CHAPTER 20

# Abnormal Psychology

**In this chapter, you will learn about:**

- what abnormal psychology is and how it differs from normal psychology
- the major types of psychological disorders
- what we know about the causes of these disorders

*Everyone calls Susan a "neat freak." Her locker is always tidy, her clothes are always spotless, and she doesn't like art class because she doesn't like to get her hands dirty. Would you say her behavior is abnormal? Most people would not. But what if you found out that she washes her hands a hundred times a day? In this chapter, you will learn about some of the ways that psychologists distinguish normal from abnormal behavior.*

*When you hear the words "abnormal psychology," you may think of people who hear voices or have multiple personalities. Psychological disorders also include such varied problems as substance abuse, depression, attention-deficit hyperactivity disorder, and personality disorders.*

*Psychologists do not always agree on the causes of these disorders. Nature or nurture? Chemical imbalances? Social problems? Many disorders seem to be triggered by a combination of factors.*

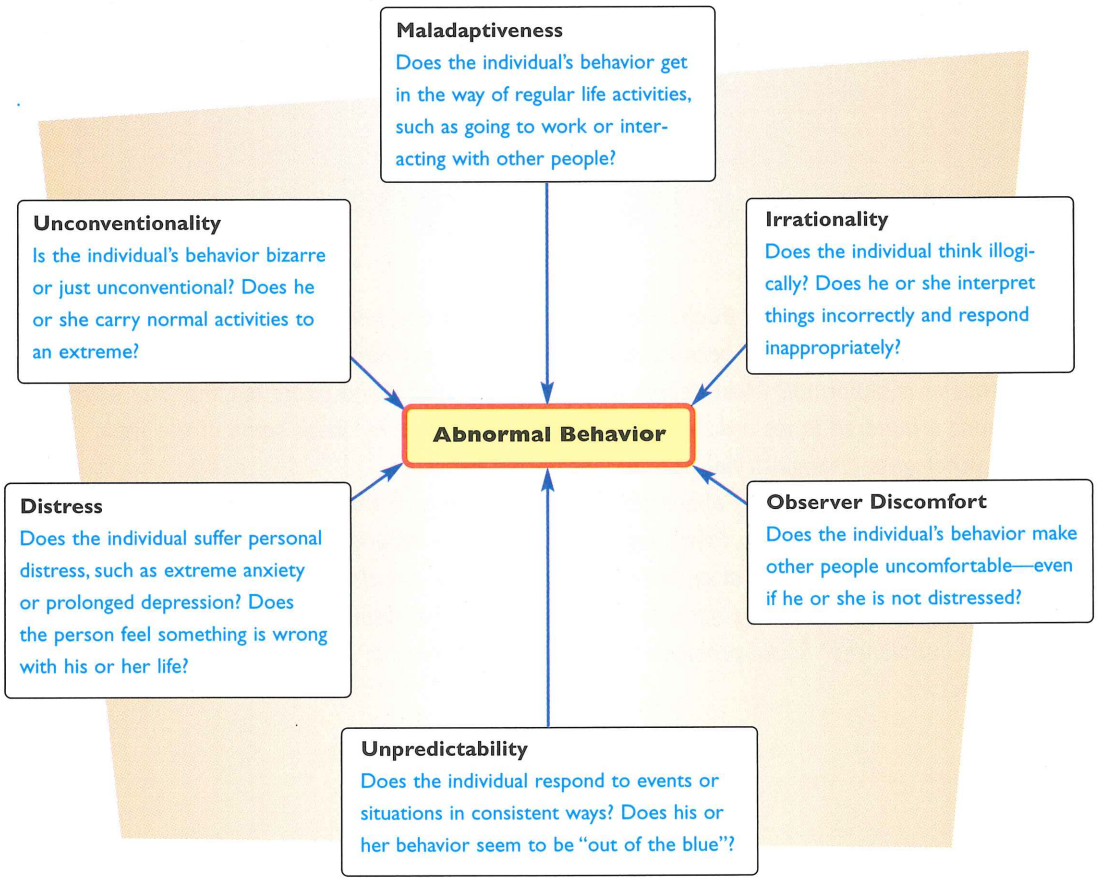
## What Are Psychological Disorders?

As you probably know from everyday observations of family members, classmates, and strangers, people behave in a wide variety of ways. Some people may dress in a way you consider outlandish. Other people may "eat, drink, and sleep" sports. Is their behavior abnormal? Do they have a psychological disorder?

### Identifying Abnormal Behavior

Something that is abnormal deviates from a standard, or norm. But what exactly is the "norm"? Few people agree on what is normal.

Therefore, psychologists analyze behavior according to specific criteria to help them decide whether an individual suffers from a psychological disorder. Rather than relying on personal notions of "odd" behavior, they look for the clues shown in the accompanying diagram.



## Perspectives on Mental Illness

Unfortunately, the diagnosis of a psychological disorder sometimes carries with it a *stigma*, or social disgrace. In part, this is because the causes of many psychological disorders are still poorly understood. People who suffer from mental illness are sometimes considered weak by their peers.

Today, psychologists themselves often do not agree on what causes psychological disorders. The **etiology**, or cause, of a disorder is important because it may determine how the patient could best be treated. **Five** different perspectives on the causes of mental illness are described below.

### 1 Biological Perspective

Many biological factors can affect mental health, including:

* Genetics.
* Chemical imbalances.
* Brain structure.
* Injuries to the brain.
* Certain infections.

