## Abnormal Psychology

This document contains a summary of all the chapters covered in Abnormal Psychology from the text Abnormal Psychology: Global Edition by Hooley et al.

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### Mood Disorders and Suicide

#### Mood Disorders: An Overview

#### **Summary:**

Mood Disorders involve severe alterations in mood over extended periods. **Depression** refers to feelings of extraordinary sadness. **Mania** refers to feelings of intense and unrealistic excitement and euphoria.

Prevalence: 17%

Age of Onset: Adolescence

Gender: > Females

#### Types of Mood Disorders

#### Unipolar

#### Depressive episodes:

- The person is depressed and loses interest in formerly pleasurable tasks for at least 2 weeks
- o Other symptoms include changes in sleep or appetite

#### Manic episodes:

- o Involves elevated, euphoric or expansive moods and irritability that lasts more than a week
- Other symptoms include inflated self-esteem, decreased sleep and flights of ideas

#### Hypomanic episodes:

Involves the same symptoms as mania but to a lesser degree

#### Bipolar

The person experiences both depressive and manic episodes

#### Major Depressive Disorder

#### **Summary:**

An episode (lasting 6-9 months if untreated) of sadness, discouragement, pessimism and hopelessness with symptoms including lack of energy, loss of appetite and sleep and thoughts of death (must not be accompanied by mania)

Prevalence: Up to 20%

Age of Onset: Adolescence
Gender: > Females

**Relapse:** refers to the return of symptoms within a short period, indicating that the underlying episode of depression has yet finished

**Recurrence:** defined as the onset of a new episode (occurs to 40-50% of people)

# Somatic Symptoms and Dissociative Disorders

#### An Overview of Somatic Symptom & Related Disorders

#### **Summary:**

Somatic Symptom Disorders are characteristic by the interpretation of bodily symptoms in a way that causes significant psychological distress and impairment

#### Notes:

- o Soma = body
- 20-50% of the physical symptoms that cause people to seek medical care are unexplained
- o includes somatic symptom disorders and dissociative disorders

#### Somatic Symptom Disorder

#### **Summary:**

Somatic Symptom Disorder involves chronic somatic symptoms that are distressing and are accompanied by dysfunctional thoughts, feelings and behaviours.

Prevalence: 5-7%

Age of Onset: E. adulthood

Gender: > Females

#### Notes:

- Once symptoms have been misinterpreted, people tend to look for confirming evidence
- There is a perceived inability to cope with illness
- Diagnosed people are often high on absorption (in one's own experiences) and alexithymia (difficultly in identifying one's feelings)

#### **Criteria:** Somatic Symptom Disorder

- A. The presence of one or more somatic symptoms that cause distress and disruption of daily life
- **B.** Excessive feelings, thoughts or behaviours associated with somatic symptoms, as manifested by at least one of the following:
  - Disproportionate thoughts about the seriousness of symptoms
  - Persistently high level of anxiety about symptoms
  - Excessive time and energy devoted to concerns
- **C.** The state of being symptomatic is persistent (even if symptoms change) and lasts more than 6 months

NOTE: This criteria is relatively new and often criticised for being too loose. Some have suggested adding criteria to distinguish between those with explained/unexplained medical problems