

# General Psychology

## Notes - Abnormal Psychology

**These are general notes designed to assist students who are regularly attending class and reading assigned material: they are supplemental rather than exhaustive and reflect general concepts.**

### I. Defining Abnormal Behavior

- A. Statistical Deviation - unusual behavior for the majority of the population
  - 1) Lump together unique (collecting ceramic alligators), desirable (genius), & destructive.
  - 2) Suggests that if majority is engaging in the behavior, then it is right or healthy.
- B. Maladaptive & Harmful
  - 1) does not facilitate growth and well-being
  - 2) causes harm or misery to others
- C. Personal Discomfort
  - 1) Guilt, grief, frustration, anger, loneliness, fear.
  - 2) Feelings beyond "normal limits" of human experience.
- D. Cultural Relativism
  - 1) Depression and Schizophrenia are only two disorders that are universally recognized.
  - 2) Culture develops norms about what is acceptable and unacceptable behavior.

### II. Causes of Abnormal Behavior

- A. Biological
  - 1) Chemical imbalance
  - 2) Heredity
  - 3) Head Trauma/organic brain damage
- B. Psychological
  - 1) Poor Coping Skills (lack stress inoculation experiences)
  - 2) Inappropriate learning
  - 3) Distorted Thinking (cognitions)
- C. Sociocultural
  - 1) Poverty/Social class
  - 2) Abuse
  - 3) ethnicity, gender, age, education
- D. **Diathesis-Stress** - Theory (Interaction)
  - 1) Diathesis - predisposition (biological, psychological, sociocultural)
  - 2) Stress (divorce, loss of significant other, college) activates the predisposition

### III. Diagnosis/DSM IV Classification

- A. **Axis I** - Clinical Disorders (ex: Depression)
- B. **Axis II** - Personality & Developmental Disorders (Borderline Personality Disorder or Autism)
- C. **Axis III** - Medical Conditions
- D. **Axis IV** - Psychosocial Stressors in past year
- E. **Axis V** - Highest Level of Adaptive Functioning in past year

#### IV. Diagnostic Categories of Mental Disorders

##### A. **Anxiety Disorders** (3 main symptoms)

- \*\* Motor tension (jumpiness, trembling, inability to relax, psychomotor agitation)
- \*\* Hyperactivity (dizziness, racing heart, perspiration)
- \*\* Apprehensive expectations and thoughts (impending doom or catastrophe)

###### 1) **Generalized Anxiety Disorder**

- \* persistent anxiety for at least 1 month (unspecified)
- \* chronic worry

###### 2) **Panic Disorder**

- \* sudden onset of terror/fear response (unspecified)
- \* includes severe heart palpitations, shortness of breath, chest pains, trembling, dizziness

###### 3) **Phobic Disorders** - intense irrational and persistent fear of a particular object or situation

- \* **specific/simple** (arachnophobia/spiders)
- \* **agoraphobia** - fear of open or public spaces (become home bound)
- \* **social** - fear of embarrassing self in public (speaking, eating, using public bathroom)

###### 4) **Obsessive Compulsive Disorders**

- \* obsessions - unwanted thoughts
- \* compulsions - ritualistic and repetitive behaviors (counting, washing, checking)

###### 5) **Post-Traumatic Disorder**

- \* severe anxiety symptoms that immediately follow a trauma or are delayed
- \* symptoms include: hypertension, vigilance, nightmares, psychic numbing, flashbacks

##### B. **Somatoform Disorders**

- 1) **Hypochondriasis** - preoccupation or pervasive fear of illness and disease
- 2) **Conversion Disorder** - physical symptoms with no organic cause (blind, deaf, paralysis)
- 3) **Body Dysmorphic Disorder** - preoccupation with a part of the body (big nose, hair)
- 4) **Pain Disorder** - chronic pain with no organic cause

##### C. **Dissociative Disorders** - involve loss of memory & identity under extreme stress or shock

- 1) **amnesia**
- 2) **fugue** - amnesia, travels away from home and develops a new identity
- 3) **Dissociative Identity Disorder** (Multiple Personality Disorder)

##### D. **Mood Disorders**

###### 1) **Major Depression** characterized by:

- \* psychomotor retardation (slowed movements)
- \* loss of pleasure in activities
- \* negative cognitions (self, future, world)
- \* appetite disturbances
- \* sleep disturbances
- \* decreased energy
- \* poor concentration
- \* guilt feelings that prompt feelings of suicide

###### 2) **Bipolar Disorder**

- \* mood swings
- \* depressive symptoms
- \* manic symptoms (euphoria, psychomotor agitation, flight of ideas, grandiose thinking)

## E. Schizophrenia

\*\* distorted thoughts and preoccupations, odd communication, inappropriate emotion

