

Unit XII

Abnormal Behavior

Overview

Unit XII introduces psychological disorders with a discussion of the difficulty and limitations of defining normality. The controversy over the diagnosis of ADHD is used as a case in point. The biomedical, learning, and social-cognitive models that are used to help us understand disorders are reviewed. The benefits and drawbacks to labeling and diagnosing disorders are discussed along with how sociological factors, such as poverty, impact diagnosis and prevalence. Modules 66 through 69 each focus on one of the main categories of disorders as identified by the DSM-5: anxiety disorders, OCD, PTSD, depressive and bipolar disorders. You'll also learn about schizophrenia's symptoms, potential causes, and the evidence for genetic and environmental impacts on its development in an individual. The unit closes with a review of dissociative and somatic disorders as well as sections on feeding and eating disorders and personality disorders.

Tip #12

Cumulative Review

The end of each unit has included a Before You Move On checklist that allows you to indicate which concepts, terms, and material you understand and which you still need to review. As you progress in the course, the amount of material you need to review increases. If your instructor has been using cumulative tests in the classroom, you will likely have been tested and retested on the material several times. If not, you'll want to keep track of the material from previous units that you did not master and allow yourself 15–20 minutes on top of your normal homework and reading schedule to review old material. In March and April, several weeks before the AP[®] exam, you should start going back over the old test and quiz questions, rereading small sections on the harder-to-understand material, and finally adding that checkmark to your mastered material checklist!

Modules

- 65** Introduction to Psychological Disorders

- 66** Anxiety Disorders, Obsessive-Compulsive Disorder, and Posttraumatic Stress Disorder

- 67** Depressive Disorders, Bipolar Disorder, Suicide and Self-Injury

- 68** Schizophrenia

- 69** Other Disorders

Module 65

Introduction to Psychological Disorders

Before You Read

Module Summary

Module 65 introduces psychological disorders through examining the difficulty of determining the line between normality and disorder. Attention is given to the debate over ADHD and the various models of understanding disorders are reviewed. The use of diagnostic labels and the argument against labeling are explored. The module concludes with an overview of the prevalence of psychological disorders and the link between disorders and poverty.

Before beginning the module, take a moment to read each of the following terms you will encounter. You may wish to make vocabulary cards for each.

Key Terms

psychological disorder
medical model
epigenetics
DSM-5
attention-deficit/hyperactivity disorder (ADHD)

While You Read

Answer the following questions/prompts.

65-1

1.

Psychological disorder: a syndrome marked by a clinically significant disturbance in an individual's cognition, emotion regulation or behavior.

Considering the definition above, explain what is meant by clinically significant. Break the definition into smaller parts for your explanation:

disturbance:

cognition:

emotion regulation:

behavior:

2. Discuss why a fear of spiders may not be a psychological disorder, but routinely dusting books on a shelf might be considered a disorder. What is required for something to be diagnosed as a disorder?
3. How has our understanding of psychological disorders changed over time? Give an example of a behavior or belief that was considered abnormal or normal in the past but considered otherwise today.

65-2

1. Define the *medical model*, and discuss how it explains psychological disorders. How has this model changed the way that patients are treated?

2. Define the *biopsychosocial model*, and discuss how the biopsychosocial model explains psychological disorders.
3. How does the diathesis-stress model (stress vulnerability model) and epigenetics seek to explain disordered behavior?

65-3

1. Explain what clinicians seek to accomplish by classifying a disorder. How does the DSM-5 help clinicians with these diagnoses?
2. List three diagnostic changes that occurred with the release of the newest DSM.
3. Has the DSM-5 been successful in its efforts to make classification of disorders more uniform regardless of which clinician a person decides to visit? Explain your response.

9. What role do Hollywood movies play in further stigmatizing mental disorders?

65-4

1. List three arguments or research findings that support the existence of attention-deficit/hyperactivity disorder (ADHD) as a legitimate diagnosis.

a.

b.

c.

2. List three arguments skeptics of ADHD cite to refute the legitimacy of the diagnosis.

a.

b.

c.

