

# **Abnormal Psychology**

**What is Normal?**

**What is Abnormal?**

**Give examples AND/OR define both.**

- **I have been teaching Abnormal Psychology for 27 years and I still don't know what it is.**
- **Fine line between Normal and Abnormal.**
- **I want you to learn this as well.**
- **Study of abnormal psych involves the study of the normal and the abnormal**

**Normal: Norma-Carpenter's square**

**Most abnormal people display behavior that is often indistinguishable from that of normal individuals.**

**Professionals--About two dozen**

**Psychiatrist--M.D.--Most severe, psychotic**

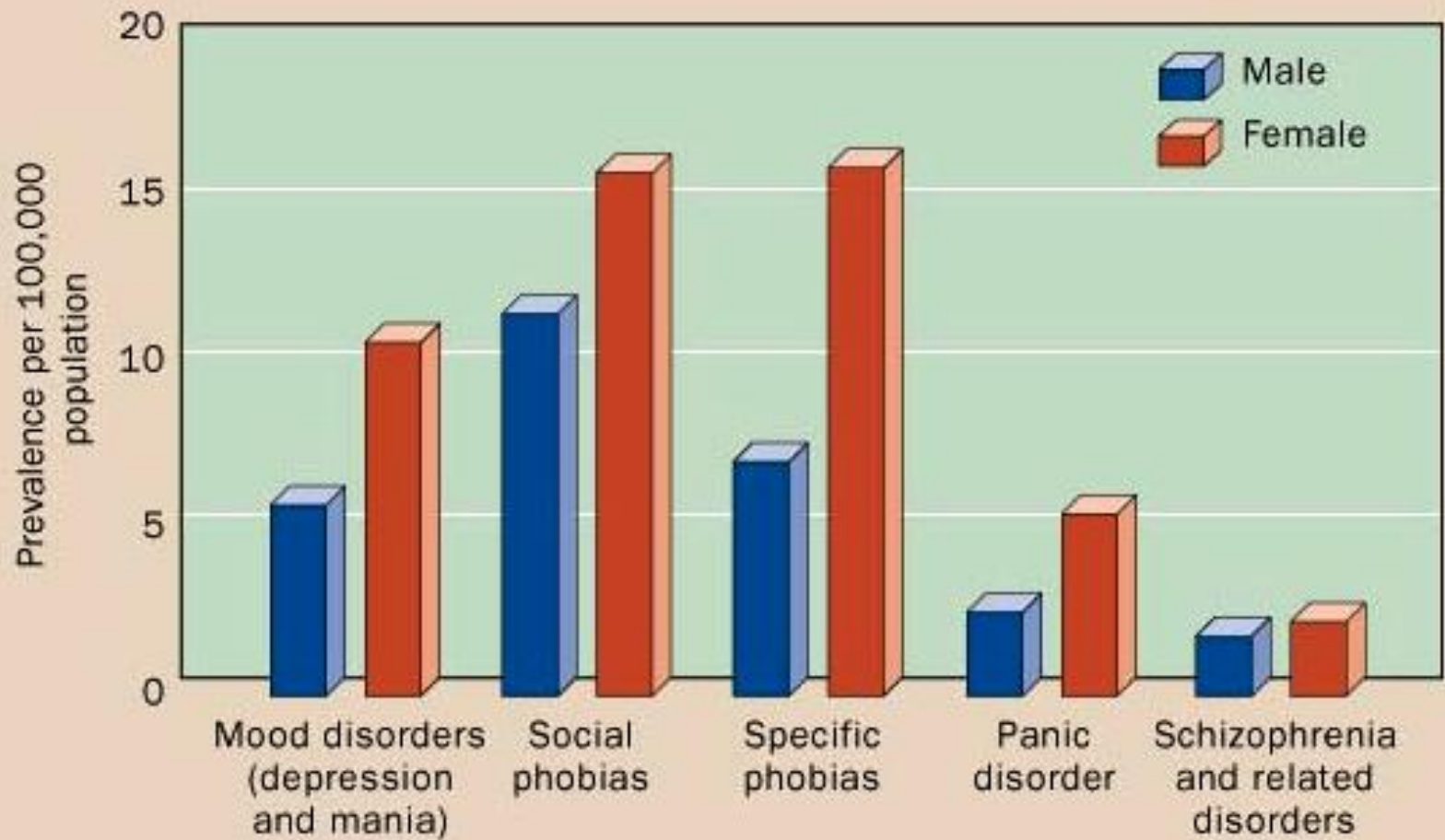
**Psychologist--Ph.D.--Moderate, anxiety**

