases blood flow to the tissue in the penis, many of which are medically reversible. * Premature ejaculation Premature ejaculation is thought to occur when ejaculation occurs in under 2 minutes from the time of the insertion of the penis.

Premature ejaculation is when ejaculation occurs before the partner achieves orgasm, or a mutually satisfactory length of time has passed during intercourse. For a diagnosis, the patient must have a chronic history of premature ejaculation, poor ejaculatory control, and the problem must cause feelings of dissatisfaction as well as distress the patient, the partner or both. Historically attributed to psychological causes, new theories suggest that premature ejaculation may have an underlying neurobiological cause, which may lead to rapid ejaculation. Orgasm disorders

Orgasm disorders are persistent delays or absence of orgasm following a normal sexual excitement phase. The disorder can have physical, psychological, or pharmacological origins. SSRI antidepressants are a common pharmaceutical culprit, as they can delay orgasm or eliminate it entirely. * Anorgasmia, or Coughlan's syndrome, is a type of sexual dysfunction in which a person cannot achieve orgasm, even with adequate stimulation. In males, the condition is often related to delayed ejaculation.

Anorgasmia can often cause sexual frustration. The condition is sometimes classified as a psychiatric disorder.

However, it can also be caused by medical problems. Sexual pain disorders affect women almost exclusively and are also known as dyspareunia (painful intercourse) or vaginismus (an involuntary spasm of the muscles of the vaginal wall that interferes with intercourse). Dyspareunia may be caused by insufficient lubrication (vaginal dryness) in women. Poor lubrication may result from insufficient excitement and stimulation, or from hormonal changes caused by menopause, pregnancy, or breast-feeding. Irritation from contraceptive creams and foams can also cause dryness, as can fear and anxiety about sex.

Causes of Sexual Dysfunction There are many factors, which may result in a person experiencing a sexual dysfunction. These may result from emotional or physical causes. Sexual dysfunction may arise from emotional factors, including interpersonal or psychological problems. Interpersonal problems may arise from marital or relationship problems, performance anxiety, or from a lack of trust and open communication between partners, and psychological problems may be the result of depression, sexual fears or guilt, past sexual trauma, sexual disorders, among others. Sexual dysfunction is especially common among people who have anxiety disorders.

Ordinary anxiousness can obviously cause erectile dysfunction in men without psychiatric problems. Pain during intercourse is often a co morbidity of anxiety disorders among women.

DELUSIONAL DISORDER An uncommon psychiatric condition in which patients present with circumscribed symptoms of non-bizarre delusions, but with the absence of prominent hallucinations

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and no thought disorder, mood disorder, or significant flattening of affect. For the diagnosis to be made auditory and visual hallucinations cannot be prominent, though olfactory or tactile hallucinations related to the content of the delusion may be present

Types of Delusional disorder (DSM) *

- * Erotomaniac type (erotomania)—delusion that another person is in love with the individual, quite frequently a famous person. The individual may breach the law as he/she tries to obsessively make contact with the desired person.
- * Grandiose type—delusion of inflated worth, power, knowledge, identity or believes himself/herself to be a famous person, claiming the actual person is an impostor or an impersonator.
- * Jealous type—delusion that the individual's sexual partner is unfaithful when it is untrue.

The patient may follow the partner, check text messages, emails, phone calls etc. in an attempt to find "evidence" of the infidelity.

- * Persecutory type—This delusion is a common subtype. It includes the belief that the person (or someone to whom the person is close) is being malevolently treated in some way. The patient may believe that he/she has been drugged, spied-on, harassed and so on and may seek "justice" by making police reports, taking court action or even acting violently.
- * Somatic type—delusions that the person has some physical defect or general medical condition
- Mixed type—delusions with characteristics of more than one of the above types but with no one theme predominating.
- * Unspecified type—delusions that cannot be clearly determine or doesn't characterize in any of the categories in the specific types.

