Abnormal Psychology and Life 3rd edition Kearney Solutions Manual

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Chapter 2: Perspectives on Abnormal Psychology

Learning Objectives

- Understand the model concept and how it applies to abnormal psychology.
- Understand the biological model of abnormal psychology, including genetics, nervous systems and neurons, the brain, and biological assessment and treatment.
- Understand the psychodynamic model of abnormal psychology, including the Freudian model and psychodynamic assessment and treatment.
- Understand the humanistic model of abnormal psychology, including the theories of Maslow, Rogers, and May as well as humanistic assessment and treatment.
- Understand the cognitive-behavioral model of abnormal psychology, including learning and cognitive principles and cognitive-behavioral assessment and treatment.
- Understand the sociocultural model of abnormal psychology, including the effects of culture, gender, neighborhoods and communities, and family as well as sociocultural assessment and treatment.

Key Terms

avoidance conditioning
basal ganglia
behavior genetics
behavioral perspective
biological model
central nervous system
cerebral cortex
classical conditioning
client-centered therapy
cognitive distortions
cognitive perspective
cognitive schemas
cognitive-behavioral therapy
cognitive restructuring
conditional positive regard
competency to stand trial
criminal commitment
cultural syndromes
culture
defense mechanisms
dream analysis

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ego
ethnicity
exposure treatment
expressed emotion
family systems perspective
fixation
free association
frontal lobe
functional analysis
genotype
humanistic model
hypothalamus
id
insight
interpretation
latent content
limbic system
manifest content
modeling
models
molecular genetics
negative reinforcement
neurons
neurotransmitters
occipital lobe
operant conditioning
parietal lobe
peripheral nervous system
perspective
phenomenological approach
phenotype
pleasure principle
positive reinforcement
primary process
projection
projective hypothesis
psychic determinism
psychodynamic model
psychosexual stages of development
race
rational restructuring
reaction formation
reality principle
regression
repression
reuptake

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secondary process
self-actualization
sociocultural perspective
superego
synapse
syndromes
systematic desensitization
temporal lobe
thalamus
token economy
transference
unconditional positive regard
unconscious motivation

Outline

Case: Mariella

Introduction

Perspectives or models are systematic ways of viewing and explaining what we see in the world.

The biological model focuses on genetics, neurotransmitters, and brain function.

The psychodynamic model focuses on internal personality characteristics.

The humanistic model focuses on personal growth, choice, and responsibility.

The cognitive-behavioral model focuses on specific thoughts and learning experiences.

The sociocultural model focuses on external environmental events and includes the family systems perspective.

The Biological Model

The biological model rests on the assumption that mental states, emotions, and behaviors arise from brain function and other physical processes. The biological model of mental disorder, including the use of medications, is supported by scientific research that links genetics, neurochemistry, and brain changes to various psychological problems.

The biological model of mental disorder was pioneered by Emil Kraepelin (1856–1926), who noticed various syndromes or clusters of symptoms in people. Mariella (from the case study) had a cluster of symptoms that included concentration problems, oversleeping, sadness, and weight loss.

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Genes are the smallest units of inheritance that carry information about how a person will appear and behave. Genes carry information about hair and eye color, weight, height, and vulnerability to diseases such as lung cancer or mental disorders such as depression.

A person's genetic composition is known as a genotype and is fixed at birth. Genotypes produce characteristics such as eye color that do not change over time. The observable characteristics of a person are known as a phenotype and can change over time. Observable characteristics can include intelligence as well as symptoms of mental disorder such as difficulty concentrating.

Scientists are interested in knowing which genetic and environmental influences impact the development of emotions, cognitions, and behavior (behavioral genetics). Behavioral geneticists are interested in the degree to which a mental disorder is determined by genetics.

Researchers in the field of molecular genetics analyze deoxyribonucleic acid (DNA)—the molecular basis of genes—to identify associations between specific genes and mental disorders.

Nervous Systems and Neurons

The central nervous system includes the brain and spinal cord and is responsible for processing information from our sensory organs, such as eyes and ears, and prompting our body into action. The peripheral nervous system helps control muscles and voluntary movement, regulate the cardiovascular and endocrine (hormone) systems, assist with digestion, and adjust body temperature.

The nervous system consists of billions of neurons (nerve cells) that have four major components: cell body, dendrites, one or more axons, and terminal buttons.

A small gap called the synapse exists between neurons. Neurons communicate with each other using neurotransmitters, or chemical messengers that allow information to cross the synapse. Not all neurotransmitters released into the synapse are used, so an unused neurotransmitter is reabsorbed and recycled in a process called reuptake.

Brain

The brain comprises 140 billion neurons. The right hemisphere of the brain controls movement on the left side of the body, influences spatial relations and patterns, and impacts emotion and intuition. The left hemisphere controls movement on the right side of the body, influences analytical thinking, and impacts grammar and vocabulary. The two hemispheres communicate with each other. The cerebral cortex covers much of each hemisphere and is largely

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responsible for consciousness, memory, attention, and other higher-order areas of human function. The brain is divided into four main lobes. The frontal lobe is in the front portion of the brain and controls functions such as movement, planning and organization, inhibiting behavior or responses, and decision making. The parietal lobe is behind the frontal lobe and is associated with touch. The temporal lobe is at the base of the brain and is associated with hearing and memory. The occipital lobe is behind the parietal and temporal lobes and is associated with vision.

The brain may also be organized along the forebrain, midbrain, and hindbrain. The limbic system regulates emotions and impulses and controls thirst, sex, and aggression.

