Abnormal Behavior

what is abnormality?

- **psychopathology** is the study of abnormal behavior; mental illness has been defined in various ways throughout history (e.g., possession, evil spirits, bodily imbalances)
- current definitions of abnormality are based on several factors
  - **statistical definition**
  - **social norm deviance**
  - **subjective discomfort**
  - **inability to function normally**
- disorders vary according to culture; cultural sensitivity and relativity are necessary in diagnosing and treating psychological disorders
- overall, psychological disorders are any pattern of behavior that causes significant distress, causes them to harm themselves or others, or harms their ability to function in daily life

Psychological Disorders

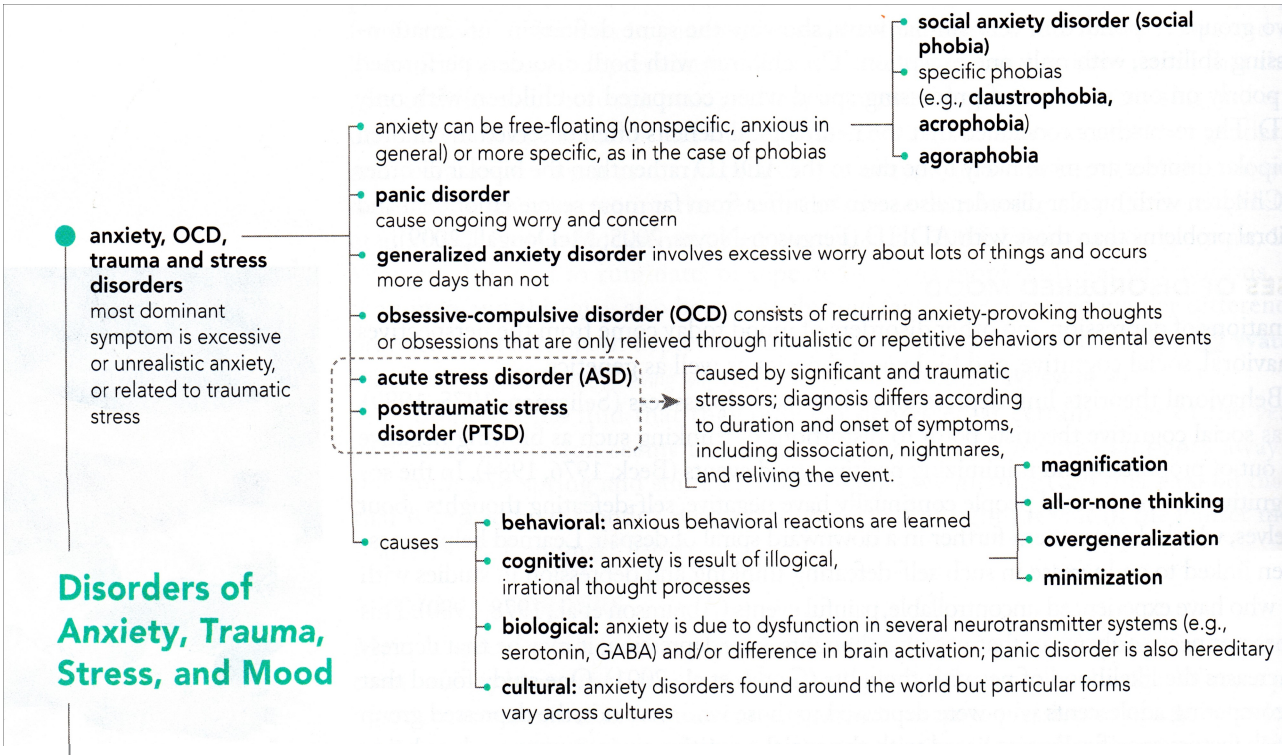
models of abnormality
explanations for disordered behavior depend on theoretical model used to explain personality in general