DISSOCIATIVE DISORDERS Conditions that involve disruptions or breakdowns of memory, awareness, identity or perception. People with dissociative disorders use dissociation, a defense mechanism, pathologically

and involuntarily. Dissociative disorders are thought to primarily be caused by psychological trauma. Dissociative disorders (DSM-IV) * Depersonalization disorder—periods of detachment from self or surrounding which may be experienced as " unreal" (lacking in control of or " outside of" self) while retaining awareness that this is only a feeling and not a reality. * Dissociative amnesia—noticeable impairment of recall resulting from emotional trauma * Dissociative fugue—physical desertion of familiar surroundings and experience of impaired recall of the past. This may lead to confusion about actual identity and the assumption of a new identity. Dissociative identity disorder—the alternation of two or more distinct personality states with impaired recall among personality states. * Dissociative disorder not otherwise specified—used for forms of pathological dissociation that do not fully meet the criteria of the other specified dissociative disorders.

SUBSTANCE ABUSE Also known as drug abuse, is a patterned use of a substance (drug) in which the user consumes the substance in amounts or with methods neither approved nor supervised by medical professionals. If an activity is performed using the objects against the rules and policies of the matter it is also called substance abuse.

The term " drug abuse" does not exclude dependency, but is otherwise used in a similar manner in nonmedical contexts. The terms have a huge range of definitions related to taking a psychoactive drug or performance enhancing drug for a non-therapeutic or non-medical effect. All of these definitions imply a negative judgment of the drug use in question. Some of the drugs most often associated with this term include alcohol, amphetamines,

barbiturates, benzodiazepines (particularly temazepam, nimetazepam, and flunitrazepam), cocaine, methaqualone, and opioids.

There are many cases in which criminal or antisocial behavior occur when the person is under the influence of a drug. Long term personality changes in individuals may occur as well. Signs and symptoms Depending on the actual compound, drug abuse including alcohol may lead to health problems, social problems, morbidity, injuries, unprotected sex, violence, deaths, motor vehicle accidents, homicides, suicides, physical dependence or psychological addiction. There is a high rate of suicide in alcoholics and other drug abusers.

The reasons believed to cause the increased risk of suicide include the long-term abuse of alcohol and other drugs causing physiological distortion of brain chemistry as well as the social isolation. Alcohol abuse is also associated with increased risks of committing criminal offences including child abuse, domestic violence, rapes, burglaries and assaults. Drug abuse, including alcohol and prescription drugs can induce symptomatology, which resembles mental illness. This can occur both in the intoxicated state and also during the withdrawal state.

In some cases these substance induced psychiatric disorders can persist long after detoxification, such as prolonged psychosis or depression after amphetamine or cocaine abuse. A protracted withdrawal syndrome can also occur with symptoms persisting for months after cessation of use. Benzodiazepines are the most notable drug for inducing prolonged withdrawal effects with symptoms sometimes persisting for years after cessation of use. Abuse of hallucinogens can trigger delusional and other psychotic phenomena long after cessation of use and cannabis may trigger <https://assignbuster.com/understanding-of-abnormal-psychology-and-clinical-psychology/>

panic attacks during intoxication and with use it may cause a state similar to dysthymia. Severe anxiety and depression are commonly induced by sustained alcohol abuse which in most cases abates with prolonged abstinence. Even moderate alcohol sustained use may increase anxiety and depression levels in some individuals. In most cases these drug induced psychiatric disorders fade away with prolonged abstinence. Drug abuse makes central nervous system (CNS) effects, which produce changes in mood, levels of awareness or perceptions and sensations. Most of these drugs also alter systems other than the CNS. Some of these are often thought of as being abused.

Some drugs appear to be more likely to lead to uncontrolled use than others.

COGNITIVE DISORDERS These psychological disorders are those that involve cognitive abilities such as memory, problem solving and perception. Some anxiety disorder, mood disorders and psychotic disorders are classified as cognitive disorders.

ORGANIC BRAIN SYNDROME (OBS), also known as organic brain disease (OBD), Organic mental disorders, organic brain disorder, is an older and nearly obsolete general term from psychiatry, referring to many physical disorders that cause impaired mental function. It does not include psychiatric disorders.

Originally, the term was created to distinguish physical (termed "organic") causes of mental impairment from psychiatric (termed "functional") disorders. Organic brain syndrome (OBS) is a general term used to describe decreased mental function due to a medical disease, other than a psychiatric illness. It is often used synonymously (but incorrectly) with dementia. * Acute organic brain syndrome is (by definition) a recently appearing state of

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mental impairment, as a result of intoxication, drug overdose, infection, pain, and many other physical problems affecting mental status.

