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Psychopathology of Behaviour

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As opposed to pure mental activity, behaviour always entails some kind of motor expression which can be assessed by an external observer. Even in the most private situations, behaviour has an effect upon the environment and therefore can be registered and measured. Human behaviour is thus susceptible to consensual validation by several external judges, who may agree on the definition and description of the facts, regardless of the subjective reality of the observed individual. On the other hand, we may also say that behaviour opens a channel of communication between the acting individual and the observer, and, as such, it begs a response and can be influenced by the mere fact of being observed.

Behaviour is what the individual *does* and not what he thinks, feels, remembers or intends. However, behaviour is always conditioned by thoughts, feelings and motivations, to the extent that we have to consider it as the end result of intermediate mental processes, and not merely as an automatic reaction to environmental pressures. Even if behaviour is directly accessible to observation, the mental processes which sustain it can only be inferred and occasionally shared. As we shall see below, this participation of mental processes is precisely what gives to behaviour its distinctive character and makes it different from other motor phenomena. All behaviour intends to be the expression of some feeling. All behaviour intends to be the expression of some feeling, idea or impulse, and is aimed to achieve some type of external goal. Despite all the emphasis rightly laid on accurate observation and description of behaviour it only becomes an interesting subject of study when we try to answer the questions "Why is this individual behaving this way?" or "What is he doing that for?" To this end we must gain access to the basic processes that determine the meaning and purpose of behaviour. Likewise, the practicing psychiatrist has to use both the detailed observation of behaviour and the subjective empathic inference of internal psychic states in order to gain understanding of the human distress of his patients.

We define fully developed *normal human behaviour*, as: "An observable expression of mental processes which has meaning and purpose, potentially accessible to consciousness and to voluntary control, and in the service of the optimal adaptation and development of the individual". We exclude from our definition all automatic motor discharges, such as tics, seizures, tremors and so on, which may be the mere expression of disordered brain function and are better classified under the heading of "motor disorders". Neurovegetative activity, in principle, is not considered as behaviour, although it may accompany some mental processes with remarkable regularity.

Behaviour is normally organized in a hierarchical structure of integrated patterns. According to its degree of complexity, behaviour may be classified as simple behaviour or isolated acts, complex behaviour or behavioural patterns, and global behaviour or life style. Behavioural sets from the same level serve as elements to constitute a higher rank behavioural pattern. Isolated acts, such as moving the arm, grabbing the fork, opening the mouth..., become integrated in the complex behaviour "eating" which, in turn, added to other patterns such as conversation, meeting people, and so on give form to the global behaviour "social life".

Disturbances of any mental function may be accompanied, and usually are, by disordered behaviour, which we then consider as clearly secondary

to the altered function. The generalized retardation of the depressive may be a good example, like the reclusive behaviour of the agoraphobic or the silly disorganization of the hebephrenic. If it were only for those cases, one could even question the existence of a separate category of "Behaviour Disorders" or of a Psychopathology of Behaviour. But there are occasions when it is difficult to attribute some instances of abnormal behaviour to a definite disorder in a discrete mental function. Compulsive gambling, alcoholism or anorexia nervosa are only a few examples where the individual is clearly acting in a pathological way, and we can find no better explanation or inference than to say that what he is doing is wrong. We may be tempted to consider this kind of pathology as Primary Behaviour Disorders, but, as it seems clear that even they must have at their root sonic distortion of mental activity, we would have to apply the term with caution.

In order to proceed with the categorization of behavioural disorders, whether Primary or Secondary, we will initially consider as disturbed any behaviour departing in a significant way from the normal characteristics defined above. With those criteria, the difference between normal and pathological behaviour is often more a matter of degree than of quality, with the possibility of tracing a gradient from the most healthy to the most pathological behaviour. Drinking alcoholic beverages, for instance, may be a quite appropriate social and culinary activity or a sign of severe pathological alcoholism. In this example it is the intensity and the compulsive quality of the act that determines its consideration as pathological, and not the behaviour per se. On other occasions behaviour is clearly pathological because of the maladaptative and destructive nature of the goals pursued, as in suicide, murder or rape.

