

Abnormal Psychology Chapter One Notes

Introduction

- **Abnormal psychology** → concerned with understanding the nature, causes, and treatment of mental disorders
- **Family aggregation** → whether a disorder runs in families

What Do We Mean by Abnormality? (pages 3-10)

- No universal agreement about what is meant by abnormality or a disorder because there is no one behavior that makes someone abnormal (no single indicator is sufficient in and of itself to define or determine abnormality) but the more that someone has difficulties in the following areas, the more likely he or she is to have some form of mental disorder
 - Suffering: if people suffer or experience psychological pain we are inclined to consider this as indicative of abnormality
 - Maladaptiveness: behavior that interferes with our well-being and with our ability to enjoy or work and our relationships; or behavior that is maladaptive for and toward society
 - Statistical Deviancy: away from the normal; if something is statistically rare and undesirable, we are more likely to consider it abnormal opposed to something that is statistically rare and highly desirable or something that is undesirable but statistically common
 - Social Discomfort: when someone violates a social rule, those around him or her may experience a sense of discomfort
 - Irrationality and Unpredictability: when something is completely unpredictable and makes no sense to other people
 - Dangerousness: in people with mental illness, dangerousness is more the exception than the rule
- Culture plays a role in deciding what is normal and what is abnormal
- The DSM-5 and the Definition of Mental Disorder
 - Mental disorders defined as a behavioral or psychological syndrome (or pattern) that is present in an individual and that reflects some kind of underlying psychobiological dysfunction
- Why Do We Need to Classify Mental Disorders?
 - Scientists rely on classification and they provide us with nomenclature and enable us to structure information in a more helpful manner
 - **Nomenclature** → a naming system
 - Allows us to study different disorders and defining the domain of what is considered to be pathological establishes the range of problems that the mental health profession can address
- What Are the Disadvantages of Classification?
 - Loss of information from simplifying a case summary just to the diagnosis
 - Stigmas and stereotypes associated with having psychiatric diagnosis and problem of labeling
 - Diagnostic classification systems do not classify people, rather, they classify the disorders that people have
- How Can We Reduce Prejudicial Attitudes Toward the Mentally Ill?

- o More knowledge of mental disorders doesn't seem to reduce stigmas of them
- o People may tend to avoid those with mental illness because the psychophysiological arousal these encounters create is experienced as unpleasant
- How Does Culture Affect What is Considered Abnormal?
 - o The way some disorders present themselves may depend on culturally sanctioned ways of articulating distress
- Culture Specific Disorders
 - o Taijin kyofusho: an anxiety disorder common in Japan; involves marked fear that one's body, body parts, or body functions may offend, embarrass, or otherwise make others feel uncomfortable
 - o Ataque de nervios: clinical syndrome found in Latinos, especially those from the Caribbean; often triggered by a stressful event, include crying, trembling, uncontrollable screaming, and a general feeling of loss of control (sometimes they become physically or verbally aggressive and may faint or experience a seizure-like fit) and once it's over they resume their normal manner with little or no memory of the incident

How Common Are Mental Disorders? (pages 11-14)

- Important to answer this question because such information is essential when planning and establishing mental health services and estimates of the frequency of mental disorders in different groups of people may provide valuable clues as to the causes of these disorders
- Prevalence and Incidence
 - o **Epidemiology** → the study of the distribution of diseases, disorders, or health-related behaviors in a given population
 - o **Prevalence** → refers to the number of active cases in a population during any given period of time (typically expressed as a percentage)
 - o **Point prevalence** → refers to the estimated proportion of actual, active cases of the disorder in a given population at a given point in time
 - o **1-year prevalence** → refers to the estimated proportion of actual, active cases of the disorder at any point in time throughout the entire year
 - o **Lifetime prevalence** → number of people who have had a particular disorder at any time in their lives (even if they are now recovered)
 - o **Incidence** → the number of new cases that occur over a given period of time (typically one year)
- Prevalence Estimates for Mental Disorders
 - o Almost half of the Americans who were questioned had been affected by mental illness at some point in their lives
 - o **Comorbidity** → the presence of two or more disorders in the same person (found to be common; much more common in people who have the most serious forms of mental disorders)
- Treatment
 - o Not all people with disorders receive treatment
 - o Admission to mental hospitals has decreased substantially over the past 45 years
- Mental Health Professions

- o Clinical psychologist: Ph.D. in psychology and one-year internship in mental health center or Psy.D. in psychology plus 1-year internship (some states allow them to give medication if they have additional training)
- o Counseling psychologist: Ph.D. in psychology plus internship in a marital- or student-counseling setting
- o School psychologist: person with doctoral training in child clinical psychology, with additional training and experience in academic and learning problems
- o Psychiatrist: M.D.s who have completed residency training in a psychiatric setting; able to prescribe medication
- o Psychoanalyst: M.D. or Ph.D. who has received intensive and extended training in the theory and practice of psychoanalysis
- o Clinical social worker: M.S.W. or Ph.D. in social work with specialized clinical training in mental health settings
- o Psychiatric nurse: R.N. certification plus specialized training in the care and treatment of psychiatric clients
- o Occupational therapist: B.S. in occupational therapy plus internship training with physically or psychologically handicapped individuals, with the aim of helping them make the most of their resources

Research Approaches in Abnormal Psychology (pages 15-16)

- Through research we can learn about the symptoms of the disorder, its prevalence, whether it tends to be either acute or chronic, the problems and deficits that often accompany it, the etiology of disorders, and to provide the best care for patients
- **Etiology** → causes

Sources of Information (pages 16-18)

- Case Studies
 - o **Case study method** → an in-depth examination of an individual or family that draws from a number of data sources, including interviews and psychological testing
 - o **Generalizability** → cannot be used to draw conclusions about other cases even when those cases involve people with a seemingly similar abnormality
- Self Report Data
 - o May involve participants completing questionnaires or interviews
 - o Can sometimes be misleading
- Observational Approaches
 - o Direct observation
 - o Can now use fMRI to study working brain
 - o Transcranial magnetic stimulation (TMS)
 - o Most clinical research involves a mix of self report and observation data

Forming and Testing Hypotheses (pages 18-20)

- ALL STUFF I KNOW

Research Designs (pages 20-27)

- **Effect size** → reflects the size of the association between two variables independent of the sample size
- **Meta-analysis** → a statistical approach that calculates and then combines the effect sizes from all of the studies