

What is Psychology?

Abnormal Psychology

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Introduction

This PowerPoint® presentation is designed to offer your students an overview of key events, personalities, and concepts. Created by a classroom teacher, the slide show places a premium on ease of use and succinctness. We developed this title to:

- Engage students with visual elements
- Outline key historical issues
- Make learning clear and relevant
- Provide a customizable template for differentiated instruction

On the slides themselves, bullet points highlight central elements, and numerous images help to provide a visual context for the presentation. Extensive notes for each slide offer detailed information to help elaborate bullet points. Handouts provide a convenient way for students to make connections between the ideas presented, and the culminating quiz provides a convenient way to assess student comprehension.

It is not necessary to cover every bullet point on every slide. One of the real benefits of this medium is the flexibility it affords you. We realize that each class and each student has different needs that require different approaches to teaching. Use this presentation to help customize your teaching. Use the “View” menu in PowerPoint® to sort through the slides visually, to view the presentation as a table of contents, or to see the larger groupings of sections and chapters.

If you want to focus on certain images or make a more detailed exploration of a particular area, you can easily add or delete slides. Simply copy the presentation to your own computer and modify it to create the exact messages that you want to convey. You may also wish to search the Web for additional images, sounds, graphs, timelines, or even video clips to incorporate into the presentation.

We are dedicated to continually improving our products and working with teachers to develop exciting and effective tools for the classroom. We can offer advice on how to maximize the use of the product and share others’ experiences. We would also be happy to work with you on ideas for customizing the presentation.

We value your feedback, so please let us know more about the ways in which you use this product to supplement your lessons; we’re also eager to hear any recommendations you might have for ways in which we can expand the functionality of this product in future editions. We look forward to hearing from you.

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ABNORMAL PSYCHOLOGY



Slide # 1

What does it really mean to be “normal” and “abnormal”? The whole idea of normality is incredibly subjective and fluid. Definitions of “normal” can differ depending on factors such as culture, group identity, individual beliefs, and life experiences. As a society changes, so do its concepts of normality and abnormality. Things many people considered abnormal 50 years ago are no longer looked at that way today. In this unit, we will explore various definitions of abnormal behavior and how these definitions have changed over time.

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

Slide # 2

Bullets #1–2 The word “normal” is based on the word “norm,” a statistical measure roughly equivalent to an average or median. The norm identifies dominant patterns that occur most frequently within the group being measured. Thus, “normal” in a statistical sense refers to things characteristic of the majority of the group.

Psychologists and society in general, however, don't base concepts of normality and abnormality solely on statistics.

Bullet # 3 A purely statistical approach to defining abnormality doesn't take into account the focus of psychology: behavior. Most of us use the terms “normal” and “abnormal” to distinguish between “acceptable” or “desirable” behavior and “unacceptable” or “undesirable” behavior. For example, a statistical model assessing intelligence would view both geniuses and mentally retarded people as “abnormal” because they're not characteristic of the majority of society. In actuality, society does not refer to geniuses as “abnormal” because we see intelligence as a desirable trait. Thus, statistics can only provide us with a limited understanding of what society considers “normal” and “abnormal” behavior.

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

Slide # 3

Bullet # 1 If psychologists only used "adequacy" or "sufficiency" as the standard by which they defined abnormality, an individual would be labeled as abnormal every time they couldn't fulfill their daily social roles and tasks.

Bullet # 2 Part of the problem with an adequacy approach stems from the fact that some people's social roles place greater demands on them than others' social roles. For example, a student could get B's in high school (perfectly adequate grades) but might end up getting D's and F's in college (seen by many as inadequate).

Personal Discomfort



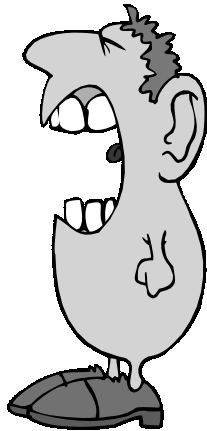
- Feeling distressed and unhappy
- Others may not see the distress

Slide # 4

Bullet # 1 If a person feels distressed or unhappy, some might label them “disturbed.”

Bullet # 2 Others many not always notice another person’s stress or distress. People also may hide or conceal their feelings in order to appear “normal.”

Bizarre Behavior



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

Slide # 5

Extremely eccentric or bizarre behavior usually gets labeled as “abnormal.” Examples of such behavior include hallucinations, intense phobias, severe memory loss, and compulsive behavior.

The Cultural Model



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

Slide # 6

Bullet # 1 The cultural model assumes that normality and abnormality are standards set by a given society. For example, our society finds the idea of sexual relations with children totally unacceptable; however in parts of India, this idea is viewed as acceptable.

Bullet # 2 A culture's definitions of normality and abnormality change over a period of time. For example, the American Psychological Association once viewed homosexuality as an illness. Today, most psychologists no longer consider homosexuality to be an abnormal or deviant condition. Another example: the "beatniks" of the late 1950s and early 1960s were considered abnormal; so were hippies in the late 1960s and punk rockers in the late 1970s. Today, we don't view these types of people as abnormal because they've become accepted subcultures in our society.

A History of Abnormality



- Spirit possession/exorcism/trephining
- Flagellants
- Bloodletting

Slide # 7

Bullet # 1 People used to believe that people who behaved “abnormally” had been possessed by spirits or demons. Exorcism was one “treatment” designed to drive the devil from the afflicted involved techniques such as prayer, starvation, making noise, bloodletting, and the use of “purgatives” (laxatives). The drawing in this slide depicts the medieval practice of trephining, another treatment for demonic possession. A hole would be bored in the skull of the patient, allowing the evil which had “inhabited” his brain to escape. Those who practiced trephining claimed the procedure was a success since it allowed demons to escape through the hole. Most trephining patients died.

Bullet # 2 Flagellants were false agents of the church who, for a price, would “beat” the demons out of a person. (Flagellate: to whip or scourge) The flagellants saw themselves as saviors. They believed that all the evils of their era were caused by man’s sins and that flagellation promoted morality. Flagellants had many willing customers, but they eventually became a growing threat to the church and the state, and the practice was discouraged.

Bullet # 3 Bloodletting was another common practice that lasted from medieval times all the way up to the end of the 18th century. It was widely accepted as a cure for both physical and mental ailments by all classes of society. For example, George Washington was bled with leeches when he had pneumonia; it probably caused his death. The theory behind the practice was that the blood itself wasn’t bad, but what it carried in it was. Doctors weren’t the only ones who performed bloodletting—barbers sometimes stepped in when a doctor wasn’t available.

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

Slide # 8

The ancient Greeks believed that mental illness was caused by imbalances in “bodily humors.” For centuries, people believed that the body produced four different types of fluids which they called “humors.” Each humor was associated with a certain mental condition; too much of any one humor was thought to cause extreme behavior.

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 Cappadocia: mania and melancholy
- Galen: physical causes of mental illness

Slide # 9

Bullet # 1 A Greek physician names Asclepiades established Greek medicine in Rome. He also made a useful distinction between acute and chronic forms of mental illness. He also more clearly defined the terms “illusion,” “delusion,” and “hallucination.”

Bullet # 2 Asclepiades was opposed to bloodletting and mechanical restraints; instead, he favored the use of hammock-like contraptions suspended in the air to help soothe mental patients.

Bullet # 3 By the end of the first century C.E., the physician Aretaeus defined the terms “mania” and “melancholia”; he saw them both as part of the same illness. Today we call this illness “bipolar disorder” (popularly known as “manic depression”).

Bullet # 4 The physician Galen made a significant contribution to our understanding of abnormality by suggesting that mental illness and emotional disturbances could arise from physical causes, not just psychological ones.

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)

Slide # 10

Bullet # 1 With the fall of Rome, most of the progress the Greeks and Romans had made in understanding mental illness disappeared. By medieval times, knowledge had even taken a step backwards as people fell prey to a number of mass delusions.

Bullet # 2 Some in the medieval era believed that the rays of the moon actually could strike people and make them crazy. Lunatics (luna means moon) would gather under a full moon and dance all night.

Bullet # 3 Tarantism first appeared in Italy in the 13th century. It was believed to be a disease caused by the sting of a tarantula. It would cause an individual to dance wildly in the streets; others would often join in the hysteria. Also known as the “dancing mania,” tarantism went on to spread throughout Europe.

Bullet # 4 Some people believed or imagined that they could become wild animals—wolves in particular. This was known as “lycanthropy”; it gave rise to the popular myth of werewolves.

Possession



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

Slide # 11

Bullets # 1–2 Up through the 18th century, many theologians believed that mental illness was the work of Satan and that psychotic people were in league with the devil. As a consequence, many mentally ill individuals fell victim to religious persecution.

Bullet # 3 Mentally ill people were often subjected to exorcisms designed to force the devil to release his hold on the afflicted person. Exorcisms often involved brutal “purgative” measures intended to get subjects to physically expel all evil from their bodies, such as force feeding them a mixture of wine mixed with sheep dung. Those subjected to exorcisms at least had a chance of surviving; more often, communities would inflict punishments on the mentally ill, including burning them alive, beheading them, strangling them, and mutilating their bodies.

Special note: This drawing in this slide is a simple sketch of part of the painting by Di Benvenuto titled “St. Catherine Exorcising Possessed Women.”

Psychological Classification



A Medical Model

Slide # 12

For years, psychologists tried to devise a logical and useful method for classifying emotional disorders. Today, all of the major classification schemes have accepted a medical model, making the assumption that mental illness can be described in the same manner as any physical illness.

DSM

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

Slide # 13

For many years, psychologists could not agree on a uniform method categorizing mental illnesses. In 1952, The American Psychological Association finally agreed upon a standard to classify abnormal behavior: The Diagnostic Statistical Manual of Mental Disorder (DSM). Since 1952, the DSM has been revised four times, most recently in 1994.

Before DSM

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

Slide # 14

Bullet # 1 Before the DSM, psychiatrists used the terms “neurosis” and “psychosis” to differentiate between two major types of mental illness. Neurotics struggled with certain mental conditions, but still remained connected with reality. Psychotics referred to those who had lost touch with reality. An old joke describes the difference between neurotics and psychotics: “Neurotics build dream castles in the air, the psychotics move in, and the psychiatrists collect the rent.”

