



Psychopathology

Tick Sheet & Glossary

4.1.4 Psychopathology

B	R	Content
		Definitions of abnormality, including deviation from social norms, failure to function adequately, statistical infrequency and deviation from ideal mental health.
		The behavioural, emotional and cognitive characteristics of phobias, depression and obsessive-compulsive disorder (OCD).
		The behavioural approach to explaining and treating phobias: the two-process model, including classical and operant conditioning; systematic desensitisation, including relaxation and use of hierarchy; flooding.
		The cognitive approach to explaining and treating depression: Beck's negative triad and Ellis's ABC model; cognitive behaviour therapy (CBT), including challenging irrational thoughts
		The biological approach to explaining and treating OCD: genetic and neural explanations; drug therapy.

Ψ Definitions of Abnormality

- Deviation from Social Norms
- Failure to Function Adequately
- Statistical Infrequency
- Deviation from Ideal Mental Health

Ψ Characteristics of Abnormality

- OCD
- Phobia
- Depression
- Behavioural Characteristic
- Emotional Characteristic
- Cognitive Characteristic

Ψ Behavioural Approach to Abnormality

- Learning Theory / Behaviourism
- Two Process Theory
- Classical Conditioning
- Neutral Stimulus
- Unconditioned Stimulus

- Conditioned Stimulus
- Unconditioned Response
- Conditioned Response
- Generalisation
- Operant Conditioning
- Positive Reinforcement
- Negative Reinforcement
- Punishment
- Systematic Desensitisation
- Counter Conditioning
- Anxiety Hierarchy
- Reciprocal Inhibition
- Flooding
- Extinction
- Spontaneous Recovery
- Symptom Substitution

Ψ Cognitive Approach to Abnormality

- Cognitive
- Negative Triad
- Negative view of World
- Negative view of Self
- Negative view of Future
- Activating Event
- Irrational Belief
- Irrational Consequence

- Mustabatory Thinking
- CBT
- Disputing
- Empirical Disputing
- Logical Disputing
- Pragmatic Disputing

Ψ Biological Approach to Abnormality

- Genes
- Diathesis Stress
- Serotonin
- Synapse
- Polygenic
- Neurotransmitter
- Dopamine
- Frontal Lobe
- Parahippocampal Gyrus
- Twin Studies
- Comorbidity
- SSRI
- Presynaptic Neuron
- Postsynaptic Neuron
- Tricyclics

What Do We Mean By 'Abnormal'?

*Here are some examples of behaviour that could be considered abnormal. Read each example and highlight the behaviours or characteristics that make it abnormal. Think about **why** it could be considered abnormal. Make some brief notes underneath and be ready to discuss your answers.*

A young woman reports that she has an acute fear of snakes. She cannot bear to watch any films or television programmes which include snakes. If she sees a picture of a snake, she becomes very anxious or distressed. If she sees a toy snake in a toy shop, she wants to walk away. She certainly will not go anywhere near a zoo.

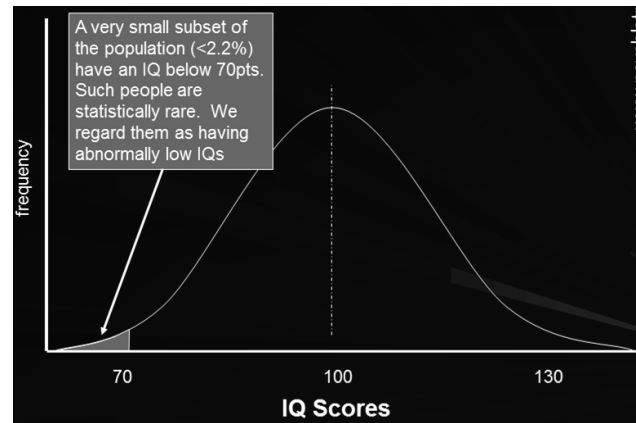
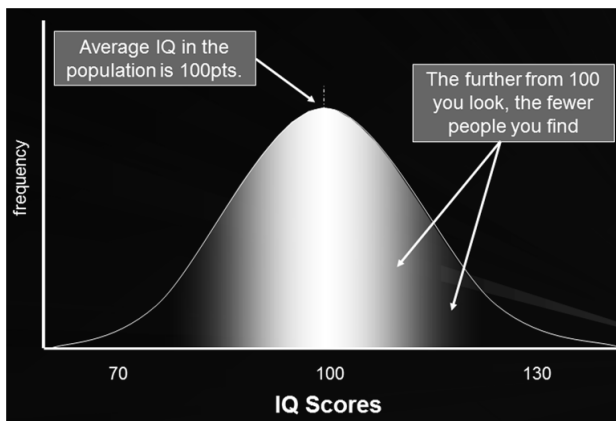
A young man, who lives with his mother, believes that the world beyond his house is filled with radio waves which will insert evil thoughts into his head. For this reason, he never leaves the house. He covers his bedroom window with aluminium foil because he believes that this will protect him. He claims to hear voices which tell him that he should give up the fight against the evil waves.

A 37 year-old woman has an extreme fear of germs and bacteria. She will only allow visitors into her house if she is convinced that they are clean. She goes through elaborate rituals when performing ordinary tasks. For example, when making a cup of tea, she will fill and empty the kettle fourteen times in order to make sure that the water is clean.

Statistical Infrequency

Definition:

Under this definition, a person's trait, thinking or behaviour is classified as abnormal if it is rare or statistically unusual. With this definition it is necessary to be clear about how rare a trait or behaviour needs to be before we class it as abnormal



For Example:

Deviation From Social Norms

Definition:

The deviation from social norms definition sees any behaviour which differs from that which society expects, as abnormal. Society has certain established "norms" of behaviour which are expectations about how "normal" people behave. These are passed on through socialisation. Any behaviour which breaks these rules is seen as abnormal.

For example, society expects people to go to work, to go shopping, to go out with friends etc. A person suffering from agoraphobia would be unable to do these things, and would therefore be defined as "abnormal".

For Example:

Failure to Function Adequately

Definition:

A person who fails to function and to cope with everyday life is abnormal, according to **the failure to function adequately definition**. There are several indicators of this type of failure. For example, a person might be unable to function because of their own **personal distress** and anxiety – such as the distress involved in OCD when someone has to wash their hands hundreds of times a day. Or a person might be unable to function because their behaviour causes such distress and anxiety for others (**observer discomfort**) – such as the discomfort created in the parents of a schizophrenic, who is hallucinating.