- **biological model:** proposes that psychological disorders have a biological or medical cause
- **psychological models:** propose that disordered behavior is the result of various forms of emotional, behavioral, or thought-related malfunctioning
  - **psychodynamic**
  - **behavioral**
  - **cognitive**
- **biopsychosocial perspective:** incorporates biological, psychological, and sociocultural factors

Diagnostic and Statistical Manual of Mental Disorders

- *DSM* first published in 1952, Current version (DSM-5) published in 2013.
- currently describes approximately 250 different psychological disorders
- in general, approximately 26% of adults over age 18 in the United States suffer from a mental disorder (see Table 14.2)

Abnormal Behavior



mood disorders
involve a disturbance in mood or emotion; can be mild or severe

- **major depression:** deeply depressed mood; most commonly diagnosed mood disorder, twice as common in women
- **bipolar disorders** involve extreme mood swings, ranging from severe depression to manic episodes
- causes
  - **psychodynamic:** depression is repressed anger originally aimed at parents or other authority figures
  - **behavioral:** depression is linked to learned helplessness
  - **social cognitive:** distorted thinking and negative, self-defeating thoughts
  - **biological:** variation in neurotransmitter levels (e.g., serotonin, norepinephrine, dopamine) or specific brain activity; genes and heritability also play a part

Abnormal Behavior

eating disorders

- **anorexia nervosa** is disordered eating that causes weight loss 15% or more below body weight
- **bulimia nervosa** involves cycles of binging and use of unhealthy methods to avoid weight gain; unlike anorexia, those with bulimia will tend to maintain a normal body weight

→ typically female, obsessed with appearance, diet excessively, and have distorted body images; biological, psychological, and cultural factors are likely

- social influences on "thinness" and fear of being fat impacts prevalence rates across various cultures

Eating and Dissociative Disorders

dissociative disorders
involve a dissociation in consciousness, memory, or sense of identity, often associated with extreme stress or trauma

- **dissociative amnesia:** one cannot remember personal information
- **dissociative fugue:** person takes sudden trip and cannot remember traveling or personal information
- **dissociative identity disorder:** person seems to experience at least two or more distinct personalities; validity of actual disorder has been topic of debate
- causes
  - **psychodynamic:** repressed thoughts and behavior is primary defense mechanism and reduces emotional pain
  - **cognitive and behavioral:** trauma-related thought avoidance is negatively reinforced by reduction in anxiety and emotional pain
  - **biological:** support for brain activity differences in body awareness has been found in individuals with **depersonalization disorder**

schizophrenia
psychotic disorder involving a break with reality and disturbances in thinking, emotions, behavior, and perceptions

- primary symptoms are often classified as positive (in excess or in addition to normal functions) or negative (absence or decrease in normal functions)
  - **delusions:** false beliefs about the world (e.g., delusions of persecution, delusions of grandeur, delusions of reference)
  - **disturbed or disorganized thoughts:** often lacking structure or relevance, most often displayed through disorganized speech
  - **hallucinations:** can occur in any sensory modality but auditory hallucinations are most common
  - **changes in mood:** including flat affect (displaying little or no emotion)
  - **disorganized or odd behavior:** ranging from periods of immobility to odd gesturing or facial grimaces
- causes
  - positive symptoms appear to be associated with overactivity of dopamine areas of brain; negative with lower dopamine activity; related to dopamine hypothesis
  - genetics and brain structural defects have been implicated
  - biological roots supported by universal lifetime prevalence across cultures of approximately 7–8 people out of 1,000; genetics supported by twin and adoption studies
  - **stress-vulnerability model:** suggests people with genetic markers for schizophrenia will not develop the disorder unless they are exposed to environmental or emotional stress at critical times in development

Schizophrenia and Personality Disorders

personality disorders
involve excessively rigid and maladaptive patterns of behavior and ways of relating to others (see Table 14.5)

