



ABNORMAL PSYCHOLOGY

Introductory understanding and its historical context

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Understanding Abnormal Psychology: Definition of Terms

- **Abnormal Psychology** - the branch of psychology devoted to the study, assessment, treatment, and prevention of maladaptive behavior.
- **Psychopathology** - the scientific study of mental disorder, including their theoretical underpinning, etiology, progression, symptomatology, diagnosis, and treatment.
 - This broad discipline draws on research from numerous areas, such as psychology, biochemistry, pharmacology, psychiatry, neurology, and endocrinology.
 - The term **psychopathology** therefore is often synonymous with **abnormal psychology**.
- **Mental Disorders** - also referred to as **psychological disorders** or **problematic abnormal behavior**.
 - It is important to note that “abnormal behavior” does not always connote a **problematic** (i.e., dysfunctional, distressing, and harmful) behavior.
 - That is, there are behaviors that are considered to be “abnormal” depending on one’s group or social norms.
 - For instance, a student might be considered sluggish or lazy, but it does not necessarily suggest a mental disorder.
 - Other terms that are interchangeable with psychological disorders: **Mental Illness; Psychiatric Disorder; Psychiatric Illness**

Four Ds of Defining Psychological Disorder

- In defining what is considered to be a “*psychological disorder*”, the following **four criteria** are needed to be met.
- Psychological **Dysfunction** - refers to a breakdown in cognitive, emotional, or behavioral functioning.
 - Dysfunction typically last a relatively short period of time as opposed to impairment. Although it helps to understand to dysfunction *might* precede to impairment.
- **Distress** - a state of being extremely upset.
 - Often contingent to distress (and other criteria) is **impairment** or the incapability to perform a relatively easy tasks or behavior.
- **Deviance** - also referred to as **atypical or not culturally expected**. It is the deviation of behavior from the “average” or “norm”; the greater the deviation, the more abnormal it is.
 - At times, something is considered abnormal because it occurs infrequently, or inconsistent to one’s or social behavior.
- **Danger** to oneself or others - also referred to as **harmful dysfunction**. This is a tendency that a behavior being produced can harm or being adverse effect to the individual itself or to the people around.

The Science of Psychopathology

- **Psychopathology** - the scientific study of psychological disorder.
- Within the field of psychopathology are specially trained professionals which includes:
 - **Counseling Psychologist** - tend to study and treatment adjustment and vocational issued encounter by relatively health individuals.
 - **Clinical Psychologist** - usually concentrate on more severe psychological disorders.
 - **Psychiatrist** - Emphasized drugs or other biological treatments; typically works in hospital.
 - **Psychiatric Social Workers** - Concentrating on family problems associated with the individual with psychological disorders.
 - **Psychiatric Nurses** - Specialize in the care and treatment of patients with psychological disorders, usually in hospitals as part of a treatment team.
 - **Marriage and Family Therapist and Mental Health Counselors** - Typically employed to provide clinical services by hospitals or clinics, usually under the supervision of a doctoral-level clinicians.

The Scientist-Practitioner Model

- Many mental health professionals take a scientific approach to their clinical work, and therefore called **scientist practitioner**.
- A functioning scientist-practitioner can be either in one or more ways:
 - **Consumer of Science** - they keep up with the latest scientific developments in their field and therefore use the most current diagnostic and treatment procedures.
 - **Evaluator of Science** - they determine the effectiveness of their assessments and treatment procedures.
 - **Creator of Science** - they conduct research themselves that leads to new procedures useful in practice.

Clinical Description

- **Clinical Description** - represents the unique combination of behavior, thoughts, and feelings that make up a specific behavior.
 - The term ***clinical*** here, refers to both the types of problems or disorders that you would find in a clinic or hospital and to the activities connected with assessment and treatment.
 - In determining the first stem of a clinical description, the assessor needs to know why the patient comes the clinic. This is referred to as ***presenting problem***.
 - **Presenting Problem** - a traditional shorthand way of indicating why the person came to the clinic. Also referred to as ***presents*** (e.g., “the patient ***presents*** mild headache”).

Statistics-related Terms Relevant to Clinical Description

- **Prevalence** - asks the question:
 - *how many people in the population as a whole have the disorder?*
- **Incidence** - asks the question:
 - *how many people new cases occur during a given period or time, such as weeks, months, or years?*
- To summarize:
 - Prevalence = number of cases
 - Incidence = number of times
- It is important to note that the context of prevalence and incidence is always accompanied by statistical data.
 - And beside prevalence and incidence there are other statistical description relevant to clinical description such as:
 - **Sex ratio** - determines what percentage of males and females have the disorder.
 - **Age of onset** - determines which age often differs from one disorder to another.