For Example:

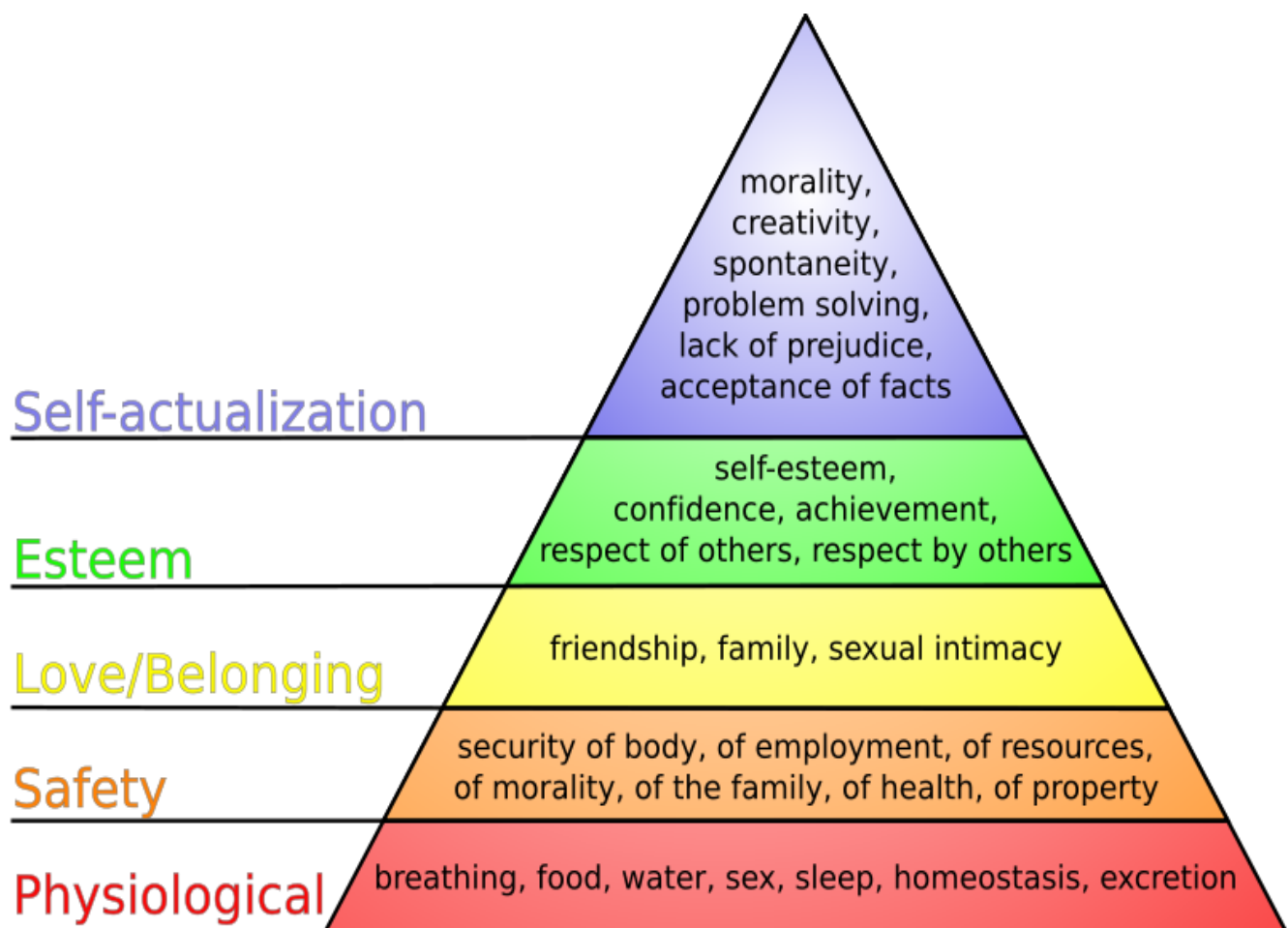
Global Assessment of Functioning


- 91-100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.
- 81-90 Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.
- 71-80 If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.
- 61-70 Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
- 51-60 Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.
- 41-50 Serious symptoms OR any serious impairment in social, occupational, or school functioning.
- 31-40 Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.
- 21-30 Behaviour is considerably influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.
- 11-20 Some danger of hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.
- 1-10 Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.
- 0 Not enough information available to provide GAF.

Deviation From Ideal Mental Health

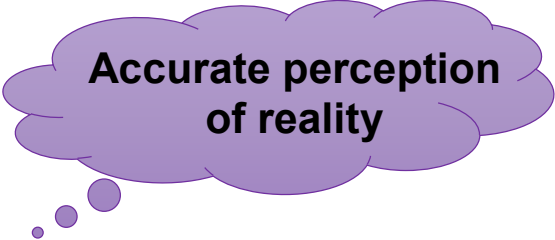
Definition:

The deviation from ideal mental health definition sees any behaviour which differs from perfect psychological health as abnormal. This clearly involves first having to define what is meant by “ideal”, and then judging the extent to which a person’s behaviour differs from that “ideal”. Some of these “ideals” are that a person has an accurate perception of reality, and has a positive attitude to him/herself. For example, someone who is manic depressive might believe (in the manic phase) that they have superhuman powers.






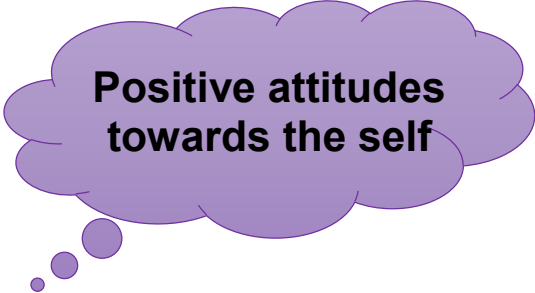
**Resistance to
Stress**



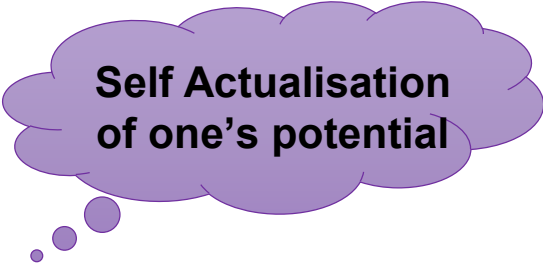
**Accurate perception
of reality**




**Adapting to the
environment**



**Positive attitudes
towards the self**



**Self Actualisation
of one's potential**



**Personal
Autonomy**

Evaluating The Definitions

Statistical Infrequency:

Strengths	Limitations
Point: Real Life Application	Point: Does not consider the desirability of behaviours of traits
	Point: Some behaviours/characteristics are regarded as abnormal even though they are quite frequent.

Deviation From Social Norms:

Strengths	Limitations
Point: Real Life Application	Point: One limitation is that this definition is culturally relative.
	Point: Another limitation is that this definition raises ethical issues/Human Rights Abuse.

Failure To Function Adequately:

Strengths	Limitations
Point: Takes into account the patients' subjective experience.	Point: Is this just deviation from social norms?
Point: Real Life Application	Point: This is too subjective and unreliable.

Deviation From Ideal Mental Health:

Strengths	Limitations
Point: Comprehensive and positive focus	Point: cultural relativism
Point: Real Life Application	Point: One limitation is that this definition is low on validity .

Applying Definitions of Abnormality

Go back to the examples on the previous handout. Would each of the definitions we have seen classify these people as abnormal? Which do you think is the best definition for capturing each example? Write some brief notes explaining your views.

Example

The woman who is obsessed with germs

Definitions

- ☐ Statistical infrequency
- ☐ Deviation of social norms
- ☐ Failure to function adequately
- ☐ Deviation from ideal mental health

Which is the best definition, why?

The man who hears voices

- ☐ Statistical infrequency
- ☐ Deviation of social norms
- ☐ Failure to function adequately
- ☐ Deviation from ideal mental health

The woman with a fear of snakes

- ☐ Statistical infrequency
- ☐ Deviation of social norms
- ☐ Failure to function adequately
- ☐ Deviation from ideal mental health

Problems Defining Abnormality

Below are four observations that illustrate problems for some of the definitions of abnormality we have been looking at. Read each example and assess which definition or definitions are affected. Write a short explanation of why the example poses a problem for the definitions you have identified.

