

Abnormal Psychology

Models of Abnormality



“Models” of Abnormality

perspectives used to explain phenomena

Theoretical Orientations (Perspectives)

- Biological
- Psychodynamic
- Behavioral
- Cognitive
- Humanistic
- Sociocultural

Many Interchangeable Terms

- When we speak about the “perspectives” in psychology people may refer to them in a number of different ways. You are free to do the same!
- Approach
- Orientation
- School of Thought
- Perspective
- Model
- Theory
- In this context, they all mean the same thing!

The Biological Model

- Takes a medical perspective
- Main focus is that psychological abnormality is an *illness brought about by malfunctioning parts of the organism*
 - Typically focused on the brain

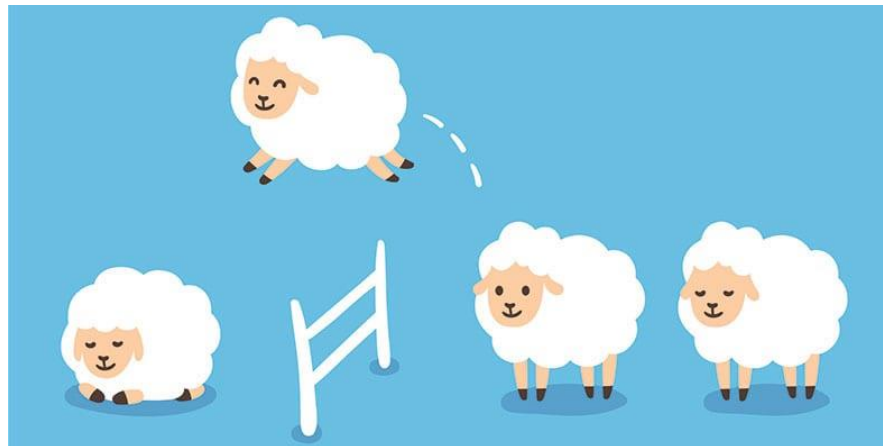


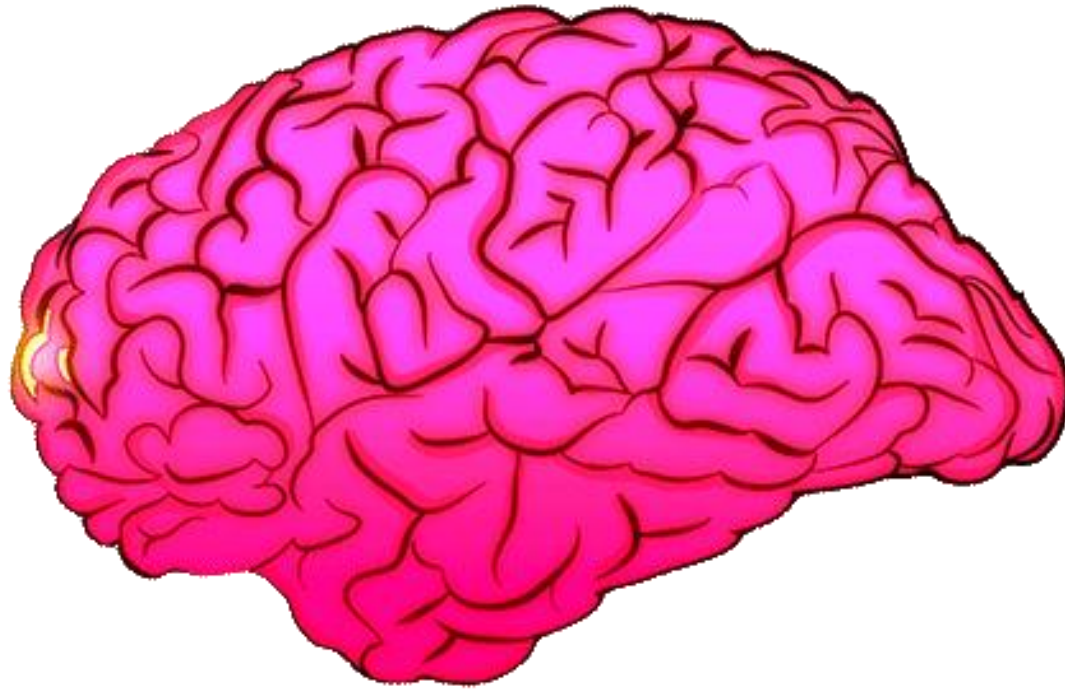
What else does the Biologist “like?”

- Drug Treatment
- Blood tests
- Genetics
- Family history (for biological comparison)
- Neuroimaging (brain scans)
- Tox screens (drug tests)
- ECT & Psychosurgery
- **Anything that has to do with the biological or medical aspect of psychology!**

Does a biological clinician always rely on drug treatment?

