

lb psychology
abnormal learning
outcomes



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To what extent do biological factors influence abnormal behavior? genetic predisposition to depression

--(Nurnberger and Gershon 1982)

reviewed the results of seven twin studies and found that depression was significantly more common among MZ twins (65%) than DZ twins (14%)

deficiency in neurobiological systems such as neurotransmitters and hormones

--Joseph Schildkraut in 1965 developed "catecholamine hypothesis", which became the "serotonin hypothesis". Janowsky et al. (1972) demonstrated this in an experiment in which participants were given a drug to make them profoundly depressed within minutes, showing that depression can be ignited by disturbance in neurotransmitters. However, Burns (2003) disagrees, saying that there is no way to prove serotonin involvement because serotonin is not measurable in living brains.

--could be related to over-secretion of cortisol (stress hormone), which lowers density of serotonin receptors

To what extent do cognitive factors influence abnormal behavior? Cognitive factors in depression:

--Beck (1976) suggests theory of depression where schemas of one's self are disrupted by negative cognitive distortions: overgeneralization, non-logical thinking, and dichotomous thinking (black and white thinking)

--Alloy (1999) followed a sample of young Americans in their twenties for six years. Those who were categorized in the " positive thinking group" had a depression rate of 1%, while " negative thinkers" had a depression rate of 17%

ONIB PSYCHOLOGY ABNORMAL LEARNING OUTCOMES SPECIFICALLY FOR YOUFOR ONLY\$13. 90/PAGEOrder NowTo what extent do sociocultural factors influence abnormal behavior?--Brown and Harris (1978): social origins of depression in women. Found that 28 out of 32 women who were depressed had experienced a " severe life event", but only 78% of women who experienced a " severe life event" were depressed.

--Brown suggested the " vulnerability model of depression" based on number of factors that could increase likelihood of depression (loss of mother at an early age, history of childhood abuse, lacking employment)

--led to widely accepted " diathesis-stress model", claims that depression is the result of hereditary predisposition with precipitating events in the environment

Evaluate psychological research (that is, theories and/or studies) relevant to the study of abnormal behavior. Seligman and Maier (1967)—learning to be depressed: electrical shocks on dogs affecting their ability to jump over barriersSeligman and Maier (1967) AIMSlearn that when dogs were exposed to electrical shocks they could neither control nor escape from, they later failed to learn to escape from shocks when such escape was easily availableSeligman and Maier (1967) PROCEDURESome dogs were able to control electrical pulses by pushing panels on near their head, while other
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dogs were not. Dogs who were able to control the shock became progressively faster at pushing the panel, showing that they were learning avoidance. All dogs were then put in a chamber where they were able to jump over a barrier to escape the shocks (which were administered 10 seconds after a light flashed, warning the dogs of the impending shock). Seligman and Maier (1967) RESULTS While dogs in the "escape group" (able to push panels to stop pulses) got faster at pushing the panels, the no-escape group eventually stopped pushing the panels at all. Results showed that all dogs who were previously able to escape the shocks eventually learned to jump the barrier, while 80% of the no-escape dogs were failed to do so. Dogs in the control group (no previous shock therapy) reacted almost identically to escape-group dogs. Seligman and Maier (1967)

IMPLICATIONS/ETHICAL CONCERNS While this shows that in dogs, learned helplessness can lead to failure to learn new behaviors (this can lead to depression in humans), it has all sorts of ethical concerns with using dogs as test subjects. Examine the concepts of normality and abnormality:

NORMALITY Normality is important to in order to create objective criteria

--Jahoda (1958) establishes normality as 1) efficient self-perception 2) realistic self-esteem and acceptance 3) voluntary control of behavior 4) true perception of the world 5) sustaining relationships and giving affection and 6) self-direction and productivity

Examine the concepts of normality and abnormality: ABNORMALITY An abnormality is difficult to define and diagnose because it is subjective and is based on symptoms instead of biological tests.

--Rosenhan and Seligman (1984) suggest criteria for abnormal behavior: 1) suffering 2) maladaptiveness 3) irrationality 4) unpredictability 5) vividness and unconventionality 6) observer discomfort and 7) violation of moral or ideal standards

Discuss the validity and reliability of diagnosis. Rosenhan (1973)--research the validity of diagnosis of schizophrenia

Eight pseudopatients attempted to gain access to psychological hospitals by presenting themselves as schizophrenic (they reported hearing same-sex, unfamiliar voices saying words like "empty" or "thud"). These were the only symptoms reported. Seven of the pseudopatients were diagnosed with schizophrenia, and it took an average of 19 days to be discharged. This shows that normal people could easily be classified as abnormal. Actions of the pseudopatients (such as taking notes, pacing out of boredom, and waiting for lunch) were taken as symptoms of their schizophrenia.

