



AP Psychology

How Do We Define Abnormal?

■ Psychological Disorder

- a “harmful dysfunction” in which behavior is judged to be:
 - atypical--not enough in itself
 - disturbing--varies with time and culture
 - maladaptive--harmful
 - unjustifiable--sometimes there's a good reason

Historical Perspective

■ Perceived Causes

- movements of sun or moon
 - lunacy--full moon
- evil spirits, exorcism, caged like
- Ancient Treatments: animals, beaten, burned, castrated, mutilated, blood replaced with animal's blood, trepanation.

So What Causes Abnormal Behavior?

off the mark.com by Mark Parisi

MAYBE YOU SHOULD SET SPECIFIC GOALS... I'M NOT SURE IT'S REALISTIC TO WANT TO GET INTO EVERYTHING...



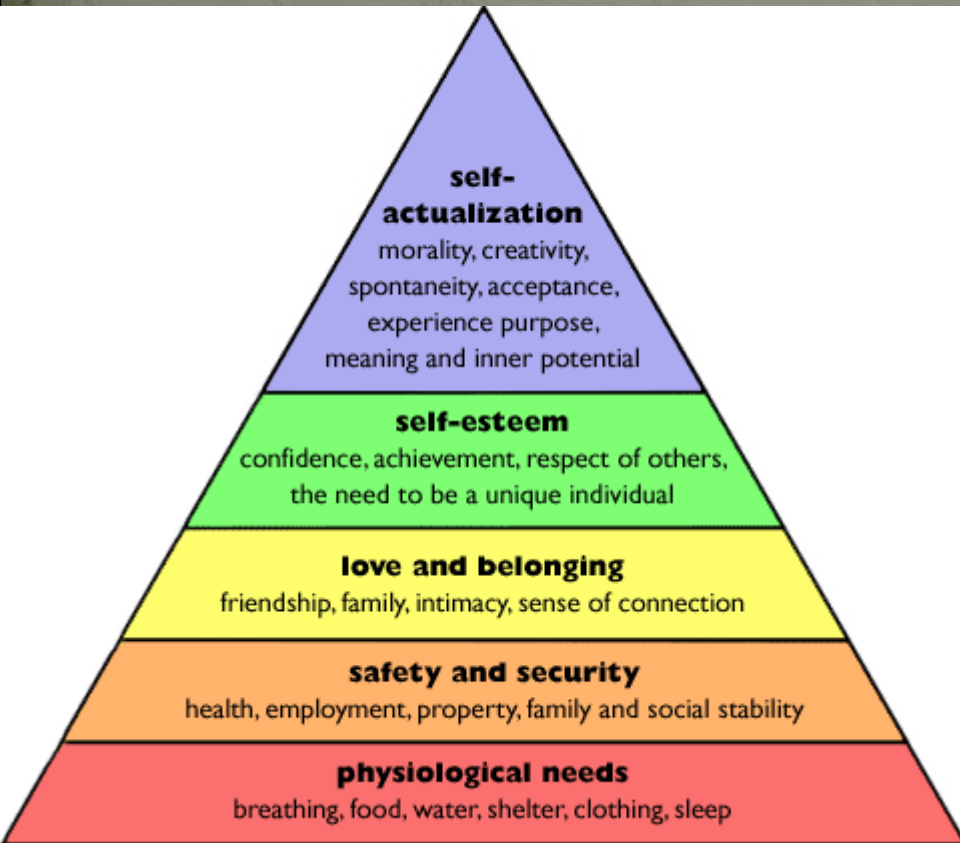
- Each perspective of psychology assigns different reasons.
- Psychoanalytic – abnormal behavior results from internal conflict in the unconscious stemming from early childhood experiences.
- Example: failure to resolve childhood issues.

More Causes:



- Behavioral – Abnormal behavior consists of maladaptive responses learned through reinforcement of the wrong kinds of behavior.
- Example: Child getting what they want all the time.

Causes



- Humanistic – Abnormal behavior results from conditions of worth society places on the individual, which cause poor self-concept.
- Example: If a person keeps failing (getting fired) at their job(s), they will show maladaptive behavior.

Causes:



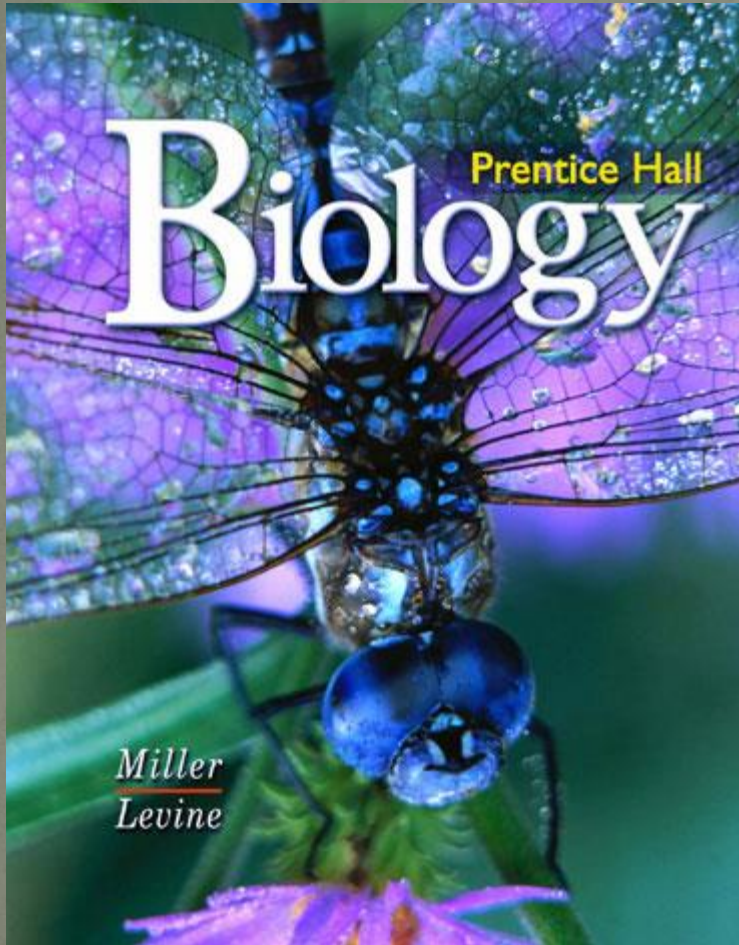
- **Cognitive** – comes from irrational and illogical perceptions and belief systems.
- **Example** – We do not handle situations in the appropriate manner because of some kind of mental distortion of “truth” or right or wrong (belief bias)

Causes:



- Evolutionary – natural selection – you brain does not perform psychological mechanisms effectively.
- Example – Your parents handle situations in a maladaptive so you might do the same

Causes: Biological



- Biological – Abnormal behavior is the result of neuro-chemical and/or hormonal imbalance
- Example – Dopamine levels – schizophrenia or Parkinson's

Psychological Disorders



- **Medical Model**
 - concept that diseases have physical causes
 - can be diagnosed, treated, and in most cases, cured
 - symptoms can be cured through therapy, which may include treatment in a psychiatric hospital

Medical Model Terms:

- Psychopathology – study of the origin, development, and manifestations of mental or behavioral disorders
- Etiology – the apparent cause and development of the illness
- Prognosis – forecasts the probable cause of an illness