- No! A biological clinician could also make recommendations based on:
 - Sleep
 - Exercise
 - Nutrition(any physical aspect of wellness)





The average adult human brain weighs approximately 3 pounds, or 2% of the total body weight. The brain contains about 100 billion nerve cells (neurons) and thousands of billions of support cells (called glia).



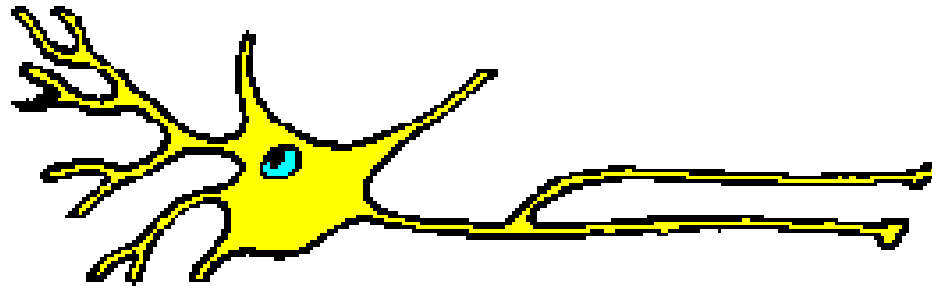
Neurons

- **Three main parts:**

- Soma: cell body
- Dendrites: collect messages from neighboring neurons and send them on to the cell body
- Axon: conducts electrical impulses away from the cell body to other neurons, muscles, or glands

How Neurons Communicate

- For communication between neurons to occur, an electrical impulse must travel down an axon to the synaptic terminal