**Counselor--Ph.D. or Ed.D.--Least severe**

**Cost of the three.**

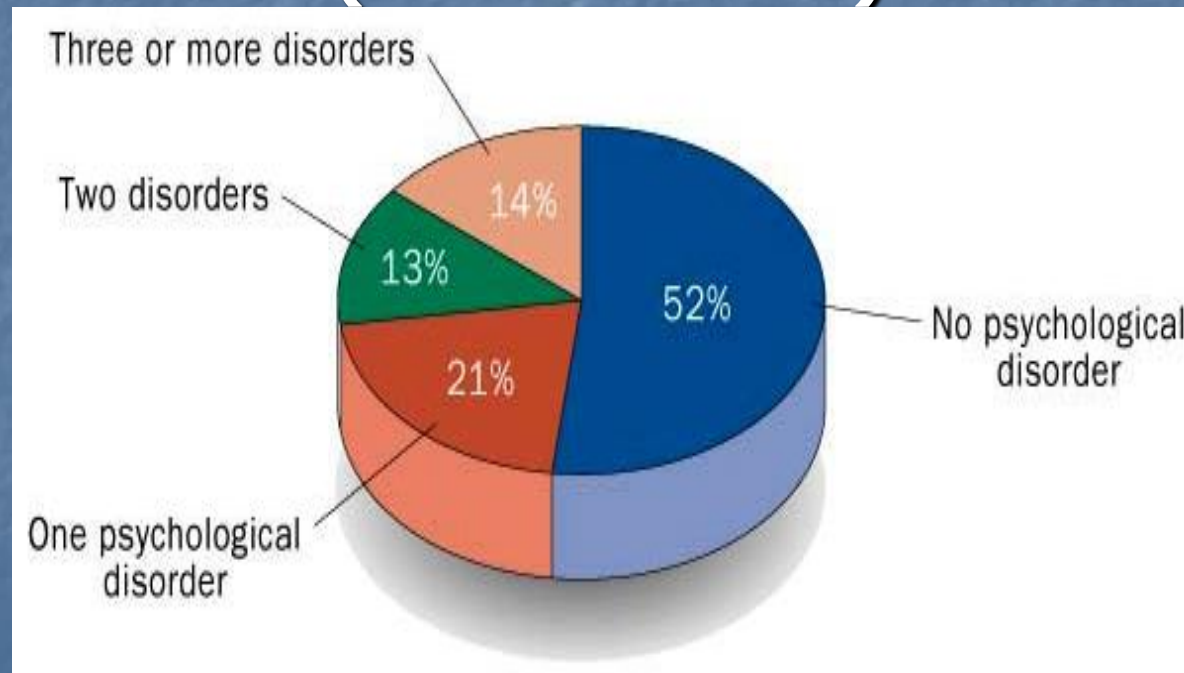
**Why different.**

**Who to go to.**



# Comorbidity of Disorders

- Over half of all people who have a psychological disorder experience more than one diagnosable disorder at a single point in time (27% of 48%).



## **Theoretical models of normal**

**Patterns which serve as standards against which we measure the behavior of people we know or hear about.**

## **Descriptive Models and Explanatory Models**

# Descriptive Models

Simply describes what is abnormal and what is not.

External criteria - some type of standard is adopted.

Normal conforms to this standard.

# Subjective Model

- Own personal interpretation
- Totally subjective
- Subject to bias
- Not much agreement
  - Quaker Proverb “Everyone is queer save the and me. But, sometimes I think thee a bit queer too.”
- Normal is a personal judgment on the part of each individual

- **Establishes oneself as standard of comparison**
- **Insists that people are normal or not and no grey areas**



# Statistical Model

- Gets the subjectivity out of the description by using statistics
  - MMPI-2
- How many of you have murdered someone?
- If everyone murdered would it be normal?
- At what point does normal end and abnormal begin?
- Average is normal.
- The closer to the average the more normal
  - Tooth cavities, high blood pressure are average, but not normal.

# Normative Model

- **Ideal--If behavior conforms to the ideal we are considered normal**
  - **Jesus--can we use this as an ideal?**
  - **Assume we are all Christians.**
  - **Completely normal is perfection**
- **Christ, Hinkley, Pope, Confucius, Charles Manson**
- **These ideals are not "normal" themselves.**
- **Another flaw- based on "what ought to be"**
- **The Ideal we accept might have problems or be too high.**

# Cultural Model

- **What most of you were thinking.**
- **What about Nanuk?**
- **What about Germany under Hitler?**
- **How big of a culture?**
- **World cultural**
  - **Catholicism**
  - **Local–Mormonism**
  - **Normality is the standard approved by the greatest number of people.**
  - **Usually used as the legal definition, but laws sometimes arbitrary.**

**We MUST use all four to be more accurate.**

**Can ethnic minorities use this?**

**We will still make mistakes!**

- **Rosenhan**

# Explanatory Models

- Concerned with underlying process
- The “cause”
- Why deviation in behavior occurs

# **Disease or Medical Model**

- **Oldest and Most Traditional**
  - **Patients**
  - **MDs**
- **Personality disturbance looked upon as illness**
- **Dates back to Hippocrates - 4 humors**
- **Not really "mental" illness but an "organic" illness**
- **Can all abnormalities be explained this way?**

# Psychological Model

- **Uses Theories of Personality**
- **Sigmund Freud, Carl Rogers**
- **Uses the theory to explain what is normal.**
- **Different theories use different explanations.**
- **Can all abnormalities be explained this way?**

## **Learning/Behavioral Model**

- **Pattern of learned behavior –**
- **Goal of therapy is to change behavior**  
**Explains through laws of conditioning-**  
**Skinner and Pavlov**
- **Had its origins in research in laboratories**
- **Faulty learning – principles of modeling**
  - **Child abuse**
  - **Hypochondria**

**Can all abnormalities be explained this way?**



# Diathesis-Stress Model

- **Combination of all three of the above.**
- **Biological contributions to abnormalities are predisposing**
- **Can ethnic minorities use this?**
- **Reconciles the preceding 3 models.**
  - **Hans Selye**
  - **Canker sores**
  - **Pimples**
  - **Asthma**

# History of Abnormal Psychology

- Early on just killed or left to die
- Taking any type of care is probably a relatively new idea considering the long history of humans

# Ancients (2000 B.C.)

## ■ Animism

- Belief that world controlled by spirits, gods, supernatural beings – they cause disorders.