Today, much research in this area focuses on identifying and treating chemical imbalances. Researchers continue to find new and effective drugs to help control depression, schizophrenia, and other psychological disorders.

### 2 Psychodynamic Perspective

Psychologists who take a psychodynamic perspective look to an individual's unconscious—and his or her internal conflicts—for the cause of psychological disorders.

Through conversations, or "talk therapy," these psychologists help patients explore events and relationships over the course of their lives—particularly those of their early years—that may have shaped their attitudes toward others, toward themselves, and toward the world.

### 3 Behavioral Perspective

Behavioral psychologists stress that life experiences condition us to respond to events or situations in a particular way. They believe that psychological disorders are the result of faulty learning. Therefore, when life experiences incorrectly reward some behaviors and punish others, children learn maladaptive ways of coping with life stresses—such as repeatedly washing one's hands to relieve anxiety.

Behavioral therapy to help individuals "unlearn" faulty learning is often used as a treatment for **phobias**, or persistent fears.

### 4 Cognitive Perspective

Cognitive psychologists assert that psychological disorders arise from faulty thoughts. For example, if a person always thinks, "I'm not very interesting and nobody likes me," he or she becomes convinced that it is true. The person may misinterpret how people react to him or her and behave so defensively that people really do respond negatively. He or she may avoid interpersonal contact altogether or develop emotional disturbances such as depression.

Cognitive psychologists encourage patients to replace negative thoughts with others that are more helpful to them. Many popular self-help books are based on cognitive psychology—and the power of thinking positively.

### 5 Humanistic Perspective

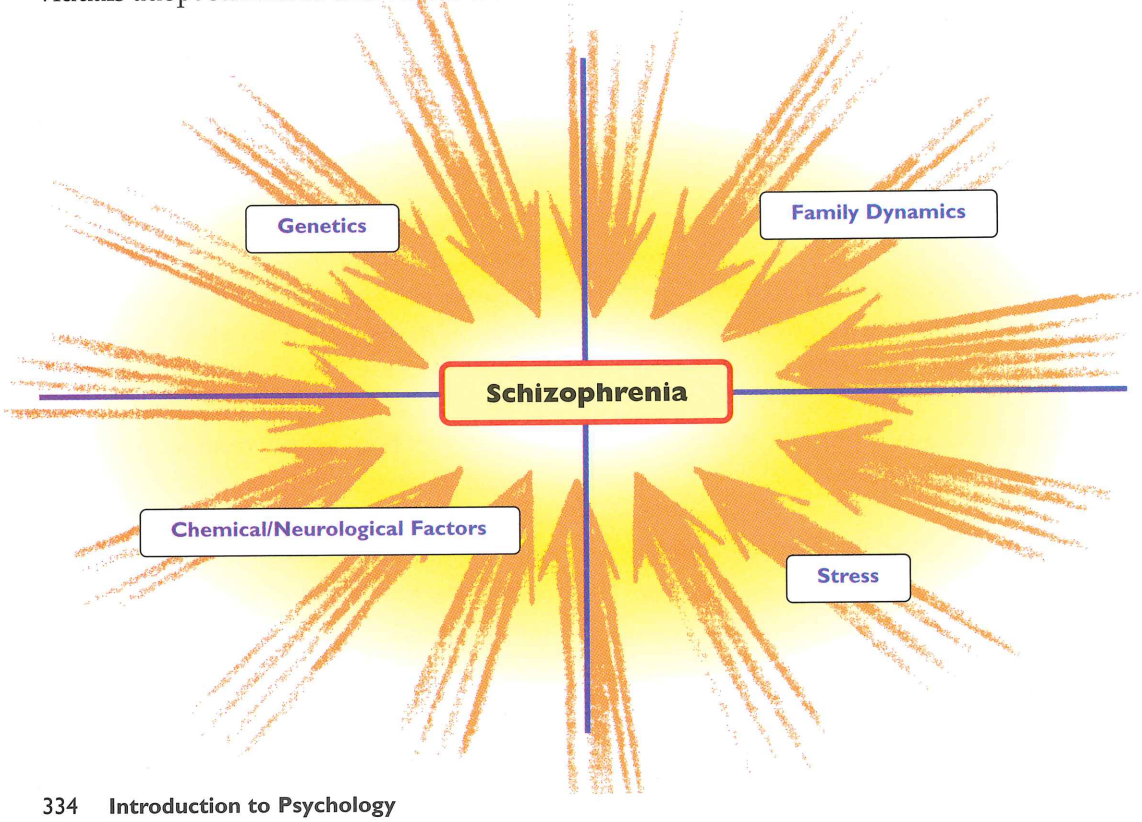
Humanistic psychologists contend that each person has within himself or herself the potential for personal fulfillment. However, people do not strive for personal growth in a vacuum. Environmental forces act on the individual, too. Often people find their goals or desires in conflict with those of their families or of society at large.

Humanistic psychologists, then, assert that mental disorders arise because individuals adopt standards and values that conflict with their true inner feelings. Humanistic therapists work to help their patients identify and embrace their genuine goals and desires.

## Combining Biological and Psychological Perspectives

Each of these perspectives adds to our understanding of psychological disorders, but none completely explains why some people develop a mental illness and others do not. Identical twins do not always develop the same disorder—nor do people who live through the same stressful events.

Most psychologists today believe that many psychological disorders are caused by an interaction of biological, environmental, and other factors, as shown in the diagram.




