Goal: To understand the many ways that our actions and impulses can become symptoms of different forms of abnormal behavior

PART IIB: DIMENSIONS OF PSYCHOPATHOLOGY: BEHAVIOR

- The study of behavior in psychology: behaviorism
- Evolutionary psychology and bioprogramming
- Innate behaviors ("instincts") vs. acquired/learned behaviors
- Behavior as appropriate and adaptive

Motivation

- Motivation as a construct, an inner force that somehow controls and explains behavior
- Needs, desires, drives
- Freud and the primacy of the sexual instincts and unconscious motivation
- Maslow and the hierarchy of needs
- Addiction and compulsion: being controlled by one's needs, "powerless" to resist them

Personality

- Also a construct, inferred from how we behave
- Dispositonism: our unique personality disposes us to act, with consistency across situations and stability over time
- Fundamental attribution error
- Temperament and DSM-5 trait domains
 - Negative affectivity/emotional stability
 - Detachment/extraversion
 - Antagonism/agreeableness
 - Disinhibition/conscientiousness
 - Psychoticism/lucidity

- What's normal?
 - Ability to grow and adjust and achieve goals
 - In a manner that provides personal satisfaction
 - Meets expectations of one's culture
 - Demonstrates self-control
- What is abnormal?
 - The D's: distress, deviance, disability, dysfunction, degree
 - But is being "bad" the same as being "sick"?

- Signs and symptoms:
 - Behavioral (e.g., excessive involvement in an activity, dangerous or inappropriate actions)
 - Emotional (e.g., intense needs, anger, feeling out of control)
 - Cognitive (e.g., focus on oneself, thinking too much about what one wants)
 - Somatic (e.g., damage to one's body, harm to others)

- The behavioral syndromes—DSM categories of disorders:
 - Substance-related and addictive disorders
 - Disruptive, impulse-control, and conduct disorders
 - Paraphilic disorders
 - Feeding and eating disorders
 - Personality disorders