Example	Comments
Social behaviour varies markedly when different cultures are compared. For example, it is common in Southern Europe to stand much closer to strangers than in the UK. Voice pitch and volume, touching, directions of gaze and acceptable subjects for discussion have all been found to vary between cultures.	
There is evidence that some psychological disorders are more common than was previously thought. Depending on how data are gathered and how diagnoses are made, as many as 27% of some population groups may be suffering from depression at any one time (NIMH, 2001; data for older adults).	
Taylor (1989) reports that depressed patients perceive the world more accurately than clinically normal people. It appears that 'normal' people need to create 'positive illusions' in order to protect themselves from reality. Depressed patients make much more accurate assessments of their place in the world.	
At some time, we all find it difficult or impossible to cope with everyday life, for example after bereavement or the breakup of a longstanding relationship. On the other hand, it is possible for a person with schizophrenia to show no apparent signs of emotional distress at their own predicament.	

Question 01

- (a) Outline **two** definitions of abnormality.

Definition One

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Definition Two

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(6)

- (b) Choose **one** of these definitions and describe a limitation associated with it.

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(2)

Question 02

Read the item and then answer the question that follows.

The following article appeared in a magazine:

Hoarding disorder – A ‘new’ mental illness

Most of us are able to throw away the things we don’t need on a daily basis. Approximately 1 in 1000 people, however, suffer from hoarding disorder, defined as ‘a difficulty parting with items and possessions, which leads to severe anxiety and extreme clutter that affects living or work spaces’.

Apart from ‘deviation from ideal mental health’, outline **three** definitions of abnormality. Refer to the article above in your answer.

(Total 6 marks)

Question 03

“Abnormality is very difficult to define. It can be hard to decide where normal behaviour ends and abnormal behaviour begins.”

Discuss **two or more** definitions of abnormality.

(Total 12 marks)

Question 04

- (a) Outline clinical characteristics of depression.

(Total 4 marks)

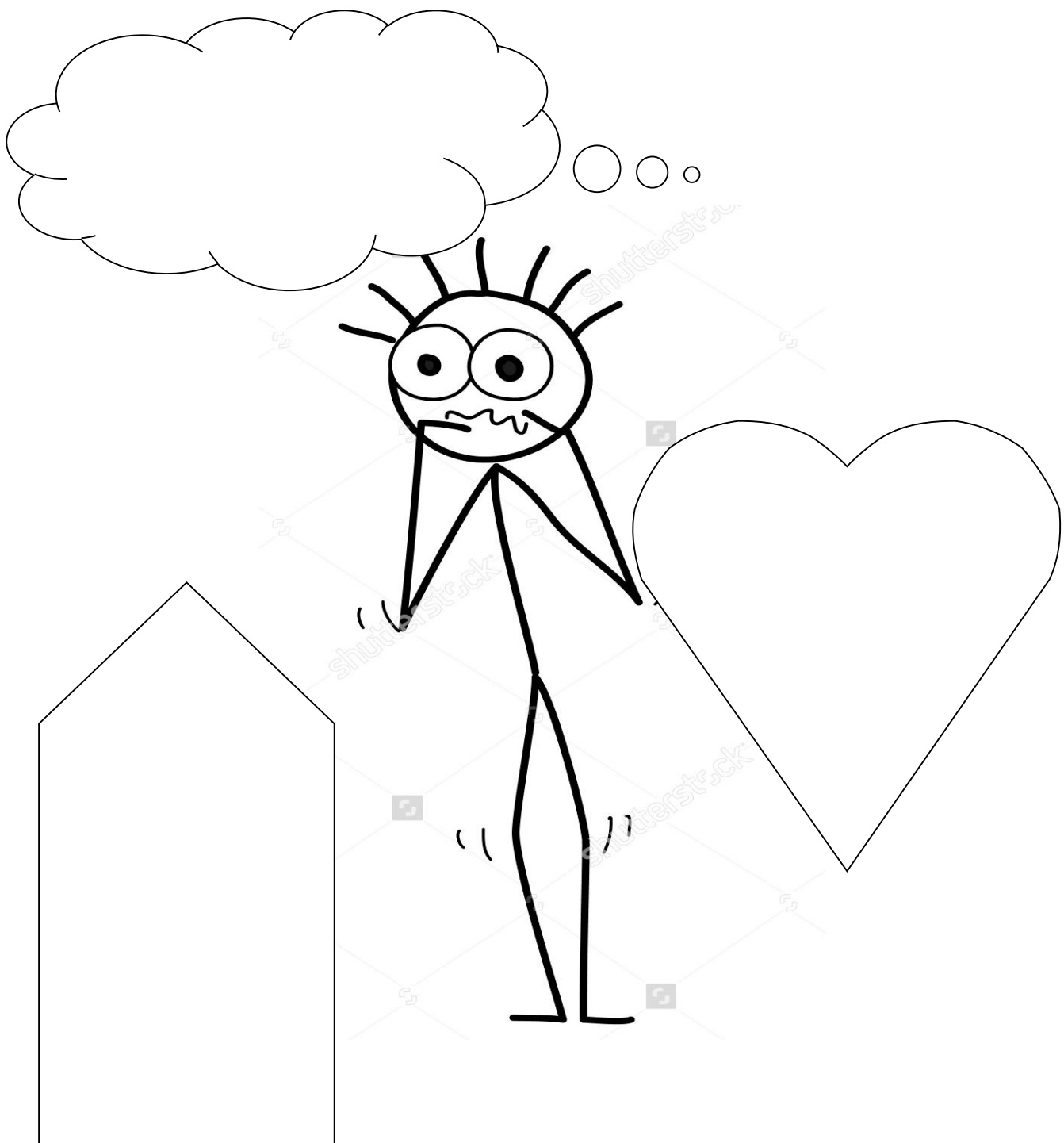
(b) Outline clinical characteristics of obsessive compulsive disorder.

(Total 4 marks)