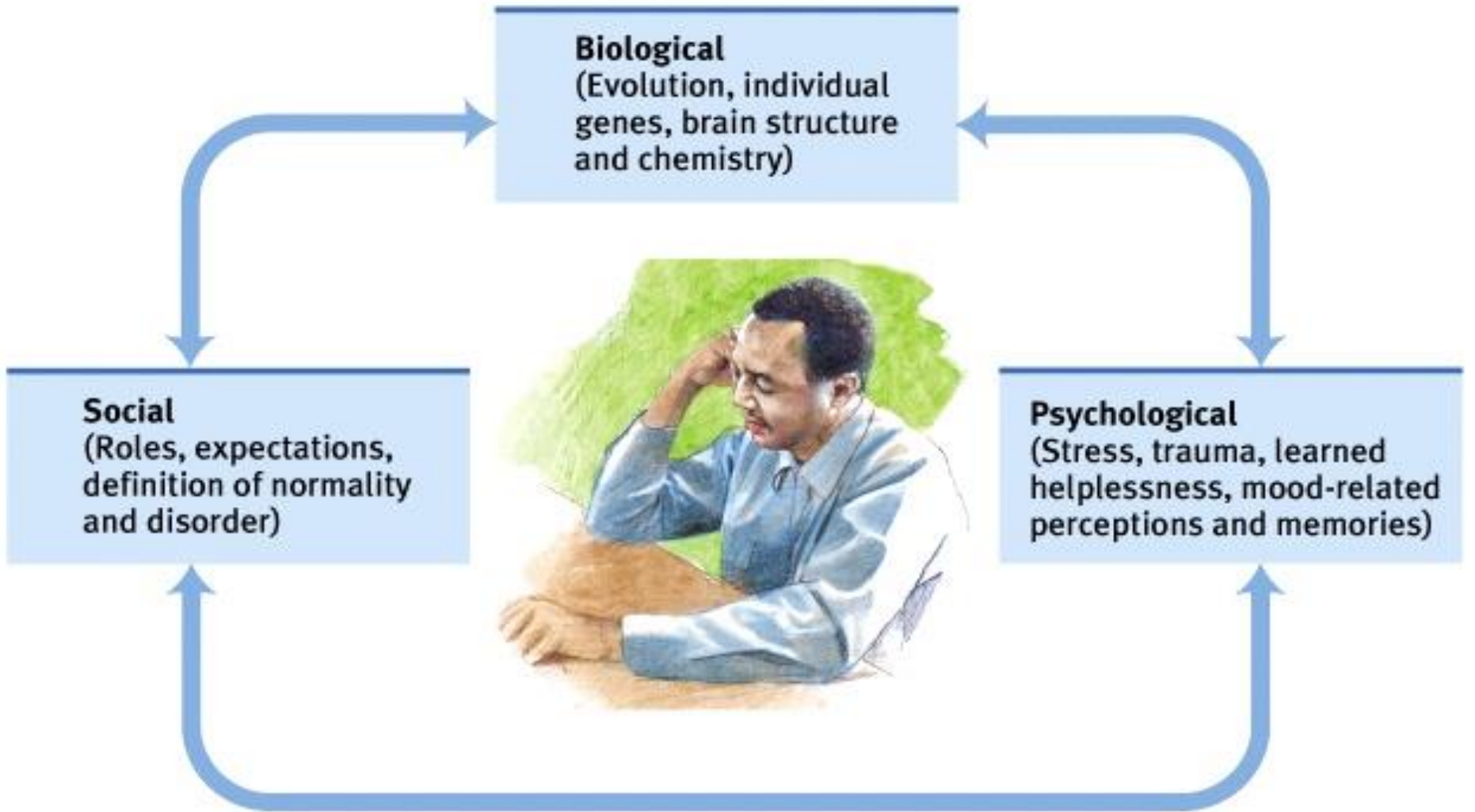
Psychological Disorders



- Bio-Pscho-Social Perspective

- assumes that biological, sociocultural, and psychological factors combine and interact to produce psychological disorders
- Do you agree?

Psychological Disorders



Anxiety Disorders



- Anxiety Disorders
 - Feelings of impending doom or disaster from an unknown.
 - Symptoms – sweating, muscular tension, and increased HR and BP

Anxiety Disorders



- **Panic Disorder**
 - marked by a minutes-long episode of intense dread in which a person experiences terror and accompanying chest pain, choking, or other frightening sensation.
 - Can last anywhere from a few minutes to a few hours.
 - These attacks have no apparent trigger and can happen at any time.

Anxiety Disorders:



■ Generalized Anxiety Disorder

- This is basically an extended version of a panic disorder.
- The person may experience multiple episodes which may occur quite frequently or for a long duration.
- May have trouble sleeping, be tense, and irritable

Anxiety Disorders

■ Phobia

- persistent, irrational fear of a specific object or situation.
- Nearly 5% of the population suffers from some mild form of phobic disorder.
- A fear turns into a phobia when a person avoids the fear at all costs, disrupting their daily life.



Common Phobias:



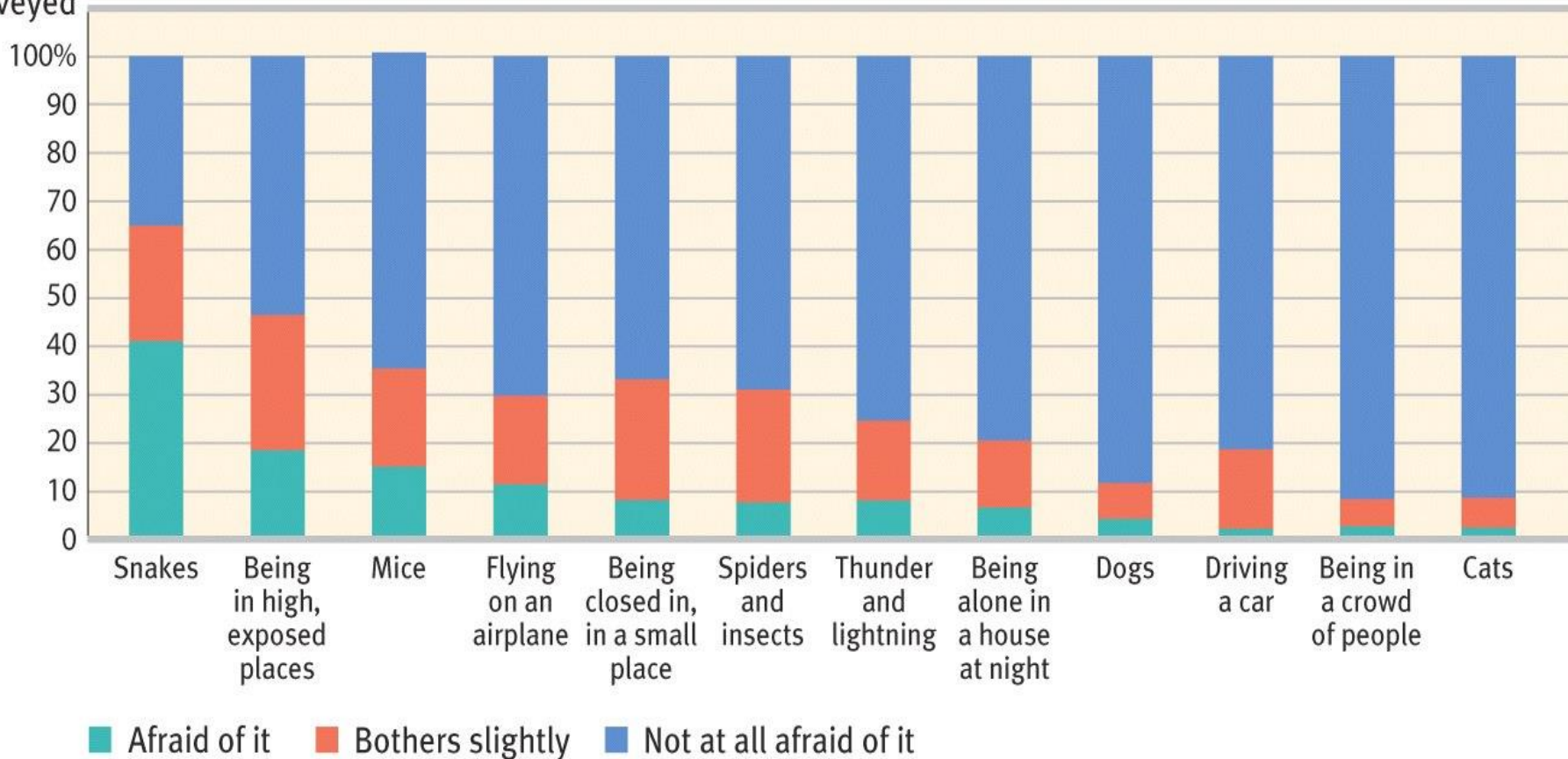
Click the Picture!!

