Abnormal Behavior

IN THIS CHAPTER

Summary: What is the first thing that comes to mind when you think about psychology? Before you took a psychology course, it was probably mental health, especially abnormal behavior. Actually, 90 percent of what psychologists study is about normal behavior. People in good mental health have flexible beliefs; perceptions linked to an external stimulus; logical, coherent, goal directed thoughts; a full range of emotions; and engage readily in normal verbal communication and motor acts. As president of the American Psychological Association, Martin Seligman promoted the *positive psychology movement*, an emphasis on the study of human strengths, fulfillment, and optimal living to help us improve our lives. Although this movement is gaining in strength and popularity, mental health professionals are still needed to help people suffering from psychological problems.

This chapter looks at definitions, causes, and types of psychological disorders.

Key Ideas

- ✪ Defining abnormal behavior
- ✪ Causes of abnormal behavior
- ✪ Anxiety disorders
- ✪ Obsessive-compulsive and related disorders
- ✪ Trauma and stressor-related disorders
- ✪ Somatic symptom and related disorders
- ✪ Dissociative disorders
- ✪ Depressive disorders
- ✪ Bipolar and related disorders
- ✪ Schizophrenia spectrum and other psychotic disorders
- ✪ Personality disorders
- ✪ Neurodevelopmental disorders
- ✪ Organic/Neurocognitive disorders

Defining Abnormal Behavior

Defining abnormal behavior and showing how it is different from normal behavior is difficult and controversial. A common definition of abnormal behavior is behavior that is personally disturbing or disabling, or culturally so deviant that others judge it as maladaptive, inappropriate, or unjustifiable. Atypical or deviant means that, statistically, the behavior is rare and has a very low probability of occurring. Legally, *insanity* is an inability to determine right from wrong. Insanity is a rarely used defense plea in criminal cases because a finding of insanity results in commitment to a detention facility of individuals who are a threat to themselves or to the community.

Psychiatrist Thomas Szasz sees classification of mental illness as reason to justify political repression, an extreme position that causes us to examine assumptions about what's normal and what isn't. David Rosenhan of Stanford University demonstrated that ideas of normality and abnormality are not as clear and accurate as people think. He and colleagues faked the single symptom of hearing voices to gain admission to mental hospitals in five states. They abandoned the symptom once admitted. They found hospitalization to be dehumanizing. Admitted with the diagnosis of paranoid schizophrenia, they were discharged with the diagnosis of paranoid schizophrenia in *remission* (under control).

Causes of Abnormal Behavior

What causes abnormal behavior? Each perspective of psychology assigns different reasons. The psychoanalytic/psychodynamic perspective believes abnormal behavior results from internal unresolved conflict in the unconscious stemming from early childhood traumas. The behavioral approach says abnormal behavior consists of maladaptive responses learned through reinforcement of the wrong kinds of behavior. Humanists believe abnormal behavior results from conditions of worth society places upon the individual, which cause a poor self-concept. Since behavior is influenced by how we perceive the world, the cognitive approach sees abnormal behavior as coming from irrational and illogical perceptions and belief systems. Evolutionary psychologists consider mental disorders as harmful evolutionary dysfunctions that occur when evolved psychological mechanisms do not perform their naturally selected functions effectively. The biological approach explains abnormal behavior as the result of neurochemical and/or hormonal imbalances, genetic predispositions, and structural damage to brain parts, or faulty processing of information by the brain. Finally, the modern biopsychosocial model considers that biological influences such as evolution, genes, brain structure, and biochemistry; psychological influences such as stress, trauma, learned helplessness, mood-related perceptions and memories; and social-cultural influences such as roles, expectations, and definitions of normality and disorder all interact.

The Medical Model

Abnormal behavior is often talked about as mental illness. The medical model looks at abnormal behavior as a disease, using terms such as *psychopathology,* which is the study of the origin, development, and manifestations of mental or behavioral disorders; *etiology,* which is the apparent cause and development of an illness; and *prognosis,* which forecasts the probable course of an illness. The American Psychiatric Association used a medical model for the ***Diagnostic and Statistical Manual of Mental Disorders*** (*DSM-5*) published in 2013 that classifies psychological disorders by their symptoms. This guidebook for mental health professionals lists diagnostic criteria for 22 major categories of mental disorders, subdivided into hundreds of disorders. *DSM-5* enables mental health professionals to communicate information about

individuals who suffer from abnormalities, and helps them decide how to treat an individual. *DSM-5* classifications have been used by special education teachers and school psychologists in preparation of Individualized Education Programs (IEPs) required for classified students in schools, and by psychologists, psychiatrists, and other mental health workers for health benefit reimbursement by medical insurance companies. As of October 2015, health care providers are required to use diagnosis code sets from the *World Health Organization's International Classification of Diseases and Related Health Problems (ICD-10)*. The publishers of this book have created the "blue book" (*The ICD-10 Classification of Mental and Behavioural Disorders Clinical Descriptions and Diagnostic Guidelines*) with crosswalks to *DSM-5*. Essentially, *DSM-5* and *ICD-10* guide medical diagnoses and define who is eligible for coverage of medications, treatments, and special services.