- **antisocial personality disorder:** sociopath; minimal to no regard for value of others' rights or feelings; more common in men
- **borderline personality disorder:** relationships with others that are intense and unstable; often moody, manipulative, and untrusting of others; more common in women
- causes
  - **psychodynamic:** inadequate resolution of Oedipus complex
  - **cognitive-behavioral:** specific behaviors learned over time, associated with maladaptive belief systems
  - genetic factors play a role, with many showing increased rates of heritability
  - variances in stress tolerance and disturbances in family relationships and communication have also been linked to personality disorders

14 psychological disorders

14.1 14.2 14.3 p. 540

Psychological Disorders

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DISORDER	EXAMPLES
Disorders usually first diagnosed in infancy, childhood, or adolescence	Learning disabilities, ADHD, bed-wetting, speech disorders, conduct disorder, oppositional defiant disorder
Delirium, dementia, amnesia, and other cognitive disorders	Alzheimer's, Parkinson's, amnesia due to physical causes
Psychological disorders due to a general medical condition	Personality change because of a brain tumor
Substance-related disorders	Alcoholism, drug addictions
Schizophrenia and other psychotic disorders	Schizophrenia, delusional disorders, paranoid psychosis
Mood disorders	Depression, mania, bipolar disorders
Anxiety disorders	Panic disorder, phobias, stress disorders
Somatoform disorders	Hypochondriasis, conversion disorder

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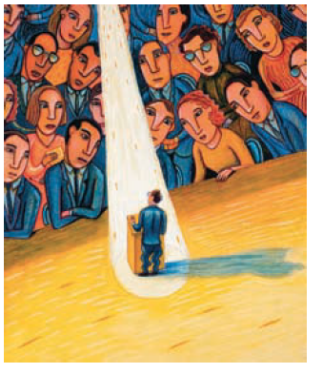
Anxiety and Mood Disorders

- **anxiety, OCD, trauma and stress disorders** most dominant symptom is excessive or unrealistic anxiety, or related to traumatic stress
  - anxiety can be free-floating (nonspecific, anxious in general) or more specific, as in the case of phobias
  - **panic disorder** consists of an individual having frequent panic attacks that interfere with normal daily functioning; **panic disorder with agoraphobia** occurs when a fear of having panic attacks in public prevents an individual from going out
  - **obsessive-compulsive disorder (OCD)** consists of recurring anxiety-provoking thoughts or obsessions that are only relieved through ritualistic or repetitive behaviors or mental events
  - **generalized anxiety disorder** involves excessive worry about lots of things and occurs more days than not
  - causes
    - **behavioral**
    - **cognitive**
    - **biological**
    - **cultural**
  - **acute stress disorder (ASD)**
  - **posttraumatic stress disorder (PTSD)**



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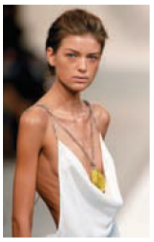

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14.8 14.9 p. 563

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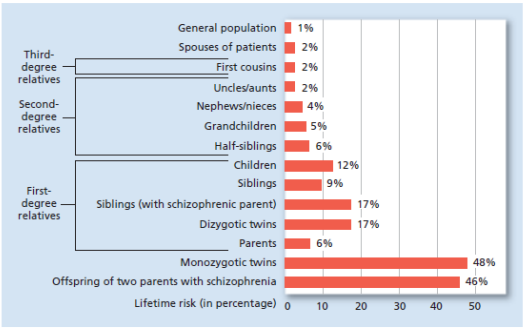
    - **hallucinations**
    - **changes in mood**
    - **disorganized or odd behavior**



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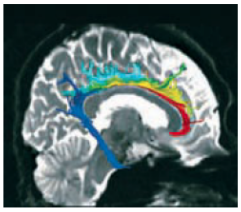