Other Terms Relevant to Clinical Description

- In addition to the relevance of statistical description, the *pattern of the disorder, when did the disorder began, and what should be anticipated*, are important in clinical description.
 - **Course** - refers to the individual pattern of a particular disorder follows. It is categorized into three:
 - **Chronic Course** - meaning the disorder tend to last a long time, sometimes a lifetime.
 - **Episodic Course** - meaning the disorder is likely recoverable within the span of few months, however, recurs at a later time.
 - **Time-limited Course** - meaning the disorder will improve without treatment in a relatively short period with little or no risk of recurrence.
 - **Onset** - refers to how fast the disorder is obtained or begin. Categorized into two:
 - **Acute Onset** - means the disorder begin suddenly.
 - **Insidious** - means the disorder being gradually over extended period.
 - **Prognosis** - refers to the anticipated course of a disorder.
 - **“the prognosis is good”** - means the individual will probably recover.
 - **“the prognosis is guarded”** - means the probable outcome does not look good.



HISTORICAL VIEWS OF ABNORMAL BEHAVIOR

The Supernatural Tradition; The Biological Tradition; The Psychological Tradition; The Present

The Supernatural Tradition: Witchcraft and Demonology

- In this tradition, individuals suffering from mental disorders are deemed to be possessed and controlled by **magic, evil spirits, and demons**.
- Treatments:
 - **Exorcism** – in which various religious rituals were performed in an effort to rid the victim of evil spirits.
 - **Punishments** – such as chaining individuals with mental disorders, keeping them in cases, or horrible ritual of boring a hole in the skull.

The Supernatural Tradition: Stress and Melancholy

- During this time, the proposition of witchcraft and demons as causes of mental disorders was being challenged by the idea that mental disorders are caused by emotional stress and was curable.
 - Stress and melancholy (depression) was seen as the sources of mental disorders.
 - Despite this rational proposition, however, the church deemed mental disorders as *divine retribution*. That is, despair and lethargy were often identified by the **sins of Acadia** or **sloth**.
- Treatments:
 - **Rest, sleep, health environment, baths, ointments, potions.**
 - People with insanity, along with those with physical deformities or disabilities were often **moved from house to house in medieval villages as neighbors took turns caring for them.**

The Supernatural Tradition: The Origin of Mass Hysteria

- A psychological phenomenon occurred in this tradition is **mass hysteria**.
- In Europe, during, what is known today as the *Saint Vitus's Dance*, *Tarantism*, groups of people were simultaneously compelled to run out in the streets, dance, shout, rave, and jump around in patterns as if they were at a particularly wild party.
 - **Mass hysteria** – a large-scale outbreak of bizarre behavior.
 - Mass hysteria is believed to be due to **emotion contagion**, or the tendency of people to be suggestible during heightened emotional experience.
 - Mass hysteria is colloquially known as **mob psychology**

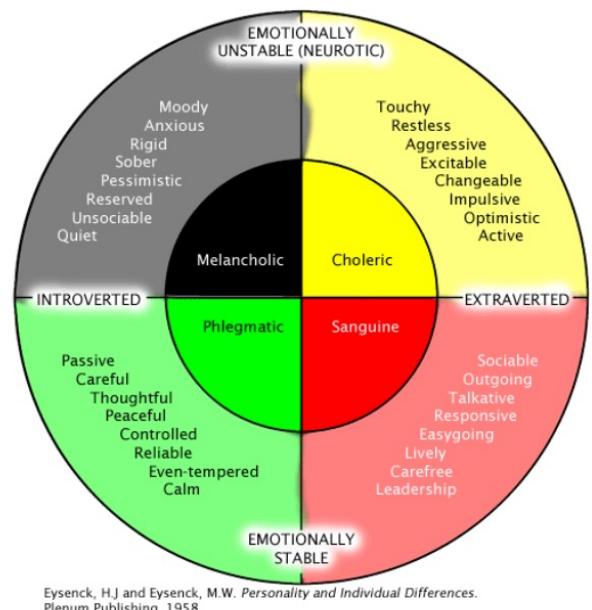
The Supernatural Tradition: Moons and Starts; Astrology

- **Paracelsus (1493 – 1541)**, a Swiss physician rejected the notion of possession by the devil, suggesting instead that the movements of the moon and stars had effects on people's psychological functioning.
 - In this proposition, the word **Lunatic** originated from. That is, “*luna*” is derived from the Latin word “moon”.
 - This was also deemed to be the birth of **Astrology** or the belief that the alignment of planets, stars, and cosmic entities are somehow related to our personality and behavior.