Criticisms of the use of these documents include that those who don't need diagnosis and treatment will receive it; that labeling is disabling, whereby diagnostic labels are applied to the whole person (e.g., John's a schizophrenic) rather than used to mean the individual is suffering from a particular disorder; and that people who need services will not get them.

Types of Disorders

The main *DSM-5* categories of mental disorders are:

1. Neurodevelopmental Disorders
2. Schizophrenia Spectrum and Other Psychotic Disorders
3. Bipolar and Related Disorders
4. Depressive Disorders
5. Anxiety Disorders
6. Obsessive-Compulsive and Related Disorders
7. Trauma and Stressor-Related Disorders
8. Dissociative Disorders
9. Somatic Symptom and Related Disorders
10. Feeding and Eating Disorders (see Chapter 12)
11. Elimination Disorders
12. Sleep-Wake Disorders (see Chapter 9)
13. Sexual Dysfunctions
14. Gender Dysphoria
15. Disruptive, Impulse Control, and Conduct Disorders
16. Substance-Related and Addictive Disorders (see Chapter 9)
17. Neurocognitive Disorders
18. Personality Disorders
19. Paraphilic Disorders
20. Other Mental Disorders
21. Medication-Induced Movement Disorders and Other Adverse Effects of Medication
22. Other Conditions That May be the Focus of Clinical Attention

In an abnormal psychology or psychological disorders course you might study all of these disorders, but introductory psychology students typically study selected disorders in addition to the eating disorders, sleep disorders, and substance-related disorders you've already encountered. These include anxiety disorders, obsessive-compulsive disorders, trauma and stressor-related disorders, somatic symptom disorders, dissociative disorders, depressive disorders, bipolar disorder, schizophrenia, personality disorders, neurodevelopmental disorders, and neurocognitive disorders.

Anxiety Disorders

Anxiety is the primary symptom, or the primary cause of other symptoms, for all anxiety disorders. Anxiety is a feeling of impending doom or disaster from a specific or unknown source that is characterized by mood symptoms of tension, agitation, and apprehension; bodily symptoms of sweating, muscular tension, and increased heart rate and blood pressure; as well as cognitive symptoms of worry, rumination, and distractibility. Anxiety disorders include panic disorder, generalized anxiety disorder, phobias, obsessive-compulsive disorder, and post-traumatic stress disorder.

- **Panic disorder** is the diagnosis when an individual experiences repeated attacks of intense anxiety along with severe chest pain, tightness of muscles, choking, sweating, or other acute symptoms. These symptoms can last anywhere from a few minutes to a couple of hours. Panic attacks have no apparent trigger and can happen at any time. Since these are statistically rare, having perhaps three of these in a 6-month period of time would be cause for alarm.
- **Generalized anxiety disorder** is similar to a panic disorder. Symptoms must occur for at least 6 months and include chronic anxiety not associated with any specific situation or object. The person frequently has trouble sleeping, is hypervigilant and tense, has difficulty concentrating, and can be irritable much of the time.

Panic disorder has acute symptoms short in duration, whereas generalized anxiety disorder has less intense symptoms for a longer period of time.

- **Phobias** are intense, irrational fear responses to specific stimuli. Nearly 5 percent of the population suffers from some mild form of phobic disorder. A fear turns into a phobia when it provokes a compelling, irrational desire to avoid a dreaded situation or object, disrupting the person's daily life. Common phobias include:

  agoraphobia—fear of being out in public
  acrophobia—fear of heights
  claustrophobia—fear of enclosed spaces
  zoophobia—fear of animals (such as snakes, mice, rats, spiders, dogs, and cats)

Obsessive-Compulsive and Related Disorders

- **Obsessive-compulsive disorder** (OCD) is a compound disorder of thought and behavior. **Obsessions** are persistent, intrusive, and unwanted thoughts that an individual cannot get out of his or her mind. Obsessions are different from worries; they generally involve a unique topic (such as dirt or contamination, death, or aggression), are often repugnant, and are seen as uncontrollable. If a person were frequently bothered by thoughts of wanting to harm others, this would be called an obsession. Obsessions are often accompanied by **compulsions,** ritualistic behaviors performed repeatedly, which the person does to reduce the tension created by the obsession. Common compulsions include handwashing, counting, checking, and touching.
- **Hoarding disorder** is characterized by persistent difficulty discarding or parting with possessions due to a perceived need to save the items and distress parting with them.

Trauma and Stressor-Related Disorders

- **Post-traumatic stress disorder** (PTSD) is a result of some trauma experienced (natural disaster, war, violent crime) by the victim. Victims reexperience the traumatic event in nightmares about the event, or flashbacks in which the individual relives the event and behaves as if he or she is experiencing it at that moment. Victims may also experience

reduced involvement with the external world, and general arousal characterized by hyperalertness, guilt, and difficulty concentrating.