- **personality disorders** involve excessively rigid and maladaptive patterns of behavior and ways of relating to others (see Table 14.5)
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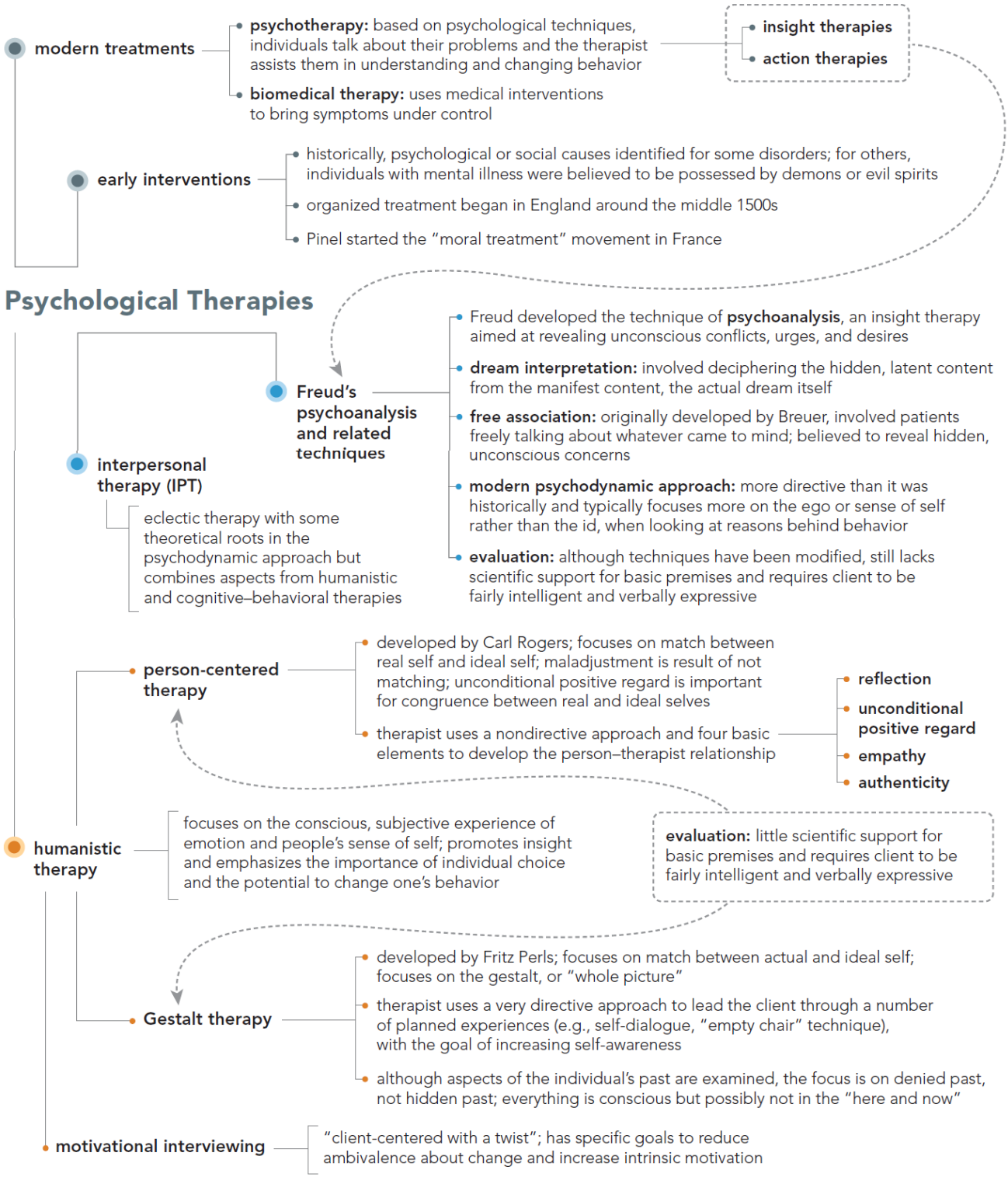
    - **cognitive-behavioral**
    - genetic factors play a role, with many showing increased rates of heritability
    - variances in stress tolerance and disturbances in family relationships and communication have also been linked to personality disorders