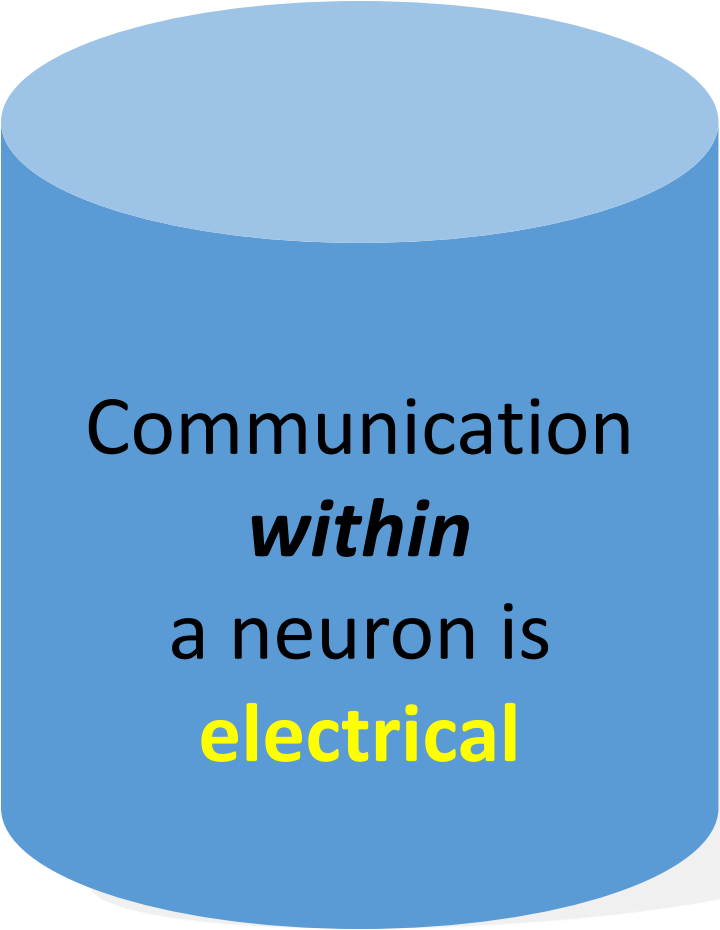


Dendrites --> Cell Body --> Axon --> Axon Terminals

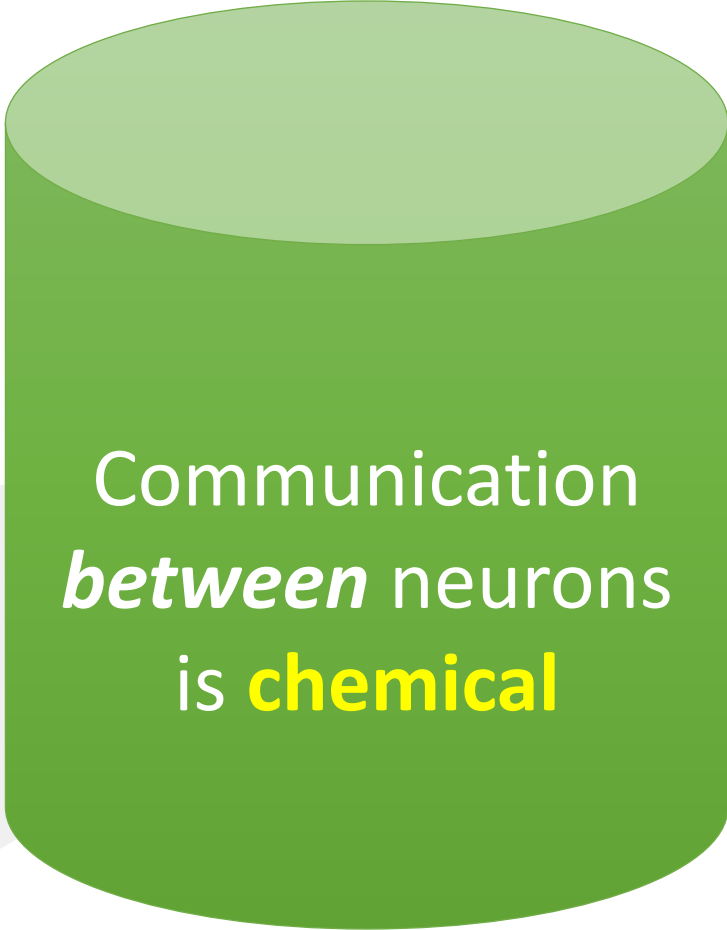
Neurotransmitters

- When an electrical impulse reaches a nerve ending, the nerve ending is stimulated to release a chemical called a **neurotransmitter (NT)**
 - Some NTs tell receiving neurons to “fire;” other NTs tell receiving neurons to stop firing

How Neurons Communicate



Communication
within
a neuron is
electrical



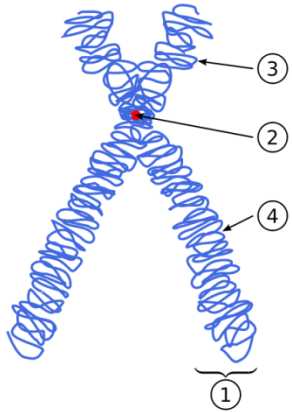
Communication
between neurons
is **chemical**

How Do Biological Theorists Explain Abnormal Behavior?

- **Brain chemistry**

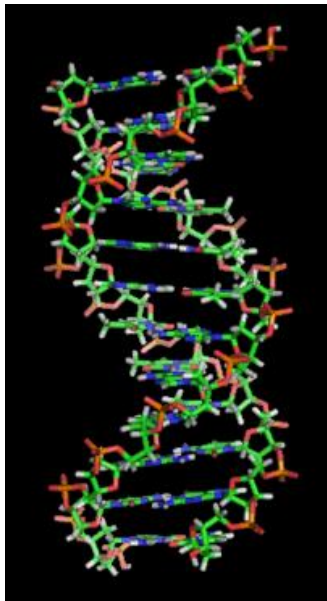
- Researchers have identified dozens of NTs
 - Examples: serotonin, dopamine, GABA, norepinephrine, acetylcholine
- Studies indicate that abnormal activity in certain NTs can lead to specific mental disorders
 - Examples: depression (serotonin and norepinephrine) and anxiety (GABA)

Sources of Abnormality



- Genetics:

- Humans have 23 pairs of chromosomes, each with numerous genes that control the characteristics and traits a person inherits
- Studies suggest that inheritance plays a part in mood disorders, schizophrenia, intellectual disability, Alzheimer's disease, and other mental disorders
 - Aren't able (yet) to identify specific genes
 - Don't know the extent to which genetic factors contribute to disorders
 - Seems no SINGLE gene is responsible for a particular behavior or disorder



Behavior Genetics



Identical twins are quite informative when it comes to psychological research; because they share 100% DNA, if one twin demonstrates something that the other does not, we can generally attribute it to an environmental influence.

Twins



Fraternal twins have the same genetic commonalities as regular siblings (at least 50% in common), so less can be surmised from this data, though sibling studies still provide us with some information!

Biological Treatments

- Drug therapy

Or, in extreme medication-resistant cases:

- Electroconvulsive therapy (ECT)

But also:

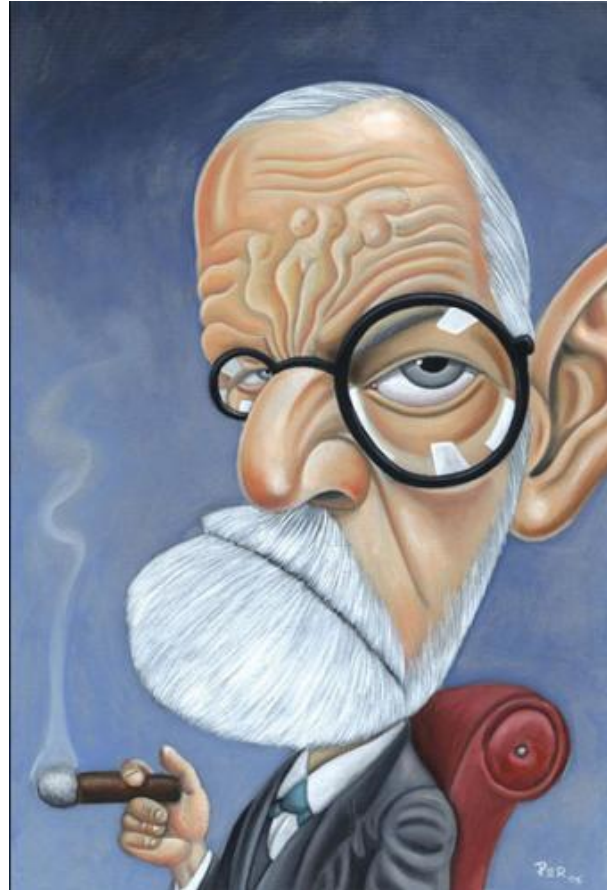
Nutrition

Diet

Exercise



Psychodynamic Model



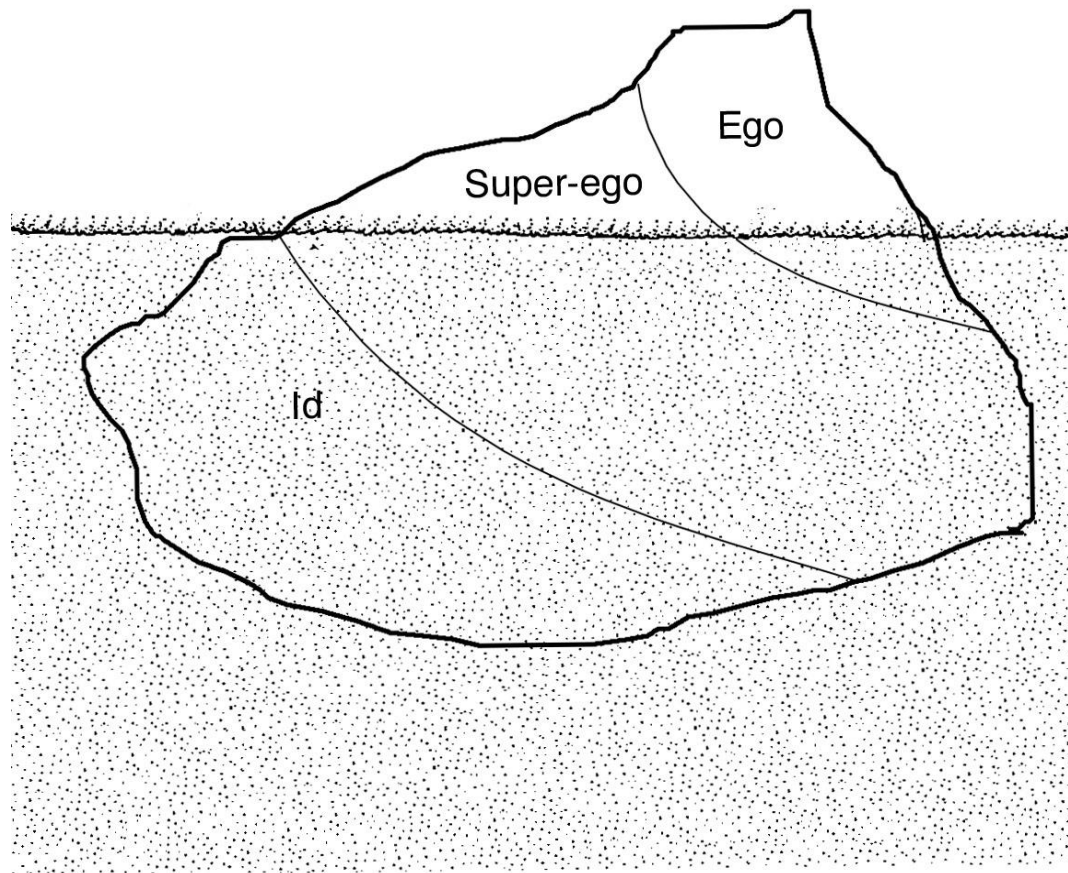
The goal of therapy is simply
" to make the unconscious conscious."