The Biological Tradition: Hippocrates

- **Hippocrates (460 – 377 BC)**
 - A Greek physician, considered to be the Father of Modern Western Medicine.
 - He and his students wrote the *Hippocratic Corpus* a series of literary works about medicine, which extends from medical theories and medical practices.
- **Hippocrates and Psychological Disorders:**
 - He suggested that psychological disorders could be treated like any other diseases.
 - Believed that psychological disorder might also be caused by brain pathology or heat trauma and could be influenced by genetics (heredity), as he believed that the brain **is a set of wisdom consciousness, intelligence, and emotions.**
 - Therefore, disorders involving these functions would logically be located in the brain.

The Biological Tradition: Galen



- Galen (approx. AD 129 – 198)

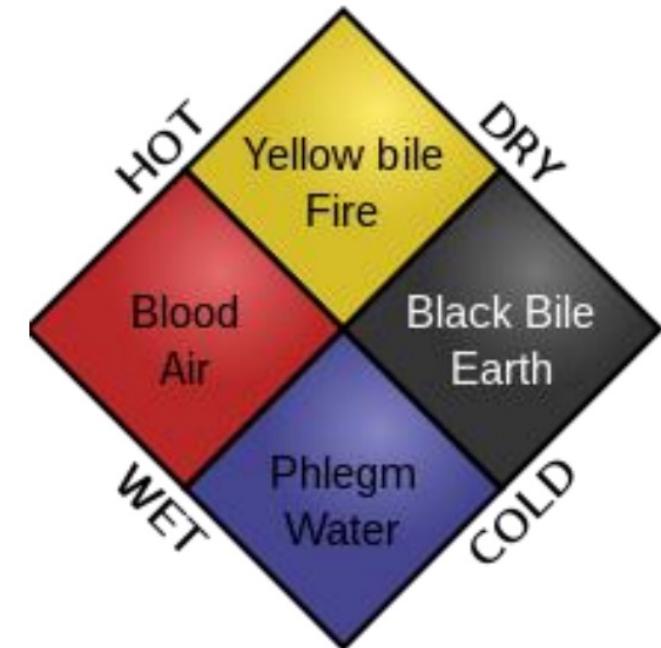
- a Roman Physician adopted the ideas of Hippocrates and developed them further, and became the **Hippocratic-Galenic Approach**
- In this approach Galen came-up with **Humoral Theory of Disorder**, which posits the normal brain functioning was related to **four** bodily fluids that are called **humors** and were associated with personality traits.

- Four Bodily Humors:

- **Blood** – from the heart; which is associated with the personality *sanguine*
 - A **sanguine** person is described as someone who is ruddy in complexion, cheerfulness, and optimistic.
- **Black Bile** – from the spleen; which is associated with the personality *melancholy*.
 - A **melancholic** person is described as moody, anxious, quiet, or reserved.
- **Phlegm** – from the brain; which is associated with the personality *phlegmatic*.
 - A **phlegmatic** person is described as passive, careful, calm, controlled, and even-tempered.
- **Choler/Yellow Bile** – from the liver; which is associated with the personality *choleric*.
 - A **choleric** person is described as restless, aggressive, excitable, and active.

The Biological Tradition: Galen (cont.)

- The four humors were also related to the Greek's conception of the four basic qualities which include **heat, dryness, moisture, and cold.**
- Excess humors were treated by regulating the environment to increase or decrease heat, dryness, moisture, or cold; depending on which humor was out of balance.
- **Treatments:**
 - Rest, good nutrition, and exercise
 - Bloodletting
 - Induced vomiting