In medical contexts, "acute" means "of recent onset". As is the case with most acute disease problems, acute organic brain syndrome is often temporary—however this is not guaranteed (a recent-onset problem may continue to be chronic or long term). A more specific medical term for the acute subset of organic brain syndromes is delirium. * Chronic organic brain syndrome is long-term. For example, some forms of chronic drug or alcohol dependence can cause organic brain syndrome due to their long-lasting or permanent toxic effects on brain function.

Other common causes of chronic organic brain syndrome sometimes listed are the various types of dementia, which result from permanent brain damage due to strokes, Alzheimer's disease, or other damaging causes which are not reversible. Causes Disorders associated with OBS include: * Brain injury caused by trauma * Bleeding into the brain (intracerebral hemorrhage) * Bleeding into the space around the brain (subarachnoid hemorrhage) * Blood clot inside the skull causing pressure on brain (subdural hematoma) * Concussion * Breathing conditions Low oxygen in the body (hypoxia) * High carbon dioxide levels in the body (hypercapnia) * Cardiovascular disorders * Abnormal heart rhythm (arrhythmias) * Brain injury due to high blood pressure (hypertensive brain injury) * Dementia due to many strokes (multi-infarct dementia) * Heart infections (endocarditis, myocarditis) * Stroke * Transient ischemic attack (TIA) * Degenerative disorders * Alzheimer's disease (also called senile dementia, Alzheimer's type) * Creutzfeldt-Jacob disease * Diffuse Lewy Body disease *

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Huntington's disease Multiple sclerosis * Normal pressure hydrocephalus * Parkinson's disease * Pick's disease * Dementia due to metabolic causes * Drug and alcohol-related conditions * Alcohol withdrawal state * Intoxication from drug or alcohol use * Wernicke-Korsakoff syndrome (a long-term effect of excessive alcohol consumption or malnutrition) * Withdrawal from drugs (especially sedative-hypnotics and corticosteroids) * Infections * Any sudden onset (acute) or long-term (chronic) infection * Blood poisoning (septicemia) * Brain infection (encephalitis) Meningitis (infection of the lining of the brain and spinal cord) * Prion infections such as mad cow disease * Late-stage syphilis * Other medical disorders * Cancer * Kidney disease * Liver disease * Thyroid disease (high or low) * Vitamin deficiency (B1, B12, or folate) Other conditions that may mimic organic brain syndrome include: * Depression * Neurosis * Psychosis Features of Organic Brain Disorder (OBS) 1. Learning disorder, i. e. speech, hearing 2. Motor disorder – over activity in coordination, involuntary movements 3.

Emotional disorder – mood swings, impulse behavior, catastrophic reactions, antisocial behavior 4. Cognitive disorder – poor memory, poor concentration, specific defects due to local lesions. Dementia (taken from Latin, originally meaning "madness", from de- "without" + ment, the root of mens "mind") is a serious loss of global cognitive ability in a previously unimpaired person, beyond what might be expected from normal ageing. —is a loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. Most types of dementia are nonreversible (degenerative). Nonreversible means the changes in the brain that are causing the dementia cannot be stopped or turned back. —Dementia usually

occurs in older age. It is rare in people under age 60. The risk for dementia increases as a person gets older. Dementia usually first appears as forgetfulness. Most common types/causes of dementia: * Alzheimer's disease is a generalized cortical atrophy associated with epilepsy. It is a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Lewy body disease is a leading cause of dementia in elderly adults. People with this condition have abnormal protein structures in certain areas of the brain. * Vascular dementia, which occurs after a stroke, is the second most common dementia type. * Pick's disease is a relatively rare form of dementia that causes a slow shrinking of brain cells due to excess protein build-up. It is a rare disorder that causes the frontal and temporal lobes of the brain, which control speech and personality, to slowly atrophy. It is therefore classified as a frontotemporal dementia, or FTD.

SLEEP DISORDERS Sleep disorders involve an interruption in sleep patterns. These disorders can have a negative impact on both physical and mental health. **ADJUSTMENT DISORDERS** This classification of mental disorders is related to an identifiable source of stress that causes significant emotional and behavioral symptoms. The DSM-IV diagnostic criteria include: (1) Distress that is marked and excessive for what would be expected from the stressor and (2) Creates significant impairment in school, work or social environments.