The Psychodynamic Model

- Oldest and most famous psychological model (Freudian)
- Belief that a person's behavior is determined largely by underlying dynamic psychological forces of which she or he is not aware!
- Abnormal symptoms are the result of conflict among these psychological forces

Freud & Abnormality

- Caused by three forces:
 1. **Id** – guided by the *Pleasure Principle*
 - Instinctual needs, drives, & impulses
 2. **Ego** – guided by the *Reality Principle*
 - Seeks gratification but guides us to know when we can & can't express our wishes
 3. **Superego** – guided by the *Morality Principle*
 - Conscience; unconsciously adopted from our parents



- *These three parts of the personality are often in conflict
- *A healthy personality is one in which compromise exists among the three forces
- *If the id, ego, and superego are in excessive conflict, the person's behavior may show signs of dysfunction*

Table 3-2

Defense Mechanisms to the Rescue

Defense	Operation
Repression	Person avoids anxiety by simply not allowing painful or dangerous thoughts to become conscious.
Denial	Person simply refuses to acknowledge the existence of an external source of anxiety.
Projection	Person attributes own unacceptable impulses, motives, or desires to other individuals.
Rationalization	Person creates a socially acceptable reason for an action that actually reflects unacceptable motives.
Reaction formation	Person adopts behavior that is the exact opposite of impulses he or she is afraid to acknowledge.
Displacement	Person displaces hostility away from a dangerous object and onto a safer substitute.
Intellectualization (isolation)	Person represses emotional reactions in favor of overly logical response to a problem.
Regression	Person retreats from an upsetting conflict to an early developmental stage at which no one is expected to behave maturely or responsibly.
Sublimation	Person expresses sexual and aggressive energy in ways that are acceptable to society.



Table 3-2

Defense Mechanisms to the Rescue

Defense	Operation	Example
Repression	Person avoids anxiety by simply not allowing painful or dangerous thoughts to become conscious.	An executive's desire to run amok and attack his boss and colleagues at a board meeting is denied access to his awareness.
Denial	Person simply refuses to acknowledge the existence of an external source of anxiety.	You are not prepared for tomorrow's final exam, but you tell yourself that it's not actually an important exam and that there's no good reason not to go to a movie tonight.
Projection	Person attributes own unacceptable impulses, motives, or desires to other individuals.	The executive who repressed his destructive desires may project his anger onto his boss and claim that it is actually the boss who is hostile.
Rationalization	Person creates a socially acceptable reason for an action that actually reflects unacceptable motives.	A student explains away poor grades by citing the importance of the "total experience" of going to college and claiming that too much emphasis on grades would actually interfere with a well-rounded education.
Reaction formation	Person adopts behavior that is the exact opposite of impulses he or she is afraid to acknowledge.	A man experiences homosexual feelings and responds by taking a strong antihomosexual stance.
Displacement	Person displaces hostility away from a dangerous object and onto a safer substitute.	After your parking spot was taken, you released your pent-up anger by starting a fight with your roommate.
Intellectualization (isolation)	Person represses emotional reactions in favor of overly logical response to a problem.	A woman who has been beaten and raped gives a detached, methodical description of the effects that such attacks may have on victims.
Regression	Person retreats from an upsetting conflict to an early developmental stage at which no one is expected to behave maturely or responsibly.	A boy who cannot cope with the anger he feels toward his rejecting mother regresses to infantile behavior, soiling his clothes and no longer taking care of his basic needs.
Sublimation	Person expresses sexual and aggressive energy in ways that are acceptable to society.	Athletes, artists, surgeons, and other highly dedicated and skilled people may be reaching their high levels of accomplishment by directing otherwise potentially harmful energies into their work.

Five Psychosexual Stages

- Developmental stages

- Oral (0 to 18 months of age)
- Anal (18 months to 3 years of age)
- Phallic (3 to 5 years of age)
- Latency (5 to 12 years of age)
- Genital (12 years of age to adulthood)



- If successful → personal growth
- If unsuccessful → fixation at an early developmental stage, leading to psychological abnormality

Psychodynamic Therapies

- Range from “Freudian” psychoanalysis to more **modern therapies**
- All seek to uncover past trauma and inner conflicts
 - Understanding early life experience critically important
- Therapist acts as “subtle guide”

Psychodynamic Therapies

- Utilize various techniques:
 - Free association
 - Explore early life experiences
 - Discuss relationships with caregivers
- Therapist interpretation-
 - Resistance
 - Transference
- **Catharsis:** the process of releasing, and thereby providing relief from, strong or repressed emotions

Behavioral Perspective

- **Behavioral Perspective:** the external **environment** governs our actions
- Origins:
 - “*Tabula Rasa*” (Locke)
 - *Classical Conditioning* (Pavlov)



The Behavioral Explanation

- Behavior is learned. Several forms of conditioning:
 - **Operant conditioning**: “operates” on environment and produces an effect (punishment and reward)
 - **Modeling**: observing and repeating behavior
 - **Classical conditioning**: learning by temporal association
- May produce normal or abnormal behavior

Operant Conditioning

- **Positive reinforcement:** the adding of an appetitive stimulus to increase a certain behavior or response.
- **Positive punishment:** the adding of an aversive stimulus to decrease a certain behavior or response.
- **Negative reinforcement:** the taking away of an aversive stimulus to increase certain behavior or response.
- **Negative punishment (omission training):** the taking away of an appetitive stimulus to decrease a certain behavior.
- **Extinction:** a behavior that has been previously reinforced no longer results in the reinforcing consequences and, therefore, the behavior stops occurring.

