

## Lecture 29: Abnormal Psychology

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### I. INTRODUCTION

#### A. Back to the Beginning

- Remember alarm clock: There were three different ways of explaining its behavior:
  - **Physical:** An account in terms of the operation of the gears and other physical mechanisms of the alarm clock when gets engaged when the alarm hand is in the same alignment as the hour hand.
  - **Design:** An account in terms of the design of alarm clock which is supposed to ring when there is a match between the set and the actual time.
  - **Intentional:** An account of the alarm clock as wanting to wake us up.

### I. INTRODUCTION

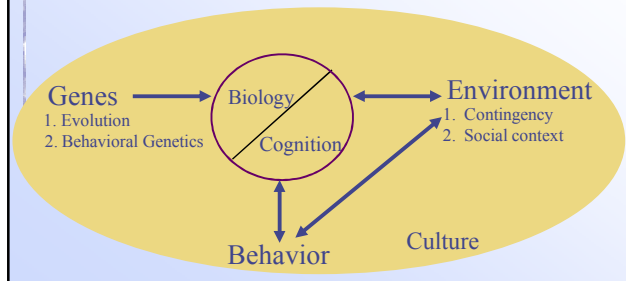
#### B. Folk, Physical & Design Explanations

- Of course, the attention to an alarm clock was been an analogue of ways of explaining human behavior:
  - Physical explanations focus on what the body is composed of and how it works: Biopsychology
  - Design Explanations focuses on the purpose or goals of the system; That is, what the system is designed to do: Behaviorism, Cognitive Psychology etc.
  - Intentional Explanations focus on the mental states which makes our behavior appear rational: Folk psychology.

### I. INTRODUCTION

#### B. Folk, Physical & Design Explanations

- **The Folk Model:** MS -----> B
- **The Scientific Model**



## I. INTRODUCTION

### B. Folk, Physical & Design Explanations

- Human beings are multiply designed:
  - EVOLUTIONARY-GENETIC: Human beings are designed to behave in ways by our genetic heritage and by the evolution of our species' gene pool.
  - COGNITIVE: Human beings are designed to process information from the environment.
  - BEHAVIORAL: Human beings are designed to learn from the environment.
  - SOCIO-CULTURAL: Human beings are designed to live with and be influenced by others in a cultural context.
  - PSYCHOANALYTIC: People are designed to fulfill instinctual desires.
  - HUMANISTIC: Human beings are designed for psychological growth and development through self-examination in conditions of psychological warmth and trust.

## I. INTRODUCTION

### B. Folk, Physical & Design Explanations

- Over the last couple of lectures, we saw how all these factors interact to make us who we are: Personality, Motivation, and Development
- These last lectures have examined two fundamental questions about human beings: The causes and treatments of abnormality.
- To begin: Explain why my alarm clock failed to wake me up this morning
  - Why does my alarm clock fail to work correctly?
  - Physical explanations prevail.

## II. ABNORMALITY

### A. Folk & Scientific Psychology

- Why do people do crazy things?
- Folk Psychology very unhelpful when examining abnormal behavior
  - When behavior is irrational, we throw up our hand and talk about people being "sick" or having a nervous breakdown"
- The scientific view is very helpful
  - The scientific psychological approach to explaining and treating abnormal behavior is from a design or physical stance.

## II. ABNORMALITY

### B. Defining Abnormality

- How should we define abnormality?
  - What makes some behavior abnormal and other behavior normal?
- **1. Statistical Deviance.** If your behavior is statistically unusual, then your behavior is abnormal.
  - Whistling is statistically infrequent!?!
  - This definition of abnormal as infrequent behavior does not specify which infrequent behavior (hallucinations or whistling) is abnormal.
  - Not all infrequent behavior is abnormal.

## II. ABNORMALITY

### B. Defining Abnormality

- **2. Norm Violation.** Abnormality is the violation of some cultural rule or expectation.
  - Different cultures different norms.
    - Some abnormal behavior in one culture (e.g., wife beating or hallucinations) may not be in others.
    - Within the same place, people with different cultural expectations define abnormality differently.
    - School Behavior problems: A child may not be disturbed even though the behavior may be disturbing to a teacher.
  - A cultural norm does not preclude actual behavior from occurring.
    - Masturbation was a sign of psychopathology. But 90% men and 60% women violate it and so it no longer is.

