Introduction

I. Defining Abnormality
II. History of Mental Disorders
I. Defining Abnormality

A. Cultural Relativism
B. Unusualness
C. Discomfort & Suffering
D. Harm to Society
E. Mental Illness
F. Deviation from an Ideal
G. Maladaptive
Maladaptive behaviors can...

- Cause the person physical harm
- Cause people emotional suffering
- Interfere with the person’s functioning in life
- Result in the person losing control of his/her behavior
- Involve losing touch with reality
Maladaptive Behaviors & the Three D’s of Abnormality

• Distress
• Dysfunction
• Deviance
• Danger
Parting initial thoughts on abnormality

• Abnormal behavior is a social construction
• This makes definitions of abnormality fluid as societies are fluid themselves
II. History of Mental Disorders

A. Supernatural Theories
   – trephination

B. Natural/Somatogenetic Theory
   – General paresis in 1897

C. Psychological Theories
Theoretical Explanations for Abnormality

I. The Biological Model
II. The Psychodynamic Model
III. The Behavioral Model
IV. The Cognitive Model
V. The Humanistic-Existential Model
VI. The Sociocultural Model
I. The Biological Model

A. Biochemical Theories
   1. Basic Concepts
      • Neuron
      • Synapse
      • Neurotransmitter
Synapse

- Presynaptic neuron
- Terminal
- Postsynaptic neuron
- Vesicle
- Mitochondrion
- Released neurotransmitter molecules
- Postsynaptic membrane containing receptors
- Approaching nerve impulse
- Synaptic cleft
I. The Biological Model

A. Biochemical Theories
   2. Explanations for Abnormality
I. The Biological Model

B. Structural Theories
   1. Basic Concepts
A lateral view of the brain showing the lobes of the cerebral cortex in the left cerebral hemisphere

The lobes of the cerebral cortex in the left cerebral hemisphere, shown in lateral view.
Cerebral hemisphere

Corpus callosum (connects two cerebral hemispheres)

Thalamus

Hypothalamus (regulates temperature, hunger, thirst, sex)

Cerebellum (regulates smooth coordinated movement)

Pons

Medulla (controls heart rate, breathing, digestion)

Spinal cord

Forebrain (not all subregions visible from this angle)

Midbrain

Hindbrain
I. The Biological Model

B. Structural Theories
   2. Explanations for Abnormality
I. The Biological Model

B. Genetic Theories

1. Basic Concepts:
   - Phenotype
   - Genotype
   - Heritability
   - Proband
   - Concordance rates
<table>
<thead>
<tr>
<th>Trait</th>
<th>Genetic</th>
<th>Familial Environment</th>
<th>Other</th>
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<tbody>
<tr>
<td>Well-Being</td>
<td>.48</td>
<td>.13</td>
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<td>Social Potency</td>
<td>.54</td>
<td>.10</td>
<td>.36</td>
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<td>Achievement</td>
<td>.39</td>
<td>.11</td>
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<td>Social Closeness</td>
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<td>.19</td>
<td>.41</td>
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<td>Stress Reaction</td>
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<td>.00</td>
<td>.47</td>
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<tr>
<td>Alienation</td>
<td>.45</td>
<td>.11</td>
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<tr>
<td>Aggression</td>
<td>.44</td>
<td>.00</td>
<td>.56</td>
</tr>
<tr>
<td>Control</td>
<td>.44</td>
<td>.00</td>
<td>.56</td>
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<tr>
<td>Harm Avoidance</td>
<td>.55</td>
<td>.00</td>
<td>.45</td>
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<td>Traditionalism</td>
<td>.45</td>
<td>.12</td>
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<td>Absorption</td>
<td>.50</td>
<td>.03</td>
<td>.47</td>
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<tr>
<td>Positive Emotionality</td>
<td>.40</td>
<td>.22</td>
<td>.38</td>
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<tr>
<td>Negative Emotionality</td>
<td>.55</td>
<td>.02</td>
<td>.43</td>
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<tr>
<td>Constraint</td>
<td>.58</td>
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Data from Tellegen and others, 1988
I. The Biological Model

B. Genetic Theories

2. Explanations for Abnormality
II. The Psychodynamic Model

A. Freud & Psychoanalysis

1. Basic Concepts:
   - Unconscious/subconscious
   - Impulse versus defense
   - Sexuality
II. The Psychodynamic Model

A. Freud & Psychoanalysis

2. Explanations for Abnormality
   - Fixation
   - Conflicts between impulses and defenses; neurotic anxiety
II. The Psychodynamic Model