Classical conditioning

- Temporal
- Involuntary Responses

Practice

- Every time someone flushes a toilet in the apartment building, the shower becomes very hot and causes the person to jump back. Over time, the person begins to jump back automatically after hearing the flush, before the water temperature changes.



CLASSICAL

Practice

- You eat asparagus and then get sick because of the flu. However, you develop a dislike for the asparagus and feel nauseated whenever you smell it.

CLASSICAL



Practice

OPERANT

- A lion in a circus learns to stand up on a chair and jump through a hoop to receive a meaty food treat.



Practice

- Your car has a red, flashing light that blinks annoyingly if you start the car without buckling the seat belt. You become less likely to start the car without buckling the seat belt.

OPERANT

Behavioral Therapies

- Aim is to identify the behaviors that are causing problems and replace them with more appropriate ones
 - May use classical conditioning, operant conditioning, or modeling
- Therapist gives feedback to promote healthy behaviors
- Early life experiences important **only** in providing clues to current learning Mostly interested in the present
- Systems of punishments, rewards, imitation, triggers

Behavioral Therapies

- Behavioral treatments may be used to change abnormal reactions to particular stimuli.
 - **Systematic desensitization:**
 - Step-by-step procedure
 - **Learn relaxation skills**
 - **Develop a fear hierarchy**
 - **Confront feared situations**

The Cognitive Model

- Seeks to account for behavior by studying the ways in which the person attends to, interprets, and uses available information
- Argues that clinicians **must ask questions about assumptions, attitudes, and thoughts of a client**
 - Concerned with internal processes, like **thinking and lines of logic**
 - Present-focused

The Cognitive Explanation

- Maladaptive thinking is the cause of maladaptive behavior
- Several kinds of faulty thinking:
 - Faulty assumptions and attitudes
 - Illogical thinking processes: e.g. overgeneralization
- People must be taught a new way of thinking to prevent maladaptive behavior
- Occurs as therapist changes the person's thinking from maladaptive to adaptive
- Assumes that the person's thought processes and beliefs are maladaptive and need to change

Cognitive Psychotherapies

- **Cognitive Therapy**

- *Beck's cognitive therapy*

- Therapist works to develop a warm relationship with the person
- Person is encouraged to **carefully consider the objective evidence** for their beliefs to see the errors in their thinking



Aaron T. Beck

Beck's Cognitive Therapy

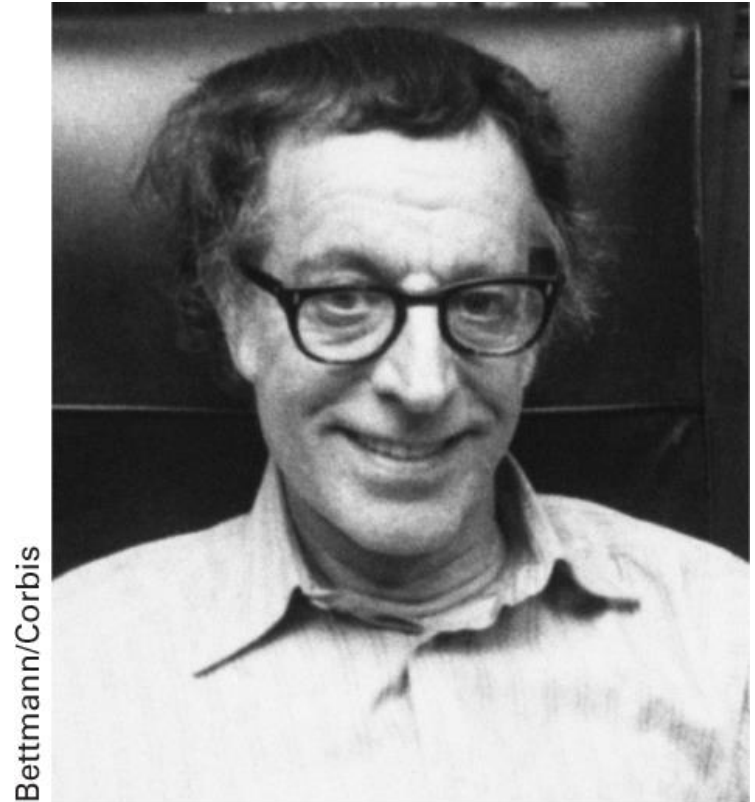
- Some of the unhappiness endured by a person can be traced to "*automatic thoughts*."
(unreasonable but unquestioned ideas that rule the person's life)
- The goal of therapy is to help clients **overcome the impact of cognitive errors.**

But not all situations have objective evidence to examine! (For example, there are no research studies about why Megan didn't text you back last week). In situations such as these, there is a different cognitive approach one can take...