3. What key component needs to be present to differentiate ADHD from normal high energy or rambunctiousness? Why is this distinction important?

65-5

1. Explain the evidence behind the idea that mentally ill people are more dangerous than others in the population.

2. Discuss the controversy regarding the use of the insanity plea.

65-6

1. According to Table 65.2 and Figure 65.2 (page 674), which country is reported to have the greatest prevalence of disorders and which disorders are most frequently reported? What are potential explanations for these results?

5. In 1973, eight people went to hospital admissions offices complaining of "hearing voices" saying empty, hollow, and thud. The researcher who conducted this study of the biasing power of labels was
- Philippe Pinel.
 - David Rosenhan.
 - Charles Singleton.
 - Martin Seligman.
 - Lawrence Langer.
6. Consider the photos in this module, particularly on page 651. Explain how what is considered "abnormal" can differ by culture. Give additional examples of behaviors from your culture that may be viewed as abnormal by someone of another culture.

Notes

Module 66

Anxiety Disorders, Obsessive-Compulsive Disorder, and Posttraumatic Stress Disorder

Before You Read

Module Summary

Module 66 discusses the symptoms and prevalence of anxiety disorders, obsessive-compulsive disorder, and posttraumatic stress disorder. The way in which the learning and biological perspectives attempt to explain these disorders is described.

Before beginning the module, take a moment to read each of the following terms you will encounter. You may wish to make vocabulary cards for each.

Key Terms

anxiety disorders	phobia
social anxiety disorder	agoraphobia
generalized anxiety disorder	obsessive-compulsive disorder (OCD)
panic disorder	posttraumatic stress disorder (PTSD)

While You Read

Answer the following questions/prompts.

66-1

1. Explain what differentiates *anxiety* from an *anxiety disorder*.

3. Discuss why the sufferer's knowledge that the obsessions are irrational actually adds to the suffering.

4. List and briefly explain some of the other categories that fall under obsessive-compulsive disorders according to the DSM-5.

66-3

1. Discuss the origins and symptoms of posttraumatic stress disorder (PTSD).

2. List the factors that determine whether a person is more likely to suffer from PTSD after a traumatic event.

3. Explain why some psychologists believe that PTSD is over diagnosed.

66-4

1. Discuss how classical conditioning and operant conditioning principles can be used to explain the development of anxiety disorders, OCD, and PTSD.
2. Discuss how observational learning principles can be used to explain the development of phobias.
3. In what way does the biological perspective help us understand the development of phobias and anxiety? Consider both natural selection and genetics in your response.
4. What neurotransmitter might be related to anxiety disorders?

5. What brain structures are activated in someone who suffers from OCD?

6. What is the evidence that humans may be genetically predisposed to associate some fears over others?

After You Read

Module 66 Review

Answer the following questions to see if you have mastered the basics.

- Michelle is riding in an elevator to the 17th floor of her office building and is experiencing intense fear that the elevator is going to break. She finds it hard to breathe and cannot swallow. Michelle's heart rate has accelerated and she is dizzy. She has never been afraid of elevators before and has ridden them easily all of her life. Most likely, Michelle is suffering from
 - panic disorder.
 - posttraumatic stress disorder.
 - generalized anxiety disorder.
 - obsessive-compulsive disorder.
 - social anxiety disorder.
- John, one of Michelle's co-workers, finds that he experiences many of Michelle's symptoms every time he rides in an elevator. Because of this, he always takes the stairs the 17 floors up to his office. Most likely John is suffering from
 - posttraumatic stress disorder.
 - generalized anxiety disorder.
 - a specific phobia.
 - social anxiety disorder.
 - obsessive-compulsive disorder.
- One of the concerns regarding panic attacks and specific phobias is that, if intense enough, the fears can lead to avoiding places where the attack or stimulus may occur and may eventually keep a person trapped in the home. This subsequent disorder is called
 - generalized anxiety disorder.
 - social anxiety disorder.
 - obsessive-compulsive disorder.
 - posttraumatic stress disorder.
 - agoraphobia.

