

College Guild

P.O. Box 696 Brunswick, Maine 04011

What's On Your Mind?

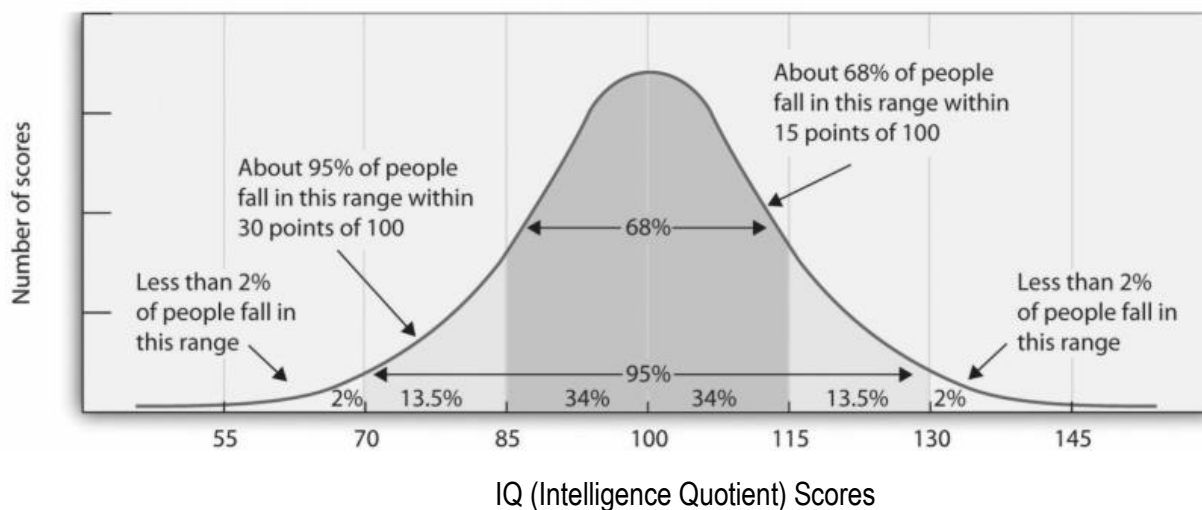
Unit 6 of 6

~ Abnormal and Positive Psychology ~

Abnormal psychology

The word “abnormal” means to stray from what is considered standard/expected, while “normal” refers to things that fit an expected standard. “Abnormal” does not necessarily mean undesirable, though, and “normal” doesn’t always refer to something desirable, either.

1. What is a personality trait about you or a friend/family member that would be considered abnormal *and* desirable?
2. What is something that you consider to be normal *and* undesirable?



The graph above shows a *bell curve* (a curve representing a normal distribution of the frequencies in a data set). For this example, the data being used is a set of IQ scores. The high point in the middle over the “100” score shows what the average score is. In this graph, 68% of people score between 85 and 115. If you look at the values 70 and 140 for IQ, you will notice that the frequency of people with those IQs is almost zero. Therefore, since it is so infrequent, a person who scored 140 on an IQ test would be considered abnormal *and* probably a genius. A person who scores below 60 would have difficulties with mental functioning.

A different way to determine abnormality is to see how closely a certain behavior aligns with unwritten social norms. This method tends to be more arbitrary, though, because social norms vary drastically across countries, cultures, and communities.

3. What is something that is completely normal in the United States that might be considered abnormal or “weird” in a different country? What is a social norm from a different country that would be considered abnormal in the United States?

Marie Jahoda’s criteria

Another way to look at abnormality is through Marie Jahoda’s six criteria for measuring mental health:

Criteria	Definition
Positive attitude towards self	Linked with self-esteem; it is expected that to maintain good mental health, an individual must like themselves.
Self-actualisation	When you feel that you have become the best that you can be; reaching your full potential.
Autonomy	Lack of dependence on another person; the ability to be independent and rely on oneself.
Resistance to stress	Individual should be able to handle stress well and not be under stress too frequently.
Environmental mastery	The ability to feel at ease in most situations and adapt when put into new situations.
Accurate perception of reality	How an individual sees the world around them should more or less be similar to how others around them see the world.

4. Select one of the criteria above and write a poem about an individual achieving or struggling with that criteria.

It is important to keep in mind that this chart alone can’t diagnose mental illness. Just because an individual feels that they do not fit every criterion perfectly does not mean that they are mentally ill.

Neurosis vs. Psychosis

The term “neurosis” is used to describe some of the most common ailments that affect mental health, such as feelings of worry or fear. Neurosis can be similar to feelings of stress, and is not accompanied by hallucinations. “Psychosis” is used to describe more aggressive mental health illnesses that can cause hallucinations and a skewed view of reality.

5. Choose either neurosis or psychosis and determine which of Jahoda’s six criteria might not be met by people who have this condition. For example, someone who suffers from anxiety might feel uncomfortable at a new job and be unable to get their work done, therefore failing to meet the “environmental mastery” criteria.

Now we will briefly cover the signs and symptoms of a few of the most common mental conditions affecting our population.