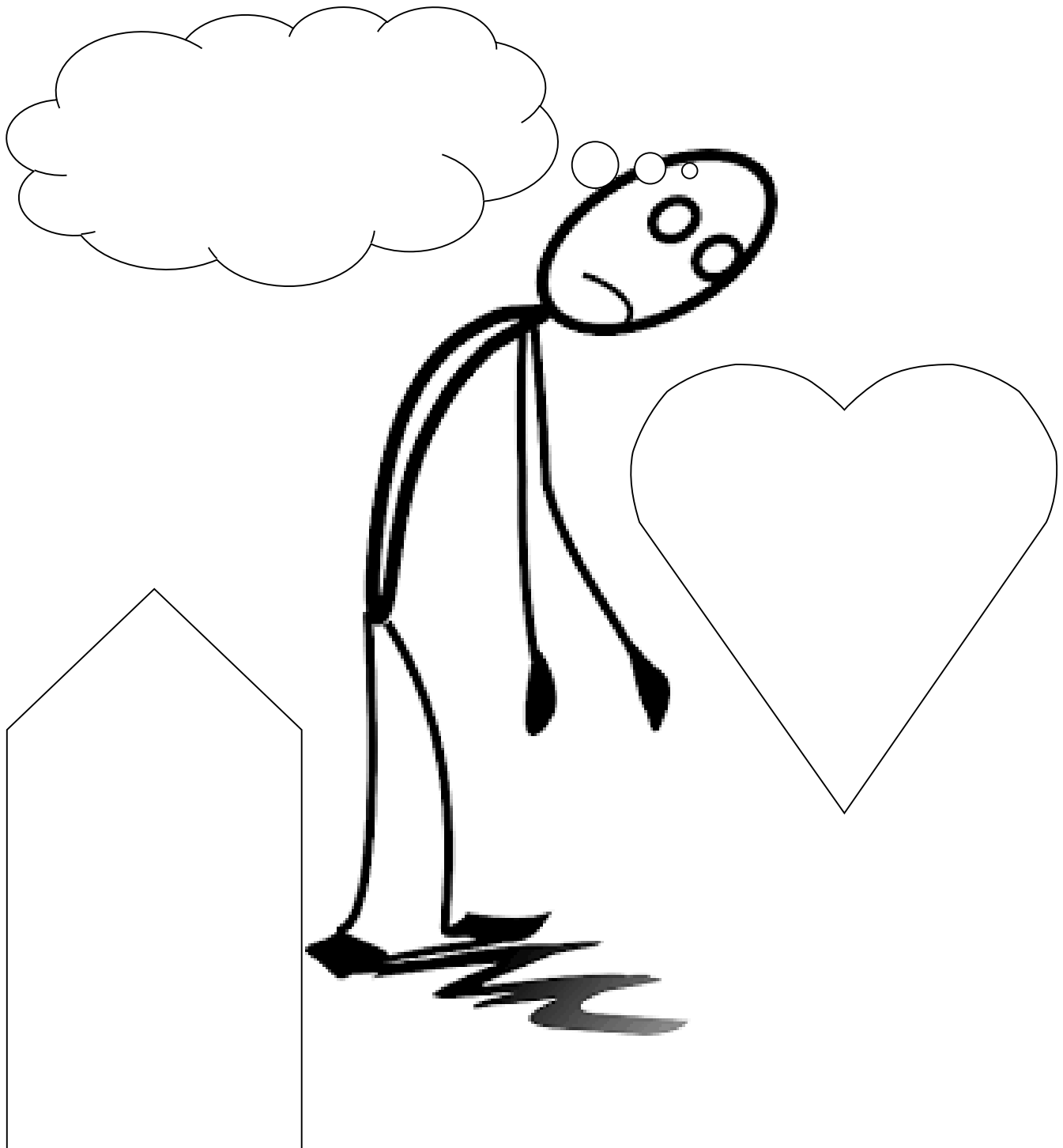
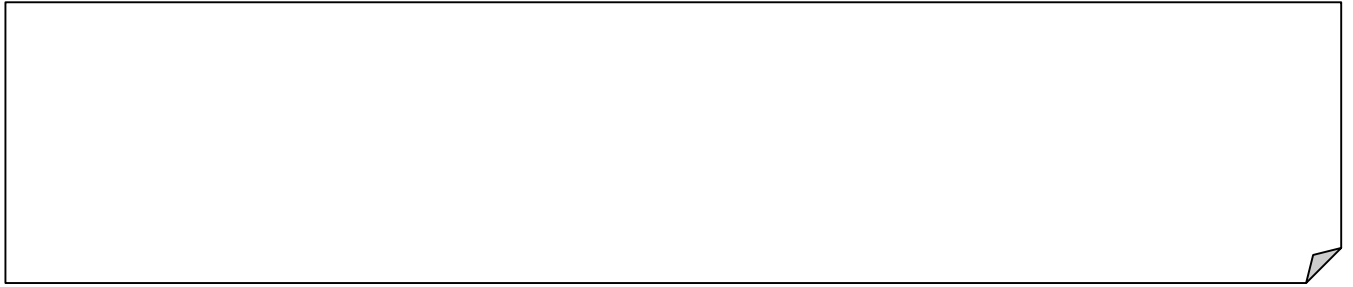
(c) Outline clinical characteristics of phobias.

(Total 4 marks)

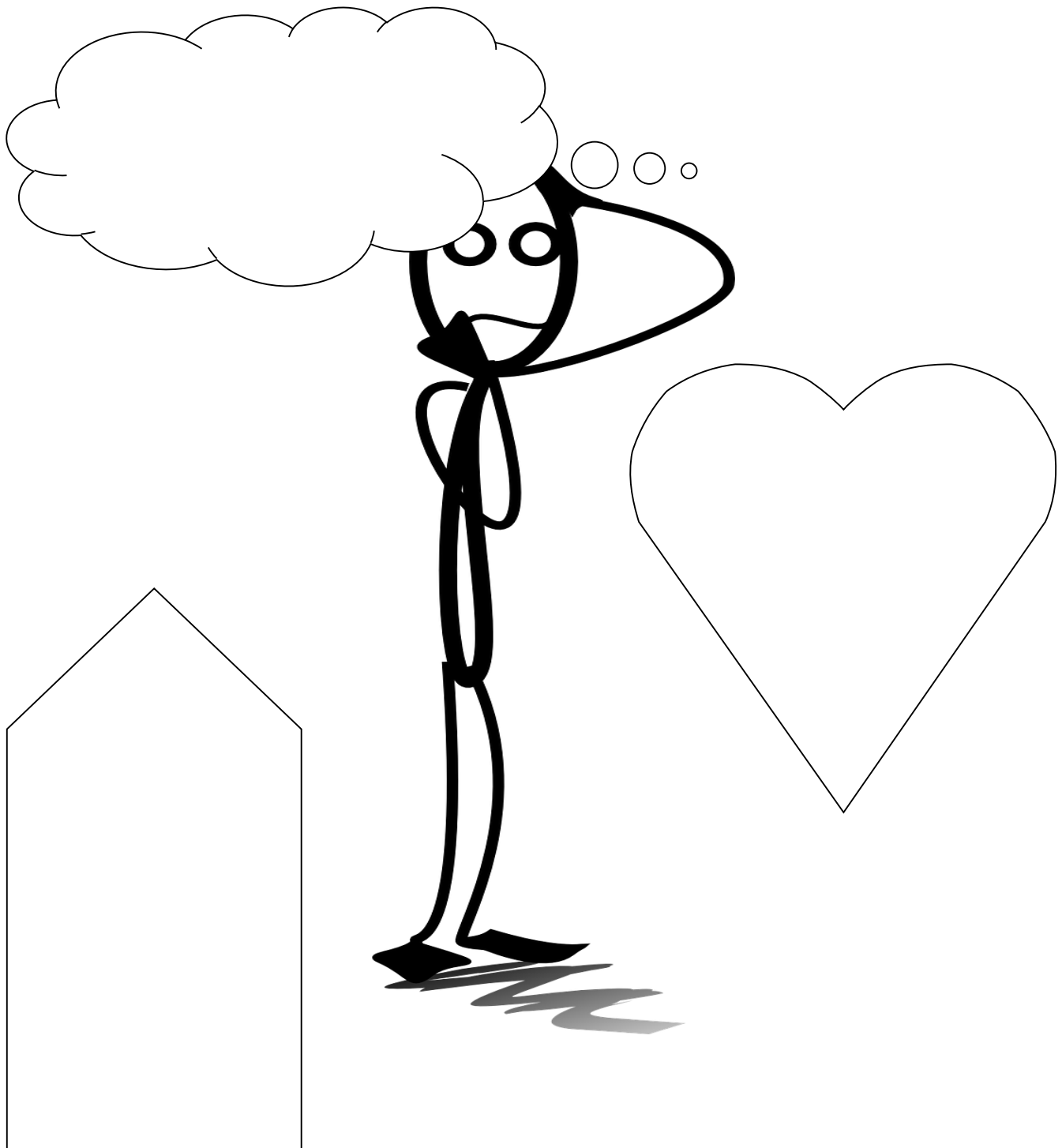
Clinical Characteristics of *Phobias*



Clinical Characteristics of Depression



Clinical Characteristics of OCD



The Behavioural Approach

Classical Conditioning is:

Let's review the concepts.

