

Abnormal psychology past and present flashcard flashcard



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Chapter 1 Abnormal Psychology Past and Present: What is abnormality?

Patterns of psychological abnormality usually follow the four D's: deviance, distress, dysfunction, and danger. What is the difference between abnormal behavior and psychological disorder? Abnormal behavior is behavior that is statistically infrequent while psychological disorder is behavioral, emotional, or cognitive dysfunctions that are unexpected in their cultural context and associated with personal distress or substantial impairment in functioning.

What were the two major historical perspectives regarding the cause of abnormal behavior?

The Somatogenic Perspective was the view that abnormal psychological functioning had physical causes and the Psychogenic Perspective was the view that the chief causes of abnormal functioning are psychological. What did the major historical figures in the study of abnormal behavior contribute? Hippocrates believed that abnormal behavior was caused by humors (four of them): yellow bile, black bile, blood, and phlegm. He also believed hysteria was caused by a wandering womb. Aretaeus believed in a continuum between normal and abnormal behavior.

Soranus advocated for the humane treatment of the mentally ill. Galen believed in the psychological basis of abnormal behavior and that hysteria was not caused by a wandering womb. John Weyer was the founder of the modern study of psychopathology and believed that the mind was just as susceptible to illness as the body. Philippe Pinel, William Tuke, Benjamin Rush, and Dorethea Dix were all part of the reform and moral treatment movement in the nineteenth century. Kraepelin was responsible for the first modern system of classifying abnormal behavior.

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Kraft-Ebing found that syphilis caused general paresis so he injected it into people. Jean Charcot believed that hysterical disorders are the result of the degeneration of parts of the brain. Josef Breuer thought hypnotism could cure hysteria. Sigmund Freud studied the unconscious processes. How were people with psychological disorders treated over the years? In the stone ages, trephination was an ancient operation in which a stone instrument was used to cut away a circular section of the skull to release the evil spirits that were supposedly causing the problem.

Exorcism was also used to coax the evil spirits to leave a person's body. Hippocrates, who believed that humors were the cause of psychological abnormality, believed that a quiet life, a diet of vegetables, temperance, exercise, celibacy, and even bleeding, could reduce symptoms. From the Middle Ages to the 1800s, barbers performed treatments known as bloodletting. There were striped barber poles that patients would hold onto while being bled by a barber. During the sixteenth century asylums were a type of institution whose primary purpose was to care for people with mental illness.

They were overflowing with people and patients became virtual prisoners and were held in filthy conditions with unspeakable cruelty. In the nineteenth century moral treatment became an approach to treating mental disorders, but declined in the 1850s when state hospitals popped up in Europe and the US. In the 1960s, deinstitutionalization was the releasing of hundreds of thousands of patients from public mental hospitals. Today, people with severe disturbances are often treated with psychotropic medications.

They include antipsychotic drugs, which correct extremely confused and distorted thinking, antidepressant drugs, which lift the mood of depressed people, and anti-anxiety drugs, which reduce tension and worry. Outpatient care has now become the primary mode of treatment for people with severe psychological disturbance as well as for those with moderate problems. Today, when people do need institutionalization, they are usually given short-term hospitalization. The treatment picture for people with moderate psychological disturbances has been more positive than that for people with severe disorders.

Since the 1950s, outpatient care has continued to be the preferred mode of treatment for them and the number and types of facilities that offer such care have expanded to meet the need. Before the 190s, private psychotherapy was the primary form of outpatient care, which is expensive and tended to be available only to the wealthy. Most insurance plans today now include private psychotherapy so it is now widely available to people with more modest incomes. Prevention is also a leading approach. It aims to deter mental disorders before they develop.

Positive psychology is the study and enhancement of positive feelings, traits and abilities. Multicultural psychology is the field of psychology that examines the impact of culture, race, ethnicity, gender, and similar factors on our behaviors and thoughts and focuses on how such factors may influence the origin, nature and treatment of abnormal behavior. What is the role of managed care in the treatment of psychological disorder? A managed care program is a system of health care coverage in which the insurance

company largely controls the nature, scope, and cost of medical or psychological services.

It determines key issues as which therapists its clients may choose, the cost of sessions, and the number of sessions a client may be reimbursed. The coverage for mental health treatment under such programs follows the same basic principles as coverage for medical treatment, including a limited pool of practitioners from which patients can choose, preapproval of treatment by the insurance company, strict standards for judging whether problems and treatments qualify for reimbursement, and ongoing reviews and assessments.

In the mental health realm, both therapists and clients typically dislike managed care programs. Recently, the federal government and 35 states passed so-called parity laws that direct insurance companies to provide equal coverage for mental and medical problems. It is not clear if these laws are indeed leading to better coverage and whether they will improve the treatment picture for people with psychological problems. Chapter 2
Research Methods in Abnormal Psychology What is clinical research? Clinical researchers try to discover universal laws, or principles of abnormal psychological functioning.

They search for a nomothetic understanding, which is a general understanding of the nature, causes and treatments of abnormal psychological functioning in the form of laws or principals. Clinical researchers rely primarily on the scientific method. They use three methods of investigation: case study, correlation method, and experimental method.

