

Term paper on abnormal psychology

[Health & Medicine](#), [Stress](#)



Abnormal psychology is a branch of psychology that tries to concentrate more on what people term as abnormal in life. This is mainly in terms of behaviors which are considered as deviant from the expected code of conduct. In any case, any strange or rare experience in behavior makes one to be treated as abnormal. Most of these disorders are extremes of the normal circumstances and are mostly caused by imbalance in some physiological processes, biological factors or even some physical factors. Several symptoms can be used to describe the disorders whereby some of the factors are unique to a disorder while others are common symptoms. Of the common abnormal disorders, the most common ones are major depression, panic disorder with agoraphobia, posttraumatic stress disorder and substance use. However, some more complex disorders are bipolar disorder, borderline personality disorder, bulimia nervosa and paranoid schizophrenia. Most of these disorders have similar symptoms thus follow a similar diagnosis but the interpretation of the symptoms done from perspectives specific to the disorders. Disorders like major depression, posttraumatic stress and panic disorder often have similar profiles whereby the patient shows a lot of mental torture. However, the torture is manifested in different modes by the disorder where depression makes the patient mentally torture as a result of a certain psychological effect. As the name suggests, posttraumatic stress results as an aftermath of a certain traumatic effect like an accident or heavy loss making the patient feel much impacted on thus unable to pull through the traumatic experience in a composed manner. Panic is experienced mostly by people who have just heard of a certain aspect or event and dread ever encountering it. In encountering the

event, they panic or even develop some phobia against the event or occasion. A good example can be drawn from a situation where a student faces a dilemma on whether to continue with studies or drop out of school ((mhhe. com/socscience/psychology)).

In the case study presented, a lady aged about 42 years has the following symptoms: feeling ' high' always, lack of concentration in her work and having trouble in sleeping. These symptoms fit in a number of disorder profiles which can be taken as substance abuse, bipolar disorder, stress or even hyperactivity disorder. This is because any form of stress can cause sleeplessness and easy distraction from one's chores. Another possibility of disorder with these symptoms is substance abuse. According to most diagnostic results of drug users, they always feel ' high' and sleep less. They are also easily distracted from their chores by very minor factors like a smell or footsteps.

However, for this specific case, I would like to attribute these symptoms to bipolar disorder. This is due to the structuring of this disorder and the symptoms observed by this woman. Several reasons can support my decision of diagnosing this lady with bipolar disorder (manic episode) more than substance abuse and the other disorders which are closely related (Ronald, 2010).

Taking a look at an overview of the dysthymic disorder profile, the disorder causes negative moods whereby a person feels hopeless and worthless. It is a less severe form of depression which is also characterized by little sleep, easy distraction, poor appetite and low esteem among others. Moving on to paranoid schizophrenia, it has similar characteristics but is much specific to

auditory hallucinations and general perception of a person. These are the closely related forms of disorders most likely to have infected the lady but the most appropriate is the bipolar disorder (mhhe. com/socscience/psychology).

Profile of bipolar disorder

Diagnosis and symptoms

In between the two extreme moody levels, the patient appears to be normal and the brain operates normally. However, in extreme levels, the patient exhibit two different personalities. In the extreme high level moods, the patient is said to be in the manic mood which is characterized by:

- In mood changes, the person becomes overly happy and excited. This extreme happiness or joy is prolonged for a period of more than two weeks with similar observations made every day.
 - The person becomes easily irritable with high agitation levels. Also, the person feels ' high' or ' wired' to something or someone.
 - On the behavioral part, the person starts talking faster than usual with an edge in the voice or tone used.
 - The person cannot concentrate in any single project or idea since his/her mind is racing with multiple ideas and projects.
 - The person has little or no sleep making him/her highly irritable at the slightest confrontation.
 - Impulsive behavior making the person to have unrealistic belief in his/her own abilities. The person may in turn take part in high risk activities like impulsive sex or unrealistic business investments making him/her restless.
- (mhhe. com/socscience/psychology)

Taking a look at the extreme low moods also known as the depression mood or episode of the disorder, the person exhibits the following characteristics.

- In mood changes, the person becomes worried or grieved for a prolonged period. This may result in the person claiming to feel empty and void. This is mainly claimed to be true if the problem persists for more than two weeks.

- The mood also makes the person lose interest in activities once enjoyed.

This is mostly exhibited in couples by loss of interest in sex making the person become highly unresponsive and irritable.

- On the issue of behavioral change, the person feels always tired and worked up. The person may also feel drained of energy thus slower than he/she thinks is in speed.

- The person has problems in concentrating, making decisions and even recalling some aspects or ideas earlier discussed. This indicates that the person's brain is tired.

- A feeling of restlessness. Often, the person feels like attempting suicide.

- The person lacks eating appetite and this also causes a change in eating or sleeping habits. (mhhe. com/socscience/psychology)

Looking at these symptoms, they are all present in the lady under the manic episode thus this qualifies the lady to be suffering from bipolar disorder which is a life-long disorder.

Effects of bipolar disorder with time

This life-long disorder can be perceived to affect a person in any of the types below.

- Bipolar I disorder: this is the disorder where the person experiences both mania and mixed episodes over time but the effects are not very much

severe. The mania episodes last at least a week while depressions are minimal. The symptoms are not very evident in this type but at times they get severe calling for hospitalization.

- Bipolar II disorder: this stage is characterized by repeated mood swings which are mostly in the depression episodes. This makes the person become more susceptible to depression. Only hypomania is observed with little or no full-blown mania or mixed moods.

- Bipolar disorder not otherwise specified (BP - OS). This illness is characterized by symptoms similar to those of bipolar I and II but are not sufficient enough to make a person be categorized as either of the two. These symptoms may not be very evident but it is clear that they are outside the normal range for human beings.

- Cyclothymic disorder or cyclothymia. The patients have mild depressions and the episodes swing back and forth for a period of about two years. The symptoms are too mild to make a person to be categorized in any of the other types of bipolar disorder. (mhhe. com/socscience/psychology)

On diagnosis, the best step is to see a psychiatrist. The medic examines the patient and after getting the correct type of disorder administers the correct treatment criteria. The diagnosis and evaluation of the disorder follows the visible symptoms and some therapy evidence which might help in determining the type of treatment to use.

Treatment

Up to date, this disorder does not have any cure known. It is taken as a life-long disorder which calls for a patient to learn to control his/her mood swings. The best medication given is the use of psychotherapy and some

other medications to reduce the severity of the symptoms. The two modes of treatment are the most common but in some cases, the treatment may vary since different people respond differently to the same medication (Ronald, 2010).

Other disorders that often occur with bipolar disorder

The main opportunistic disorders that attack a person who has been infected with this problem are stress related disorders. A good example is the posttraumatic stress. Another is the phobias which may range from simple phobia to complex forms. Others may include: migraines, brain problems, thyroid diseases and heart diseases (Ronald, 2010).

Causes of bipolar disorder

- Genetic inheritance. This is mainly due to the fact that this disorder has been evidenced to move through a family as a genetic disease.
- Brain structure and functioning. This has been confirmed whereby scientists have found that the brain structure of people suffering from this disorder is different from that of healthy people of people suffering from other disorders. This can also account for the mood swings. (Ronald, 2010)

References

<http://www.mhhe.com/socscience/psychology/faces/#>

Ronald C. 2010. Fundamentals of Abnormal Psychology, worth publishers, 6th edition