In addition to these requirements, the symptoms must occur within three months of exposure to the stressor, the symptoms must not meet the criteria for an Axis I or Axis II disorder, the symptoms must not be related to bereavement and the symptoms must not last for longer than six months

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after exposure to the stressor. **FACTITIOUS DISORDERS** These psychological disorders are those in which an individual acts as if he or she has an illness, often be deliberately faking or exaggerating symptoms or even self-inflicting damage to the body.

Types of factitious disorders include: * Munchausen (MOON-chow-zun) syndrome is a serious mental disorder in which someone with a deep need for attention pretends to be sick or gets sick or injured on purpose. People with Munchausen syndrome may make up symptoms, push for risky operations, or try to rig laboratory test results to try to win sympathy and concern. * Munchausen syndrome by proxy is a form of child abuse in which a parent induces real or apparent symptoms of a disease in a child.

The mother may fake symptoms of illness in her child by adding blood to the child's urine or stool, withholding food, falsifying fevers, secretly giving the child drugs to make the child throw up or have diarrhea, or using other tricks, such as infecting intravenous (given through a vein) lines to make the child appear or become ill. * Ganzer's syndrome is a rare disorder in which the affected person gives approximate answers to questions that have right and wrong answers, such as " What is 5 minus 3? ". Sometimes called " the syndrome of approximate answers," Ganzer's syndrome is most often seen in male prisoners.

IMPULSE-CONTROL DISORDERS Impulse-control disorders are those that involve an inability to control impulses, resulting in harm to oneself or others. Types of impulse-control disorders include: * Kleptomania is an impulse control disorder characterized by a recurrent failure to resist stealing. * Pyromania is defined as a pattern of deliberate setting of fires for <https://assignbuster.com/understanding-of-abnormal-psychology-and-clinical-psychology/>

pleasure or satisfaction derived from the relief of tension experienced before the fire-setting. The name of the disorder comes from two Greek words that mean " fire" and " loss of reason" or " madness. " It is the failure to resist impulsive desire to set fire. Trichotillomania (trik-o-til-o-MAY-ne-uh) is an irresistible urge to pull out hair from your scalp, eyebrows or other areas of your body. Hair pulling from the scalp often leaves patchy bald spots, which people with trichotillomania may go to great lengths to disguise. *

Dermatillomania is an impulse control disorder characterized by the repeated urge to pick at one's own skin, often to the extent that damage is caused.

SOMATOFORM DISORDERS Somatoform disorder is a class of psychological disorder that involves physical symptoms that do not have a physical cause.

These symptoms usually mimic real diseases or injuries. It is important to note somatoform disorders differ from factitious disorders; people suffering from somatoform disorders are not faking their symptoms. These includes: *

Conversion disorder is a mental health condition in which a person has blindness, paralysis, or other nervous system (neurologic) symptoms that cannot be explained by medical evaluation. The person is not " faking. " The symptoms do not appear to be under the person's conscious control and they can cause significant distress.

Examples of symptoms are a loss of muscle control, blindness, deafness, seizures or even apparent unconsciousness. *

Somatization disorder is a long-term (chronic) condition in which a person has physical symptoms that involve more than one part of the body, but no physical cause can be found.

The pain and other symptoms people with this disorder feel are real, and are

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not created or faked on purpose * Hypochondriasis is a belief that physical symptoms are signs of a serious illness, even when there is no medical evidence to support the presence of an illness. People with hypochondria are very focused on their physical health. They have an unrealistic fear of having a serious disease. * Body dysmorphic disorder is a type of chronic mental illness in which you can't stop thinking about a flaw with your appearance — a flaw that is either minor or imagined. But to you, your appearance seems so shameful that you don't want to be seen by anyone. Body dysmorphic disorder has sometimes been called "imagined ugliness." It is also known as dysmorphophobia, the fear of having a deformity.

PHYSICAL DISABILITIES/ILLNESSES * Visual Impairment * Blindness * Blurred Vision * Cataract Color Blindness * Hearing Impairment * Hearing Loss * Meniere's Disease—is a disorder of the inner ear that causes spontaneous episodes of vertigo — a sensation of a spinning motion — along with fluctuating hearing loss, ringing in the ear (tinnitus), and sometimes a feeling of fullness or pressure in your ear. In many cases, it affects only one ear. * Tinnitus (Ringing In the Ears) * Mobility Impairment * Arthritis * Rheumatoid Arthritis (RA) * Osteoarthritis * Cerebral Palsy * Multiple Sclerosis (MS) * Muscular Dystrophy (MD) * Paralysis * Parkinson's Disease * Stroke * Head Injury Traumatic Brain Injury * Chronic Illnesses * Asthma * Cancer * Chronic Fatigue Syndrome * Diabetes * Hypoglycemia * HIV AIDS * Renal Failure * Tuberculosis (TB)