6. Do you think the frequency of mental illness is different in the United States compared to other countries? In what way?

Common disorders

The most common mental disorder in the United States is anxiety. Different from feeling “anxious,” anxiety is a diagnosable condition characterized by intense and lasting worry. Forty million adults, or 18.1% of the population, suffer from some type of anxiety disorder every year. However, less than 40% of people who are suffering from anxiety are actually going through treatment.

7. Why do you think not everyone with an anxiety disorder is receiving treatment? Who should be responsible for ensuring people with mental illness get appropriate treatment?

Here are the stats on some other common disorders:

Disorder	Number of people	Disorder	Number of People
Anxiety	40 million	Post-traumatic stress disorder	7.7 million
Addiction	21 million	Bipolar disorder	5.7 million
Major depressive disorder	16.1 million	Schizophrenia	3.2 million
Eating disorders	8 million	Obsessive compulsive disorder	2.2 million

In 2017, there were 8.5 million Americans simultaneously suffering from a substance abuse disorder and another mental health disorder.

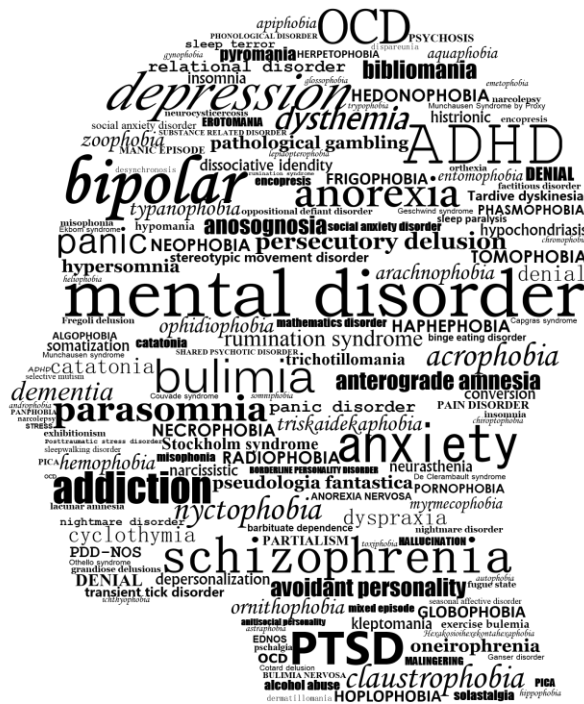
It is worth noting that although these are all classified as “abnormal,” they are in fact quite common. Definitions for these disorders can be found in the appendices at the end of the unit.

8. Of these disorders, which do you think are most prevalent among prison populations? Do you think the frequency of these disorders is different in prison compared to the population on the outside?

9. Do you think depression and anxiety were as prevalent in 1900 as they are now? Why?

A lot of times, mental illness goes untreated because it can be so difficult to recognize and diagnose. Imagine you fall down and break your leg. You know exactly where the pain is and how it started. If you have an X-ray, you might even be able to show people exactly where your leg is broken. In the healing process, everyone can see the cast on your leg and infers that you must have injured it in some way.

With mental illness, none of these factors are present. You cannot show someone exactly where something “hurts” or feels “off” in your brain. For these reasons, it is very important for people to use resources and talk to someone when they think their mental health might be in poor shape.



10. How do you think you might recognize that someone is experiencing neurosis without them telling you?

Gender Differences

As a whole, mental illness affects men and women equally. However, certain disorders affect women more and others affect men more. The statistics regarding the gender differences in certain disorders can be skewed because women are more likely to seek out treatment for certain mental-health-related issues. Women are more likely to be treated for illnesses such as depression, anxiety, and PTSD, while men are more likely to be treated for drug- and alcohol-related addictions and antisocial disorders.



11. Why do you think women report mental health issues more frequently than men?

12. Why do you think men and women tend to develop different mental health disorders?

Men and women are also different in the ways that they display the symptoms of their condition. For example, women with anxiety disorders are more likely to internalize their experiences, which can result in loneliness and depression. Men are more likely to externalize their experiences in the form of aggression and deviant behavior.

13. Write a short conversation between an individual and their psychiatrist.

Psychiatrist: What seems to be the problem? Tell me about how you're feeling.

Person: Well, I've been...



In LGBT communities, mental health issues are even more prevalent. Those who identify among the LGBT community are three times more likely to develop a mental disorder. LGBT youth are four times more likely to have suicidal thoughts or attempt suicide. The development of these disorders may result from the societal stigmas and discrimination that members of the LGBT community face every day.

14. What advice would you give a friend to help handle their depression?

Positive Psychology

For the final pages of this course, we will focus on the study of positive psychology. Positive psychology is the study of what allows people and communities to thrive. Essentially, positive psychology is the study of what makes us happy!