1. **Unconditioned Stimulus (UCS):** a thing that can already elicit a response (food).
2. **Unconditioned Response (UCR):** a behaviour that is already elicited by a stimulus (salivating).
3. **Neutral Stimulus (NS):** a thing which is not associated in the unconditioned relationship (bell).
4. **Conditioned Stimulus (CS):** new stimulus delivered at the same time as the old stimulus (bell)
5. **Conditioned Response (CR):** behaviour elicited by the Conditioned Stimulus (salivation).

Extinction	If the conditioned stimulus is continually presented without the unconditioned stimulus then the conditioned response gradually dies out or extinguishes
Discrimination	The conditioned response is produced only by presentation of the original stimulus, it does not extend to similar stimuli
Generalisation	Extension of the conditioned response from the original stimulus to similar stimuli and situations.
Spontaneous recovery	If a conditioned response is not reinforced, it will become extinguished but after a period of rest the response may reappear

The case of little Albert (Watson & Rayner, 1920)

Albert was described as “healthy from birth” and on the whole “solid and unemotional”. When he was about nine months old, his reactions to various stimuli were tested - a white rat, a rabbit, a dog, a monkey, masks with and without hair, cotton wool, burning newspapers and a hammer striking a four-foot steel bar just behind his head. Only the last of these frightened him, so this was designated the UCS (and the fear the UCR). The other stimuli were neutral, because they did not produce fear. When Albert was just eleven months old, the rat and the UCS were presented together: as Albert reached out to stroke the animal, Watson crept behind the baby and brought the hammer crashing down on the steel bar! This occurred seven times in total over the next seven weeks. By this time, the rat (the CS) on its own frightened Albert, and the fear was now a CR. Watson & Rayner had succeeded in deliberately producing in a baby a phobia of rats. The CR transferred spontaneously to the rabbit, the dog, the sealskin fur coat, cotton wool, Watson’s hair and a Santa Claus mask. But it did not generalise to Albert’s building blocks, or to the hair of two observers (so Albert was showing discrimination). Five days after conditioning, the CR produced by the rat persisted. After ten days it was “much less marked”, but it was still evident one month later.

Operant Conditioning is:

Let's review the concepts.

1. **Positive Reinforcement:** Occurs when there is a reward for doing something, this increases the likelihood of the behaviour being repeated.
2. **Negative Reinforcement:** Occurs when you avoid something unpleasant, this increases the likelihood of the behaviour being repeated.
3. **Punishment:** Occurs when something unpleasant happens when doing something, this decreases the probability of the event preceding it will occur again.

Many years ago, as a child, Rick used to visit a dentist who thought anaesthetic was just for wimps. The dentist has a large grandfather clock in his waiting room. Years later, Rick still feels uneasy and a little anxious whenever he hears the tick of a grandfather clock. **Why is this?**

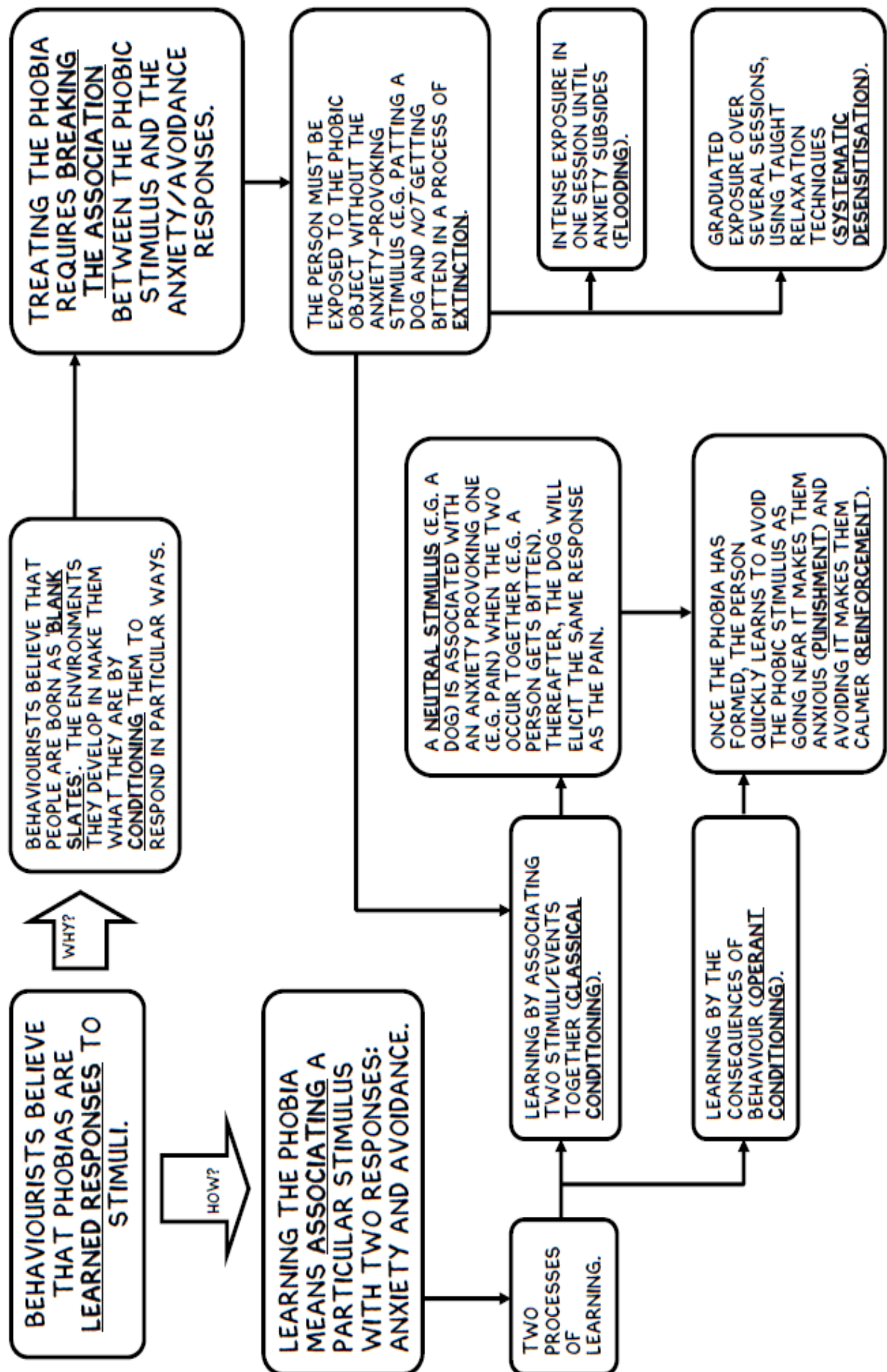


An Example Disorder: Phobias

According to the Behavioural approach how might people develop phobias?