ADAPTIVE AND MALADAPTIVE BEHAVIOR Adaptive behaviors are everyday living skills such as walking, talking, getting dressed, going to school, going to work, preparing a meal, cleaning the house, etc. They are skills that a person learns in the process of adapting to his/her

surroundings. Since adaptive behaviors are for the most part developmental, it is possible to describe a person's adaptive behavior as an age-equivalent score.

An average five-year-old, for example, would be expected to have adaptive behavior similar to that of other five-year-olds. Behavior problems, often called maladaptive behaviors, are behaviors that interfere with everyday activities. Good adaptive behavior and a lack of behavior problems promote independence at home, at school, and in the community. Behavior problems are much more difficult to quantify than adaptive behaviors are, because they are not very developmental and because their expression varies more from day-to-day and from setting-to-setting. Behavior problems do not increase or decrease steadily with age.

Nevertheless they can be measured reliably. Maladaptive behaviors are often referred to types of behaviors that inhibit a person's ability to adjust to situations. These are behaviors that are deviant, maladaptive and personally distressful. **DEFINING ABNORMAL BEHAVIOR:** There are two primary definitions psychologists use to classify behavior as abnormal including: **Atypical Behavior:** behavior that deviates from the norms of society -- behavior seen as being different or weird – not necessarily harmful to self or others, just deviant – the definition most people in society use to define a behavior as being abnormal

Maladaptive Behavior: behavior that is potentially harmful to oneself or to others -- not just physically harmful, but also emotionally harmful to the well-being of a person or others -- not necessarily deviant, but definitely potentially harmful -- the definition most clinicians are concerned about -- <https://assignbuster.com/understanding-of-abnormal-psychology-and-clinical-psychology/>

they are more interested in the client's mental and physical well-being than whether or not a behavior is weird Note: Behaviors are not necessarily atypical or maladaptive. They can be both.

For example, behaviors can be defined as atypical only (talking to the paint on the wall), both atypical and maladaptive (dancing naked while standing on an overpass railing above North Central Expressway) or maladaptive only (a college student drinking an excessive amount of alcohol at a party). What may ultimately make an abnormal behavior into a genuine mental disorder is if the behavior: 1. is maladaptive (harmful to self or others) 2. causes significant social impairment 3. causes significant occupational impairment 4. causes great personal pain and emotional discomfort 5. involves a psychotic loss of contact with reality (or to varying degrees, any combination of these five factors)

CAUSES OF MALADAPTIVE BEHAVIOR

- * Biological factors: malfunctioning of the person's body specifically brain processes and genetic factors.
- * Psychological factors: distorted thoughts, emotional turmoil, inappropriate learning and troubled relationships.
- * Sociocultural factors: frequency and intensity varies from culture to culture, and is based on social, economic, technological and religious aspects.

Biopsychosocial factors: The Interactionist Approach—biological, psychological, and sociocultural factors may interact.

Reasons for Choosing Maladaptive Behaviors

Maladaptive behavior theory suggests a number of possible reasons for why people choose to act in ways that are ultimately damaging. These reasons include:

- * The individual chooses the maladaptive behavior because of faulty logic. This means that their behavior appears reasonable to

them. * These maladaptive behaviors can appear to be working in the beginning.

The shy person who turns to substance abuse often finds that alcohol or drugs makes them more sociable and confident in the beginning. * The individual is copying other people. For example, those people who have seen their parents deal with life's problems by turning to alcohol or drugs will do the same. * The individual is prepared to accept deterioration in their life for the brief reprieve that these maladaptive behaviors can sometimes bring. This type of decision is often made when people use alcohol or drugs as a type of self medication.

