**DEFINING "PSYCHOLOGICAL DISORDER"**

A psychological dysfunction within an individual associated with distress or impairment in functioning and a response that is not typical or culturally expected. Each criterion contributes something to the definition. Any one element, alone, would not constitute a psychological disorder.

**Criteria:** (Standard for judging)

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<th>Psychological Dysfunction:</th>
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<td>Breakdown of cognitive, emotional, or behavioral functioning. (Examples?)</td>
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<td>Where do we draw the line? Considered a continuum or dimension, rather than being present or absent.</td>
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<td>(dys = Greek for bad, abnormal, difficult)</td>
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<td>(ab = Latin for off, away from; norma = rule -- abnormal = deviating from the norm, from the rule)</td>
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<th>Personal Distress or Impairment:</th>
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<td>Distress: The individual is usually extremely upset about the dysfunction.</td>
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<td>This is not ALWAYS the case, however, as is often true with mania.</td>
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<td>Impairment: Interferes with normal activities, with achieving things that the person wants to. But not always. Depends on the severity. (Some simple phobias, for example.)</td>
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<td>Illustrates how most psychological disorders are extreme expressions of otherwise normal behavior.</td>
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<th>Atypical or Not Culturally Expected:</th>
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<td>Deviates from the average, the greater the deviation, the more abnormal, but that doesn’t automatically imply a disorder. (Pro athletes, talented artists.) More productive, more tolerated. To use this criterion alone has led to abuses--political prisoners in Soviet Union,</td>
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**DSM-IV-TR Definition:** (Diagnostic and Statistical Manual of Mental Disorders-fourth edition-text rev)

Behavioral, emotional, or cognitive dysfunctions that are unexpected in their cultural context and associated with personal distress or substantial impairment in functioning. When using this definition, we need to take culture and subculture into account, to determine what would be functional for a given society. (More in Chapter 3.)

**THE SCIENCE OF PSYCHOPATHOLOGY**

Scientific study of psychological disorders. Specially trained professionals--clinical & counseling psych (5-year training for PhD, PsyD, EdD) Psychiatrists (MD, then special psychiatric training during their 3-4 year residency) tend to biological Psychiatric social workers (MSW, expertise in collecting info about social and family situation of people with psych disorders, also treat problems (often concentrating on family problems ass. w/dis) Psychiatric nurses (w/master’s or doctoral degrees); therapists and counselors with masters degrees

**Scientist-Practitioner Model:**

Mental health professionals who take a scientific approach are scientist-practitioners. They:
* Keep up with scientific developments in their field (consumers of science)
* Evaluate their own assessment/treatment procedures (evaluators of science)
* Conduct research (clinics or hospitals) that produces new info about disorders and treatment (Creators of science)
Basic Categories for Research into Psychopathology (and associated terms):

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<th>Clinical Description: (Clinical = types of problems and activities of assessment/treatment)</th>
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<td>*Presenting problem--&quot;presents&quot;</td>
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Statistical data:
- Prevalence--how many people in a given population have the disorder
- Incidence--how many new cases of the disorder occur during a given time period
- Sex ratio
- Age of onset
- Course--the pattern of development and change of the disorder--chronic, episodic, time-limited
- Onset--acute (sudden), or insidious (gradually over a period of time)
- Prognosis--anticipated course

Caused:
Etiology (Greek roots--study of causes), including biological, psychological, and social dimensions.

Treatment & Outcomes:
Studying what kinds of treatments help which disorders. Can also provide clues to causes, but it is not always as simple as that--(book--aspirin to relieve headache doesn't imply a lack of aspirin). However, it can give hints.

HISTORICAL CONCEPTIONS OF ABNORMAL BEHAVIOR

Supernatural:
- Demons and witches
- Paracelsus (Swiss dr early 1500’s--lunatic, stars, etc)
- Result of sinful behavior

Tried to exorcise the demons, if that didn't work make body uninhabitable (by torture), scare them out (snake pit), other forms of "shock" treatments (dunking in icy water)
SOMETIMES SHOCK OR EXORCISM WORKS.

Biological:
Hippocrates (Greek physician 460-377 BCE), considered father of modern medicine.
understood brain to be seat of wisdom, consciousness, intelligence, and emotion. Disorders result from injuries, disease, genetics, psychological factors (stressful family life).
Galen (Roman physician 129-128 CE) adopted and developed Hippocrates’ ideas.
Humors--blood (heart), black bile (spleen), yellow bile or choler (liver), and plegm (brain).
Too much black bile (melancholer) caused depression, etc. First theory of "chemical imbalance".
Treatment = rest, good diet, remove sources of stress, and bleeding (or bloodletting). Also induction of vomiting. Hysteria--wandering uterus causing somatoform symptoms. Thought restricted to fem.

