

PSCY101 Study Notes

Week 5 – Abnormal Psychology

What is abnormal psychology?

- Views:
 - Historical perspective
 - Statisticians views – human behaviour lies on a continuum from ‘normal’ to ‘abnormal’.
 - Medical model
- The 4 D’s: deviance, distress, dysfunction, danger.
- Prevalence of disorders is 44%.

The medical model applied to abnormal behaviour

- The medical model proposes that it is useful to think of abnormal behaviour as a disease
- Psychopathology is the scientific study of mental diseases
- The medical model became the dominant way of thinking about abnormal behaviour during the 18th and 19th centuries. Its influence remains strong today.
 - Prior to the 18th century most conceptions of abnormal behaviour were based on superstitions.
 - People were believed to be possessed by demons, to be witches or victims of God’s punishment.
 - If their behaviour was threatening they were tortured, chained, or put to death.
- The rise of the medical model brought many improvements and the victims were treated with more sympathy. Gradual process was made for more humane care of the mentally ill.

Criticism of the medical model and stigmas

- In recent times critics have said the medical model has outlived its usefulness and that some diagnoses pin potentially insulting labels on people.
- Being labelled as psychotic, mentally ill contains a social stigma.
- Recent research has shown that many psychological disorders are at least partly due to genetic and biological factors and hence less stigma. HOWEVER studies have shown stigmatization of mental disorders has remained stable or increased.
- Thomas Szasz argues that abnormal behaviour usually involves a deviation from social norms rather than an illness.
 - These problems are ‘problems in living’ not medical problems.
 - Said the medical model’s disease analogy converts moral and social questions into medical questions.
- It is true that it is important to recognise the social roots and ramifications of the medical model. However the medical model still dominates thinking about psychological disorders.
- Diagnosis means distinguishing one illness from another.
- Etiology means the apparent causation and developmental history of an illness.

- Prognosis means a forecast about the probable course an illness will take.

Criteria of abnormal behaviour

- Deviance
 - How behaviour deviates from what society considers acceptable.
 - However different culture needs to be acknowledged.
- Maladaptive behaviour
 - Their everyday adaptive behaviour is impaired.
 - This is the key criterion on the diagnosis of drug disorders.
- Personal distress
 - Based on an individual's report of great personal distress.
 - This is usually the criterion for people with depression or anxiety.
- People can be viewed as disordered when only 1 criterion is met.
- Diagnosis of mental disorders requires value judgements about what represents normal or abnormal behaviour.
- Value judgements about mental illness reflect culture, social trends, political forces as well as scientific knowledge.

Psychodiagnosis – the classification (multi-axial) of disorders (DSM-IV)

- A taxonomy of mental disorders can facilitate empirical research and enhance communication among scientists and clinicians.
- The classification published by the American Psychiatric Association is in a book called "Diagnosis and Statistical Manual of Mental Disorders" (DSM-IV) 1994, revised 2000.
- Judges individuals on 5 separate 'axes':
 - Axes I = clinical syndromes (anxiety, mood, schizophrenic etc.)
 - Axes II = personality disorders or mental retardation.
 - Axes III = general medical conditions (physical disorders listed here)
 - Axes IV = psychosocial and environmental problems (events, life stressors)
 - Axes V = Global Assessment of Functioning (GAF) scale (current level of adaptive functioning and highest level in the past year)
- The next level of diagnostic system will be called DSM-5 and the multi-axial system will be gone and Axis I and II will be combined. Some issues are:
 - Whether to make it a categorical approach instead of a dimensional (continuous) approach (because of overlapping of syndromes).
 - Will have 16 questions, cultural diversity, influence of background.

Anxiety disorders (common, 19% experience them)

- Anxiety disorders are a class of disorders marked by feelings of excessive apprehension.
- There are 5 types of anxiety disorders:
 - Generalized anxiety disorder is chronic, high level anxiety that is not tied to any specific threat. More frequent in females.

- Phobic disorder is a persistent and irrational fear of an object or situation.
- Panic disorder is characterized by recurrent attacks of overwhelming anxiety that occur suddenly and unexpectedly. Causes agoraphobia (public places) most female.
- Obsessive-compulsive disorder is uncontrollable intrusions of unwanted thoughts urges to engage in senseless rituals.
- Posttraumatic stress disorder is psychological disturbance caused by a major traumatic event. First recognized after Vietnam War. A key predictor of vulnerability is the intensity of one's reaction at the traumatic event.

Biological factors (etiology of anxiety disorders)

- To assess the impact of heredity we look at concordance rates (the percentage of twin pairs or other pairs of relatives that exhibit the same disorder).
- The results found genetics have a moderate correlation.
- Studies also found like with anxiety disorders and neurochemical brain activity.

Conditioning and learning (etiology of anxiety disorders)

- Many anxiety responses may be acquired through classical conditioning and maintained through operant conditioning.
- Mowrer said an originally neutral stimulus may be paired with a frightening event.
- The avoidance response is negatively reinforced because it is followed by a reduction in anxiety.
- The "notion of preparedness" by Seligman said that people are biologically prepared by their evolutionary history to acquire some fears more easily than others (Seligman).
- This view has been updated by Mineka and Ohman saying that the "evolved module for fear learning" is activated by stimuli related to past survival threats in evolutionary history.

Cognitive factors (etiology of anxiety disorders)

- Certain types of thinking might make people vulnerable to anxiety disorders.
- Some examples are:
 - Misinterpreting harmless situations as threatening
 - Focus excessively on perceived threats
 - Selectively recall information that seems threatening.