Examples of Maladaptive Behavior Examples of maladaptive behavior can include: * Substance abuse * Attention seeking behaviors is where people use excessive or inappropriate behaviors in order to gain attention. * Power seeking behavior can involve attempting to undermine authority figures and rebelling against the rules. * Converting to anger refers to how the individual can use anger as a means to vent their frustrations. This may mean that they engage in extremely inappropriate behaviors such as physical violence against other people. In an attempt to cope the individual may try withdrawing from the world. This means that they isolate themselves and refuse to engage fully with the world. * The individual may try avoidance in order to not have to deal with the unpleasant situation. This can lead to phobias which can severely damage the individual's ability to deal with life. * Workaholism is where the individual becomes obsessed with their work and devotes increasing amounts of time to their job. This is another means of avoiding having to deal with unpleasant aspects of life. Revenge behaviors is

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where the individual tries to punish other people who they feel are responsible for causing problems. * Exercise addiction. * Internet addiction. * Gambling addiction. * Sex addiction. Types of maladaptive behavior

Stereotypical Behavior - repetitive movement, posture or utterance. Examples: * handplay * rocking * echolalia (repeating words or phrases)

Ritualistic Behavior - an attempt to regulate something concrete and controllable because the person cannot identify and control a problem - often manifests in compulsive behavioral.

Self-Injurious Behavior - any behavior that can cause damage to the individual. Examples: * head banging * self biting * scratching * pica (consumption of inedible items)

Tantrums - a combination of two or more maladaptive behaviors. Examples: * screaming * crying * dropping to the ground

Aggression - an act of violence to another person or object. Examples: * hitting * kicking * biting * slapping * pinching * grabbing * pushing

Transition Difficulties - some students become easily upset when asked to transition to a new area or task.

Running/Darting - running out of the classroom, away from the area, or away from adults.

Compliance/Following Directions/Opposition - lack of cooperation with instructions/demands.

Verbally Inappropriate Behavior - disruptive to classroom, peers or individual learning/success. Examples: * name calling * swearing * screaming * whining * crying

SEXUAL DEVIATIONS

SEXUAL desires and behaviors are considered unusual or abnormal, i. e. beyond the normal range, when sexual gratification is achieved from experiences that are dependent on particular sexual objects.

This kind of behavior occurs for a major period of time, interferes with the sexual relations or daily functioning of those affected and may cause distress to them. Although they recognize the negative impact on their lives, they are not able to control them. “ Sexual preference disorders” is preferred to the term previously used, “ sexual deviation”, as it clarifies the essential nature of this group of behaviours, i. e. arousal in response to an inappropriate stimulus. These disorders are more common in men than women. Atypical/Maladaptive Sexual Behavior -- deviates from norms of society and is harmful to that person or to others.

Atypical Sexual Behavior -- deviates from norms of society but is not inherently harmful to person or to others – is simply different from the norm. The causes of sexual deviation are thought to include a combination of sociocultural, physical , and psychological factors, for example, an overly intimate relationship with parents, or rejection, hostile treatment, and social deprivation during childhood, all of which diminish self-esteem. They provoke feelings of inadequacy or hostility expressed through sexually deviant behavior. Most sexual deviants are outwardly quiet and reserved.

Their poor self-image, low frustration level, and overwhelming feelings of fear and inadequacy prevent them from experiencing normal relationships and effective interactions with others. Paraphilia (from Greek para = beside and -philia = friendship, meaning love) describes sexual arousal to objects, situations, or individuals that are not part of normative stimulation. Paraphilia involves sexual arousal and gratification involving a sexual behavior that is atypical, and, in contrast to fetishism, considered extreme. The term was coined by Wilhelm Stekel in the 1920s.

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Sexologist John Money later popularized the term as a nonpejorative designation for unusual sexual interests. He described paraphilia as "a sexuoerotic embellishment of, or alternative to the official, ideological norm. " The essential features of a Paraphilia are recurrent, intense sexually arousing fantasies, sexual urges, or behaviors generally involving: 1) nonhuman objects, 2) the suffering or humiliation of oneself or one's partner, or 3) children, or other non-consenting persons

SEXUAL ORIENTATION

Homosexuality: (gay and lesbian) "Sexual desire for those of the same sex as oneself".

Even though the American Psychiatric Association and the DSM no longer classify homosexuality as a Sexual Deviation, a 1993 survey of psychiatrists around the world revealed that the vast majority of psychiatrists still considered homosexuality a mental illness.

Bisexuality: Sexual desire and interaction with both males and females.