The behavioral perspective says that anxiety responses associated with anxiety, obsessive-compulsive, and post-traumatic stress disorders are acquired through classical conditioning and maintained through operant conditioning. The cognitive perspective attributes anxiety responses of anxiety, obsessive-compulsive, trauma and stressor-related disorders to misinterpretation of harmless situations as threatening, focusing excessive attention on perceived threats, and selectively recalling threatening information. The biological perspective attributes anxiety responses at least partly to neurotransmitter imbalances. Generalized anxiety disorder, often treated with benzodiazepines (Valium, Xanax), is associated with too little availability of the inhibitory neurotransmitter GABA in some neural circuits, while obsessive-compulsive disorder and panic disorder, often treated with antidepressants (Prozac, Paxil, Zoloft), are associated with low levels of serotonin. The evolutionary perspective attributes the presence of anxiety to natural selection for enhanced vigilance that operates ineffectively in the absence of real threats.

Somatic Symptom and Related Disorders

According to *DSM-5* somatic symptom disorders are characterized by psychiatric symptoms associated with physical complaints. People with these disorders are primarily seen in medical settings where patients/clients complain of physical symptoms such as lumps, lightheadedness, pain, paralysis, blindness, or deafness and are experiencing anxiety or maladaptive thoughts, feelings, and behavior. The terms *hypochondriasis* and *hypochondria* are no longer used.

- **Somatic symptom disorder** (SSD) is characterized by physical symptoms including pain, and high anxiety in these individuals about having a disease. Patients need to have complained about, taken medicine for, changed lifestyle because of, or seen a physician about the symptoms and experienced anxiety that has interfered with carrying on normal activities for 6 months.
- **Illness anxiety disorder** (IAD) is characterized by a preoccupation with a serious medical or health condition with either no or mild physical (somatic) symptoms such as nausea or dizziness that has persisted for 6 months. A woman who was preoccupied with a callus on her finger thought the lump could be cancer although several doctors told her it was not. She kept thinking that she was going to die from it and could not get that off her mind. She was diagnosed with IAD.
- **Conversion disorder** (functional neurologic symptom disorder) is characterized by loss of some bodily function, such as becoming blind, deaf, or paralyzed, without physical damage to the affected organs or their neural connections as assessed by neurological examination. It is often marked by indifference and quick acceptance on the part of the patient. The symptoms usually last as long as anxiety is present.

Psychoanalyst Sigmund Freud attributed somatic symptom disorders to bottled-up emotional energy that is transformed into physical symptoms. Behaviorists explain that operant responses are learned and maintained because they result in rewards. Cognitive behaviorists continue that the rewards enable individuals with somatoform symptom disorders to avoid some unpleasant or threatening situation, provide an explanation or justification for failure, or attract concern, sympathy, and care. Social cognitive theorists think that individuals with somatoform symptom disorders focus too much attention on their internal physiological experiences, amplifying their bodily sensations, and forming disastrous conclusions about minor complaints.

Dissociative Disorders

Dissociative disorders are psychological disorders that involve a sudden loss of memory (amnesia) or change in identity. If extremely stressed, an individual can experience separation of conscious awareness from previous memories and thoughts. Dissociative disorders include dissociative amnesia and dissociative identity disorder.

- **Dissociative amnesia** is a loss of memory for a traumatic event or period of time that is too painful for an individual to remember. The person holds steadfast to the fact that he or she has no memory of the event and becomes upset when others try to stimulate recall. In time, parts of the memory may begin to reappear. A woman whose baby has died in childbirth may block out that memory and perhaps the entire period of her pregnancy. When more emotionally able to handle this information, the woman may gradually come to remember it. Dissociative fugue is a subtype of dissociative amnesia. **Dissociative fugue** is a memory loss for anything having to do with personal memory, accompanied by flight from the person's home, after which the person establishes a new identity. All skills and basic knowledge are still intact. The cause of the fugue is often abundant stress or an immediate danger of some news coming out that would prove embarrassing to the individual.
- **Dissociative identity disorder** (DID), formerly called multiple personality disorder, is diagnosed when two or more distinct personalities are present within the same individual. Although extremely unusual, it is most common in people who have been a victim of physical or sexual abuse when very young. Amnesia is involved when alternate personalities "take over." Missing time is one of the clues to this diagnosis. Each alternate personality has its own memories, behaviors, and relationships, and might have different prescriptions, allergies, and other physical symptoms. Although there has been some interesting work done by the National Institute for Mental Health that lends credibility to this diagnosis, many professionals are still skeptical about it.

Psychoanalysts explain dissociative disorders as repression of anxiety and/or trauma, caused by such disturbances of home life as beatings, rejection from parents, or sexual abuse. Many social learning theorists are skeptical about DID and think that individuals displaying the disorder are role playing. They question why dissociative identity disorder, also known as multiple personality, has become so much more prevalent since publication of books and production of films dealing with the disorder, and why different personalities pop out, in contrast to years ago when alternate personalities emerged very slowly.