## II. ABNORMALITY

### B. Defining Abnormality

- **3. Subjective distress.** Defined in terms of the person's suffering.
  - 28% of Americans report some distress.
  - Not always a good definition. Some people who seek help don't need it (hypochondriacs)
  - Some people who need the most help are ones who are least likely to seek it.
- **4. Harmful Symptoms.** Objective assessments of behaviors which are harmful.
  - But what is harmful is sometimes hard to define.
  - The looseness of the definition may be something like pornography : Hard to define but easy to spot.

## II. ABNORMALITY

### B. Defining Abnormality

- Some have argued that mental illness is a myth.
  - Difficulty identifying definition, basis for some to deny that abnormality even exists.
  - The myth of mental illness.
  - **Robert Rosenhan:** Being sane in insane places.
    - Normal people went to the psychiatric inpatient ward complaining of hallucinations
    - There "normal" patients in a mental ward could not be detected as normal
    - When they were released, they were labeled as "Schizophrenic in remission".

## II. ABNORMALITY

### B. Defining Abnormality

- Most widely accepted solution here is to define mental disorders broadly:
  - Any behavior or emotional state that causes an individual great suffering or worry, is self-defeating, or self-destructive, or is maladaptive and disrupts the person's relationships or the larger community.
- Difficulty to remain objective with such a vague definition?
- There is a constellation of reliable behaviors that people have which fit abnormal definitions.
  - These constellations are described in the DSM IVTR

## II. ABNORMALITY

### C. DSM IVR

- **DSM IVTR.** Diagnostic & Statistical Manual 4th Edition, Text Revised
  - Used broadly in psychology and psychiatry,
  - Major Categories are descriptions of behavior constellations for reliable diagnosis of problems
  - Specifies patterns of abnormal behavior
  - Severity of problems
  - Type of therapy that may be helpful
  - Prognosis for recovery.
  - Age of onset
  - Cultural issues



## II. ABNORMALITY

### C. DSM IVR

- Criticisms
- **1. Over diagnosis**
  - ADHD (attention deficit and hyper activity).
    - fastest growing diagnosis category.
    - 10x higher here than Europe.
    - “Boyish” behavior is not pathological.
- **2. Labels**
  - Self fulfilling prophecy.
    - Someone labeled as “mentally ill” may begin to fill expectations of what that means.
    - Permanent problem as seen in the Rosenhan study

## II. ABNORMALITY

### C. DSM IVR

- Criticisms
- **3. Problems in living vs. serious mental disorders**
  - Sometimes the two are confused.
    - “Math disorders”, “caffeine induced sleeping disorder”
- **4. Illusion of Objectivity**
  - Just because people are reliable in diagnosis, doesn't make a person abnormal.
  - Much cultural variation.
  - Changes over time
    - Homosexuality: First it was a disorder now it is not

## II. ABNORMALITY

### D. Diagnostic Tests

- To help diagnosis is a reliable and valid way, psychological tests are used
  - Two types of diagnostic tests: Projective and Objective.
- **1. Projective Tests:** Ambiguous, unstructured stimuli which can be perceived in many ways
  - Each person “projects” themselves into the ambiguous stimulus, thus revealing personality traits
  - Two types of projective tests
    - Inkblots
    - TAT

## II. ABNORMALITY

### D. Diagnostic Tests

#### 1. Projective Tests

##### ▪ Rorschach inkblot test:

- Tell what each blot looks like or might be
- Answers are analyzed for content, areas of the cards described and appropriateness



## II. ABNORMALITY

### D. Diagnostic Tests

#### 1. Projective Tests

##### ▪ Thematic Apperception Test:

- Cards with an ambiguous scene.
- Individuals identify with the main character and project their psychological needs and conflicts into the story they tell
- In making a story line, they will use their own memories of experiences

##### ▪ Problems with Projective Tests

- Test Validity
- Test Reliability

## II. ABNORMALITY

### D. Diagnostic Tests

#### 2. Objective Tests: Measures which systematically (validly and reliably) assess personality and psychopathology/

- The Minnesota Multiphasic Personality Inventory (MMPI) is the most widely used test.
- Consists of more than 500 short T/F statements
- Answers allow for ratings on each of 10 dimensions (including a Lie scale):

Hypochondriasis	Hypomania
Depression	Psychasthenia (anxiety)
Hysteria	Psychopathic deviation
Masculinity/Femininity	Schizophrenia
Paranoia	Social introversion