Odd or Eccentric Types
Paranoid
Schizoid
Schizotypal

Dramatic or Erratic Types
Antisocial
Borderline
Histrionic
Narcissistic

Anxious or Fearful Types
Avoidant
Dependent
Obsessive-Compulsive

Treatment of Abnormal Behavior



Treatment of Abnormal Behavior

Action Therapies

behavior therapies action-based therapies operating on the premise that all behaviors, both normal and abnormal, are learned; applied behavior analysis involves functional analysis and learning techniques to increase desirable behaviors and decrease undesirable behaviors

- techniques based on classical conditioning—pairing of stimuli
  - **systematic desensitization**
  - **aversion therapy**
  - **exposure therapies:** expose individual to anxiety-provoking stimulus in real or imagined form, in a gradual or sudden (**flooding**) manner
- techniques based on operant conditioning—reinforcement, extinction, shaping, and modeling
  - **participant modeling**
  - **token economies (reinforcement)**
  - **contingency contracting (reinforcement)**
  - **time-out (extinction)**
- **evaluation:** more effective than others for specific behavioral problems (e.g., bed-wetting, overeating, drug addictions, phobic reactions)

cognitive therapies action-based therapies that focus on helping people change their ways of thinking; emphasis on identifying distorted and unrealistic beliefs that lead to maladaptive behavior and problem emotions and then replacing them with more-positive, helpful thoughts

- **Beck's cognitive therapy** identifies several common distortions
  - **arbitrary inference (jumping to conclusions)**
  - **selective thinking**
  - **overgeneralization**
  - **magnification and minimization**
  - **personalization**
- **cognitive–behavioral therapy (CBT)** uses cognitive methods that have behavioral elements within them as well
- **rational–emotive behavior therapy (REBT)** was developed by Albert Ellis; teaches clients to challenge their own irrational beliefs with more-rational, helpful statements
- **evaluation:** typically shorter and less expensive than insight therapies; treating the symptom, not the cause, is both a feature and a criticism; especially effective for many disorders, including depression, anxiety disorders, and personality disorders

Group Therapies

alternative to individual therapy; group of clients meet together to discuss similar problems with a single therapist or pair of therapists

- may use a variety of styles, but person-centered, Gestalt, and behavioral seem to work best; may also take several different forms
  - **family therapy**
  - **problem-based groups**

self-help groups may also be effective; do not have a therapist directly involved

evaluation: advantages include lower cost, exposure to ways other people view and handle same type of problems, social and emotional support; disadvantages include greater exposure, less one-on-one contact with therapist, and some problems hard to treat in group setting

Treatment of Abnormal Behavior

- effectiveness is not easy to study due to different theories, techniques, time frames for success, etc.; tendency of some therapists to be eclectic (using variety of techniques) is also a challenge
  - common factors approach: focuses on those factors common to successful outcomes from different forms of therapy
  - clients benefit through evidence-based practice, or empirically validated treatment—identification of treatments and other aspects of treatment that work best for specific disorders
- where effective, greater success is often tied to the relationship between the therapist and client (therapeutic alliance), a sense of safety, and longer time in therapy
- cultural, ethnic, and gender concerns should also be examined; these factors can affect not only the therapeutic alliance but also identification of actual problem(s) and treatment options

Does Psychotherapy Work?

