

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, and mood 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 eating and personality disorders.

Modules

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| 65 | Introduction to Psychological Disorders |
| 66 | Anxiety Disorders, Obsessive-Compulsive Disorder, and Posttraumatic Stress Disorder |
| 67 | Mood Disorders |
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| 69 | Other 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!

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

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:

- 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?

65-3

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.

65-4

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. If you were a parent of a child with what was formerly diagnosed as Asperger's syndrome, how might you feel about these changes?
4. Explain why the DSM is often criticized for "casting too wide a net." What are the advantages and disadvantages of this approach?

5. Discuss why properly diagnosing symptoms of depression or hyperactivity, for example, is so important to mental health.

65-5

1. Explain what David Rosenhan means by saying a label has "a life and an influence of its own."

2. Discuss the research findings on the stigmatizing power of labels.

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

4. In what way can labels be beneficial in diagnosing, treating and curing mental disorders?

5. Discuss the uses and misuses of the insanity plea.

65-6

1. According to Table 65.1 and Figure 65.2 (page 657), 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?
2. In what way can the research on collectivist and individualist cultures be applied to the information reported in Table 65.1 and Figure 65.2?
3. Explain the poverty-pathology link as it relates to the chicken-egg question.

- Using Table 65.2, select two risk factors and two protective factors for mental disorders and discuss how these can either accelerate or protect against the development of a mental illness.

After You Read

Module 65 Review

Use the following scenario to answer questions 1 and 2.

Janine is a high-school senior suffering from symptoms of depression. She is overeating, sleeping more hours than normal, and has no interest in going out with her friends. Her parents are very worried about Janine because they fear her grades will slip and she won't get into college.

- How might the medical model explain Janine's depressive symptoms?
- How might the biopsychosocial model offer an explanation for Janine's depressive symptoms?

3. Which of the following is an argument in support of the diagnosis of attention-deficit/hyperactivity disorder (ADHD)?
 - a. Teachers inconsistently refer children for ADHD assessment.
 - b. The proportion of American children being treated for ADHD has quadrupled in the decade after 1987.
 - c. In neuroimaging studies, ADHD has associations with abnormal brain activity.
 - d. Boys are more frequently diagnosed with the disorder.
 - e. African-American youth do not receive an ADHD diagnosis as often as Caucasian children.

4. Which of the following is not an aim of the DSM-5?
 - a. To guide medical diagnoses
 - b. To estimate the prevalence of a disorder
 - c. To describe a disorder
 - d. To classify and order symptoms
 - e. To stigmatize patients by labeling them

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
 - a. Philippe Pinel.
 - b. David Rosenhan.
 - c. Charles Singleton.
 - d. Martin Seligman.
 - e. 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.

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

While You Read

Answer the following questions/prompts.

66-1

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

2. Approximately what percent of the population suffers from OCD? At what age do the symptoms typically appear?

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

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 what the author means when he says that "suffering can lead to benefit finding."

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 brain structures are activated in someone who suffers from OCD?

5. Roberto leaves his home for the office each morning at 5:30 a.m. to allow time to check to see if his front door is locked. After locking the door, he gets into his car, but on the way to work he wonders if he actually locked the door. He returns home to make certain he has locked the front door. He confirms that it is locked and gets back into his car. As he turns the ignition in the car, preparing to head back toward work, he wonders once again if he fully engaged the lock and leaving the engine running, he returns to check the front door. Roberto will check and recheck his front door an additional 27 times before finally arriving to work at 8:00. It is likely that Roberto suffers from
 - a. obsessive-compulsive disorder.
 - b. posttraumatic stress disorder.
 - c. generalized anxiety disorder.
 - d. phobias.
 - e. agoraphobia.
6. Malcolm experiences severe anxiety when he visits his aunt at her home. The anxiety has increased to the point that Malcolm limits his visits to his aunt to once per year and as the visit date approaches, finds his level of unease increases each day. In a session with his therapist, Malcolm reveals that as a child, his aunt used to lock him in a closet when he was "acting up" and this caused Malcolm great distress. His therapist points out that Malcolm has associated the feelings of being locked in the closet with his aunt and her home. The therapist's assessment most clearly reflects the
 - a. biological perspective.
 - b. learning perspective.
 - c. psychoanalytic perspective.
 - d. humanist perspective.
 - e. psychodynamic perspective.
7. Malcolm's cousin, Gerry, also experienced being locked in a closet at his aunt's when he was young. Gerry, however, used his time in the closet to imagine himself in a deep cave that he explored looking for creatures and treasure. Gerry visits his aunt monthly and has none of the anxiety about the visit that his cousin Malcolm experiences. The biological perspective would help explain the difference in Malcolm and Gerry's anxiety by
 - a. identifying Gerry's cognitions as more healthy than Malcolm's.
 - b. stressing the impact Gerry's imagination had on his experience.
 - c. emphasizing the reinforcement Gerry experienced as a result of his imagination.
 - d. pointing out that Malcolm may be genetically more anxious than Gerry.
 - e. associating Malcolm's fear with his aunt's discipline method.
8. In those with OCD, what area of the brain seems to be hyperactive?
 - a. occipital lobe
 - b. anterior cingulate cortex
 - c. temporal lobe
 - d. hypothalamus
 - e. cerebellum
9. Describe how Freud assumed anxiety developed in an individual, and contrast that with how today's psychologists believe anxiety develops.

