

ABNORMAL PSYCHOLOGY



A Statistical Approach

- Norm = average, median
- In statistics, normal = things characteristic of the majority of the group
- The statistical approach doesn't differentiate between “desirable” and “undesirable” behavior

An Adequacy Approach

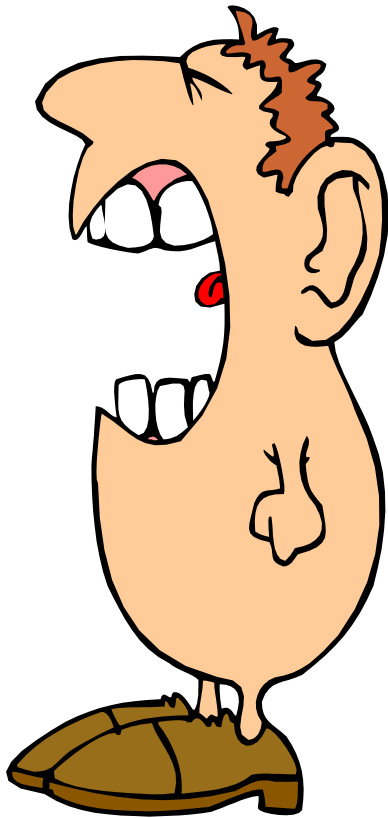
- If an individual's behavior impairs their performance of everyday activities, they would likely be labeled "abnormal"
- Some social roles place greater demands on us than others

Personal Discomfort



- Feeling distressed and unhappy
- Others may not see the distress

Bizarre Behavior



- Eccentric or bizarre behavior is an indication of abnormality
- Hallucinations, memory loss, phobias, or compulsive behavior

The Cultural Model



- Normality and abnormality are culturally relative
- Definitions change over time

A History of Abnormality



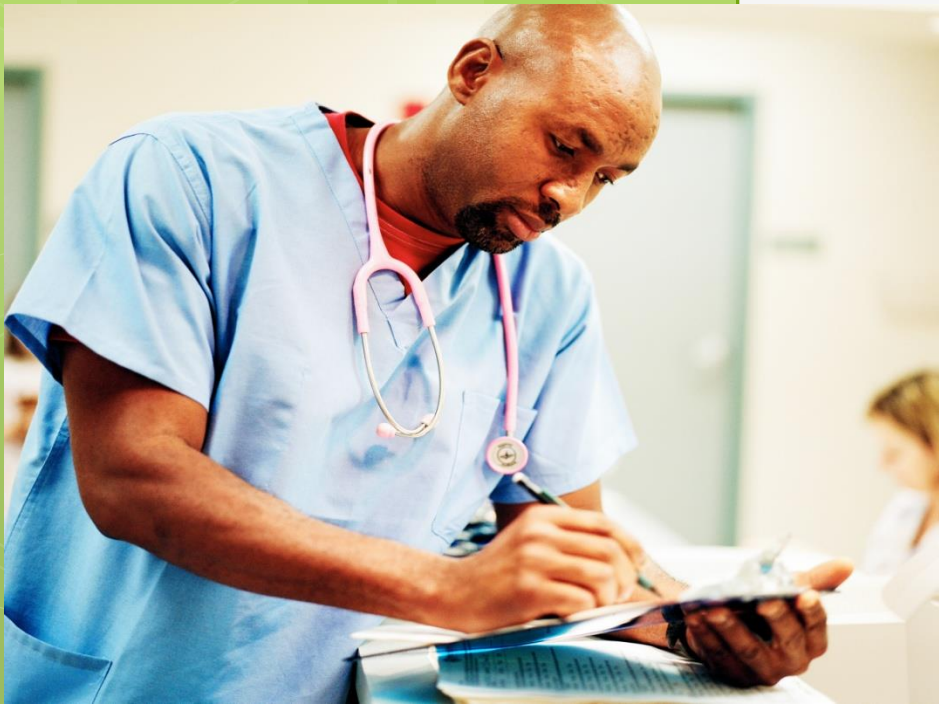
- Spirit possession/
exorcism/trephining
- Flagellants
- Bloodletting

Possession



- Mental illness as caused by the devil
- Widespread religious persecution
- Exorcisms, burning, beheading, strangling, mutilating

