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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

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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

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Personal Discomfort



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

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Bizarre Behavior



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

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The Cultural Model



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

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A History of Abnormality



- Spirit possession/exorcism/trephining
- Flagellants
- Bloodletting

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The Greeks' Notion of Abnormality



Four types of temperament:

1. Phlegmatic: listless, apathetic
2. Sanguine: happy
3. Choleric: hot-tempered
4. Melancholic: sad or depressed

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The Greeks (cont.)

- Asclepiades of Bithynia: made the distinction between acute and chronic mental illness; also defined illusion, delusion, hallucination
- Healing devices, suspended hammocks
- Aretaeus of Cappodocia: mania and melancholy
- Galen: physical causes of mental illness

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Medieval Wisdom?

- A step backwards in terms of psychological insight, new forms of “madness”
- Lunatics (moon worshipers)
- Tarantism (dancing mania)
- Lycanthropy (delusion that one has become a wolf)

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Possession



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

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Psychological Classification



A Medical Model

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DSM

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

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Before DSM

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

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New Categories

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

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DSM-IV Descriptions

1. Essential features of the disorder
2. Associated features present
3. Information on differential diagnosis
4. Diagnostic criteria

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DSM-IV/ 5 Major Dimensions/Axes

- 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

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Axis II: Developmental Disorders/Personality

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

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Axis III: Physical Disorders

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

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Axis IV: Measurement of Current Stress Level

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

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Axis V: Adaptive Functioning

- Social relations
- Occupational functioning
- Use of leisure time

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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

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Types of Anxiety

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

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Generalized Anxiety

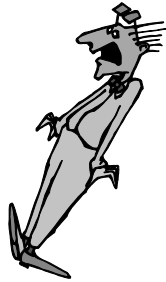
- Panic attacks (chest pain, choking, trembling)
- Can't make decisions, trouble with family
- Physical complaints



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Phobic Disorders

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



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Panic Disorders

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

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Obsessive-Compulsive Disorder



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

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Post-Traumatic Stress Disorder (PTSD)



- After a traumatic event, severe, long-lasting effects
- Flashbacks, nightmares or night terrors, anxiety, insomnia
- Combat vets, victims of rape or assault, survivors of disasters

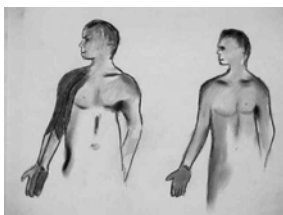
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Psychosomatic and Somatoform Disorders

- Psychomatic 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

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Conversion Disorder



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

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Hypochondriasis



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

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Dissociative Disorders

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

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Dissociative Amnesia

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

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Dissociative Fugue

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

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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
- Case studies

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Schizophrenia and Mood Disorders



- Schizophrenia involves disordered thoughts
- Mood disorders: depression, mania

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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

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Schizophrenia (cont.)



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

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Self Portraits by a Schizophrenic



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Self Portraits by a Schizophrenic



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Self Portraits by a Schizophrenic



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Self Portraits by a Schizophrenic



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Symptoms of Schizophrenia



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

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Types of Schizophrenia

- Paranoid
- Catatonic
- Disorganized

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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

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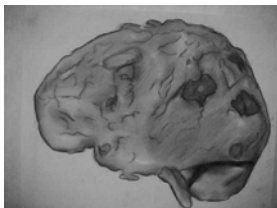
Catatonic Schizophrenia



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

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Disorganized Schizophrenia



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

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Remission

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

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Undifferentiated Schizophrenia

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

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Causes of Schizophrenia

- Genetic
- Biochemistry/brain structure
- Environment

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Genetics and Schizophrenia



- 1% chance in general population
- 10% chance if it runs in the family
- Adoption model studies
- Not conclusive

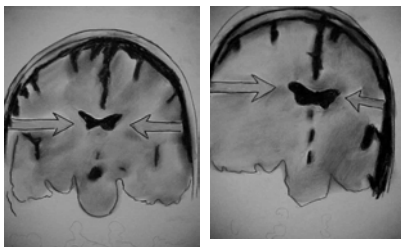
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Biochemistry/Brain Structure

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

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CAT Scans and MRIs



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Family Experiences/Interactions

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

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Mood Disorders



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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



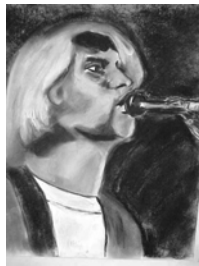
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Suicide

- 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

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Kurt Cobain



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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

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Bipolar Disorder



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

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Personality Disorders



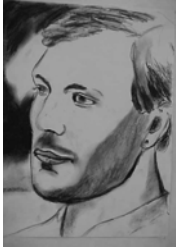
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Types of Personality Disorders

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

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Antisocial Personality



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

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Reasons for Antisocial Behavior

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

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Therapy and Change



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The Nature of Psychotherapy

- “Healing of the soul”
- The term “mental illness” has outlived its usefulness

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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



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Main Kinds of Therapy

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

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Types of Therapists

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

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What Are the Qualities of a Good Therapist?



- Empathy
- Psychologically healthy
- Must be able to create a comfortable, safe atmosphere

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Group Therapy



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

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Family Therapy

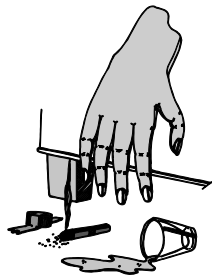


- Observes interactions
- Identifies patterns that lead to problems
- Helps untangle the web of communication

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Self-Help Groups

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



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Does Psychotherapy Work?

- Hans Eysenck (1952): psychotherapy is no more effective than no therapy at all
- Allen Bergin (1971): challenged Eysenck's methodology
- Smith & Glass (1977): meta-analysis



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What Is Psychoanalysis?

- Developed by Freud
- Therapy aimed at making patients aware of their unconscious motives so they can gain control of their lives



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Free Association

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



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Transference

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



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Humanistic/Client-Centered Therapy

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

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Client-Centered Therapy (CCT)

- Carl Rogers
- Need to become self-actualized
- Unconditional positive regard/empathy



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Cognitive Therapy

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

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Cognitive Therapies: Similarities

- Disconfirmation
- Reconceptualization
- Insight

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Rational-Emotive Therapy (RET)

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



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Ellis's A B C

- A = Activating event
- B = Person's belief system
- C = Consequences that follow

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Beck's Cognitive Therapy



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

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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

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Systematic Desensitization



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

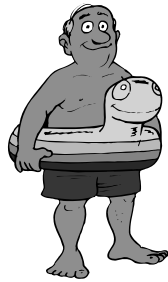
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Losing Fear



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Flooding



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Modeling



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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

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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

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Token Economies

- Desirable behavior is reinforced with valueless objects or points which can be accumulated and exchanged for various rewards
- Use of “hospital or token money”

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Cognitive Behavior



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

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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

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Drug Therapy



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

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Antidepressants



- MAO inhibitors (MAOIs), tricyclics, SSRIs
- Increase the amount monoamines, norepinephrine, or serotonin

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Lithium Carbonate



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

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Anti-Anxiety Drugs

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

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The Deinstitutionalized Person



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Electroconvulsive Therapy (ECT)



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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)

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