Ellis' rational-emotive therapy (RET)

- **RET**

- Therapist will show a person the irrationality of his thinking and how to make it more realistic
- Therapist directly confronts and challenges the patient's unrealistic thought and beliefs to show that they are irrational
- Irrational thoughts are marked by words such as “must,” “always,” and “every”.



Bettmann/Corbis

Albert Ellis

Cognitive Therapy

- **Ellis's ABC model**

- A refers to the **Activating event** (e.g., failure to be perfect at everything)
 - B refers to the person's **Belief** about the event (e.g., feeling like a failure for normal levels of imperfection)
 - C is the resulting emotional **Consequence** (e.g., depression)
-
- *According to Ellis: A does not cause C; rather, B causes C.*

Harry's view: Sally's refusal caused his upset. A caused C.

A (Activating Event)

Harry asked Sally to the concert and was turned down without a reason.

Harry believes Sally's refusal caused his upset.

A causes C

C (Consequence)

Harry was shocked, dejected, angry, and depressed.

Ellis's view: Harry's belief about the event caused his upset. B caused C.

A (Activating Event)

Harry asked Sally to the concert and was turned down without a reason.

B (Belief about Event)

caused

C (Consequence)

IRRATIONAL BELIEFS
"It's terrible if I get turned down."
"I can't stand this."
"I'm humiliated."

EMOTIONAL DISTRESS
Harry was shocked, dejected, angry, and depressed.

B (Belief about Event)

caused

C (Consequence)

RATIONAL BELIEFS
"If she doesn't want to go out with me, I will take someone else. It's too bad, but that's life."

EMOTIONAL CONSEQUENCE
Harry is somewhat annoyed and disappointed but is looking forward to the concert anyway.

TABLE 13.1 Cognitive Errors

ERROR	EXAMPLE
All-or-nothing thinking	"If I don't get into an Ivy League school, I might as well not go to college at all."
Catastrophizing (fortune-telling)	"If I don't find a partner by the time I get out of college, I'll have to spend the rest of my life alone."
Discounting the positive	"I only passed that exam because I got lucky."
Emotional reasoning	"Even though he hasn't called me, my heart tells me that we're meant to be together."
Labeling	"She's too stuck-up to go out with a loser like me."
Magnification or minimization	"Since I missed class today, it won't matter that I have As on the exams. The professor will fail me because she can see how irresponsible I really am."
Mental filter	"I can't go on any interviews because I still haven't found the right shoes to go with my black suit."
Mind reading	"Since I said 'call me any time,' he probably thinks I'm desperate."
Overgeneralization	"I didn't do well in that interview. I'm just not a 'people person' I guess."
Personalization	"The professor seemed to be in a hurry to get out of the classroom. She must have thought my question was really dumb."
Inappropriate use of "should" and "must" statements	"A 'good' daughter should call her mother every day and report everything that she has done in the last 24 hours."
Tunnel vision	"This is my worst semester ever. I don't see how I'll survive it. I'll probably wreck my GPA."

Source: Beck (1995). Based on pp. 118–120 in *Cognitive Therapies: Basics and Beyond* by J. Beck, Copyright © 1995 by The Guilford Press. Reprinted by permission of Guilford Publications, Inc.



Rational Emotive Therapy Clarification

- Not as simple as “thinking positive”!
- Many situations in life are simply not positive, and to spin it that way can feel *inauthentic*.
- Rather, the goal is to employ the skill of thinking adaptively, or healthily.
- Patients of cognitive clinicians practice eliminating the thoughts that do not serve them well, and replacing them with thoughts that are helpful, motivating, empathetic, or less distressing.

Humanistic Approach

- Assumes that people have the **ability and freedom to lead rational lives and make rational choices.**



The Humanistic Model

- The humanist view:
 - Emphasis on people as friendly, cooperative, and constructive; focus on drive to self-actualization
- The existentialist view:
 - Emphasis on self-determination, choice, and individual responsibility; focus on authenticity

Humanistic Therapy

- “Client-Centered Therapy”
 - Carl Rogers (1951)
 - Disorder results when the natural tendency toward self-actualization is blocked.
 - The therapist attempts to create an accepting climate based on unconditional **positive regard**.
- Clients who were hypercriticized as children may find solace in this approach, as a humanist would argue they are still seeking that unconditional positive regard/acceptance.