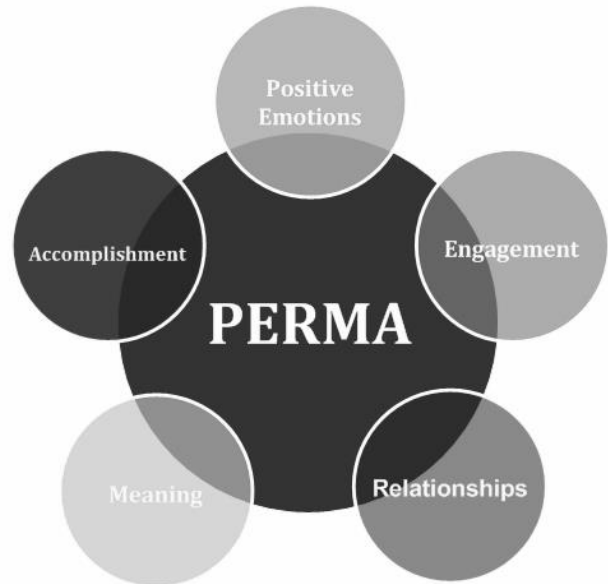
Martin Seligman and PERMA

In 1998, while chair of the American Psychological Association, Martin Seligman promoted positive psychology as a field of study. He played a major role in popularizing the field, developing a theory of five

elements that contribute to wellbeing. It's called the PERMA model and includes positive emotions, engagement, relationships, meaning, and accomplishment.

Positive Emotions: This element asserts that we need positive emotions in our life to experience wellbeing. These positive emotions include love, happiness, and fulfillment, among others. This element conveys the importance of looking out for one's own emotions while maintaining the other four elements.

Engagement: Engagement refers to feeling fully immersed and focused on tasks and projects, enough to experience what is called a state of "flow." A state of flow is experienced when you are focused and time seems to stop. You fully experience the task at hand, and/or lose your sense of self (in a positive way).



15. When was the last time you experienced “flow”? How can you recreate that feeling?

Relationships: Relationship refers to any kind of social bond, not just romantic. It has been found time and again that those who have strong social bonds with other individuals are happier. And just as important as relationships with others is the relationships people have with themselves.

16. Write a letter to yourself, to read when you receive this unit back.

Meaning: This element refers to the practice of serving causes beyond oneself. This does not have to manifest in a massively impactful way. For example, some people derive meaning from religion. Others derive meaning from making a parent proud, tutoring in prison, or helping a friend through a difficult time.

Accomplishment: Accomplishment can also come in many forms, as long as it makes a person feel like they have completed something. Whether trying to win an Olympic medal or just get chores done for the day, accomplishments large and small provide the same beneficial effects.

17. What is something that you have accomplished that you feel good about?

18. Of the five elements, which do you feel benefits you the most or makes you feel the most happy?

Money

One thing you might notice is that money is not included in the PERMA model. A 2001 Princeton study found that there is a baseline amount of money where earning above that does not affect happiness. This means that individuals who make less than a livable salary a year might be more prone to describe themselves as unhappy because they are missing the resources to ensure stability in certain areas of their lives. However, this also means that there are no significant differences in happiness among those who make beyond what is considered a livable salary each year and those who make only a livable salary. This essentially means that if you have the money to ensure a stable life, money beyond that will not necessarily make you any happier.

19. What do you think of this finding?

It is important to keep in mind that motivational thinking is not for everyone and can be perceived as unrealistic in some cases. Here are some “demotivating” quotes:

“The journey of a thousand miles sometimes ends very, very badly.”

“Never underestimate the power of stupid people in large groups.”

“None of us is as dumb as all of us.”

“Sometimes the best solution to morale problems is just to fire all of the unhappy people.”

20. Which one of these is your favorite? Come up with and write down one of your own.

21. Write an essay about positive psychology. In it, consider if you think it’s possible for a field of science to generalize what makes people happy.

Resources

<https://www.tutor2u.net/psychology/reference/deviation-from-ideal-mental-health>

<https://www.mentalhelp.net/schizophrenia/statistics/>

<https://ramh.org/guide/gender-differences-in-mental-health/>

<https://www.mentalhealthamerica.net/lgbt-mental-health>

<https://www.mindtools.com/pages/article/perma.htm>

<https://www.psychiatry.org/patients-families/addiction/what-is-addiction>

Appendix A

Anxiety: a nervous disorder characterized by a state of excessive uneasiness and apprehension, typically with compulsive behavior or panic attacks.

Addiction: a brain disease that is manifested by compulsive substance use despite harmful consequences.

Major depressive disorder: a mental disorder characterized by a persistently depressed mood and long-term loss of pleasure or interest in life, often with other symptoms such as disturbed sleep, feelings of guilt or inadequacy, and suicidal thoughts.
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Post-traumatic stress disorder: a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside world.

Bipolar disorder: a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behavior.

Schizophrenia: a long-term mental disorder of a type involving a breakdown in the relation between thought, emotion, and behavior, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation.

Obsessive compulsive disorder: a personality disorder characterized by excessive orderliness, perfectionism, attention to detail, and a need for control in relating to others.

Eating disorders: any of a range of psychological disorders characterized by abnormal or disturbed eating habits (such as anorexia nervosa).

Remember: First names only & please let us know if your address changes