### Autism and the Sally-Anne Test

Autistic children have difficulties interacting and communicating with people. Most researchers agree that autism is caused by some kind of brain damage. Researchers Baron-Cohen, Leslie, and Frith suggested that autistic people do not understand that people have thoughts and beliefs about the world, they do not develop a "theory of mind." They experimented with 3 groups of children: 20 autistic children, 14 Down's syndrome children, and 27 normal children. In the Sally-Anne test, they showed the children, individually, 2 dolls with those names. Sally had a basket, and Anne had a box. The experimenter had Sally take a marble, hide it in her basket, and leave the room. Then Anne "took" the marble out of Sally's basket and put it in her box. Children were asked where Sally will look for her marble. A child who understands that people have beliefs about the world would point to Anne's box. Eighty-five percent of the normal children and 86 percent of the Down's syndrome children gave this response, but only 20 percent of the autistic children did. In response to critics, the researchers repeated the experiment using real people instead of dolls. The theory that humans have a "theory of mind" which develops as a child matures unless there is brain damage is gaining acceptance.

## Cultural Differences in Looking at Mental Illness

Although people in all cultures suffer from psychological disorders, not all disorders are found in all cultures. Nor do all cultures offer the same explanations. For example:

* The eating disorders *anorexia nervosa* and *bulimia nervosa* seem to occur only in Western societies.
* In Latin America, individuals might develop *susto*—unhappiness and sickness caused when the soul leaves the body after a frightening event.
* In the Middle East, people may laugh, shout, and bang their heads in a condition called *zar*. *Zar* is said to be caused by possession by spirits.
* Some Native American tribes recognize *ghost sickness*, in which bad dreams, hallucinations, dizziness, weakness, and other symptoms are caused by a preoccupation with death and dying.

Sidebar

## Mental Illness in the Past

Through much of history, people blamed supernatural forces as the cause of bizarre behavior. Early treatment of mental illness included the use of amulets and incantations, even skull surgery to allow evil spirits to escape.

In ancient Greece and Rome, doctors began looking for the answers in heredity, biology, and psychology—prescribing baths, diets, exercise, bleeding, and relaxation.

During the Middle Ages, psychological disorders were often attributed to possession by the devil. In asylums, mental patients were "warehoused" and often mistreated.

In the early 1500s, Swiss physician Paracelsus attributed bizarre behavior to influence from the moon. (The word *lunatic* comes from *luna*, the Latin word for *moon*.)

From the eighteenth to twentieth centuries, asylums evolved from inhumane prisons to hospitals where the mentally ill can be treated and perhaps cured. The social stigma associated with these hospitals is still prevalent, however.

# Classifying Mental Illness

Today, psychologists do not lump all forms of mental illness together into a single diagnosis of "insanity." For example, illnesses such as mental retardation and panic disorder have vastly different symptoms. Some disorders are present at birth, while others develop from medical conditions or environmental stress. Psychologists, therefore, assess mental health by considering **five** aspects:

1. Psychological disorders.
2. Personality disorders and mental retardation.
3. Medical conditions.
4. Social stress in the individual's environment.
5. An individual's overall level of functioning.

Most mental health workers today classify a mental illness by its symptoms, according to the *Diagnostic and Statistical Manual of Mental Disorders IV*-TR (2000), or *DSM-IV*. This classification system is defined by the American Psychiatric Association. The chart opposite shows how various forms of mental illness are classified in the *DSM-IV* and lists some examples.

| DSM-IV Classifications | |
|---|---|
| Disorders usually first diagnosed in infancy, childhood, or adolescence | Mental retardation, autistic disorder, learning disorders, and attention-deficit hyperactivity disorder |
| Delirium, dementia, and amnesia and other cognitive disorders | Substance intoxication, dementia brought on by Alzheimer's disease, HIV, or head trauma |
| Mental disorders due to a general medical condition not elsewhere classified | Disorders that result directly from medical conditions |
| Substance-related disorders | Substance abuse and dependence, as well as mood, anxiety, and psychotic disorders caused by substance abuse |
| Schizophrenia and other psychotic disorders | Disorders causing individuals to lose contact with reality |
| Mood disorders | Major depressive disorder, dysthymia, and bipolar disorder |
| Anxiety disorders | Panic disorder, phobias, generalized anxiety disorder, and other disorders characterized by extreme anxiety |
| Somatoform disorders | Conversion disorder and hypochondriasis—where physical symptoms are present but have no underlying physical causes |
| Factitious disorders | Disorders in which individuals pretend to suffer from or intentionally produce psychological or physical symptoms |
| Sexual and gender identity disorders | Sexual dysfunction or gender identity disorders |
| Eating disorders | Anorexia nervosa and bulimia nervosa |
| Sleep disorders | Insomnia, hypersomnia, and sleep terror disorder |
| Impulse-controlled disorders not elsewhere classified | Kleptomania, pyromania, and pathological gambling |
| Adjustment disorders | Mood or behavior disorders triggered by a specific stressful event or situation |
| Personality disorders | Antisocial personality and other disorders that involve an individual's lifelong behavior patterns |
| Other conditions that may be a focus of clinical attention | Disorders in which psychological factors affect medical conditions, as well as problems related to abuse or neglect |

# Anxiety Disorders

Anxiety is a feeling of apprehension that danger or misfortune is looming, and that feeling is accompanied by physical symptoms, such as rapid heart rate, increased perspiration, nausea, or dizziness.

**Anxiety disorders** are among the most common psychological disorders, affecting about 10 to 15 percent of the U.S. population in any year.

