

# Abnormal Psychology and Society

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## Course Overview

The purpose of this course is to provide an introduction to mental disorders in adult humans. We will discuss diagnostic issues and methods used to study psychopathology. We will also examine a variety of mental disorders from several different theoretical and treatment perspectives. Focus will be on diagnosis, epidemiology, course of the disorder, etiology, and treatment issues. We will also briefly examine ethical and legal issues pertaining to psychopathology. The goals of the course include greater awareness and knowledge of psychopathology in hopes that we can reduce the suffering and stigma associated with mental disorders.

## Course Assignments

- **Class Attendance and Participation (25%)**
- **Short Papers (three papers at 10% each for a total of 30%)**
- **Long Paper (30%)**
- **Presentation (15%)**

## Course Texts (TENTATIVE)

We will be using a series of primary source materials supplemented with relevant secondary sources. These materials will be available on the course Moodle site. Students also will be responsible for submitting primary source materials to support their final research project and presentation.

Sample readings include:

Corrigan and O'Shaughnessy, 2007. *Changing mental illness stigma as it exists in the real world.*

Corrigan, et al, 2001. *Familiarity With and Social Distance From People Who Have Serious Mental Illness.*

Kealey, 2005. *Variations in the Experience of Schizophrenia: A Cross-Cultural Review.*

Link, et al, 2015. *Understanding the Importance of "Symbolic Interaction Stigma": How Expectations About the Reactions of Others Adds to the Burden of Mental Illness Stigma.*

Corrigan, et al, 2001. *Prejudice, Social Distance, and Familiarity with Mental Illness.*

Aneshensel, 2009. *Toward Explaining Mental Health Disparities.*

Students may wish to purchase a used text book outlining the various disorders and dysfunctions. I will add extra sources to describe and promote discussion on the key disorders we will be covering (schizophrenia spectrum disorders and severe personality disorders).

## Course Schedule

### Session Topic

#### 1 Paradigms and Diagnosis

Scientists and clinicians use different models, or paradigms, to understand and treat abnormal behavior. Treatment approaches used by clinicians correspond to their preferred models. The main models currently used to understand and treat mental disorders are the biological, psychodynamic, behavioral, cognitive, humanistic, existential, and sociocultural models. All models except the sociocultural focus on the interplay of individual biological, genetic, and psychological factors that contribute to abnormal behavior. The sociocultural model focuses outward to the social forces that affect members of society, particularly the family system.

Most clinicians today utilize an eclectic approach, combining treatment techniques from several models. Research into this movement confirms the effectiveness of using combined approaches over a single model applied to all therapeutic situations. Eclecticism recognizes the interplay of many different factors in the development of psychology disorders. Because of this, there is now an emphasis on integrating the models and understanding more about which types of treatment work best for specific disorders.

#### **Legal and Ethical Concerns**

The intersections between the mental health field and the legal and judicial systems are collectively referred to as forensic psychology. Forensic psychologists and other mental health professionals play many key roles in the varied activities in the process of determining the guilt or innocence of a defendant, including evaluating eyewitnesses, testifying in criminal trials or civil suits, and helping police profile dangerous criminals. The legal and judicial systems regulate mental health care and provide for the treatment of criminals and noncriminals who are pose a danger to others. One main responsibility of a forensic psychologist might be determining whether or not people are mentally stable enough to be tried for crimes or be held accountable for their offenses. A variety of legal pleas may be attempted by people who were mentally unstable at the time of their offenses. These include not guilty by reason of insanity, not guilty but mentally ill, guilty with diminished capacity, and irresistible impulse. These conclusions are informed by criteria contained in the M'Naughten rule, the irresistible impulse test, the Durham test, and the American Law Institute test. Each of these provides various perspectives on what constitutes insanity during the commission of a crime and each of these legal tests of sanity has its advantages and disadvantages. The existence of so many decision-making criteria is explained by the fact that dynamic and changing societies often call for changes in the way we assess psychological competence.

People outside of the criminal justice system who are dangerous to themselves or others may be civilly committed for the protection of themselves and the public. The law and mental health fields are intertwined in the regulation of professional conduct of mental health clinicians. States have laws that regulate the training and treatment of clinicians, and psychologists are bound to abide by the American Psychological Association's Code of Ethics. Clinicians often help address psychological problems in the workplace through employee assistance and stress-reduction programs. The growth of managed care has reduced the duration and focus of mental health treatment, making it more difficult for people to get the treatment services they need.