ANXIETY DISORDERS: PHOBIAS – BEHAVIOURIST THEORIES & TREATMENT



Evaluation of Behavioural Approach to Abnormality

1) **Convincing Evidence**

2) **Good treatments**

3) **Ignores Biology**

4) **Not always avoidance**

5) **Phobias which don't follow trauma**

Behavioural Therapies: Systematic Desensitisation

Description of Therapy

Strengths

Limitations

Using Systematic Desensitisation

Desensitisation hierarchy

which consists of five 'events' that a behavioural therapist might use to help a patient with a phobia of spiders.

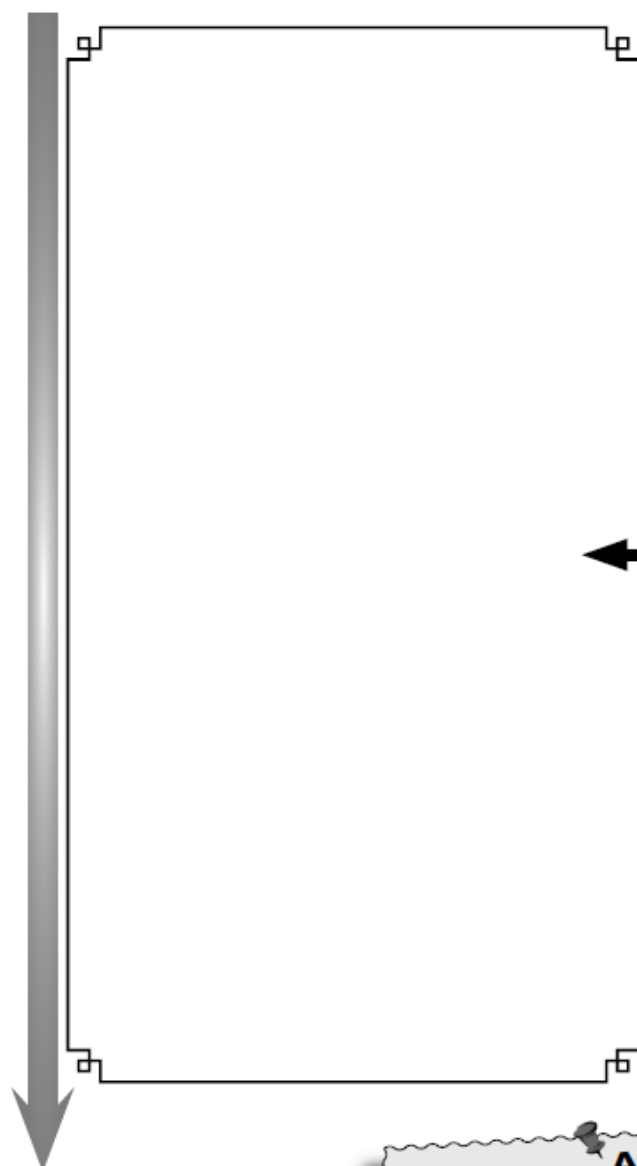
This is a series of imagined scenes, each one causing a little more anxiety than the previous one.

Construct a desensitisation hierarchy using the diagram below

Alternatively produce one for your own phobias

Low anxiety level

How does it work?



High anxiety level

Step 1: Patient is taught how to relax their muscles completely. (A relaxed state is incompatible with anxiety.)

Step 2: Therapist and patient together construct a desensitisation hierarchy – a series of imagined scenes, each one causing a little more anxiety than the previous one.

Step 3: Patient gradually works their way through desensitisation hierarchy, visualising each anxiety-evoking event while engaging in the competing relaxation response.

Step 4: Once the patient has mastered one step in the hierarchy (i.e. they can remain relaxed while imagining it), they are ready to move onto the next.

Step 5: Patient eventually masters the feared situation that caused them to seek help in the first place.

Apply your knowledge!

Alana has an extremely anxious reaction to spiders. She completely freezes if a spider is in the room, no matter what the size. She even struggles with plastic and cuddly toy spiders. Explain how a behavioural therapist might use systematic desensitisation to help Alana with her fear of spiders. (6 marks)

Behavioural Therapies: Flooding

Description of Therapy

Strengths

Limitations

Question 01

- (a) Outline a behavioural explanation of phobias.
- (b) Briefly discuss **one** limitation of the behavioural explanation of phobias that you have outlined in your answer to part (a).

(2)

(3)

(Total 5 marks)

Question 02

Describe systematic de-sensitisation as a method of treating abnormality.

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(Total 3 marks)

Question 03

Read the item and then answer the question that follows.

Tommy is six years old and has a phobia about birds. His mother is worried because he now refuses to go outside. She says, 'Tommy used to love playing in the garden and going to the park to play football with his friends, but he is spending more and more time watching TV and on the computer'.

- (a) A psychologist has suggested treating Tommy's fear of birds using systematic desensitisation. Explain how this procedure could be used to help Tommy overcome his phobia.

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(4)

- (b) Explain why systematic desensitisation might be more ethical than using flooding to treat Tommy's phobia.

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(2)

(Total 6 marks)

The Cognitive Approach

The cognitive model assumes that thinking, expectations and attitudes (i.e. cognitions) direct behaviour. Mental illness is the result of disordered thinking. The issue is not the problem itself, but the way you *think* about it. Some of the common faulty thinking strategies are listed below:

All or none thinking (dichotomous thinking) – A tendency to classify everything into one of two extreme categories, e.g. success and failure.

Arbitrary inferences – Drawing negative conclusions without having the evidence to support them.

Overgeneralisation – Incorrect conclusions are drawn from little evidence (e.g., a single incident).

Catastrophising – Where relatively normal events are perceived as disasters.

Selective abstraction – When a person only pays attention to certain features of an event, and ignores other features that might lead to a different conclusion.

Excessive responsibility – Excessively taking responsibility and blame for things which happen.



An Example Disorder: Depression

Read the case study of a depressed patient below:

'I can't bear it. I can't stand the humiliating fact that I'm the only woman in the world who can't take care of her family, take her place as a real wife and mother, and be respected in her community. When I speak to my young son, Billy, I know I can't let him down, but I feel so ill-equipped to take care of him; that's why he frightens me. I don't know what to do or where to turn; the whole thing is too overwhelming... I must be a laughing stock. It's more than I can do to go out and meet people.'

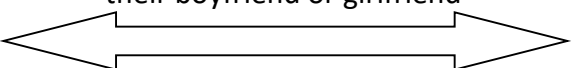
(Frieve, 1975)

- ⦿ Highlight areas of this passage that you feel illustrate a faulty thinking strategy.
- ⦿ Identify the faulty thinking strategy you feel the woman is using.
- ⦿ Explain why you think the quote illustrates that bias.

Ellis – ABC Model of Depression

The cognitive approach assumes that abnormal behaviour is caused by abnormal thinking processes. We interact with the world through our mental representation of it and if our mental representations are inaccurate or our ways of reasoning are inadequate then our emotions and behaviour may become disordered. There are many parts to a thought and each of these could be 'faulty'. These are the cognitive structures, which is the way in which we organise and categories information; cognitive content, or the actual material to be processed; cognitive processes, or the ways in which we choose to deal with the information and the cognitive products, the sum of all of the above into a discreet thought or conclusion.

