Introduction to Abnormal Psychology
Psych 235

Chapter 3
Contemporary Frameworks

Outline/Overview
– Psychodynamic
– Behavioral Classical/Operant
– Biological Model
– Humanistic-Existential
– Cognitive
– 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 - protective
  Repression, Projection, Reaction Formation, Displacement, 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
  Displacement - direction of emotion at a “safer target”
  Rationalization - providing socially desirable excuses or reasons for behavior
  Sublimation - channeling ID impulses in socially acceptable directions

Freud's stages

  Oral
  Anal
  Phallic
  Latency
  Genital

  Symptoms arise when urges, fears, and/or fantasies from childhood are rearoused
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

Modern psychodynamic theorists

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
Operant conditioning

- Positive reinforcer: increases probability of response preceding it
- Negative reinforcer: increases probability of behavior preceding it
- Punisher: decreases probability that behavior will be repeated
- Operant-response: whose probability can be manipulated
- Treatment: 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.

Biological Model

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

Biological Model (cont.)

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.
Current directions/trends in treatment

1950s – Psychotropic medications discovered
  – Antipsychotics
Led to deinstitutionalization (debatable) and a rise in outpatient care
  – Problems?
  – Corrections system / Homelessness
Payment arrangements
  – Managed care / Parity laws

Biological Treatments

schizophrenia – antipsychotics - thorazine (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/Psychotherapy
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

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

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

Treatments: group therapy, family/couples therapy

Each model can contribute understanding