Bullet # 2 Although the DSM has replaced the terms “neurosis” and “psychosis,” many psychologists and psychiatrists today continue to use them.

New Categories

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

Slide # 15

Psychologists today use several new categories of classification that more precisely define different types of mental disorders. We will discuss each of these later in the presentation.

DSM-IV Descriptions

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

Slide # 16

Each DSM listing describes both the essential (primary) and associated (secondary) features of the disorder. The listing also helps psychiatrists distinguish the disorder from other similar ones, and it presents detailed diagnostic criteria. If psychiatrists can give a precise diagnostic label, it will reduce the chances that one doctor might diagnose a patient as schizophrenic while another diagnoses the same patient as bipolar.

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

Slide # 17

Bullet # 1 The DSM has five major dimensions known as “axes” (plural of axis). Axis I disorders are first diagnosed in infancy, childhood and adolescence.

Bullet # 2 Axis I is quite extensive, describing major disorders such as attention deficit disorder(ADD), brain damage, substance abuse, schizophrenia, mood swings, anxiety disorders, somatoform problems, dissociative disorders, sexual dysfunction, eating disorders, sleep disorders, and impulse control problems.

Axis II: Developmental Disorders/Personality

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

Slide # 18

It is possible for an individual to have a disorder in both Axis I and Axis II. For example, an adult may have a major depression noted in Axis I and a compulsive personality disorder in Axis II. Major developmental disorders include compulsiveness, over-dependency, aggressiveness, and cognitive disorders relating to language acquisition, reading, writing, or speech problems. Axis II also includes autism although it's a childhood illness that usually appears at birth.

Axis III: Physical Disorders

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

Slide # 19

Axis III describes brain damage that could be causing Axis I or Axis II disorders. It includes both physical problems in the brain (such as a tumor or an aneurysm, which is a ballooning of a blood vessels in the brain) and chemical imbalances in the brain that can lead to neurological problems.

Axis IV: Measurement of Current Stress Level

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

Slide # 20

Axis IV relates to life changes or events that cause particular stress in a person's life and contribute to illness and pathology. We have little or no control over these events; they include things such as the death of a loved one, getting fired, or increased drug and/or alcohol use. Typically when psychologists measure stress, they only take into account events that a patient has experienced in the last calendar year. Stress acts as a contributing component in 80 percent of all diseases.

Axis V: Adaptive Functioning

- Social relations
- Occupational functioning
- Use of leisure time

Slide # 21

Bullet # 1 Axis V relates to how well we function in our jobs, our social lives, and during our leisure time. “Social relations” refers to the quality of a person’s relationship with family and friends.

Bullet # 2 “Occupational functioning” refers to how well a person functions as a worker or student and the quality of their work.

Bullet # 3 Axis V also considers issues relating to leisure time, such as the number of hobbies and recreational activities a person engages in and how much pleasure that person derives from these activities. The first part of the diagnosis may be helpful in trying to discover connections among psychological disorders and other facts which may include stress and physical illness.

Special note: Labeling a patient has its own dangers including a self-fulfilling prophecy. A patient may begin to learn how he is supposed to act based on labeling expectations. This can lead to lower self esteem.

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

Slide # 22

Bullet # 1 Now let's look at some specific disorders. About 15 percent of adults have experienced symptoms typical of anxiety disorders. Anxious people often have unrealistic images of themselves and find it difficult to form stable relationships. Anxiety often creates an unreasonable fear of a real situation or even an imagined one.

Bullet # 2 In truly dangerous situations, fear can be a very useful response. Anxiety disorders, however, cause excessive fear that is completely out of proportion to an actual situation.

Bullet # 3 Symptoms of anxiety disorders include excessive worry, mood swings, headaches, weakness, fatigue, and a feeling of imminent danger.

Types of Anxiety

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

Slide # 23

No special notes. Each item on this list will be described in the following slides.

Generalized Anxiety

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



Slide # 24

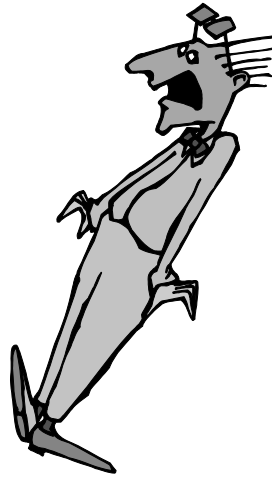
Bullet # 1 Those who suffer from generalized anxiety can experience what psychologists call “panic attacks.” Symptoms include chest pain and pressure, choking, trembling, and fear. A panic attack can often feel very similar to a heart attack.

Bullet # 2 People with generalized anxiety also have problems making rational decisions. Some sufferers become so preoccupied with their own problems that they neglect their responsibilities and personal relationships.

Bullet # 3 Other symptoms of generalized anxiety may include diarrhea, reduced appetite, or indigestion. Some studies have suggested that anxiety may be inherited. Anxiety often arises following major life changes such as a new job, marital problems, or the birth of a child.

Phobic Disorders

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



Slide # 25

Bullet # 1 A phobia is an intense, unreasonable, irrational fear. It occurs when people experience severe anxiety about a particular object, animal, activity, or situation. Thousands of phobias exist: examples include acrophobia (fear of heights), claustrophobia (fear of enclosed places), nyctophobia (fear of the night or of darkness), hematophobia (fear of blood), and xenophobia (fear of strangers).

Bullet # 2 Some phobias center around specific social situations such as the fear of embarrassing oneself in a public place, fear of public speaking, fear of eating in public, or fear of using a public restroom. Then there are more general disorders such as agoraphobia, in which a person fears crowds and people. People with mild agoraphobia may avoid going out to the movies or to restaurants; serious agoraphobics can become total recluses and avoid going out in public at all. Response conditioning, a technique in which patients gradually confront their fears in “safe” settings, can sometimes help reduce agoraphobia.

Panic Disorders

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

Slide # 26

Bullets # 1–2 Panic disorders usually are quite severe with attacks producing a feeling of sudden, helpless terror often accompanied by an overpowering sense of impending doom or death. Those who suffer from panic disorders usually experience their first attack after a particularly stressful event.

Bullet # 3 Symptoms can include choking, faintness, difficulty in breathing, nausea, and even chest pain. Panic disorders may also be inherited.

Obsessive-Compulsive Disorder



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

Slide # 27

Bullet # 1–2 Obsession involves thoughts; compulsion involves actions. Everyone has minor obsessions: a secret crush on someone, a hobby, or even a television show that you never miss. We also have minor compulsions, like superstitious behavior. Problems occur when a person becomes so wrapped up in their obsession that it hinders their ability to perform basic everyday functions and tasks. OCD (obsessive-compulsive disorder) is a serious disorder that occurs when a strong obsession and a strong compulsion are combined and reinforce one another. OCD usually involves rituals: sufferers feel the need to do things such as wash their hands 20 or 30 times a day at regular intervals; open and close a door three times before they leave their house or apartment; and meticulously avoid stepping on cracks in the sidewalk. People afflicted with OCD sometimes find themselves plagued by things like extremely morbid thoughts about death or a recurring impulse to make obscene remarks in public.

Bullet # 3 Obsessive–compulsive behavior may also be genetic.

Note: The airbrush painting in this slide depicts Herman Melville's classic character Captain Ahab. Ahab is perhaps the best-known obsessive in literature. His relentless search for Moby Dick, the huge white whale that had cost him his leg years ago, ends in death.

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

Slide # 28

Bullets # 1–2 Traumatic events can cause a long-lasting condition known as post-traumatic stress disorder (PTSD). PTSD sufferers often experience “flashbacks”: terrifyingly real episodes in which they relive the trauma. Though flashbacks most commonly occur in sleep as part of nightmares or night terrors, they can also occur while the sufferer is awake. People with PTSD also tend to have generalized anxiety and sometimes suffer from insomnia.

Bullet # 3 PTSD tends to afflict people such as combat veterans (years ago, PTSD was called “shell shock” or “battle fatigue”), victims of rape or assault, or people who survive disasters (plane crashes, earthquakes, etc.). Many recent cases of PTSD have appeared as a result of the events of 9/11.

Note: The painting in this slide commemorates one of the brave New York City firemen who risked their lives on 9/11, many of whom now face the possibility of developing PTSD.

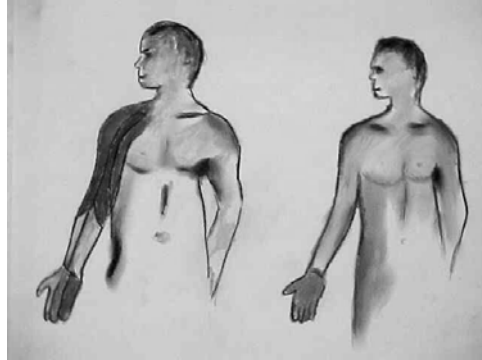
Psychosomatic and Somatoform Disorders

- 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

Slide # 29

Psychosomatic and somatoform disorders both result from psychological problems. People who suffer from psychosomatic disorders have real, identifiable physical illnesses, usually caused by stress and/or anxiety. People who suffer from somatoform disorders have physical symptoms that aren't characteristic of any readily identifiable physical illness, nor do they seem to have any organic cause. Psychologists divide somatoform disorders into two types: conversion disorders and hypochondriasis.

Conversion Disorder



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

Slide # 30

Bullets # 1–2 Conversion disorders occur when a person “converts” psychological and/or emotional distress into physical symptoms, usually to avoid dealing with a painful or stressful situation in their lives. Conversion disorders are rare and involve severe physical problems such as paralysis, numbness, seizures, blindness, and deafness. Sufferers, however, don’t have anything wrong with them physically. Because conversion disorders offer a way to avoid stress and pain, sufferers often accept their physical problems with relative calm, remaining unconcerned or even cheerful about their condition.

Bullet # 3 The drawing in this slide illustrates a type of conversion disorder known as “glove anesthesia.” Sufferers experience a complete lack of feeling from the wrist down, retaining sensation in the rest of the arm. Such a condition, however, is anatomically impossible: the nerves of the hand and arm blend together, so if a person really had nerve damage affecting their hand, it would affect their arm as well. Another type of conversion disorder involves paralysis of the legs; however, the sufferer is sometimes seen sleepwalking at night.