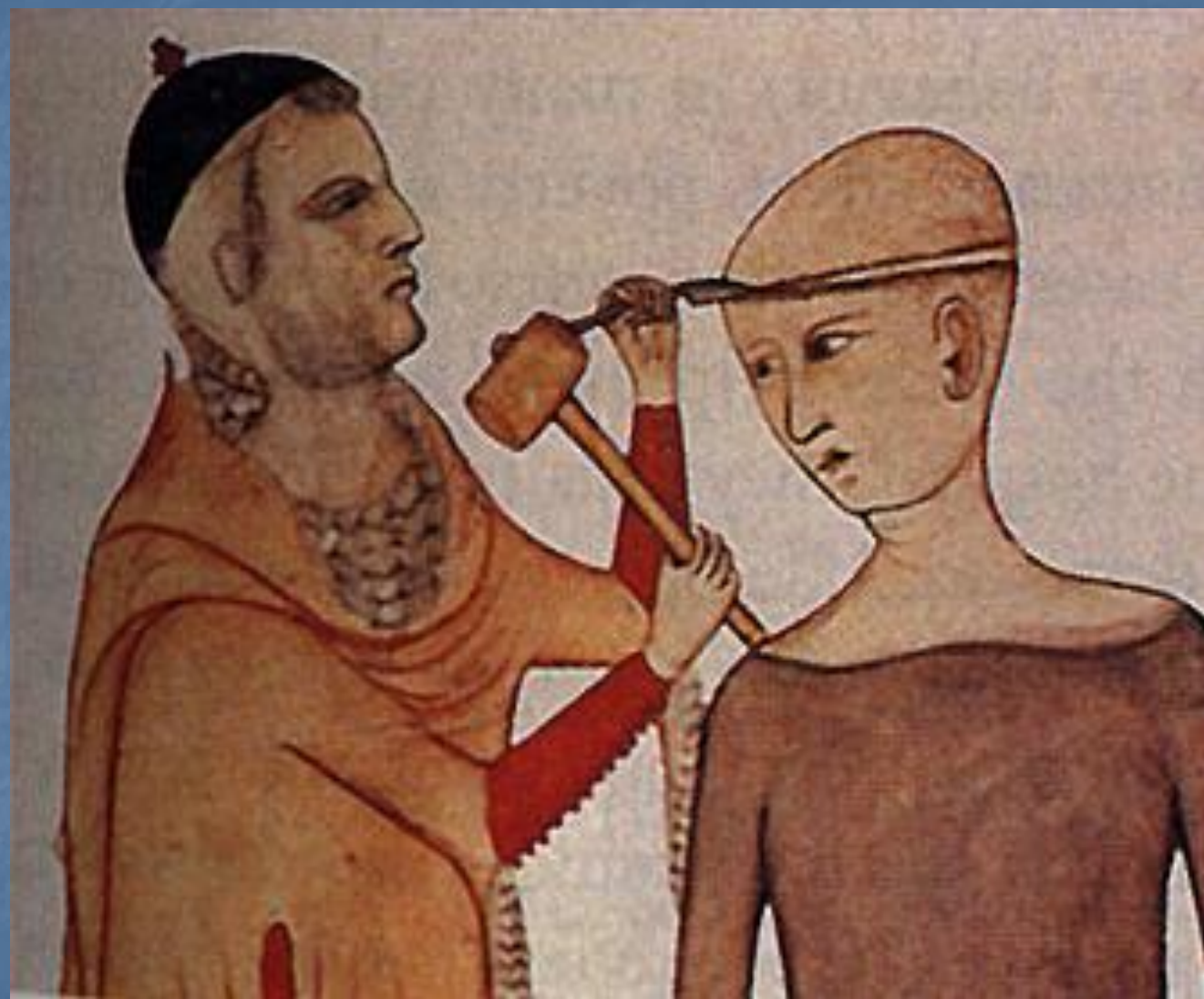
## ■ Served not only as an explanation but also as direction of treatment

- Spirits responsible regarded as evil-had to drive them out
- Trephination - holes drilled through the skull to let demons out.

- 12 holes

## ■ Some lived through it and got better

- How do we know this?
- Why did this happen?