Biological Assessment and Treatment

Biologically oriented health professionals often use assessment methods to obtain images of the brain's structure and functions. Magnetic resonance imaging (MRI) provides high-quality brain images to reveal tumors, blood clots, and other structural abnormalities. (Chapter 4 covers other brain imaging methods.) Psychiatric medications are commonly used to treat mental disorders by affecting neurotransmitter systems.

Evaluating the Biological Model

The biological model is respected because genetics, neurotransmitters, and brain areas clearly influence many mental disorders. Findings from this model have helped increase knowledge about which genes are inherited, how neurotransmitter effects and medications can help treat mental disorder, and how brain changes over time lead to abnormal behavior.

The biological perspective also has some limitations. First, biological factors do not provide a full account of any form of mental disorder. Some disorders have substantial genetic contributions, such as schizophrenia or bipolar disorder, but environmental or nonbiological factors are clearly influential as well. An exclusive focus on biological factors would also omit crucial information about cultural, family, stress, and other factors. Second, we do not yet know exactly how biological factors cause mental disorder. We can only say biological changes appear to be significant risk factors for mental disorder.

The Psychodynamic Model

The biological model focuses on internal physical structures related to mental disorder. The psychodynamic model also focuses on internal structures, but on mental rather than physical structures. The psychodynamic model comes from Freudian theory, which assumes that mental states and behaviors arise from motives and conflicts within a

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person. The term intrapsychic refers to psychological dynamics that occur within a person's mind, so this term is often used to describe the psychodynamic model.

Several basic principles comprise the psychodynamic perspective. One basic principle is that childhood experiences shape adult personality. A second key principle is that causes and purposes of human behavior are not always obvious and are partly unconscious. Unconscious refers to the part of the mind where mental activity occurs but of which a person is unaware. The goal of psychodynamic therapy is thus to make the unconscious more conscious. A third key principle of the psychodynamic perspective is that people use defense mechanisms to control anxiety or stress. Defense mechanisms are strategies to cope with anxiety or stressors, such as conflict with others. A fourth key principle is that everything we do has meaning and purpose and is goal-directed (psychic determinism).

Brief Overview of the Psychodynamic Model

Structure of the Mind

A major component of the psychodynamic model of personality and mental disorders is the structure of the mind. Freud and other psychodynamic theorists believe the mind (and hence personality) consists of three basic structures in our unconscious. The id is the portion of the personality that is present at birth. The purpose of the id is to seek immediate gratification and discharge tension as soon as possible (pleasure principle). The id uses a primary process form of thinking if gratification is not immediate; this involves manufacturing a fantasy or mental image of whatever lessens tension. The ego is an organized, rational system that uses higher-order thinking processes to obtain gratification. The ego is the executive of the personality and operates along the reality principle, or the need to delay gratification of impulses to meet environmental demands. The ego uses secondary process that involve learning, perception, memory, planning, judgment, and other higher-order thinking processes to plan workable strategies. The third component of the personality is the superego, which is essentially one's sense of right and wrong. Punished behavior becomes part of one's conscience and rewarded behavior becomes a part of one's ego ideal. The role of the superego is to block unacceptable id impulses, pressure the ego to pursue morality rather than expediency, and encourage the individual to strive toward perfection.

Freud's Psychosexual Stages

Freud proposed that each person progresses through psychosexual stages of development. These stages occur early in life and are marked by erogenous zones, or areas of the body through which hedonistic id impulses are expressed. Severe difficulties experienced by a child at a

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psychosexual stage may be expressed later in life as symptoms of mental disorders. These difficulties are marked by excessive frustration or overindulgence at a psychosexual stage and can result in fixation or delayed psychosexual development.

Defense Mechanisms

The ego experiences anxiety when the id urges it to seek impulsive gratification or when the superego imposes shame and guilt. The ego may use defense mechanisms, which are unconscious mental processes to fend off conflict or anxiety. A table in the textbook lists defense mechanisms, which include the following.

Repression: banishing from consciousness threatening feelings, thoughts, or impulses.

Regression: returning to a stage that previously gave a person much gratification.

Reaction formation: an unconscious impulse consciously expressed by its behavioral opposite.

Projection: unconscious feelings attributed to another person.

Psychodynamic Assessment and Treatment

A psychodynamic mental health professional often assesses unconscious motivations and conflicts using projective techniques. Projective techniques are based on the projective hypothesis, or an assumption that people project unconscious needs and conflicts onto ambiguous stimuli, such as inkblots. Psychodynamic theorists also use other techniques to access unconscious material. Free association refers to asking a client to say whatever comes to mind during a session without exercising censorship or restraint. A related technique is dream analysis. Dreams are thought to reveal unconscious material because ego defenses are lower during sleep. The manifest content of a dream is what actually happens during the dream. The latent content of a dream is its symbolic or unconscious meaning.

A key goal of psychodynamic treatment is to help clients gain insight into current problems. Insight means understanding the unconscious determinants of irrational feelings, thoughts, or behaviors that create problems or distress.

Evaluating the Psychodynamic Model

The most influential principle of the psychodynamic perspective may be that childhood experiences greatly affect adult function. The psychodynamic theory

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of defense mechanisms also makes intuitive sense. A strict view of the psychodynamic perspective does reveal some limitations. Perhaps the biggest weakness is that little empirical support exists for many of the major propositions and techniques of the perspective. Psychodynamic theory has lost much of its broad, mainstream appeal, but a short-term therapy approach based on the theory remains popular among some mental health professionals.

