



PSYCHOPATHOLOGY

Specification

Psychopathology

- **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.**



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Definitions of Abnormality

Statistical Infrequency

A person's trait, thinking or behaviour is classified as abnormal if it is rare or statistically unusual. Any unusual behaviour will be more than two standard deviations from the mean, that is, it will be found in less than 5% of the population.

Evaluation of Statistical Infrequency

Positive Characteristics

Many rare behaviours or characteristics (e.g. left handedness) have no bearing on normality or abnormality. Those with high IQ is not seen as abnormal. Depression may affect 27% of elderly people (NIMH, 2001). This would make it common, but that does not mean it isn't a problem.

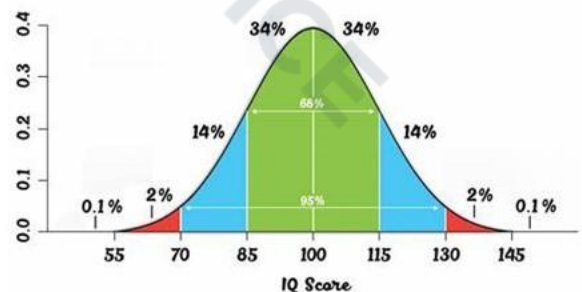
Not Reported

Some disorders appear rare in a culture simply because they are not reported.

Cohen (1988) believes that few mental illnesses are reported in India because mental illness is seen as a curse, so sufferers are looked down upon.

Real World Application

Statistical infrequency is used in clinical practice as an assessment tool for diagnosis. For example, Beck's Depression Inventory is used to determine severity of depression and so this definition provides a useful tool for medical professionals.





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Definitions of Abnormality

Deviation from Social Norms

A behaviour which deviates from the norms or accepted standards within society and is therefore considered different/abnormal.

Social norms are a set of rules for behaviour based on a set of moral and conventional standards within society and are judged by the dominant culture.

Evaluation of Deviation from Social Norms

Culturally Relative

Disorders are defined/diagnosed in different ways in different places by different groups. So, a behaviour seen as a deviation in one society may appear quite acceptable in another and vice versa. Therefore, it is difficult to judge abnormality using this definition in different cultures.

Varies Over Time

What is acceptable now may not have been 50 years ago.

In the past it has allowed mental health professionals to classify people as ill if they go against moral/social attitudes of the time. For example, nymphomania has been used as a way to control women in the past.

Context

Some behaviours are only seen as abnormal if in the wrong context. For example, wearing a bikini to school would be seen as abnormal but not to a beach. This therefore, emphasises the importance of taking the context of behaviour into account.



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Definitions of Abnormality

Failure to Function Adequately

When a person can no longer cope with the ordinary demands of everyday life. This might be a lack of hygiene, poor nutrition, unable to work or can not maintain a relationship. Rosenhan and Seligman (1989) proposed seven major features: suffering, maladaptiveness, irrational, observer discomfort, vividness, violation of moral codes and unpredictability.

Evaluation of Failure to Function Adequately

Economic Conditions

Holding down a job and supporting your family may not always be possible and high unemployment rates can prevent this. This is particularly relevant given the economic state of the western world at the moment.

Cultural Relativism

What is classed as irrational in some cultures is not in others. This could explain why lower class non-white patients are diagnosed more often with mental disorders as their lifestyles are more likely to be seen as 'non-traditional'.

Alternative Lifestyles

Some people choose to live alternative lifestyles such as those who choose to live 'off grid' or engage in high risk/adrenaline sports. They risk being labelled as abnormal.