## **Early classical period (1000 B.C.)**

- **Became mentally disturbed because angry gods “took the mind away.”**
  - **Treated by prayer, charms, and sacrifices to appease the gods**
- **Relatively few developments until about 300 B.C.**

- **Big change came with Hippocrates (300 B.C.)**
  - **Naturalism--disorders of any kind (mental or physical) are results of natural causes**
  - **Four humors or fluids related to the four principle elements of the universe**

- Earth- yellow bile -> dryness of the earth -> too much= choleric -> angry/irritable
- Water- black bile -> moisture -> too much= melancholic -> depressed
- Fire- blood -> from heat-too much= Sanguine -> hopeful/confident
- Air- mucous -> phlegm -> cold air-too much= Phlegmatic -> cold/self-possessed

- **Disturbance result from an imbalance of these fluids**
- **Venesection--blood letting.**
  - **Treatment, cure**
  - **Did it work?**
  - **Why or why not?**



- **Plato in direct conflict with Hypocrites-believed some disorders were interventions of the gods Apollo/prophets Eros/lovers.**
- **Aristotle accepted Humoral theory but maintained that reason, due to its immortal nature, could not be attracted by illness.**
- **Thus they hurt the advancement of naturalism.**

## **Roman period**

- **Galen 175 A.D.**
  - **Very influential**
  - **Accepted and extended Humoral theory**
  - **Developed rational psychotherapy advocating program of physical and psychology treatment**

## **Middle Ages (500 B.C. – 1600 A.D.)**

- **Hippocrates and Galen's notion discarded completely in Christian world**
- **Plato and Aristotle emphasis which stressed mind divorced from body and Judeo-Christian concept accepted**
- **Led to preoccupation with sorcery and witchcraft – revival of ancient superstitions**
- **Clergy primary responsible treatment of sick folks**
- **Demonology prevailed--disorders of the mind caused by possession of the devil**

- **Mental patients taken to religious shrines**
  - **St. Nun's Pool, England - plunged backwards into water and dragged back and forth until their emotional excitement ceased.**
- **More frequently they were burned, starved, flogged trying to rid them of the spirits.**
  - **Why burned at the stake?**
- **Some institutions patients were exhibited and a fee charged - zoo. \$35.00.**
  - **As many as 90,000 visitors paid admission to Bethlehem Royal Hospital in London (1500).**
  - **100 years ago Hospital of St. Andre in Lima, Peru charged a fee.**

- **Some rich mentally ill protected if paid caretakers**
- **Unwilling possessions - patients**
- **Willing possessions - ones willingly following Satan**
- **Gradually the two distinctions were lost (1480)**
- **How they were treated in institutions.**
  - **Animals were often treated better.**
  - **Displayed, never got out**
  - **Tied or chained up never could afford better treatment.**

## **1600-1900- A return to reason**

- **Age of reason**
- **Enlightenment**
- **People were inherently good and by applying reason we could stop human suffering**
- **Belief in historical and social conditions as a cause**

- **Benjamin Rush--1780**
  - **Parent of American Psychiatry**
  - **Disease, political institutions, and economic organization so interrelated that general social change produced accompanying changes in health**
  - **Washington's personal physician**

- **Emil Kraepelin—1880**
  - **First system of classification of mental disorders**
  - **Dementia praecox.**
    - **Dementia = impairment of mental functions.**
    - **Praecox=precocious/early onset**
  - **Paranoia, catatonia, hebephrenia**



**During this time a whole host of treatments sprang up**

- **Mesmer**

- **Mesmerism- Form of hypnosis 1765**
- **Related to electricity**
- **Magnetizer (healer) must first create a crisis to bring out the latent disorder**
- **Rods, vat, parts of body which hurt**
- **Believed his method could cure all ills**

# ■ Hypnosis

- Jean Charcot-Hypnotism
- Joseph Brewer-Talking Cure
- Sigmund Freud-Free Association

# Reform

- **Philippe Pinel - late 1700's**
  - **Bicetre Hospital in France**
  - **Removed chains - the benefits this brought - different wards for different types – improve physical conditions – treat with kindness and consideration**
- **Dorthea Dix 1880 - USA**
- **Industrial Revolution 1850**
- **Ill effects on people**
  - **Social Darwinism (Herbert Spencer)**
  - **Poor because not ambitious, lazy**

# Early 20th Century

- **More reform**
- **Psychiatric hospitals**
- **Clients**
- **Settlement houses**
- **World War I**

## **Mid 20<sup>th</sup>. Century**

- **World War II, Korea**
  - **More knowledge developed than at any time before**
  - **Need more professionals to work with combat stress**
  - **Drafted a group of psychologists**
- **Milieu Therapy - Pleasant surroundings, feel less confined, more active**
- **Psychoactive drugs - drugs which influence brain functions and produce alterations in behavior**

# Mid to Late 20<sup>th</sup>. Century

- Viet Nam War – PTSD
- John Kennedy
  - CMH
- Prevention
- Biopsychology

# Today

- **Genetics**
- **Gerontology**
- **Aftercare**
- **People who need treatment must be given treatment**
- **Minorities**

# **Illness Perspective/ Medical Model**

- **Oldest and widest used**
- **Physical illness is like mental illness**
  - **There is no clear distinction between the two**