8. Describe how Freud assumed anxiety developed in an individual, and contrast that with how today's psychologists believe anxiety develops.

Notes

Module 67

Mood Disorders

Before You Read

Module Summary

Module 67 defines and describes disorders such as major depressive disorder and bipolar disorders. Biological and social-cognitive perspectives are presented to help explain these disorders. The factors that impact suicide and self-injuring are presented along with the early warning signs for suicide.

Before beginning the module, take a moment to read each of the following terms you will encounter. You may wish to make vocabulary cards for each.

Key Terms

major depressive disorder	mania
bipolar disorder	ruminating

While You Read

Answer the following questions/prompts.

67-1

1. In what way does depression serve as a "warning light" for us? What sense can be found in suffering?
2. List the symptoms of major depressive disorder. How does this differ from the symptoms associated with a persistent depressive disorder?

67-2

1. In your own words, list and elaborate on the six facts about depression.

a.

b.

c.

d.

e.

f.

2. Explain the genetic influences on depression and bipolar disorder.

9. Assume you recently failed a big test, missed a big score in the game, or your sweetheart broke up with you. Create an explanation for your situation within each of the three contexts:
- stable or temporary:
 - global or specific:
 - internal or external:
10. How can the above listed ways of thinking eventually lead to learned helplessness?
11. Explain how depression is thought to be a vicious cycle.

67-3

- List and explain the research findings on group differences in suicidal behavior as it relates to:
 - national differences

b. racial differences

c. gender differences

d. age differences and trends

e. other group differences

f. day of the week differences

2. What are the triggers or factors that affect suicide?

3. Why do people engage in nonsuicidal self-injury (NSSI)?

3. One neurotransmitter thought to increase arousal and boost mood is _____. It is _____ during depression and _____ during mania.
- serotonin; overabundant; overabundant
 - norepinephrine; overabundant; reduced
 - dopamine; reduced; overabundant
 - norepinephrine; reduced; overabundant
 - acetylcholine; overabundant; reduced
4. Two brain structures that may have lower than normal levels of activity in an individual who is experiencing depression are
- the amygdala and temporal lobes.
 - the occipital lobes and amygdala.
 - the frontal lobes and hippocampus.
 - the hippocampus and hypothalamus.
 - the cerebellum and hypothalamus.
5. Selena suffers from bipolar disorder. List three common behaviors you might expect to see when Selena is in the manic phase.
- -
 -
6. Describe three ways in which social-cognitive psychologists explain how depressed people differ from others in their explanations of failure and how such explanations tend to feed depression.

Module 68

Schizophrenia

Before You Read

Module Summary

Module 68 presents the patterns of thinking, perceiving, and feeling that characterize schizophrenia. A contrast between chronic and acute schizophrenia with attention to both onset and recovery of the disorder is made, and the role brain abnormalities and viral infections play in the disorder is explained. The role of genetic influences on schizophrenia and some factors that may be early warning signs of schizophrenia are also discussed.

Before beginning the module, take a moment to read each of the following terms you will encounter. You may wish to make vocabulary cards for each.

Key Terms

schizophrenia	delusion
psychotic disorders	chronic schizophrenia
hallucination	acute schizophrenia

While You Read

Answer the following questions/prompts.

68-1

1. What does the word schizophrenia mean and how is this disorder different from those who have dissociative identity disorder (more than one personality)? Why is this disorder characterized as a psychotic disorder?
2. List and contrast positive symptoms with the negative symptoms of schizophrenia.

8. In what way is motor behavior impacted by schizophrenia?

9. Roughly what percentage of individuals with schizophrenia will fully recover, versus those who will manage their illness effectively with a supportive environment and medication?

68-2

1. Discuss the prevalence of schizophrenia on gender differences and the onset of the disorder.

2. Describe the difference between acute and chronic schizophrenia, be certain to address the likelihood for recovery in each instance.

68-3

1. Explain the role dopamine may play in the development of schizophrenia for some individuals.

2. Describe the findings of brain scans on people with chronic schizophrenia. Which brain structures are impacted or implicated in the disorder?
3. How have PET scans been used to determine how the brain of those suffering from schizophrenia differs from those who are not?

