Abnormal Behavior

KEY CONTENT REVIEW

I. IDENTIFYING ABNORMAL BEHAVIOR

A. FOUR BASIC STANDARDS

1. Abnormal behavior is unusual. It occurs infrequently in a given population.
2. Abnormal behavior is maladaptive. It interferes with a person's ability to function normally in one or more important areas of life.
3. Abnormal behavior is disturbing to others. It represents a serious departure from social and cultural norms of behavior.
4. Abnormal behavior is distressful. It prevents a person from thinking clearly and making rational decisions.

B. THE *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS* (DSM-IV-TR)

1. DSM-IV-TR stands for the *Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition, Text Revision.
2. Over 1,000 mental health experts collaborated to create the manual. DSM-IV-TR provides a set of diagnostic categories for classifying over 300 specific psychological disorders.
3. DSM-IV-TR uses a process known as multiaxial diagnosis to help psychologists and psychiatrists evaluate the entire person. Here are the five axes:
   - *Axis 1: Clinical disorders, such as depression and anxiety disorder.*
   - *Axis 2: Personality disorders, such as antisocial behavior and mental retardation.*

- *Axis 3: General medical conditions, such as diabetes.*
- *Axis 4: Psychosocial and environmental problems, such as the death of a family member or loss of a job.*
- *Axis 5: Global assessment of a person's overall level of functioning on a scale from 1 (serious attempt at suicide) to 100 (happy, productive, many interests).*

Be sure that you can identify the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and its multiaxial diagnostic system. The DSM-IV-TR typically generates at least one multiple-choice question on each AP Psychology exam.

II. THEORIES OF ABNORMAL BEHAVIOR

A. THE PSYCHOANALYTIC PERSPECTIVE

1. The psychoanalytic perspective views mental disorders as the product of intrapsychic conflicts among the id, the ego, and the superego.
2. In order to protect itself, the ego represses psychic conflicts into the unconscious. These conflicts result from unresolved traumatic experiences that took place in childhood. For example, rejection can produce strong feelings of anger. The psychoanalytic perspective views depression as anger that is channeled into the unconscious.

B. THE HUMANIST PERSPECTIVE

1. The humanist perspective looks to a person's feelings, self-esteem, and self-concept for the causes of mental behavior.
2. Humanists believe that behavior is the result of choices we make in struggling to find meaning in life. For example, anxiety can result when an individual experiences a gap between his or her ideal self and his or her real self.

C. THE COGNITIVE PERSPECTIVE

1. The cognitive perspective focuses on faulty, illogical, and negative ways of thinking.
2. Maladaptive thoughts lead to misperceptions and misinterpretations of events and social interactions. For example, unrealistically negative thoughts can lead to depression.

D. THE BEHAVIORIAL PERSPECTIVE

1. The behavioral perspective stresses that abnormal behavior is learned.
2. Behaviorists focus on how a behavior was reinforced and rewarded. For example, during classical conditioning, a stimulus that was originally neutral (such as an elevator) becomes paired with a frightening event (the power going out) so that it becomes a conditioned stimulus that elicits anxiety.

E. THE BIOLOGICAL PERSPECTIVE

1. The biological perspective argues that many psychological disorders are caused by hormonal or neurotransmitter imbalances, differences in brain structure, and inherited predispositions.
2. For example, an imbalance of a chemical that influences the nervous or endocrine system can cause anxiety.

III. ANXIETY DISORDERS

A. GENERAL CHARACTERISTICS

1. Anxiety is a feeling of tension, apprehension, and worry that occurs during a personal crisis or the pressures of everyday life.
2. Anxiety is a normal human response to stress. In contrast, pathological anxiety is irrational, uncontrollable, and disruptive.