Psychological Classification



A Medical Model

Diagnostic Statistical Manual of Mental Disorder (DSM)

- 1952: American Psychological Association agreed upon a standard system for classifying abnormal behavior
- It has been revised four times
- Most recent revision: 1994

Before DSM

- The two most commonly diagnostic distinctions were “neurosis” and “psychosis”
- These terms have been replaced but are still used by many psychologists

New Categories

- Anxiety disorders
- Somatoform disorder
- Dissociative disorder
- Mood disorder
- Schizophrenia

DSM-IV Descriptions

1. Essential features of the disorder
2. Associated features present
3. Information on differential diagnosis
4. Diagnostic criteria
5. There are 5 major axes (classifications) of disorders in the DSM-IV

Axis I disorders (young people diagnosis):

- Axis I disorders: first diagnosed in infancy, childhood, adolescence
- Attention deficit, brain damage, substance abuse, schizophrenia, moods, anxiety, somatoform, dissociative, sexual, eating, sleep, impulse control

Axis II: Developmental Disorders/Personality

- Compulsiveness
- Over-dependency
- Aggressiveness
- Language disorders, reading or writing difficulties, autism, speech problems

Axis III: Physical Disorders

- Brain damage (e.g., a tumor or aneurysm)
- Chemical imbalances

Axis IV: Measurement of Current Stress Level

- Death of a spouse
- Loss of a job
- Based on stress in the last year

Axis V: Adaptive Functioning

- Social relations
- Occupational functioning
- Use of leisure time

Anxiety Disorders: Characteristics

- Excessive fear or dread in response to a real or imagined danger
- Out of proportion to the situation
- Worry, mood swings, headaches, weakness, fatigue, feeling that one is in danger

Types of Anxiety

- Generalized anxiety disorder
- Phobic disorder
- Panic disorder
- Obsessive-compulsive disorder
- Post-traumatic stress disorder

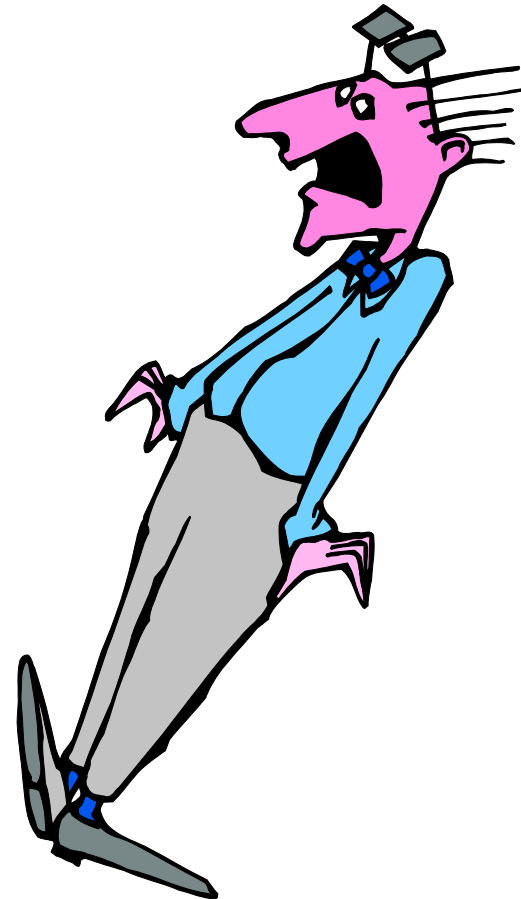
Generalized Anxiety

- Panic attacks
(chest pain,
choking,
trembling)
- Can't make
decisions, trouble
with family
- Physical
complaints



Phobic Disorders

- Severe anxiety about a particular object, animal, activity, or situation
- Types: specific, social (agoraphobia)



Panic Disorders

- A feeling of sudden, helpless terror
- A sense of impending doom or death
- Smothering, choking, faintness, difficulty breathing, nausea, chest pain