Disorders of the meaning of behaviour

It is often difficult to reach the same degree of agreement or consensual validation on the interpretation of meanings as we obtain with the objective description of behaviour. The participation of subjective experience, both on the side of the patient and of the psychiatrist, is not only necessary but unavoidable. To reach the meaning of behaviour empathic understanding is even more important than accurate observation of behavioural manifestations.

Insofar as behaviour is the expression of inner mental processes, it establishes a connection between the Internal and the External World, using Jaspers' terminology. This connection is a meaningful one, in the sense that it is not the mere coincidence in time of a somatic and a mental event, but the translation of the same phenomenon from inner to outer reality (Jaspers 255). We can say that mental activity creates internal events, such as feelings and ideas, and those in turn originate behaviour. The meaning of behaviour can be reached by the reverse process of inferring a particular mental activity from its observed external manifestations. Most of the time the meaning of behaviour is the answer to the question "Why is this person behaving this way?". The general meaning of a given behavioural pattern may be natural, cultural or idiosyncratic, depending on whether it is shared and understood by all the human race, by only the members of a given culture or strictly by the acting individual. Because behaviour can be considered as a form of communication we may say that its meaning is the message being transmitted. The more private the message, the greater the probability of behaviour being disturbed, as, for instance, in schizophrenic neologistic word salad. A particular variant occurs when the outward behaviour appears to be contrary or markedly different to the usual expression of a given mental content, as laughing at a sad event. Behavioural incongruity is often found in schizophrenics, but may also appear in neurotics and in normals under emotional stress. In these cases, this sign may be understood as an unspecific attempt to release tension, rather than as the expression of an idiosyncratic meaning. Meaningless simple acts, such as mannerisms and stereotypes, may be the expression of a motor disorder, which in some cases may even have a neurological basis (Fish 91). They may also represent, as was occasionally the case with incongruity, unspecific attempts to discharge emotional tension. Another minor instance of apparent disturbance of meaning presents itself when the action primarily intended is prevented by some external forces, and the individual performs some other unconnected actions or Substutory Behaviour.

As is true with most human functions, the assignment of meaning to events and to inner reality is fully automatic and unconscious, and the individual only becomes painfully aware of this process on its absence. The Experience of the Absurd is related to the inability to attribute or perceive meaning from some significant events or from life in general. This experience leads the individual to general behaviour patterns that others may find absurd or bewildering. Camus' novels, particularly *The Stranger*, depict this phenomenon in a magistral way, which in this case culminates in a senseless murder committed by Meursault, the "hero" of this romance, although some philosophers may consider the experience of absurdity and its behavioural consequences

as an ethical response to the mystery of human existence, psychosocial and psychopathological disfunctions are probably the most common cause. Anomic rearing, the absence of consistent affective support and the moral incongruity of relevant parental figures are some of the antecedents found in youngsters who commit the most dangerous or violent acts "because of boredom". Likewise, relatively normal individuals under stress and/or under conditions which depart extraordinarily from routine may fail to grasp the meaning of their situation and/or their own behaviour, and perform fairly uncommon acts.

Some processes of meaning attribution are quite regular and sanctioned by society. Sacralization, in which sacred nature is attributed to an object or to a living creature is well known to all religions: humanization is a similar process of attributing human nature to a nonhuman, for instance a pet or even a cherished object or picture. The behavioural conesquences of such processes are usually fairly benign. This is not true in regard to the reverse processes, particularly dehumanization. In dehumanization human nature is denied to a human being, usually because of some minor differences, and he can then be disposed of as an object or an animal. Slavery, brutal attacks on defenseless people and other horrible actions performed by apparently normal people may be explained by this mechanism, which can be very powerful and contagious under the appropriate circumstances.