- *Pathological anxiety is irrational because it is provoked by nonexistent or exaggerated threats.*
- *Pathological anxiety is uncontrollable because the person cannot control or stop anxiety attacks.*
- *Pathological anxiety is disruptive because it impairs relationships and everyday activities.*

B. GENERALIZED ANXIETY DISORDER (GAD)

1. Characterized by persistent, uncontrollable, and ongoing apprehension about a wide range of life situations.
2. This free-floating anxiety can lead to chronic fatigue and irritability. GAD affects twice as many women as men.

C. PANIC DISORDER

1. Characterized by sudden episodes of extreme anxiety.
2. Panic attacks are accompanied by a pounding heart, rapid breathing, sudden dizziness, and a feeling of lightheadedness.

D. PHOBIAS

1. Characterized by a strong, irrational fear of specific objects or situations that are normally considered harmless. For example, Howie Mandel, the well-known host of the popular game show *Deal or No Deal*, has mysophobia, fear of germs. Howie refuses to shake hands with contestants and, instead, exchanges fist bumps.
2. Agoraphobia is a particularly disabling phobia. People who suffer from agoraphobia have an irrational fear of public places.

D. OBSESSIVE-COMPULSIVE DISORDER (OCD)

1. Characterized by persistent, repetitive, and unwanted thoughts (obsessions) and behaviors (compulsions).
2. Obsessions can cause a person great anxiety and distress. Obsessive thoughts often lead to compulsive behaviors, such as repeatedly checking to make sure that doors are locked, lights are turned off, and windows are closed.

E. POSTTRAUMATIC STRESS DISORDER

1. Characterized by intense feelings of anxiety, horror, and helplessness after experiencing a traumatic event, such as a violent crime, natural disaster, or military combat.
2. People who suffer from posttraumatic stress disorder continue to experience recurrent memories of the incident, frequently replaying it in their minds. The disorder can lead to depression, uncontrollable crying, edginess, and an inability to concentrate.

IV. MOOD DISORDERS

A. GENERAL CHARACTERISTICS

1. Mood disorders are serious, persistent disturbances in a person's emotions. Mood disorders can cause psychological discomfort and impair a person's ability to function.
2. Major depression and bipolar disorder are the main types of mood disorders.

B. MAJOR DEPRESSION

1. Characterized by a lasting and continuous depressed mood. People suffering from major depression often feel deeply discouraged and lethargic. Pulitzer Prize-winning author William Styron described his depression as being "like some poisonous fogbank rolling in upon my mind, forcing me into bed. There I would lie for as long as six hours, stuporous and virtually paralyzed, gazing at the ceiling . . ."
2. Major depression often leads to suicidal feelings. Approximately 10 percent of those suffering major depression attempt suicide. For example, Kurt Cobain, the lead singer and guitarist of the rock band Nirvana, had a long history of depression. Cobain committed suicide in 1994 when the 27-year-old musician was at the height of his fame.

C. BIPOLAR DISORDER

1. Characterized by periods of both depression and mania. During a manic episode the individual is hyperactive and

may not sleep for days at a time. Sufferers frequently exhibit racing thoughts, a shortened attention span, and an inflated sense of importance.

2. The bipolar roller coaster has affected a number of creative writers and artists. For example, Edgar Allan Poe and Vincent van Gogh both showed signs of bipolar disorder.

V. SOMATOFORM DISORDERS

A. GENERAL CHARACTERISTICS

1. Characterized by physical complaints or conditions which are caused by psychological factors.
2. Conversion disorder and hypochondriasis are two important types of somatoform disorders.

B. CONVERSION DISORDER

1. A type of somatoform disorder marked by paralysis, blindness, deafness, or other loss of sensation, but with no discernible physical cause.
2. In Freudian psychology, the term "conversion" refers to an unconscious displacement of anxiety into physical symptoms.

C. HYPOCHONDRIASIS

1. A type of somatoform disorder involving an exaggerated concern about health and illness.
2. A person suffering from hypochondriasis frequently meets with physicians and constantly reads about health symptoms.