Hypochondriasis



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

Slide # 31

Bullet # 1 People with hypochondriasis interpret any small physical ailment they have (such as minor aches, bumps, or bruises) as a sign of a serious illness. Hypochondriacs have been known to consult one physician after another in the hope of gaining confirmation that they really do have something wrong with them physically.

Bullets # 2–3 This disorder appears more commonly among young adults than any other age group. Hypochondriasis afflicts both men and women at about the same rate.

Dissociative Disorders

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

Slide # 32

No special notes. See next two slides.

Dissociative Amnesia

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

Slide # 33

Bullet # 1 Dissociative amnesia involves memory loss that has no biological cause. It is a form of selective forgetting.

Bullet # 2 This amnesia usually occurs as a reaction to an incredibly painful or traumatic experience such as an accident, a rape or assault, or war. Sufferers attempt to blot out the memory of the experience and repress it into their unconscious.

Bullet # 3 Total amnesia is extremely rare, despite its frequent appearance as a plot device in many movies and television shows. One famous actual case of total amnesia involved a woman who had mental and marital problems. The day she was supposed to appear in court for a custody hearing, she disappeared. When found, she could not even remember her name or the names of other family members.

Dissociative Fugue

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

Slide # 34

Another very rare disorder known as dissociative fugue combines amnesia with physical flight from one's home. It is a sort of "traveling amnesia" intended to provide physical escape from an unbearable situation or conflict. Sufferers usually establish new identities and have no memory of their past lives. Dissociative fugue can last for a few days or for decades.

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

Slide # 35

Bullets # 1–2 Dissociative identity disorder (also known as multiple personality disorder) is also extremely rare. Sufferers develop several different personalities that appear at different times. Each personality remains quite distinct with a specific manner of thinking, behaving, speaking, and moving. This type of disorder usually relates to severe physical or sexual abuse suffered as a child.

Bullet # 3 Perhaps the most famous case of dissociative identity disorder involved a quiet, demure woman named Christine Sizemore who initially sought treatment for severe headaches and blackouts. During one of her therapy sessions, her expression and personality suddenly changed. This second personality differed dramatically from the first: she was assertive, fun-loving, and flirtatious, but also reckless and irresponsible. Her therapist labeled her first personality “Eve White” and her second “Eve Black.” A third personality named “Jane” emerged later; but with help, Christine finally managed to integrate all three personalities. Her experience became the basis of a bestselling book and a popular movie, both titled *The Three Faces of Eve*.

In a relatively recent case, a successful businessman named Cameron West (depicted in the drawing in this slide) started to develop dissociative identity disorder in his late 30s. Eventually, he had close to 200 distinct personalities, including “Davy,” a “sweet and sad” four-year-old; “Clay” an eight-year-old who sometimes stuttered; “Switch,” another eight-year-old, “held incredible rage for being abused” and even caused West to stab himself at times; “Dusty,” a kind and gentle 12-year-old girl; and “Bart,” an easygoing, fun-loving 28-year-old who helped West weather many crises. West eventually got his disorder to the point where it was manageable; he even went back to school and earned a Ph.D in psychology. He wrote a book about his experiences titled, *First Person Plural: My Life as a Multiple*.

Schizophrenia and Mood Disorders



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

Slide # 36

Bullet # 1 Schizophrenia is a severe disorder that involves disordered thoughts, extreme emotions that have nothing to do with any particular situation, and very strange behavior. Schizophrenics often suffer delusions and hallucinations and have only a tenuous hold on reality at best.

Bullet # 2 Mood disorders occur when a person experiences unusual, prolonged changes in their mood or emotions. The most common mood disorders are depression and mania. Depression involves overwhelming feelings of despair, sadness, and hopelessness; people who suffer from depression also tend to experience a severe drop in self-esteem, leading to feelings of worthlessness and self-hatred. Mania is the opposite of depression: afflicted people feel incredibly happy (bordering on euphoric), energetic, and gregarious. They often plan elaborate schemes and projects, but mania causes a person to become easily distracted, so manic people rarely complete any of the grand projects they envision. Vincent van Gogh (pictured in the drawing in this slide) suffered from mood swings for most of his life. Many believe the turbulence in his mind found expression in his paintings, a significant number of which portray violent scenes such as executions, stabbings, and hangings.

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

Slide # 37

Bullet # 1 This slide shows a copy of a painting by a young schizophrenic, created during the early stages of his illness. It depicts a partially faceless woman all alone, reflecting a sense of distance and separation. Schizophrenia encompasses a variety of disorders and has no single cause. Schizophrenics often experience distortions of their thinking, cognition, and perception; they also suffer emotional disturbances and even can lose some motor control. If a person remains afflicted with schizophrenia for a long time, it often causes brain damage.

Bullets # 2–3 Schizophrenia afflicts one in every hundred people; those who have a history of schizophrenia in their family run a one in ten chance of developing the disorder.

Bullet #4 Most schizophrenics have confused, disordered thoughts that end up affecting their speech as well. Some theorists believe that schizophrenia results from abnormal brain structure, theorizing that a schizophrenic's neuronal connections are in disarray can't line up in normal ways (especially in the hippocampus). Schizophrenics also have problems with comprehension; when they think and try to communicate a kind of "punning effect" takes place. For example, if someone told you that they had a pain in their chest, you might assume that he or she was having a heart attack. The word "chest," however, has other meanings, and a schizophrenic might not think of a human chest but of a sunken treasure chest, which would then bring to mind things like pirates, ships, and sword battles. Therefore, a schizophrenic's spoken response to someone's statement about chest pain might contain references to all these Jolly Roger-related items. Not surprisingly, this can make it very difficult to understand what a schizophrenic is really trying to say.

Schizophrenia (cont.)



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

Slide # 38

Many schizophrenics live far from reality in a dreamy, imaginary world filled with delusions, disembodied voices, and vivid hallucinations. Schizophrenia has no single cause, nor does a cure exist, although psychotropic drugs seem to help schizophrenics block out the voices and some of the hallucinations. Usually as long as patients stay on their “meds,” their condition improves. As a whole, schizophrenia divides itself along the “rule of thirds”: one third of those afflicted get better, one third stay the same, and one third get worse. Schizophrenia seems to arise most often in late adolescence or early adulthood. Most psychologists believe that schizophrenia is a collection of symptoms rather than a single disease.

Note: This slide shows a series of paintings done by an adolescent boy diagnosed as schizophrenic. They are pictures of his family members. His occupational therapist had encouraged him to draw, and it seemed to provide some relief.

Self Portraits by a Schizophrenic



Slide # 39

These next four slides show self-portraits made by a schizophrenic named Joanne. A talented adolescent with a flair for art, Joanne was also extremely delusional, often claiming that she was Shakespeare's Richard II. She told her occupational therapist that her self-portraits depicted her true colors, ones she said lay beneath her skin. She said she always felt on the verge of being out of control. In this first painting—made before she was hospitalized—she depicts herself as wide-eyed and full of fear.

Self Portraits by a Schizophrenic



Slide # 40

Joanne made this painting shortly after she had entered the hospital and begun art therapy. She said she felt deeply dejected, and the painting shows her inner turmoil. You can also see that she had lost a lot of weight.

Self Portraits by a Schizophrenic



Slide # 41

This painting appears more normal in its proportions, but you can still see fear and sadness in her expression.

Self Portraits by a Schizophrenic



Slide # 42

Joanne's final self-portrait has normal proportions and regular skin tones. She seems more relaxed.

Symptoms of Schizophrenia



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

Slide # 43

Schizophrenics often suffer delusions about their physical environment and their relationships with other people. In many cases, paranoia accompanies the delusions, and schizophrenics become convinced that some shadowy conspiracy has targeted them. People with schizophrenia also sometimes have auditory hallucinations in which they hear voices when no one else is present. Some schizophrenics become incoherent or display a marked decline in thought. Their speech appears to consist of gibberish and unrelated words thrown together. Schizophrenics also have been known to show inappropriate affect (emotion); their emotions can also seem sluggish and delayed. Their body language and movements begin to change, and they often suffer from diverted attention or a kind of cognitive “flooding” that erodes their ability to focus.

Many times the first sign of schizophrenia is a sharp drop-off in production at work or school. This slide shows an airbrush painting of an adolescent who developed schizophrenia. Before his illness, he had been quiet and introspective, a good student and writer, a star basketball player, and an excellent artist. By the age of 24, he had been diagnosed as schizophrenic and put on an antipsychotic drug called Haldol. He seemed fascinated with the idea of killing (continued on the next slide).



Slide # 44

This slide shows a portrait of the same young man at age twenty-four, right after he was arrested for brutally stabbing and killing both of his parents. He claimed that his parents were vampires intent on drinking his blood. He had stopped taking his medication because he didn't like the way it made him feel. At his trial, he was declared not guilty by reason of insanity and confined in various mental institutions in California for the next ten years. After his condition improved, he was released to a halfway house where they could monitor his behavior and make sure he took his meds.

Types of Schizophrenia

- Paranoid
- Catatonic
- Disorganized

Slide # 45

No special notes; the next series of slides will discuss each of these.

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

Slide # 46

Bullets # 1–2 This slide shows a copy of a segment of a painting by William Blake called “Satan Comes to the Gates of Hell.” One contemporary review of Blake’s art referred to him as an “unfortunate lunatic whose personal inoffensiveness secures him from confinement.” Blake told people that he was under the direction of messengers from heaven. Blake’s behavior fits the model of paranoid schizophrenia, the most common type of schizophrenia. Though many paranoid schizophrenics suffer from delusions of persecution, not all of them are actually paranoid. The most salient characteristic of the disease is the presence of complex delusions that remain stable over time.

Bullets # 3–4 Sufferers also experience many types of hallucinations, including disembodied voices that give them commands. Although paranoid schizophrenics rarely have visual hallucinations, Blake was an exception. His first hallucinations occurred at age four. A devout Christian, many of his visions conjured up biblical images such as the one shown in this slide, which Blake created as an illustration for Milton’s *Paradise Lost*. It shows Satan confronting death with Sin trying to separate them. The latticed gates of hell appear in the background.

Bullet # 5 Paranoid schizophrenics often have delusions of grandeur believing that they have a special mission to fulfill. Auditory hallucinations can reinforce this belief.