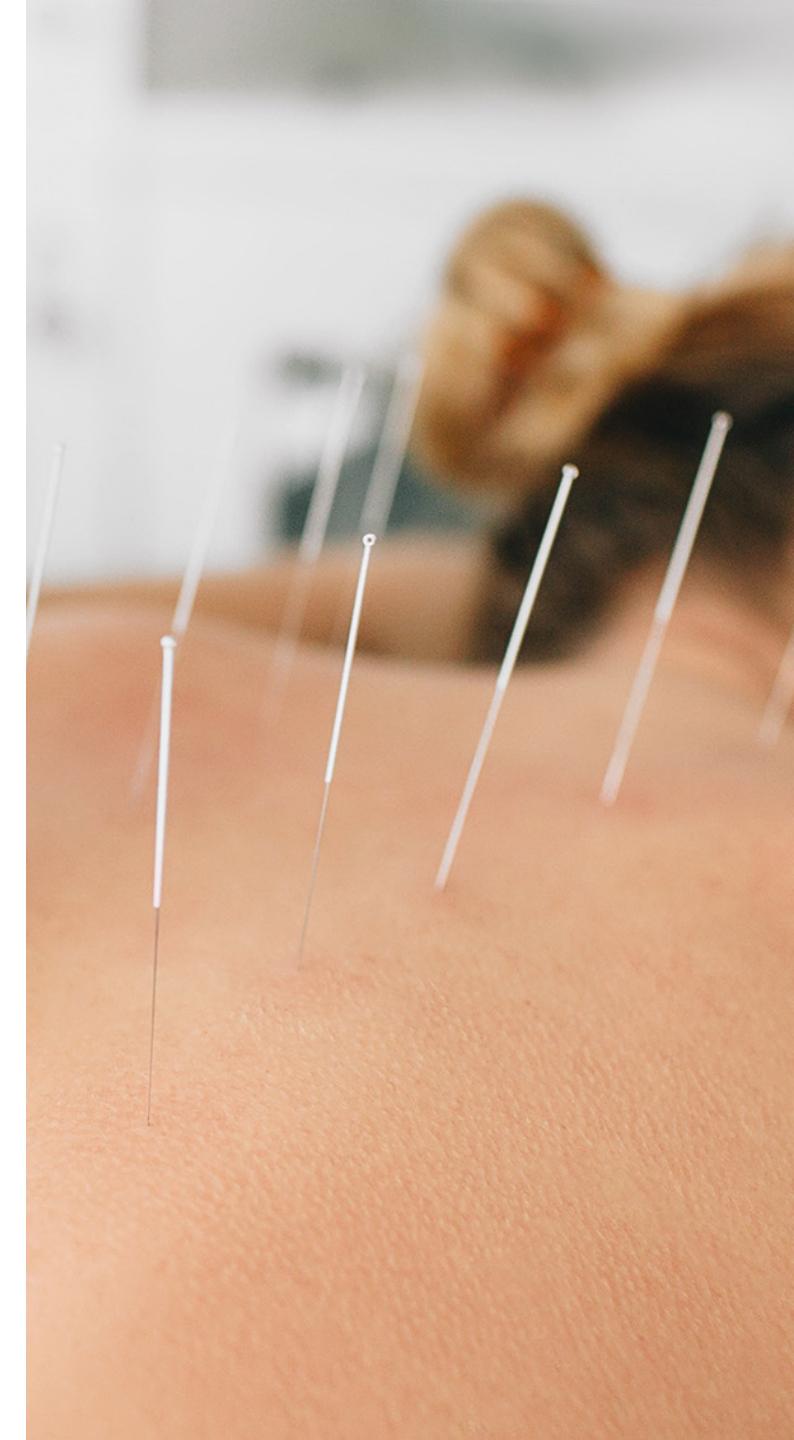


The Biological Tradition: The Origin of Hysteria

- **Hysteria**
 - An exaggerated or uncontrollable emotions or excitement.
 - Hysteria, in this tradition, was deemed as due to “wandering womb or uterus” as many hysteria cases observed were primarily women.
 - Hippocrates coined the term, which is derived from the Greek word “*hysteron*” which translates to “uterus”.
- **Prescribe Cure:**
 - Marriage; Fumigation of the Vagina
- Hysteria is classified today as **Somatic Symptom Disorders** and is **not limited to women**.

The Biological Tradition: Similar concepts of Humoral Theory

- **Ancient China and Through Asia**
 - Chinese focused on the movement of air or “wind” throughout the body; **yin** and **yang**.
 - Unexplained mental disorders were caused by blockages of wind, or the present of cold, dark wind (yin) as opposed to warm, life sustaining wind (yang).
- **Treatment**
 - **Acupuncture**
 - A Chinese medicine in which thin needles are inserted to the body.
 - It is believed to restore flow of wind.