VI. SCHIZOPHRENIA

A. PREVALENCE AND IMPORTANCE

1. Schizophrenia affects approximately 1 percent of the U.S. population.
2. Approximately half of all people admitted to mental hospitals are diagnosed with schizophrenia.

3. Schizophrenia typically begins in late adolescence or early adulthood. It rarely emerges prior to adolescence or after age 45.
4. Schizophrenia is equally prevalent in men and women.

B. CHARACTERISTIC SYMPTOMS

1. Delusional beliefs
   - *A delusion is a bizarre or farfetched belief that continues in spite of competing contradictory evidence.*
   - *People suffering from schizophrenia often experience delusions of persecution or grandeur. In a delusion of persecution, people believe that spies, aliens, or even neighbors are plotting to harm them. In a delusion of grandeur, people believe they are someone very powerful or important, such as an Old Testament king or a modern ruler.*
2. Hallucinations
   - *A hallucination is a false or distorted perception that seems vividly real to the person experiencing it.*
   - *Although hallucinations can be visual, or even olfactory, people with schizophrenia often report hearing voices that comment on their behavior or tell them what to do.*
3. Disorganized speech and thought
   - *Disorganized speech and thought includes creating artificial words and jumbling words and phrases together. This incoherent form of speech is often called a* word salad.
   - *A lack of contact with reality is the most common-thought disturbance experienced by people with schizophrenia.*
4. Emotional and behavioral disturbances
   - *The emotions of people with schizophrenia range from exaggerated and inappropriate reactions to a flat affect, showing no emotional or facial expressions.*
   - *People with schizophrenia often exhibit unusual and wide-ranging behaviors, from shaking the head to remove unwanted thoughts to assuming an immobile stance for an extended period of time.*

C. EXPLAINING SCHIZOPHRENIA

1. The genetic basis for schizophrenia
   - *The lifetime risk of developing schizophrenia increases with genetic similarity. People who share more genes with a person who has schizophrenia are more likely to develop the disorder.*
   - *Schizophrenia tends to cluster in certain families.*
   - *Adoption studies have consistently shown that if either biological parent has schizophrenia, the adopted individual is at a greater risk to develop schizophrenia.*
   - *If one identical twin develops schizophrenia, the risk rate for the other twin is 48 percent.*
2. The dopamine hypothesis
   - *According to the dopamine hypothesis, overactivity of certain dopamine neurons in the brain may contribute to some forms of schizophrenia.*
   - *Drugs that increase the amount of dopamine can produce or worsen some symptoms of schizophrenia.*
   - *Drugs that block dopamine activity can reduce or eliminate some symptoms of schizophrenia.*
3. The diathesis-stress model
   - *People inherit a predisposition or diathesis that increases their risk for schizophrenia.*
   - *Stressful life experiences then trigger schizophrenic episodes.*

Schizophrenia is by far the most tested type of abnormal behavior on the AP Psychology exam. It always generates at least one, and often two, multiple-choice questions. The 2007 AP Psychology exam devoted an entire free-response question to schizophrenia. Be sure you can identify hallucinations, delusions, and fragmented thinking as key symptoms of schizophrenia. In addition, review the research findings that support the dopamine hypothesis and the genetic basis for schizophrenia.

VII. PERSONALITY DISORDERS

A. GENERAL CHARACTERISTICS

1. Well-adjusted people are able to modify their personality traits as they adjust to different social experiences. In contrast, people with personality disorders are inflexible and maladaptive across a broad range of situations.
2. Personality disorders usually become evident during adolescence or early adulthood.
3. Narcissistic personality disorder and antisocial personality disorder are two of the best-known (and most frequently tested) personality disorders.

B. NARCISSISTIC PERSONALITY DISORDER

1. Characterized by a grandiose sense of self-importance, fantasies of unlimited success, need for excessive admiration, and a willingness to exploit others to achieve personal goals.
2. The etiology or causes of narcissistic personality disorder are unknown. Researchers currently believe that excessive admiration that was never balanced with realistic feedback may be an important causal factor.