Obsessive-Compulsive Disorder

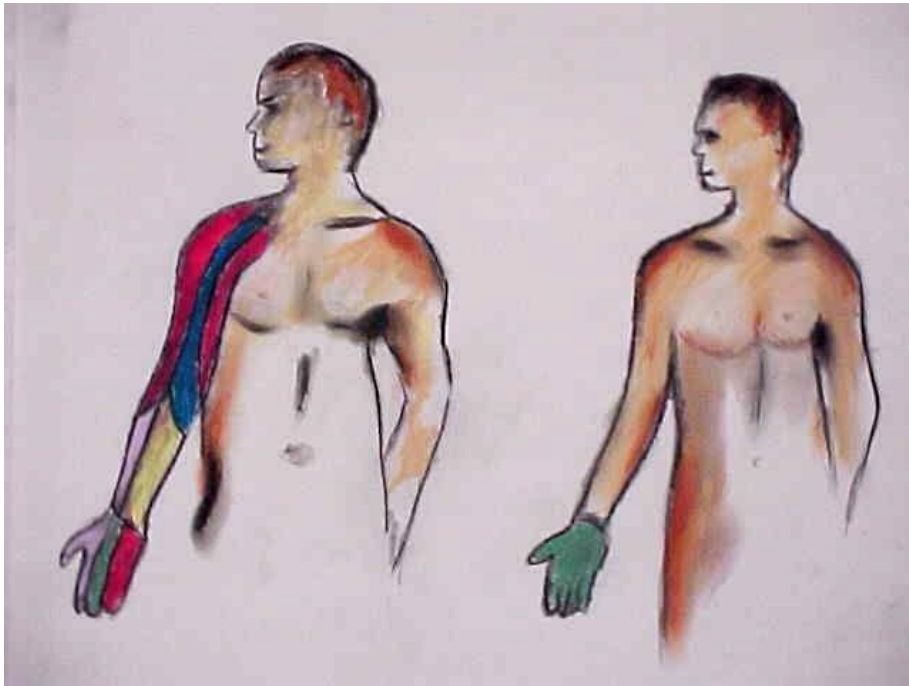


- Obsession: thinking the same thoughts over and over again
- Compulsion: performing irrational acts
- May have a genetic basis

Psychosomatic and Somatoform Disorders

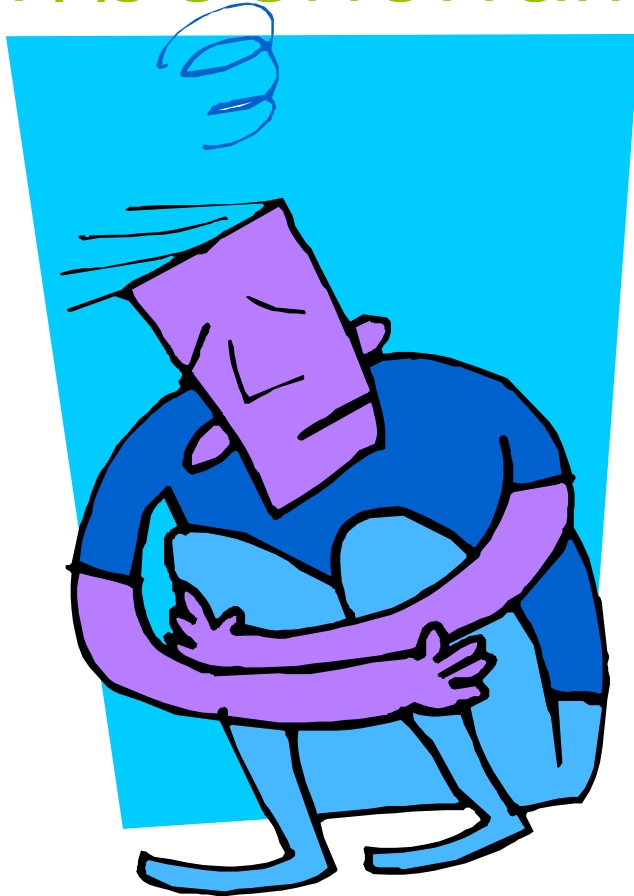
- Psychosomatic disorders: involve real, identifiable physical illnesses; caused by stress or anxiety
- Somatoform disorders: symptoms appear that are not characteristic of any readily identifiable disease; no organic cause
- Two types of somatoform disorders: conversion disorder, hypochondriasis

Conversion Disorder



- Conversion of emotional difficulties into the loss of a specific body function
- No physical damage
- Glove anesthesia

Hypochondriasis



- Looks for signs of serious illness
- Found most often in young adults
- Occurs equally in men and women