The Humanistic Model

This group of theorists emphasize human growth, choice, and responsibility and adopt a humanistic model of psychology and abnormal behavior. A main assumption of the humanistic model is that people are naturally good and strive for personal growth and fulfillment. Humanistic theorists adopt a phenomenological approach, or an assumption that people's behavior is determined by the perceptions of themselves and others.

Abraham Maslow

Abraham Maslow believed humans have basic and higher-order needs they strive to satisfy during their lifetime. The most basic needs are physiological and include air, food, water, sex, sleep, and other factors that promote homeostasis, or maintenance of the body's internal environment. Safety needs include shelter, basic health, employment, and family and financial security. Love and belongingness needs include intimacy with others and close friendships, including a strong social support network. Esteem needs include confidence in oneself, self-esteem, achievement at work or another important area, and respect from others. The highest level of need is self-actualization, defined as striving to be the best one can be.

Carl Rogers

Rogers also believed humans strive for self-actualization and that frustration toward this goal could lead to mental problems such as depression. Rogers believed people raised in the right environment could work toward self-actualization and a strong self concept where they feel differentiated from others in a positive way. Conditional positive regard refers to an environment where others set the conditions or standards for one's life. Unconditional positive regard refers to an environment in which people are fully accepted as they are and allowed to pursue their own desires and goals.

Rogers developed client-centered therapy that relies heavily on unconditional positive regard and empathy. Client-centered therapists believe many mental problems result from other-centeredness, or oversensitivity to the demands, criticisms, and judgments of others.

Rollo May

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Rollo May's existential psychology is heavily based on the concept of authenticity, or how closely one adheres to one's personality. Existential theorists believe people are alone in the world and may therefore develop a sense of meaninglessness.

Humanistic Assessment and Treatment

Humanistic theorists believe in a qualitative model of assessment, or a focus on an individual's unique characteristics that include general questions about one's perceptions of the world. Treatment from a humanistic perspective is nondirective, meaning the therapist does not adopt a paternalistic or commanding role in therapy.

Evaluating the Humanistic Model

The humanistic model has several strengths. It is optimistic and tied to contemporary positive psychology, which refers to the study of what factors allow people to thrive in their environments. The humanistic model also emphasizes responsibility. Rogers' client-centered approach has also contributed greatly to the way therapists approach their clients in session.

The humanistic approach has several limitations as well. The theory is generally unscientific and largely lacks empirical support.

The Cognitive-Behavioral Model

The behavioral perspective focuses on external acts, and the cognitive perspective focuses on internal thoughts. Many mental health professionals now combine these perspectives into a singular cognitive-behavioral model.

Behavioral Perspective

The behavioral perspective focuses on environmental stimuli and behavioral responses—variables that can be directly observed and measured. The behavioral perspective assumes that all behavior—normal or abnormal—is learned.

Learning Principles

Classic conditioning, initially studied by Ivan Pavlov, essentially refers to learning by association. Classic conditioning theory also suggests that problems such as anxiety disorders might develop because classic conditioning once took place. Operant conditioning is based on the principle that behavior followed by positive or pleasurable consequences will likely be repeated, but behavior followed by negative consequences such as punishment will not likely be repeated.

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Cognitive Perspective

The cognitive perspective arose from the behavioral perspective because people often behave in ways that have little to do with reinforcement. The cognitive perspective suggests that emotions and behavior are influenced by how we perceive and think about our present and past experiences.

Cognitive Principles

Each of us actively processes and interprets our experiences. Such processing and interpretation is influenced by cognitive schemas, or beliefs or expectations that represent a network. Cognitive distortions refer to irrational, inaccurate thoughts people have about environmental events. Cognitive distortions often come in the form of arbitrary inference, which means reaching a conclusion based on little evidence. Another common cognitive distortion is personalization, or erroneously blaming oneself for events. Cognitive distortions are common to many mental disorders such as anxiety, depressive, eating, and sexual disorders.

A Cognitive-Behavioral Model

Contemporary psychologists have generally combined behavioral and cognitive approaches into a cognitive-behavioral model. This model rests on the assumption that learning principles and cognitions interact to influence a person's behavior. This assumption is evident when considering modeling, which refers to learning by observing and imitating others. Contemporary models of mental disorders often include a combination of learning principles and cognitive influences such as expectancies and motivations.

Cognitive-Behavioral Assessment and Treatment

Many mental health professionals today endorse a cognitive-behavioral orientation that recognizes the importance of classic and operant conditioning as well as cognitive theories of mental disorders. Cognitive-behavioral therapy refers to a large collection of treatment techniques designed to change patterns of thinking that contribute to a person's problems. A key assessment approach within the cognitive-behavioral perspective is functional analysis, which refers to evaluating antecedents and consequences of behavior, or what preceded and followed certain behaviors.

Albert Ellis proposed another major cognitive-behavioral therapy approach that is commonly referred to as rational restructuring.

Systematic desensitization is an approach used to treat anxiety-related concerns. A client is first taught to relax, typically via progressive muscle relaxation techniques. The therapist and client then construct a hierarchy of situations or objects related to the feared stimulus. Items at the bottom of the hierarchy arouse

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anxiety at low levels; for a person afraid of dogs, for example, this might involve watching a dog in a film. More anxiety-provoking items are introduced further along the hierarchy. Contact with the actual feared situation, such as petting a dog, is at the top of the hierarchy. A key element of systematic desensitization is exposure treatment, which involves directly confronting a feared stimulus. This can be done gradually. In the case of flooding, the client does not relax in advance but is instead exposed immediately to a feared stimulus.