Syphilis
General paresis comes 15-20 years after initial syphilis infection. Causes delusions of persecution, delusions of grandeur, personality changes, mood changes, disorganization. Apparently psychotic, but deteriorated and died w/in 5 years. Pasteur’s germ theory (1870) helped identify the fact that all symptoms of the disease were caused by a germ. Initially discovered that contraction of the malaria infection cured the disease (because of the fever) and used infected blood to treat.
John P. Grey was influential in the 19th century in advocating for the biological approach. Treat mental patients the same as any physically ill person--rest, nutrition, hospitalization. (Invented fan) Hospitals became large and impersonal, leaders called for downsizing. (100 years later deinstitutionalization)
Biological Treatments:
Many discovered by accident. 1920's insulin shock (gave insulin to stimulate appetites of patients, found it calmed them, gave higher dosages until convulsions, then some recovered) too dangerous. Thought that epileptics rarely were schizophrenic (not true) so hypothesized that brain seizures might help cure it. A London doctor tried ECT with a depressed patient, successfully. 1950's first effective drugs for severe psychotic disorders started to be developed in a systematic way. Then tranquilizers to reduce anxiety.

Consequences: Late 19th century
Belief that psychological disorders were due to brain pathology meant we had to wait to discover the diseases and treatments. In the meantime, patients were warehoused. No psychological treatment.

Psychological:
(Moral Therapy, etc.)

Psychoanalytic:
Freud & Breuer (late 1800's) using hypnosis discovered that some parts of the mind seemed to be outside of awareness (Unconscious Mind) and that talking about emotional trauma helped to relieve the tension of it (catharsis).
Based their theories on case observations. Talked through symptoms
Mostly unproven, but has strongly influenced on psychotherapeutic thinking.

Structure: ID, EGO, SUPEREGO
Id- sex (libido) and aggression (thanatos), pleasure principle, primary process (emotional, fantasies) ego-reality principle, cognitive operations of logic, reason, secondary process superego-conscious, moral principles internalized from parents and culture, Intrapyschic conflicts

Defense Mechanisms:
denial, displacement, projection, rationalization, reaction formation, repression, sublimation

Psychosexual stages of development:
oral (0-2), phallic (3-5--Oedipus conflict, castration anxiety; Electra complex, penis envy), latency, and genital, represent patterns of gratifying basic needs and drive for physical pleasure.
Coined term "neurotic disorders" meaning disorders of the nervous system (based in unconscious con)

Later Developments:
Anna Freud-ego psychology, way in which defensive reactions of the ego determine our behavior Abnormal behavior results when ego is deficient in regulating functions such as delaying and controlling impulses, or marshaling defenses appropriately, to deal with strong internal conflicts.

Psychoanalysis:
free association, dream analysis, psychoanalyst, transference, countertransference Classical psychoan. 4-5/week, 2-5 years. Symptom substitution.

Psychodynamic psychotherapy:
unconscious conflicts, identifying traumas, etc., defense mechanisms focus on emotions, exploration of resistance, identification of patterns in actions, thoughts, feelings, experiences, and relationships, emphasis on past experiences, focus on interpersonal experiences, emphasis on therapeutic relationship, exploration of wishes, dreams, fantasies. Much briefer than classical, goal is personality reconstruction, not relieving suffering of psych dis. Freud placed the source for psychological problems within the individual, rather than outside agents.
Review positive contributions of psychoanalysis:
pointed out importance of unconscious influence on behavior
first systematic attempt to use psychotherapeutic methods to treat psychological disorders
emphasized importance of early experience on later personality development and psychology

Jung & Adler were students of Freud who each ultimately felt his approach emphasized the negative "dark" side too much. They each believed that human nature is basically positive, that if it weren't for barriers to growth, people would naturally improve, flourish, and self-actualize.

Mid-20th-century, this way of thinking gave rise to HUMANISM.
Maslow-hierarchy of needs--idea that outside experiences can block our growth, if basic needs aren't met, etc.
Carl Rogers--person-centered therapy--unconditional positive regard--clients will become more straightforward and honest with themselves, if given the chance to growth w/o threat.
Relationships are the single most positive influence in facilitating human growth.

Behavioral:
Pavlov-classical cond., stimulus generalization, UCS, UCR, CS, CR, extinguish by presenting CS alone.
Watson-extreme behaviorism, Little Albert (w/Rosalie Rayner), Mary Cover Jones extinguished fear of furry objects in Peter by counterconditioning

BEHAVIOR THERAPY:
BF Skinner operant conditioning, Thorndike’s Law of Effect (beh. Strengthened or weakened depending on consequences) reinforcement, punishment relatively ineffective in the long run shaping. Classically, behaviorism viewed all beh (including psychopathology) as learned neglected biological component

Integrative Model:
Increasing sophistication of scientific tools and methodology, realization that no one influence occurs in isolation led in 1990's to this multidimensional, integrative model.