

Abnormal psychology and study of abnormal behavior

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Abnormal psychology is the scientific study of different kinds of behavior that are strange or unusual. This study is used to illustrate, explain, clarify and modify abnormal patterns of behavior. When abnormal psychology is applied in a clinical setting, its concern is to study the etiology of the disease or abnormal behavior and its possible treatment or interventions.

The American Psychiatric Association has a list of sets of different disorders written in the Diagnostic and Statistical Manual where it provides detailed descriptions and possible interventions of the disorder. Like the American Psychiatric Association, the World Health Organization has a recognized list of classification of disorders where there are main categories of abnormal behavior.

According to these two organizations, there are many kinds or sets of disorders. One of these is schizophrenia.

Schizophrenia is a psychiatric disorder or illness characterized by impairment of awareness of reality, confused thought and abnormal display of emotions. The line of thought of people with schizophrenia is disorganized, commonly they are not aware of the difference between reality and fantasy (Davison, Neale, & Blankstein, 2005).

They also have flat affect or most of the time, their facial expression and even their physical activity does not correlate or is not appropriate in the situation (Davison, Neale, & Blankstein, 2005). A person with this type of disorder experiences auditory hallucinations which explains why most of their population shows that they are talking to the air as if they were talking to someone.

There are clinical symptoms that can be observed in people with schizophrenia. The positive symptoms are auditory hallucinations and delusions (Davison, Neale, & Blankstein, 2005). They tend to believe that they can hear someone talking to them that's why their reaction is to talk back with that "someone" they believe talking to them. Person with schizophrenia talks in a different way.

Different because there is no concrete or idea on what they are talking about (Davison, Neale, & Blankstein, 2005). They usually shift from one idea to another or there is no organization on what the person is talking about.

The negative symptoms are also mentioned here because they are believed to be missing in the person with schizophrenia. The negative symptoms include flat affect or unable to express the right or appropriate expression or emotion in a certain situation (Davison, Neale, & Blankstein, 2005). Asociality or unable or does not want to communicate with other people (Davison, Neale, & Blankstein, 2005).

Schizophrenic person talks but the content of their speech is still lacking unlike to those normal person (Davison, Neale, & Blankstein, 2005). Schizophrenic patients illustrate catatonic behavior or being hyperactive in her or his everyday life (Davison, Neale, & Blankstein, 2005).

Some of these patients or people in this population manifest waxy flexibility or having loss of motivation to move (Davison, Neale, & Blankstein, 2005). They can only be moved from a certain place if they are being moved by another person.

Schizophrenia can be differentiated into other forms of disorder. Here are some disorder that are being correlate with schizophrenia. Mood disorder is a medical condition that were there is an inappropriate expression of emotions or feelings in a certain situations (Davison, Neale, & Blankstein, 2005).

Mood disorders have more in-depth characteristics that should be studied to know the difference between mood disorder and schizophrenia. Person with mood disorder often shows alternating periods of mania, which is too much or extreme happiness or extreme feeling of depression (Davison, Neale, & Blankstein, 2005).

Another disorder that is being correlated with schizophrenia is the schizoaffective disorder. This type of disorder is the combination of the symptoms of mood disorder and psychosis (Davison, Neale, & Blankstein, 2005).

This disorder usually affects people that are in early adulthood stage. This is also common in woman. In schizophrenia, the age bracket that is usually affected by this disorder are those in their late adolescence and early adulthood but the ratio between men and women are equal (Davison, Neale, & Blankstein, 2005) .

Personality disorder is the type of disorder were there is a repetitive pattern of thoughts (Davison, Neale, & Blankstein, 2005). Patient having this type of disorder lives with their fantasies. Person in this type of disorder have impaired perception on the outside world. They are also very impulsive (Davison, Neale, & Blankstein, 2005).

The schizophreniform disorder has two distinctive differences to schizophrenia. These two types of disorder are almost the same that they are very hard to determine.

The two determinants are: (a) the period of the disease is at least 1 month but less than half of a year (Davison, Neale, & Blankstein, 2005). (b) problems in the occupational or social aspect of life (Davison, Neale, & Blankstein, 2005). Although this would be expected, there is also a possibility of positive outcome after months of therapeutic interventions or medications.