

Abnormal Psychology

Lecture 1 Introduction

What is psychological abnormality?

Abnormality is measured on a continuum. One approach looks at whether behaviour meets one or more of the 4 D's

- Deviance: Different, extreme, unusual
- Distress: Unpleasant and upsetting
- Dysfunction: Causes interference with life
- Danger: Poses risk of harm to self or others

When assessing psychological abnormality, it is also important to consider:

- Subjective interpretation: Person feels disturbed – match with diagnostic criteria
- Objective tests: depends on score of tests
- All criteria have difficulties
- Hence no single valid definition of abnormality

Culture

- Both normality and abnormality are concepts defined by society and can be culturally specific.
- Culture refers to systems of knowledge, concepts, rules and practices that are learned and transmitted across generations.
- Szasz argues that due to the influence of culture, the whole concept of mental illness is invalid.
- The DSM V incorporates culture in a way that has not been done in the past.
- The cultural formulation interview is a set of 16 questions, which clinicians can use to assess the impact of culture on an individual's clinical presentation. Including experience of membership in

diverse social groups, aspects of background that may affect perspective, and influence of family, friends and community on a person's illness experience.

Definitions

Prevalence – How many people in a population have the condition?

Incidence – How many cases occur in a given period of time? Sex

Ratio – Percentage of men to women with the disorder. Course of condition – Chronic v episodic v time limited

Onset – Acute or insidious; Age of onset

Prognosis – Anticipated course of disorder

Aetiology – The study of origins

Historical Development of Notion of Abnormal Behaviour

1. Supernatural

a. Dates back to the stone age

b. Possibly caused by:

i. Demons, ghosts, evil spirits

ii. Old testament: mental illness punishment from God

iii. Imbalance of yin/yang

iv. Paracelsus suggested moon and stars effected mental health (lunatic)

2. Biological

a. Mental illness explained by physical causes

b. Ancient Egypt – hysteria used to explain disorders in women

c. Hippocrates – mental illness conceptualised as a brain or hereditary disease – Humeral theory (balance of blood, black bile, yellow bile, and phlegm). Melancholic temperament believed to be the result of an imbalance of black bile.

d. Prior to 20th Centaury mental illness were thought of as insanity.

e. Kraepelin – proposed separate discriminately valid syndromes similar to diagnostic criteria for schizophrenia today

3. Psychological

- a. Mental illness explained by psychological processes

Current models of abnormality

- Physiological/Biological
- Psychodynamic
- Cognitive/Behavioural
- Humanistic/Existential
- Socio-cultural/Systemic

No single perspective dominant

Physiological

- **Causes:** genetics, damage to brain, altered biochemistry. Recently there have been a neurobiological movement in psychology.
- **Goal of therapy:** remove the source.
- **Treatment:** Drugs, ECT, diet and exercise. Brain imaging tells us a lot about the impact of abuse, conflict and poor attachment on brain development.

Psychodynamic

Psychoanalysis is both a theory to explain normal and abnormal human functioning and a therapeutic technique to uncover the causes of and alleviate abnormal functioning. Sigmund Freud was the founder of this approach.

- **Causes:** unconscious processes
- **Goal of therapy:** making the unconscious conscious through psychoanalysis. Reliving and recalling emotion, trauma leads to insight. E.g. Fuller understanding of relationship between current emotions and earlier event
- **Treatment:** Interpretation of unconscious clues via free association, dream analysis, analysis of blocks or resistance in therapy, analysis of transference.
- **Criticisms:** exclusion of environmental and cultural factors.

Cognitive/Behavioural Perspective

- **Cause:** Faulty learning and aberrant thought patterns.

- **Goal:** Change thinking and behaviour
- **Treatment:** Classical, operant conditioning and modelling.
Identifying and challenging irrational and maladaptive thoughts.
- **Criticism:** Focus on cognitions and behaviour at expense of emotions.
Emphasis on present rather than past.

ABC model – A: event; B: belief or interpretation of event; C: emotional and behavioural responses –

This model suggests that a person's interpretation of an event, rather than the event itself is what causes the emotional and behavioural response. Different interpretations of the event can lead to different emotional and behavioural responses. Cognitive distortions in individuals with psychological disorders may include:

- Black and white thinking (all or none)
- Setting unrealistic expectations
- Selective thinking (looking on the dark side)
- Converting positives into negatives
- Over=generalising
- Magnifying or exaggerating unpleasantness
- Catastrophising
- Personalising (it's all my fault)
- Mistaking feelings for facts
- Jumping to negative conclusions

Humanistic Perspective

- **Cause:** Incongruence or discrepancy between self=image and experience or behaviour.
- **Goals:** Humans choosing and searching for meaning – self actualisation
- **Treatment:** Therapeutic relationship with unconditional positive regard (Rogers), motivation for behaviour is meeting needs (Maslow), Gestalt techniques (Perls).
- **Criticism:** How to explain deviant behaviour

Socio-cultural and systemic perspectives

- **Concepts:** Focus on the whole rather than parts. Individual relationship with others.
- **Causes:** Discord between parts of system
- **Treatment:** Working with internal system (holistic approaches), external system e.g. Family to develop more adaptive interactions.
- **Goal:** To change to a more functional system with more diversity.

Overall there is a need for a multidimensional approach to treatment. Depending on the disorder, some models and treatment paradigms have better success than others.