\*\* abnormal behavior & social withdrawal

- 1) **Paranoid** - delusions of reference, grandeur, and persecution
- 2) **Disorganized/Hebephrenic** - delusions and hallucinations with little or no meaning, loose associations (word salads), inappropriate affect
- 3) **Catatonic** - bizarre motor behavior
  - \* **agitated** - violent frenzy
  - \* **stuporous** - immobile (waxy flexibility)
- 4) **Undifferentiated** - "catch all" characteristics of more than one type
- 5) **Residual** - schizophrenia in remission marked primarily by social withdrawal

## F. Personality Disorders

### 1) Odd or eccentric cluster

- \* **schizotypal** - behavior odd which leads to social isolation
- \* **schizoid** - social isolation by choice (loner)
- \* **paranoid** - suspicious, mistrusting, jealous, and cold

### 2) Dramatic, emotional or erratic cluster

- \* **histrionic** - dramatic and attention seeking, shallow and superficial in relationships
- \* **narcissistic** - overcompensate for low self esteem by building self up/self-preoccupation
- \* **borderline** - attention seeking, manipulative, mood swings, struggles with identity
- \* **antisocial** - no conscience/remorse, regularly violate the rights of others, superficial

### 3) Anxious/fearful cluster

- \* **avoidant** - fear rejection therefore socially isolated though desire intimacy
- \* **obsessive** - compulsive - preoccupied with organization and perfection
- \* **dependent** - inability to take responsibility for self, need others to make decisions

## V. Therapy

A. **Psychodynamic** - stress importance of unconscious mind & interpretation by the therapist

### 1) Psychoanalysis (Freud, Jung, & Adler)

- \* **free association** - say whatever comes to mind with prompts
- \* **catharsis** - release emotional tension associated with traumatic experience
- \* **dream analysis** ( manifest content/actual dream & latent content/hidden meaning)
- \* **transference** - relate to therapist in ways that reproduce or relive relationships
- \* **resistance** - analyze unconscious defense mechanisms

### 2) Contemporary - emphasize development of self in social context

B. **Humanistic** - self understanding, personal growth, present & fulfillment emphasized

### 1) Person (client) - Centered Therapy (Carl Rogers)

- \* warm, supportive environment
- \* client given **unconditional positive regard**
- \* client is encouraged to gain insight about problems
- \* therapist reflects genuine and empathetic responses
- \* active listening is primary technique

### 2) Gestalt Therapy (Frederick Perls)

- \* question and challenge client to become more aware of feelings and problems

C. **Behavior Therapies** - use principles of learning to reduce or eliminate maladaptive behavior

### 1) **Classical Conditioning Approaches**

- \* **systematic desensitization** - associate relaxation with anxiety-producing situation
- \* **aversive conditioning** - repeated pairing of undesirable stimuli with undesirable behavior
- \* **thought stopping**
- \* **flooding**

### 2) **Operant Conditioning Approaches**

- \* **token economy**
- \* **response prevention**

## D. **Cognitive Therapies**

### 1) **Self-Instructional Methods** (Donald Meichenbaum)

### 2) **Rational Emotive Therapy** (Albert Ellis)

- \* change faulty and distorted belief systems
- \* change irrational and self-defeating thought processes

## E. **Family Therapy** - address patterns of interactions within the family unit

- 1) validation - therapist expresses an understanding and acceptance of each family member
- 2) reframing - take pressure off identified patient and put on family
- 3) structural change - address family dynamics, coalitions, power imbalances
- 4) detriangulation

## F. **Self-Help Groups** (A.A.)

## G. **Personal Growth/Encounter Groups**

- 1) emphasize increased openness/honesty in interpersonal relationships & self-understanding
- 2) common in college settings and most students feel better about themselves and others
- 3) small percentage of participant (8%) are dissatisfied with the experience and blame the group leader(s) for intensifying their problems
- 4) those who are dissatisfied typically have difficulty taking responsibility for their own lives

## H. **Biomedical Therapy**

### 1) **Medication**

- \* **antianxiety** (tranquilizers)
- \* **antidepressants** (regulate mood)
  - MAO inhibitors
  - tricyclics
  - SSRI inhibitors
- \* **antipsychotic** (diminish agitated behavior, reduce hallucinations and delusions and improve social behavior)
- \* **Lithium** (used to treat bipolar)

### 2) **Phototherapy** (Seasonal Affective Disorder)

### 3) **Electroconvulsive Therapy** (severely depressed individuals)

### 4) **Psychosurgery** (removal or destruction of parts of the brain to improve behavior)

## VI. Effectiveness of Therapy

### A. Medication

- 1) effective in reducing symptoms
- 2) treatment of choice for most disorders
- 3) does not address root of problem,
- 4) often new symptoms develop if root of problem is not properly addressed
- 5) medication should be used in combination with another form of therapy not in and of itself

B. Psychotherapy

- 1) Cognitive Behavioral Therapy is as successful and more successful than medication for most disorders including depression, anxiety disorders and schizophrenia
- 2) Success usually related to quality of therapy & positive match between therapist & client