Catatonic Schizophrenia

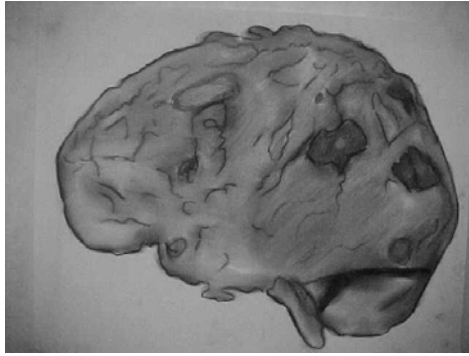


- Catatonic state: mute, immobile, mostly unresponsive
- “Waxy flexibility”
- Unusual postures held for long periods of time

Slide # 47

The picture in this slide shows an artist's conception of a catatonic schizophrenic. Schizophrenics of this type move back and forth between a waking state in which they often become quite active and even agitated, and a catatonic state in which they remain mute, motionless, and largely unresponsive, often for long periods of time. Catatonic schizophrenics exhibit a kind of “waxy flexibility” and can hold their limbs in unusual positions for a substantial amount of time without any discomfort. It can sometimes resemble a wax statue melting.

Disorganized Schizophrenia



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

Slide # 48

Disorganized schizophrenics exhibit disturbed and incoherent language patterns, inappropriate displays of emotion, disruptions of motor activity. This slide depicts a PET scan of the brain of a 23-year-old schizophrenic who claimed to have visions of rolling heads which spoke to him and gave him instructions. The red and yellow areas represent areas of the brain that become active during hallucinations.

Remission

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

Slide # 49

No cure exists for schizophrenia, but some sufferers do have periods where their symptoms become greatly reduced or disappear completely. Psychologists refer to this as “remission” because symptoms almost always return eventually.

Undifferentiated Schizophrenia

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

Slide # 50

Undifferentiated schizophrenia occurs when a person has symptoms that meet the general diagnostic criteria for schizophrenia but don't conform to any of the three types. This type of schizophrenia may involve some combination of symptoms of the other three types.

Causes of Schizophrenia

- Genetic
- Biochemistry/brain structure
- Environment

Slide # 51

Much debate exists as to what actually causes schizophrenia. Some believe genetics plays a primary role, others pinpoint biochemistry and brain structure, while still others emphasize the role of environment—especially interactions with one's family during childhood.

Genetics and Schizophrenia



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

Slide # 52

Bullet # 1 Schizophrenia afflicts about one percent of the general population. Even among identical twins, if one twin develops schizophrenia there is only a 42 percent chance the twin sibling will develop it.

Bullet # 2 If someone in your family has developed schizophrenia, then your odds of developing it increase from one percent to ten percent. Psychologists refer to this a predisposition for the illness. Genetic studies are not conclusive.

Bullets # 3–4 Researchers have also used twins to try to prove that schizophrenia has a genetic basis. One study looked at schizophrenic mothers who gave birth to twins, one of was given up for adoption. Even though the twins grew up in different environments, about 16 percent of them went on to develop schizophrenia. Though studies like this seem to point towards a genetic cause of the disease, evidence still remains inconclusive.

Biochemistry/Brain Structure

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

Slide # 53

Bullet # 1 Biochemistry may be a significant factor in causing schizophrenia. Having too much or too little of certain chemicals may knock the brain's mechanisms for processing information out of kilter and interfere with normal synaptic transmission.

Bullet # 2 Physiological conditions may also play a role: researchers have found that schizophrenics have certain abnormalities in brain structure. These abnormalities would be responsible in creating chemical imbalances.

Bullet # 3 Stress also seems to be a factor in the development of schizophrenia, probably because of the biochemical changes it can create. Though stress alone will not produce the disease, it can contribute significantly to its development.

Bullet # 4 The dopamine hypothesis posits that schizophrenia results from an excess of the neurotransmitter dopamine at certain synapses.

CAT Scans and MRIs



Slide # 54

This slide shows an artist's rendering of MRIs (magnetic resonance imaging) of the brains of identical twins—one normal (on the left), one schizophrenic (on the right). The pink arrows highlight the fact that the schizophrenic twin has enlarged ventricles. When these ventricles fill with fluid, they enlarge and reduce the space available for brain tissue. This seems to lend credence to the idea that schizophrenia is not strictly a genetic disorder: identical twins have the same genes, but can show differences in brain structure, as seen here. Genetics might lead you to expect that if one identical twin develops schizophrenia, the other would as well; however, that is not the case.

Family Experiences/Interactions

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

Slide # 55

Traumatic childhood experiences alone can't make a person schizophrenic, but studies have shown that families of individuals who later develop schizophrenia are often on the verge of falling apart. In the early family life of people who later develop the disease, communication often seems disorganized. In general, unhealthy families may merely contribute to the onset of the illness. The Diathesis-stress hypothesis posits that although an individual may have inherited a predisposition toward schizophrenia, the person must be exposed to certain environmental stressors for it to develop.

Mood Disorders

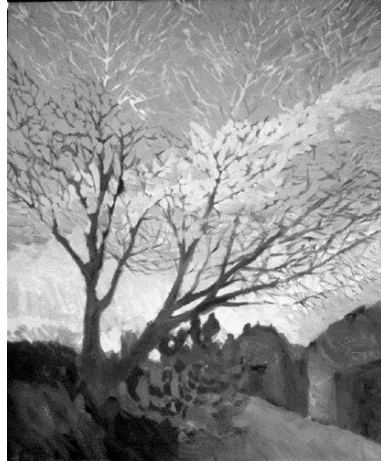


Slide # 56

Most people get depressed occasionally. However, clinical depression is a serious mood disorder that has little in common with the “blue moods” most people have from time to time. People with these types of disorders have intense moods that last a long time. Famous people who have suffered from mood disorders include actress Patty Duke (pictured in the drawing in this slide) and media mogul Ted Turner. Patty Duke is an actress and Ted Turner is well known in the TV industry.

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



Slide # 57

Bullets # 1–2 A type of depression known as “seasonal affective disorder” sometimes afflicts people who live in the most northern areas of the world. In the winter, these regions get little to no daylight. Some studies suggest that when there is less daylight, the body’s pineal gland secretes more melatonin, a hormone that helps regulate the sleep cycle and that has also been linked to mood and depression. Less daylight also seems to affect neurotransmitters that regulate the body’s internal clock, including norepinephrine, serotonin, and dopamine. Usually as winter begins to end and the days start to get longer, the depression seems to lift and eventually disappear.

Bullet # 3 Some common treatments include temporary sleep deprivation (which helps reset a person’s biological clock) and exposing sufferers to artificial light for a couple hours a day.

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

Slide # 58

Every year, more than 32,000 Americans end their own lives. One suicide occurs every 16 minutes. Likely candidates for suicide include people with a terminal illness, people who feel lonely or disconnected, and people suffering intense emotional pain. Women attempt suicide more often than men, but men are more likely to succeed. Suicide also occurs more commonly among the elderly and college students (it's actually the second leading cause of death among college students). Some people even commit suicide in order to permanently banish feelings they find “unacceptable” (especially sexual feelings) or to “punish” loved ones who they feel should have perceived and attended to their needs. Seventy percent of those who threaten suicide kill themselves within three months of making the threat.

Kurt Cobain



Slide # 59

Even people who seemingly “have it all” commit suicide sometimes. Musician Kurt Cobain’s band Nirvana was at the top of the charts when he killed himself with a shotgun. He left behind a note: one sentence in it stated, “I’m too much of an erratic, moody baby! I don’t have the passion any more and so remember, it’s better to burn out than to fade away.”

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

Slide # 60

The major depressive disorders are so severe that they interfere with normal concentration and social functioning. Symptoms can include loss of appetite, sleeplessness, and noticeable weight changes (either an increase or decrease). People who suffer from major depression tend to feel a deep hopelessness, view themselves as inadequate and/or worthless, and often have suicidal impulses.

Bipolar Disorder



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

Slide # 61

In bipolar disorder (popularly known as “manic depression”), a person alternates between manic and depressive phases. In the manic phase, the person experiences a rapid flow of ideas and feels constant elated. Sometimes this phase gets mistaken for a spurt of creativity. The depressive phase is essentially the same as major depression, leaving the person with a sense of worthlessness and despair. People in the depressive phase also can become suicidal. The length of each phase varies from person to person. Some have theorized that the two phases reinforce one another, with the manic episode serving as an attempt to ward off the underlying hopelessness of the depressive period. Others believe that bipolar disorder has a biochemical origin. Bipolar disorder may possibly be cyclical, occurring at regular intervals.

Personality Disorders



Slide # 62

People with personality disorders do not suffer from anxiety, nor do they usually behave in bizarre ways. Instead, they are unable to establish meaningful relationships. This diagnostic category encompasses a wide range of self-defeating patterns and behaviors, from being painfully shy to acting vain and pushy. The drawing in this slide shows a portrait of serial killer, Ted Bundy, who murdered at least 37 young women all across the nation. He was well-educated, articulate, and charming. Even while sitting on death row, he never showed any remorse for his crimes. Some psychologists believed that Bundy had a personality disorder that prevented him from establishing a normal, intimate relationship with a woman. When combined with his intelligence, his amoral nature, and his lack of a conscience, it produced a deadly, pathological mix.

Types of Personality Disorders

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

Slide # 63

An individual with a personality disorder displays an inflexible, long-standing, and maladaptive way of dealing with other people.

Note to teacher: We will only discuss antisocial personality disorder in this presentation.

Antisocial Personality



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

Slide # 64

People with antisocial personalities have no real conscience or regard for others. They also tend to have very shallow emotions and don't think too much about the consequences of their actions, more or less "living for the moment." They also usually live on the fringes of society. This slide shows a portrait of serial killer Jeffrey Dahmer. Many serial killers have antisocial personalities; a significant portion also abuse alcohol or drugs. Most of them were abused—emotionally, physically, and often sexually—as children. This abuse, however, did not "make" them serial killers; it only served as a contributing factor. Some serial killers believe that they are doing something good for the society by killing certain types of people. According to psychologist Joel Norris, almost a third of serial killers cannibalize their victims.

Reasons for Antisocial Behavior

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

Slide # 65

Some psychologists believe that as children, people with antisocial personalities merely observe and repeat their parents' patterns of behavior. They also think that antisocial personalities grew up in an atmosphere with little or inconsistent discipline. Other psychologists believe that a faulty nervous system is somehow to blame, or that the condition is genetic.

