

Introduction to Abnormal Psychology


Chapter 2 Models of Abnormality

Outline/Overview

- Biological Model
 - Different causes – Genes (Biochemistry/ Neuroanatomy) & Germs
 - Treatments
- Psychological Models (causes & txs)
 - Psychodynamic, Behavioral, Cognitive, Humanistic-Existentia, Sociocultural


Models of abnormality:

- Biological model
 - biochemical malfunction or physical abnormality
 - group symptoms into a syndrome
 - try to establish etiology of the syndrome




Sources of abnormality

- Neuroanatomy
- Biochemistry
- Genes
- Germs (virus/bacteria)
 - biological treatment is sought – usually drugs
 - lobotomies, insulin coma, shock




Germs

- general paresis and syphilis
- after symptoms were thoroughly described search for a cause began
- connection w/syphilis difficult to make
 - syphilis often preceded paresis by as much as 30 years
 - serious stigma, powerful motivation to deny
 - overt symptoms quickly disappear




Richard von Krafft-Ebbing

- 1897 injected nine paresis patients who denied ever having the disease
- none developed sores
- soon a drug was developed
- penicillin made “nuisance disease”
- encouraged medical world to view mental illnesses as diseases of the body, like any other
- Unfortunately, no others thus far




Genetic causes

- Schizophrenia
 - twin studies have established genetic component
 - identical - concordance rate of about 50%
 - fraternal - about 10% (same as siblings)
 - clearly a genetic component
 - not genetically determined
 - diathesis-stress model
- personality traits with genetic components
 - IQ, mental speed, D&A abuse, well-being




Other causes

- Biochemical causes
 - Schizophrenia and dopamine
 - antipsychotics block dopamine receptors
 - Depression and serotonin
 - SSRI's prevent serotonin being reabsorbed
 - Mania and lithium
 - blood levels closely monitored.
- Neuroanatomy
 - tumors, brain injury or trauma
 - increased ventricle size in schizophrenia
 - CAT, PET, MRI, fMRI scans investigate brain structure and functioning.




Biological Treatments

- schizophrenia – antipsychotics - thiorazine (chlorpromazine 1st antipsychotic)
 - enabled the discharge of many individuals from hospitals
 - serious side effects (tardive dyskinesia)
- Depression - MAO inhibitors-severe diet restrictions
 - tricyclics-less toxic, still serious side effects
 - SSRI's - better side effect profiles, minimal toxicity.
- Bipolar - lithium carbonate OD can cause heart failure
- Anxiety - benzodiazepines effective short term, long term dependence/tolerance – safe
- ECT/Psychosurgery




Evaluation of biomedical model

- Strength: large body of research supports the heritability of many disorders and traits
- Weaknesses: general paresis - only condition proven to result from a physical illness
 - heritability far less than 100%
 - nongenetic influences play a role
 - drugs only work while being taken




Psychological Approaches

- Psychodynamic
- Behavioral
- Cognitive
- Humanistic-Existential
- Sociocultural




Psychodynamic model

- Freud
- fixed amount of psychic energy
- directed toward worries, concerns, aches, and pains
- little left for the activities of life
- Personality processes
 - ID-pleasure principle
 - EGO-reality principle
 - SUPEREGO-conscience




Personality processes (cont.)

- Conflicts between processes-psychic pain
 - anxiety
 - uncomfortable state
- defense mechanisms
- Repression, Projection, Reaction Formation, Displacement, Identification, Denial, Isolation, Intellectualization, Rationalization, and Sublimation




Defense mechanisms

- Repression-unconsciously force unwanted thoughts or prohibited desires out of mind
- Projection-we attribute to others emotions or feelings too distressing for us to own
- Reaction Formation-a reaction is formed counter to an initial impulse
- Displacement-direction of emotion at a "safer target"
- Identification-internalizing characteristics others to improve feelings of adequacy or competence




Defense mechanisms (cont.)