Depressive Disorders

Depressive disorders are psychological disorders characterized by extremely sad mood and lack of energy that colors the individual's entire emotional state and disrupts the person's normal ability to function in daily life. Most people with depressive disorders are treated at least in part by drugs, suggesting a biological etiology or cause. The prevalence of depression has been increasing, affecting at least twice as many women as men.

Because it occurs so often, depression has been called the "common cold of psychological disorders."

- **Major depressive disorder** (single and recurrent episodes) involves intense depressed mood, reduced interest or pleasure in activities, loss of energy, and problems in making decisions for a minimum of 2 weeks. The individual feels sad, hopeless, discouraged, "down," and frequently isolated, rejected, and unloved. In addition to this sadness, there are a series of changes in eating, sleeping, and motor activity, and a lack of pleasure in activities that usually caused pleasure in the past. Cognitive symptoms include low self-esteem, pessimism, reduced motivation, generalization of negative attitudes, exaggeration

of seriousness of problems, and slowed thought processes. Suicidal thoughts, inappropriate guilt, and other faulty beliefs may also be present. *Depression with seasonal pattern*, also known as *seasonal affective disorder* (*SAD*), is a subtype of depression that *recurs,* usually during the winter months in the northern latitudes. Patients often respond to regular exposure to artificial bright light sources. One hypothesis as to why this happens is that shorter periods of and less direct sunlight during winter disturbs both mood and sleep/wake schedules, bringing on the depression.

- **Premenstrual dysphoric disorder** may be an unfamiliar name, but its symptoms are probably more familiar to you if you know a woman who is between menarche and menopause who tells you to excuse her behavior because she is "premenstrual." Symptoms include at least five of the following most months in the days before a woman starts her "period" (menses): marked affective lability (e.g., mood swings, feeling suddenly sad or tearful or increased sensitivity to rejection); marked irritability or anger or increased interpersonal conflicts; markedly depressed mood, feeling of hopelessness, or self-deprecating thoughts; marked anxiety, tension, feelings of being "keyed up" or "on edge"; decreased interest in usual activities; subjective sense of difficulty in concentration; lethargy, getting tired easily, or marked lack of energy; marked change in appetite, overeating, or specific food cravings; sleeping too much or insomnia; a subjective sense of being overwhelmed or out of control; and other physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of "bloating," or weight gain.

Biological psychologists have evidence from family studies, including twin studies, that there is a genetic component involved in depressive, bipolar and related disorders. Too much of the neurotransmitter norepinephrine is available during mania; too little of norepinephrine or serotonin during depression. Prozac, Zoloft, and Paxil increase availability of serotonin by blocking reuptake. PET and fMRI scans reveal lowered brain energy consumption in individuals with depression, especially in the left frontal lobe, associated with positive emotions; and MRI and CAT scans show abnormal shrinkage of frontal lobes in long-term severely depressed patients. Psychoanalysts attribute depression to early loss of or rejection by a parent, resulting in depression when the individual experiences personal losses later in life and turns angry inside. Behaviorists say that depressed people elicit negative reactions from others, resulting in maintenance of depressed behaviors. The social cognitive (cognitive-behavioral) perspective holds that self-defeating beliefs that may arise from **learned helplessness** influence biochemical events, fueling depression. Learned helplessness is the feeling of futility and passive resignation that results from inability to avoid repeated aversive events. According to psychologist Martin Seligman, a negative explanatory style puts an individual at risk for depression when bad events occur. When bad events happen, people with a negative (pessimistic) explanatory style think the bad events will last forever, affect everything they do, and are all their fault; they give stable, global, internal explanations. Cognitive viewpoints include Aaron Beck's theory (cognitive triad) that depressed individuals have a negative view of themselves, their circumstances, and their future possibilities, and that they generalize from negative events; and Susan Nolen-Hoeksema's rumination theory that depressed people who go over and over the negative event in their minds are prone to more intense depression than those who distract themselves.

Bipolar and Related Disorders

- **Bipolar disorder** is characterized by mood swings alternating between periods of major depression and mania, the two poles of emotions. Symptoms of the manic state include an inflated ego, little need for sleep, excessive talking, and impulsivity. *Rapid cycling* is usually characterized by short periods of mania followed almost immediately by deep depression, usually of longer duration. Newer drug treatments, including lithium carbonate, have proven successful in bringing symptoms under control for many sufferers.