A token economy is a reinforcement system for certain behaviors in which tokens or points are given for positive behaviors and exchanged later for tangible rewards.

Evaluating the Cognitive-Behavioral Model

A combined cognitive-behavioral model is among the most influential for conceptualizing the development and maintenance of problematic behavior.

Limitations of the cognitive-behavioral model should be noted, however. Most problematic might be the model's concept of how mental disorders first develop. Many cognitive behavior theorists reduce complex behaviors such as depression to simple learning history or cognitive schemas, but this does not seem plausible.

The Sociocultural Model

A core assumption of the sociocultural perspective is that outside influences play a major role in creating a person's psychological problems. The sociocultural perspective focuses on influences that social institutions and other people have on a person's mental health.

Culture

Culture refers to the unique behavior and lifestyle shared by a group of people. Culture is not the same as ethnicity, which refers to clusters of people who share cultural traits and who use those traits to distinguish themselves from others. Culture also differs from race, which refers to a category typically based on physical characteristics. Culturally shared beliefs and ideas can lead to particular forms of stress that, in turn, lead to specific forms of problems called cultural syndromes.

Gender

Mental disorders afflict men and women, but some problems seem more common in one gender than the other. Men are more likely to have antisocial personality and substance use disorders, and women are more likely to have anxiety and depressive disorders. Gender identity refers to one's awareness of being male or female or perceived degree of masculinity or femininity.

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Neighborhoods and Communities

Another influence on our mental well-being is our surrounding neighborhoods and communities. Neighborhoods with high rates of poverty, turnover among residents, and families headed by females and single parents often have high rates of juvenile delinquency and childhood maltreatment.

Family

A family systems perspective assumes each family has its own rules and organizational structure, or hierarchy of authority and decision making.

Problematic Family Relationships

Dysfunctional families experience problems and distress because the structure and rules are not optimal. Inflexible families are overly rigid and do not adapt well to changes within or outside the family. Enmeshed families are characterized by family members who are overly involved in the private lives of other family members—everything is everyone's business. Disengaged families are characterized by family members who operate independently of one another with little parental supervision. Families can also be characterized by triangular relationships, or situations where parents avoid talking to each other or addressing marital conflicts by keeping their children involved in all conversations and activities.

Problematic Family Environment

Family environment refers to features or dimensions of family function. One feature of a family environment is a family affect, or the degree to which a family is cohesive, organized, and free of conflict. Another feature is family activity, or the degree to which families engage in cultural, recreational, and religious activities together. Family control is the degree to which a family is rigid or flexible when adapting to new situations or challenges. Expressed emotion is the degree to which family interactions are marked by emotional over involvement, hostility, and criticism.

Sociocultural Assessment and Treatment

Socioculturalists believe psychological problems largely develop because of the impact of social institutions and other people. Clinicians should thus conduct a thorough assessment of an individual's culture.

Evaluating the Sociocultural Model

The sociocultural perspective highlights the importance of social influences on emotions, cognitions, and behaviors. The sociocultural perspective also provides a

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good understanding of the different sources of stress that impact a person and how that person copes with stress. The sociocultural perspective also emphasizes the critical role family members have in influencing mental health. One limitation of the sociocultural model is that evidence linking social, cultural, or environmental factors to mental health is largely correlational.

Biopsychosocial Model

A biopsychosocial model stipulates that mental disorder can be attributed to many variables, including biological (such as genetic or brain changes), psychological (thought and emotional changes), and social (family and societal).

Box 2.1 | Focus on Violence: A More Complex Approach

Box 2.2 | Focus on Law and Ethics: Dangerousness and Commitment

Box 2.3 | Focus on Gender: A More Complex Approach

Classroom Activities and Demonstrations

- Conduct a classroom discussion about Mariella, the young woman presented in the chapter who was struggling at college and displayed symptoms of depression. Ask students to outline what adjustment difficulties they commonly encounter at college and, as appropriate, to outline where on a continuum their struggles may fall.

- Discuss the concept of defense mechanisms and ask students which, if any, they have used in their life and how.

- The textbook illustrates a discussion between a humanistic therapist and a client. Ask students to serve as a model "client" and ask a series of questions that are based on each model of abnormal behavior covered in Chapter 2.

- Discuss common parenting strategies with students and how these strategies fall into positive and negative reinforcement categories. Discuss the issue of punishing a child for misbehavior and the pros and cons associated with this, with an eye toward various learning principles.

- Discuss the concept of cognitive distortions and ask students to provide examples based on their own thoughts or expressions from others.

- Discuss the concept of culture and family by providing an example behavior and how cultural and familial influences may apply.

- Students enjoy talking about the differences between men and women, so ask what their preconceptions are about men and women and abnormal behavior.

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Provide early feedback about which preconceptions are accurate and which are not.

- Discuss the benefits and pitfalls of marital therapy and group therapy.
- Ask students to describe their dreams and their manifest and possible latent contents.
- See the handout below and divide the class into multiple groups.
- Discuss the 1973 article, "Mental Illness in Social Context: Being Sane in Insane Places," in which sociologist David Rosenhan sought to examine how difficult it would be for people to shed the "mentally ill" label. He was particularly interested in how psychiatric hospital staff process information about patients. Use this study and others like it to discuss the role of context in influencing interpretations of abnormal behavior. Also ask students if they can identify with other behaviors that would have been misinterpreted in this situation.

Suggested readings

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall. This book is a must read.

Beck, A. T., & Clark, D. A. (1988). Anxiety and depression: An information processing perspective. *Anxiety Research*, 1, 23–36.