- **Diagnosis at a given time**
  - **What is wrong?**
- **Looks at Syndromes - clusters of symptoms**
- **Classification**
- **DSM IV – aids in the clarity and communication of disorders**
  - **American Psychiatric Association**
- **Can Stigmatize - Rosenhan**
- **DSM IV - mental disorders are subsets of medical disorders - reimbursement for psychiatrists/psychologists.**

- **Assessment (physical EEG, EKG)**
  - **Analysis of psychological, physical, and social factors which may influence the etiology**
- **Interviews**
  - **Background**
  - **Do you know why (where) you're here?**
  - **Getting to admit problem.**
- **Must remember that behavior in interview may not be characteristic- scared.**

# Psychological Tests

- **Intelligence - Mental retardation or superior**
  - **Stanford-Binet**
  - **WAIS, WISC**
- **Concerns**
  - **Culture**
  - **Reliability – All Assessments**
  - **Validity – All Assessments -questionable**
    - **My Test**

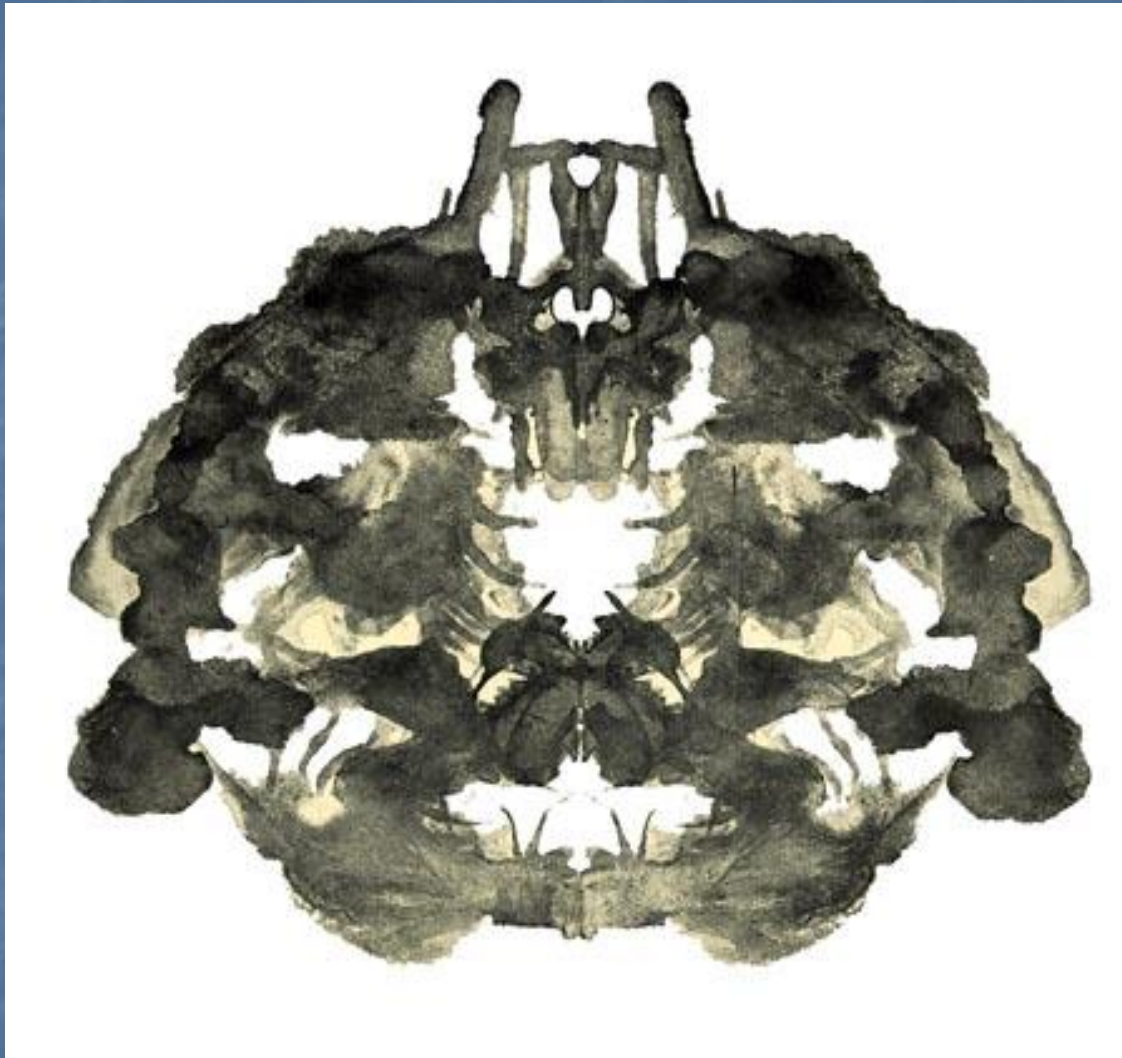
# Personality Inventories

- **MMPI-2**

- **T/F/ cannot say**
- **Lie scale- why important**
- **How initially developed**
- **Used primarily to make a diagnosis**

# Projective tests

- They are standardized.
- Unconscious material
- Difficult to interpret - skill
  - Rorschach - Swiss
    - Records what is said
    - Theme
    - Whole, part, color
    - In order



