

Psychology 239

Introduction to Abnormal Psychology

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Welcome!

Course orientation

- eClass page
- Syllabus
- Questions?

Definitions, History, &
Theoretical Perspectives



Definitions, History, & Theoretical Perspectives

- Objectives:
 1. Become familiar with the challenges of defining 'abnormal psychology' as an academic/clinical discipline.
 2. Gain an appreciation of the widespread nature of mental illnesses, and some of the risk factors for their development.
 3. Trace the historical, theoretical, and scientific roots of abnormal psychology.
 4. Review supernatural (demonological), biological, medical, psychological, sociological, and interactionist approaches to the understanding of abnormal behavior.

WHAT IS ABNORMAL PSYCHOLOGY?



“Abnormal psychology is the branch of the science of psychology that addresses the description, causes, and treatment of abnormal behaviour patterns.”

(Nevid et al., 2019, pg. 2)

HOW DO WE DEFINE ABNORMAL BEHAVIOUR?

Key considerations:

1. Is the behaviour unusual?
2. Does the behaviour violate social norms?
3. Does the behaviour involve a faulty interpretation of reality?

HOW DO WE DEFINE ABNORMAL BEHAVIOUR?

4. Does the behaviour cause personal distress?
5. Is the behaviour maladaptive?
6. Is the behaviour dangerous (to the person or to others)?

WHAT FACTORS AFFECT OUR PERCEPTION OF WHAT IS ABNORMAL?

CULTURE

- Behaviour considered normal in one culture may be deemed abnormal in another. For example, anxiety & depression
- We need to consider how people in different cultures experience states of emotional distress, including depression and anxiety, rather than imposing our perspectives on them.

WHAT FACTORS AFFECT OUR PERCEPTION OF WHAT IS ABNORMAL?

- Failure to recognize cultural differences in what is deemed normal and abnormal behaviour can lead to inadequate and inappropriate diagnoses and treatments

WHAT FACTORS AFFECT OUR PERCEPTION OF WHAT IS ABNORMAL?

CONTEXT

Is this abnormal?

Does it deviate from social norms?

That depends on where and when the behaviour and attire occur.



WHAT FACTORS AFFECT OUR PERCEPTION OF WHAT IS ABNORMAL?

- 1) What's the strangest thing you've ever seen on campus?
- 2) How many of the previous criteria for defining abnormality seem to have been met?

WHY SHOULD WE STUDY ABNORMAL BEHAVIOUR?

- Abnormal behaviour affects virtually everyone in one way or another
- Abnormal behaviour patterns that involve a disturbance of psychological functioning or behaviour are classified as **psychological disorders**
- **20% of Canadians will suffer from a psychological disorder in their lifetime**

HOW COMMON ARE PSYCHOLOGICAL DISORDERS?

Anxiety Disorders:

Affects almost 30% of adults in their lifetime

Mood Disorders:

Affects over 20% of adults in their lifetime

Substance Abuse Disorders:

Affects almost 15% of adults in their lifetime

Any Disorder:

Affects over 46% of adults in their lifetime

WHAT ARE THE MAIN RISK FACTORS FOR DEVELOPING A PSYCHOLOGICAL DISORDER?

- Age
- Education
- Childhood traumas
- Current stress
- Life events
- Lack of social supports
- Gender
- Physical health
- Genetic Predisposition

WHAT ARE THE RISK FACTORS FOR DEVELOPING A PSYCHOLOGICAL DISORDER?

- Exposure to multiple risk factors can have an exponential effect that dramatically increases the likelihood of adverse outcomes
- Exposure to just two risk factors can engender a four-fold increase in adverse outcomes
- Exposure to four or more risk factors can increase adverse outcomes tenfold

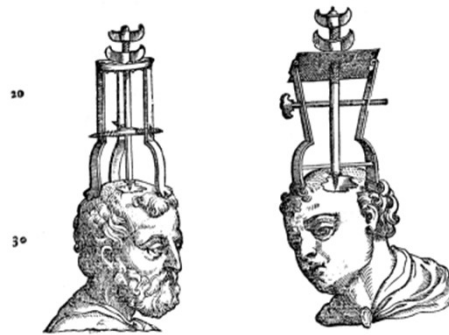
HOW HAVE WE HISTORICALLY VIEWED ABNORMAL BEHAVIOUR?