68-4

1. Discuss the evidence for prenatal viral infections as a cause for schizophrenia.

68-5

1. What does the evidence suggest regarding a genetic link to schizophrenia? How can sets of twins be tested to be sure that the differences are not due to environmental factors?

4. List three characteristic symptoms of schizophrenia.

a.

b.

c.

5. Label the symptoms of schizophrenia below as either positive (P) or negative (N).

_____ a. auditory hallucinations

_____ b. voice lacking in tone

_____ c. expressionless face

_____ d. inappropriate laughter

_____ e. rigid body

_____ f. disorganized speech

6. Hermann has an identical twin with schizophrenia. Based only on this information what can you determine about the likelihood that Hermann will develop schizophrenia?

Module 69

Other Disorders

Before You Read

Module Summary

Module 69 ends Unit XII with a review of somatic, dissociative, eating, and personality disorders. The symptoms and behaviors of specific disorders within each category are addressed.

Before beginning the module, take a moment to read each of the following terms you will encounter. You may wish to make vocabulary cards for each.

Key Terms

somatic symptom disorder	personality disorders
conversion disorder	antisocial personality disorder
illness anxiety disorder	anorexia nervosa
dissociative disorders	bulimia nervosa
dissociative identity disorder (DID)	binge-eating disorder

While You Read

Answer the following questions/prompts.

69-1

1. Describe the general characteristics of somatic symptom disorders.
2. How does culture influence people's expression of physical complaints?

3. Compare the symptoms of conversion disorder to those of illness anxiety disorder.

69-2

1. Describe the phenomenon of dissociation and explain how it differs from a dissociative disorder.
2. Explain what happens to an individual in a fugue state.
3. Describe the characteristics of dissociative identity disorder.
4. Dissociative identity disorder is often portrayed incorrectly in movies and is frequently confused with schizophrenia by the general public. Explain the differences between the two disorders now that you have read about both disorders.
5. Explain the arguments against DID as a genuine disorder.

6. How do other researchers support the view that DID is a genuine disorder?

69-3

1. Complete the chart below for personality disorders.

Behaviors or Emotions Expressed in This Cluster	Example of Personality Disorder

2. Describe the symptoms of antisocial personality disorder.

3. Discuss the research findings that have helped us to understand the potential biological origins of antisocial personality disorder.

4. Discuss the brain structures that may have a role in antisocial personality disorder.
5. Explain how environmental factors influence the development of antisocial personality disorder.

69-4

1. Describe the symptoms and prevalence of anorexia nervosa.
2. Describe the symptoms and prevalence of bulimia nervosa.
3. Describe the symptoms and prevalence of binge-eating disorder.

2. Cynthia has been experiencing blurred vision, headaches, dizziness and aches in her muscles. She has seen her doctor who ran a series of tests but cannot identify a physical cause to her pain. Finally she is referred to a therapist who diagnoses her symptoms as
- schizophrenia.
 - a somatic symptom disorder.
 - depression.
 - a dissociative disorder.
 - bipolar disorder.
3. A controversial disorder in which a person exhibits two or more distinct personalities is called
- bipolar disorder.
 - obsessive-compulsive disorder.
 - schizophrenia.
 - dissociative identity disorder.
 - panic disorder.
4. Vince is a 35-year-old mechanic who moves from town to town in search of work. When he finds a job, he is often unable to keep it due to his irresponsible and aggressive manner. He has been arrested several times for thefts and fights and reports that this behavior began in his teens. He has been divorced twice and both of his ex-spouses report that he was verbally and physically abusive and has never shown any remorse for the pain he caused. A psychologist studying Vince's case would consider a diagnosis of
- histrionic personality disorder.
 - antisocial personality disorder.
 - narcissistic personality disorder.
 - avoidant personality disorder.
 - schizoid personality disorder.
5. Bethany has various illness, aches and pains on a rather regular basis. She searches online medical sites to see if her symptoms are a sign of a larger disease. Bethany has had to switch doctors quite a few times as none of them are able to diagnose any serious illness, yet she is sure she has one. She eventually consults a psychologist who is able to diagnose her symptoms as
- illness anxiety disorder.
 - depression.
 - dissociative disorder.
 - bipolar disorder.
 - schizophrenia.