Dissociative Disorders

- A person experiences alterations in memory, identity, or consciousness
- Includes amnesia and multiple personalities

Dissociative Amnesia

- Memory loss with no biological explanation
- Blotting out painful experiences
- Total amnesia is very rare

Dissociative Fugue

(pronounced fyooog)

- Amnesia coupled with active flight
- May establish a new identity
- Repression of past knowledge
- May last from days to decades

Dissociative Identity Disorder



- Multiple personality (two or more distinct identities, each with their own way of thinking and behaving)
- Different personalities in control at different times

Schizophrenia and Mood Disorders



- Schizophrenia involves disordered thoughts
- Mood disorders: depression, mania
- <http://abcnews.go.com/GMA/video/mandela-sign-language-interpreter-suffered-schizophrenic-episode-21189696>

What Is Schizophrenia?



- Distortion/disturbance of cognition, emotions, perception, and motor functions
- Affects 1 in 100
- Odds increase 1 to 10 if it runs in the family
- Confused, disordered thoughts

Schizophrenia (cont.)



- Loss of contact with reality
- Lives life in an unreal dream world
- No single cause or cure
- Collection of symptoms

Symptoms of Schizophrenia



- Delusions/paranoia
- Hallucinations
- Language changes
- Affect changes
- Movement changes
- Diverted attention

Types of Schizophrenia

- Paranoid
- Catatonic
- Disorganized

Paranoid Schizophrenia



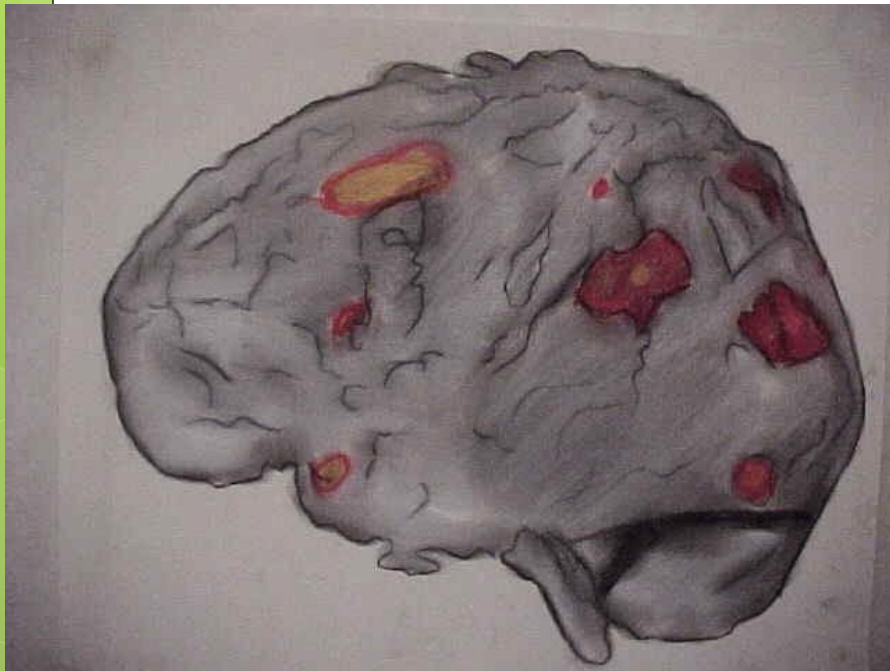
- Complex delusions
- Perceived persecution
- Hallucinations of smell, taste, other bodily sensations
- Unseen voices that give them commands
- Belief that they have a special mission

Catatonic Schizophrenia



- Catatonic state: mute, immobile, mostly unresponsive
- “Waxy flexibility”
- Unusual postures held for long periods of time

Disorganized Schizophrenia



- Incoherent language
- Inappropriate emotions
- Disorganized motor behavior
- Hallucinations and delusions

Remission

- Symptoms are completely gone or still exist but are not severe enough to have earned a diagnosis of schizophrenia in the first place

Undifferentiated Schizophrenia

- Deterioration of daily functioning
- Hallucinations and delusions
- Inappropriate emotions
- Thought disorder