- Medieval Times
 - Exorcism
- Witchcraft
 - Malleus Maleficarum
 - Demonological model
 - not universally held



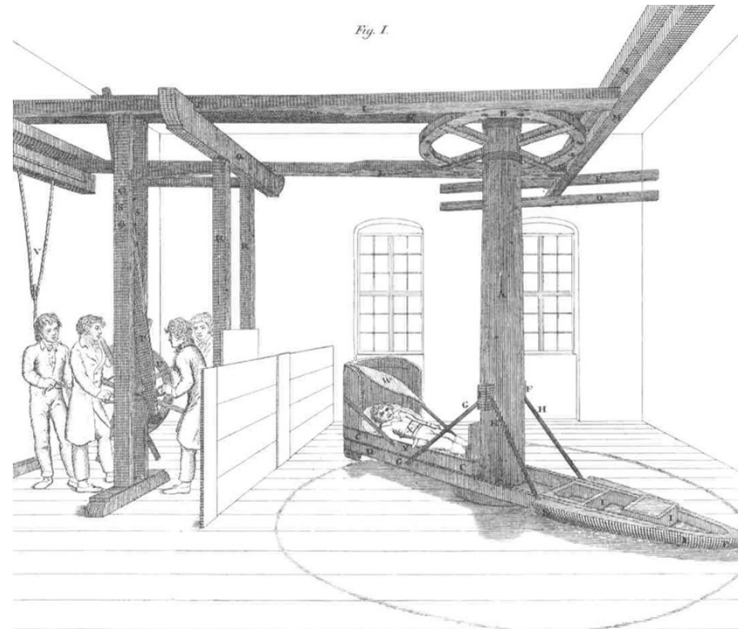
HOW HAVE WE HISTORICALLY VIEWED ABNORMAL BEHAVIOUR?

- The Demonological Model
 - Trephining



Origins (and early consequences) of the *Medical Model*

- Hippocrates & 'ill humours'
- Abnormal behaviour the result of underlying biological processes.



HOW HAVE WE HISTORICALLY VIEWED ABNORMAL BEHAVIOUR?

- Asylums in Europe & the New World
 - Bedlam, London UK
 - Hotel Dieu
(Quebec, 1639)



HOW HAVE WE HISTORICALLY VIEWED ABNORMAL BEHAVIOUR?

- The Reform Movement: Moral Therapy
 - Philippe Pinel (France), William Tuke (England) & Dorothea Dix (Canada & USA)
- Treatment Takes a Step Backward in Canada
 - Mental institutions move to custodial care

HOW HAVE WE HISTORICALLY VIEWED ABNORMAL BEHAVIOUR?

- The Community Mental Health Movement in Canada
 - Canadian Mental Health Association, 1963
 - Deinstitutionalization
 - Pharmacology & phenothiazines
 - Psychiatric homeless
- Dr. Ruth Kajander: Antipsychotic Medications

PATHWAYS TO THE PRESENT: FROM DEMONOLOGY TO SCIENCE

- Medical Model
 - Emil Kraepelin & Dementia praecox
- Psychological Models
 - Hypnosis & hysteria: Charcot
 - Psychodynamic model & catharsis: Freud
- Sociocultural Model
 - Thomas Szasz: The Myth of Mental Illness

CURRENT PERSPECTIVES ON ABNORMAL BEHAVIOUR

- **Biological Perspectives on Abnormal Behaviour**
- **Psychological Perspectives on Abnormal Behaviour**
- **Sociocultural Perspectives on Abnormal Behaviour**
- **Interactionist Perspectives (Biopsychosocial) on
Abnormal Behaviour**

BIOLOGICAL PERSPECTIVES

- Biological perspectives vs. the Medical model
- One can adopt a biologically oriented perspective without using the terminology of the medical model.
- A focus on biological factors does not require the medical model.

GENETICS

Genome:

All the genetic material encoded in DNA

DNA:

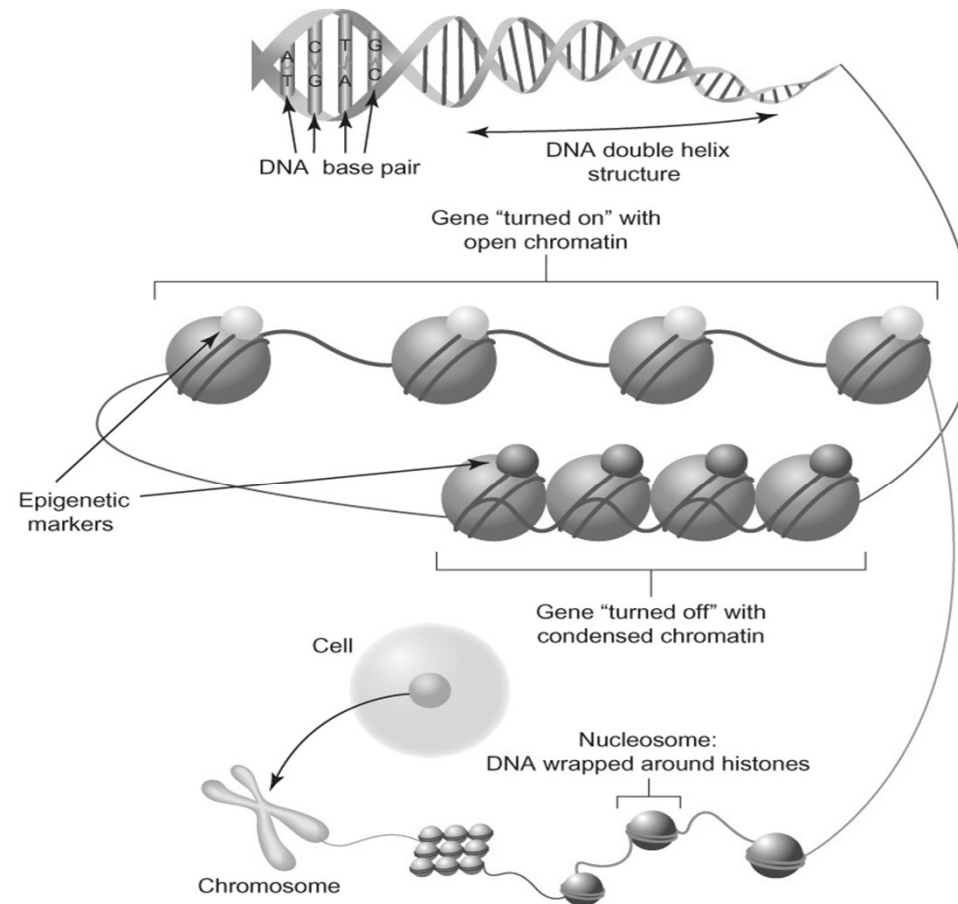
The molecular structure of the genome comprised of four organic compounds