- Agoraphobia – fear of being out in public
- Acrophobia – fear of heights
- Claustrophobia – fear of enclosed spaces
- Zoophobia – fear of animals (snakes, mice, rats, spiders, dogs, and cats)
- Didaskaleinophobia – Fear of going to school

Anxiety Disorders

- Common and uncommon fears

Percentage of people surveyed



So, How Do You “cure” A Person With A Phobia?

- **Systematic Desensitization** – Provide the person with a very minor version of the phobia and work them up to handling the phobia comfortably.
- **Example:** Fear of snakes:
 - 1. Have them watch a short movie about snakes
 - 2. Have them hold a stuffed animal snake
 - 3. Have them hold a plastic snake
 - 4. Have them hold a glass container with a snake inside
 - 5. Have them touch a small harmless snake
 - 6. Gradually work to holding a regular size snake

Another Way:



- **Flooding** – over stimulating the patient with the fearful object.
- This works for some patients but for others the systematic desensitization is much better.

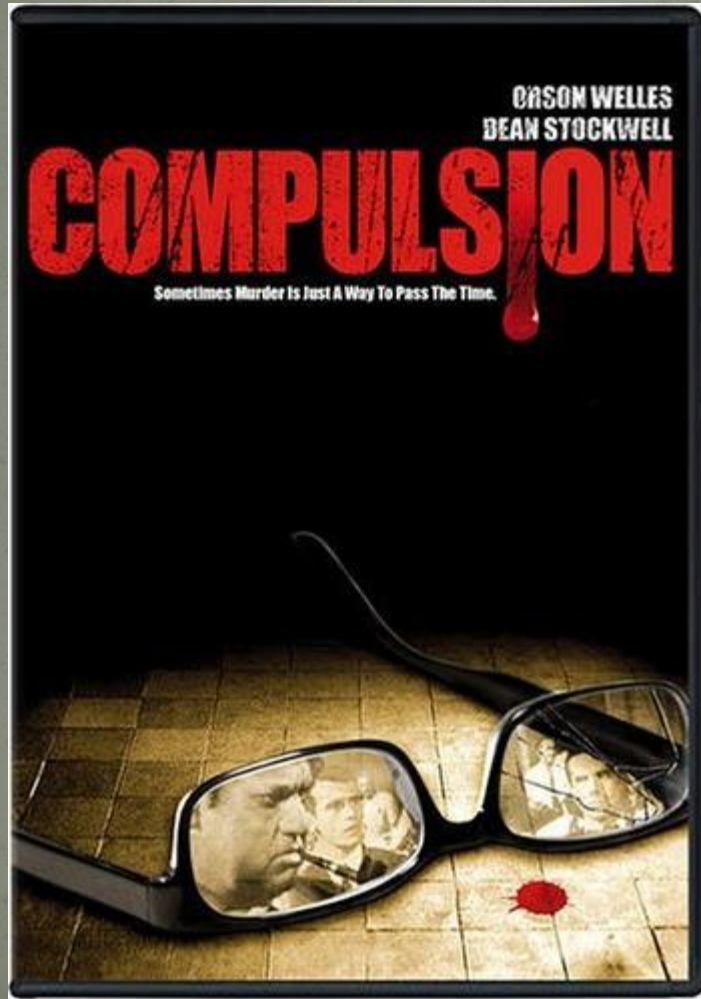
Obsessive-Compulsive Disorder:



Obsessive-Compulsive Disorder

- unwanted repetitive thoughts (obsessions) and/or actions (compulsions)
- **Obsessions** – Persistent, intrusive, and unwanted thoughts that an individual cannot get out of his/her mind.
- These differ from worries
- They usually involve topics such as dirt or contamination, death, or aggression.

More About OCD:



- Compulsions – Ritualistic behaviors performed repeatedly, which the person does to reduce the tension created by the obsession.
- Common Compulsions include hand washing, counting, checking, and touching.

OCD Background:

- In the United States, 1 in 50 adults have OCD
- Most people obsess about something
- One third to one half of adults with OCD report that it started during childhood.
- No specific genes for OCD have been identified
- When a parent has OCD, there is a slightly increased risk that a child will develop OCD, although the risk is still low
- There is no proven cause of OCD

Post Traumatic Stress Disorder:



- After a trauma or life threatening event a person suffering from PTSD may:
 1. Have upsetting memories (flashbacks) of what happened
 2. Have trouble sleeping
 3. Feel jumpy (hyper alertness)
 4. Lose interest in things you used to enjoy.
 5. Have feelings of guilt
- **NOTE**: For some people these reactions do not go away on their own, or may even get worse over time.

Events That Can Cause PTSD:



- Combat or military exposure
- Child sexual or physical abuse
- Terrorist attacks – 9/11
- Sexual or physical assault
- Serious accidents, such as a car wreck.
- Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake
- Why does this happen? – Flash bulb memory

Treatments:



- 1. Anti-anxiety medications
- 2. Removal from stressful stimuli (war, work, etc.)
- 3. Systematic desensitization

Causes of Anxiety Disorders:

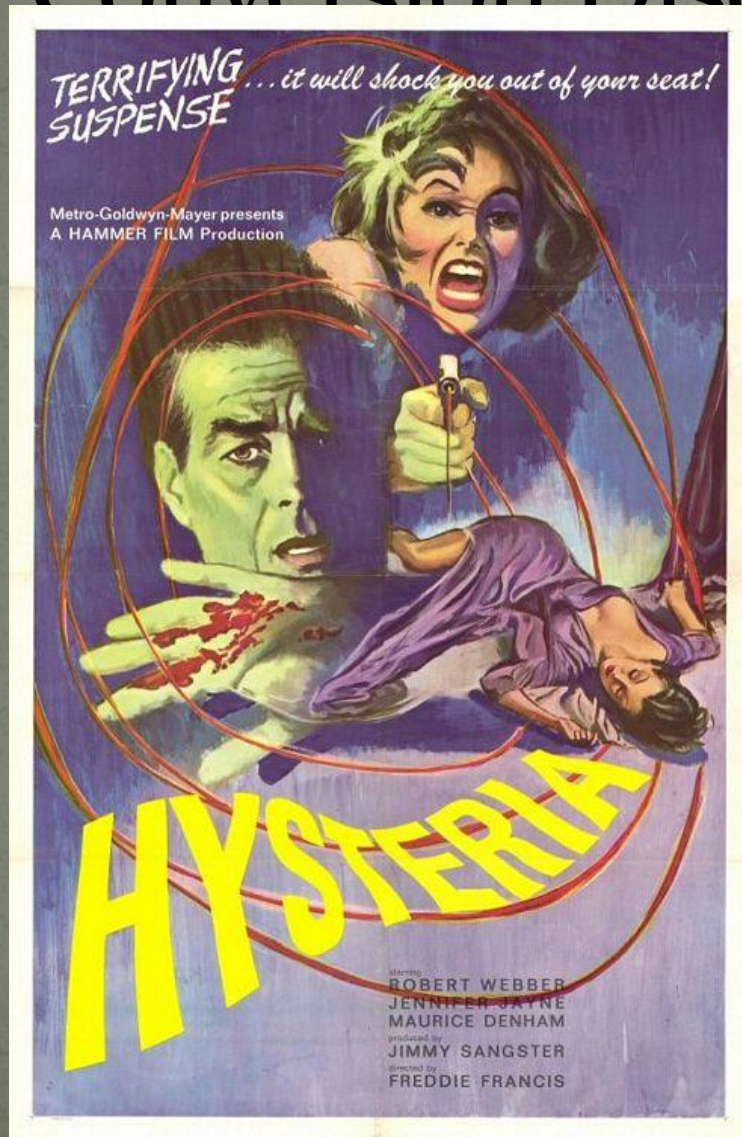
- **Behavioral** – Acquired through Classical conditioning, maintained through operant conditioning. (what does this mean?)
- **Cognitive** – misinterpretation of harmless situations as threatening (may selectively recall the bad instead of the good)
- **Biological** – Neurotransmitter imbalances – too little GABA (Valium, Xanum) – OCD is treated with anti-depressants (Prozac, Xoloft) – low levels of serotonin

What are we going to talk about today?