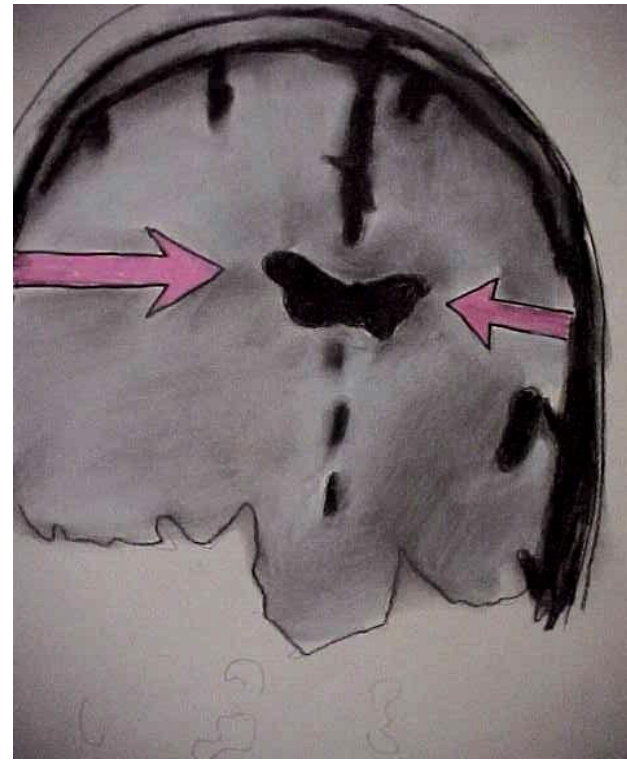
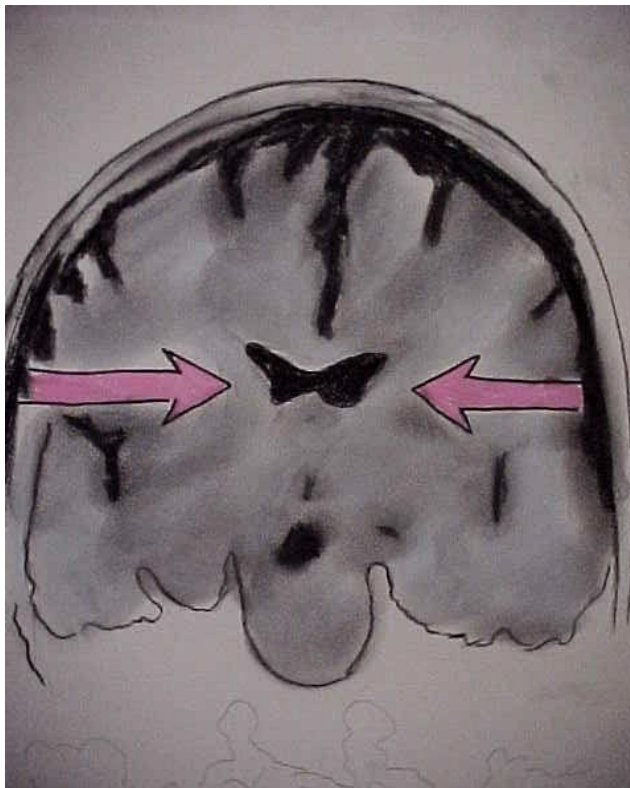
Causes of Schizophrenia

- Genetic
- Biochemistry/brain structure
- Environment

Biochemistry/Brain Structure

- Psychosis results from chemical imbalances in the brain
- Brain abnormalities
- Stress
- The dopamine hypothesis

CAT Scans and MRIs



Family Experiences/Interactions

- Bad experiences during childhood are not enough to lead to schizophrenia
- Pathogenic (unhealthy family may contribute to problems)
- Diathesis-stress hypothesis