- **A** adenine
- **T** Thymine
- **C** cytosine
- **G** guanine

GENETICS

- **Human Genome:** 2.8 billion base pairs;
20-25 thousand genes.
- **Genetic and Chromosomal Disorders**
- **Epigenome**
- **Stem Cells**

GENETICS



THE NERVOUS SYSTEM

Each neuron has:

- Soma
- Dendrites
- Axon
- Terminals
- Knobs

ANATOMY OF A NEURON

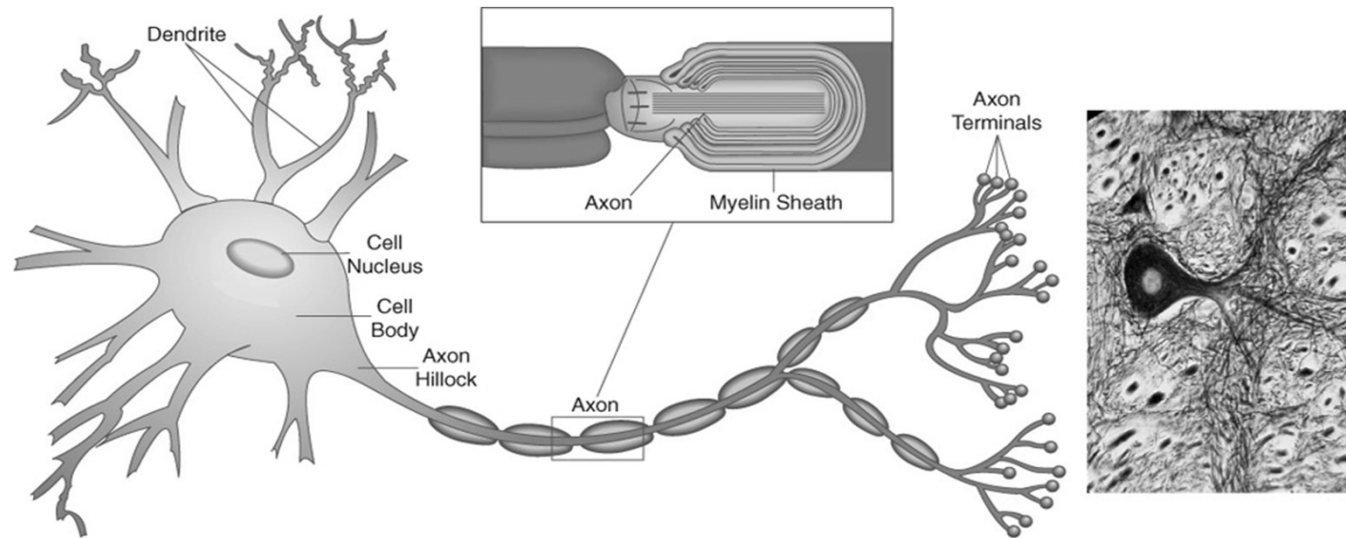


FIGURE 1.2 Anatomy of a neuron.

Neurons typically consist of cell bodies (or somas), dendrites, and one or more axons. The axon of this neuron is wrapped in a myelin sheath, which insulates it from the bodily fluids surrounding the neuron and facilitates transmission of neural impulses (messages that travel within the neuron).