## Phobic Disorder

Do you have an irrational fear of spiders? Of heights? Of the dark? If so, you have a specific or simple phobia, which causes an inappropriate fear of an object or situation. Although most people have mild phobias, those with *phobic disorders* can be so overwhelmed by fear that it interferes with their lives. For example, a person with a phobia of dogs may walk blocks out of the way to avoid passing homes that have dogs.

A particularly disabling phobia is *agoraphobia,* or fear of public places. A person suffering from agoraphobia may be so terrified of going out into the world that he or she is virtually trapped at home. Agoraphobia affects about 3 to 6 percent of the population. It is often linked with panic disorder, another anxiety disorder.

You may know someone who has such severe "stage fright" that he or she can't give an oral report in class. This person has a *social phobia.* This differs from specific phobias because it revolves around an extreme anxiety over being observed by others.

**Sidebar**

### A Few Phobias

Phobias can involve a fear of almost anything. Following are a few examples:

Acrophobia—fear of heights
Arachnophobia—fear of spiders
Aviophobia—fear of flying
Claustrophobia—fear of enclosed spaces
Hydrophobia—fear of water
Iatrophobia—fear of doctors
Mysophobia—fear of dirt
Ophidiophobia—fear of snakes
Thanatophobia—fear of death
Xenophobia—fear of strangers
Zoophobia—fear of animals

**CAUSES:** Today, phobias are thought to be learned responses to life experiences. A young child bitten by a dog may develop a fear of all dogs—even the smallest lap dog.

## Generalized Anxiety Disorder

Unlike a person with phobic disorder, an individual with *generalized anxiety disorder* does not experience anxiety that is triggered by one particular object or event. Instead, he or she suffers from:

* An unfocused, persistent anxiety.
* Physiological symptoms of anxiety.

That person may worry about just a few areas of life or about everything from school exams to finances to relationships with family and friends.

Sufferers of this disorder may seek to reduce their anxiety by relying on alcohol or other anxiety-reducing drugs. In this way, they may develop substance-abuse problems that can be more detrimental than the anxiety disorder they hoped to alleviate.

**CAUSES:** Although this disorder seems to run in families, it is not clear whether heredity or family environment and learning plays the bigger role.

## Panic Disorder

A person with *panic disorder* suffers from panic attacks—short but overwhelming bouts of anxiety that occur without warning. These panic attacks may include:

* Heart palpitations.
* Dizziness.
* Nausea.
* Fears of dying or going crazy.

These attacks typically have a quick onset and reach a peak in about 10 minutes. Although they may be short-lived, they are so frightening that more people seek help for this psychological problem than for any other. Because panic attacks are unexpected and may strike anytime, anywhere, many who experience them dread the thought of leaving home for fear of having an attack in public. Panic disorder is often accompanied by agoraphobia.

**CAUSES:** Sufferers of panic disorder may inherit a greater vulnerability to stress than others. They may also tend toward "catastrophic" thinking—seeing any physical symptoms as the beginning of another attack. Early childhood experiences may also play a part.

## Post-Traumatic Stress Disorder

On April 19, 1995, terrorists bombed the Alfred P. Murrah Federal Building in Oklahoma City, killing 168 people and wounding 850 others. Many survivors of that blast now suffer from:

* Flashbacks.
* Nightmares.
* Emotional numbing.
* Depression.
* Feelings of survivor's guilt.

*Post-traumatic stress disorder* is a response to a harrowing experience, such as a natural disaster, military combat, or rape. People with this disorder may lose contact with reality and relive sights or sounds of the traumatic event, or they may avoid places and people that remind them of the event. Symptoms of this disorder may show up soon after the event, or they may first appear several years later.

**CAUSES:** Post-traumatic stress disorder is always a reaction to a harrowing or life-threatening experience. However, survivors of the exact same event may respond very differently; some may show few symptoms at all. This difference suggests that some people have a biological or psychological predisposition for the disorder.

### Obsessive-Compulsive Disorder

Have you ever had an advertising jingle stuck in your head? Do you check your pocket for your keys several times before you leave home? Most people have mild obsessions and compulsions. **Obsessions** are recurring, unwanted thoughts, and **compulsions** are repetitive, ritualized behaviors.

Someone with obsessive-compulsive disorder suffers from:

* Obsessions and/or compulsions so extreme they disrupt everyday life.
* Anxiety.

Compulsions often take the form of counting or cleansing rituals. An individual with a cleansing compulsion may wash his or her hands a hundred times a day. Why can't he or she stop? While recognizing that endless hand-washing is unreasonable, the person lives in a state of constant anxiety that only compulsive behavior can relieve.

**CAUSES:** Current research suggests that obsessive-compulsive disorder may be caused by abnormal brain chemistry that causes sufferers to endlessly repeat the same activity. However, many psychologists support a psychological cause—that people develop obsessions and compulsions as maladaptive ways to relieve anxiety, guilt, or insecurity.

## Somatoform Disorders

In many disorders, psychological symptoms arise from biological causes. In **somatoform disorders**, the opposite is true; physical symptoms arise from psychological causes. In other words, an individual suffers from physical symptoms even though he or she has nothing physically wrong.

### Conversion Disorder

A person with *conversion disorder* may suddenly be unable to walk or to see. Although he or she is not faking these symptoms, there is no physical explanation. Symptoms may include:

* Paralysis.
* Blindness.
* Loss of feeling or sense of pain.
* Tingling sensations.
* Seizures.
* Loss of speech.
* Lack of concern.