Therapy and Change



Slide # 66

In the middle ages, sometimes doctors cut a hole in the skull of a mentally ill person in order to release the “demons” inhabiting their head. Another medieval “treatment” for mentally ill people involved putting their heads into oven-like devices (as depicted in the drawing in this slide). Presumably, the evil spirits that had supposedly caused the illness would be forced out of the person’s head and then escape through the vent in the top of the oven. Therapy has come a long way since the middle ages; fortunately, accepted psychological practice no longer involves bizarre, painful procedures designed to get rid of demons. In the next section of this presentation, we will explore many techniques and therapies used to treat mental illness.

The Nature of Psychotherapy

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

Slide # 67

Bullet # 1 Psychotherapy literally means “healing of the soul.”

Bullet # 2 The term “mental illness” has long outlived its usefulness, largely due to the social stigma attached to it. Psychologist Thomas Szasz once stated that “minds can be sick only in the sense that jokes are sick or economies are sick.” Szasz put forth an alternate view of abnormal behavior, portraying it not as an illness but merely as a deviation from society’s normative structure. He also characterized mental illness as a form of cultural myth and that people labeled as mentally ill simply have problems coping in society.

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



Slide # 68

Bullet # 1 Some psychologists believe that the only difference between mental health and mental illness is a person's ability to take responsibility for their own behavior.

Bullets # 2–3 Mentally ill people may see themselves as passive participants in the world and feel that they have no real control over their own lives. The primary goals of psychotherapy are to help a person gain control over his or her life and to understand how the way in which they live can cause problems for them. For therapy to be effective, however, the patient or client must believe that change is possible.

Bullet # 4 The major task of any therapist is to act as a “guide,” helping people to change practices and habits so that they lead a more “mentally healthy” lifestyle.

Main Kinds of Therapy

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

Slide # 69

There are as many different types of treatments as there are theorists. A psychologist often picks and chooses from different methods in order to fashion a therapeutic experience that will best suit the person undergoing therapy.

Types of Therapists

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

Slide # 70

Many different types of professionals conduct therapy, ranging from highly trained medical doctors, people with advanced degrees in psychology, and to social workers and psychiatric nurses who may have only a few years of training. The type of therapist a person chooses will depend on the nature of their problem, since at times some types can be more effective than others.

What Are the Qualities of a Good Therapist?



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

Slide # 71

Therapists need to be able to show empathy and understanding. Therapists also need to be psychologically healthy themselves; any unresolved personal problems they have could adversely affect their patients. They must also be able to create a therapeutic atmosphere that feels comfortable and safe for the patient.

Group Therapy

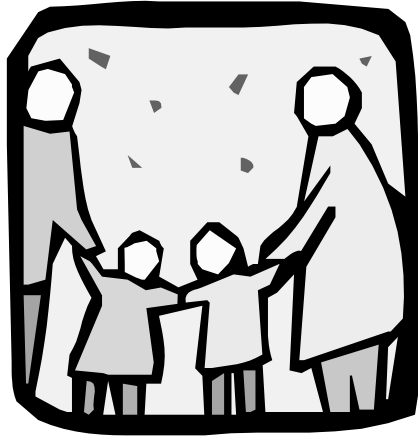


- Patients work together with the aid of a leader to resolve interpersonal problems
- Advantages

Slide # 72

In group therapy, patients get a chance to see how other people deal with problems similar to their own. Usually, one therapist supervises groups of eight to 12 people. Group therapy also tends to be cheaper than one-on-one therapy because several people bear the cost of the professional's time. Group therapy also is used a lot in mental hospitals because the high patient-to-staff ratio makes one-on-one therapy impractical much of the time.

Family Therapy



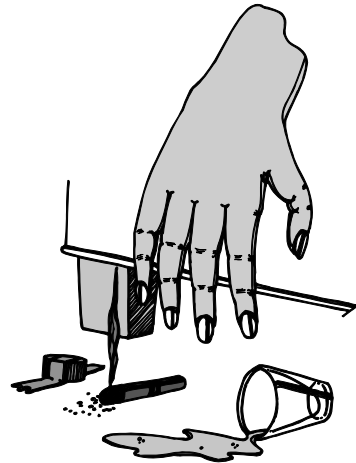
- Observes interactions
- Identifies patterns that lead to problems
- Helps untangle the web of communication

Slide # 73

For troubled families, undergoing therapy together can prove beneficial. Family members often become unhappy because they feel that other members of the family are mistreating them in ways that no one understands or wants to talk about. Family therapy helps to establish an objective point of view. It also allows the therapist to see the whole family interact, which makes it easier to identify patterns of dysfunction and problems with the ways in which family members communicate with one another.

Self-Help Groups

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



Slide # 74

Bullet # 1 Self-help groups are composed of people who share a similar problem, like alcoholism or drug addiction.

Bullet # 2 These groups operate without the assistance of a licensed professional.

Bullets # 3-4 The best known self-help group is Alcoholics Anonymous. Many self-help groups have based their organizations on AA's "12-step" model. Groups like ALANON and ALATEEN try to help children of drug-addicted or alcoholic parents. Other self-help groups exist for people with cancer, survivors of abuse, and parents who have terminally ill children.

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



Slide # 75

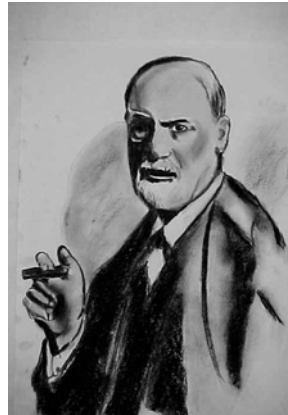
Bullet # 1 In 1952, psychologist Hans Eysenck surveyed several studies on the effectiveness of psychotherapy. He asserted that although therapy proved beneficial for two out of three patients, about two-thirds of people with psychological problems would recover or significantly improve within two years whether they underwent psychotherapy or not. He concluded that ultimately, psychotherapy was no more effective than no treatment at all.

Bullet # 2 In 1971, researcher Allen Bergin questioned Eysenck's methodology—in particular, his definition of “improvement.” Eysenck only considered therapy effective if a patient showed major improvement; Bergin found that by lowering the standard for success to moderate improvement, therapy was effective for the vast majority of patients.

Bullet # 3 Mary Lee Smith and Gene Glass used a method known as “meta-analysis” to statistically analyze studies on the effectiveness of psychotherapy. They also wanted to address flaws in Eysenck's methodology. Their study refuted Eysenck's conclusion, finding that therapy is generally more effective than no treatment at all, and that on the average most forms of therapy have similar rates of effectiveness.

What Is Psychoanalysis?

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



Slide # 76

Psychoanalysis, a form of therapy developed by Sigmund Freud, is based on the theory that psychological problems result from anxiety about feelings and thoughts a person has repressed into their unconscious. Psychoanalytic therapy aims to make patients aware of these unconscious thoughts and feelings so that they can truly deal with them.

Free Association

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



Slide # 77

Freud also developed a psychoanalytic technique known as “free association” which aims to gain insight into a patient’s unconscious mind. The analyst tells the patient to relax and talk about whatever comes into their mind, no matter how inconsequential it may seem. Patients are strongly encouraged not to “edit” themselves so that they can achieve a true “stream of consciousness.” The psychiatrist often says nothing for long periods of time. Initially, many patients feel uncomfortable talking and talking without any feedback; they may also be reluctant to reveal painful or embarrassing things. Such misgivings are called “resistance.” Psychoanalysis takes a long time to yield results: it may take years of sessions before patients feel that they can make fundamental changes in their lives.

Transference

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



Slide # 78

Sooner or later, the patient reaches a level of comfort with their analyst. At this point, the patient begins to act toward the therapist in the same way they used to act toward an important person in their lives—usually one of their parents.

Transference can be either positive or negative: patients can feel good about their analysts or they can take out their negative feelings on them. In both cases, the therapist does not take anything the patient says personally, remaining neutral.

Humanistic/Client-Centered Therapy

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

Slide # 79

No special notes.

Client-Centered Therapy (CCT)

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



Slide # 80

Bullet # 1 Client-centered therapy is based primarily on the work of Carl Rogers. Rogers believed the term “patient” suggests inferiority, while the term “client” implies an equal relationship. Unlike psychotherapy, in CCT the therapist shows real caring and empathy. CCT assumes that people are basically good and have the capability to handle their own lives.

Bullet # 2 Client-centered therapists believe that a person needs to become “self-actualized” and reach their potential. This often means that before they can make a real contribution in life, they must first satisfy more basic needs like comfort, food, shelter and self-esteem.

Bullet # 3 Rogers treated his clients with respect and empathy no matter what they might say or reveal about themselves, a technique known as “unconditional positive regard.” His techniques often involved repeating much of what he would hear from his clients in order to help them clarify their feelings.

Cognitive Therapy

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

Slide # 81

The goal of cognitive therapy is to change the way people think. It assumes that negative and/or incorrect beliefs, expectations, and ways of thinking can distort behavior. Cognitive therapy helps people modify their behavior by changing misconceptions they have about themselves and society in general.

Cognitive Therapies: Similarities

- Disconfirmation
- Reconceptualization
- Insight

Slide # 82

All types of cognitive therapy operate under the same basic principles.

Bullet # 1 “Disconfirmation” refers to confronting patients with specific evidence that directly contradicts their existing beliefs.

Bullet # 2 “Reconceptualization” refers to a process in which the therapist helps patients develop an alternative belief system to explain their experiences and observations.

Bullet # 3 “Insight” refers to clients working toward an understanding of how they arrived at these new beliefs.

Rational-Emotive Therapy (RET)

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



Slide # 83

Bullet # 1 Psychologist Albert Ellis developed Rational-Emotive Therapy (RET). He believed that emotional problems arise when an individual makes unrealistic assumptions such as “everything I do must be approved by others” or “I need to be loved by everybody.” RET attempts to correct these false and self-defeating beliefs, teaching clients that although rejection is unpleasant, it does not have to become unbearable. Ellis would do this by assigning “homework.” For example, if a client believed he would never have any success with women, Ellis would have him practice his skills at asking for a date. He would then direct the patient to ask out women whom the patient believed would be likely to reject him. This experience would help the client learn that he can cope with things not going his way.