NEURONAL COMMUNICATION

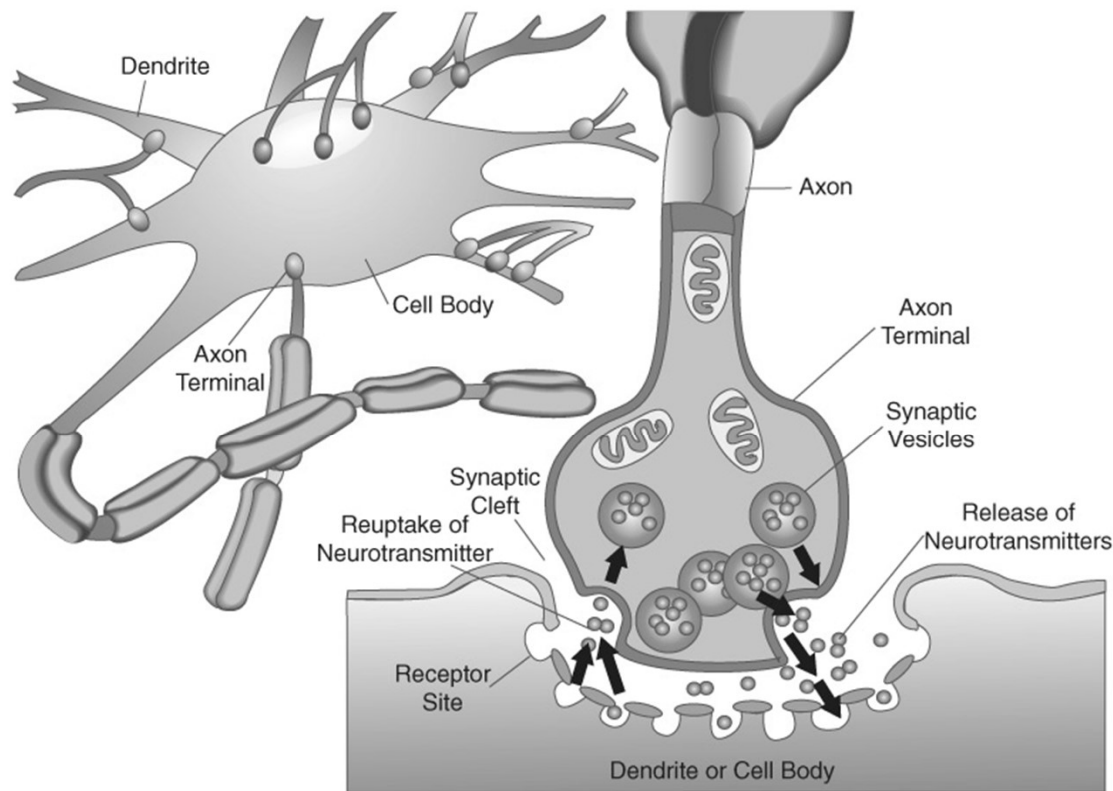


FIGURE 1.3 Transmission of neural impulses across the synapse.

Neurons transmit messages or neural impulses across synapses, which consist of the axon terminal of the transmitting neuron; the gap, or synaptic cleft, between the neurons; and the dendrite of the receiving neuron. The “message” consists of neurotransmitters that are released by synaptic vesicles (sacs) into the synaptic cleft and taken up by receptor sites on the receiving neuron. Finally, neurotransmitters are broken down and reabsorbed by the axon terminal (reuptake) to be recycled.

WHICH NEUROTRANSMITTERS PLAY A ROLE IN PSYCHOLOGICAL DISORDERS?

- Excesses and deficiencies of the neurotransmitter **norepinephrine** have been connected with mood disorders and eating disorders
- Reduced levels of neurotransmitter **acetylcholine** is associated with Alzheimer's Disease