Blatt, S. J., & Lerner, H. (1991). Psychodynamic perspectives on personality theory. In M. Hersen, A. E. Kazdin, & A. S. Bellack (Eds.) *The clinical psychology handbook* (2nd ed., pp. 147–169). New York: Pergamon.

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Martin, L., Nelson, K., & Tobach, E. (2008). *Sociocultural psychology: Theory and practice of doing and knowing*. New York: Cambridge University Press.

Rosenhan, D. (1973). On being sane in insane places. *Science*, 179, 250–258. p. 253

Sacks, O. (1985). *The man who mistook his wife for a hat and other clinical tales*. New York: Summit Books.

Storr, A. (2001). *Freud: A very short introduction*. New York: Oxford.

Weiner, I. B. (2003). *Handbook of psychology* (Vol. 3: Clinical psychology). New York: Wiley.

Videos

Deficits of mind and brain. (McDonnell Summer Institute of Cognitive Neuroscience, Eugene, Oregon; available through your International Cengage Learning representative). Part one of this videotape provides an overview of neuroimaging techniques and the neuropsychology of cognitive impairments (particularly neglect syndrome) that result from strokes. Part two provides a neuropsychological view of schizophrenia. (60 min)

Discovering psychology: The responsive brain. (Annenburg/CPB Collection). Examines the interaction of the brain, behavior, and the environment. It also shows how brain structure and function are influenced by behavioral and environmental factors. (30 min)

Episode one: Reality check. (*This American Life*, Showtime; available online at http://www.thisamericanlife.org/TV_Episode.aspx?episode=1). This first episode of the *This American Life* television show features the story of "Second Chance," a cloned bull version of a beloved pet. It demonstrates that despite identical genetics to its predecessor, behavioral differences exist. (29 min)

Inside information: The brain and how it works. (Films for the Humanities and Sciences: P.O. Box 2053, Princeton, NJ 08543-2053/ 800-257-5126). This videotape describes how the many areas of the brain function and includes interviews with researchers in the field of neuroscience. (58 min)

Mental health: The individual and society. (Films for the Humanities and Sciences: P.O. Box 2053, Princeton, NJ 08543-2053/ 800-257-5126).

The brain, mind, and behavior. (PBS Video Catalog, 1-800-344-3337). This series focuses on the nature and function of the human brain, consciousness, and the effects of the brain and hormones on behavior. (8 parts, 60 min each)

The enchanted loom: Processing sensory information. (Films for the Humanities and Sciences: P.O. Box 2053, Princeton, NJ 08543-2053/ 800-257-5126). Discusses how the

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brain is capable of sorting through vast sensory information and interpreting it on the basis of past experience and expectations. (60 min)

The human brain. (Insight Media: 2162 Broadway, New York, NY 10024/ 800-233-9910). Investigators discuss how the brain's abilities can be enhanced through the proper environment. Also presents the case of a man who improves his condition after a serious brain injury. (25 min)

The mind. (PBS Video Catalog, 800-344-3337). This PBS series focuses on mental development in the context of normal and abnormal development.

Websites

Albert Bandura
http://www.ship.edu/~cgboeree/bandura.html

This webpage is devoted to the man who discovered observational learning and modeling therapy.

Biochemistry of Neurotransmitters
http://themedicalbiochemistrypage.org/

This site describes the nature and function of several neurotransmitters.

History of Neuroscience
http://faculty.washington.edu/chudler/hist.html

Some of the most important events that occurred in neuroscience and psychology in chronological order, dating back to 4000 B.C., are listed here.

Neuropsychology Central
http://www.neuropsychologycentral.com/index.html

This webpage links to online sources on neuropsychological assessment, treatments, software, and newsgroups, just to name a few.

The Whole Brain Atlas
http://www.med.harvard.edu/AANLIB/home.html

An excellent site reviewing the structure and function of the human brain.

APA
http://www.apa.org

American Psychoanalytic Association

http://www.apsa.org

Handout

Consider the following case in six separate groups. Jackson is a 21-year-old male who is having great difficulty adjusting to college and has recently broken up with his girlfriend. He has skipped a few classes lately, has been drinking more, and has stopped socializing with friends. Jackson is sad and lethargic and has thought about suicide.

Group 1: Consider Jackson's problem from a biological perspective. What biological factors might explain his behavior? Discuss your answer within the context of genetic influences, brain changes, neurochemical conditions, and other biological factors. How might you treat Jackson's condition utilizing this perspective?

Group 2: Consider Jackson's problem from a psychodynamic perspective. What psychodynamic factors might explain his behavior? Discuss your answer within the context of defense mechanisms, childhood influences, and psychodynamic structures of the mind. How might you treat Jackson's condition utilizing this perspective?

Group 3: Consider Jackson's problem from a humanistic perspective. What humanistic factors might explain his behavior? Discuss your answer within the context of needs, self-actualization, other-centeredness, and other humanistic factors. How might you treat Jackson's condition utilizing this perspective?

Group 4: Consider Jackson's problem from a cognitive-behavioral perspective. What cognitive-behavioral factors might explain his behavior? Discuss your answer within the context of learning experiences, cognitive distortions, and other cognitive-behavioral factors. How might you treat Jackson's condition utilizing this perspective?

Group 5: Consider Jackson's problem from a sociocultural perspective. What sociocultural factors might explain his behavior? Discuss your answer within the context

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of culture, gender, family, and community and other sociocultural factors. How might you treat Jackson's condition utilizing this perspective?

Group 6: How might Jackson's condition be seen and treated using all perspectives?