B. Neo-Freudians/Psychodynamic Theories
   1. Object Relations Theory
   2. Ego Theorists
   3. Attachment Theory
III. The Behavioral Model

A. Classical Conditioning
   1. Basic Concepts
      • Ivan Pavlov
III. The Behavioral Model

A. Classical Conditioning
   2. Explanations for Abnormality
III. The Behavioral Model

B. Operant Conditioning

1. Basic Concepts
   • B.F. Skinner
   • Edward Thorndike
   • Reinforcers
   • Punishments
III. The Behavioral Model

B. Operant Conditioning

2. Explanations for Abnormality
   • Negative Reinforcement
III. The Behavioral Model

C. Modeling

1. Basic Concepts
   • Albert Bandura
   • Bobo Doll Study
III. The Behavioral Model

C. Modeling

2. Explanations for Abnormality
   • Suicide cluster
IV. The Cognitive Model

A. Basic Concepts
IV. The Cognitive Model

B. Explanations for Abnormality
   – Aaron Beck & cognitive distortions
   – Albert Ellis & irrational thought
V. The Humanistic-Existential Model

A. Basic Concepts
   – Carl Rogers & unconditional positive regard
   – Abraham Maslow & self-actualization
V. The Humanistic-Existential Model

A. Basic Concepts
   – Carl Rogers & unconditional positive regard
   – Abraham Maslow & self-actualization
VI. The Sociocultural Model

A. Basic Concepts
VI. The Sociocultural Model

B. Explanations for Abnormality
   – Enmeshment
   – Social support
   – SES
Assessment

I. Gathering Information
II. Important Characteristics of Tests
III. Assessment Tools
IV. Problems in Assessment
I. Gathering Information
II. Important Characteristics of Tests
Reliability

• Addresses the question: how **consistent** is the test?

• Different types:
  – Test-retest
  – Inter-rater/Inter-judge reliability
Inter-observer/Inter-rater Reliability
Validity

• Addresses the question: How **accurate** is the test?

• Different types:
  – Face Validity
  – Concurrent Validity
  – Predictive Validity
III. Assessment Tools

A. Clinical Tests
B. Clinical Interviews
C. Clinical Observations
A. Clinical Tests

1. Projective Tests
   – Key assumption: people reveal their personalities when interpreting ambiguous stimuli
Rorschach Inkblot Test
Thematic Apperception Test (TAT)
Thematic Apperception Test (TAT)
A. Clinical Tests

2. Personality Inventories
   - MMPI-II
   - CPI
TABLE 4.3
Clinical and Validity Scales of the Original MMPI

The MMPI is one of the most widely used questionnaires to assess people's symptoms and personalities. It also includes scales to assess whether respondents are lying or trying to obfuscate their answers.

## Clinical Scales

<table>
<thead>
<tr>
<th>Scale Number</th>
<th>Scale Name</th>
<th>What It Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale 1</td>
<td>Hypochondriasis</td>
<td>Excessive somatic concern and physical complaints</td>
</tr>
<tr>
<td>Scale 2</td>
<td>Depression</td>
<td>Symptomatic depression</td>
</tr>
<tr>
<td>Scale 3</td>
<td>Hysteria</td>
<td>Hysterical personality features and tendency to develop physical symptoms under stress</td>
</tr>
<tr>
<td>Scale 4</td>
<td>Psychopathic deviate</td>
<td>Antisocial tendencies</td>
</tr>
<tr>
<td>Scale 5</td>
<td>Masculinity-femininity</td>
<td>Sex-role conflict</td>
</tr>
<tr>
<td>Scale 6</td>
<td>Paranoia</td>
<td>Suspicious, paranoid thinking</td>
</tr>
<tr>
<td>Scale 7</td>
<td>Psychasthenia</td>
<td>Anxiety and obsessive behavior</td>
</tr>
<tr>
<td>Scale 8</td>
<td>Schizophrenia</td>
<td>Bizarre thoughts and disordered affect</td>
</tr>
<tr>
<td>Scale 9</td>
<td>Hypomania</td>
<td>Behavior found in mania</td>
</tr>
<tr>
<td>Scale 0</td>
<td>Social introversion</td>
<td>Social anxiety, withdrawal, overcontrol</td>
</tr>
</tbody>
</table>