Because these symptoms can mimic real physical disorders, doctors must be careful in diagnosing them. Sometimes the patient's symptoms are anatomically impossible—because they reflect not the mimicked illness itself but how the patient conceptualizes the illness. While some patients with this disorder exhibit a high degree of drama regarding their symptoms, many others show an extraordinary lack of concern about their sudden paralysis, blindness, or other symptoms.

**CAUSES:** In conversion disorder, the sufferer "converts" a psychological trauma into a physical one. For example, a soldier who witnesses horrific acts of torture may become unable to see. A traumatic event or situation usually triggers this disorder, but twin studies indicate that genetics are also involved.

### Hypochondriasis

More common than conversion disorder is *hypochondriasis*. You might say that conversion disorder and hypochondriasis are opposites. In conversion disorder, a person develops a physical problem but doesn't seem to care. In hypochondriasis, the individual:

* Has no physical dysfunction.
* Is preoccupied with the state of his or her health.

Hypochondriacs tend to focus on normal variations in bodily functions as a sign of serious illness. They may, for example, misread a common headache as evidence of a brain tumor. They may go from doctor to doctor, looking for one who agrees with them. Although this disorder isn't usually too disruptive, the hypochondriac may become bedridden for the rest of his or her life.

**CAUSES:** Some researchers attribute hypochondria to the excessive attention a child received when sick. However, cognitive psychologists blame the disorder on an extreme fear of disease.

## Dissociative Disorders

Sufferers of **dissociative disorders** escape from painful problems or situations by dissociating (cutting themselves off) from certain parts of themselves. The dissociation may happen suddenly or gradually, and it may be temporary or long-lasting.

Cultural contexts are especially important when considering dissociative disorders. In many cultures, dissociation from the self is an accepted and expected aspect of social or religious experiences and is not considered distressing.

However, the disorders described below can considerably disturb an individual's normal life functions and cause extreme distress as well.

### Amnesia

**Amnesia** is a memory disturbance—the inability to recall certain events or even one's identity. Psychological stress can cause these kinds of amnesia:

* ***Localized Amnesia.*** An individual can't recall a traumatic event, such as a rape.
* ***Selective Amnesia.*** An individual can't remember certain details of a traumatic event.
* ***Generalized Amnesia.*** An individual can't recall the details of his or her entire life.
* ***Continuous Amnesia.*** An individual's memories stop at a certain event, and he or she can't recall anything that has happened since.

**CAUSES:** Medical problems can cause amnesia, but the types of amnesia discussed here are caused by traumatic

events. Psychologists believe that an individual develops amnesia to repress painful memories.

## Dissociative Fugue

People with *dissociative fugue* forget who they are and all details of their lives. Sufferers may wind up in an emergency room, unable to recall their identity, or, less commonly, they may actually move elsewhere and begin a new life with a new identity.

Occasionally an individual suffering from dissociative fugue keeps a new identity for years, but typically the condition doesn't last very long. When it ends, the individual may not recall what happened during that time period.

**CAUSES:** Psychologists believe fugue occurs as a result of serious, unresolved problems, such as dysfunctional marital relationships.

## Dissociative Identity Disorder

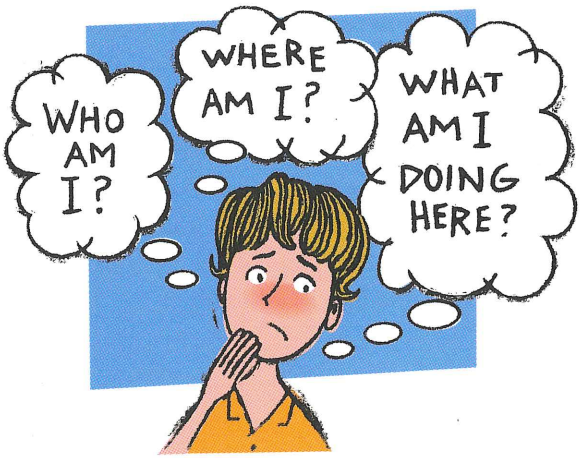
*Dissociative identity disorder* is sometimes called "multiple personality disorder." In this debilitating disorder, an individual:

* Has two or more distinct identities or personalities that alternate control of his or her consciousness and behavior.
* Is unable to recall a quantity of personal information—and this "forgetfulness" cannot be attributed to black-outs, substance abuse, or other such causes.

A person who suffers from this disorder is not simply moody, nor merely acting differently in different social contexts. Different personalities actually control the sufferer at different times, and these personalities may include males and females, adults and children, timid and aggressive personalities, and so on. Some personalities may even seem to be at war with others. The primary personality, however, tends to be passive and depressed.

Each personality may go by a different name and have different memories and a different history. Because this information is not accessible to the other personalities, the individual seems to have "forgotten" it. Usually, at least some of the personalities are not aware of each other.

**CAUSES:** Dissociative identity disorder is thought to result from severe and chronic child abuse. To bear the brunt of abuse or protect himself or herself from it, a traumatized child creates another personality. The disorder is diagnosed much more frequently in women than in men. In addition, men with this disorder have an average of 8 personalities, while women sufferers have an average of 15. However, in extreme cases, the number may exceed 100.



## Affective Disorders

Moods are part of the normal human experience. You probably feel happy when you do something fun with your friends. Maybe you feel "down" or "blue" when you do poorly on a test. An individual with an **affective disorder**, also called a mood disorder, experiences moods so extreme that they interfere with his or her emotional life and daily activities. These moods can be unrelated to the surrounding circumstances.