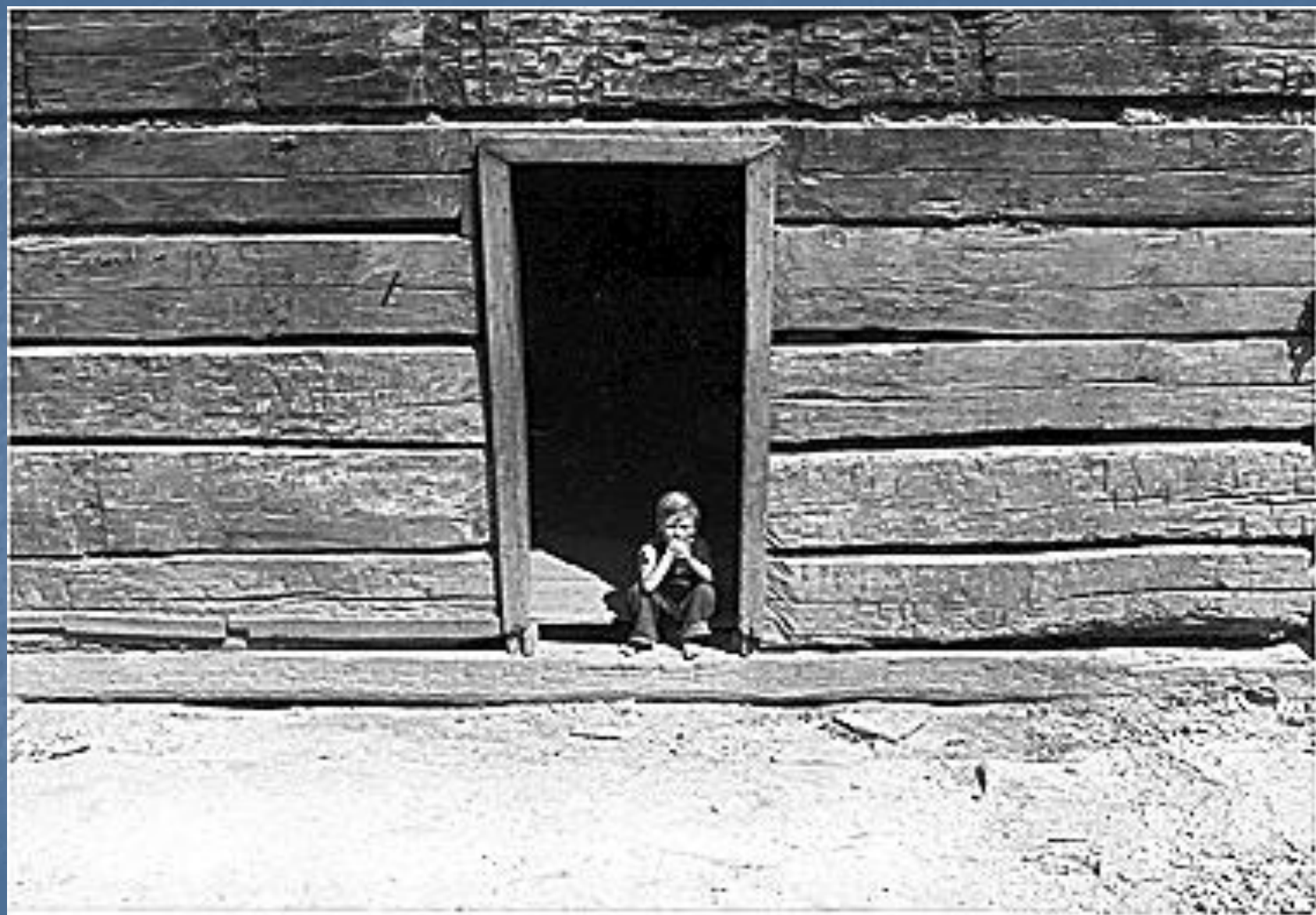
- **TAT**

- **Henry Murray**

- **30 w/ people 1/ blank**

- **Needs and Press**

- **Show a picture and make up a story**





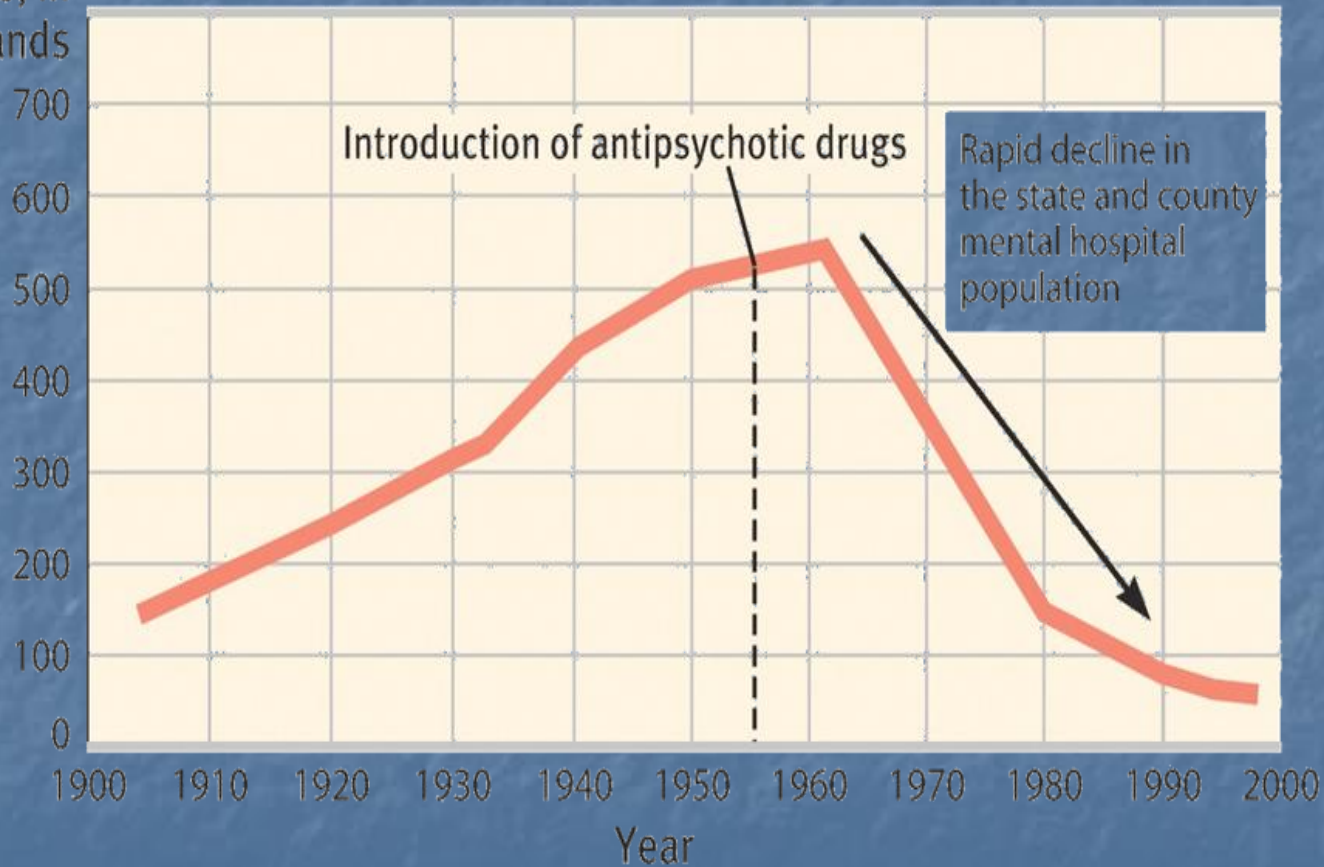
# **Etiology**

- **Cause of the disorder.**
- **Why important.**
- **Central nervous system**
  - **Brain research**
- **Heredity?**
  - **Twins**

# Therapy

- **Psychosurgery**
- **ECT – Electroconvulsive Therapy**
- **Medication and drugs therapy**
  - **Past 50 years first admissions to mental hospitals has greatly declined.**

State and county  
mental hospital  
residents, in  
thousands



# Psychological Perspective

- **Uses a Theory of Personality**
  - **We cannot discuss them all – Why Freud?**

# Freud

- **Psychoanalytic theory**
- **Mind**
  - **Conscious – what we are aware of**
  - **Preconscious – not currently available to conscious mind**
  - **Unconscious – repressed**
    - **Most important aspect of the mind**
    - **Dreams “Royal Road to the Unconscious.”**

# Structure of Personality

- **ID**
  - **Pleasure Principal**
  - **Primary Process**
    - **Instincts – Eros/life and Thanatos/death**
- **EGO**
  - **Reality Principal**
  - **Secondary Process**
  - **“I”**
- **SUPEREGO**
  - **“Moral Arm of Personality.”**

# Stages

- **Fixation – arrest or stagnation of personal development**
- **Libido – Psychic energy**
  
- **Oral B-1½**
- **Anal 1½ -3**
- **Phallic 3-5 Oedipus and Electra**
- **Latency 5-11**
- **Phallic 11 onward**
  
- **“Personality is essentially formed by age 5 or 6.” How can he say this?**

# **Defense Mechanisms**

**All of us use them.**

**It is Normal to use them.**

**Considered to be abnormal only when we  
overuse them.**



# They protect us from ourselves.

- **Anxiety**
- **Must be unconscious that we are using**
- **Deny, distort, falsify reality**
  - **Repression**
  - **Regression**
  - **Reaction Formation**
  - **Displacement**
  - **Projection**
  - **Rationalization**
  - **Sublimation**

- **Free association and the interpretation of dreams helps the therapist reveal the unconscious.**

- **Behaviorism is concerned with overt behavior.**
- **Humanism - potential**

# Community Mental Health Perspective

## Main features

- Dealing with entire populations.
- Preventive care.
- Development of quicker and more efficient treatment.
- Arose because there was general dissatisfaction with existing mental health systems.