The Biological Tradition: The 19th Century

- Discovery of the Nature and Cause of Syphilis
 - **Syphilis**
 - A sexually transmitted disease caused by a bacterial microorganism entering the brain, which typically precedes to **delusion of persecution** and **delusion of grandeur**.
 - **Delusion of Persecution** – believing that everyone is plotting against you
 - **Delusion of Grandeur** – believing that you are god.
 - Symptoms of syphilis resembles **psychosis**, psychological disorders characterized in part by beliefs that are not based in reality (delusions), perception that are not based in reality (hallucination), or both.

The Biological Tradition: The 19th Century (cont.)

- **GENERAL PARESIS (1892) along with Germ Theory**
 - Louis Pasteur's Germ Theory of Disease (1870) facilitated the identification of the microorganism that caused syphilis.
 - Cure for General Paresis:
 - Physicians observed a surprising recovery in patients with general paresis who had contracted malaria
 - Investigators discovered that penicillin cured syphilis.
 - With the malaria cue, "madness" and associated symptoms for the first time were traced directly to a curable infection.
 - Hence, the notion that psychological disorders can be treated with drugs started here.

The Biological Tradition: The 19th Century (cont.)

- **John P. Grey**
 - An influential American Psychiatrist
 - Superintendent of the Utica State Hospital in New York (1854)
 - Editor of the journal American Journal of Insanity (which now **American Journal of Psychiatry**).
 - Held that **causes of insanity were physical and should be treated like one**:
- **Grey advocated for the following treatments:**
 - Rest, diet, and proper room temperature and ventilation.
 - Grey even invented the rotary fan to ventilate his hospital.
 - Conditions in hospital improved and they became more **humane institution**.
 - Ironically, due to **increased number of patients** in the institution, the government ordered that some patients needed to be deinstitutionalized.

The Biological Tradition: 20th Century

- Early 20th century
- Joseph von Meduna (1920s)
 - Observed that schizophrenia was rarely found in individuals with epilepsy.
 - His followers concluded that induced brain seizures MIGHT cure schizophrenia.
 - Treatment:
 - Applying electric shock directly to the brain, referred to as **Electroconvulsive Therapy**.
- Manfred Sakel (1930s)
 - Began insulin using increasingly higher dosages until patients convulsed and became temporarily comatose. Although some recovered, many did not.
 - **Insulin** – a chemical that stops sugar production of the body,
 - It was used to stimulate appetite in psychotic patients, which also seemed to calm them down.
 - Sakel's treatment method became known as **Insulin Shock Therapy**

The Biological Tradition: 20th Century (cont.)

- Mid and Late 20th Century
- **Opium** used as sedatives (i.e., it was used to calm and induce sleep)
- With the discovery of **Rauwolfia Serpentine** (later renamed *reserpine*) and **neuroleptics** (major tranquilizers), for the first time hallucinatory and delusional thought processes could be diminished in some patients; these drugs also controlled agitation and aggressiveness.
- **Benzodiazepines** - are minor tranquilizers, which seemed to reduced anxiety.
 - By the 1970s, the **Valium** and **Librium** (a form of benzodiazepines) were among the most widely prescribed drugs in the world.

The Psychological Tradition: circa. Ancient Greece

- **Plato**
 - Proposed two causes of maladaptive behavior were **social and cultural influences in one's life.**
 - This idea was very much a precursor to modern **psychosocial treatment**
- **Aristotle**
 - Emphasized the influence of social environment and learning on psychopathology.
- **Treatments**
 - Both philosophers advocated humane and responsible care for individuals with psychological disturbances, and;
 - where **learning or acquiring knowledge through rationalization and empirical experience of the society were both the prevention and cure for maladaptive behavior.**

The Psychological Tradition: 19th Century

- **Moral Therapy**
 - In the context of *moral* therapy, the word '**Moral**' is referring more to **emotional or psychological factors** rather than to a code of conduct.
 - The basic assumptions of moral therapy is **treating institutionalized patients as normally as possible in a setting that encouraged normal social interaction.**
 - Moral therapy as a system originated with French psychiatrist **Philippe Pinel** and his associate **Jean-Bastiste Pussin**.
 - This was followed by **William Tuke** in England; **Benjamin Rush** and subsequently followed by **Horace Mann** in United States

The Psychological Tradition: Mid-19th Century

- **Decline of Moral Therapy**
 - Due to the aftermath of American Civil War, many individuals suffered from traumatic experience often leading to psychiatric illness.
 - This increased to number of patients in mental institution, where it was poorly handled by deinstitutionalizing many patient despite of psychiatric assistance.
- **Dorothea Dix, the proponent of Mental Hygiene Movement**
 - Advocated for the reform of how patients with mental illness are being treated.
 - However, her advocacy declined when the mental practitioner themselves concluded “**mental illness was caused by brain pathology, and therefore, was incurable**”.