### Dysthymic Disorder

**Dysthymic disorder** is a moderate depression—a feeling of "low spirits"—that lasts for a long time. During that time, the individual typically experiences:

* General unhappiness.
* Low self-esteem.
* Difficulty in concentrating.
* Little energy.
* Loss of interest in usual activities.

Although the symptoms are not as severe as those of major depression, discussed next, they continue for a longer period of time. In fact, the *DSM-IV* does not classify symptoms as dysthymic disorder until they last for at least two years. A person with dysthymic disorder may also experience bouts of major depression.

**CAUSES:** Dysthymic disorder seems to be caused by a combination of genetics and psychological stress.

### Major Depression

Although major depression may not last as long as dysthymic disorder, its symptoms can be devastating. Someone with major depression may:

* Feel hopeless and worthless—as if there is no way out.
* Withdraw from all social interaction.
* Experience a pronounced change in eating or sleeping patterns.
* Lack energy to carry out even simple tasks.
* Lose interest in most activities.

As you might imagine, major depression can interfere with virtually every aspect of life—school, work, relationships with other people, and so on. It can also lead to substance abuse or, even more tragically, to suicide.

Major depression is not uncommon—some 10 to 25 percent of American women will experience it at some point in their lives, as will some 5 to 12 percent of American men. Unfortunately, depression often goes undiagnosed and untreated.

**CAUSES:** Major depression probably has both biological and psychological causes. In addition, a strong genetic component, hormone imbalances, abnormal levels of certain neurotransmitters, thyroid conditions, and other diseases or dietary deficiencies can also contribute to major depression. Some psychologists suggest that pessimistic thoughts or feelings that events are out of control help bring on the disorder. Stressful life experiences

may trigger episodes in people who are genetically predisposed to depression. Depression is now often treated with antidepressant drugs and/or cognitive therapy.

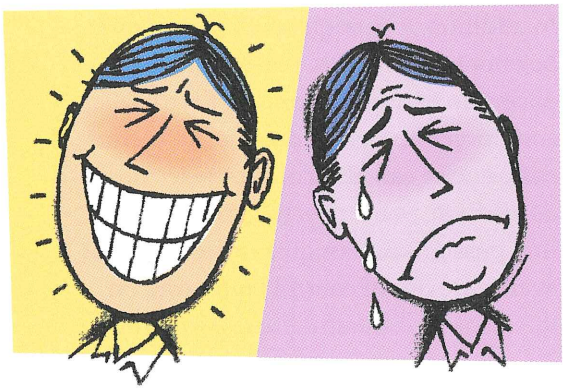
### Bipolar Disorder

You may have heard this disorder called *manic-depression.* In **bipolar disorder,** the sufferer's mood alternates between two poles or extremes: depression and mania.

In the depressive state, the sufferer shows the symptoms of major depression. In the manic state, he or she may feel euphoric and extraordinarily energetic, talking without stopping and showing an exaggerated sense of greatness. He or she may go on spending binges or engage in other excessive or reckless behavior, needing little sleep.

While mania may occur without depressive episodes, it is more often part of bipolar disorder. Mania or depression that occurs by itself would be *unipolar*—going to only one extreme.

**CAUSES:** The causes of all mood disorders, including bipolar disorder, are thought to be similar to those of major depression.



## Psychotic Disorders

**Psychotic disorders** are the most debilitating group of psychological disorders. Individuals who suffer from them lose contact with reality, which makes it difficult for them to carry on normal life activities.

During a psychotic episode, a sufferer may have **hallucinations,** in which he or she senses something that isn't there. Hallucinations may take any form, but auditory hallucinations, such as hearing voices, are the most common. Whatever form they take, they seem very real to the sufferer. He or she may also have **delusions,** unshakable beliefs that are obviously not true, such as believing that he or she is George Washington. In between these psychotic episodes, the sufferer may have coherent periods.

### Schizophrenia

**Schizophrenia** may be the most disabling of all psychological disorders. Sufferers can often be out of touch with reality to the extent that they are unable to care for themselves. Because of this, most schizophrenics are hospitalized at some point in their lives, sometimes repeatedly. It is believed that a large number of schizophrenics make up part of the homeless population and do not care for themselves appropriately.

Schizophrenics make up about 1 percent of the world's population, and some 10 percent of schizophrenics eventually commit suicide.

Symptoms that have bizarre or exaggerated distortions are called *positive symptoms.* They include hallucinations, delusions, language anomalies, extreme agitation, and bizarre body postures. *Negative symptoms* are those that seem to be a diminished reflection of normal life, such as flat emotions or a general maladjustment.

Schizophrenics may have a great deal of trouble communicating, stringing together words by sound or association rather than meaning. Their thoughts may shift continuously from one thing to another.

There are several types of schizophrenia:

* ***Disorganized Schizophrenia.*** The most severe form of schizophrenia, this causes the sufferer's thought processes and language to be disturbed and incoherent. The sufferer might act in bizarre and obscene ways in public and his or her behavior may be described as "infantile."
* ***Catatonic Schizophrenia.*** This type involves disturbances of movement. People with catatonic schizophrenia may pace nervously at times or remain frozen in an odd position for hours. Sometimes, outside observers can "mold" them into a position, which they will then hold.
* ***Paranoid Schizophrenia.*** This involves having delusions of persecution. Individuals may think that family members are trying to kill them or that they are victims of a vast conspiracy. They may also have delusions that they are some famous or historically important figure.
* ***Undifferentiated Schizophrenia.*** This category describes patients whose symptoms are mixed and don't clearly fall into one of the other categories.