Gender Identity Disorder: "A strong and persistent cross-gender identification, which is the desire to be, or insistence that one is, of the other sex," along with "persistent discomfort about one's assigned sex or a sense of the inappropriateness in the gender role of that sex"

Transgenderism: A person whose gender identity is not clear, and who may take on the sexual identity of either male or female to carry out sexual fantasies or behaviors.

Transsexual: A person who identifies himself as having the identity "of the opposite sex, sometimes so strongly as to undergo surgery and hormone injections to effect a change of sex" Most common types of sexual deviations/paraphilias:

Pedophilia: "Sexual activity with a prepubescent child (generally age 13 years or younger)".

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The individual with Pedophilia must be age 16 years or older and at least 5 years older than the child. For individuals in late adolescence with Pedophilia, no precise age difference is specified, and clinical judgment must be used; both the sexual maturity of the child and the age difference must be taken into account...Some individuals prefer males, others females, and some are aroused by both males and females. Exhibitionism: “Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the exposure of one’s genitals to an unsuspecting stranger. Voyeurism: “Achieving sexual excitement” by “peeping”, that is “observing unsuspecting individuals, usually strangers, who are naked, in the process of disrobing, or engaging in sexual activity” Frotteurism: “Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving touching and rubbing against a nonconsenting person”. Fondling the victim may be part of the condition and is called toucherism. Fetishism: “Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the use of nonliving objects

Transvestic Fetishism: “In a heterosexual male, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving cross-dressing. ” In severe cases he may be diagnosed with the additional “With Gender Dysphoria” when he desires “to dress and live permanently as a female and to seek hormonal or surgical reassignment” Sexual Masochism: “Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act (real, no simulated) of being humiliated, beaten, bound, or otherwise made to suffer” “Masochistic fantasies may involve being raped while being held or bound by others so that there is no possibility of escape. Others act on

the masochistic sexual urges themselves (e. g. binding themselves, sticking themselves with pins, shocking themselves electrically, or self-mutilation) or with a partner. Masochistic acts that may be sought with a partner include restraint (physical bondage), blindfolding (sensory bondage), paddling, pking, whipping, beating, electrical shocks, cutting, pinning and piercing (infibulations), and humiliation (e. g. , being urinated or defecated on, being forced to crawl and bark like a dog, or being subjected to verbal abuse). Sexual Sadism: “ Recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors involving acts (real, not simulated) in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person” The sadistic fantasies usually involve having complete control over the victim, who is terrified by anticipation of the impending sadistic act. Others act on the sadistic sexual urges with a consenting partner (who may have Sexual masochism) who willingly suffers pain or humiliation.

Still others with Sexual Sadism act on their sadistic sexual urges with non-consenting victims (e. g. , forcing the victim to crawl or keeping the victim in a cage). They also may involve restraint, blindfolding, paddling, pking, whipping, pinching, beating, burning, electrical shocks, rape, cutting, stabbing, strangulation, torture, mutilation or killing...Sexual Sadism is usually chronic. When Sexual Sadism is practiced with non-consenting partners, the activity is likely to be repeated until the person with Sexual Sadism is apprehended...Usually...the severity of the sadistic acts increases over time.

When...severe...individuals with Sexual Sadism may seriously injure or kill their victims” PARAPHILIA NOS (Not Otherwise Specified) Bestiality (clinically known as Zoophilia): Zoophilia is sexual attraction to and relationships with animals. Bestiality is defined as “ sexual relations between a person and an animal” Coprophilia: Sexual arousal associated with feces. Klismaphilia: Sexual arousal and pleasure derived from enemas Necrophilia: “ An abnormal obsession with death and the dead, especially an erotic attraction to corpses Partialism: Sexual arousal obtained through “ exclusive focus on part of body”

Telephone Scatologia: Obsession with “ obscene phone calls” Transvestite: “ A person who derives sexual pleasure from dressing in the clothes of the opposite sex” Urophilia: Sexual arousal associated with urine Emetophilia: is a paraphilia in which an individual is sexually aroused by vomiting or observing others vomit. Also referred to as a Vomit Fetish. Some emetophiles put emetophilia into practice by actually vomiting, especially on a partner. This practice is sometimes called a Roman shower, after the commonly-supposed (but mistaken) belief in the frequent induction of vomiting at Roman feasts.