Bullet # 2 Ellis and other cognitive theorists operate on the basic premise that people behave in essentially rational ways.

Bullet # 3 RET often uses role playing to allow clients to practice dealing with potentially threatening situations.

Ellis's A B C

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

Slide # 84

Ellis claimed that experiences by themselves don't cause psychological problems; rather, it is the way a person thinks about the experience that leads to troubles. In other words A does not cause C, rather B causes C.

Beck's Cognitive Therapy



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

Slide # 85

Bullet # 1 Psychologist Aaron Beck introduced another form of cognitive therapy similar to RET. Beck's therapy focuses on illogical thought processes and patterns. Therapists use persuasion and logic to try to help patients change existing beliefs. They also encourage their clients to engage in actual tests of their own beliefs. For example, if a client believes that he or she never has a good time, the therapist might point out that this is a hypothesis, not a fact. The therapist might then ask the client to test the hypothesis by looking at the evidence differently, and note the times in their lives when they did in fact have a good time.

Bullet # 2 Beck's theories have worked well with people suffering from depression. Beck theorized that depressed people blame themselves for their problems rather than their circumstances. He also believed that depressed people focus on only negative events and ignore positive events, which leads them to make pessimistic projections about the future and undermine their self-esteem and sense of worth.

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

Slide # 86

Cognitive therapy focuses on a patient's thoughts; behavior therapy emphasizes a patient's behavior. Behavior therapy assumes that people become disturbed because they have learned to behave in an undesirable way and that any behavior learned can also be unlearned. Reeducating the patient becomes the primary goal. Rather than digging into a patient's past or analyzing dreams, behavioral therapists focus on what steps need to be taken in order to change a patient's behavior. Behavior therapy doesn't care about why a problem has developed; it assumes that changing undesirable behavior will cause a patient's thoughts to change as well.

Systematic Desensitization



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

Slide # 87

Bullet # 1 Behavior therapists commonly use a technique known as “systematic desensitization” to help patients overcome irrational fears. The therapist helps the client reduce anxiety by pairing relaxation techniques with anxiety-producing situations. For example, suppose that a patient has a fear of snakes. At first, the therapist has the person just look at pictures of snakes. In the next session, the therapist may have the person actually observe a real snake safely confined in an enclosed container. The next time, the person may briefly touch a snake. The patient will probably never develop a real love of snakes, but their fear and anxiety about snakes should become greatly reduced.

Bullet # 2 Counter-conditioning is a three step process:

1. The person builds an “anxiety hierarchy,” with the least feared situation at the bottom and the most feared at the top.
2. The person practices deep muscle relaxation techniques.
3. Eventually, the person learns to use these relaxation techniques to cope with each situation in the hierarchy.

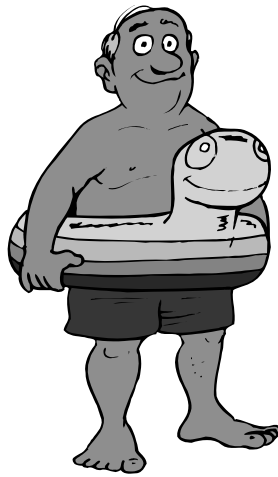
Losing Fear



Slide # 88

Let's look at how systematic desensitization might work with a person who's afraid of water. Initially, the patient would wear a life jacket and stand in very shallow water.

Flooding



Slide # 89

“Flooding” has nothing to do with water; instead, it refers to directly exposing a patient to the object or situation they fear. In our hypothetical example, the therapist would have the hydrophobic patient wade out a little deeper each time (usually the therapist would accompany them).

Modeling



Slide # 90

Muscle relaxation techniques can also help improve the way a patient responds to a stressor. Patients and therapists first analyze anxiety-arousing situations step by step. The therapist then gradually exposes the patient to real-life situations and models (demonstrates) the desired behavior.

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

Slide # 91

Bullet # 1 Behavior therapists also sometimes use a technique known as “aversive conditioning” which links an unpleasant state with an unwanted behavior. The goal is to eliminate the undesirable behavior.

Bullets # 2–3 One example of aversive conditioning involves a drug called dysulfurum, which causes severe nausea and vomiting when mixed with alcohol. The idea is that making an alcoholic feel extremely nauseated every time he or she drinks will eventually create a strong aversion to liquor and stop the person from drinking entirely. The treatment may take up to six months before it begins to work, and the success rate is around 50 percent.

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

Slide # 92

Bullet # 1 Operant conditioning (most identified with psychologist B.F. Skinner) employs a series of rewards. It's based on the assumption that positively reinforcing a subject's behavior with a reward will make the subject more likely to repeat that behavior in the future.

Bullet # 2 In "contingency management," undesirable behavior is neither reinforced nor rewarded. Other forms of conditioning punish undesirable behavior; contingency management remains neutral.

Bullet # 3 Operant conditioning has been used in prisons and mental hospitals with great success.

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”

Slide # 93

“Token economies,” a logical extension of operant conditioning, rewards behavior with valueless objects, like poker chips. Each token has an assigned worth, and patients can use them as a form of money to buy things (e.g., candy, cigarettes, magazines, etc.) in the canteen of a hospital or prison.

Cognitive Behavior



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

Slide # 94

As its name suggests, cognitive behavior therapy combines cognitive and behavioral techniques to help a patient substitute healthy thoughts for negative ones and change disruptive behavior. It focuses on setting goals and changing the client's interpretation of their situation. It is designed to help clients differentiate between serious, real-life problems and imagined or distorted ones. Many self-help programs use this approach.

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

Slide # 95

Bullet # 1 Biological therapy assumes that physical problems underlie psychological problems. It is much more of a medical approach and application than some of the other therapies.

Bullet # 2 Biological applications very often use medication. Although the medication does not cure mental illness, it does treat the symptoms. As long as people take their medication, they can lead a more normal life. Psychiatrists also sometimes use electric shock (ECT); in the most extreme situations, they may even conduct psychosurgery.

Bullet # 3 Only a psychiatrist (who has a medical degree) can administer biological therapies.

Bullet # 4 Psychiatrists usually only resort to biological therapies when talking and learning theories don't work.

Drug Therapy



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

Slide # 96

Drug therapy tries to help patients by manipulating levels of neurotransmitters in the brain. For example, one theory of schizophrenia postulates that people develop the disease when their dopamine receptors become overactive. Antipsychotic drugs like Thorazine and Haldol block or reduce the sensitivity of the dopamine receptors. Another drug called Clozapine decreases dopamine levels while simultaneously increasing serotonin levels. These drugs can help schizophrenics become less withdrawn and agitated, have fewer hallucinations, and reduce their hostility. Unfortunately, many anti-psychotic drugs can have terrible side effects, such as muscle rigidity, tremors, and coordination problems.

Antidepressants



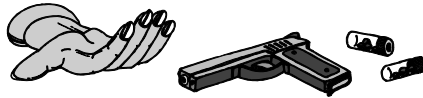
- MAO inhibitors (MAOIs), tricyclics, SSRIs
- Increase the amount monoamines, norepinephrine, or serotonin

Slide # 97

Antidepressant drugs also work on neurotransmitter levels and are used to treat anxiety, phobias, and obsessive compulsive disorder (OCD). Depressed people often have low levels of certain neurotransmitters: monoamines, norepinephrine, and serotonin. Antidepressants called MAO inhibitors elevates monoamine levels by blocking monoamine oxidase, an enzyme responsible for removing excess monoamines from the brain. Tricyclic depressants increase the levels of two other neurotransmitters: norepinephrine and serotonin. A third class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs) affect only serotonin levels. All antidepressants have side effects; however, because SSRIs act on only one neurotransmitter, they tend to have fewer and less severe side effects than MAOIs and tricyclics. SSRIs include well-known antidepressants such as Prozac, Zoloft, and Wellbutrin.

Lithium Carbonate

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



Slide # 98

Lithium, a naturally occurring salt that controls levels of norepinephrine, is often used to treat bipolar disorder or mood swings. Still, it can have serious side effects and needs to be administered under carefully supervised conditions. Lithium is also sometimes used to treat severely depressed and suicidal people.

Anti-Anxiety Drugs

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

Slide # 99

Anti-anxiety drugs, which include sedatives and mild tranquilizers, are used to reduce excitability and cause drowsiness. These drugs depress the activity of the central nervous system (CNS) by stimulating the activity of the neurotransmitter GABA (gamma aminobutyric acid). Anti-anxiety drugs generally are more mild than others used in drug therapy, and doctors tend to prescribe them more often. At one time, Valium was the most widely prescribed drug in the U.S.; today, Xanax enjoys similar popularity. Side effects of anti-anxiety drugs include drowsiness and fatigue; they can be lethal when mixed with alcohol.

The Deinstitutionalized Person



Slide # 100

For the past 30 years, officials overseeing the mental health system have adopted a policy of deinstitutionalization: trying to keep the majority of the mentally ill out of hospitals. Initially, deinstitutionalization arose from humane motives: in the past, many people had been confined to mental institutions against their will. People felt the new policy would largely prevent this and would have financial benefits since institutions would contain fewer patients. Still, just because people don't pose a threat to themselves or the community doesn't mean that they know how to take care of themselves. One effect of deinstitutionalization has been an increase in the homeless population in cities. California alone may have as many as 50,000 homeless people who are mentally ill.

Electroconvulsive Therapy (ECT)



Slide # 101

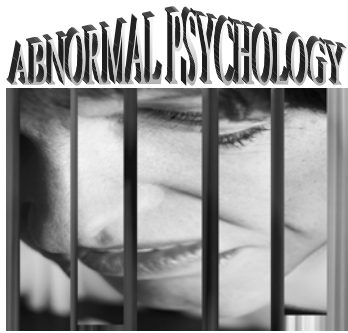
Electroconvulsive therapy sends an electric shock through the brain to try to reduce the symptoms of mental disturbance. The shock is intended to induce a convulsion in the brain similar to an epileptic seizure. Patients receive a series of brief shocks that measure approximately 70–150 volts and last for 0.1–1.0 seconds. Treatment involves multiple sessions administered over the course of several weeks. ECT has proven extremely effective in the treatment of severe depression, although no one quite understands how it works. In the past, ECT was often abused and administered brutally: the seizures created sometimes caused muscular contractions so intense that a patient's bones would break. Today, ECT involves very little discomfort. A patient receives sedatives and muscle relaxants prior to the treatment. Therapists today usually just shock the right hemisphere of the brain instead of administering a generalized jolt. Shocking both hemispheres can cause memory loss.