Carl Rogers' Humanistic Theory and Therapy

- Basic human need for “unconditional” positive regard
 - If received, leads to unconditional self-regard
 - If not, leads to “conditions of worth”
 - Incapable of self-actualization because of distortion – don’t know what they really need, etc.
- Rogers’ “client-centered” therapy
 - Therapist provides unconditional positive regard
 - Both accurate & genuine in reflection (reflective listening)
 - Focus on the “experiencing person”

Humanistic Therapy

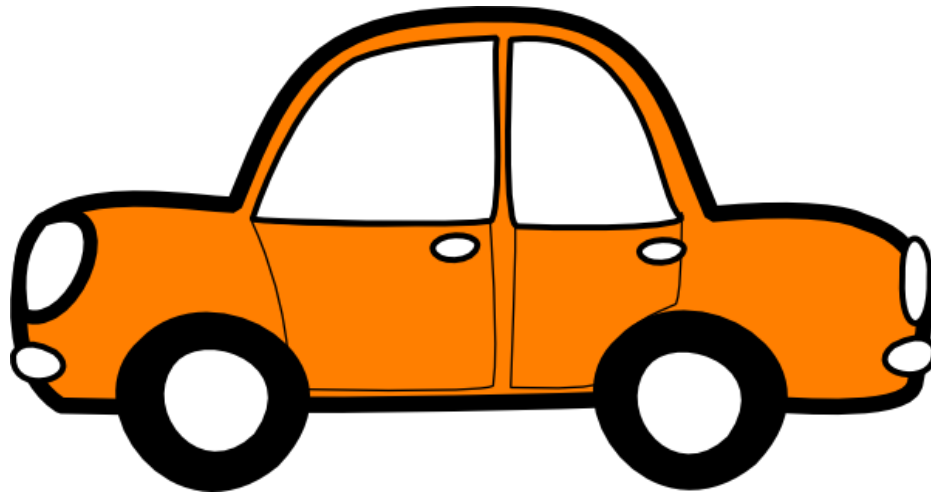
- “Person-Centered Therapy”

- **non-directive therapy**

- The therapist allows the direction of the therapy sessions to be controlled by the client.
- The goal is to allow the client to direct the therapy session and move toward self-actualization.
 - realization of inner potential

Humanistic Therapy

- Because it is “client-driven”, some people are not well-suited for humanistic therapy...



The Sociocultural Model

- Argues that abnormal behavior is best understood in light of the social and cultural forces that influence an individual
 - Addresses norms and roles in society
- Influenced by sociology and anthropology
- Argues that we must examine a person's social surroundings to understand their behavior
- Relationship therapies

Sociocultural Treatments

- May include traditional individual therapy
- Broadened therapy to include:
 - Group therapy
 - Family therapy
 - Couple therapy
 - Community treatment
 - Includes prevention work

Family Therapy

- Parents and children enter therapy as a group.
- The goal is to help family members.
 - Heal wounds to the family
 - Improve communication
 - Create more understanding within the family



Couple Therapy

- The goal is to help partners in an intimate relationship.
 - Communicate
 - Manage conflicts more effectively
 - may focus on behavioral change or partners' emotional responses to each other



Group Therapy

- Seven to ten clients meet regularly with one or more therapists to resolve personal problems.
- Provides client with a sense of belonging and the opportunity to:
 - Express feelings
 - Get feedback from other group members
 - Give and receive emotional support



COMPARING MODELS

Table 3-5

Comparing the Models

	Biological	Psychodynamic	Behavioral	Cognitive	Humanistic	Existential	Socio-Cultural
Cause of dysfunction	Biological malfunction	Underlying conflicts	Maladaptive learning	Maladaptive thinking	Self-deceit	Avoidance of responsibility	Family or social stress
Research support	Strong	Modest	Strong	Strong	Weak	Weak	Moderate
Consumer designation	Patient	Patient	Client	Client	Patient or client	Patient or client	Client
Therapist role	Doctor	Interpreter	Teacher	Persuader	Observer	Collaborator	Social facilitator
Key therapist technique	Biological intervention	Free association and interpretation	Conditioning	Reasoning	Reflection	Varied	Social intervention
Therapy goal	Biological repair	Broad psychological change	Functional behaviors	Adaptive thinking	Self-actualization	Authentic life	Effective family or social system

Supplementary Therapies

- Most people benefit the most from an individual course of therapy, but other therapies can supplement individualized therapy. In order to not overload clients, supplementary therapies should be much less frequent. For example, in addition to individual therapy, some clients may benefit from additional (1x a month, in many cases) sessions in one or more of the following, depending on that client's unique needs:
 - Family therapy
 - Couples counseling
 - Group therapy
 - Occupational therapy
 - Financial counseling



Integration of the Models

- Each approach can be valuable to understanding abnormal behavior
- Different methods are more appropriate under differing conditions
- An integrative approach provides a general framework for thinking about abnormal behavior, and also allows for specification of the factors that are especially pertinent to particular disorders
- Many clinicians take this integrated or “eclectic” approach, using aspects of multiple approaches to tailor to their client’s needs.

Next Time...

Assessment & Diagnosis