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Definitions of Abnormality

Deviation from Ideal Mental Health

This judges mental health in the same way as physical health, a person requires certain attributes to be mentally healthy. Jahoda (1958) found six categories that were commonly referred to as desirable for mental health: 1) Positive attitude towards self 2) Resistance to stress 3) Self-actualisation 4) Autonomy 5) Accurate perception of reality 6) Can adapt to new situations

Evaluation of Deviation from Ideal Mental Health

Unrealistic

Many of us would struggle to meet many of these criteria at some point in our lives or meet them all at the same time. This makes it an impossibly high standard of mental health to live up to. It is also unclear about how much you have to deviate from the criteria to be classed as being abnormal

Culture-Bound

Some criteria can be seen as Western ideals e.g. self actualisation. Many cultures would not consider this to be a desirable trait so it is difficult to apply this definition to other cultures.

Useful

Jahoda has helped society to see mental health as similar to physical health which has helped to reduce the stigma associated with mental health issues. Although some would say they are difficult to compare as physical illnesses are easier to detect and treat.





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Characteristics



Characteristics of Phobias

Behavioural

Panic – crying, screaming, running away or freezing (fainting), flight/fight

Avoidance – effort to keep away from the phobic stimulus. Making it hard to go about daily life. E.g. public toilet fear (can't go out)

Endurance – in unavoidable situations (i.e. flying) continuous and extreme anxiety)

Emotional

Excessive fear and an unpleasant state of high **arousal**. Prevents sufferer relaxing and cannot experience positive emotion. Fear is immediate and extremely unpleasant response we experience when we encounter or think about the phobic stimulus.

Cognitive

Irrational thoughts. Person knows that their fear is **excessive**. Thinking resists rational arguments about the phobia and they find it difficult to focus their attention elsewhere, known as **selective attention**.



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Characteristics



Characteristics of Depression

Behavioural

Low levels of **energy**, lethargic (withdrawn from work , social life) in extreme cases they can't get out of bed
Psychomotor agitation – struggle to relax (pace up and down)
Disruption to sleep (insomnia or hypersomnia)
Appetite increase or decrease – affecting weight.
Verbal aggression (ending a relationship or job) or physical aggression (self-harm, suicide).

Emotional

Lowered mood (worthless, empty)
Anger (at self or others) may lead to self-harming
Self-esteem is low (self-loathing)

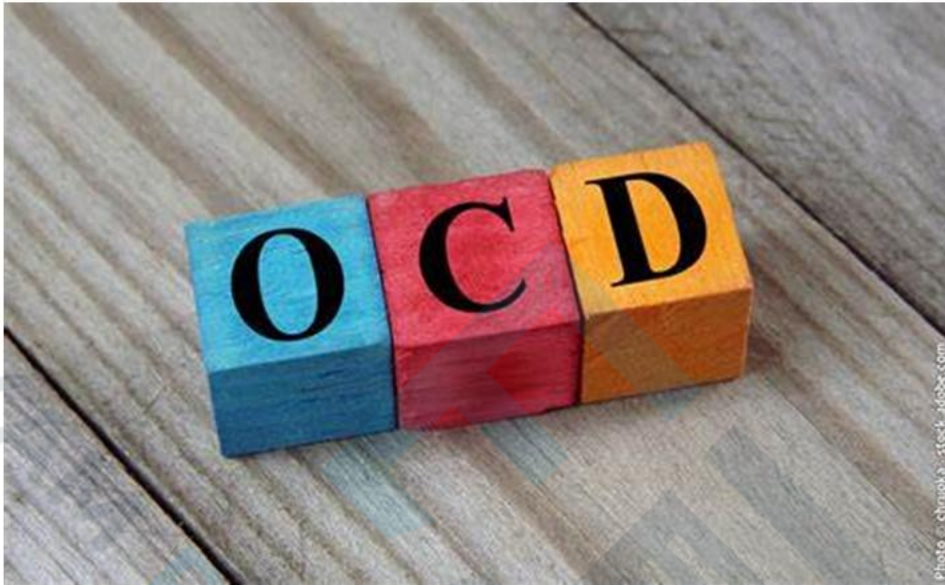
Cognitive

Poor levels of **concentration** (unable to stick with a task)
Pay more **attention** to **negative** aspects of a situation and ignore positives
Tend to **recall unhappy events** rather than happy ones.