Schizophrenia Spectrum and Other Psychotic Disorders

Schizophrenia spectrum and other psychotic disorders are a diverse group of disorders that include disorders also included in other groups, such as schizotypal personality disorder. **Psychosis**, reality distortion evidenced by highly disordered thought processes, distinguishes the disorders in this classification. The most common disorder in the group is **schizophrenia.** An addition in *DSM-5* is **catatonia.**

- **Schizophrenia** is characterized by symptoms such as **hallucinations**, **delusions**, disorganized thought (speech), disorganized or abnormal motor behavior (including catatonia), and negative symptoms. About 1 percent of people in the world have this disorder. Because one cause of schizophrenia is an excess of dopamine, anti-psychotic drugs are effective in treating some symptoms in about 50 percent of patients. A positive symptom of schizophrenia isn't something that is good, but a behavioral excess or peculiarity rather than an absence. Delusions and hallucinations, two frequent signs of schizophrenia, are both positive symptoms. **Delusions** are fixed beliefs that are maintained even when compelling evidence to the contrary is presented. **Hallucinations** are false sensory perceptions, such as the experience of seeing, hearing, or otherwise perceiving something that is not present. Lack of emotion, sometimes called flat affect; social withdrawal; apathy; inattention; and lack of communication are examples of negative symptoms of schizophrenia.

  Some people with schizophrenia may make no sense when talking and act in a bizarre way that is inappropriate for a situation, such as laughing or acting silly during a solemn ceremony. Other people with schizophrenia evidence paranoid symptoms characterized by delusions of grandeur, persecution, and reference. For example, people with paranoid symptoms often think that ordinary events, objects, or behaviors of others have unusual and particular meaning for them (delusions of reference). They often misinterpret occurrences as directly relevant to them, such as lightning being a signal from God. They frequently believe that such attention is because of their specialness and that they are world leaders (delusions of grandeur). They then think that others are so threatened that these other people plot against them (delusions of persecution). Suffering delusions of persecution, people are fearful and can be a danger as they attempt to defend themselves against their imagined enemies. Schizophrenia with catatonic symptoms is characterized by disordered movement patterns, sometimes immobile stupor, or frenzied and excited behaviors.

  Biological psychologists attribute some positive symptoms of schizophrenia, such as hallucinations and delusions, to excessively high levels of the neurotransmitter dopamine, and some negative symptoms, such as lack of emotion and social withdrawal, to lack of the neurotransmitter glutamate. Brain scans show abnormalities in numerous brain regions of individuals with schizophrenia. These abnormalities may result from teratogens such as viruses or genetic predispositions. The *diathesis-stress* model holds that people predisposed to schizophrenia are more vulnerable to stressors than other people. Thus, only people who are both predisposed and also stressed are likely to develop schizophrenia. Psychoanalysts attribute schizophrenia to fixation at the oral stage and a weak ego. Behaviorists assume that schizophrenia results from reinforcement of bizarre behavior. Humanists think schizophrenia is caused by lack of congruence between the public self and actual self.

  Schizophrenia is NOT split personality! People with schizophrenia experience a split with reality. People with dissociative identity disorder show two or more personalities.

- **Catatonia** is characterized by the presence of behavior and movement traits. Movement traits can include immobility, not reacting to external stimuli (stupor), posturing, rigidity, staring, and grimacing. *Waxy flexibility* is a motor symptom demonstrated when

someone else moves the arm or leg of a patient remaining in one position like a statue, and the patient keeps the arm or leg in the new position maintaining a posture that would normally be impossible to hold by others. Behavioral interactions with others can include unresponsiveness (mutism), negativism, meaningless repetition of words or sounds (echolalia), and withdrawal. Diminished activity may or may not cycle with short periods of agitation and frenzied, purposeless movements such as neck twitches, arm jerks, or even running and kicking. In the excited state, patients can evidence impulsivity, or combativeness. Catatonic excitement can be very dangerous.

Personality Disorders

People with **personality disorders** have longstanding, maladaptive thought and behavior patterns that are troublesome to others, harmful, or illegal. Although these patterns impair people's social functioning, individuals do not experience anxiety, depression, or delusions. *DSM-5* groups personality disorders into three clusters: *odd/eccentric* (including paranoid, schizoid, schizotypal), *dramatic/emotionally problematic* (including histrionic, narcissistic, borderline, and antisocial), and *chronic fearfulness/avoidant* (including avoidant, dependent, and obsessive-compulsive). See Table 16.1.

Table 16.1 Personality Disorders

Personality Disorder	*Description*
Odd/eccentric	
Paranoid	Pervasive, unwarranted suspiciousness and mistrust; overly sensitive; often envious (more common in males)
Schizoid	Poor capacity for forming social relationships; shy, withdrawn behavior; considered "cold" (more common in males)
Schizotypal	Odd thinking; often suspicious and hostile
Dramatic/emotionally problematic	
Histrionic	Excessively dramatic; seeking attention and tending to overreact; egocentric (more common in females)
Narcissistic	Unrealistically self-important; manipulative; lacking empathy; expects special treatment; can't take criticism (more common in males)
Borderline	Emotionally unstable; impulsive; unpredictable; irritable; prone to boredom (more common in females)
Antisocial	Used to be called sociopaths or psychopaths. Violate other people's rights without guilt or remorse. Manipulative, exploitive, self-indulgent, irresponsible; can be charming. Commit disproportionate number of violent crimes (more common in males)
Chronic fearfulness/avoidant	
Avoidant	Excessively sensitive to potential rejection, humiliation; desires acceptance but is socially withdrawn
Dependent	Excessively lacking in self-confidence; subordinates own needs; allows others to make all decisions (more common in females)
Obsessive-compulsive	Usually preoccupied with rules, schedules, details; extremely conventional; serious; emotionally insensitive

Neurodevelopmental Disorders

Disorders of infancy, childhood, and adolescence include intellectual disability (see Chapter 15), attention-deficit/hyperactivity disorder, and autism spectrum disorder.