#### 2 Anxiety Disorders

Though it is not uncommon for an individual to feel fear, stress, or 'on edge' from time to time, anxiety disorders represent a very different experience. They are marked by chronic levels of severe, frequent, and disabling fear, worry, or stress that interfere with one's ability to live life in a normal and happy manner. The main anxiety disorders are generalized anxiety disorder, phobias, panic disorder, and obsessive-compulsive disorder. People with generalized anxiety disorder experience high levels of stress and worry in different situations and are often unable to identify the cause of their tension, while those who suffer from a phobia are afraid of a specific object, activity or situation. Panic disorder can cause significant impairment of one's life because of the short bursts of overwhelming anxiety and dread that can come on suddenly and often without any apparent reason. Additionally, panic attacks are often accompanied by serious physical symptoms. Obsessive-compulsive disorder involves obsessions (repeated thoughts, ideas, or impulses that seem to invade a person's consciousness) and/or compulsions (repetitive ritualistic behaviors that prevent or reduce anxiety).

Each model of abnormal behavior has a different perspective on the causes and treatment of anxiety disorders. The cognitive and behavioral models offer explanations that appeal to many clinicians, and these types of therapies, along with certain medications, are the most commonly used treatment modalities for anxiety disorders. Integrating the biological and cognitive perspectives has greatly increased the understanding of the root causes of anxiety disorders, especially panic and obsessive-compulsive disorders. Phobias seem to be best understood and treated from a behavioral perspective, specifically the use of various types of exposure therapy. Future integration of various perspectives may lead to a better understanding of the causes and treatment of generalized anxiety disorder, though the current approaches do focus on psychodynamic, humanistic, and cognitive perspectives.

### **Depression and Bipolar Disorder**

Most people experience normal fluctuations of mood, ranging from extreme happiness and elation to sadness and despair, in response to encounters in everyday life. People with mood disorders, however, experience long-lasting (chronic) disruptions of mood that interfere markedly with normal functioning and can severely impact their relationships with others.

The major mood disorders are major depression and bipolar disorder. A depressive episode is a crippling period of overwhelming sadness during which life seems dark and its challenges overwhelming. The disorder, though categorized as an illness of mood, affects thoughts, perceptions, behaviors and motivation, and physical functioning. An episode of mania, the opposite of a depressive state, is a period of euphoria or frenzied energy, in which sufferers feel like they can take on the world. Those with major depressive disorder experience only depressive episodes, while bipolar disorder is a pattern of vacillating mood states in which depression alternates with mania. Several factors may contribute to depression, including genetic, biochemical, psychodynamic, cognitive, behavioral, and social elements. These various influences can make the source or cause of each depressive episode particularly difficult to identify. Bipolar disorder, on the other hand, seems to be influenced more by biological factors—including neurotransmitter activity, ion activity, brain structures and genetic predisposition—than anything else.

## **3 Schizophrenia Spectrum Disorders**

Schizophrenia is an oft-misunderstood disorder in which personal, social, and occupational functions deteriorate as a result of disturbed thought processes, language disturbances, distorted perceptions, unusual emotions, and motor abnormalities. Despite common misconception, it is entirely unrelated to dissociative personality disorder (multiple or “split” personalities). The primary feature of schizophrenia is psychosis, which describes a loss of contact with reality. The symptoms of schizophrenia fall into three categories: positive, negative, and psychomotor, and usually appear in late adolescence or early adulthood. The DSM identifies five patterns of schizophrenia: disorganized, catatonic, paranoid, undifferentiated, and residual. As with most psychological disorders, there are biological, psychological, and sociocultural explanations for schizophrenia. While biological explanations have the most empirical support and have been backed by the results of twin and adoption studies, most clinicians agree that schizophrenia can probably be traced to a combination of factors. The diathesis-stress theory holds that people with a biological predisposition will develop schizophrenia only if certain kinds of events or stressors are also present.

### **Personality Disorders**

A personality disorder is an inflexible pattern of inner experience and outward behavior that differs markedly from society’s expectations of people. The rigid traits of people with personality disorders often lead to psychological pain and social or occupational difficulties, and may bring pain to others. DSM-IV-TR identifies 10 personality disorders, which are diagnosed on Axis II of a multiaxial diagnostic system, and separates them into three clusters: odd/eccentric (paranoid, schizoid, and schizotypal personality disorders), dramatic (antisocial, borderline, histrionic, and narcissistic personality disorders), and anxious (avoidant, dependent, and obsessive-compulsive personality disorders). The current diagnostic categories have been called into question due to questionable validity and reliability as well as the overlap of symptoms from one personality disorder to the next. In addition, previous versions of the DSM have had other Axis II diagnoses that have been removed from the current edition, and others are under review for future inclusion.

A variety of treatment strategies are attempted with all of these personality disorders and responsiveness to treatment ranges from poor to modest. One of the most important questions about personality disorders that remains to be

definitively answered is how people develop these maladaptive patterns of thinking and behaving. There is a current emphasis on looking for biological causes for personality disorders, while psychodynamic and behavioral causes have also received quite a bit of attention. Future investigations will focus on searching for the interactions between biological and genetic factors and psychological causes. At the present time, few sociocultural factors have been given as explanations for personality disorders.

#### **4 - 5     Student Presentations**