- **Somatoform Disorders** – characterized by physical symptoms such as pain, paralysis, blindness, or deafness without any demonstrated physical cause.
- The symptoms are physical, while the causes are psychological.
- No physical damage is done.

Conversion Disorder:



- This used to be called “hysteria” when Freud was researching.
- Patient will lose control of bodily functions such as: becoming blind, deaf, or paralyzed.
- This happens without any physical damage to affected organs or their neural connections.
- Anxiety will bring on these symptoms.

Hypochondriasis:

<http://www.duiops.net/seresvivos>



- **Hypochondriasis** - Patient unrealistically interprets physical signs – such as pain, lumps, and irritations – as evidence of serious illness.
- Headache = brain tumor
- They show excessive anxiety about one or two symptoms.

What causes hypochondriasis?



- Factors that might be involved in the development of the disorder include the following:
 - 1. A history of physical or sexual abuse
 - 2. A poor ability to express emotions
 - 3. A parent or close relative with the disorder — Children might learn this behavior if a parent is overly concerned about disease and/or overreacts to even minor illnesses.

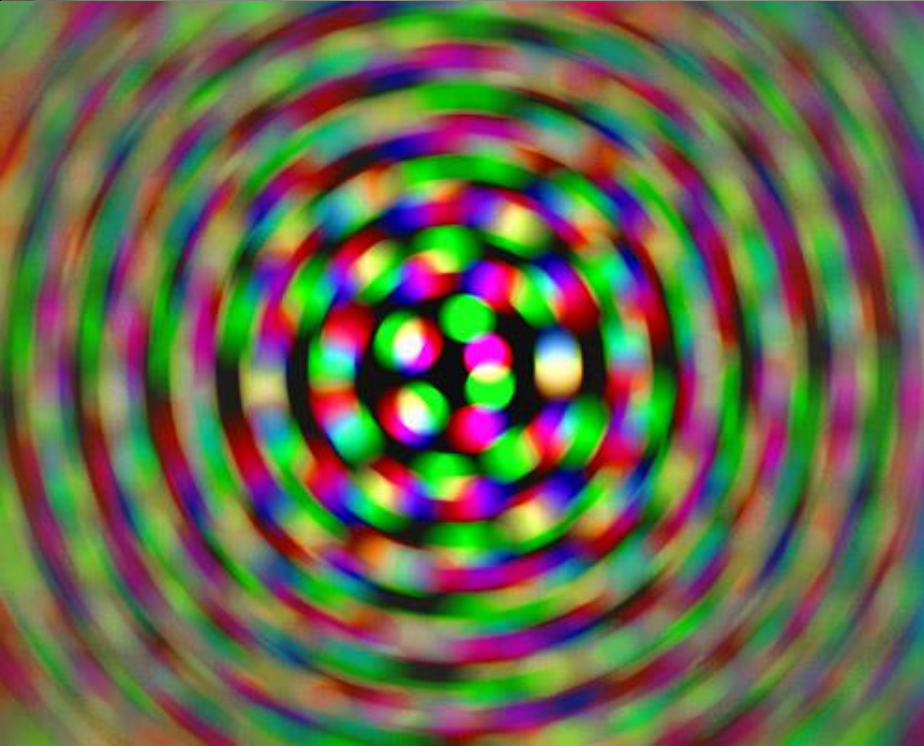
Warning signs that a person might have hypochondriasis:

- The person has a history of going to many doctors. He or she might even "shop around" for a doctor who will agree that he or she has a serious illness.
- The person recently experienced a loss or stressful event.
- The person is overly concerned about a specific organ or body system, such as the heart or the digestive system.
- The person's symptoms or area of concern might shift or change.
- A doctor's reassurance does not calm the person's fears. They believe the doctor is wrong or made a mistake.
- The person might have had a serious illness as a child.
- The person's concern about illness interferes with his or her work, family, and social life.
- The person might suffer from anxiety, nervousness, and/or depression.

Cleveland Clinic

[Video Clip - ABC News](#)

Somatization Disorder:



- **Somatization Disorder:** Patient will complain about vague and unverifiable medical conditions such as: dizziness, heart palpitations, and nausea.
- No physical cause
- To be classified with this disorder the patient must be “suffering” from multiple symptoms.

More about somatization disorder:



- The disorder usually begins before the age of 30 and occurs more often in women than in men.
- Patients are often dismissed by their physicians as having problems that are "all in your head."
- Doctors will often think these patients are making up their symptoms.

MASS HYSTERIA!!!

- Pg. 520 – Regular Psychology book
- Orson Welles – War of the Worlds
- Self Test – on my website

So, Where Do These Disorders Come From? (cont.)

- **Behavioral Approach** – Acquired through classical conditioning and maintained through operant conditioning.
- **Cognitive Approach** – Misinterpretation of harmless situations as threatening.
- **Biological Approach** – Neurotransmitter imbalances.

Medical Afflictions OF THE Cartoon World



Parkinson's Disease



Anorexia



Amphetamine Addiction



A.D.D.



Gigantism



Senile Agitation



Narcolepsy



Sexual Addiction



Violent Mood Swings



Napoleon Complex



Severe Lisp

What are Dissociative Disorders?



- Dissociative Disorder - Disorders in which conscious awareness becomes separated (dissociated) from previous memories, thoughts and feelings.

Which Disorders Will We Be Talking About Today?



- Dissociative Amnesia
- Dissociative Fugue
- Dissociative Identity Disorder - Intro

Dissociative Amnesia



- This disorder is characterized by a blocking out of critical personal information, usually of a traumatic or stressful nature.
- Dissociative amnesia, unlike other types of amnesia, does NOT result from other medical trauma (a blow to the head).

Localized Amnesia:

- **Localized amnesia** is present in an individual who has no memory of specific events that took place, usually traumatic.
- **Example**: a survivor of a car wreck who has no memory of the experience until two days later is experiencing localized amnesia.

Selective Amnesia:

- **Selective amnesia** happens when a person can recall only small parts of events that took place in a defined period of time.
- **Example**: An abuse victim may recall only some parts of the series of events around the abuse.

Generalized Amnesia:

- **Generalized amnesia** is diagnosed when a person's amnesia encompasses his or her entire life.
- **Example**: I don't know who I am.

Systematized amnesia



- **Systematized amnesia** is characterized by a loss of memory for a specific category of information.
- **Example**: A person with this disorder might be missing all memories about one specific family member.

Dissociative Fugue:



- **Dissociative Fugue** - An individual with dissociative fugue suddenly and unexpectedly takes physical leave of his or her surroundings and sets off on a journey of some kind.
- These journeys can last hours, or even several days or months.
- Affects .2% of the population

More about Dissociative Fugue:

- Individuals experiencing a dissociative fugue have traveled over thousands of miles.
- An individual in a fugue state is unaware of or confused about his identity, and in some cases will assume a new identity (although this is the exception).
- Article - <http://www.msnbc.msn.com/id/15373503/>

So...How Does This Happen?

- Often associated with stress (stressful event)
- Traumatic experiences (war, or natural disasters) - increase the incidence of the disorder.
- Death of a loved one
- Serious work or home pressures (avoidance)

Dissociative Identity Disorder:



- DID - A rare dissociative disorder in which a person exhibits two or more distinct and alternating personalities.
- Also known as multiple personality disorder.
- [Additional Link:](#)

Click on the picture for a link to a great video on Dissociative Identity Disorder.

Conditions:



- **Four conditions for diagnosis:**
 - Presence of two or more distinct personalities
 - At least two take control of persons behavior
 - Inability to recall important personal information
 - Not related to drugs or medical condition

More about DID:

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"YOU HAVE SIX PERSONALITIES SO YOU GET SIX BILLS."