Rosenhan Experiment

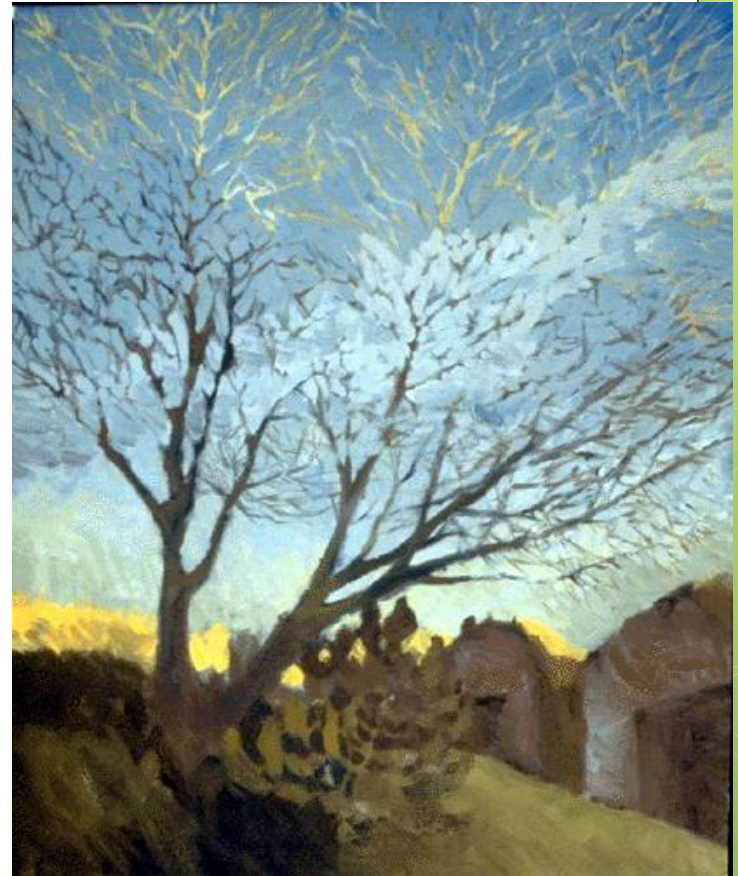
- Being sane in insane places
- <http://www.psychblog.co.uk/video-being-sane-in-insane-places-163.html>

Mood Disorders



Seasonal Affective Disorder

- A type of depression
- Less light available in winter = more melatonin secreted by the pineal gland
- Treatments: temporary sleep deprivation, exposure to artificial light



Suicide

- Escape from physical or emotional pain, terminal illness or loneliness, old age
- Desire to end “unacceptable” feelings
- Attempt to “punish” loved ones who they feel should have perceived and attended to their needs

Major Depressive Disorders



- Severe forms of depression that interfere with functioning and concentration
- Symptoms: lack of appetite, insomnia
- Effects: hopelessness, suicidal impulses, feeling of worthlessness

Bipolar Disorder



- Sufferers alternate between despair and mania
- Manic phase: elation, confusion
- Depressive phase: same as for people with major depression

Personality Disorders



Types of Personality Disorders

- Antisocial
- Dependent
- Histrionic
- Obsessive-compulsive
- Paranoid
- Schizotypal

Antisocial Personality



- Exhibits a persistent disregard for and violation of others rights
- Shallow emotions
- Lacks a conscience, lives for the moment
- Serial killers

Reasons for Antisocial Behavior

- Imitation of one's own antisocial parents
- Lack of discipline or inconsistent discipline
- Faulty nervous system

Functions of Psychotherapy

- Learning to be responsible for one's behavior
- Take control of one's life
- Understanding how one's current way of living can cause problems
- Therapist acts as a guide



