

Abnormal behavior is technically any behavior that deviates from the norm. Psychologists use the term to refer to disordered behavior. Different models of abnormality—including the ancient spiritual model, the later moral model, and the recent medical and psychological models—advocate different meanings for abnormal behavior and advocate different treatments.

Abnormality can be defined statistically as any behavior significantly different from the norm, including both higher and lower than average levels of a quality. Cultural abnormality is defined as deviation or nonconformity.

The psychological inadequacy concept of abnormality involves either values of ideal health or a common-sense understanding of effective, well-adjusted behavior.

Most modern approaches to abnormality utilize the terminology of the classification system abbreviated as the DSM. The DSM is revised and updated regularly to reflect recent developments in theory and research on disordered behavior. Psychological disorders represented in the DSM include a wide variety of patterns of symptoms.

Anxiety disorders involve the disruption of adjusted life by anxiety. Anxiety disorders include panic attacks, posttraumatic stress disorder, phobias, and obsessive-compulsive disorder.

Somatoform disorders involve physical ailments without clear organic causes. Examples include somatization disorders, conversion disorders, and hypochondriasis.

Psychosexual disorders involve disrupted or problematic sexual behavior. These include sexual dysfunctions and paraphilias.

Dissociative disorders are rare disorders in which parts of cognitive function are dissociated from other parts. Major categories include amnesia, multiple personality, and depersonalization disorder.

Affective disorders are disorders of emotional experience and control. The major types are severe depression and the rarer form of mania, as well as the cyclic combination of mania and depression known as bipolar disorder.

Schizophrenic disorders, often thought to be the most severe, are disorders of thought and perception characterized by the symptoms of hallucinations and delusions. Four categories of schizophrenia are disorganized, catatonic, paranoid, and undifferentiated type.

Personality disorders are little understood but appear to involve a breakdown in the function of the personality in keeping behavior both consistent and adaptive. Five types include the antisocial, paranoid, schizoid, narcissistic, and borderline personality disorder.

PSYCHOLOGICAL DISORDERS

The DSM includes many categories and subcategories of abnormal behavior. The major ones are described and distinguished here: anxiety disorders, somatoform disorders, psychosexual disorders, dissociative disorders, affective disorders, schizophrenic disorders, and personality disorders.

Anxiety Disorders

An anxiety disorder is a condition in which severe anxiety interferes with normal adjustment and functioning. Four types are panic attacks, posttraumatic stress disorder, phobias, and obsessive-compulsive disorder.

PANIC ATTACKS

A panic attack is a sudden, unpredictable experience of intense fear. It may be accompanied by chest pains, difficulty breathing, dizziness, and a feeling that one is about to die. A panic attack typically lasts only a few minutes, but the threat of recurrence is constant.

POSTTRAUMATIC STRESS DISORDER

Research among veterans of war and victims of terrorism and environmental disasters has identified a pattern of panic attacks traceable to the original traumatic experience. This pattern comprises the posttraumatic stress disorder (see also chapter 15).

PHOBIAS

Phobias or phobic disorders are characterized by experiencing intense, irrational fear associated with a particular condition or target. Phobias are different from fears in that they usually focus on normally nonthreatening stimuli. For example, aversion to being bitten by a poisonous snake is a fear, but intense aversion to any snake, poisonous or not, or anything that resembles or depicts a snake is evidence of a phobia.

OBSESSIVE-COMPULSIVE DISORDER

Obsessions are recurring, uncontrollable, unwanted thoughts. Compulsions are repetitive, ritualistic, urgent behaviors. Obsessions and compulsions are usually linked, a pattern known as obsessive-compulsive disorder. For example, a man who is obsessively worried about cleanliness and keeping clean and healthy may feel compelled to wash and rewash his hands dozens of times every time he touches something.

Somatoform Disorders

Somatoform disorders involve serious physical symptoms that have no apparent physical causes. Three types of somatoform disorders (from the Greek *soma* or "body") are somatization disorders, conversion disorders, and hypochondriasis.

SOMATIZATION DISORDERS

In a somatization disorder, an individual experiences vague, recurring, sometimes unrelated physical pains and dysfunctions for which medical examinations can find no organic cause. Common complaints involve back pain, dizziness, partial paralysis, and abdominal pains.

CONVERSION DISORDERS

Less common somatoform complaints involve loss of sensory function (e.g., blindness), extensive paralysis, seizures, and false pregnancy. In these conversion disorders a psychological conflict is apparently "converted" into a distinct, debilitating physical symptom or handicap. Conversion disorders have been recorded for many centuries and were once thought to affect only women, hence the archaic term hysteria (from the Greek *hysteros* for "uterus," once thought to be the origin of the symptoms).