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What are the major types of clinical research designs? What are the strengths/weaknesses of each? A case study is a detailed and often interpretive description of a person's life and psychological problems.

It describes the person's history, present circumstances, and symptoms. It may also speculate about why the problems developed, and it may describe the application and results of a particular treatment. Strengths: Case studies can be a source of new ideas about behavior and open the way for new discoveries. It may also offer tentative support for a theory. It may also serve to challenge a theory's assumptions. It can inspire new therapeutic techniques or describe unique applications of existing techniques.

Finally, they case studies may offer opportunities to study unusual problems that don't occur often enough to permit a large number of conversations.

Weaknesses: Case studies are reported by biased observers (the therapists who have a personal stake in seeing their treatments succeed). Case studies rely on subjective evidence. Case studies rate low internal validity, the accuracy with which a study can pinpoint one of a various possible factors as the cause of a phenomenon. Another problem with case studies is that they provide little basis for generalization.

External validity is the degree to which the results of a study can be generalized beyond that study. The Correlational method is a research procedure used to determine a co-relationship between variables. When a variable change the same way, their correlation is said to have a positive direction and referred to as a positive correlation. Correlations can also have a negative rather than a positive direction. In a negative correlation, the

value of one variable increases as the value of the other variable decreases.

A third outcome is possible in a correlational study.

It is possible that the variables under study may be unrelated. The magnitude, or strength, of a correlation is important. It measures how closely two variables respond. Strengths: Correlational research has high external validity. Because researchers measure their variables, observe large samples, and apply statistical analyses, they are in a better position to generalize their correlations to people beyond the ones they have studied. Furthermore, they can repeat correlational studies using new samples of subjects to check the results of earlier studies.

Weaknesses: They lack internal validity. Although correlational studies can allow researchers to describe the relationship between two variables, they do not explain the relationship. Special forms of correlational research—An Epidemiological study is a study that measures the incidence and prevalence of a disorder in a given population. Incidence is the number of new cases that emerge in a given period of time. Prevalence is the total number of cases of a disorder occurring in a population over a specific period of time.

A longitudinal study (also called a high-risk or developmental study) is a study that observes the same participants on many occasions over a long period of time. The experimental method is a research procedure in which a variable is manipulated and the effect of the manipulation is observed. The independent variable is the manipulated variable and the variable being observed is the dependent variable. Confounds are variables other than the

independent variable that can also effect the dependent variable.

Experimenters try to eliminate these.

To try to get rid of confounds, experimenters use a control group, random assignment, and a blind design. A control group is a group of research participants who are not exposed to the independent variable under investigation but whose experience is similar to that of the experimental group. Random assignment is a selection procedure that ensures that participants are randomly placed in either the control group or experimental group. Blind design in an experiment in which participants do not know whether they are in the experimental or the control condition.

Placebo therapy is a sham treatment that the participant in an experiment believes to be genuine. Double-blind assignment is experimental procedure in which neither the participant nor the experimenter knows whether the participant has received the experimental treatment or a placebo. Quasi-experimental designs, or mixed designs are experiments in which investigators make use of control and experimental groups that already exist in the world at large. Natural experiments are experiments in which nature, rather than experimenters, manipulates an independent variable.

An analogue experiment is a research method in which the experimenter produces abnormal-like behavior in laboratory experiments and then conducts experiments on the participants. Single-subject experimental design is a research method in which a single participant is observed and measured both before and after the manipulation of an independent variable. What is correlation? Correlation is the degree to which events or

characteristics vary to each other. What are the possible reasons for a significant correlation? Another variable might account for the relationship. Correlation does not equal causation.

What is experimental control? What are some forms of experimental control? Experimental control is used to try and make an experiment as accurate as possible. A control group is a group of research participants that are not exposed to the independent variable under investigation but whose experience is similar to that of the experimental group (the participants who are exposed to the independent variable). By comparing the two groups, the experimenter can better determine the effects of the independent variable. Some examples of experimental control include random assignment, blind design, placebo therapy, and double-blind design.

Random assignment is the general term for any selection procedure that ensures that every subject in the experiment is as likely to be placed in one group as the other (meaning the experimental or control group). Blind design is the experimental strategy that tries to avoid bias. The participants do not know which group they are in (control or experimental). Placebo therapy is a sham treatment that the participant in an experiment believes to be genuine. Double-blind design keeps both the experimenter and the participants in the dark about who is in the control group and who is in the experimental group. What is human subject's protection?

How does IRB protect human subjects in research? Human subject's protection is to ensure the rights and protection of patients engaging in research. IRB is the Institutional Review Boards and they protect the rights

and welfare of research participants. Before a study is approved the researchers must detail its importance, risk to benefit ratio, consent procedures, and special protections for children, prisoners, and the mentally disabled. Chapter 3 Models of Abnormality What are the major models of abnormality? Biological - The brain and abnormal behavior perspective is that abnormal behavior is caused by a malfunction in parts of the brain.

Behavioral genetics attribute individual differences in behavior in part to genetics. Methods of study include twin studies and adoptee studies.

