

Study Guide for Exam 1

Chapter 1- Introduction

- o History of Abnormal Psychology
 - Early Views- evil spirits, bodily fluids, connection the devil
 - Asylums- places where people with mental illnesses were sent for "treatment", became very overcrowded forming bad conditions
 - Labodimey- method to damage frontal lobe
 - Moral Treatment (19th century)- stated that people with psychological illnesses should be treated with equal passion kindness and respect
 - Dorthia Dix- advocator for government funding, created state-ran hospitals to treat mentally ill
 - *Somatogenic* (20th century)- biological view
 - Eugenics movement- trying to improve countries genes
 - *Psychogenic* (20th century)- non biological, rather psychological view
 - Deinstitutionalization (1950s)- medication was given for out-patients

- o How to define abnormality: The 4 D's
 - *Deviance*- to deviate and/ or differ from the norm
 - Appeal? Many symptoms already differ from normal behavior
 - Limits? Cant jump to conclusion, just because you are acting different doesn't mean you had a disorder
 - *Distress*- causing distress to person with the disorder
 - Appeal? Most disorders are unpleasant for person who has it
 - Limits? Some disorders are not distressing to the person who has it but rather is distressing for those around them
 - *Dysfunction*- interferes with normal activities
 - Appeal? Many disorders do lead to functional impairments
 - Limits? Other things can lead to impairment besides a disorder (ie- phobias, fears)
 - *Danger*- danger to one with disorder and to others
 - o Appeal? It can be a sign of severe psychological problems
 - o Limits? Most people with disorders wont hurt themselves

Chapter 3- Abnormal Behavior and its Causes

- o Etiology- study of casual patterns of abnormal behavior
- o Biological Model- abnormal behavior is viewed as a physical illness, particularly caused by a *malfunction of the brain*
 - Brain anatomy- abnormality in brains actual structure
 - Brain chemistry- imbalance in certain neurotransmitters
 - Neuron communication: neuron fires and needs to get down axon and release neurotransmitter, neurotransmitter crosses synapses and binds to another neuron, once bonded leads to another action potential
 - Action potential: when the charge of cell changes
 - Neurotransmitters:
 - Agonists- mimic neurotransmitters and bind occurs
 - Antagonists- blocks receptors and bind doesn't occur
 - Genetics- play a factor into developing diagnosis
 - Twin studies: MZ- identical, DZ- fraternal
 - Heritability- percent of trait due to genes

- Concordance- presence of the same trait
- Biological treatments:
 - Psychotropic medications - drugs that affect the brain and reduce many symptoms of mental dysfunctioning
 - Electroconvulsive therapy (ECT)- form of biological treatment used primarily on depressed patients, brain seizure is triggered as an electric current passes through electrodes attached to the patients forehead
 - Psychosurgery- brain surgery for mental disorders
- o Psychodynamic Model- abnormal behavior is caused by *unconscious conflict*, reflects on childhood
 - Unconscious conflict- out of awareness
 - Determinism- nothing occurs by chance, all behavior has a cause
 - Defense Mechanisms
 - Repression- not allowing painful thoughts to be conscious
 - Denial- refusing to acknowledge existence of anxiety
 - Projection- seeing own unacceptable impulses, desire in others
 - Rationalization- providing socially acceptable reason for something that was motivated by something socially unacceptable
 - Reaction-formation- doing opposite of unacceptable impulse
 - Displacement- redirecting hostility from actual target onto a different, safer target
 - Intellectualization- repressing emotional responses and responding logically
 - Regression- reacting in a way you would have at a younger age
 - Sublimation- expressing sexual urges in socially acceptable way
 - Id- "pleasure" without regard of consequences
 - Ego- "reality" looks at the whole situation
 - Superego- "moral" morality decisions, knows right from wrong
 - Types of Therapy:
 - Free association- asking open ended questions, when I say x, say what comes to mind regardless if it is relevant
 - Resistance- unconscious refusal to participate fully in therapy
 - Transference- relating a conversation that occurred to what actually is bothering client, so that's how you feel towards x
 - Catharsis- reliving past conflicts to solve them
 - Working through- facing conflicts, reinterpreting feelings and overcoming the problem

-very abstract concepts that research support has to be limited

- o Behavioral Model- sees abnormal behavior caused by ones *learning history*
 - Classical Conditioning- two events that repeatedly occur become fused in a persons mind
 - o CS (condition stimulus, learned)
 - o UCS (unconditioned stimulus, usual fear that's already known)
 - o UCR (unconditioned reaction, learned response)
 - o CR (conditioned response, new response with no fear)
 - Operant Conditioning- learning based on consequences of behavior
 - + Re- increases likelihood of behavior by adding something

- - Re- increases likelihood of behavior by removing something
 - + Pu- decreases likelihood of a behavior by adding something
 - - Pu decreases likelihood of a behavior by removing something
 - how does this help therapist? Increases frequency of healthier behaviors and decreases frequency of negative behaviors
 - Modeling- observational learning (ie- Bobo study)
 - Treatments? Exposure through modeling
- too simplistic, doesn't take into account human thought process

- o Cognitive Model- sees abnormal behavior with processing perspective
 - Beck's Cognitive Therapy- realizing your thoughts are more negative than they should be so you challenge them and try to find explanations to realize that they are too extreme
 - Therapies:
 - Mindfulness- pay attention to thoughts but don't judge them
 - Acceptance and Commitment Therapy (ACT)- "a thought is just a thought", used when a person is having difficulty changing thoughts
- actual reasoning for thoughts is unclear and no possible for a long-term therapy

- o Humanistic-Existential Model- abnormal behavior is a product of free will
 - Self-actualization- what you do is in your control and is your choice, fulfilling your own potential (general approach)
 - Roger's Humanistic:
 - Unconditional positive regard- unconditional love and support
 - Conditions of worth- when standards are not met
 - No unconditional love will lead to a condition of worth
 - Example- if you want to be study the arts but both of your parents were doctors and they do not accept you being in arts
 - Roger's Person- Centered Therapy: 3 factors
 - Therapist must be *genuine* (real reactions), express *unconditional positive regard* (still accept person) and be *empathic* (show that you understand their pain)
- very appealing approach, positive and free will giving client a choice

- o Sociocultural Model- abnormal behavior due to factors besides the person
 - Labeling: once you have diagnoses how does it affect behaviors
 - Roshenhan Study 1973- group of kids said they were hearing voices as a joke, they got admitted into a hospital and then told doctors they were lying however doctors still believed their diagnosis was correct and that there was abnormal behavior
 - Social support- people with good social support get through better
 - Family structure- good amount of family involvement
 - Family systems theory- each family is unique
 - Enmeshed families- overly involved family members
 - Disengagement- not involved enough family members
 - Therapies: (family social aspects)
 - Group therapy- all people with similar problems
 - Family therapy- focus less on the individual
 - Couples therapy- focus on dynamics of their relationship
 - Multicultural theories- persons culture is effecting their problems