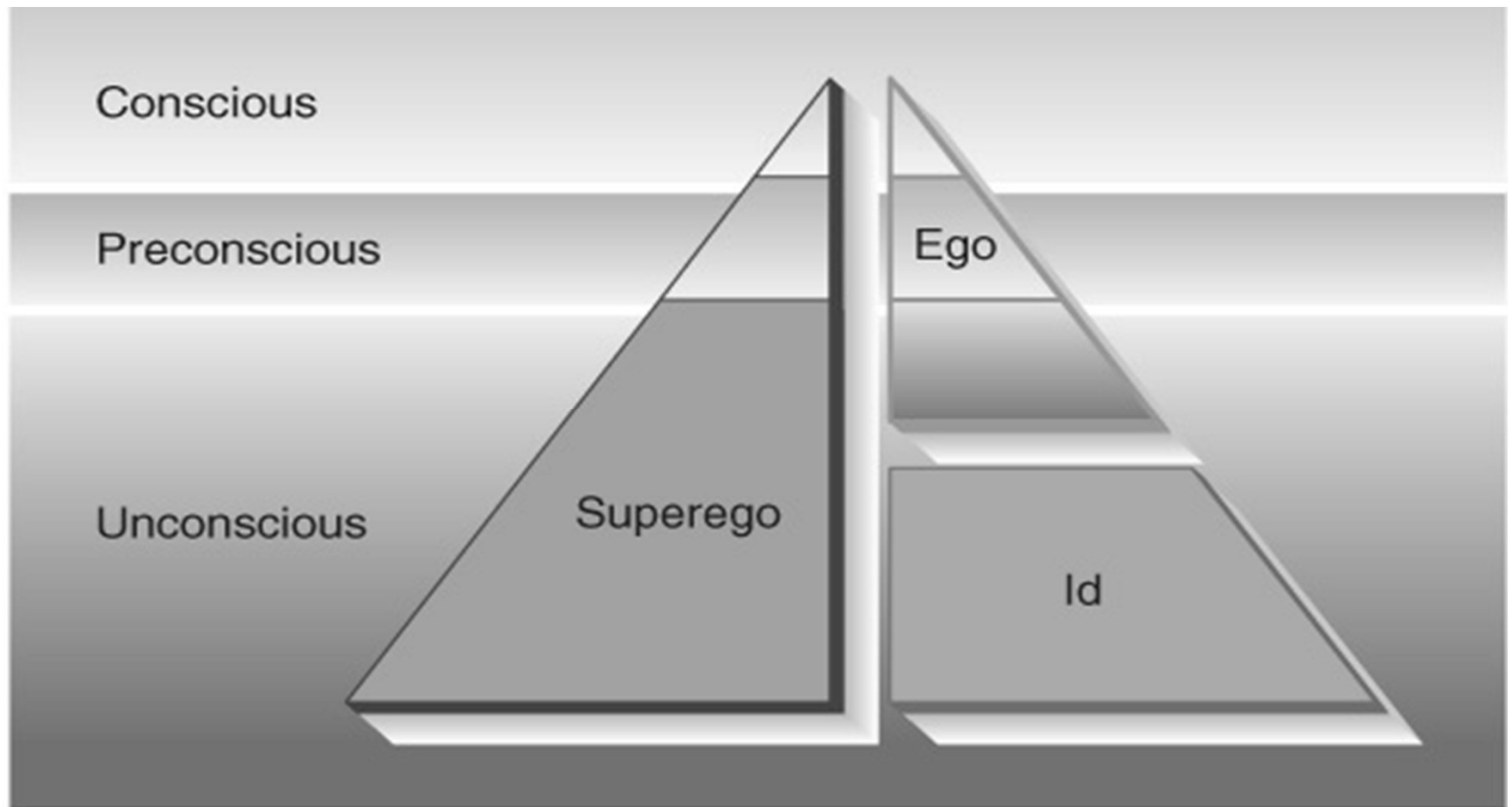
WHICH NEUROTRANSMITTERS PLAY A ROLE IN PSYCHOLOGICAL DISORDERS?

- Excessive levels of neurotransmitter **dopamine** appear to be involved in schizophrenia
- **Serotonin**, another neurotransmitter, is linked to anxiety disorders, mood disorders, sleep disorders and eating disorders

THE PSYCHOLOGICAL PERSPECTIVES: PSYCHODYNAMIC MODELS

- Psychodynamic Models
 - Sigmund Freud
 - Psychoanalytic Theory
 - The Structure of the Mind
 - Unconscious
 - Preconscious
 - Conscious

THE PSYCHOLOGICAL PERSPECTIVES: PSYCHODYNAMIC MODELS



THE PSYCHOLOGICAL PERSPECTIVES: PSYCHODYNAMIC MODELS

PERSONALITY

- Id (Pleasure Principle & Primary Process Thinking)
- Ego (Reality Principle & Secondary Process Thinking)
- Superego (Moral Principle)
- Identification & the Ego Ideal

Stages of Psychosexual Development

1. Oral Stage
 1. Oral fixation
2. Anal Stage
 1. Retentive & expulsive traits
3. Phallic Stage
 1. Oedipus/Electra Complex
 2. Castration anxiety
4. Latency Stage
5. Genital Stage

TABLE 1.2**Major Defence Mechanisms in Psychodynamic Theory**

Type of Defence Mechanism	Description	Example
Repression	Expulsion from awareness of unacceptable ideas or motives.	A person remains unaware of harbouring hateful or destructive impulses toward others.
Regression	The return of behaviour that is typical of earlier stages of development.	Under stress, a university student starts biting his nails or becomes totally dependent on others.
Displacement	The transfer of unacceptable impulses away from threatening persons toward safer or less threatening objects.	A worker slams a door after his boss chews him out.
Denial	Refusal to recognize a threatening impulse or desire.	A person harshly rebukes his or her spouse but denies feeling angry.
Reaction formation	Behaving in a way that is the opposite of one's true wishes or desires in order to keep these repressed.	A sexually frustrated person goes on a personal crusade to stamp out indecency.
Rationalization	The use of self-justifications to explain unacceptable behaviour.	A woman says, when asked why she continues to smoke, "Cancer doesn't run in my family."
Projection	Imposing one's own impulses or wishes onto another person.	A sexually inhibited person misinterprets other people's friendly approaches as sexual advances.
Sublimation	The channelling of unacceptable impulses into socially constructive pursuits.	A person channels aggressive impulses into competitive sports.