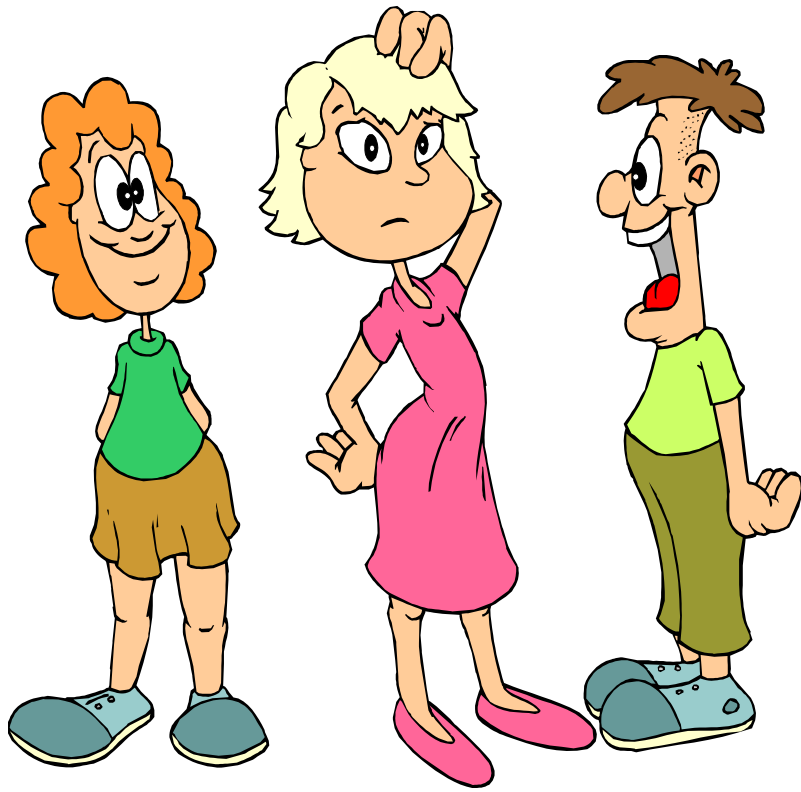
Main Kinds of Therapy

- Psychoanalysis
- Humanistic approach
- Cognitive approach
- Behavioral approach
- Biological approach
- Eclectic approach

Types of Therapists

- Clinical psychologists (Ph.D)
- Counseling psychologists (MA)
- Clinical neuropsychologists (Ph.D)
- Psychiatrists (medical doctor)
- Psychoanalysts (Freudian)
- Social workers, nurses

Group Therapy



- Patients work together with the aid of a leader to resolve interpersonal problems
- Advantages

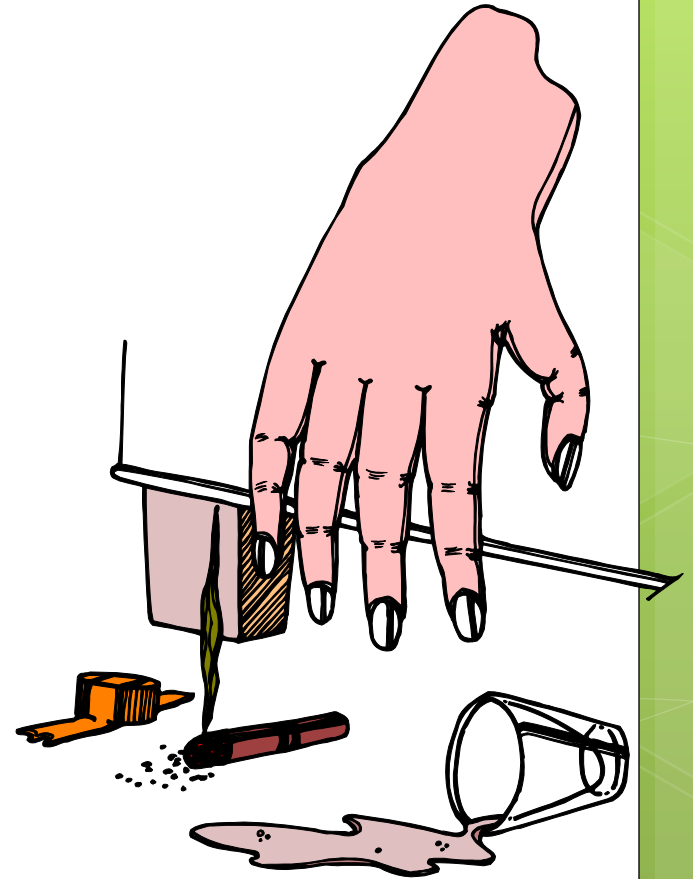
Family Therapy



- Observes interactions
- Identifies patterns that lead to problems
- Helps untangle the web of communication

Self-Help Groups

- People who share a particular problem
- Conducted without a professional



Does Psychotherapy Work?