The real physical symptoms of conversion disorders are painful or debilitating, but are frequently accepted by sufferers with good humor and apparent indifference. Such acceptance is a diagnostic clue to a somatization disorder.

HYPOCHONDRIASIS

One who suffers from hypochondriasis, a hypochondriac, experiences almost the reverse of a conversion disorder. A hypochondriac has few or no symptoms of physical illness but complains of pain and other difficulties, perhaps "shopping" from one physician to the next for treatments like drugs and even unnecessary surgery.

Psychosexual Disorders

Sexual behavior is far more varied than was once believed. As a result of research on sexual behavior, many behaviors once thought "abnormal" are no longer considered to be disorders. The DSM recognizes two categories of psychosexual disorder: sexual dysfunctions and paraphilias.

SEXUAL DYSFUNCTIONS

Sexual dysfunctions involve inability to function effectively in sexual behavior. Men's inability to achieve or maintain erection is termed impotence; women's inability to achieve orgasm is termed frigidity.

Other sexual dysfunctions include inhibited sexual desire (lack of sexual interest); inhibited sexual excitement (inability to sustain sexual arousal to the point of orgasm and resolution); and inhibited orgasm (inability to achieve orgasm though able to achieve and sustain arousal up to that point).

PARAPHILIAS

The use of unconventional sex objects or situations is known as a form of paraphilia. Occasional unconventionality in practice or fantasy is normal and not disordered. However, narrow restriction of sexual interest to non-human objects or socially unacceptable circumstances is probably disordered.

Repeatedly using a nonhuman object like a shoe or belt for sexual arousal is known as fetishism. Fetishes usually involve articles of clothing associated with childhood attachment figures.

Watching others while they are undressed or having sex is known as voyeurism. The compulsion to expose one's genitals to others inappropriately is called exhibitionism. Wearing clothing of the opposite sex to achieve sexual arousal is termed transvestism. Transvestites are usually male, and usually heterosexual.

Some paraphilias are dangerous in that they may harm others. Sadomasochism involves associating sexual arousal with inflicting or experiencing physical pain. One of the most serious paraphilias is pedophilia, acts or fantasies involving sexual activity with children. Pedophiles are almost always young males, and most are heterosexual.

Dissociative disorders

Dissociative disorders are rare conditions in which part of an individual's personality becomes dissociated from the rest, and he or she cannot reestablish the associations. Rare as these disorders are, they are a source of great popular fascination. Three patterns have been identified: amnesia, multiple personality disorder, and depersonalization disorder.

AMNESIA

Amnesia is a loss of memory that can follow physical experiences like injury or illness. When no organic cause is identified, amnesia is considered a dissociative disorder. An extremely rare form of amnesia in which an individual forgets his or her identity, and resumes a new life, is called a fugue state.

MULTIPLE PERSONALITY DISORDER

Rarer than psychogenic (psychologically caused) amnesia is multiple personality disorder, where an individual manifests several different personalities that emerge at different times. In true cases, the names, mannerisms, histories, memories, voices, and even intelligence levels are quite different across the personalities. Sometimes the separate personalities do not know about each other or that the individual body is so disordered.

DEPERSONALIZATION DISORDER

A more common and subtler dissociative disorder is depersonalization disorder, characterized by feelings that one is changed or different. Some sufferers complain that they feel like they have left their bodies, or that they are acting within a dream. One's behavior feels out of control and one's environment seems changed. Individuals with this disorder commonly are young people whose lives are changing dramatically and rapidly.

Affective Disorders

Many disorders involve disruptions in experiencing and controlling affect or emotion. These affective disorders usually involve a restricted range of emotional behavior and inflexible change within this range. The most common affective disorders involve the extremes of depression and mania.

DEPRESSION

The term "depression" commonly refers to a period of sadness and inactivity in the wake of disappointment or loss; such a reaction is normal and not considered disordered. However, when one is overwhelmed with grief or guilt, unable to resume or enjoy normal living and activities, and immobilized by lethargy or apathy, the diagnosis of a depressive disorder is likely. Depression may not be traceable to a triggering event, or it may extend dangerously beyond normal periods of grief.

MANIA

Less common than depression is a state termed mania, characterized by hyperactivity, euphoria, talkativeness, and impulsive behaviors. Manic episodes can involve aggression and hostility. They often end in self-exhaustion.

BIPOLAR DISORDER

Mania rarely appears by itself in its "pure" form. It is more usually coupled with periods of depression. When an individual's behavior alternates between cycles of manic and depressive behavior, he or she may be diagnosed as "manic-depressive" or suffering from bipolar disorder (alternating between those two "poles" or extremes of emotion).