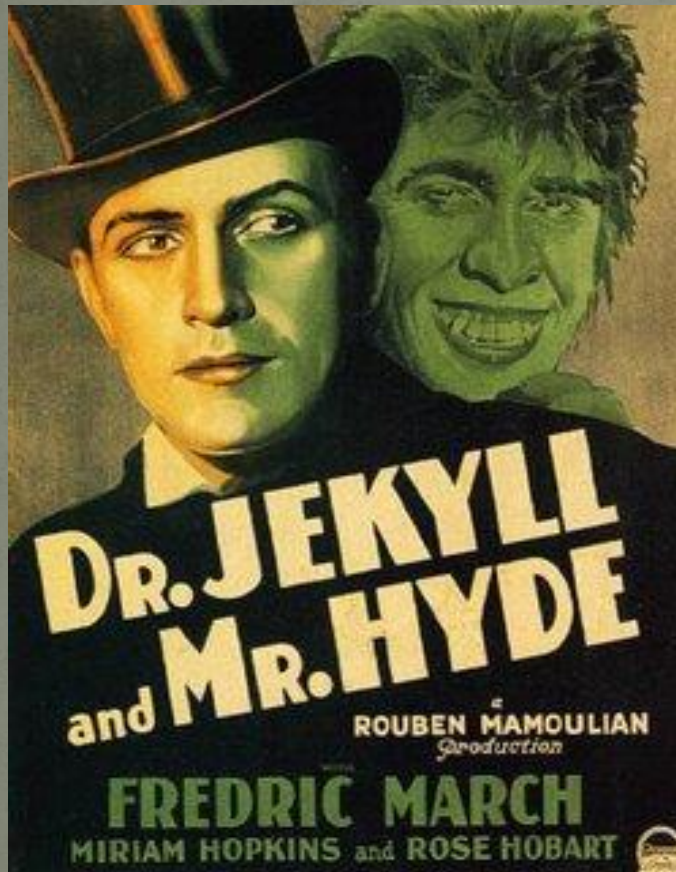
- Generally individuals who have this disorder are identified initially because they complained of having lost periods of time during which they apparently were doing something but have no recollection of what.
- Long-term psychotherapy is the treatment of choice.
- Therapy consists in attempt to uncover trauma.
- Article:
<http://www.cbsnews.com/stories/2009/03/08/sunday/main4852177.shtml>

Key Facts About DID:



- This disorder is RARE
- Each personality may have it's own name, memories, traits, and physical mannerisms.
- May also be different in age, race, gender, and sexual orientation.
- Alters are commonly quite different from one another.
- The alters can come on suddenly

Causes:



- Little is known
- Stress
- Intentional role playing (stemming from inferiority)
- Media reinforcement (Before *Sybil*, 1973 (2 or 3 alters, now 15 or more))
- Most common cause: Severe physical, sexual, emotional abuse, or rejection (usually during childhood)
- More likely to occur in females

Controversy:



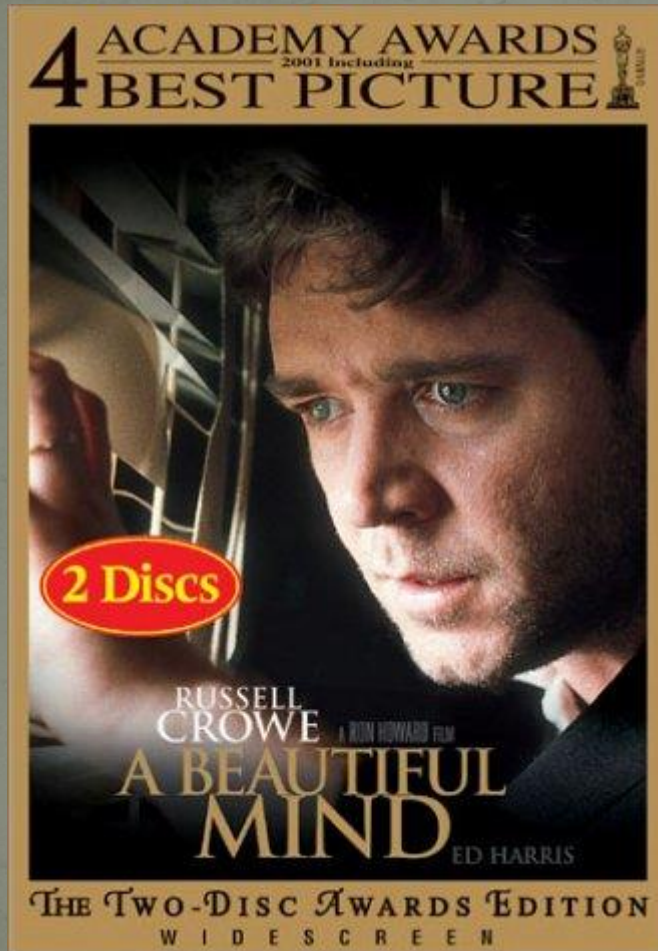
- Controversy
 - Only 200 cases before 1970
 - Now may run as high as 5% of inpatient hospital admissions
 - Some Psychologists think this is becoming a “cultural phenomenon”

Personality Disorders:



- **Personality disorder** – person has longstanding, maladaptive thought and behavior patterns that are troublesome to others, harmful, or illegal.
- **Key Fact** – these patterns may impair a person's social functioning BUT they usually do not create anxiety, depression, or delusions.
- **Three clusters** – odd/eccentric, dramatic/emotionally problematic, chronic fearfulness / avoidant

Odd / Eccentric



- **Paranoid** – Unwarranted suspiciousness and mistrust, overly sensitive, often envious
- **Schizoid** – Shy, withdrawn behavior, poor capacity for forming social relationships
- **Schizotypal** – Odd thinking, often suspicious and hostile

Dramatic / Emotionally Problematic

- **Histrionic** – Excessively dramatic; seeking attention and tending to overreact, egocentric
- **Narcissistic** – Unrealistically self-important, expects special treatment, can't take criticism
- **Borderline** – Emotionally unstable, impulsive, unpredictable, irritable
- **Antisocial** – Used to be called sociopaths or psychopaths, violate other people's rights without guilt or remorse, can commit many violent crimes

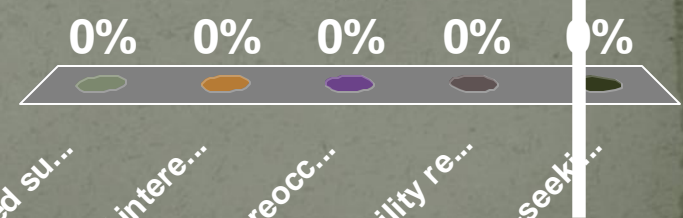
Chronic Fearfulness / Avoidant



- **Avoidant** – Excessively sensitive to potential rejection, desires acceptance but is socially withdrawn
- **Dependent** – excessively lacking in self-confidence, allows others to make all decisions
- **Obsessive-compulsive** – usually preoccupied with rules, schedules, and details

Paranoid personality disorder is characterized by:

1. Unwarranted suspiciousness and mistrust of other people
2. Lack of interest in social relationships
3. Unusual preoccupation with rules and schedules
4. Instability revolving around problems of mood and thought processes
5. Pleasure-seeking, shallow feelings, lack on conscience



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30										

Unwarranted su...

Lack of intere...

Unusual preocc...

Instability re...

Pleasure-seeki...

Bipolar Disorder: Key Facts



- Used to be called Manic-depressive disorder
- Two extremes: Mania ← → Depression
- Affects 1-2% of the population
- Equal in males and females
- Peak vulnerability (20-29.)
- Remember the Robert the Dentist story?

What is “Mania?”