Diathesis-Stress model - individuals inherit, from multiple genes, tendencies to express certain traits or behaviors, which may then be activated under certain conditions of stress. Biological treatments include psychotropic medications (antianxiety, antidepressant, antibipolar aka mood stabilizers, antipsychotic) electroconvulsive therapy, neurosurgery or psychosurgery.

Advantages: Produces valuable new information at a rapid rate. Biological treatments sometimes work when all else fails.

Disadvantages: All human behavior cannot be explained biologically. Much evidence is incomplete or inconclusive. There are undesirable side effects of drug therapies. Psychodynamic/Psychoanalytic - It is the oldest and most famous of the modern psychological models. Psychodynamic theorists believe that a person's behavior, whether normal or abnormal, is determined largely by underlying psychological forces of which he or she is not consciously aware. Freud explained normal and abnormal functioning with the Id, Ego, and Superego. The id is the psychological force that produces instinctual needs, drives, and impulses.

The ego is the force that employs reason and operates in accordance with the reality principle. The superego is the force that represents a person's values and ideals. These three forces are in constant dynamic conflict, which is what causes psychological difficulty. Ego Defense mechanisms: Repression - avoid anxiety by not allowing painful or dangerous thoughts to reach consciousness. Denial - refuse to acknowledge the existence of an external source of anxiety. Fantasy - imagine events as a means of satisfying unacceptable, anxiety-producing desires that would otherwise be unfulfilled.

Projection - attribute own unacceptable impulses, motives or desires to other individuals. Rationalization - create a socially acceptable reason for an action that actually reflects unacceptable motives. Reaction formation - adopt behavior exact opposite of impulses one is afraid to acknowledge.

Displacement - displace anger away from target onto harmless target.

Intellectualization (isolation) - repress emotional reactions in favor of overly logical response to problem. Undoing - person tries to make up for unacceptable desires or acts, frequently through ritualistic behavior.

Regression - retreating from upsetting conflict to earlier developmental stage at which one is not expected to behave maturely. Overcompensation - try to cover personal weakness by focusing on another, more desirable trait.

Sublimation - expressing sexual and aggressive energy in ways that are acceptable to society. At each stage of development, new pressures challenge individuals and require adjustments in their id, ego and superego.

If the adjustments are successful, they lead to personal growth. If not, the person may become fixated, or stuck, in an early stage of development.

The stages of development are oral, anal, phallic, latency, and genital.

Someone fixated in the oral stage is characterized by their mouth being a source of pleasure. They may experience being dependent, excessive eating, being argumentative and sarcastic. Someone fixated in the anal stage is characterized by pleasure or frustration in the retention or expulsion of feces. They may be extremely clean, obstinate, and orderly, OR messy, vague, and overgenerous. The phallic stage is characterized by the Oedipus/Electra complex. There is castration anxiety and penis envy.

Latency is characterized by the sublimation of urges. The genital stage is characterized by a re-awakening of sexual urges. Today's influential psychodynamic theories: Ego theory - emphasizes the role of the ego and considers it an independent and powerful source. Self theory - emphasizes the role of the self - our unified personality. Object relations theory - theory that views the desire for relationships as the key motivating force in human behavior. Psychodynamic Therapies: Free Association - a technique in which the patient describes any thought, feeling, or image that comes to mind, even if it seems unimportant.

Therapist Interpretation - psychodynamic therapists listen carefully as patients talk, looking for clues, drawing tentative conclusions, and sharing interpretations when they think the patient is ready to hear them. Three interpretations are particularly important: resistance, transference, and dreams. Resistance - an unconscious refusal to participate fully in therapy. Transference - the redirection toward the psychotherapist of feelings associated with important figures in a patient's life, now or in the past.

Dream - a series of ideas and images that form during sleep.

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Catharsis - the reliving of past repressed feelings in order to settle internal conflicts and overcome problems. Working through is the process of facing conflicts, reinterpreting feelings, and overcoming one's problems. Relational psychoanalytic therapy is a form of therapy that considers therapists active participants in the formation of patients' feelings and reactions, and therefore calls for therapists to disclose their own experiences and feelings in discussions with patients. Behavioral/Learning - Behavioral theorists believe that our actions are determined largely by our experiences in life.

However, the behavioral model concentrates wholly on behaviors, the responses an organism makes to its environment. Behaviors can be external or internal. Behavioral theorists base their explanations and treatments on principles of learning, the processes by which these behaviors change in response to the environment. Conditioning is a simple form of learning. Classical conditioning is a process of learning by temporal association in which two events that repeatedly occur close together in time become fused in a person's mind and produce the same response.

Operant conditioning is a process of learning in which behavior that leads to satisfying consequences is likely to be repeated. In modeling, individuals learn responses simply by observing other individuals and repeating their behaviors. (EX: Bandura's Bobo doll experiment: children learned to abuse a doll by observing an adult hit it.) Social learning - people learn behaviors by watching others being reinforced or punished following behaviors (vicarious living). Prepared learning - we learn to fear some objects far more easily than others because we are hard-wired to do so.