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)

Slide # 102

Psychosurgery involves radical procedures that destroy a specific part of the brain either to free a patient from debilitating symptoms (such as frequent seizures) or to affect a change in mood. Up through the 1950s, doctors often performed pre-frontal lobotomies on violent schizophrenics, depressed patients, and people with bipolar disorder or OCDs. The pre-frontal lobes of the brain control voluntary movement; psychologists also believe the frontal lobes of the brain house much of the human personality. Years ago, lobotomies would often sever the frontal lobes from the rest of the brain, either by boring a hole in the patient's skull or by passing an electric needle through the edge of the eye socket and cauterizing the brain tissue. Lobotomies often caused a great amount of damage to intellectual functioning, and the procedure is no longer used.



Slide # 1

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

Slide # 2

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

Slide # 3

Personal Discomfort



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

Slide # 4

Bizarre Behavior



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

Slide # 5

The Cultural Model



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

Slide # 6

A History of Abnormality



- Spirit possession/exorcism/trephining
- Flagellants
- Bloodletting

Slide # 7

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

Slide # 8

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

Slide # 9

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)

Slide # 10

Possession



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

Slide # 11

Psychological Classification



A Medical Model

Slide # 12

DSM

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

Slide # 13

Before DSM

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

Slide # 14

New Categories

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

Slide # 15

DSM-IV Descriptions

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

Slide # 16

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

Slide # 17

Axis II: Developmental Disorders/Personality

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

Slide # 18

Axis III: Physical Disorders

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

Slide # 19

Axis IV: Measurement of Current Stress Level

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

Slide # 20

Axis V: Adaptive Functioning

- Social relations
- Occupational functioning
- Use of leisure time

Slide # 21

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

Slide # 22

Types of Anxiety

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

Slide # 23

Generalized Anxiety

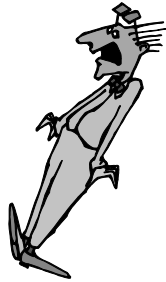
- Panic attacks (chest pain, choking, trembling)
- Can't make decisions, trouble with family
- Physical complaints



Slide # 24

Phobic Disorders

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



Slide # 25

Panic Disorders

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

Slide # 26

Obsessive-Compulsive Disorder



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

Slide # 27

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

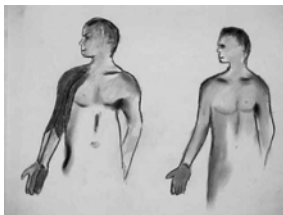
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Psychosomatic and Somatoform Disorders

- 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

Slide # 29

Conversion Disorder



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

Slide # 30

Hypochondriasis



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

Slide # 31

Dissociative Disorders

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

Slide # 32

Dissociative Amnesia

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

Slide # 33

Dissociative Fugue

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

Slide # 34

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

Slide # 35

Schizophrenia and Mood Disorders



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

Slide # 36

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

Slide # 37

Schizophrenia (cont.)



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

Slide # 38

Self Portraits by a Schizophrenic



Slide # 39

Self Portraits by a Schizophrenic



Slide # 40

Self Portraits by a Schizophrenic



Slide # 41

Self Portraits by a Schizophrenic



Slide # 42

Symptoms of Schizophrenia



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

Slide # 43



Slide # 44

Types of Schizophrenia

- Paranoid
- Catatonic
- Disorganized

Slide # 45

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

Slide # 46

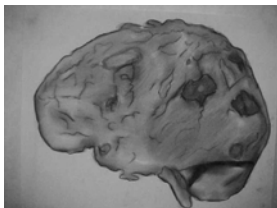
Catatonic Schizophrenia



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

Slide # 47

Disorganized Schizophrenia



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

Slide # 48

Remission

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

Slide # 49

Undifferentiated Schizophrenia

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

Slide # 50

Causes of Schizophrenia

- Genetic
- Biochemistry/brain structure
- Environment

Slide # 51

Genetics and Schizophrenia



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

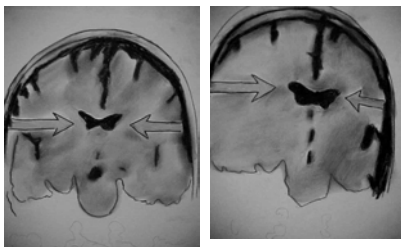
Slide # 52

Biochemistry/Brain Structure

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

Slide # 53

CAT Scans and MRIs



Slide # 54

Family Experiences/Interactions

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

Slide # 55

Mood Disorders



Slide # 56

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



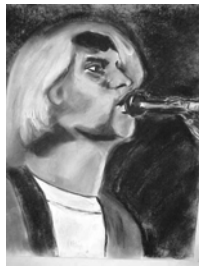
Slide # 57

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

Slide # 58

Kurt Cobain



Slide # 59

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

Slide # 60

Bipolar Disorder



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

Slide # 61

Personality Disorders



Slide # 62

Types of Personality Disorders

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

Slide # 63

Antisocial Personality



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

Slide # 64

Reasons for Antisocial Behavior

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

Slide # 65

Therapy and Change



Slide # 66

The Nature of Psychotherapy

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

Slide # 67

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



Slide # 68

Main Kinds of Therapy

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

Slide # 69

Types of Therapists

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

Slide # 70

What Are the Qualities of a Good Therapist?



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

Slide # 71

Group Therapy



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

Slide # 72

Family Therapy

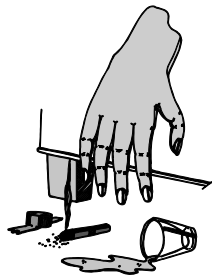


- Observes interactions
- Identifies patterns that lead to problems
- Helps untangle the web of communication

Slide # 73

Self-Help Groups

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



Slide # 74

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



Slide # 75

What Is Psychoanalysis?

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



Slide # 76

Free Association

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



Slide # 77

Transference

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



Slide # 78

Humanistic/Client-Centered Therapy

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

Slide # 79

Client-Centered Therapy (CCT)

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



Slide # 80

Cognitive Therapy

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

Slide # 81

Cognitive Therapies: Similarities

- Disconfirmation
- Reconceptualization
- Insight

Slide # 82

Rational-Emotive Therapy (RET)

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



Slide # 83

Ellis's A B C

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

Slide # 84

Beck's Cognitive Therapy



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

Slide # 85

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

Slide # 86

Systematic Desensitization



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

Slide # 87

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Slide # 88

Flooding



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- It is a natural salt

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- Tranquilizers like Valium, Xanax

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The Deinstitutionalized Person



Slide # 100

Electroconvulsive Therapy (ECT)



Slide # 101

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)

Slide # 102

Name _____ Date _____ Period _____

Activity # 1

Directions: Fill in the blanks with the terms listed in the box below.

compulsion	generalized	obsession
diversions	guilt	real
doom	imagined	reexperiences
flashbacks	inherited	social

1. Unlike fear, anxiety is a reaction to _____ dangers. Some people with _____ anxiety disorder experience panic attacks.
2. When severe anxiety is focused on a particular thing or situation that seems out of proportion to the _____ danger, it is called a phobia. Fear of speaking in public is a form of _____ phobia.
3. During a panic attack, a victim experiences intense anxiety, leading to a feeling of inevitable _____. Panic disorders may be _____, in part.
4. An uncontrollable pattern of thoughts is called a(an) _____. Repeatedly performing irrational actions is called a(an) _____. People may develop these thoughts and actions because they serve as _____ and thus reduce anxiety.
5. People who have gone through a particularly stressful experience like war or a major accident sometimes have _____ in which they _____ the ordeal, often followed by feelings of _____.

Name _____ Date _____ Period _____

Activity # 1 *Answer Key*

Directions: Fill in the blanks with the terms listed in the box below.

compulsion	generalized	obsession
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doom	imagined	reexperiences
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1. Unlike fear, anxiety is a reaction to **imagined** dangers. Some people with **generalized** anxiety disorder experience panic attacks.
2. When severe anxiety is focused on a particular thing or situation that seems out of proportion to the **real** danger, it is called a phobia. Fear of speaking in public is a form of **social** phobia.
3. During a panic attack, a victim experiences intense anxiety, leading to a feeling of inevitable **doom**. Panic disorders may be **inherited**, in part.
4. An uncontrollable pattern of thoughts is called a(an) **obsession**. Repeatedly performing irrational actions is called a(an) **compulsion**. People may develop these thoughts and actions because they serve as **diversions** and thus reduce anxiety.
5. People who have gone through a particularly stressful experience like war or a major accident sometimes have **flashbacks** in which they **reexperience** the ordeal, often followed by feelings of **guilt**.

Abnormal Psychology

Name _____ Date _____ Period _____

Activity #2

Directions: Modern psychologists employ four main types of therapy. In the first boxes, list the types of therapy. In the second boxes, list the role of the therapist. In the last boxes, list the techniques used in each type of therapy.

Types of Therapy	Role of Therapist	Techniques Used

Name _____ Date _____ Period _____

Activity #2 Answer Key

Directions: Modern psychologists employ four main types of therapy. In the first boxes, list the types of therapy. In the second boxes, list the role of the therapist. In the last boxes, list the techniques used in each type of therapy.

Types of Therapy	Role of Therapist	Techniques Used
Psychoanalysis	Listens and interprets	Free association, dream interpretation
Humanistic	Listens, practices unconditional positive regard	Active listening, nondirective approach
Cognitive Therapy	Helps the client recognize and change misconceptions	Disconfirmation, reconceptualization, insight
Behavior Therapy	Develops a program to change behavior	Operant conditioning

Name _____ Date _____ Period _____

Activity #3

Terms and Concepts

Directions: Fill in the blanks to the left with the letter of the term that matches the description. Not all terms will be used.