Disorders of the purpose of behaviour

A further characteristic of behaviour is that it intends to produce some results or modifications upon the external world, that is, it has a purpose. Some actions may be considered abnormal because of the definite destructiveness of their purpose, although there may be some debate as to whether this abnormality indicates pathology or some other human misery. In opposition to the simplistic conceptualization of behaviour as a mere consequence or response to past events, purpose psychology pretends to expand the field of causality of mental phenomena to include the participation of expected future events. The hallmark of purposefulness is the regulation of activity in order to achieve a given state in the future, and not as mere response to past events. In this context, Purpose can be defined as the "ability to make a decisive choice among different models of future possible states" (González de Rivera 1987). This action upon the future requires mental planning, that is, the ability of creating mental models of future states. Inherent to purpose psychology are the concepts of efficacy, efficiency, and coherence. Efficacy of purpose is the degree to which a given behaviour is cause, rather than effect, of environmental circumstances, and is related to the intensity of achieved change (or prevention of change). Efficiency can be defined as the relation between the means applied and the results obtained. Coherence indicates to what degree a given act or set of acts fit a more general purpose of the individual or his overall life-plan.

Lack of purpose may overlap to a certain extent with lack of meaning, particularly when purposeless activity is related to a disturbance of neurological functions. In most cases purposeless activities such as general excitement, aimless wandering and so on may be quite meaningful, expressing some primary disorder of other psychological functions. Apathy is a particular case of purposefulness, usually secondary to depressive states, chronic social demoralization and biological factors such as malnutrition. More subtle disorders are those in which purpose appears to exist, but is markedly inefficient and consequent behaviour is haphazard, tentative and doomed to failure on the achievement of its ends. Lack of coherence is manifest when the different behavioural patterns and styles, regardless of how well construed or appropriate they may be at a given point, do not focus together to the same, or at least to a compatible aim. Contradictory behaviour is an extreme of this disorder, in which the individual may appear to pursue opposite goals, either at the same time or with short alternations.

Disorders of accessibility to consciousness

In general the individual is well aware of his own behaviour, although there are some nonpathological exceptions to this general rule. For instance, some behavioural patterns may become automatic, and are carried out without full conscious attention, such as driving a car. An other occasions, the automatic patterns may be devoid of their original purpose and serve a different need, like scratching your head to relieve emotional tension. In any event, under normal circumstances conscious attention can be easily redirected to the behaviour being performed.

A different matter is the access to consciousness of some characteristics of behaviour, such as its meaning or its purpose. Usually, the individual is well aware of both, but, as psychoanalysis has shown, this is not always the case. Some patients may display a fully coordinated set of behaviours over a long period of time, clearly intended to achieve a given aim, only to become surprised when the obvious consequences are attained. To what extent this

phenomenon indicates pathology depends on two factors which should be considered together. In the first place, the basic components (the "whys" and "what for") of behaviour may be more or less far removed from consciousness, as evidenced by how easily the subject can gain access to them. In psychoanalytic terms, we may say that the degree of abnormality of unconscious behaviour depends on the strength and rigidity of the defense mechanisms preventing awareness of its determinants. The second factor is related to the malignancy of the unconscious purpose, or now damaging to the best interests of the patient the consequences of his not so fully conscious behaviour can be. Obviously, the more destructive the aim, the more pathological is the inability to reach conscious awareness of it.

Disorders of accessibility to voluntary control

Under normal circumstances the individual is able to start, interrupt or modify his behaviour at will. In general we may classify the disorders under this heading in two groups: Automatic behaviour, which completely bypasses voluntary processes and usually consciousness as well, as in some instances of epilepsy, fugue states and other dissociative disorders; and uncontrollable behaviour.

On occasions, voluntary control may be perfunctory, as when well learned behaviour is performed automatically under marginal conscious awareness. The capacity to return to voluntary control if needed marks the border between normal and pathological automatism. On the other hand, persistent loss of voluntary control is always indicative of pathology, which may be not only psychological, but also neurological, as in brain damaged patients who are unable to stop repetitive patterns of behaviour or to prevent inconvenient impulses from unwanted expression. In the presence of undisturbed brain functions, inability to control behaviour may be inspecific or generalized, as in irritability, aggressivity or lack of frustration tolerance, or specific and focused on a given area, such as in bulimia, drug dependence or sexual perversion.