Stress (etiology of anxiety disorders)

- Posttraumatic stress disorder attributed to an individual's exposure to extremely stressful incidents.
- Faravelli and Pallanti found patients with panic disorder had experienced a dramatic increase stress in the month prior (Faravelli & Pallanti)
- Brown found an association between stress and social phobia (Brown)

Dissociative disorders

- Dissociative disorders are where people lose contact with portions of their consciousness or memory, resulting in problems with their sense of identity.
- They are the most controversial types of disorders.
- Dissociative amnesia is a sudden loss of memory for important personal information that is extensive (usually tied to traumatic event)
- Dissociative fugue is when people lose memory about their entire lives along with their sense of personal identity.
- Dissociative identity disorder involves a person having two or multiple personalities.
 - The personalities are usually unaware of each other and different to the original one.
 - There was a dramatic increase in cases in the 1970's and onwards.

Etiology of dissociative disorders

- Amnesia and fugues are usually due to excessive stress
- Most cases are related to severe emotional trauma during childhood.

Mood disorders

- Mood disorders are emotional disturbances of varied kinds which may disrupt physical, social and thought processes.
- They tend to be episodic.
- Suicide rates are highest for people with mood disorders (60%).
- There are 2 types:
 - Bipolar mood disorder is experiencing emotional extremes at both ends of the mood continuum going through periods of depression and mania (elation).
 - Unipolar mood disorder is experiencing emotional extremes at just one end of the mood continuum and experience only periodic bouts of depression.

Major depressive disorder

- Major depressive disorder is showing persistent feelings of sadness and despair and a loss of interest in previous sources of pleasure.
- A central feature of depression is "anhedonia" which is a diminished ability to experience pleasure.
- Some statistics:
 - 50% usually recover in first 6 months of treatment
 - 50% chance of reoccurrence twice and 80% third time.
 - 3% men and 6% women in Australia
 - Combination of therapy and medication most effective.
- "Disruptive mood dysregulation disorder" = a diagnosis meant to address the potential over diagnosis and overtreatment of bipolar disorder in children
- Persistent depressive disorder (dysthymia) is less severe and shorter than major depression.
- Depression tends to be episodic (about 5 or 6 times) at about 6 months long.

- Studies show over 30 million people in the US have or will suffer from depression.
- It is twice as high in women than men.
- Nolen-Hoeksama said women experience it more because of sexual abuse and dwelling.

Bipolar disorder

- The symptoms seen in bipolar are opposite of those who have depression.
- Manic periods can have underlying senses of irritability and uneasiness.
- They usually have impaired judgement when manic.

Neurochemical & neuroanatomical factors (etiology of mood disorders)

- Heredity may influence likelihood of getting a mood disorder by creating a predisposition toward certain types of neurochemical abnormalities.
- Correlations found between mood disorders and levels of 2 types of neurotransmitters:
 - Serotonin
 - Norepinephrine
- Correlation between depression and reduced hippocampal volume (important with memory) is found to be 8-10% smaller in depressed people.
- Suppressed neurogenesis = reduced hippocampal volume

Cognitive factors (etiology of mood disorders)

- Seligman's "learned helplessness" says depression is connected to how people explain negative events they experience.
- People who have a "pessimistic explanatory style" are prone to depression.
- Noel-Hoeksema said people who ruminate (dwell) on their depression are depressed longer.
- Alloy studied students with a negative cognitive style to see if causal link with negative thinking and depression.

Interpersonal roots (etiology of mood disorders)

- Correlation between poor social skills and depression.
- Lack of social support = lead to depression.

Schizophrenic disorders

- Schizophrenia means 'split mind'
- Schizophrenic disorders are marked by delusions, hallucinations, disorganized speech and deterioration of adaptive behaviours.
- The common symptoms are:
 - Deterioration of adaptive behaviour – (especially with hygiene)
 - Distorted perception – (most common are auditory hallucinations)
 - Disturbed emotion - (flattened emotions, volatile)
- There are 4 types of schizophrenia:

- Paranoid type – (has delusions of persecution and grandeur) most common, suspicious of family and friends.
 - Catatonic type – (motor disturbances such as muscular rigidity and random motor activity) can have catatonic stupor and excitement.
 - Disorganised type – (deterioration of adaptive behaviour) delusions centre on body
 - Undifferentiated type – (can't be put in one category, a combination).
- Only 20% of patients have a full recovery.

Genetic vulnerability (etiology of schizophrenia)

- Heredity plays a major role in the likelihood of developing schizophrenia (80% role)
- Half the chance of developing it seen in twin studies and parent-child studies.

Neurochemical factors (etiology of schizophrenia)

- The dopamine hypothesis = excess dopamine activity is the basis of schizophrenia.
- Studies show marijuana may precipitate chance of getting it.
- Most successful drugs to treat dampen dopamine activity.

Brain structure abnormalities (etiology of schizophrenia)

- Schizophrenia correlated with deficits in attention, perception, information processing.
- Brain imaging technology found link between enlarged brain ventricles and schizophrenia and reductions in grey and white matter.
- This suggests schizophrenia is caused by disruptions with neural connectivity.
- The “neurodevelopmental hypothesis” says that schizophrenia is due to disruptions with brain maturation before or after birth. (disruption > subtle neurological change > ...)
- The disruptions can be from viral infections (Mednick) or malnutrition during prenatal development or obstetrical complications during birth.

Etiology of autism

- Originally blamed on bad parenting.
- Now seen as due to biological factors, especially brain abnormality.
- Maybe due to damage to ‘amygdala’ (involved with fear responses).
- Vaccination hypothesis blames the mercury in vaccinations on autism.

Important points

- Multifactorial causation is important know.
- Stress-vulnerability models says disorders emerge when vulnerability intersects with stress.
- Psychology evolves in a sociohistorical context.