The Psychological Tradition: Psychoanalytic Theory

- **Franz Anton Mesmer (1734–1815)**
 - Animal Magnetism
- **Jean Martin Charcot**
 - Legitimized practice of *hypnotism*
 - A mentor of Freud.
- **Sigmund Freud**
 - Came from Vienna to study with Charcot in Paris.
 - Teamed up with **Josef Breuer** to treat the patient named **Anna O.**
- **Freud and Breuer**
 - Along with this, they discovered **therapeutic technique** called **free association**.
 - **Free association**, a therapeutic technique which ask the patient to recall and relive emotional trauma that has been made unconscious and to release the accompanying tension.
 - **Catharsis** – the release of emotional material
 - **Insights** – fuller understanding of the relationship between current emotions and earlier events.

The Psychological Tradition: Psychoanalytic Theory (cont.)

- Freud expanded the observation they got from Anna O., these expansion of idea later became the **psychoanalytic model or theory**.
 - Which posits three assumptions:
 1. The structure of the mind and the functions of personality often clash with one another and create **intrapsychic conflicts**.
 2. There are defense mechanisms with which the mind defends itself from these conflicts;
 3. The stages of psychosexual development that contribute to our inner conflicts.

The Psychological Tradition: Humanistic Theory

- **Self-actualization**
 - A construct in humanistic theory, where it presumes that **all of us could reach our highest potential if we had the freedom to grow.**
- **Proponents of Humanistic Theory**
 - Abraham Maslow (Holistic-Psychodynamic Theory)
 - Carl Rogers (Person-Centered Theory)
 - **Unconditional Positive Regard** – the complete acceptance of most of the client's feelings and actions, is critical to the humanistic approach.
 - **Empathy** – is the understanding of the individual's view of the word; “putting someone else's shoes”.
 - **Client-Centered** – the therapeutic technique