## **Group therapy**

- **About 10 people.**
- **Interpretation by others.**
- **Cost**
  - **Family Therapy**
    - **Not the client alone who has the problem.**
  - **Network Therapy**
    - **“Everybody” who has significant contact.**

# Accessible units

- **Cost**
- **Bring care to the people**
  - **Satellite clinics**
  - **Partial hospitalization**

# Prevention

- **Primary - reduces the incidence - stop before it ever begins**
  - **Modify environments (improving health and nutrition of mothers and their children)**
  - **Modify individuals to cope**
  - **High risk groups**
- **Secondary – initial symptoms**
  - **Intervention**
  - **Incipient disorder - nip in the bud – ethics?**
- **Tertiary - eliminate effects of disorder**
  - **Help return to community (halfway houses)**
  - **Prevent recurrences**

# **DSM Multiaxial Assessment**

- **First three concerned with assessing present state of the individual with the problem**
- **Criticism of the DSM classification system is that it describes rather than explains abnormal behavior**



- **Axis I: Clinical Syndromes**
- **Axis II: Personality Disorders & Mental Retardation**
- **Axis III: General Medical Conditions**
- **Axis IV: Psychosocial and Environmental Conditions**
- **Axis V: Global Assessment of Functioning Scale (GAF -- 1 to 100)**

# On Being Sane in Insane Places

- David Rosenhan and seven others (1973!!).
- Went mental hospital admissions offices
- Complained of “hearing voices saying empty, hollow, and thud.”
- Answered questions normally re: life histories (with exception of name, occupation) and exhibited no further symptoms.
- All diagnosed as “mentally ill.”

- **Normal behaviors interpreted as maladaptive (e.g., taking notes for the study).**
- **Took average 19 days to get released!**
- **Normal people can be viewed as schizophrenic if placed in a mental hospital.**
- **Patients were fairly accurate in assessing the role of pseudopatients because they were around them more.**
- **What would happen today?**

- **Diagnosis and treatment in mental hospitals is often inefficient and my stigmatize patients.**
- **A historically recurring problem concerning mental disorders has been educating the general public and changing its negative and fearful attitudes about mental patients.**

# Axis I

**Clinical (Mental) Disorders is used to report various disorders or conditions, as well as noting other conditions that may be a focus of clinical attention.**

**Clinical Disorders are identified into 14 categories, including Anxiety Disorders, Childhood Disorders, Cognitive Disorders, Dissociative Disorders, Eating Disorders, Factitious Disorders, Impulse Control Disorders, Mood Disorders, Psychotic Disorders, Sexual and Gender Identity Disorders, Sleep Disorders, Somatoform Disorders, and Substance-Related Disorders. Other conditions, known as Adjustment Disorders, may also be a focus of clinical attention include Medication-Induced Movement Disorders, Relational Problems, Problems Related to Abuse or Neglect, Noncompliance with Treatment, Malingering, Adult Antisocial Behavior, Child or Adolescent Antisocial Behavior, Age-Related Cognitive Decline, Bereavement, Academic Problem, Occupational Problem, Identity Problem, Religious or Spiritual Problem, Acculturation Problem, and Phase of Life Problem.**

## Axis II

Personality Disorders and Mental Retardation are recorded so the clinician will give consideration to additional intervention and treatment choices.

Personality is the qualities and traits of being a specific and unique individual. It is the enduring pattern of our thoughts, feelings, and behaviors -- it is how we think, love, feel, make decisions and take actions. Personality is determined, in part, by our genetics and also, by our environment. It is the determining factor in how we live our lives. Individuals with Personality Disorders have more difficulty in every aspect of their lives. Their individual personality traits reflect ingrained, inflexible, and maladaptive patterns of behaviors that cause discomfort, distress and impair the individual's ability to function in the daily activities of living. In Mental Retardation problems in brain development have usually occurred and virtually will affect all aspects of the individual's cognitive functioning. Borderline Intellectual Functioning, as well as Learning Disabilities, may also be a consideration for clinical focus.

## **Axis III**

**General Medical Conditions is for reporting current medical conditions that are potentially relevant to the understanding or management of the individual's mental disorder. The purpose of distinguishing General Medical Conditions is to encourage thoroughness in evaluation/assessment and to enhance communication among health care providers.**

**General Medical Conditions can be related to mental disorders in a variety of ways. First, it is clear the medical condition is directly related to the development or worsening of the symptoms of the mental disorder. Second, the relationship between the medical condition and mental disorder symptoms is insufficient. Third, there are situations in which the medical condition is important to the overall understanding or treatment of the mental disorder.**

## **Axis IV**

**Psychosocial and Environmental Problems** is for reporting psychosocial and environmental stressors that may affect the diagnosis, treatment, and prognosis of mental disorders. A psychosocial or environmental problem may be a negative life event, an environmental difficulty or deficiency, a familial or other interpersonal stressor, an inadequacy of social support or personal resources, or other problems relating to the context in which an individual's difficulties have developed.

Positive stressors, such as a job promotion, should be listed only if they constitute or lead to a problem, as when an individual has difficulty adapting to the new situation. Psychosocial and Environmental Problems fall into nine categories, including primary support group, problems related to the social environment, educational problems, occupational problems, housing problems, economic problems, problems with access to health care services, problems related to interaction with the legal system, and other psychosocial and environmental problems that are affecting an individual's ability to function in their daily activities of life.