C. ANTISOCIAL PERSONALITY DISORDER

1. Characterized by a profound disregard for, and violation of, the rights of others. Individuals with antisocial personality disorder lack a conscience and show no remorse for actions that harm others. They often display insight into the weaknesses of others and are surprisingly poised when confronted with their destructive behavior.
2. Serial killers are often seen as the classic example of people with antisocial personality disorder. For example, in the movie *Batman: The Dark Knight*, the Joker robs banks, kills rivals, blows up a hospital, and attempts to destroy a ferry filled with innocent passengers. Note that antisocial disorders are not restricted to serial killers. Approximately 6 percent of men and 1 percent of women display the characteristics of antisocial personality disorder. Ruthless politicians and venal businesspeople can also display the characteristics of antisocial personality disorder.

VIII. DISSOCIATIVE DISORDERS

A. GENERAL CHARACTERISTICS

1. Dissociative disorders all involve a splitting apart of significant aspects of a person's awareness, memory, or identity.
2. Individuals who experience dissociative disorders have a compelling need to escape from anxiety and stress.
3. The three main types of dissociative disorders are amnesia, fugue, and dissociative identity disorder (DID).

B. DISSOCIATIVE AMNESIA

1. Characterized by a partial or total inability to recall past experiences and important information.
2. Typically a response to traumatic events and extremely stressful situations, such as marital problems and military combat.

C. DISSOCIATIVE FUGUE

1. Characterized by suddenly and inexplicably leaving home and taking on a completely new identity with no memory of a former life.
2. While in the fugue state, the person experiences amnesia, but can otherwise function normally.

D. DISSOCIATIVE IDENTITY DISORDER (DID)

1. Characterized by the presence of two or more distinct personality systems in the same individual. Each personality has its own name, unique memories, behaviors, and self-image.
2. Many researchers and mental health professionals now question if DID is a genuine psychological disorder. Skeptics believe that many of the reported cases are not supported by strong scientific evidence.

IX. THE ROSENHAN STUDY: THE INFLUENCE OF DIAGNOSTIC LABELS

A. THE PSEUDOPATIENT EXPERIMENT

1. In 1973, David Rosenhan and 7 mentally healthy associates presented themselves for admission to 12 psychiatric hospitals in 5 states. The pseudopatients claimed to hear voices that said, "empty," "hollow," and "thud." Other than this, the pseudopatients acted normally and reported no other psychiatric problems.
2. All of the psychiatric hospitals admitted the pseudopatients. Seven were diagnosed with schizophrenia, and one was diagnosed with manic-depressive psychosis.
3. The hospitals kept the pseudopatients for stays ranging from 7 to 52 days, with an average of 19 days. All were released with a diagnosis of schizophrenia "in remission."
4. It is interesting to note that while all of the mental health professionals failed to detect the ruse, many of the patients correctly realized that the pseudopatients were pretending to be mentally ill.

B. "THE STICKINESS OF THE DIAGNOSTIC LABEL"

1. Rosenhan's study demonstrates the power and danger of what he called the "stickiness of the diagnostic label."
2. The label "schizophrenia" quickly became the central characteristic that governed how the staff treated each pseudopatient. For example, when a pseudopatient wrote down notes, the staff perceived this "writing behavior" as another manifestation of the underlying pathology.

C. SIGNIFICANCE

1. Rosenhan's report, "On Being Sane in Insane Places" provoked a storm of controversy and widespread debate about the positive and negative consequences of diagnostic labels.

2. It is important to note that Rosenhan does not deny the existence of psychological disorders. However, his study underscored the point that a diagnostic label can result in subsequent distortions of the meaning of an individual's behavior.

The Rosenhan study shook the mental health profession by raising important questions about the validity and impact of psychiatric labels. Be sure to review the study and be prepared to discuss the positive and negative consequences of diagnostic labels.