Schizophrenic Disorders

Generally considered the most serious of psychological disorders, schizophrenia is a pattern of behavior characterized by disordered thought, perception, and judgment. Though the term "schizophrenia" is formed from Greek roots (*skhizein*, "to split" + *phren*, "mind") that suggest the "split personality" synonymous with multiple personality disorder (above), the term refers instead to symptoms of a seemingly disconnected and mis-functioning mind.

SYMPTOMS OF SCHIZOPHRENIA

Schizophrenic disorders are characterized by two distinct kinds of symptoms: hallucinations and delusions.

Hallucinations. Hallucinations are false sensory perceptions. When hallucinating one may see or hear stimuli that are not in fact present. While common impressions about hallucinations deal with "seeing things," in fact schizophrenics are more likely to experience auditory than visual hallucinations. For example, a schizophrenic may attribute her unusual ideas to the "voices" of important people who whisper advice to her.

Delusions. Delusions are false beliefs about reality with no basis in fact. For example, a schizophrenic may suffer from the delusion that others are spying on him, or that he is the victim of an international conspiracy.

TYPES OF SCHIZOPHRENIA

Different types of schizophrenic disorders have been identified, with distinct patterns of symptoms and themes. These are labeled the disorganized type, the catatonic type, the paranoid type, and the undifferentiated type.

Disorganized Type. Formerly called "hebephrenic" schizophrenia (from the Greek *hebe*, "youth"), disorganized schizophrenia is characterized by such childish behavior as giggling, making faces, wild gestures, and abandonment of toilet training skills.

Catatonic Type. Catatonic schizophrenia involves a distinctive pattern of motor disturbance. A common form is extreme immobility and rigidity, in which the individual seems to "freeze" in midposture. Alternatively, catatonia may involve constant movement, talking and shouting, or robot-like movement.

Paranoid Type. The paranoid pattern of schizophrenia is characterized by the delusions of grandeur and persecution. A delusion of grandeur involves imagining oneself to be important or famous, sometimes a specific individual like Jesus Christ or the president. A delusion of persecution is a belief that one is being victimized, attacked, or followed by others. Paranoid schizophrenics can be hostile if their delusions are questioned or challenged.

Undifferentiated Type. Undifferentiated schizophrenia has a mixture of symptoms from the various other types—such as delusions, hallucinations, or incoherence—but do not clearly resemble any one of them.

The most complex and hard-to-describe disorders are the so-called personality disorders. These are not all characterized by the same pattern of symptoms. Rather personality disorders reflect a failure of the personality itself to develop, adjust, and learn. If the function of personality is to help the individual adjust and adapt across situations (see chapter 15), then the disordered personality is not doing its job.

Many patterns of personality disorders have been identified and described. Following are descriptions of five types: antisocial type, paranoid type, schizoid type, narcissistic type, and borderline type.

ANTISOCIAL PERSONALITY DISORDERS

The antisocial personality disorder has been widely studied, and is commonly referred to as psychopathic or sociopathic. People with this disorder consistently violate the rights of others—they lie, cheat, steal, manipulate, and harm others—with no evidence of guilt or remorse. They often blame others—their parents or society or the school system—for forcing them to behave as they do.

PARANOID PERSONALITY DISORDERS

Just as paranoid schizophrenia is characterized by delusions of grandeur and persecution, similarly the paranoid personality disorder involves suspicion, mistrust, and hypersensitivity to any criticism or threat. Although such disordered individuals see their behavior as rational and fair, they are secretive, self-aggrandizing, and argumentative.

SCHIZOID PERSONALITY DISORDERS

An individual with schizoid personality disorder lacks the skills to form or maintain relationships with others, as well as warm or tender feelings for others. Such a person may be viewed as cold and distant, and may act distracted and withdrawn.

NARCISSISTIC PERSONALITY DISORDER

People with narcissistic personality disorder are totally self-absorbed, self-important, obsessed with fantasies of success, and demanding of others' attention and love. They are, however, incapable of loving or caring for others. For example, such an individual might establish a "commitmentphobic" behavior pattern, serially establishing brief, superficial relationships with others and seemingly driven by the need for reassurance.

BORDERLINE PERSONALITY DISORDER

The little-understood pattern of the borderline personality disorder varies widely, but most cases share the general tendencies of unstable self-images, uncertainty about their relationships and work, impulsiveness, and self-destructiveness. Borderline individuals may behave promiscuously, abuse drugs and alcohol, and threaten or attempt suicide.