- **Attention-deficit/hyperactivity disorder (ADHD)** is a common childhood disorder with evident symptoms by age 12. ADHD affects up to 9 percent of teens between 13–19 years old. Boys are four times more at risk than girls. Symptoms include difficulty paying attention and staying focused, difficulty controlling behavior, and hyperactivity to a greater degree than most other children of the same age over a period of at least 6 months. Symptoms of inattention are evidenced when a child is easily distracted, misses details, forgets things, switches from one activity to another, gets bored with a task after only a few minutes, does not complete tasks, loses things needed to complete tasks, does not listen when spoken to, daydreams, becomes easily confused, and has difficulty processing information as quickly and accurately as others. A child who has symptoms of impulsivity may be very impatient, blurt out comments inappropriately, act out without considering consequences, interrupt conversations or the activities of others, and have difficulty waiting for things they want or waiting to take a turn. A child showing symptoms of hyperactivity may fidget and squirm, talk incessantly, move around touching or playing with everything in sight, have trouble sitting still, and have difficulty doing activities silently. Three subtypes of ADHD are *predominantly hyperactive-impulsive, predominantly inattentive*, and *combined hyperactive- impulsive and inattentive*. Most children with ADHD have the combined type. The inattentive and inappropriate behaviors of people with ADHD often lead to personal, social, and academic or work problems.
- **Autism spectrum disorder** is a neurological disorder first diagnosed in childhood. Diagnosis is based on three primary symptoms: lack of responsiveness to other people, impairment in verbal and nonverbal communications, and very limited activities and interests. Children with autism spectrum disorder engage in repetitive behaviors such as hand flapping or repeating sounds or phrases. About 1 in 88 children is diagnosed with autism. Autism spectrum disorder is three to four times more common in boys than girls.

Organic/Neurocognitive Disorders

Changes in the brain can affect all aspects of behavior and mental processes. *DSM-5* labels disorders characterized by a decline from a previous level of neurocognitive function as **neurocognitive disorders,** and *ICD-10* labels them as **organic disorders.** Loss of function may involve complex attention, executive function, learning and memory, language, perceptual-motor skills, and social cognition. *DSM-5* categorizes disorders as major or mild and may be linked to a specific disease or brain damage such as Alzheimer's disease, traumatic brain injury, HIV infection, and Parkinson's disease. All of these can result in *dementia*, the loss of mental abilities.

- **Alzheimer's disease** is a fatal degenerative disease in which brain neurons progressively die. Mild or major neurocognitive disorder due to Alzheimer's disease is characterized by loss of memory, reasoning, emotion, and control of bodily functions. Alzheimer's strikes 3 percent of the world's population by age 75.
- **Delirium** is characterized by impaired attention and lack of awareness of the environment. It may involve loss of recent memory or orientation, language disturbance such as rambled speech or mumbling, and perceptual disturbance. Associated features include change in the sleep-wake cycle, change in emotional states, and worsening of behavioral problems in the evening.

› Review Questions

Directions: For each question, choose the letter of the choice that best completes the statement or answers the question.

1. Hani was unable to tell the difference between right and wrong. Which of the following definitions of abnormal behavior is described in this example?
(A) maladaptive
(B) insanity
(C) commitment
(D) statistical
(E) personal

2. The behavioral approach attributes the cause of abnormal behavior to
(A) internal conflict from early childhood trauma
(B) the result of neurochemical imbalances
(C) poor self-concept
(D) reinforcement of maladaptive behaviors learned through experience
(E) irrational and illogical perceptions of reality

3. Which of the following best characterizes a person experiencing obsessive-compulsive disorder?
(A) Anna, who hyperventilates whenever she is trapped in an elevator
(B) Ben, who returns home seven times to see if he has turned off the stove
(C) Katia, who complains constantly about feeling sick and goes to many different doctors
(D) Kabir, who keeps remembering the plane crash that killed the other members of his family
(E) Miguel, who wanders about town in a daze, not sure who he is or how he got there

4. A soldier who experiences sudden blindness after seeing his buddies killed in battle is best diagnosed with
(A) a phobic disorder
(B) mild somatic symptom disorder
(C) bipolar disorder
(D) dissociative fugue
(E) conversion disorder

5. A common feature among people diagnosed with dissociative identity disorder is
(A) early childhood sexual or physical abuse
(B) repeated physical complaints
(C) relatives suffering from bipolar disorder
(D) excess of dopamine
(E) hallucinations and delusions