**CAUSES:** Schizophrenia seems to have a genetic component; close relatives of schizophrenics are more likely than others to develop the disorder. However, abnormal brain chemistry and physiology may be involved. Also, many sufferers come from an environment of severe family disturbances.

**Sidebar**

## Schizophrenia Across Cultures

Although schizophrenia is found in cultures all around the world, people from different cultures tend to show different symptoms—suggesting that cultural factors influence the disorder. For example, Japanese schizophrenics tend to be rigid and withdrawn. Catatonic schizophrenia is far more common in developing countries than in the United States. Schizophrenics among African tribes are most likely to have disorganized schizophrenia.

### Delusional Disorder

*Delusional disorder,* as its name implies, involves having strongly held beliefs that are not true. However, unlike the delusions of some schizophrenics, the delusions of individuals with this disorder are not bizarre. That is, they center around things that could actually happen, such as being continually spied on by the police, loved from afar, or deceived by a loved one. Sufferers generally do not have hallucinations; if they do, hallucinations are related to the theme of the delusion.

This disorder is uncommon, and its disruptive impact varies widely. Some sufferers are able to function relatively well in their jobs and social lives, while others cannot. For example, an individual who believes he or she is being stalked by assassins may severely limit outside activities for protection.

**CAUSES:** Little is known about the causes of this disorder. Some studies have suggested that relatives of schizophrenics are more likely than others to suffer from it, while other studies suggest there is no connection. Some psychologists believe that it is caused by childhood experiences.

## Personality Disorders

Personality disorders are not like the other disorders discussed so far. Instead, **personality disorders** describe long-standing, maladaptive personality traits that are usually more disturbing to other people than to the individual. They may involve extreme self-centeredness or antisocial, highly dramatic, reclusive, dependent, or perfectionist behavior.

### Antisocial Personality Disorder

When the *antisocial personality disorder* was identified in 1837, it was described as "moral insanity." The person with this disorder seems to have no conscience and is sometimes called a *psychopath* or *sociopath,* because he or she harms others and shows no remorse. People with antisocial personality disorders are often in trouble with the law.

Psychologists use **seven** telltale traits to identify the antisocial personality:

1. Lack of emotion.
2. Lack of conscience.
3. Ability to charm.
4. No strong motive for committing acts.
5. Inability to learn from experience.
6. Inability to retain relationships.
7. Indifference to punishment.

**CAUSES:** Although genetic and physiological factors may help bring on this disorder, family relationships and early learning

experiences seem to play an important part—particularly when parents provide inconsistent discipline and values. Often there is a family history of alcoholism, abuse, or neglect.

## Borderline Personality Disorder

*Borderline personality disorder* can be difficult to recognize because it shares traits with several other disorders. A primary characteristic, however, is interpersonal relationships that are intense and unstable. Mood shifts are also a common trait. The individual with borderline personality disorder is emotionally needy and may harm him- or herself or threaten suicide to manipulate people.

The *DSM-IV* classifies symptoms as borderline personality disorder if at least five of these behaviors are present:

* Intense fear of abandonment.
* Unstable and intense interpersonal relationships.
* Unstable self-image.
* Self-damaging emotional behavior.
* Self-damaging physical behavior, which may include suicide attempts.
* Fits of uncontrollable anger.
* Pronounced mood shifts.
* Dissociative symptoms.
* Chronic feelings of emptiness.

**CAUSES:** Borderline personality disorder seems to run in families. However, it is unclear whether children actually inherit this disorder or whether they learn from their parents unhealthy ways of interacting with others.

**Sidebar**

### Substance Abuse

Not only is substance abuse itself a psychological disorder, it often results from or brings about other psychological disorders. For example, a person may abuse alcohol or another substance to numb feelings of depression.

Commonly abused substances include alcohol, depressants, stimulants, and hallucinogens. An individual is called dependent on a substance if he or she shows three of the following symptoms:

* Need for increased doses to produce the same effect.
* Withdrawal symptoms.
* Substance taken in greater amounts or for a longer period of time than intended.
* Failed attempts at controlling usage.
* Large amounts of time spent in obtaining the substance, using it, or recovering.
* Use interferes with social or other obligations.
* Continued use in spite of resulting physical or psychological problems.

Alcohol abuse contributes to about half of all suicides and murders and over half of all fatal automobile accidents in the United States.

## Disorders of Childhood

Psychologists classify psychological disorders that appear in childhood separately from those that start in adulthood because of the emotional, cognitive, and developmental differences between children and adults. Abnormal behavior is sometimes difficult to assess in children because children develop at different rates.

### Attention-Deficit Hyperactivity Disorder

Most children—and many adults—seem to have short attention spans. However, *attention-deficit hyperactivity disorder* (ADHD) is marked by these symptoms:

* Inattention.
* Physical hyperactivity.
* Impulsiveness.

Children with this disorder are easily distracted and hop from activity to activity. Because they are very active and don't have much self-control, they can be disruptive in classrooms. To be diagnosed with ADHD, their symptoms must be extreme enough to interfere with some aspects of life.

**CAUSES:** ADHD seems to have a genetic basis, but it may also be related to brain chemistry, the nervous system, or difficulties in pregnancy or delivery.

### Autistic Disorder

The term *autism* is derived from the Greek word for *self*. **Autistic disorder** is a developmental disorder marked by severe communication and interpersonal difficulties and cognitive impairment. Even as infants, autistic individuals avoid interactions—such as eye contact or physical contact with other people, including their parents. Typical symptoms include:

* Avoidance of eye contact.
* Avoidance of physical contact.
* Preferring inanimate objects to people.
* Repetitious activities (arranging objects, rocking, or head banging).
* Becoming upset by changes in routine.
* Mental retardation.
* Language difficulties.