## Validity Scales

<table>
<thead>
<tr>
<th>Scale Name</th>
<th>What It Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot say scale</td>
<td>Total number of unanswered items</td>
</tr>
<tr>
<td>Lie scale</td>
<td>Tendency to present favorable image</td>
</tr>
<tr>
<td>Infrequency scale</td>
<td>Tendency to falsely claim psychological problems</td>
</tr>
<tr>
<td>Defensiveness scale</td>
<td>Tendency to see oneself in unrealistically positive manner</td>
</tr>
</tbody>
</table>
A. Clinical Tests

3. Response Inventories/Symptom Questionnaires
   – Beck Depression Inventory (BDI)
Items from the Beck Depression Inventory

The Beck Depression Inventory is one of several self-report questionnaires to assess psychological symptoms.

Instructions: Please read each group of statements carefully. Pick out the one statement in each group that best describes the way you have been feeling the past week, including today.

1. I do not feel sad.
   I feel sad.
   I feel sad all the time and I can’t snap out of it.
   I am so sad or unhappy that I can’t stand it.

2. I am not particularly discouraged about the future.
   I feel discouraged about the future
   I feel I have nothing to look forward to.
   I feel that the future is hopeless and that things cannot improve.

3. I do not feel like a failure.
   I feel I have failed more than the average person.
   As I look back on my life, all I can see is a lot of failures.
   I feel I am a complete failure as a person.
A. Clinical Tests

4. Psychophysiological Tests
   – Heart rate
   – Blood pressure
   – Respiration rate
   – Galvanic skin response
   – Polygraph/lie detector test
A. Clinical Tests

5. Neuropsychological Tests
   – Bender-Gestalt test
A. Clinical Tests

6. Neurological Tests/Brain Imaging Techniques
PET Scan
Diffusion Tensor Imaging (MRI)
Clinical Tests

7. Intelligence Tests
   – WAIS, WISC, WPPSI, Stanford-Binet Intelligence test
"You can't build a hut, you don't know how to find edible roots and you know nothing about predicting the weather. In other words, you do terribly on our I.Q. test."
B. Clinical Interviews

1. Structured Interviews
   – SCID, DIS
   – Often include a mental status exam
Some Factors Assessed on a Mental Status Exam

- Motor behavior
- Orientation
- Judgment
- Insight
- Physical appearance
- Mood & affect
- Form of thought/language
- Thought content
- Motivation
B. Clinical Interviews

2. Unstructured Interviews
C. Clinical Observations

• Behavioral Observations
• Self-monitoring
IV. Problems in Assessment

• Assessing children
• Assessing people from other cultures
Diagnosis & Classification

I. Diagnosis

II. Advantages of Diagnostic Systems

III. Disadvantages of Diagnostic Systems
I. Diagnosis

- Diagnosis: Label we give to symptoms that tend to occur together
- Syndrome: Co-occurring symptoms that are thought to be the observable manifestation of an underlying biological disorder
- Most popular diagnostic system in the U.S.: DSM
- Alternative system: ICD
DSM-IV TR

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS
FOURTH EDITION:
TEXT REVISION

AMERICAN PSYCHIATRIC ASSOCIATION
DSM-IV Criteria for Schizophrenia

A. Core Symptoms: two or more of the following present for at least a 1-month period:
   1. Delusions
   2. Hallucinations
   3. Disorganized speech
   4. Grossly disorganized or catatonic behavior
   5. Negative symptoms

B. Social/occupational functioning: significant impairment in work, academic performance, interpersonal relationships, and/or self-care

C. Duration: Continuous signs of the disturbance for at least 6 months; at least one month of this period must include symptoms that meet Criterion A above
The DSM Multi-Axial System

• Axis I: Clinical Disorders
• Axis II: Personality Disorders & Mental Retardation
• Axis III: General Medical Conditions
• Axis IV: Psychosocial & Environmental Problems
• Axis V: Global Assessment of Functioning (GAF)
II. Advantages of Diagnostic Systems
III. Disadvantages of Diagnostic Systems
Treatments for Abnormality

I. Biological Treatments
II. Psychological Treatments
III. Sociocultural Treatments
IV. Evaluating Psychotherapies
V. Therapy & Culture
I. Biological Treatments
Dave Carpenter...
II. Psychological Treatments
LASSIE!
GET HELP!!
III. Sociocultural Treatments
IV. Evaluating Psychotherapies