He also told the staff at another psychiatric hospital that he would be planting pseudopatients, but did not plant any. As a result, 41 real patients were judged with great confidence to be pseudopatients by staff members.

--This demonstrates the lack of scientific evidence and accuracy with which medical diagnoses can be made.

--This raises the question of treatment, and whether they are always justified.

self-fulfilling prophecy (Scheff 1966)

--people act as they think they are expected to

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Discuss cultural and ethical considerations in diagnosis. Confirmation bias—clinicians have expectations about diagnoses, because they assume that if people come in to see them they must have a problem

--Rosenhan 1973

Describe symptoms and prevalence of one disorder from two of the following groups: anxiety disorders, affective disorders, eating disorders:

DEPRESSION Major depressive disorder (affective disorder):

symptoms:

- affective: feelings of guilt and sadness, lack of enjoyment or pleasure
- behavioural: passivity, lack of initiative
- cognitive: frequent negative thoughts, faulty attribution of blame, low self-esteem, suicidal thoughts, etc.
- somatic: loss of energy, insomnia, weight loss/gain, diminished libido

--requires two weeks of either depressed mood or loss of interest and pleasure, in addition to at least four symptoms listed above.

--affects 15% of people at some time in their lives (Charney and Weismann 1988), accounts for about $\frac{1}{4}$ of psychiatric hospital admissions

--often a recurring disorder (80% have subsequent episode)

Describe symptoms and prevalence of one disorder from two of the following groups: anxiety disorders, affective disorders, eating disorders:

BULIMIA Bulimia (eating disorder):

2-3% of women affected, 0.02-0.03% men, 5 million people in US

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- affective: feelings of inadequacy, guilt, or shame
- behavioral: recurrent episodes of binge eating; use of vomiting, laxatives, exercise, or dieting to control weight
- cognitive: negative self-image; tendency to perceive events as more stressful than most people would
- somatic: swollen salivary glands; erosion of tooth enamel; stomach or intestinal problems

Analyse etiologies (in terms of biological, cognitive, and/or sociocultural factors) of one disorder from two of the following groups: anxiety disorders, affective disorders, eating disorders: DEPRESSION

--genetic predisposition can partly explain depression

---(Nurnberger and Gershon 1982)

reviewed the results of seven twin studies and found that depression was significantly more common among MZ twins (65%) than DZ twins (14%)

--deficiency in neurobiological systems such as neurotransmitters and hormones

---Joseph Schildkraut in 1965 developed "catecholamine hypothesis", which became the "serotonin hypothesis". Janowsky et al. (1972) demonstrated this in an experiment in which participants were given a drug to make them profoundly depressed within minutes, showing that depression can be ignited by disturbance in neurotransmitters. However, Burns (2003) disagrees, saying that there is no way to prove serotonin involvement because serotonin is not measurable in living brains.

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Cognitive factors:

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Sociocultural factors:

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--Brown suggested the " vulnerability model of depression" based on number of factors that could increase likelihood of depression (loss of mother at an early age, history of childhood abuse, lacking employment)

--led to widely accepted " diathesis-stress model", claims that depression is the result of hereditary predisposition with precipitating events in the environment

Analyse etiologies (in terms of biological, cognitive, and/or sociocultural factors) of one disorder from two of the following groups: anxiety disorders, affective disorders, eating disorders: BULIMIA

Biological:
Twin studies: (Kendler et al. 1991) studied 2000 female twins and found a concordance rate of 23% in MZ twins and 9% in DZ twins, but not always reliable due to nature of bulimia and reporting rates

Serotonin levels stimulate the medial hypothalamus and decrease food intake

--Carraso (2000) found lower levels of serotonin in bulimic patients

Cognitive:

" body-image distortion hypothesis" (Bruch 1962), many patients suffer from delusion that they are fat

" cognitive disinhibition", or dichotomous thinking of " all or nothing"

sociocultural:

perfect body figure from media

Discuss cultural and gender variations in prevalence of disorders. Cross-Culture Bulimia

Jaeger et al. 2002: Cross-cultural differences in body dissatisfaction

--Disputes idea that eating disorders are Western diseases

METHOD: 1751 medical nurses sampled across 12 nations. 10 body silhouettes were shown, designed to be as culture-free as possible, and this was used to assess body dissatisfaction

RESULTS: significant differences between cultures: Mediterranean and northern European countries showed greatest body dissatisfaction, followed by countries in the process of Westernization, while non-western countries showed least dissatisfaction

Discuss the use of eclectic approaches to treatment. Many treatments tried at once, such as group therapy, drugs, and support groups.

Able to tailor sessions to individual need: for example, a suicidal patient could receive faster, more effective treatment.

Drug therapy alone often has a strong relapse rate, and cognitive therapy is often more effective than drug treatment alone (Hollon and Beck 1994)