Other Psychodynamic Theorists

Carl Jung: Analytical Psychology

- Archetypes
- Collective unconscious

Alfred Adler

- Inferiority complex
- Drive to superiority
- Creative self

Other Psychodynamic Theorists

Karen Horney

- Self Theory

Harry Stack Sullivan

- Self-System

Heinz Hartmann

- Ego Psychology

Erik Erikson

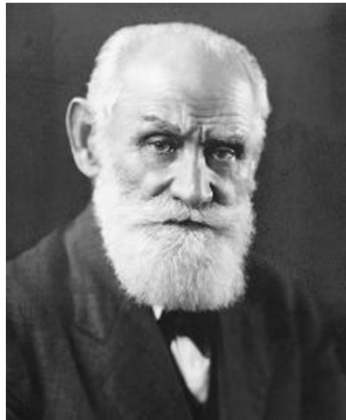
- Psychosocial Development

Margaret Mahler

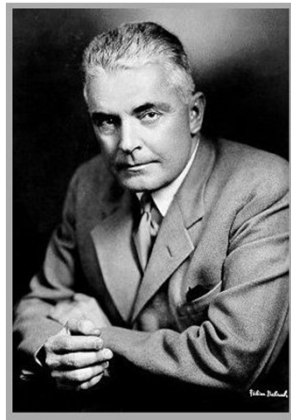
- Object Relations Theory
- Introjection