6. Which of the following is NOT characteristic of the manic state of bipolar disorder?
(A) inflated ego
(B) excessive talking
(C) shopping sprees
(D) fearlessness
(E) too much sleep

7. Paranoid personality disorder is characterized by
(A) unwarranted suspiciousness and mistrust of other people
(B) lack of interest in social relationships
(C) unusual preoccupation with rules and schedules
(D) instability revolving around problems of mood and thought processes
(E) pleasure-seeking, shallow feelings, lack of conscience

8. When Herb physically abuses his dates, he considers himself good with the ladies, has little remorse for his actions, and has had repeated trouble with authority figures. His likely diagnosis is
(A) autism
(B) narcissistic personality disorder
(C) antisocial personality disorder
(D) borderline personality disorder
(E) schizophrenia

9. A delusion is a
(A) phobia of being in social situations
(B) misperception of auditory and visual stimuli
(C) faulty and disordered thought pattern
(D) first indication of dissociative disorders
(E) characteristic of people suffering from dependent personality disorder

10. *DSM-5* is most helpful for
(A) identifying the causes of psychological disorders
(B) recommending treatment for psychological disorders
(C) classifying psychological disorders
(D) distinguishing between sanity and insanity
(E) suggesting where consumers can get help for mental health issues

11. Which of the following is classified as an anxiety disorder in *DSM-5*?
(A) agoraphobia
(B) post-traumatic stress disorder
(C) hoarding
(D) attention-deficit/hyperactivity disorder
(E) delirium

12. Which of the following is a negative symptom of schizophrenia?
(A) delusional thinking
(B) incoherent speech
(C) hyperexcitability
(D) hearing voices
(E) flat affect

13. Which of the following disorders is most closely associated with excessive levels of dopamine?
(A) histrionic personality
(B) dependent personality
(C) schizophrenia
(D) bipolar disorder
(E) major depressive disorder

14. Estrella always goes shopping with Maria. Because she has no confidence in her own decisions, she lets Maria decide what she should buy, and pays for clothes for Maria with money she was saving for a haircut. Estrella shows signs of which of the following personality disorders?
(A) histrionic
(B) dependent
(C) antisocial
(D) borderline
(E) narcissistic

› Answers and Explanations

1. B—Insanity is a legal definition of abnormal behavior. It means that a person, at the time he or she committed a crime, could not distinguish between right and wrong.

2. D—The behavioral approach sees abnormal behavior as a result of faulty reinforcement of maladaptive behavior.

3. B—Ben shows checking behavior, a common problem associated with obsessive-compulsive disorder. His obsessive thought is that he may have left the stove on, and the ritualistic behavior or compulsion is the need to return home and "check" to make sure that it has been turned off.

4. E—A conversion disorder is characterized by excessive anxiety that has been transformed into a physical symptom without an organic or biological cause. The blindness probably does not disturb the soldier as much as it would if it were physiological, because it protects him from having to "see" any friends die in battle.

5. A—Childhood sexual or physical abuse is a common feature found in those diagnosed with dissociative identity disorder. Psychoanalytically trained professionals believe that, as a result of the trauma, the child "dissociates" as a defense mechanism and that the amnesia experienced by one or more of the personalities is massive repression.

6. E—Mania in the patient with bipolar disorder is characterized by little need for sleep. Sleep deprivation may actually trigger this phase of the disorder, and frequently during the manic cycle the patient gets 2 hours of sleep or less.

7. A—People diagnosed with paranoid personality disorder tend to be unduly suspicious and to mistrust others. They are overly sensitive and prone to jealousy.

8. C—Herb is clearly antisocial, and the lack of remorse or a guilty conscience for hurting others is a chief indicator of this personality disorder. It is difficult to treat people with this disorder.

9. **C—**A delusion is a disordered thought pattern characteristic of psychotic disorders like schizophrenia. Someone with schizophrenia might have delusions of grandeur, persecution, or reference.
10. **C—***DSM-5* is a handbook that lists common symptoms of psychological disorders, which helps professionals in the classifying and diagnosing of patients. It does not list either causes or treatments of disorders.
11. **A—**Phobias are classified as anxiety disorders because anxiety is the primary symptom.
12. **E—**Flat affect is a negative symptom, a lack of any particular mood state. Each of the other answers shows a positive symptom of schizophrenia, one that is present.
13. **C—**Excessive dopamine is associated with positive symptoms of schizophrenia, such as hallucinations and delusions.
14. **B—**Estrella seems excessively lacking in self-confidence. She subordinates her own needs by buying clothes for Maria, and allows Maria to make decisions for her. These are characteristics of dependent personality disorder.

› Rapid Review

Defining abnormal behavior—statistically rare, violates cultural norms, personally interferes with day-to-day living, and legally may cause a person to be unable to know right from wrong (insanity).

Causes of abnormal behavior by psychological perspective:

- Psychoanalytic: unresolved internal conflict in the unconscious mind.
- Behavioral: maladaptive behaviors learned from inappropriate rewards and punishment.
- Humanistic: conditions of worth imposed by society, which cause lowered self-concept.
- Cognitive: irrational and faulty thinking.
- Biological: neurochemical and/or hormonal imbalances, genetic predispositions, and structural damage to brain parts, and/or faulty processing of information by the brain.