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Characteristics



Characteristics of OCD

Behavioural

Compulsions: compelled to repeat a behaviour and reduce anxiety

Emotional

Characterised by **anxiety** – irrational **fear** (repeating behaviour helps manage anxiety)

Can also experience **depression** – compulsions bring temporary relief

Irrational guilt, disgust

Cognitive

Obsessions: Intrusive thoughts – **RECURRING** over again, (i.e.. Being contaminated by dirt, door unlocked get hurt)

Coping strategies: praying – but can be distracting

Selective attention towards their anxiety



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Phobias

Behavioural Approach to Explaining Phobias

Two Step Model (Mowrer, 1960)

Classical Conditioning – Little Albert

Unconditioned Stimulus
(Loud noise)



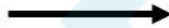
Unconditioned Response
(Fear)

Unconditioned Stimulus + Neutral Stimulus
(Noise + Rat)



Unconditioned Response
(Fear)

Conditioned Stimulus
(Rat)



Conditioned response
(Fear)

Operant Conditioning

The behaviour is strengthened when an unpleasant consequence is removed. The sufferer avoids the anxiety by avoiding the situation which negatively reinforces their phobia.

Evaluation of Behavioural Approach

Biological Preparedness

Seligman argues that phobias can develop without a traumatic event. He argues that animals including humans are genetically programmed to learn an association between dangerous stimuli & fear. Things that would be dangerous in the evolutionary past are more common than modern fears.

Real World Application

Treatments such as systematic desensitisation and flooding have been developed from the two process model and have proved successful in being able to unlearn phobias.

Traumatic Experiences

DiNardo (1988) found that only 50% of dog phobics had a fearful experience and 50% had a fearful dog experience but no phobia.



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Phobias

Behavioural Approach to Treating Phobias

Systematic Desensitisation

Stage One: The client is taught relaxation techniques.

Stage Two: Construct a hierarchy of fear.

Stage Three: The client works through each stage, using the relaxation techniques at every step. Only when the client can achieve the step and not feel anxious do they move up to the next one.

Flooding

The client is firstly taught relaxation techniques but then they are exposed to their fear for a long period time and in it's most fearful form. As adrenaline naturally decreases, a new stimulus-response link can be learned between the stimuli and relaxation.

Evaluation of Behavioural Treatments

Effectiveness

Systematic desensitisation is 75% effective when treating phobias (McGarth, 1990). Choy et al (2007) reported that flooding and SD were effective but that flooding was the more effective of the two in treating phobias.

Traumatic

Flooding is an unethical treatment, as it can be highly distressing for the individual and one could argue that their right to withdraw is denied to them during the exposure.

Cost Effective

Humphrey (1973) argues that SD is effective even when self administered, this makes it more cost effective.



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Depression

Cognitive Approach to Explaining Depression

Beck's Negative Triad

1. **Faulty information processing:** If depressed we tend to focus only on the negative aspects of life and ignore anything positive.
2. **Negative self schema:** Interpret information about ourselves in a negative way.
3. **The Negative Triad:** Negative view of the world, negative view of the future and negative view of the self.

Ellis' ABC Model

A = Activating event
B = Belief. For depression, these beliefs are irrational.
C = Consequences. Rational beliefs lead to healthy emotions and the ability to have a 'normal' life. Irrational beliefs lead to unhealthy emotions and could develop into depression.

Evaluation of Cognitive Explanations

Real World Application

Beck's Depression Inventory (BDI) allows us to assess depressive symptoms in patients and develop cognitive therapies. Ellis developed REBT which can challenge irrational beliefs and relieve depressive symptoms.

Research Support

Boury et al (2001) monitored students negative thoughts with Beck's BDI and found that depressives misinterpret facts and experiences in a negative fashion and feel helpless about the future.

Ethics

Some say that the cognitive approach blames the patient for their depression, as it fails to acknowledge other influences other than their own irrational thoughts.