Autistic individuals may use only a few expressions or echo other people's words. Behavior modification may help autistic individuals function at a higher level, but few autistic children progress enough to live reasonably normal lives.

**CAUSES:** Autistic disorder was once thought to be caused by parenting styles that caused children to retreat into themselves, but current research shows it to be genetic. Other physiological factors, such as rubella during pregnancy, can also cause this disorder.


## Should the Insanity Defense Be Allowed?

*In 1981 John Hinckley, Jr., shot President Reagan. Judged "not guilty by reason of insanity," he was sent to a mental hospital instead of prison. Much of the American public was outraged. A controversy arose: Should the insanity defense be abolished? What can you find out?*

### THE ISSUES

The term *insanity* was once a medical term for mental illness. Today it is a legal term. It describes a mental state in which a person can't tell right from wrong, can't comprehend that he or she is committing a crime, or can't control his or her behavior because of a mental disorder.

People who want to abolish this criminal defense cite the case of Dan White, who served only seven years for murdering two men. He was temporarily insane, he said, from the sugar in junk food—in what became known as the Twinkie defense. If the insanity defense is allowed, where do you draw the line? Psychotic disorders? Lack of conscience? Too much sugar? Furthermore, psychologists often cannot agree on a defendant's mental health; "experts" testify for both sides. Opponents argue that justice and public safety must come first.

People who believe in the insanity defense emphasize that it is used in less than 2 percent of all criminal cases—and is even less frequently successful. They stress that people who are mentally ill should not be held responsible for crimes they could not help committing. Some advocate that mentally ill criminals should be treated until they are no longer a threat to society—which may actually be longer than the prison term they would have received.

Today, different states have different policies regarding the insanity defense. Some states have banned it altogether. Do you think the defense should be allowed?

### THE PROCESS

1. **Restate the issues.** In your own words, restate the disagreement.
2. **Provide evidence.** List evidence supporting the argument *for* the insanity defense.
3. **Give opposing arguments.** List evidence supporting the argument *against* the insanity defense.
4. **Look for more information.** Make a list of your questions. Research the use of the *insanity defense* on the Internet, in the psychology section of a library, or in the index of a psychology reference book.
5. **Evaluate the information.** Make a chart with two columns:

| Banning the Insanity Defense | |
|---|---|
| For | Against |

   Record the arguments in each column and rank each column of arguments in importance from 1 to 5, with 1 as the most important.
6. **Draw conclusions.** Write one paragraph supporting your answer to the question, "Should the insanity defense be allowed?" Be sure to explain your reasoning.

## Chapter 20 Wrap-up

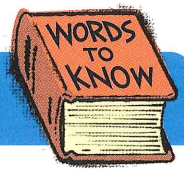
### ABNORMAL PSYCHOLOGY

*In diagnosing mental illness, psychologists and psychiatrists look for signs of abnormal behavior—of whether an individual's behavior is maladaptive, irrational, unpredictable, or bizarre, or if it causes distress to him- or herself or others.*

*Disorders are classified according to their symptoms. Some major categories of psychological disorders are anxiety disorders, somatoform disorders, dissociative disorders, affective or mood disorders, psychotic disorders, personality disorders, and disorders of childhood.*

*Biological issues—such as genetics or chemical imbalances—as well as psychological issues—such as internal conflicts, faulty thinking or learning, and thwarted ambitions—may trigger psychological disorders. Today, most psychologists assert that many psychological disorders are the result of a combination of biological and psychological factors.*

### Psychology




**affective disorder**—disorder in which an individual's moods are extreme enough to interfere with regular life activities. *p. 343*

**amnesia**—memory disturbance, such as the inability to recall certain events or even one's identity. *p. 341*

**anxiety disorders**—disorders in which the primary trait is a fear that danger or misfortune is looming; accompanied by physical symptoms such as rapid heart rate. *p. 338*

**autistic disorder**—developmental disorder marked by severe communication and interpersonal difficulties and cognitive impairment. *p. 348*

**bipolar disorder**—disorder in which one goes to the opposite extremes of mania and depression. *p. 344*

**compulsions**—repetitive, ritualized behaviors. *p. 340*

**delusions**—unshakable beliefs that are obviously not true. *p. 344*

**dissociative disorders**—disorders in which sufferers escape from a painful situation by disconnecting from certain parts of themselves, such as by developing amnesia or multiple personalities. *p. 341*

**dysthymic disorder**—moderate depression that lasts for at least two years. *p. 343*

**etiology**—origin or cause of a disorder. *p. 333*

**hallucinations**—experiences of sensations of something that isn't there, such as hearing voices or seeing visions. *p. 344*

## *more* Psychology Words to Know

**obsessions**—recurring, unwanted thoughts. *p. 340*

**personality disorders**—disorders that involve long-standing maladaptive personality traits that are often more disturbing to others than to the individual. *p. 346*

**phobias**—irrational or inappropriate persistent fears. *p. 333*

**psychotic disorders**—disorders in which an individual loses contact with reality. *p. 344*

**schizophrenia**—psychotic disorder marked by confused thoughts, incoherent speech, delusions, hallucinations, flat or inappropriate emotions, paranoia, or disturbances of movement. *p. 344*

**somatoform disorders**—disorders in which physical symptoms arise from psychological causes. *p. 340*