Oppositional-defiant disorder

A form of antisocial behavior disorder characterized by opposition to authority figures such as parents and teachers, and by excessive anger and hostility.

Depending on the population, 2-6% of children have oppositional-defiant disorder. Oppositional-defiant disorder is similar to conduct disorder, without the more severe behavior components of aggression, property destruction, deceit, and theft. Oppositional-defiant children often go on to develop conduct disorder. Many children, especially during transitional periods such as preschool and adolescence, exhibit transient oppositional behavior towards parents and peers that will decline as they mature. If oppositional behavior is initiated during adolescence in particular it is probably part of the child’s process of individuation, and should not be mistaken for a disorder. Children with oppositional-defiant disorder (1) are oppositional much more frequently than other children of their age and (2) increase their oppositional behaviors rather than decrease them with age. Disobedience and hostility usually appear first in the home environment, and may or may not ever emerge in school settings. Oppositional-defiant disorder is more common in families where there is marital discord, where a parent has a history of an antisocial, mood, or attention disorder, and where child rearing practices are either harsh (punishing), inconsistent (a succession of different caregivers), or neglectful.

Criteria for diagnosis

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), oppositional-defiant disorder is diagnosed when (1) there is a pattern of defiant, disobedient, and hostile behavior towards authority figures lasting for at least six months, including frequent occurrence of at least four of the following behaviors; (2) the child exhibits the behaviors more frequently than other individuals of the same age or developmental level.

The child with oppositional-defiant disorder will:
- often lose his or her temper
- often argue with adults
- defy or refuse to comply with requests or rules
- deliberately do things that annoy other people
- blame others for his or her own mistakes
- be touchy or easily annoyed
- be angry and resentful
- be spiteful or vindictive.

Care should be taken to distinguish oppositional-defiant behavior that results from other problems, such as mood or psychotic disorders, attention deficit/hyperactivity disorder, mental retardation, and language disorders.

See also: Antisocial behavior; Conduct disorder

Further Reading


Organic disorder

Disorder caused by a known pathological condition.

In general, any disorder that is caused by a known pathological condition of an organic structure may be categorized as an organic disorder, or more specifically, as an organic mental disorder, or a psychological disorder. An example is delirium, a disorder that is caused by a known physical dysfunction of the brain. Most psychologists and psychiatrists now believe that virtually all serious, or psychotic, mental disorders will eventually be proven to have an organic cause. Consequently, many psychologists and psychiatrists prefer not to use the term organic mental disorder because the term implies that those disorders which have not yet been shown to have an organic cause do not have an organic cause, and that functional disorders (a term that has often been contrasted with the term organic disorders) have no organic causal component.

Organizational psychology

See: Industrial psychology

Arthur Otis

1886-1964

American psychologist whose most enduring work was done in the field of group intelligence testing.

Arthur Otis was born in Denver, Colorado, and educated at Stanford University. He served on the faculty of
Stanford University, and held various consulting and research positions at several U.S. government agencies. He was also an editor of tests in mathematics for an educational publishing company. Otis introduced and developed the Otis Group Intelligence Scale, which is considered to be the earliest scientifically reliable instrument for the intelligence testing of subjects in groups. First published in 1918, the Otis Group Intelligence Scale consisted of verbal and nonverbal items and became very widely used, especially in schools. The test was substantially revised by Roger Lennon, and continues to be used. Otis’ books include: Statistical Method in Educational Measurement (1925), Modern School Arithmetic (1929), and Primary Arithmetic Through Experience (1939).

See also Intelligence quotient

| Overachiever
A person whose performance disproportionately exceeds ability; academically, a student, whose academic achievement disproportionately exceeds his or her performance on standardized intelligence tests.

The terms “overachiever” and “underachiever,” most often applied to school and academia, both refer to gaps between academic performance and IQ test scores. Generally, these terms are not used by either educators or psychologists. However, clinical psychologist Marilyn Sorenson in her book, Breaking the Chain of Low Self-Esteem, maintains that people with low self-esteem often find themselves driven to overachieve to build self-worth. Overachievers increasingly take on new projects and drive themselves to perfection, often becoming known as “workaholics.” Overachievement may occur in one area of a person’s life without pervading the entire life. The fear of failure drives underachievers, according to Sorenson. Gripped by their fears of failure and humiliation, underachievers fail to realize their skill or talent potential. While often viewed with a negative connotation, overachievement has come to be valued in a number of corporations, competing to remain at the top of their field. Sometimes the term is used in informal communication to describe a person intent on gathering tangible or recognized symbols of accomplishment, such as educational degrees, awards, and honorary positions.

See also Perfectionism

| Overactive children
See Attention deficit/hyperactivity disorder (ADHD)

Further Reading