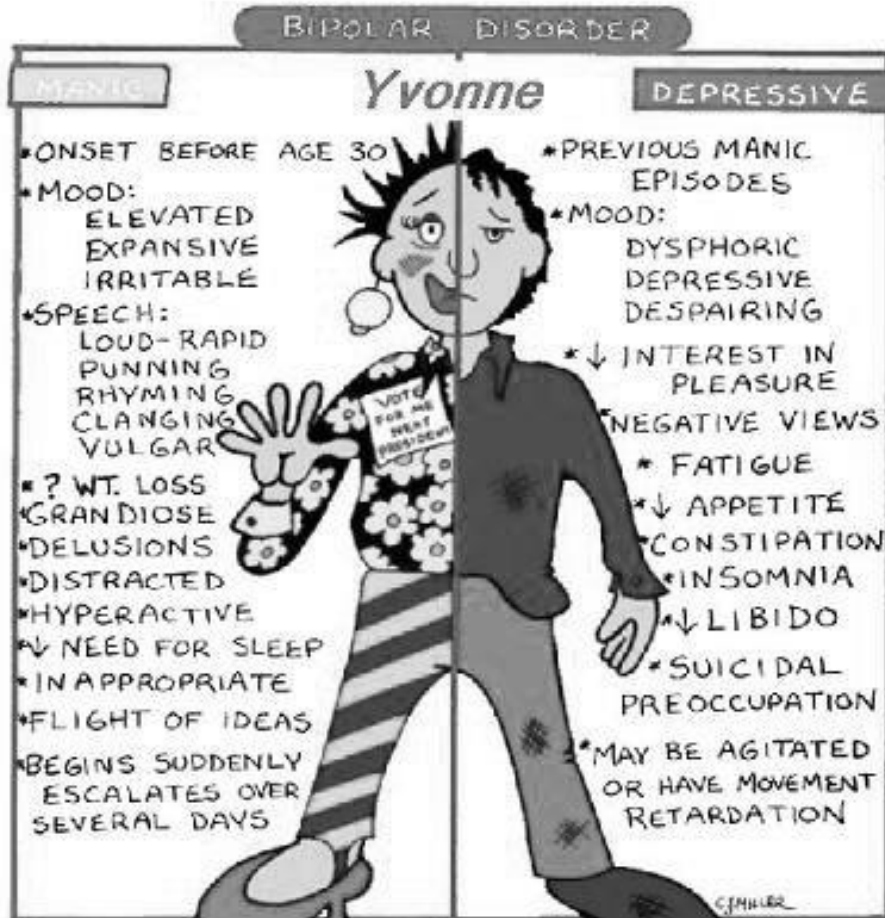
- High Self-Esteem
- Euphoria
- High Energy
- No Sleep
- Extravagant Plans
- Optimism
- Hyperactive
- Rapid Talking
- Impaired Judgment
- Excessive Gambling
- Excessive Spending
- Sexually Reckless
- Excessive Drug and Alcohol Use

Depression:



- Inability to think clearly
- Suicidal thoughts
- Excessive sleep (Why?)
- Lethargic
- Social withdrawal

Interesting Side Note:



- The majority of those suffering from Bipolar Disorder at some level enjoy their periods of mania.
- Why?
 1. Traits are seen as attractive
 2. Surges of productivity and creativity

Causes of Bipolar Disorder:

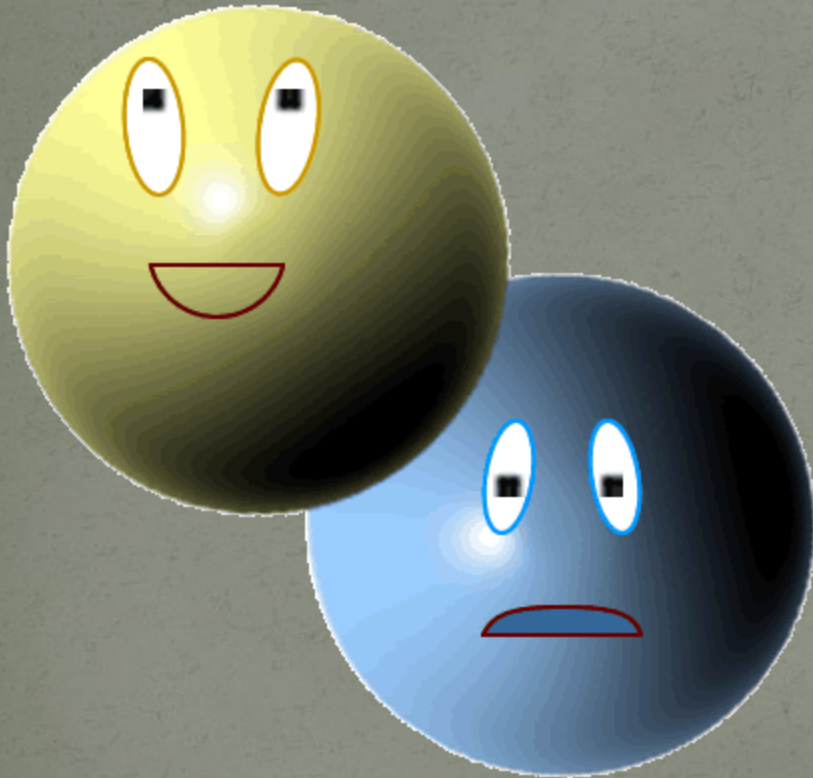
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"THESE UPCOMING NEGOTIATIONS ARE GOING TO BE ROUGH JEKYLL, SO YOU BETTER SEND HYDE."

- Genetics
- Neuro-chemical
- Cognitive
- Interpersonal

Genetics:



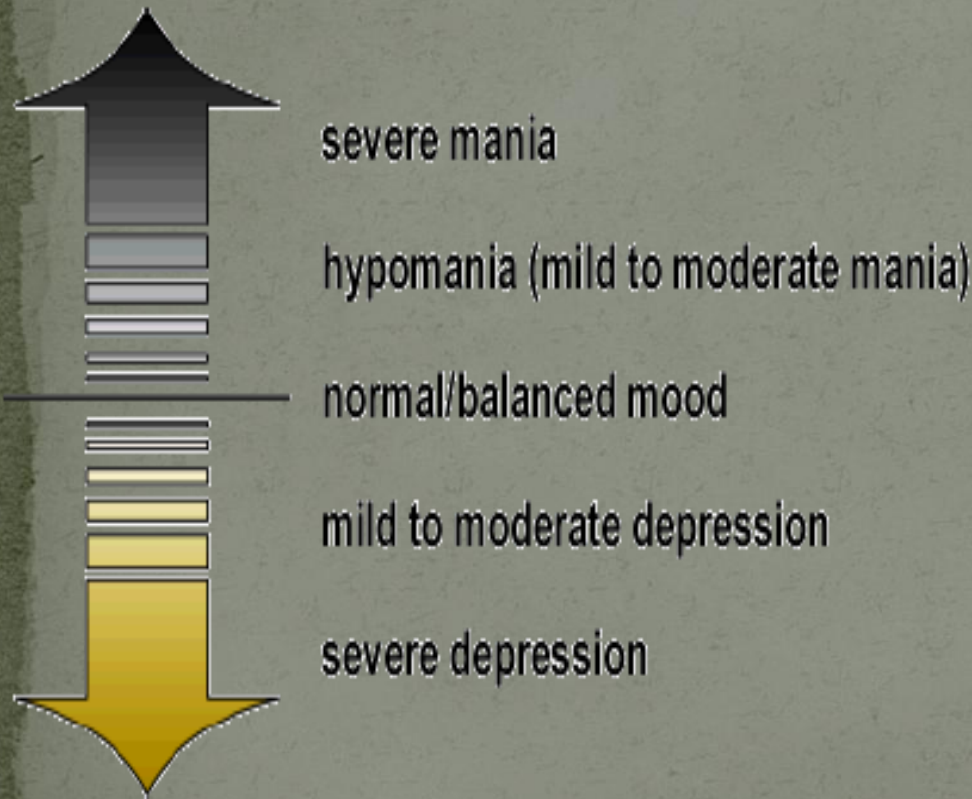
- Strong evidence
- There is a huge difference between the concordance rates between identical and fraternal twins.
- So.. There may be some predisposition here with environmental factors precipitating the symptoms.