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02

Perspectives on Abnormal Psychology

The Biological Model

The Psychodynamic Model

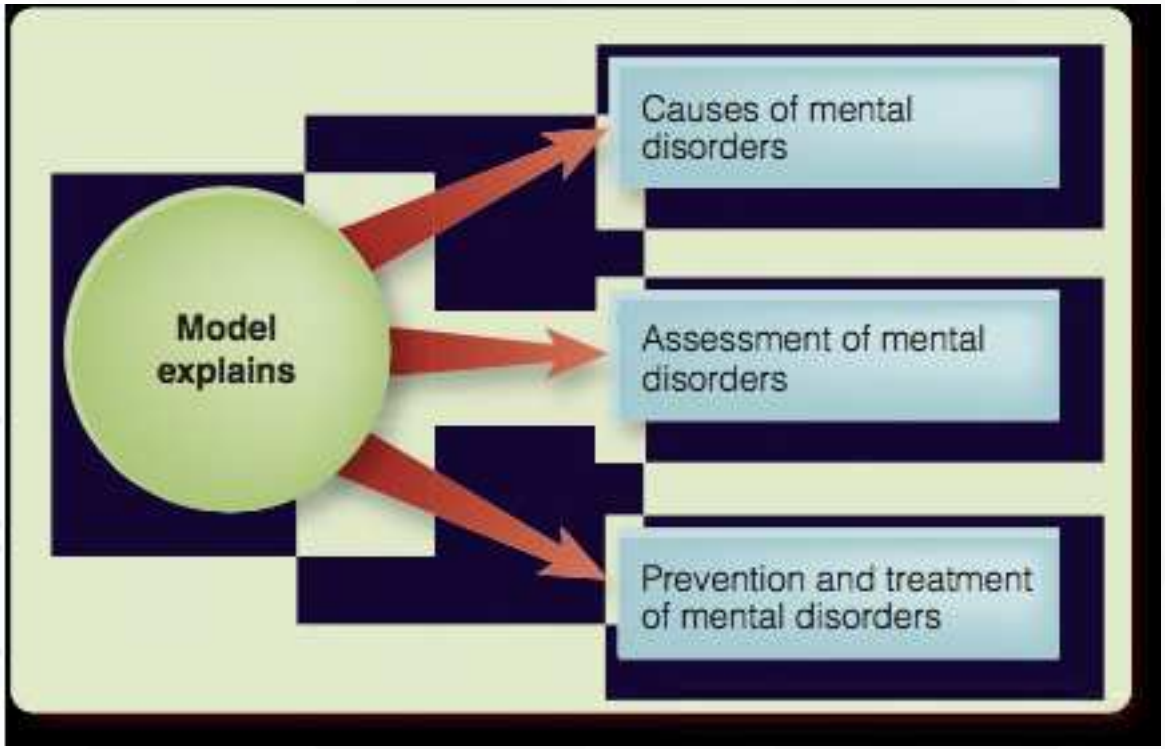
The Humanistic Model

The Cognitive-Behavioral Model

The Sociocultural Model

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Introduction

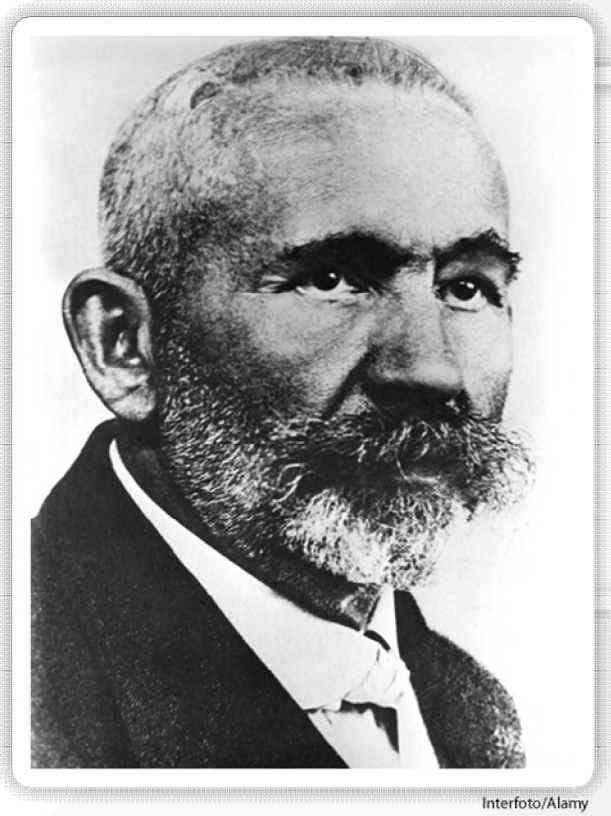


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02 Chapter

The Biological Model