- Denial-similar to repression but used with respect to objective external situations
- Isolation-removing the affective content from an experience in memory
- Intellectualization-repress the emotional content of experience Rationalization-providing socially desirable excuses or reasons for behavior
- Sublimation-channeling ID impulses in socially acceptable directions




Neo-Freudians

- Jung, Adler, Sullivan
- Carl Jung-collective unconscious
- memory trace carried from previous generations
- constitutes the archetypes




Carl Jung

- Archetypes
 - persona-side of personality shown the world
 - shadow-darkness and repression, we try to hide from ourselves
 - anima-feminine side of men
 - animus-masculine side of women
 - great mother-two sets of forces, loving and nurturing and power and destruction
- two basic attitudes-introversion and extroversion
- four basic functions-sensing, thinking, feeling, and intuiting
 - sensing-what something is
 - thinking-recognize its meaning
 - feeling-tells us its value
 - intuiting-see around corners and gain knowledge




Alfred Adler

- Freud placed too much emphasis on sex and aggression
- Adler-striving for superiority
- fundamental desire to become something better
- Roots of cognitive approaches




Harry Stack Sullivan

- problems are faulty social relationships
- treatment should focus on correcting relationships
- interpersonal psychology
- comprehensive therapeutic milieu




Psychodynamic treatment

- presenting symptoms are the “ticket” for admission
- examine early conflicts-relate to present relationships
- make conscious material repressed
- catharsis-emotional reliving of early conflicts
- therapist as a blank screen




Strengths/Weaknesses of Psychodynamic Theory

- Strengths of psychodynamic theory
 - *comprehensive description of personality*
 - *processes same in normal and abnormal*
 - *methodology for investigating and treating*
- Weaknesses
 - *difficult to disprove*
 - *little scientific evidence*
 - *ignores situation, context, social class, and gender*




Behavioral Models

- Behaviorism-dominant model
1920 until mid 60's
- Pavlov-US(food) -> UR
(salivation)
- CS(bell) + US (food) -> UR
(salivation)
- CS(bell) -> CR (salivation)
- acquisition-when the CR is
acquired
- CS presented without the US for
enough trials extinction occurs




Classical conditioning

- explanation for initiation/maintenance of
phobias
- what prevents extinction?
- disorder is the symptoms
- correct the symptoms and disorder is "cured"
- flooding (or exposure)
- effective, primarily with anxiety disorders.
- systematic desensitization-anxiety hierarchy
- situations confronted




Operant conditioning

- positive reinforcer-increases probability of response
preceding it
- negative reinforcer-increases probability of behavior
preceding it
- punisher-decrease probability that behavior will be
repeated
- operant-response whose probability can be manipulated
- treatments-selective reinforcement to shape a target
behavior
- must find a reinforcer more powerful than the maladaptive
behavior
- maladaptive behaviors often bring powerful reinforcers
- extinction-simply ignoring the behavior(s), removing the
reinforcement.




Cognitive model

- expectations, memories, beliefs cause behavior
- interpretation of the situation
- automatic thoughts-primary unit of analysis
- distorted thinking-confronted and changed
- expectations-perceptions about outcomes in different situations
- [sometimes perceptions of helplessness can be inaccurate](#)




Attributions and Depression

- 3 dimensions
 - stability
 - globality
 - locus of control
- depression associated w/internal, global, and stable attributions



Humanistic-Existential Approaches

- Humanists: striving for self-actualization
 - Optimistic about human nature
 - Focus on unconditional positive regard
 - Letting go of "conditions of worth"
- Existentialists: freedom and choice in living
 - growth/positive development when we take responsibility
 - personal responsibility-central concept
 - treatment focuses-developing independence, goal directed willing, and personal responsibility



Sociocultural Model

- Focus is on social and cultural forces that impact on us
 - Family systems theorists – locate the “pathology” in family patterns of behavior and communication
 - Social roles/labeling – setting up self-fulfilling prophecy
 - Pseudopatient study
- Treatments: group therapy, family/couples therapy