✓ Check Yourself

Now that you have mastered the basics, work through the questions below to see if you can *synthesize*, *evaluate*, and *analyze* what you have learned.

1. Use your understanding of psychology to answer the following questions about Darya.

Darya has been experiencing low moods and feelings of worthlessness over the past few weeks. Her grades in her core classes are slipping and Darya doesn't feel she can do anything to change that. She doesn't see an end in sight and thinks she cannot do anything right. Her friends are beginning to worry because she is turning down their invitations to go to the movies and to hang out. Darya is sleeping much more than she used to and doesn't have much of an appetite. She finds that she is constantly worrying about her mood and blames herself for bringing it about.

Potential diagnosis:

How would the biopsychosocial approach offer an explanation?

How would the learning perspective offer an explanation?

How would the social-cognitive perspective view this disorder?

How diagnosing/labeling this individual with a specific disorder will impact perceptions of this person's behavior?

Additional symptoms or behaviors to watch for:

How could Darya change her explanatory style to alleviate the depressive symptoms?

Identify the following disorders and support your reasoning with evidence from the unit.

2. Celeste is a middle-aged woman who find that she is plagued by constant worry. For the past 8 months, she has been having difficulty sleeping and is jittery and agitated at work. Celeste has begun to develop twitches in her eyelids and is worried that something serious is wrong. She can't pinpoint any particular issue that is causing these feelings and decides to seek a therapist's opinion. Thus far, the therapist has ruled out the possibility of a somatic symptom disorder. Which disorder may Celeste be experiencing?

3. Jarrod is 21-year-old college student who is beginning to notice changes in his personality and sensations. He is certain he is hearing voices directing him to hurt himself and he is finding it increasingly difficult to ignore them. His friends are finding him increasingly distracted and report that he seems to lose interest in their conversations. More disturbingly, when Jarrod does contribute to his friend's conversations, he says odd things. Last week he told his friend Jerry that his car "had a tension the shade of libraries." Jarrod's worried friends have told him to consult a psychiatrist for help. Which disorder may Jarrod be experiencing?

4. Walter was a soldier in World War II and was involved in several hand-to-hand combat incidents. Using his army-issued rifle, he was directly responsible for the killing of 12 enemy combatants. Walter did not enjoy killing other humans and found that he was greatly troubled by his actions. When Walter returned to the United States in 1945, he found that he could not move his right arm. He experienced paralysis in this arm for over two decades and although he consulted several medical doctors, they could locate no organic cause for the problem. His wife suggests he see a psychologist. Which disorder may Walter be experiencing?

5. Sal has just been arrested for domestic abuse and is in the county jail awaiting a visit from the court-appointed psychologist. Sal has been in jail several times in his life, beginning with his first arrest at age 12 for stealing a car from the grocery store parking lot. He has had a poor job record, being unable to remain employed for longer than 4 or so months at a time. Although he has been in and out of jail many times, he shows no remorse or regret for the actions that landed him there. Which disorder may Sal be experiencing?



Before You Move On

Use the checklist below to verify your understanding of the unit's main points.

- Can I describe contemporary and historical conceptions of what constitutes psychological disorders?
- Can I recognize the use of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) published by the American Psychiatric Association as the primary reference for making diagnostic judgments

Can I discuss the following major diagnostic categories and their corresponding symptoms?

- Anxiety and somatoform disorders
- Mood disorders
- Schizophrenia
- Personality disorders
- Dissociative disorders

Can I evaluate the strengths and limitations of various approaches to explaining psychological disorders?
Namely:

- Medical model
- Psychoanalytic
- Humanistic
- Cognitive
- Biological
- Biopsychosocial
- Can I identify the positive and negative consequences of diagnostic labels (e.g., the Rosenhan study)?
- Can I discuss the intersection between psychology and the legal system (e.g., confidentiality, insanity defense)?