- Hans Eysenck (1952): psychotherapy is no more effective than no therapy at all
- Allen Bergin (1971): lowered standard of success



Free Association

- A method used to examine the unconscious
- Patients say whatever comes into their mind
- Resistance
- Slow process



Transference

- A process in which patients take feelings toward some other person and transfer these feelings to the analyst

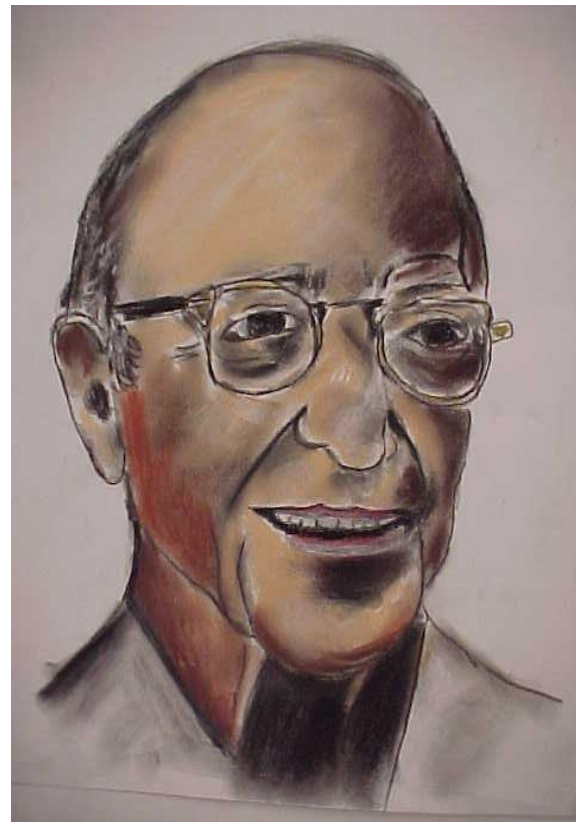


Humanistic/Client-Centered Therapy

- Focuses on a person's value, dignity, worth
- Reflects the belief that the client and therapist are partners

Client-Centered Therapy (CCT)

- “Client” not “patient”
- Need to become self-actualized
- Unconditional positive regard/empathy



Cognitive Therapy

- Using thoughts to control emotions and behavior
- Behavior modification: a systematic method for changing the way a person acts and feels

Rational-Emotive Therapy (RET)

- Albert Ellis aimed at changing unrealistic assumptions
- People behave in rational ways
- Role playing



Beck's Cognitive Therapy



- Maladaptive thought patterns cause a distorted view of oneself and lead to problems
- Works well with depressed people

Behavioral Therapies

- Changing undesirable behavior through conditioning
- Don't spend time going over the past
- Focus on producing a change in behavior; thoughts will follow

Systematic Desensitization



- A technique used to help a patient overcome irrational fears and anxieties
- Counter-conditioning

Aversive Conditioning

- Links an unpleasant state with an unwanted behavior in an attempt to eliminate the behavior
- Use of drugs with alcohol that cause nausea
- 50% success rate; takes 6 months

Operant Conditioning

- Behavior that is reinforced tends to be repeated
- Contingency management: undesirable behavior is not reinforced, while desirable behavior is reinforced
- Used in prisons and mental hospitals

Cognitive Behavior



- Based on a combination of substituting healthy thoughts for negative thoughts

Biological Therapy

- Assumes an underlying physiological problem
- Medication, electric shock, psychosurgery
- Must be administered by a psychiatrist
- Used when talking and learning theories do not work

Drug Therapy



- Use of medications
- Anti-psychotic drugs: reduce agitation, delusions, and hallucinations

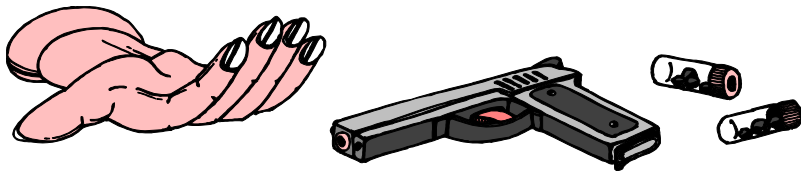
Antidepressants



- Increase the amount monoamines, norepinephrine, or serotonin
- Side effects need to be monitored

Lithium Carbonate

- A chemical used to treat mood swings or bipolar disorder
- It is a natural salt



Anti-Anxiety Drugs

- Relieve anxiety and panic disorders by depressing the activity of the CNS
- Tranquilizers like Valium, Xanax

The Deinstitutionalized Person



Electroconvulsive Therapy (ECT)



Psychosurgery

- Destroys part of the brain to make the patient calmer and freer of symptoms
- Pre-frontal lobotomy (a radical procedure that cuts off parts of the frontal lobes of the brain)