- | | |
|-----------------------------------|-----------------------------------|
| A. addiction | H. DSM-IV |
| B. antisocial personality | I. hallucinations |
| C. anxiety | J. phobia |
| D. bipolar disorder | K. post-traumatic stress disorder |
| E. delusions | L. psychological dependence |
| F. dissociative amnesia | M. schizophrenia |
| G. dissociative identity disorder | N. somatoform |

- ___ 1. Severe anxiety focused on a particular object, animal, activity, or situation that is out of proportion to any real danger
- ___ 2. Perceptions for which there is no corresponding sensation
- ___ 3. The category of disorder that includes conversion disorders and hypochondriasis
- ___ 4. A disorder in which a person has two or more separate and distinct personalities
- ___ 5. The American Psychological Association's system for diagnosing mental disorders
- ___ 6. A severe disorder characterized by problems with cognition
- ___ 7. A disorder characterized by feelings of sudden, helpless terror
- ___ 8. Condition in which a stressful event causes a loss of memory of personal events or information
- ___ 9. A generalized apprehension or feeling that one is in danger
- ___ 10. False beliefs maintained despite evidence to the contrary
- ___ 11. A condition that you may experience after living through a war
- ___ 12. A mood disorder in which individuals are excessively and inappropriately happy and then unhappy

Visualizing Information

Directions: Fill in the table below by describing the conditions and disorders that each axis of the DSM-IV covers.

DSM-IV Axes	Topics Covered
Axis I	
Axis II	
Axis III	
Axis IV	
Axis V	

Name _____ Date _____ Period _____

Activity #3 Answer Key

Terms and Concepts

Directions: Fill in the blanks to the left with the letter of the term that matches the description. Not all terms will be used.

- | | |
|-----------------------------------|-----------------------------------|
| A. addiction | H. DSM-IV |
| B. antisocial personality | I. hallucinations |
| C. anxiety | J. phobia |
| D. bipolar disorder | K. post-traumatic stress disorder |
| E. delusions | L. panic disorder |
| F. dissociative amnesia | M. schizophrenia |
| G. dissociative identity disorder | N. somatoform |

- J 1. Severe anxiety focused on a particular object, animal, activity, or situation that is out of proportion to any real danger
- I 2. Perceptions for which there is no corresponding stimuli
- N 3. The category of disorder that includes conversion disorders and hypochondriasis
- G 4. A disorder in which a person has two or more separate and distinct personalities
- H 5. The American Psychological Association's system for diagnosing mental disorders
- M 6. A severe disorder characterized by problems with cognition
- L 7. A disorder characterized by feelings of sudden, helpless terror
- F 8. Condition in which a stressful event causes a loss of memory of personal events or information
- C 9. A generalized apprehension or feeling that one is in danger
- E 10. False beliefs maintained despite evidence to the contrary
- K 11. A condition that you may experience after living through a war
- D 12. A mood disorder in which individuals are excessively and inappropriately happy and then unhappy

Visualizing Information

Directions: Fill in the table below by describing the conditions and disorders that each axis of the DSM-IV covers.

DSM-IV Axes	Topics covered
Axis I	Disorders first diagnosed in infancy, childhood, or adolescence
Axis II	Developmental and personality disorders
Axis III	Physical disorders that cause psychological problems
Axis IV	Measurement of current stress levels
Axis V	Adaptive functioning

Abnormal Psychology

Name _____ Date _____ Period _____

Activity #4

Directions: Write the letter of the term in the correct category, along with a definition of the term.

- | | | |
|--------------------------|------------------------------|-------------------------------|
| A. active listening | E. client-centered therapy | I. free association |
| B. antipsychotic drugs | F. contingency management | J. nondirective therapy |
| C. aversive conditioning | G. dream analysis | K. rational-emotive therapy |
| D. behavior modification | H. electroconvulsive therapy | L. systematic desensitization |

Psychoanalysis

1. _____
2. _____

Humanistic Therapy

3. _____
4. _____
5. _____

Cognitive and Behavior Therapies

6. _____
7. _____
8. _____
9. _____
10. _____

Biological Treatments

11. _____
12. _____

Name _____ Date _____ Period _____

Activity #4 Answer Key

Directions: Write the letter of the term in the correct category, along with a definition of the term.

- | | | |
|--------------------------|------------------------------|-------------------------------|
| A. active listening | E. client-centered therapy | I. free association |
| B. antipsychotic drugs | F. contingency management | J. nondirective therapy |
| C. aversive conditioning | G. dream analysis | K. rational-emotive therapy |
| D. behavior modification | H. electroconvulsive therapy | L. systematic desensitization |

Psychoanalysis

1. G. dream analysis—looks for manifest and latent meanings in dreams
2. I. free association—patients say whatever comes to mind

Humanistic Therapy

3. A. active listening—clarify patient's thoughts
4. E. client-centered therapy—non-judgmental, therapists and patients as partners
5. J. nondirective therapy—free flow of ideas

Cognitive and Behavior Therapies

6. C. aversive conditioning—links undesirable behavior to unpleasant stimuli
7. D. behavior modification—changes the way a patient feels and acts
8. F. contingency management—not reinforcing bad behavior
9. K. rational-emotive therapy—change a patient's unrealistic assumptions
10. L. systematic desensitization—helping a patient gradually overcome fears

Biological Treatments

11. B. antipsychotic drugs—reduce delusions and hallucinations
12. H. electroconvulsive therapy—electric shocks to particular areas of the brain; used for depression

Name _____ Date _____ Period _____

Activity #5

Teacher Directions:

1. Group the class teams of four and have each group research one of the following disorders:
 - bipolar disorder
 - dissociative identity disorder
 - somatoform disorder
 - conversion disorder
 - dissociative amnesia
 - major depressive disorder
 - dissociative fugue
 - hypochondriasis
2. Every team member should be responsible for research at least two aspects of the disorder, including symptoms, incidence, causes, risk factors, prevention, history of diagnosing the disorder, history of treating it, and what treatments are used most often today. Each member should also find one sample case history.
3. The team will then make a portfolio containing the following three items:
 - A. A four-page report discussing the nature of the disorder: causes, risk factors, incidence, symptoms, and the disorder's history
 - B. One case study of a person/group who suffered from the disorder
 - C. A two- to three-page pamphlet describing how to recognize symptoms, how to help someone afflicted with the disorder, and available treatment options

Abnormal Psychology

Name _____ Date _____ Period _____

Multiple-Choice Questions

1. Which of the following is NOT a way to measure abnormality?
 - a. Bizarre behavior
 - b. Psychological introspection
 - c. Personal discomfort
 - d. The adequacy approach
 - e. A statistical approach
2. Which of the following was NOT a contribution of Greek physicians?
 - a. Bodily fluids
 - b. Classification of acute versus chronic mental illness
 - c. Hallucinations
 - d. Obsessive compulsive neurosis
 - e. Mania and melancholy
3. Which of the following was NOT an idea related to mental illness in the Middle Ages?
 - a. Tarantism
 - b. Lycanthrophy
 - c. Sanguinity
 - d. Lunacy
 - e. Flagellantism
4. What is the DSM?
 - a. A form of schizophrenia
 - b. Another term for bipolar mood swings
 - c. A classification system for mental illness
 - d. Initials for delusion situational mode
 - e. A specific somataform disorder
5. How many times has the DSM been revised?
 - a. Only once in 1952
 - b. Four times
 - c. It was last revised for the third time in 1999
 - d. Six times
 - e. Two times
6. Which of the following is NOT listed in DSM descriptions?
 - a. Essential features of the disorder
 - b. Diagnostic criteria
 - c. Information of differential diagnosis
 - d. Associated features present
 - e. Related sociopathic disorders

Abnormal Psychology

7. Which of the following disorders do NOT belong in the Axis I of the DSM?
 - a. Attention deficit disorder
 - b. Schizophrenia
 - c. Somatoform disorder
 - d. Sleep disorders
 - e. Language disorders
8. Which of the following is NOT a type of anxiety disorder?
 - a. Generalized
 - b. Phobic
 - c. Post-traumatic stress
 - d. Panic disorder
 - e. Schizophrenia
9. Which of the following is related to conversion disorder?
 - a. Panic attacks
 - b. Paralysis
 - c. Bipolar illness
 - d. Lobotomy
 - e. Lithium
10. Which of the following is NOT a personality disorder?
 - a. Bipolar
 - b. Paranoid
 - c. Histrionic
 - d. Antisocial
 - e. Dependent
11. Which of the following is NOT symptomatic of schizophrenia?
 - a. Hallucinations
 - b. Delusions
 - c. Multiple personalities
 - d. Movement change
 - e. Diverted attention
12. Sufferers of which of the following conditions can hold an unusual posture for a long time?
 - a. Catatonic schizophrenia
 - b. Paranoid schizophrenia
 - c. Histrionic personality disorder
 - d. Undifferentiated schizophrenia
 - e. Biochemical disorder

Abnormal Psychology

13. If schizophrenia already exists in a person's family, what is the probability that person will develop schizophrenia?
- a. About 10%
 - b. Less than 1%
 - c. About 20%
 - d. About 50%
 - e. Between 5% and 10%
14. Which therapist developed Rational-Emotive Therapy?
- a. Albert Ellis
 - b. Sigmund Freud
 - c. Aaron Beck
 - d. Carl Rogers
 - e. Thomas Szasz
15. Which of the following is NOT a biological therapy?
- a. Drugs
 - b. ECT
 - c. Psychosurgery
 - d. The talking cure
 - e. Antidepressants

Abnormal Psychology

Name _____ Date _____ Period _____

Multiple-Choice Questions *Answer Key*

1. Which of the following is NOT a way to measure abnormality?
 - a. Bizarre behavior
 - b. Psychological introspection (CORRECT ANSWER)
 - c. Personal discomfort
 - d. The adequacy approach
 - e. A statistical approach
2. Which of the following was NOT a contribution of Greek physicians?
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 - e. A specific somataform disorder
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 - d. Associated features present
 - e. Related sociopathic disorders (CORRECT ANSWER)

Abnormal Psychology

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 - d. Antisocial
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 - a. Hallucinations
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 - c. Multiple personalities (CORRECT ANSWER)
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 - d. Undifferentiated schizophrenia
 - e. Biochemical disorder

Abnormal Psychology

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 - c. Aaron Beck
 - d. Carl Rogers
 - e. Thomas Szasz
15. Which of the following is NOT a biological therapy?
- a. Drugs
 - b. ECT
 - c. Psychosurgery
 - d. The talking cure (CORRECT ANSWER)
 - e. Antidepressants