OTHERS... Abasiophilia is a psychosexual attraction to people with impaired mobility, especially those who use orthopaedic appliances such as leg braces, orthopedic casts, or wheelchairs. Agalmatophilia is a paraphilia involving sexual attraction to a statue, doll, mannequin or other similar figurative object. The attraction may include a desire for actual sexual contact with the object, a fantasy of having sexual (or non-sexual) encounters with an animate or inanimate instance of the preferred object,
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the act of watching encounters between such objects, or sexual pleasure gained from thoughts of being transformed or transforming another into the preferred object. Dendrophilia (or less often arborophilia or dendrophily) literally means "love of trees". The term may sometimes refer to a paraphilia in which people are sexually attracted to or sexually aroused by trees. This may involve sexual contact or veneration as phallic symbols or both. Erotophonophilia is sexual arousal or gratification contingent on the death of a human being. Kleptolagnia is the state of being sexually aroused by theft. A kleptolagniac is a person aroused by the act of theft.

A sexual form of kleptomania. Plushophilia (from "plushie" and "-philia") is a paraphilia involving stuffed animals. Sadomasochism is the giving and/or receiving of pleasure—often sexual—from acts involving the infliction or reception of pain or humiliation. Rape: The rapist uses violence to sexually assault a non-consenting partner. Rape is a violent crime, an expression of hostility, power, and rage, not just sexual gratification. It may occur as an isolated incident but is more often part of a recurring behavioral pattern. The rapist needs psychotherapy.

The rapist often has feelings of violence or hatred toward women, or sexual problems, such as impotence or premature ejaculation. Frequently, they are socially isolated and unable to form warm, loving relationships. Some rapists seem to be psychopaths who seek pleasure, regardless of how it affects their victims; others rape to satisfy a need for power. Some have been abused as children. Incest: Incest (sexual relations with family members) most often involves a father and his daughter. The wife/mother may tacitly approve of

the activity. Once begun, incest tends to persist and may extend to include several children.

An incestuous father was often socially deprived during his childhood. He seldom commits other crimes. As a rule, all members of an incestuous family need psychiatric treatment. Prostitution, sexual intercourse with sex workers or people who were not wives or husbands. Ambulophobia: The fear of walking is often confused for a person, who is downright lazy and just does not want to walk. Pteronophobia: This is for all those people who are morbidly fearful of being tickled by a feather. Wonder, from where did that fear originate? Selenophobia: It refers to the fear of the Moon.

Well, hopefully we do not have too many aspiring astronauts with this problem. Gamophobia: This refers to the fear of marriage. I think most men around the world have it. Even if they don't, be wary, you may soon be hit with this excuse, " Sorry honey, it's not that I don't want to marry you. I'm afraid I have an incurable case of gamophobia. " Hippopotomonstrosesquippedaliophobia: I know it may sound like a joke, but people afflicted with Hippopotomonstrosesquippedaliophobia are ironically afraid of long words! Personally, I believe that there should be an award for people who can correctly spell it.

Linonophobia: This has got to be the silliest phobia ever. A morbid fear of strings! I am sure, all the cats in the world do not have it. Euphobia: This is the fear of hearing good news. Now why in the world would anyone be fearful of that, beats me! Vestiphobia: Commonly known as the fear of clothing. Well, for all those people getting ideas, the phobia does not really seem to affect single, young, athletic women. Syngenesophobia: The fear of relatives
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could certainly be more common than we think, especially if you have those zany aunts and uncles. Aphenphosmophobia: The fear of being touched.

I am sure my cat suffers from this. However, I am not sure that a person afflicted with this phobia would be good romance material. Cacophobia: The fear of ugliness, cacophobia, can easily gain sympathetic ears. The people suffering from this will withdraw, react strangely, or limit their responses to ugly characters, people, inconsistent or asymmetric objects and other strange items that they may encounter. I am sure this phobia makes many plastic surgeons around the world, very happy. Novercaphobia: Also known as the fear of stepmother, Novercaphobia, is an unusual phobia that may have originated from fairy tales.

I guess the people with this phobia read 'SnowWhite and the Seven Dwarfs' a few times too many. Epistemophobia: This is also referred to as the fear of knowledge. I am assuming these people took the words 'Ignorance is bliss', quite seriously. It can also be a very handy excuse for all those people in high school, who want to cut class. Panophobia: I think we should all spare a thought for the people with a fear of everything. Well, what can I say, phanophobes seem to fear everything, from fearing the fear to the fear of managing the phobia. And you thought only you had the bad days?