• The “Dodo Bird” verdict
Common Factors of Psychotherapy

• Positive relationship with a therapist
• Explanation for symptoms
• Hope
• Confrontation of negative emotions
V. Therapy & Culture
Anxiety Disorders

I. Introduction
II. Generalized Anxiety Disorder (GAD)
III. Phobias
IV. Panic Disorder
V. Obsessive-Compulsive Disorder (OCD)
VI. Post-Traumatic Stress Disorder (PTSD)
I. Introduction
II. Generalized Anxiety Disorder (GAD)
A. Symptoms

Excessive anxiety & worry, difficulty in controlling the worry, and at least 3 of the following symptoms for at least 6 months:

- Restlessness & guilt
- Easily fatigued
- Difficulty concentrating, mind goes blank
- Irritability
- Muscle tension
- Sleep disturbance
“Oh, he’s cute, all right, but he’s got the temperament of a car alarm.”
The Stroop Test

BLUE  GREEN  YELLOW
PINK  RED  ORANGE
GREY  BLACK  PURPLE
TAN  WHITE  BROWN
Automatic Cognitive Processing & GAD

• Threat words
  – disease
  – failure

• Non-threat words
  – library
  – plant
Percent of Parents Who Worry “A Lot” That Their Children Will...

- Get Shot
- Use Drugs
- Contract AIDS
- Sell Drugs
- Get pregnant
Percent of Parents Who Worry “A Lot” that Their Children Will…

- Get Shot
- Use Drugs
- Contract AIDS
- Sell Drugs
- Get pregnant

Income Levels:
- Under $10,000
- $10,000-$20,000
- $20,000-$40,000
- > $40,000
III. Phobias
A. Symptoms

• Marked and persistent fear of a specific object or situation this is excessive of unreasonable, lasting at least 6 months
• Immediate anxiety usually produced by exposure to the object or situation
• Recognition that the fear is excessive or unreasonable
• Avoidance of the feared object or situation
• Significant distress or impairment
Conditioned Emotional Reactions

John B Watson & Rosalie Rayner (1920)
Sample Stimulus Hierarchy

• Hearing the word “snake.”
• Imagining a snake in a closed container at a distance.
• Imagining a snake uncontained at a distance.
• Imagining a snake nearby in a closed container.
• Looking at a picture of a snake.
• Viewing a movie or video of a snake.
• Touching a snake.
• Handling a snake.
• Playing with a snake.
IV. Panic Disorder
Symptoms of a Panic Attack

- Heart palpitations
- Pounding heartbeat
- Numbness/tingling sensation
- Chills or hot flashes
- Sweating
- Trembling/shaking
- Shortness of breath
- Feeling of choking
- Chest pain
- Nausea
- Feeling dizzy/lightheaded
- Fear of losing control
- Feelings of unreality
- Fear of dying
Panic Disorder

• Recurrent unexpected panic attacks

• A month or more of one of the following after at least one of the attacks:
  – Persistent concern about having additional attacks
  – Worry about the implications or consequences of the attacks
  – Significant change in behavior related to the attacks
“I'm sorry, I didn't hear what you said. I was listening to my body.”
A Cognitive Model of Panic

**Trigger stimulus** (internal or external)
"I notice a twinge in my chest muscles."

**Perceived threat**
"There is something wrong in my chest area."
"Maybe I’m having a heart attack."

**Interpretation of sensations as catastrophic**
"My heart will stop and I’ll die."
"People will notice I am anxious (and that is awful)."

**Body sensations**
"Muscles tighten up in chest and back."
"Feel dizzy, unreal, racing heart, dry throat."

**Counter productive "safety behaviors"**
"Take deep breaths."
"Monitor my heart rate."

**Apprehension**
"I feel really anxious."
V. Obsessive-Compulsive Disorder (OCD)
A. Symptoms

- Recurrent obsessions and/or compulsions
- Past or present recognition that the obsessions and/or compulsions are excessive or unreasonable
- Significant distress or impairment or disruption by symptoms for more than one hour a day
VI. Post-Traumatic Stress Disorder (PTSD)
A. Symptoms

• The person experienced, witnessed, or confronted a traumatic event
• Re-experiencing of the event
• Emotional detachment and numbing
• Hyper-arousal
• Significant distress or impairment, lasting at least one month