Abnormal Psychology

Defining Abnormality

• Statistical Approach
  – abnormality = infrequency – but this is not sufficient on its own

• Valuative Approach
  – abnormality = “social deviance” – unacceptable or doesn’t conform to social standards in context

• Practical Approach
  – abnormality = disruptive thoughts/behavior severe enough to interfere with long-term functioning – maladaptive, probably causing personal distress
Perspectives on Psychology

• biological
• behavioral
• psychodynamic
• humanistic
• cognitive
• evolutionary
• sociocultural

Practical Approach

• CONTENT of behavior & thinking
  – what it DOES
    • causes discomfort
    • appears bizarre
    • is dysfunctional – interferes with daily life

• CONTEXT of behavior
  – when and where it OCCURS
    • inappropriate for situation
    • inappropriate for cultural context
Diagnosing vs. Labeling

  - APA's DSM-5 for short
  - NOT “American PSYCHOLOGICAL Association” (the usual “APA” in Psychology!)
- Pros: allows standardization of diagnoses; tracking of similarly categorized cases for research
- Cons: labeling
  - societal “blaming” of disorder
  - stigmatizing of the mentally ill

Anxiety Disorders

- defining anxiety
  - apprehension, dread, uneasiness
  - unfocused (vs. FEAR which is focused on a particular object or event)
  - “normal” anxiety
    - facilitates functioning in easy, skilled tasks
    - inhibits functioning in complex, unskilled tasks
Anxiety Disorders

• Disorders
  • when anxiety becomes intense, long-lasting, disruptive
    – Generalized Anxiety Disorder
    – Panic Disorder
    – Phobias
      • specific phobia
      • social phobia
      • agoraphobia
    – Obsessive-Compulsive Disorder
      • recurrent thoughts vs. ritualistic behaviors
    – PTSD

Anxiety Disorders

• Phobias as learned
  – phobias as classically conditioned fear: fear-inducing US causes fear UR, non-frightening CS is associated with US and then produces fear CR
  – extinction doesn’t happen, because 1) phobic person avoids the thing and 2) exposure to it may cause intense fear response strengthening phobia
  – shown photos of spiders / snakes vs. flowers / mushrooms paired w shock, people form fear of the photos – but extinction takes longer for spiders / snakes (evolution? social learning?)
Dissociative Disorders
• disruption in consciousness, memory, or identity
  • Dissociative Amnesia: identity 1 -> identity ?
  • Dissociative Fugue identity 1 -> identity 2
  • Dissociative Identity Disorder: identity 1 -> identities 1, 2, 3, ...

Somatic Symptom Disorders
• psychological problem that takes somatic (physical body) form
  • Disorders
    – Conversion disorder
      • “functional neurological disorder” if no stressor
      • organically impossible
      • “la belle indifference” – patient isn’t bothered
    – SSD with pain features
  • controversial
Mood Disorders

• extreme moods for at least 2 weeks

• Depressive Disorders
  – Major depressive - not just sadness
    • worthlessness, weight loss/gain, sleep change, difficulty concentrating; delusions; suicidal
    • adult incidence rate of 30%
    • women twice as likely to be diagnosed
  – Persistent depressive (dysthymia) – less intense, longer lasting

• Bipolar Disorder (formerly manic-depression)

Mood Disorders

Depression: Learned Helplessness view

• humans show deficits like dogs exposed to uncontrollable unpredictable shock
• put in situation where they can avoid shock by jumping over barrier in box
• they don’t do it: deficits are 1) motivational (no trying, just accept it), emotional (whining, crying, sullen, nonreactive), 3) cognitive (may accidentally jump and avoid, but no learning from that)
Personality Disorders

- long-term, inflexible “life styles” that cause problems
- Cluster A (odd, bizarre, eccentric)
  - Paranoid PD, Schizoid PD, Schizotypal PD
- Cluster B (dramatic, erratic)
  - Antisocial PD, Borderline PD, Narcissistic PD, Histrionic PD
- Cluster C (anxious, fearful)
  - Avoidant PD, Dependent PD, Obsessive-Compulsive PD

Personality Disorders

- anti-social personality disorder
  - failure to conform to social norms, obey laws
  - deceitful, lying, impulsive, irritable, aggressive
  - physically violent; disregard for the safety self or others
  - irresponsibility, inconsistent work behavior, not paying bills
  - no remorse or guilt, indifference to others’ pain, rationalizing hurting others
  - less stressed by aversive situations including punishment
  - related to criminality, but not necessarily criminal - can be successful

- think about what IS social
Personality Disorders

• borderline personality disorder
  – originally “on the borderline” between neurosis (distress without delusions or hallucinations) and psychosis
  – now focus is on instability of emotions, relationships, and identity
  – self-destructive impulsive behavior, feelings of emptiness
  – extreme shifts between seeing others as good or bad
  – self-harm, suicidal behavior, drinking and drug use, other maladaptive behaviors
  – more women, more young, more low SES
  – cause: possibly childhood abuse or other stressor combined with genetic component (diathesis-stress)

Schizophrenia

• “split mind”, but not MPD / DID
• affects around 0.5-1% of any population
• begins in late adolescence / early adulthood
• pattern of serious symptoms involving severely disturbed thinking, emotion, perception, and behavior
Schizophrenia symptoms

- thought disorders
  - incoherent forms
    - neologisms
    - loose associations, clang associations
    - word salad
  - disorders in content: delusions
    - of persecution
    - of grandeur
    - thought broadcasting
    - thought blocking
    - thought insertion

- disorders of perception & attention
  - problems with selective attention
  - feeling detached from world
  - hallucinations
    - sensations w/o external stimuli to produce them

- disorders of affect
  - flat or blunted affect
  - inappropriate affect
Schizophrenia symptoms

- disorders of movement
  - agitated movement
  - catatonia
- other characteristics
  - decreased motivation
  - decreased social skills
  - decreased personal hygiene
  - decreased day-to-day functioning

Schizophrenia causes

- formerly thought due to bad child-rearing by cold parents - discredited
- organic – genetic heritable component, various neurotransmitters regulation, pre-frontal cortex smaller, larger ventricles (fluid-filled spaces between brain tissue areas)
- controllable through medication (to varying extents)
Causes of Mental Illness

• Demonological & Supernatural Models
  – until Hippocrates 4th century BC: deviancy cause by demons or gods
  – Middle Ages: deviancy encouraged if viewed as result of devotion to God, but if not…
    • heretics/disbelievers burned at stake for their deviancy
  – still prevalent in some non-western cultures
    • though belief in demonic possession as cause of mental illness is somewhat popular in US as well

• Medical Model
  – 4th century BC: Hippocrates (Greek physician) attributed deviancy to physical disease
  – post-Middle Ages: asylums devoted to medical care of mentally ill
    • horrible conditions, little medical care offered
  – developed into Biological Model
  – 1850s: large state mental hospitals