Neuro-chemical:



- Abnormal levels of norepinephrine and serotonin. (low and high levels)
- This may be hereditary
- Drug therapy is very effective

Cognitive:



- Negative thinking = Depression ---- or is it the other way around?
- Depression may be caused by “learned helplessness.” = passive giving up
- How do people handle setbacks? (Do you take things personal?)
- Pessimistic people = increased depression
- Rumination = increase depression (m/f)

Interpersonal:

- “Misery
you insist that the weight of the
world
should be on your shoulders
Misery
there's much more to life than
what you see
my friend of misery”



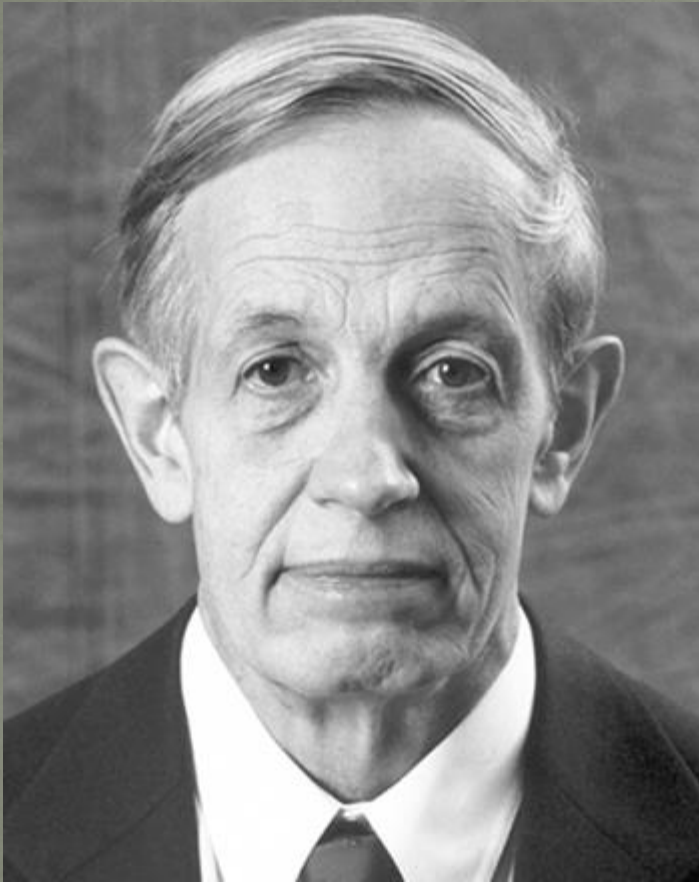
- No one wants to hang out with a “Debbie Downer” or a “Negative Nancy.”
- So....they may have a lack of social support
- So...they may gravitate towards other negative people. (Misery loves company)



Major Depressive Disorder / SAD

- Major Depressive Disorder – intense depressed mood, reduced interest or pleasure in activities, and loss of energy for a min. of 2 weeks.
- Seasonal Affective Disorder – seasonal depression that recurs usually during the winter months (usually in northern latitudes)
- Treatment – UV lamps

Introduction:



- Schizophrenia translates to “split mind.”
- This is not to be confused with “split personality.”
- **Definition of Schizophrenic Disorders**
 - A class of disorders marked by delusions, hallucinations, disorganized speech, and deterioration of adaptive behavior.

How Common is the Disorder?



- 1% of the population suffers from this disorder.
- Average onset – 20-29 yrs. of age
- There have been earlier cases [reported](#)
- It is a very costly illness to treat.
- Often times, it will require extensive hospital care.
- Medications are also quite expensive

Childhood Schizophrenia Cases:

- [Part 1](#)
- [Part 2](#)
- [Part 3](#)
- [Part 4](#)
- [Part 5](#)

General Symptoms:



- Symptoms: (we will break each one down)
- 1. Irrational Thought
- 2. Deterioration of Adaptive Behavior
- 3. Distorted Perception
- 4. Disturbed Emotion

Irrational Thought:



- Disturbed, irrational thoughts are the hallmark of schizophrenia.
- **Delusions** – false beliefs that are maintained even though they clearly are out of touch with reality.
- **Example:** They feel that their private thoughts are being “broadcasted” to other people.

More about Delusions:



- Many schizophrenics will also have delusions of grandeur.
- Delusions of Grandeur – People maintain that they are famous or important.
- They may think they are God or possibly the Devil.

More about Delusions (cont.)



- The person's train of thought deteriorates.
- Thinking becomes chaotic rather than logical.
- Might say wild things that have nothing to do with each other.
- “word salad” –
dinglehopper – Little Mermaid

Deterioration of Adaptive Behavior:



- Routines get thrown out the window. (work, social relationships, etc.)
- The ability to get up for work, shower, eat breakfast, etc. would be difficult for a schizophrenic.
- Personal hygiene is also often neglected.

Distorted Perception:



- Hallucinations are the most common.
- **Hallucination** – occur in the absence of a real, external stimulus or are distortions of perception.
- Hearing voices – sometimes from famous people.
- “seeing” other people, smells
- These voices often make rude comments or can even be in the form of a running commentary on their lives.

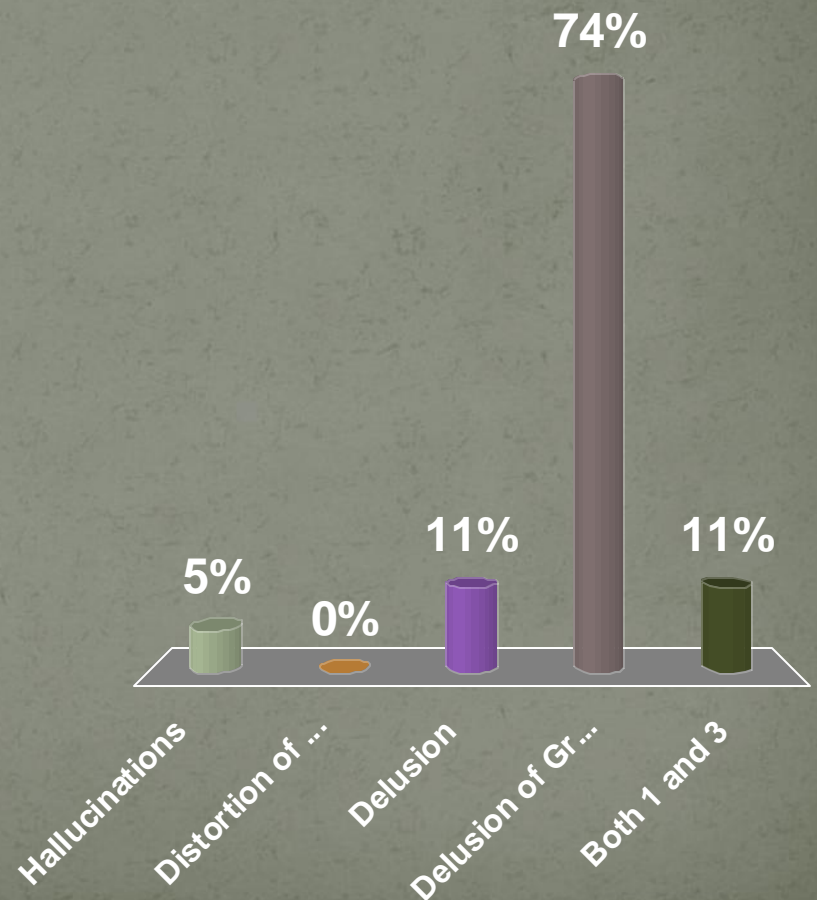
Disturbed Emotions:



- Some patients show a flattening of emotions – no response
- Others show inappropriate emotional responses – these may not fit with the situation or with what they are saying.
- They may also become emotionally volatile. (erratic or unpredictable)

A schizophrenic patient believes that they are the smartest person in the world. This false belief would be considered a:

1. Hallucinations
2. Distortion of perception
3. Delusion
4. Delusion of Grandeur
5. Both 1 and 3



Paranoid Schizophrenia:



PARANOID

Just because you're paranoid, doesn't mean the world isn't out to get you.