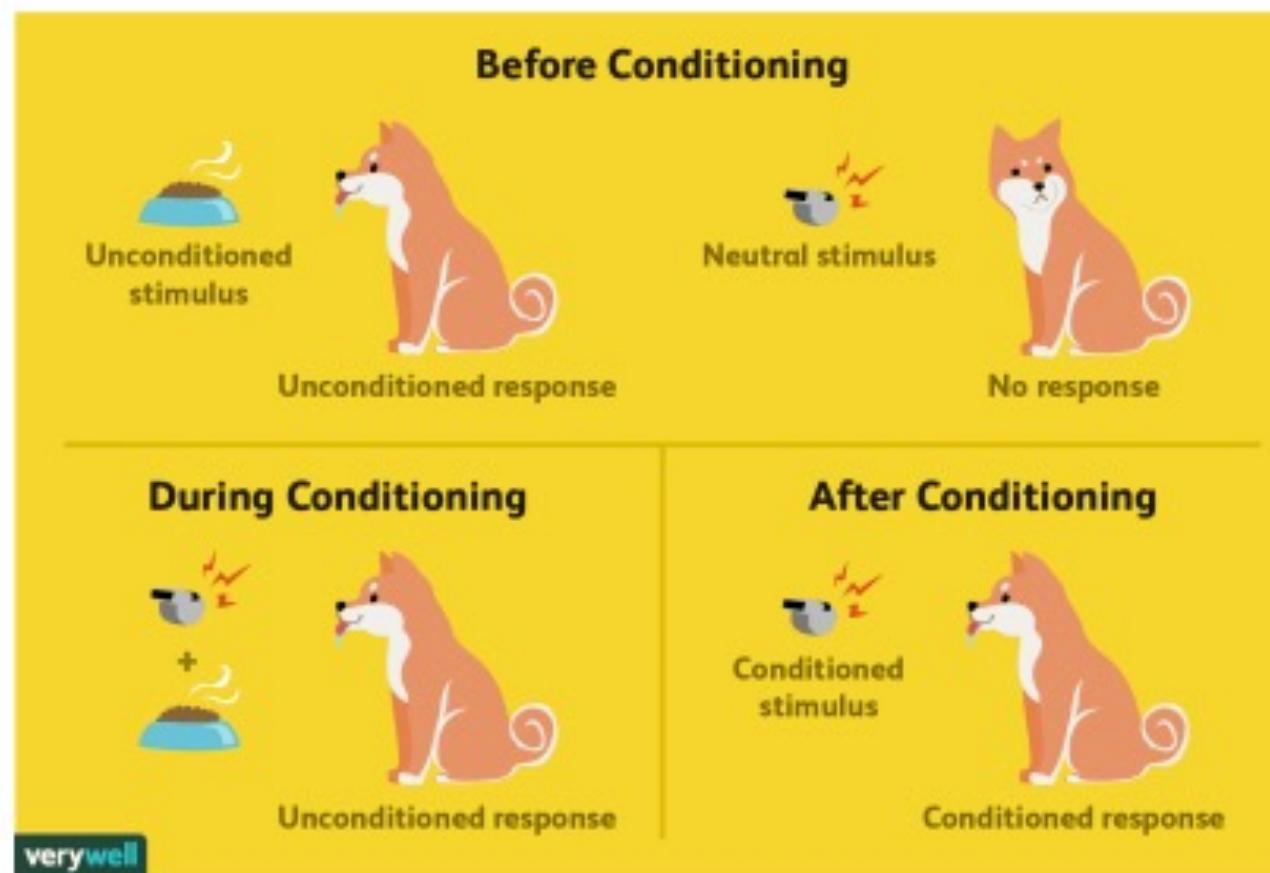


Maslow's hierarchy of needs

The Psychological Tradition: Behavioral Model

- **Ivan Pavlov**
 - Initiated the study of **classical conditioning**.
- **John B. Watson**
 - Founder of Behaviorism
 - Famously known for his **Little Albert Experiment**.
- **Joseph Wolpe**
 - Introduce the idea of **Systematic Desensitization**
- **Systematic Desensitization**
 - Individuals were gradually introduced to the objects or situation they feared so their fear could extinguish.
 - Also referred today as **exposure therapy**
- **B.F. Skinner**
 - Operant Conditioning – behavior changes as function of what follows the behavior.
 - **Reinforcement v. Punishment**
 - **Shaping** – a process of reinforcing successive approximations to final behavior or set of behaviors.

CLASSICAL CONDITIONING



**DISORDERS USUALLY
FIRST DIAGNOSED IN
INFANCY, CHILDHOOD
OR ADOLESCENCE**

Disorder Types (version)	DSM-IV Disorder Class	DSM-5 Disorder Class
Mental Retardation (DSM-IV) Intellectual Disabilities (DSM-5)	Disorders usually first diagnosed in infancy, childhood, or adolescence	Neurodevelopmental Disorders
Learning Disorders	Disorders usually first diagnosed in infancy, childhood, or adolescence	Neurodevelopmental Disorders
Motor Skills Disorder	Disorders usually first diagnosed in infancy, childhood, or adolescence	Neurodevelopmental Disorders
Communication Disorders	Disorders usually first diagnosed in infancy, childhood, or adolescence	Neurodevelopmental Disorders
Pervasive Developmental Disorders (DSM-IV) Autism Spectrum Disorder (DSM-5)	Disorders usually first diagnosed in infancy, childhood, or adolescence	Neurodevelopmental Disorders

Attention-Deficit/Hyperactivity Disorder	Disorders usually first diagnosed in infancy	Neurodevelopmental Disorders
Conduct Disorder	Disorders usually first diagnosed in infancy	Disruptive, Impulse-Control, and Conduct Disorders
Oppositional Defiant Disorder	Disorders usually first diagnosed in infancy	Disruptive, Impulse-Control, and Conduct Disorders
Feeding and Eating Disorders of Infancy or Early Childhood	Disorders usually first diagnosed in infancy	Feeding and Eating Disorders
Tic Disorders	Disorders usually first diagnosed in infancy	Neurodevelopmental Disorders
Elimination Disorders	Disorders usually first diagnosed in infancy	Elimination Disorders
Separation Anxiety Disorder	Disorders usually first diagnosed in infancy	Anxiety Disorders
Selective Mutism	Disorders usually first diagnosed in infancy	Anxiety Disorders
Reactive Attachment Disorder	Disorders usually first diagnosed in infancy	Trauma- and Stressor-Related Disorders