- ▶ **Thinking, expectations and attitudes direct our behaviour. Mental illness is therefore the result of inappropriate thinking. Ellis referred to the ABC model.**

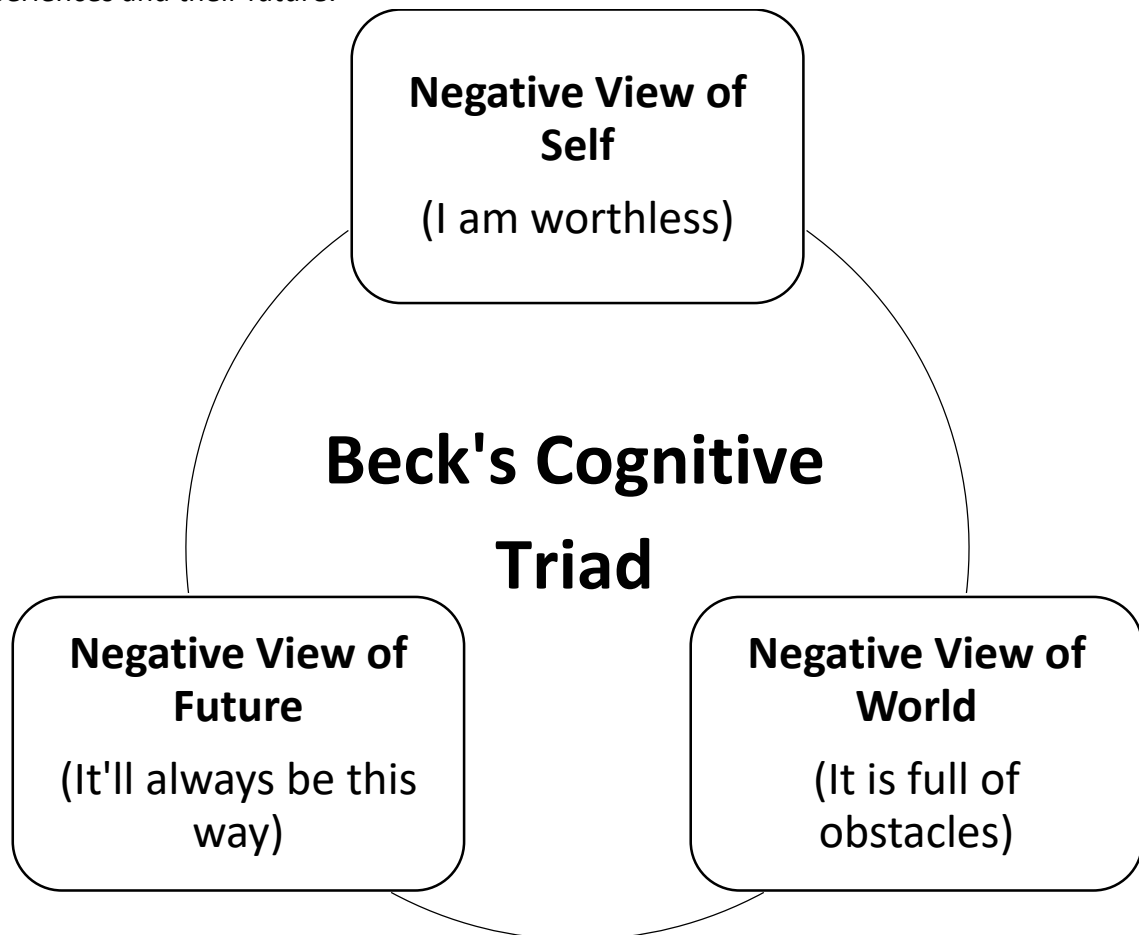
	Rational	Irrational
Activating Event: This is the situation in the environment which triggers thought. It is the same for everyone, rational or not.	In this example the activating event is a person splitting up with their boyfriend or girlfriend 	
Belief: These are the thoughts which are formed by each individual and will be different depending on your whether you are rational or not.	Rational people are likely to believe that although they are sad the relationship ended they were not compatible or right for one another	Irrational people are more likely to believe something like they are the reason the relationship ended, they did something wrong, are not lovable and will fail in all relationships
Consequence: These are the behaviours that individual show as a result of the beliefs they hold.	Rational people are likely then move on with forming new relationships eventually dating new people	Irrational people are likely to not wish to form new relationships and may become socially isolated

Now you have a go...

	Rational	Irrational
Activating Event	The activating event is a student overhearing several other students say the following "she really gets on my nerves"	
Belief		
Consequence		

Beck – Cognitive Triad of Depression

According to Beck (e.g. 1996), depression is the result of faulty or maladaptive cognitive processes. The emotional and physical symptoms are a consequence of the thinking patterns that Beck assumes to be the cause of the disorder. Beck's theory of depression has three aspects. The Cognitive Triad According to Beck, depressed people have unrealistically negative ways of thinking about themselves, their experiences and their future.



Beck's theory suggests that many of the secondary symptoms of depression can be understood in terms of this core of negative beliefs. For example, a lack of motivation could be the result of a combination of pessimism and helplessness. A person might lose interest in things they used to enjoy if they do not have the expectation that they will feel better by doing them.

Mustabatory Thinking:

Beck believes that depressed people have a set of assumptions that shape conscious cognitions which derive from the messages we receive from parents, friends, teachers and other significant people. Examples of mustabatory thinking might include:

- "I must get people's approval"
- "I must do things perfectly or not at all"
- "I must be valued by others or my life has no meaning"
- "The world must always be just and fair"
-

Evaluation of Cognitive Approach to Abnormality

1) **Convincing Evidence**

2) **Good treatments**

3) **Doesn't explain physical symptoms**

4) **Cause and Effect**

5) **Client Blaming**

Cognitive Therapies: REBT

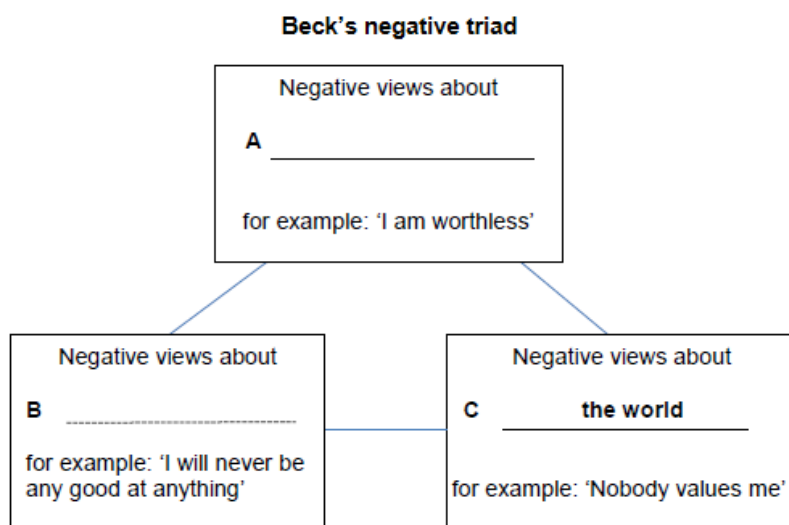
Description of Therapy

Strengths

Limitations

Question 01

Complete the diagram below, by filling in **A** and **B**, to show Beck's negative triad as it is used to explain depression.



(Total 2 marks)

Question 02

Briefly outline **one** strength of the cognitive explanation of depression.

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(Total 2 marks)

Question 03

Outline **at least two** ways in which a cognitive psychologist might explain depression in a person who has recently become unemployed.