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15



Interfoto/Alamy

Emil Kraepelin

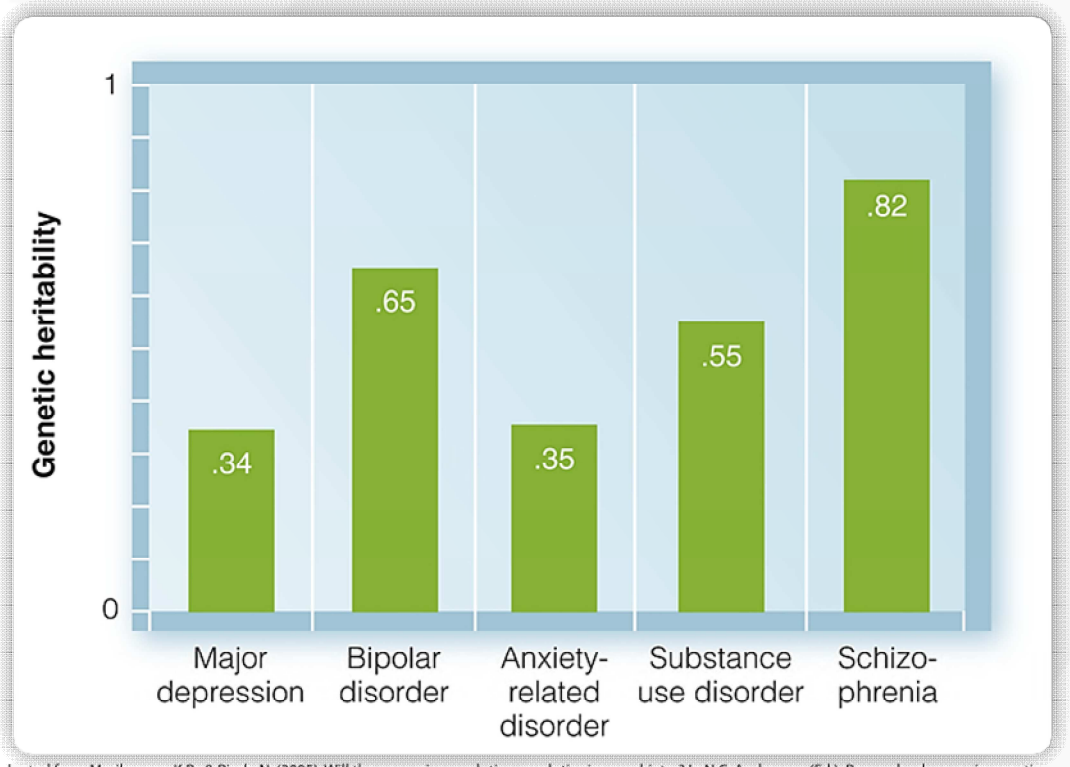
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Genetics

- Genotype
  - Produce characteristics such as eye color that do not change over time
- Phenotype
  - Observable characteristic of a person that *can* change over time

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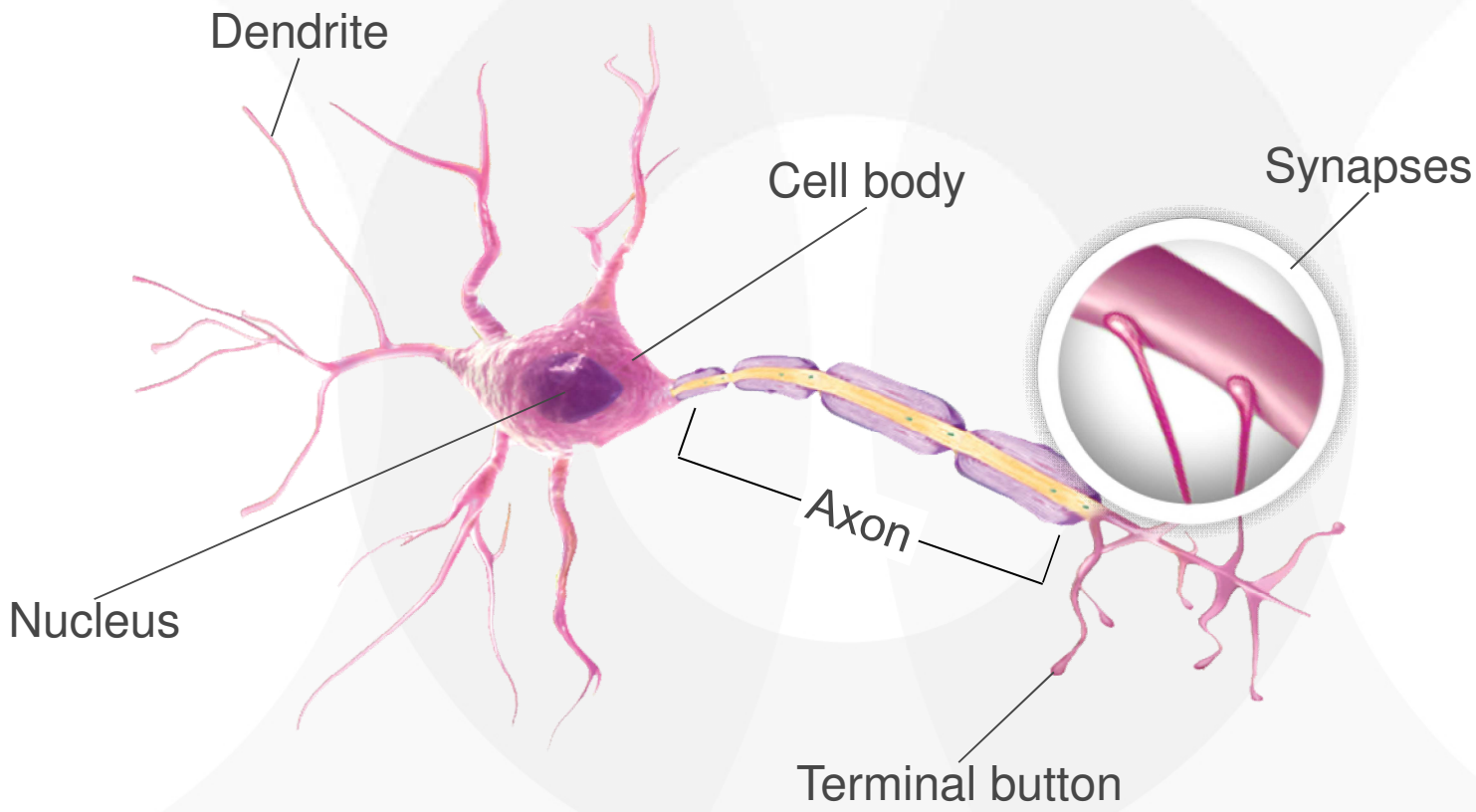
Heritability of Major Mental Disorders