Brief descriptions of common psychological problems:

- **Anxiety**—a feeling of impending doom or disaster from a specific or unknown source that is characterized by mood symptoms of tension agitation, and apprehension; bodily symptoms of sweating, muscular tension, and increased heart rate and blood pressure; as well as cognitive symptoms of worry, rumination, and distractibility. Anxiety disorders include:

  Generalized anxiety disorder—characterized by persistent, pervasive feelings of doom for at least six months not associated with a particular object or situation.

  Panic disorder—unpredictable attacks of acute anxiety accompanied by high levels of physiological arousal that last from a few seconds to a few hours.

  Phobia—irrational fear of specific objects or situations, such as animals or enclosed spaces.

- Obsessive-compulsive and related disorders include:

  Obsessive-compulsive disorder—recurrent, unwanted thoughts or ideas or compelling urges (**obsessions**) to engage in repetitive, ritual-like behavior (**compulsions**).

Hoarding—persistent difficulty discarding or parting with possessions due to a perceived need to save the items and distress parting with them.

- **Post-traumatic stress disorder (PTSD)**—feelings of social withdrawal accompanied by atypically low levels of emotion caused by prolonged exposure to a stressor, such as a catastrophe; an individual may experience flashbacks and nightmares.
- Somatic symptom and related disorders include:

  Somatic symptom disorder—physical symptoms include pain, high anxiety about disease.

  Illness anxiety disorder—preoccupation with mild or nonexistent symptoms such as nausea with high anxiety.

  Conversion disorder—actual loss of bodily function, such as blindness, paralysis, or numbness, due to excessive anxiety with no physiological cause.

- **Dissociation**—experience of two or more streams of consciousness cut off from each other. Dissociative disorders involve loss of memory or identity. The Freudian explanation is hurtful situations too painful for the individual to deal with are repressed into the unconscious mind. Dissociative disorders include:

  Dissociative amnesia—characterized by inability to remember repressed events or personal information. Dissociative fugue—"traveling amnesiac disorder" characterized by moving away and assuming a new identity, with amnesia for the previous identity.

  Dissociative identity disorder (formerly known as multiple personality disorder)—rare disorder in which two or more distinct personalities exist within the same person.

- **Depressive disorders**—affective disorders characterized by extremely sad mood that affects normal perception, thought, and behavior. Depressive disorders include:

  Major depressive disorder (single and recurrent episodes)—involves persistent and severe feelings of sadness and worthlessness accompanied by changes in appetite, sleeping, and behavior.

  Premenstrual dysphoric disorder—recurs most months in the days preceding menstruation with symptoms such as the following: mood swings or increased sensitivity to rejection, marked irritability or anger, depressed mood, anxiety or tension, decreased interest in usual activities, perceived difficulty concentrating, lack of energy, change in appetite or food cravings, change in sleep pattern, sense of being out of control, and breast tenderness, joint or muscle pain, sensation of "bloating" or weight gain.

- **Bipolar disorder** (in a category of bipolar and related disorders)—characterized by extreme mood swings from unusual excitement (mania) to serious depression. Often treated with lithium.
- Schizophrenia spectrum and other psychotic disorders characterized by psychosis includes schizophrenia and catatonia:

  Schizophrenia—a serious mental disorder (psychosis) characterized by thought disturbances, hallucinations, anxiety, emotional withdrawal, and delusions.

  Psychosis—disorder characterized by an apparent break with reality.

Delusion—fixed belief (such as being plotted against, being extraordinarily important, or being controlled by others) that is maintained even when compelling evidence to the contrary is presented.

Hallucination—false sensory perception such as hearing voices or seeing images that are not present.

Catatonia—characterized by bizarre or frenzied movements, or lack of movement, such as immobile stupor and *waxy flexibility*; and unresponsive behavioral interactions with others (mutism), negativism, meaningless repetition of words or sounds (echolalia) and/or withdrawal.

- **Personality disorders**—characterized by longstanding maladaptive thought and behavior patterns that are troublesome to others, harmful, or illegal. Personality disorders are grouped into three clusters: odd/eccentric (including paranoid, schizoid, schizotypal), dramatic/emotionally problematic (including histrionic, narcissistic, borderline, and antisocial), and chronic fearfulness/avoidant (including avoidant, dependent, and obsessive-compulsive).
- **Neurodevelopmental disorders** involve disturbances in learning, language, and motor or social skills showing up in infancy, childhood, or adolescence. Neurodevelopmental disorders include intellectual disability, attention-deficit/hyperactivity disorder (ADHD), and autism spectrum disorder.

  Attention-deficit hyperactivity disorder (ADHD)—characterized by the inability to focus attention, distractibility, and impulsivity.

  Autism spectrum disorder—characterized by impaired social interaction, poor communication, and limited activities and interests.