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(Total 4 marks)

Question 04

Outline cognitive behaviour therapy as a treatment for depression.

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(Total 4 marks)

Question 05

Outline and evaluate **at least one** cognitive approach to explaining depression. (Total 12)

Biological Approach to explaining OCD

Genetic Explanations

A popular explanation for mental disorders is that they are inherited. This would mean that individuals inherited specific genes from their parents that are related to the onset of OCD.

The COMT Gene

Karayiorgou et al (1997) discovered that variation in the expression of a specific gene may contribute to OCD. (Low activity of the COMT gene is associated with obsessive-compulsive disorder) This genetic alteration reduces the production of the enzyme COMT (*catechol-O-methyltransferase*), which helps regulate the neurotransmitter dopamine. (Dopamine is believed to release chemicals that allow us to feel pleasure e.g. endorphins. A massive disturbance of dopamine regulation in the brain can result in a person no longer being able to respond emotionally or express his or her feelings in an appropriate way).

When looking at the DNA samples of 73 people with OCD they found that the COMT gene did not have its usual sequence in nearly half of the men suffering from OCD, and similarly in 10% of women with OCD.

☺☹ This shows some evidence for the role genetics may play in development of OCD, but it can be argued that the sample size is too small to generalise findings.

The SERT Gene

This gene affects the transport of serotonin, lowering levels of this neurotransmitter. One study found a mutation of this gene in two unrelated families where six of the seven family members had OCD.

Diathesis-stress model

Genes such as SERT are also implicated in a number of other disorders such as depression. This suggests that each individual gene only creates vulnerability (a diathesis) for disorders such as OCD. Other factors (stressors) affect whether a condition develops.

1) Convincing Evidence

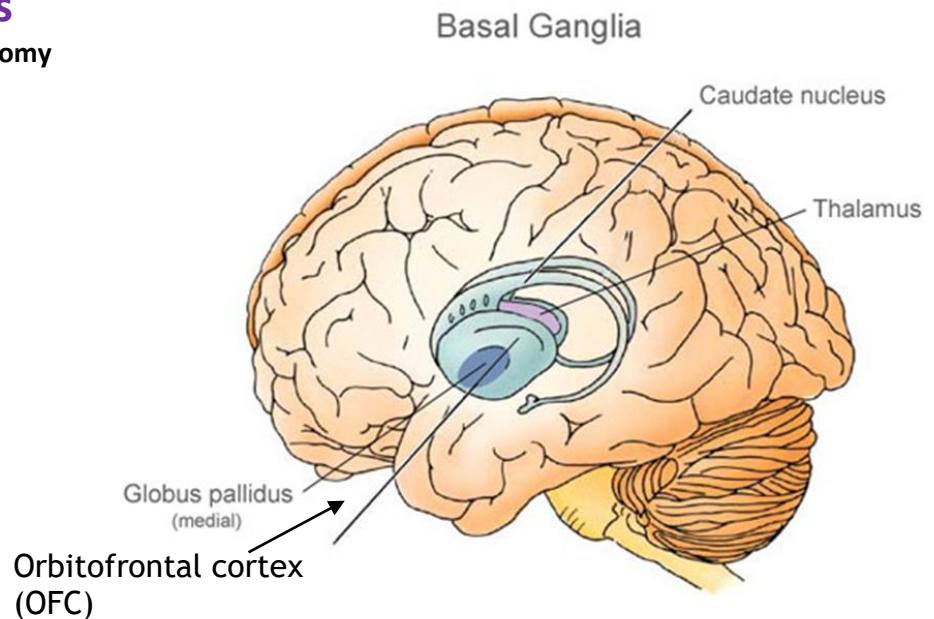
2) Too many candidate Genes

3) Role of Environment

Neural Explanations

Neurochemistry and Neuroanatomy

The Worry Circuit



Several areas in the frontal lobes of the brain are thought to function abnormally in people with OCD – they are overactive. The **orbital frontal cortex (OFC)** is very important in OCD – primitive urges concerning sex, aggression, danger and hygiene all originate in the OFC. Patients with OCD have an **overactive OFC** and so suffer from many more obsessions than other people. The **Caudate Nucleus** usually suppresses signals from the OFC which sends signals to the **thalamus** about things that are worrying. When the CN is damaged it fails to suppress these signals and the thalamus is alerted, which in turn sends signals back to the OFC, acting as a worry circuit.

Abnormal Levels of neurotransmitters

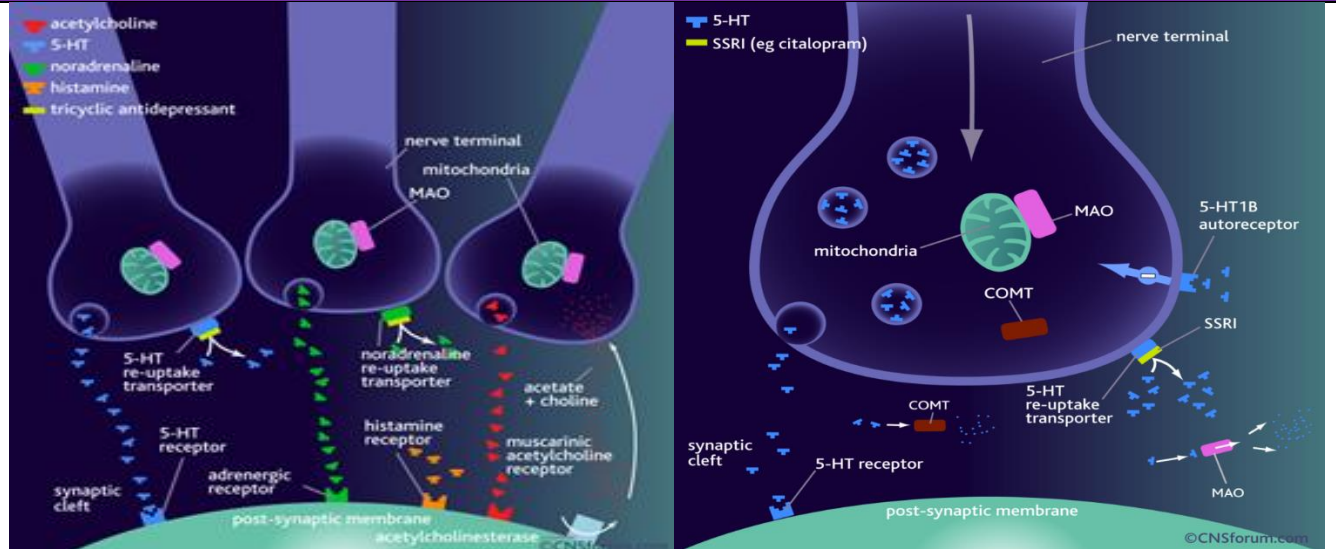
High levels of dopamine have been found in people with OCD. In **animal studies** high doses of drugs that enhance levels of dopamine, induce stereotyped movements resembling the compulsive behaviours found in OCD patients. (Szechtman et al (1998)) Some researchers believe that OCD results from a **deficiency of the neurotransmitter serotonin**. The use of SSRI's **increase serotonin** by STOPPING it being uptaken and broken down in the brain, helping to relieve the symptoms of OCD.

1) Convincing Evidence

2) Good treatments

Biological Treatments for OCD

Description of Therapy



Strengths

Limitations