- Dominated by delusions of persecution, along with delusions of grandeur.
- Believe they have many enemies who will harass and oppress them.
- They become suspicious of friends and family. (being watched)

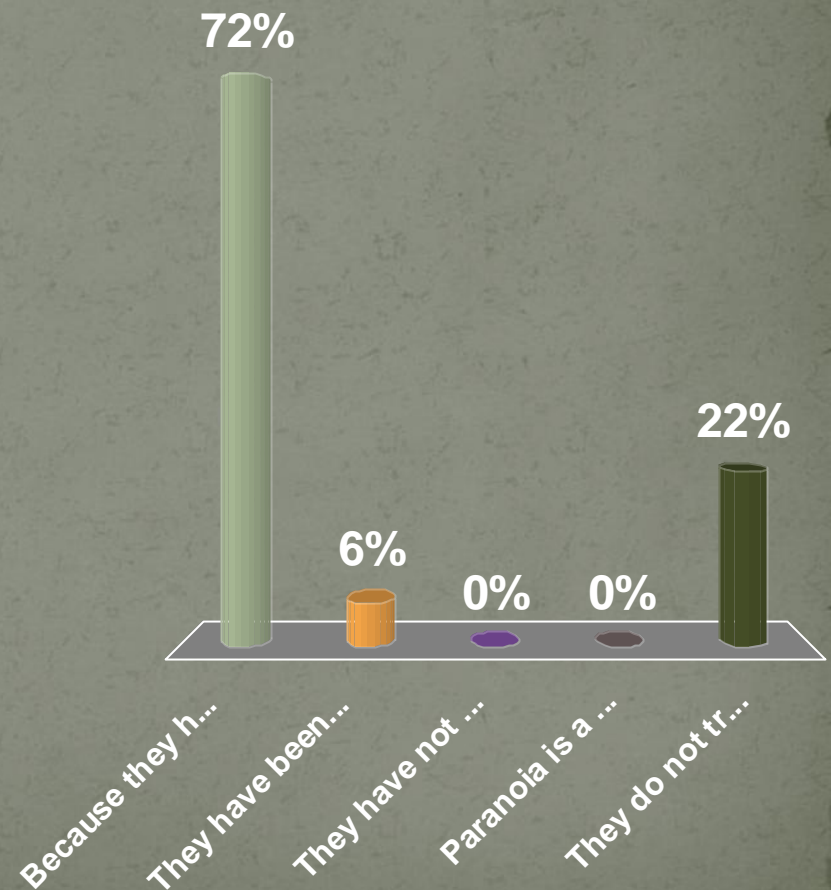
Paranoid Schizophrenia: Cont.



- To make sense of this persecution they often develop delusions of grandeur.
- They may see themselves as great inventors, or great religious or political leaders.
- “I am the President of the USA!” (Sylvia)

Why do many schizophrenics become paranoid?

1. Because they have distorted perceptions of their own abilities
2. They have been told they are important by their therapists
3. They have not received treatment
4. Paranoia is a byproduct of drug therapy
5. They do not trust their own judgment



Catatonic Schizophrenia:



People with catatonic schizophrenia display extreme **inactivity** or **activity** that's disconnected from their environment or encounters with other people (catatonic behavior).

- These episodes can last for only minutes or up to hours.
- Excessive mobility (excitement), Physical immobility (stupor) peculiar movements, Extreme resistance, mimicking speech (echolalia, and echopraxia)

Disorganized Schizophrenia:



- Describes a severe deterioration of adaptive behavior.
- Person may become emotionless – social withdrawal.
- They may also exhibit excessive babbling and giggling.
- Delusions often center around bodily functions – “My brain is melting out of my ears.”

Undifferentiated Schizophrenia:



- Occurs when a patient cannot fit into any separate category.
- This is very common because many schizophrenics display multiple “types” of schizophrenia.

Positive vs. Negative Symptoms:



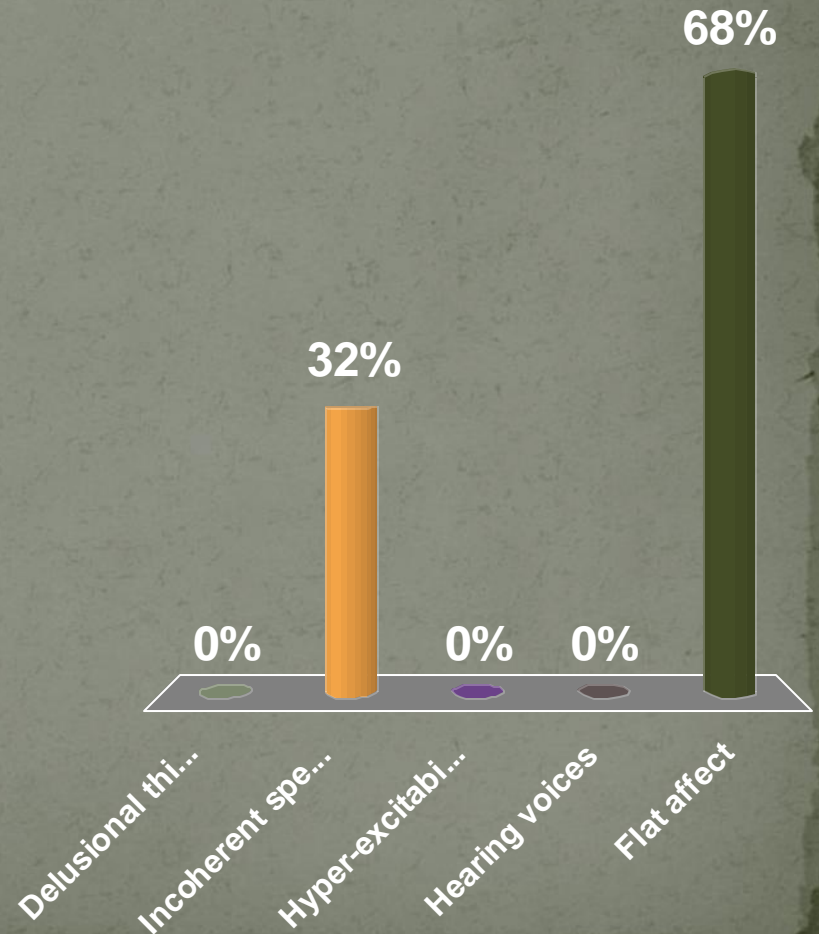
- **Positive Symptoms** – Involve behavioral excesses or peculiarities (hallucinations, delusions, bizarre behavior, and wild ideas)
- **Negative Symptoms** – Flattened emotions, social withdrawal, apathy, impaired intention, and poverty of speech.

Why Positive and Negative?

- A patient that has more positive symptoms before treatment will usually respond to treatment better than a patient with more negative symptoms.
(Cuesta, 1994)
- Some researchers classify schizophrenics by positive and negative rather than by type.

Which of the following is a negative symptom of schizophrenia?

1. Delusional thinking
2. Incoherent speech
3. Hyper-excitability
4. Hearing voices
5. Flat affect



Dealing with Schizophrenic Patients:

- A patient has a relatively favorable prognosis when:
- 1. The onset of the disorder is sudden and not gradual.
- 2. The onset has occurred at a later age.
- 3. The patient was going to work or school before the diagnosis.
- 4. The proportion of negative symptoms is low.
- 5. The patient has a relatively healthy and supportive family network.

What Causes Schizophrenia?

- The exact cause of schizophrenia is not yet known
- It is not the result of bad parenting or personal weakness
- **The Big Three:**
 - 1. Genetics
 - 2. Brain Chemistry
 - 3. Environmental Factors

Genetics

- Schizophrenia tends to run in families
- Parents don't have schizophrenia = 1% chance
- 1 parent has schizophrenia = 14%
- Both parents have schizophrenia = 46%

Brain Chemistry:

- Dopamine imbalance
- They may be either very sensitive to or produce too much of a brain chemical called dopamine
- An imbalance of dopamine affects the way the brain reacts to certain stimuli, such as sounds, smells and sights, and can lead to hallucinations and delusions.

Environmental Factors:

- Stress can bring out schizophrenic symptoms such as delusions and hallucinations
- Schizophrenia more often surfaces when the body is undergoing hormonal and physical changes, such as those that occur during the teen and young adult years.