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Depression

Cognitive Approach to Treating Depression

Beck's Cognitive Therapy

It aims to challenge irrational and dysfunctional thought processes by identifying and testing the negative beliefs. They may have homework to complete in which they record positive events.

Ellis' Rational Emotive Behaviour Therapy

Effective disputing can change the way we think about things and allow for more rational thought processes. It adds DEF steps to the ABC model; **D** = Dispute **E** = Effect and **F** = Feelings. Different types of disputing use logic, empirical evidence and pragmatic disputing (is this thought useful to me?)

Evaluation of Behavioural Treatments

Effectiveness

March et al. (2007) compared CBT with drugs and a combination of the two in 327 adolescents. 81% of CBT improved, 81% of drug group improved and 86% of combination improved. CBT is just as effective as antidepressants and works well alongside drugs.

Time Consuming

Cognitive therapy is time consuming and expensive and there can be waiting lists. Relapse rates can also be high in the long term. 53% within a year relapse (Shehzad Ali et al., 2017)

Effects are not Immediate

It can't be used for severe cases and so the patient must wait until drugs kick in and which make them more alert and motivated to take part.



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OCD

Biological Approach to Explaining OCD

Genetic Explanations

Lewis (1936) found that 37% of his OCD patients had parents with OCD and 21% had siblings with OCD. Suggesting OCD runs in families. The **COMT** gene regulates the production of dopamine and high levels of dopamine might be the cause of OCD. Mutations of the **SERT** gene affects the transport of serotonin, creating lower levels of the neurotransmitter. These lower levels are also implicated in OCD.

Neural Explanations

It is thought that dopamine levels are abnormally high and/or serotonin levels are low in people with OCD.

When the caudate nucleus is damaged it fails to suppress the 'worry' signals and the thalamus is alerted constantly.

Evaluation of Biological Explanations

Twin Studies

Nestadt (2000) reviewed twin studies and found 68% of monozygotic twins shared OCD as opposed to 31% of dizygotic, demonstrating a genetic cause.

Concordance Rates

Concordance rates are never 100%. The diathesis-stress model may be a better explanation, where we have a predisposition to OCD but environmental factors determine if we get it.

Animal Studies

Szetchman et al (1998) found if he increased rats' dopamine levels with drugs, they would display stereotypical behaviours resembling the compulsive behaviours found in OCD sufferers.



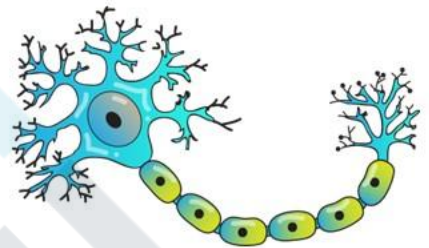
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OCD

Biological Approach to Treating OCD

Drug Therapies

SSRI's (selective serotonin reuptake inhibitors) are most commonly used for OCD. Drugs such as Zoloft, Praxil and Prozac increase levels of serotonin in the synapse which reduces symptoms. If SSRIs are not effective after 3-4 months other drugs may be tried such as **Tricyclics**, which have the same effect on serotonin as SSRIs but have more severe side effects or **SNRIs** which increase serotonin and noradrenaline.



Evaluation of Biological Treatments

Effectiveness

Soomro (2008) reviewed 17 studies where SSRI's had been used to treat OCD and found in some cases the SSRI was more effective than a placebo in reducing the symptoms of OCD.

Side Effects

SSRI's can cause headaches, nausea and insomnia which can mean that people stop taking the medication. The side effects of Tricyclics are more severe, including hallucinations and irregular heart beat and weight gain

Cost Effective

Drug therapies are relatively cheap when compared to psychological therapies. They also do not require much motivation from the patient to take them unlike cognitive therapies. However, they do only treat the symptoms of OCD not the root cause. If the patient stops taking them then the symptoms usually return.