Disorders of behavioural adaptation

We understand by Adaptation not only the ability to comply with the demands of the environment (autoplastic adaptation) but also the capacity to modify the environment in order to suit the individual needs and desires (alloplastic adaptation). A force to be taken into account to assess adaptation is development, or the progressive unfolding of the potential qualities of the individual. Optimal adaptation must not only ensure the survival of the individual and satisfy his basic needs, but also facilitate optimal development. In this sense, we consider that the modifications intended by normal behaviour upon the external world are those which better ensure the adaptation of the individual.

The characteristics of adaptative behaviour are, to a large extent, defined by the culture to which the individual belongs, so that quite normal patterns of behaviour in one setting may be totally unacceptable in a different context. Behaviour, being by definition a social event, has become quite normally the object of regulation by the social authorities, and the ability to comply to legal and moral requirements may be considered as an obvious measure of healthy behaviour. The only severe objection to this line of reasoning comes when the Morality, the Law or the Culture are not suited to the optimal development and survival of the individual, as may happen in fanatic religious cults, totalitarian states or disturbed families. In those cases, it is usual to find that the healthier individuals are the stronger opponents to conformity. Even in reasonable societies, some exceptional individuals may behave in apparently not well adapted ways, not because they are not able to conform to general rules and expectations, but because they are experimenting with different patterns which, in the end, may prove more suitable to human happiness and development. A different yardstick to measure adaptative behaviour, and probably a more correct one, is the degree of well-being such behaviour brings to the individual and to the people in his surroundings. Conversely, a behaviour may be considered as pathological if it brings unnecessary suffering to the individual or to those in contact with him.

Clinical classification of behaviour disorders

In clinical practice, the criteria we usually follow to define a particular behaviour as abnormal or pathological are based on the assessment of its aims, on the strength and direction of its impulse, on its adaptative value, and on the suffering it causes to the individual or to society. According to the general pathoplasty of behaviour we can propose the following clinical classification:

a) Formal behaviour disorders. The abnormality affects the form and general style of complex behaviour itself, rather than its content or the concrete acts being performed. This type of disorder is related to the general outward appearance and manners of the individual at a given point in time. They constitute the most obvious disorders of behaviour, and are usually the cause that brings the patient to psy-

chiatric attention. Some of the more frequently found in everyday clinical practice are described as aggressive, restless, disorganized, depressive, inhibited, expansive, and so on. The most striking abnormal characteristics are the inadequacy to the immediate social environment, and the loss in communication value of behaviour that, if anything, becomes diffuse and inspecific.

b) Disorders of behavioural content. The abnormality lies in the concrete act being performed, although the form of behaviour may appear as quite normal. This kind of disorder was given considerable attention by Psychiatry for some time, in an attempt to define the monomania. The central characteristic is the repetitive performance of a single maladaptative act, in the absence of formal disorder. Cleptomania, exhibitionism and dypsomania are some typical examples.

c) Abnormal behavioural styles. The interconnection of general patterns of behaviour over a period of time constitute the life style of the individual. We consider life style as pathological according to one of two main criteria:

1. The abnormal style is defined by a constellation of ways to perceive, organize and interpret reality pursued with remarkable rigidity and consistency, regardless of circumstances. Shapiro has given an exceptional description of this pathology, which overlaps with the classical notions on personality disorders, such as obsessive-compulsive, hysterical or paranoid personality disorders. The life style constitutes a mode of functioning that colours and pervades all behavioural manifestations. Rather than permitting an appropriate response to inner and outer reality, behaviour seems organized in order to rigidly maintain a basic leif-motiv such as controlling details, making an impression or discovering hidden meanings.

2. Even as behaviour itself may appear to be normal both in form and content, the consequences of the behavioural style induce to suspect that some abnormal processes may be at work. Some individuals seem to have a proclivity to repetitive traumatic experiences, with a frequency that defies pure chance occurrence. They may experience several traffic accidents of a similar nature, even if they are careful drivers, or end several marriages in the same unhappy way, or collect similar instances of unfair treatment at work or by some social forces... They are usually unaware not only of the determinants of their behaviour, but even of the fact that there may be a meaningful pattern. Terms such as "Neuroses of Destiny" or "Those who are broken by success" have been aptly applied to this kind of disorder.

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