Module 67

Mood Disorders

Before You Read

Module Summary

Module 67 defines and describes mood disorders such as major depressive disorder and bipolar disorder. Biological and social-cognitive perspectives are presented to help explain mood disorders. The factors that affect 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

mood disorders

bipolar disorder

major depressive disorder

rumination

mania

While You Read

Answer the following questions/prompts.

67-1

1. Discuss the prevalence of depression in Canada and the United States.
2. In what way does depression serve as a “warning light” for us? What sense can be found in suffering?

3. List the symptoms of major depressive disorder.

4. Compare the characteristics of a state of mania to the state of depression.

5. Discuss the diagnostic trend for bipolar 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.

3. Discuss the changes in brain function that occur in major depressive disorder and bipolar disorder.

b. global or specific:

c. internal or external:

9. Explain how depression is thought to be a vicious cycle.

67-3

1. List and explain the research findings on suicide as it relates to:

a. 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)?

4. Discuss the connection between self-injury and suicide.

After You Read

Module 67 Review

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

1. Rebecca is a high school student who is president of the National Honor Society, a gifted athlete and co-captain of the field hockey team, and takes numerous AP[®] courses. Over the last few weeks she has not felt hungry and is sleeping for only two hours a night. Rebecca knows she is low on energy and is making mistakes on the playing field and on her course exams. She feels guilty for not being a better co-captain and for letting down her parents in her studies. Most likely Rebecca is dealing with
 - a. bipolar disorder.
 - b. major depressive disorder.
 - c. generalized anxiety disorder.
 - d. mania.
 - e. manic-depressive disorder.
2. Terrance often worries. He is worried he won't pass the rigorous swim tests to become a lifeguard. He is thinking so deeply about this that he cannot think clearly in class and keeps missing the conversations his friends are having around him. This compulsive fretting is referred to as
 - a. obsessive-compulsive disorder.
 - b. bipolar disorder.
 - c. major depressive disorder.
 - d. rumination.
 - e. panic disorder.
3. The neurotransmitter thought to increase arousal and boost mood is _____ . It is _____ during depression and _____ during mania.
 - a. serotonin; overabundant; overabundant
 - b. norepinephrine; overabundant; reduced
 - c. dopamine; reduced; overabundant
 - d. norepinephrine; reduced; overabundant
 - e. acetylcholine; overabundant; reduced
4. Two brain structures that seem implicated in depression are
 - a. the amygdala and temporal lobes.
 - b. the occipital lobes and amygdala.
 - c. the frontal lobes and hippocampus.
 - d. the hippocampus and hypothalamus.
 - e. 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.

a.

b.

c.

6. Describe 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
psychosis

delusions
hallucination

While You Read

Answer the following questions/prompts.

68-1

1. Discuss the disorganized thinking and speaking that are symptoms of schizophrenia.

2. Describe and contrast a typical schizophrenic hallucination with a delusion.

3. How have PET scans been used to determine how the brain of those suffering from schizophrenia differs from those who are not?
4. Discuss the evidence for prenatal viral infections as a cause for schizophrenia.

68-4

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?
2. Explain what is meant by a predisposition.
3. Discuss the psychological and environmental factors that may trigger 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	anorexia nervosa
conversion disorder	bulimia nervosa
illness anxiety disorder	binge-eating disorder
dissociative disorders	personality disorders
dissociative identity disorder (DID)	antisocial personality 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 misportrayed in movies and is frequently confused with schizophrenia by the general public. Explain the differences between the two 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. 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.

4. Discuss the general findings of characteristics of families with a child suffering from an eating disorder.

5. Explain the impact of genetics and environment on the development of an eating disorder. What factors would make a person vulnerable to an eating disorder?

69-4

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 antisocial personality disorder.
4. Discuss the impact genetics and brain structures may have on antisocial personality disorder.
5. Explain how environmental factors influence the development of antisocial personality disorder.

After You Read

Module 69 Review

Select the best answer to see if you have mastered the basics.

1. Deborah is an underweight teenager who has dropped 15 pounds in the last year yet is constantly on a weight-loss diet. She obsesses about her image in the mirror and points to magazine covers and celebrity models as ideals of how thin she thinks she should be. Deborah runs 3 miles every day, even in bad weather, and signs up to run 5K races each month. Her parents take her to a psychologist who considers a diagnosis of
 - a. binge-eating disorder.
 - b. avoidant personality disorder.
 - c. anorexia nervosa.
 - d. histrionic personality disorder.
 - e. bulimia nervosa.

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
 - a. schizophrenia.
 - b. a somatic disorder.
 - c. depression.
 - d. a dissociative disorder.
 - e. bipolar disorder.

3. A controversial disorder in which a person exhibits two or more distinct personalities is called
 - a. bipolar disorder.
 - b. obsessive-compulsive disorder.
 - c. schizophrenia.
 - d. dissociative identity disorder.
 - e. 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
 - a. histrionic personality disorder.
 - b. antisocial personality disorder.
 - c. narcissistic personality disorder.
 - d. avoidant personality disorder.
 - e. 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
 - a. illness anxiety disorder.
 - b. depression.
 - c. dissociative disorder.
 - d. bipolar disorder.
 - e. schizophrenia.

✓ Check Yourself

Now that you have mastered the basics, work through the problems 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 finds 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.

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.

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.

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 very spotty 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.



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)?