THE PSYCHOLOGICAL PERSPECTIVES: BEHAVIOURISM

Modern Behaviourism: Environmental Adaptation



I.P. Pavlov



J.B. Watson



E.L. Thorndike



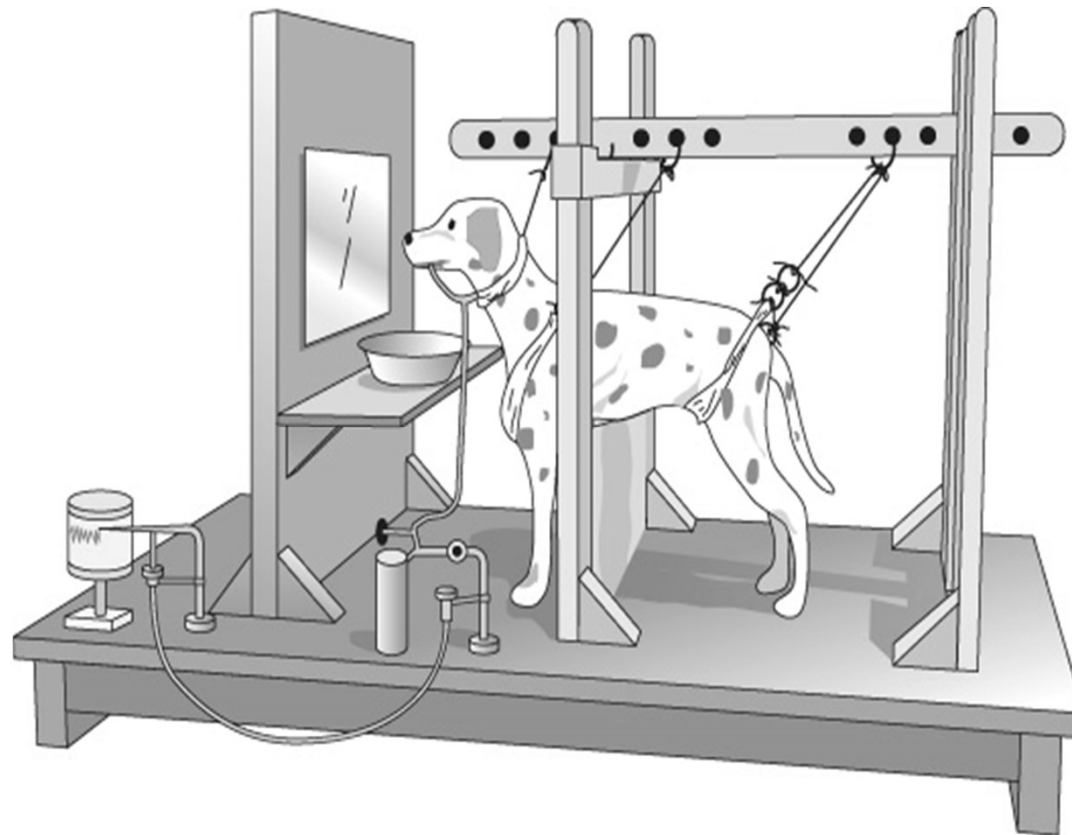
B.F. Skinner

THE PSYCHOLOGICAL PERSPECTIVES: BEHAVIOURISM

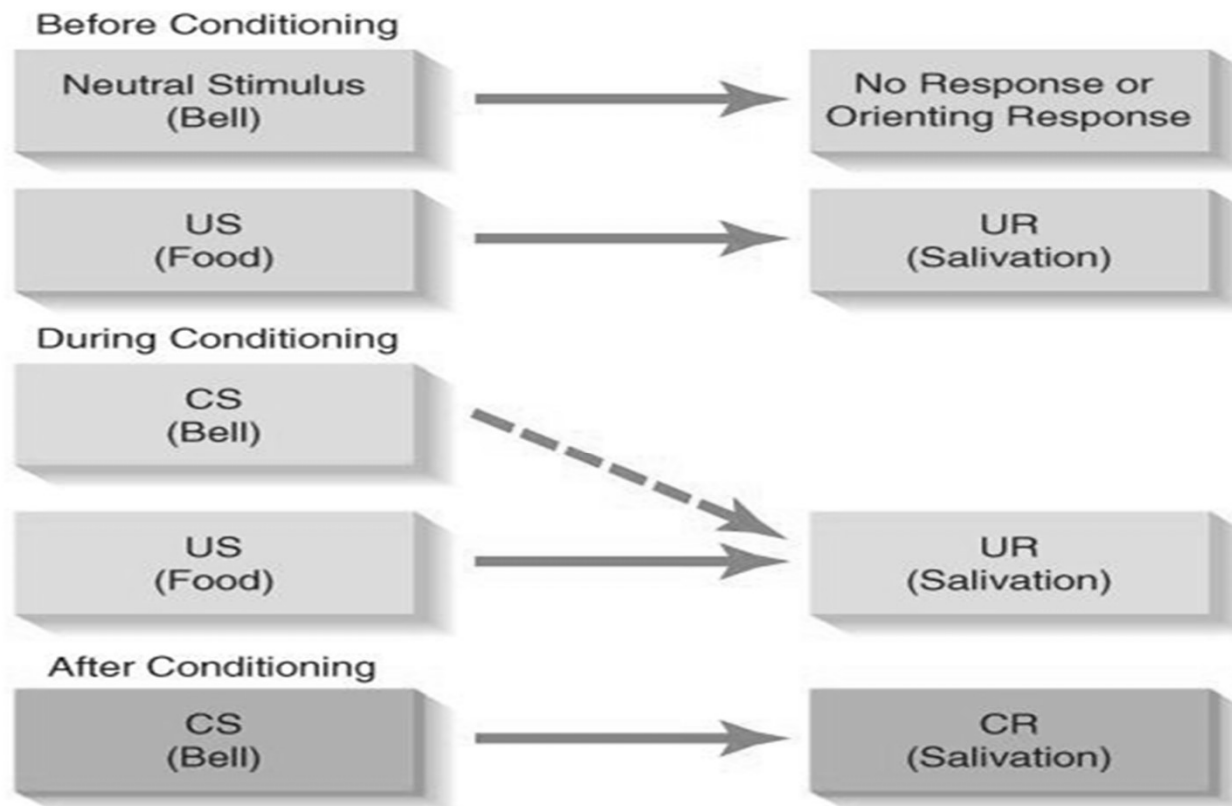
Classical Conditioning

- Conditioned response (CR)
- Unconditioned stimulus (US)
- Conditioned stimulus (CS)
- Unconditioned Response (UR)

PAVLOV'S CONDITIONING APPARATUS



THE PROCESS OF CLASSICAL CONDITIONING



THE PSYCHOLOGICAL PERSPECTIVES: BEHAVIOURISM

Operant Conditioning

Reinforcement & Reward

Positive & Negative Reinforcers

Primary & Secondary Reinforcers

Punishment: Positive Punishment & Negative Punishment



THE PSYCHOLOGICAL PERSPECTIVES: BEHAVIOURISM

Social Cognitive Theory

Albert Bandura

Modelling & Expectancy

THE PSYCHOLOGICAL PERSPECTIVES: HUMANISTIC APPROACH

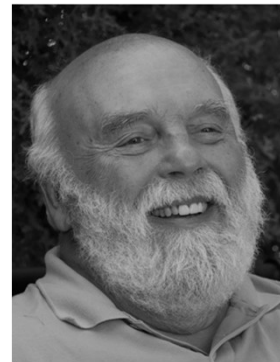
Humanistic-Existential Models

- Carl Rogers
 - Self actualization
- Abraham Maslow
- Living Authentically

THE PSYCHOLOGICAL PERSPECTIVES: HUMANISTIC APPROACH

Humanistic Concepts of Abnormal Behaviour

- Carl Rogers
 - Conditional (versus unconditional) positive regard
 - Conditions of worth
- Les Greenberg
 - Emotional intelligence