Biomedical Therapies

- **psychopharmacology** the use of drugs to control or relieve the symptoms of a psychological disorder; may be used alone or in combination with other therapies (see Table 15.2)
  - **antipsychotic drugs:** treat psychotic symptoms such as hallucinations, delusions, and bizarre behavior; include the typical neuroleptics, atypical neuroleptics, and partial dopamine agonists; work by blocking certain dopamine receptors in the brain; long-term use has variety of risks, both behavioral and cognitive
  - **antianxiety drugs:** address anxiety disorders; include the minor tranquilizers (benzodiazepines) that have a sedative effect—also have potential for addiction and abuse; antidepressant drugs also used to treat anxiety disorders
  - **antimanic drugs:** address the manic episodes associated with bipolar disorder; most common is lithium; may also include anticonvulsants and antidepressants
  - **antidepressant drugs:** are used to treat symptoms of depression and include monoamine oxidase inhibitors (MAOIs), tricyclic antidepressants, and selective serotonin reuptake inhibitors (SSRIs)
- **electroconvulsive therapy**
  - still used to treat severe depression and a few other disorders that have not responded to other forms of treatment
  - involves the application of an electric shock and resulting seizure that appears to normalize the balance of neurotransmitters within the brain
  - traditional side effects (extreme memory loss, broken bones) have been minimized by lower levels of current and the use of both muscle relaxers and anesthesia
- **psychosurgery**
  - used as a last resort, involves cutting into the brain to remove or destroy brain tissues associated with symptoms of a mental disorder
  - prefrontal lobotomies were widely used in the mid-1900s up until the development of antipsychotic drugs
  - at present, bilateral anterior cingulotomy (involves selective areas of cingulate gyrus) is used, primarily for obsessive-compulsive disorder; has also been used with depression and bipolar disorder
- **emerging technologies**
  - repetitive transcranial magnetic stimulation (rTMS)
  - transcranial direct current stimulation (tDCS)

  → being evaluated as treatment options for PTSD and depression, and other disorders
  - deep brain stimulation for depression and OCD

15 psychological therapies

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- **modern treatments**
  - psychotherapy
  - biomedical therapy
- **early interventions**
  - historically, psychological or social causes identified for some disorders; for others, individuals with mental illness were believed to be possessed by demons or evil spirits
  - organized treatment began in England around the middle 1500s
  - Pinel started the "moral treatment" movement in France

Psychological Therapies

- **Freud's psychoanalysis and related techniques**
  - Freud developed the technique of **psychoanalysis**, an insight therapy aimed at revealing unconscious conflicts, urges, and desires
  - **dream interpretation**
  - **free association**
  - **modern psychodynamic approach**
- **interpersonal therapy (IPT)**
  - eclectic therapy with some theoretical roots in the psychodynamic approach but combines aspects from humanistic and cognitive–behavioral therapies

"Why do you think you cross the road?"

- **humanistic therapy**
  - focuses on the conscious, subjective experience of emotion and people's sense of self; promotes insight and emphasizes the importance of individual choice and the potential to change one's behavior
  - **person-centered therapy**
    - developed by Carl Rogers; focuses on match between real self and ideal self; maladjustment is result of not matching; unconditional positive regard is important for congruence between real and ideal selves
    - therapist uses a nondirective approach and four basic elements to develop the person–therapist relationship

evaluation: little scientific support for basic premises and requires client to be fairly intelligent and verbally expressive

  - **Gestalt therapy**
    - developed by Fritz Perls; focuses on match between actual and ideal self; focuses on the gestalt, or "whole picture"
    - therapist uses a very directive approach to lead the client through a number of planned experiences (e.g., self-dialogue, "empty chair" technique), with the goal of increasing self-awareness
    - although aspects of the individual's past are examined, the focus is on denied past, not hidden past; everything is conscious but possibly not in the "here and now"
  - **motivational interviewing**
    - "client-centered with a twist"; has specific goals to reduce ambivalence about change and increase intrinsic motivation

15.4 15.5 p. 589

- **behavior therapies**
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15.6 15.7 p. 590

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Table 15.1
Characteristics of Psychotherapies

TYPE OF THERAPY	GOAL	KEY PEOPLE
Psychodynamic therapy	Insight	Freud
Person-centered therapy	Insight	Rogers
Gestalt therapy	Insight	Perls
Behavior therapy	Action	Watson, Jones, Skinner, Bandura
Cognitive therapy	Action	Beck
CBT	Action	Various professionals
REBT	Action	Ellis

Action Therapies

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15.8 15.9 15.10 p. 601

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