THE PSYCHOLOGICAL PERSPECTIVES: COGNITIVE PERSPECTIVE

Cognitive Perspectives

- Information Processing Approaches
 - Interpretive biases
- Albert Ellis
 - Activating events->Beliefs->Consequences
- Aaron Beck
 - Tripartite model

THE PSYCHOLOGICAL PERSPECTIVES: COGNITIVE PERSPECTIVE

Cognitive Perspectives

- Cognitive distortions
 - Selective abstraction; overgeneralization; magnification; absolutist thinking
- Donald Meichenbaum
 - Cognitive-behavioural modification

SOCIOCULTURAL PERSPECTIVE

Sociocultural Perspective

- Must consider the impact of social and cultural factors, such as ethnicity, gender and social roles, and poverty.
- Sociocultural theorists seek causes of abnormal behaviour that may reside in the failures of society rather than in the person. For example, the Downward Drift Hypothesis

YOUR OWN PERSPECTIVE?

1.How are the behavioural, psychodynamic, humanistic/existential, cognitive, and sociocultural perspectives each useful when discussing psychological disorders?

1.Does any particular perspective resonate with you?

Why?

1.What kinds of pathology are each best suited to explaining?

INTERACTIONIST PERSPECTIVE

- No one theoretical perspective can account for the complex forms of abnormal behaviour
- Many theorists today adopt an *interactionist perspective*.
- I.e., The belief that we need to take into account the interaction of multiple factors representing biological, psychological, sociocultural, and environmental domains in order to explain abnormal behaviour.

INTERACTIONIST PERSPECTIVE

- The Diathesis-Stress Model
- Biopsychosocial (Systems) Model
- Epigenome: Where Nature Meets Nurture

INTERACTIONIST PERSPECTIVE

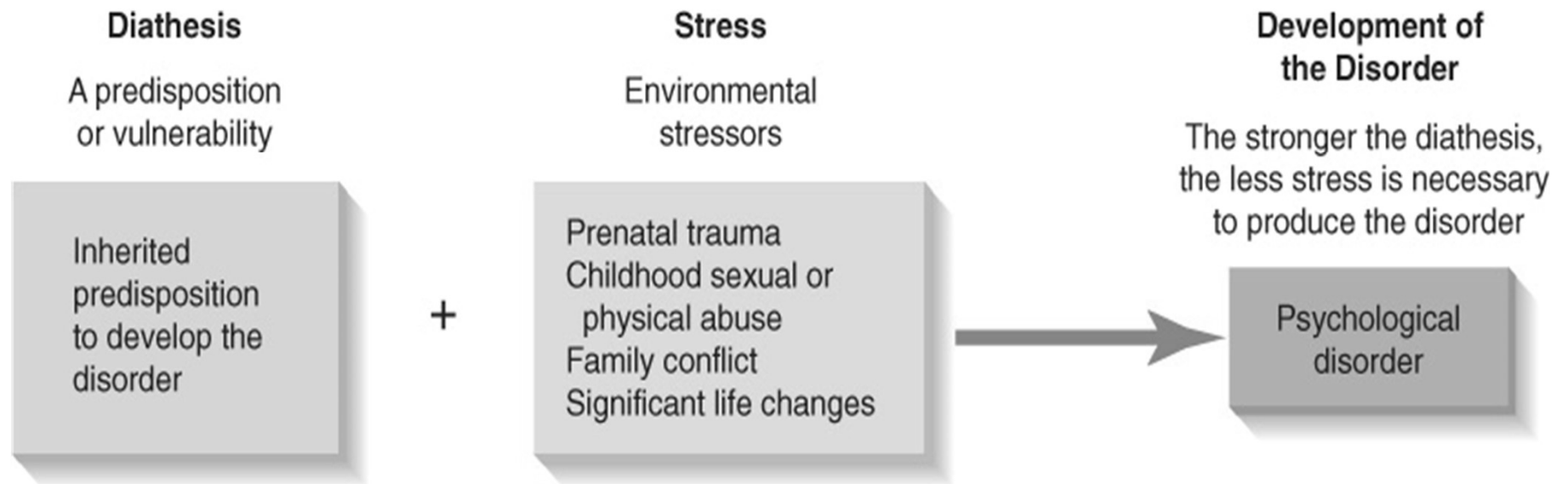


FIGURE 1.8 The diathesis-stress model.

INTERACTIONIST PERSPECTIVE

The Biopsychosocial Model

Dynamic interplay of three major systems or domains:

- Two INTERNAL systems: biological, psychological
- One EXTERNAL system: sociocultural and environmental factors.
- Is there a potential danger/pitfall with this?