Adapted from Merikangas, K.R., & Risch, N. (2005). Will the genomics revolution revolutionize psychiatry? In N.C. Andreasen (Ed.), Research advances in genetics and genomics: Implications for psychiatry (pp. 37–61). Washington, DC: American Psychiatric Publishing; Kendler, K.S., Chen, X., Dick, D., Maes, H., Gillespie, N., Neale, M.C., & Riley, B. (2012). Recent advances in the genetic epidemiology and molecular genetics of substance use disorders. Nature Neuroscience, 15, 181-189.

02 Chapter

Nervous Systems and Neurons



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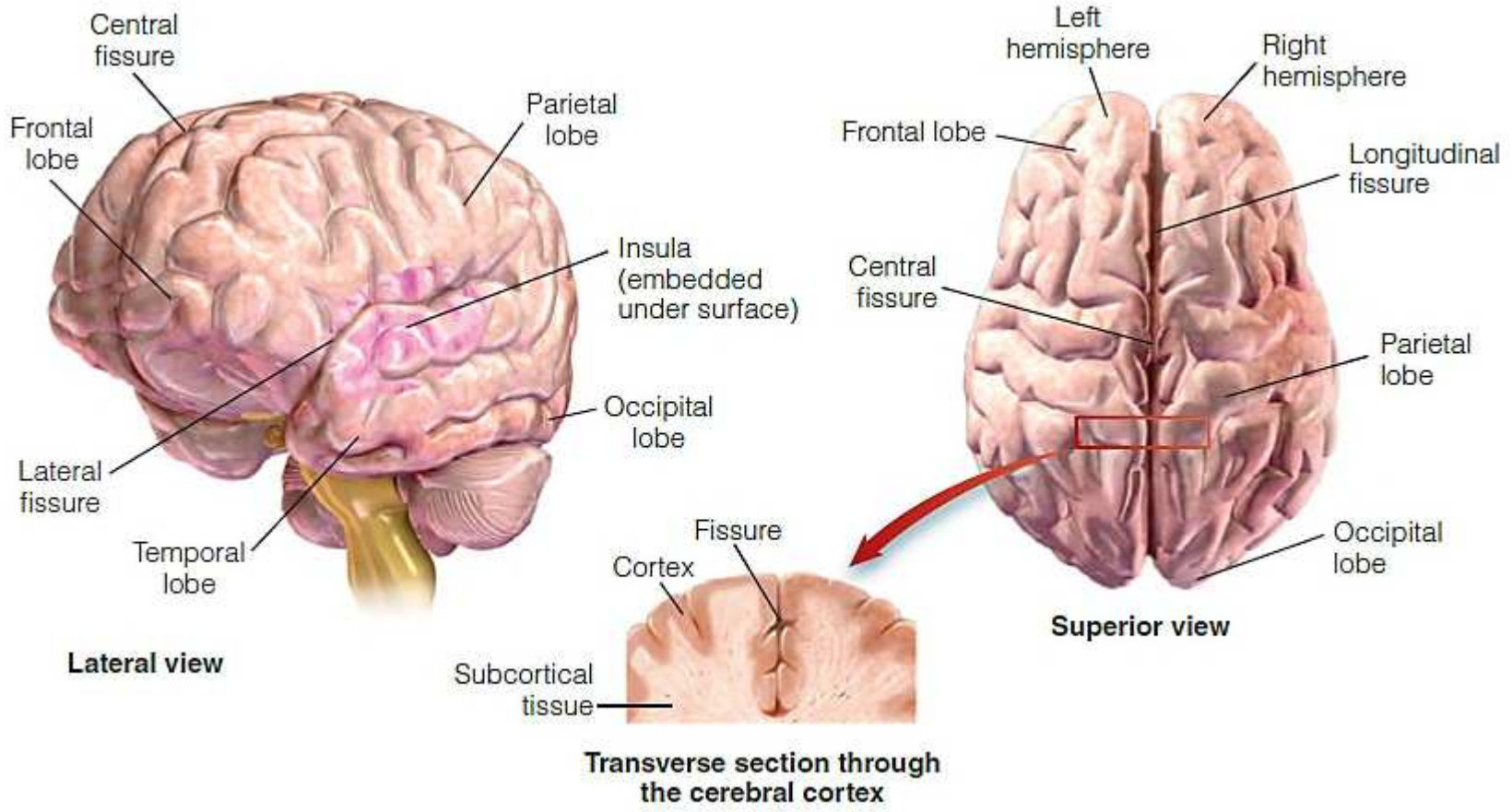
Neurotransmitters

Neurotransmitter System	Functions
Serotonin	Processing of information; regulation of mood, behavior, and thought processes
Norepinephrine	Regulation of arousal, mood, behavior, and sleep
Dopamine	Influences novelty-seeking, sociability, pleasure, motivation, coordination, and motor movement
Gamma Aminobutyric Acid (GABA)	Regulation of mood, especially anxiety, arousal, and behavior
Acetylcholine	Important in motor behavior, arousal, reward, attention, learning, and behavior
Glutamate	Influences learning and memory

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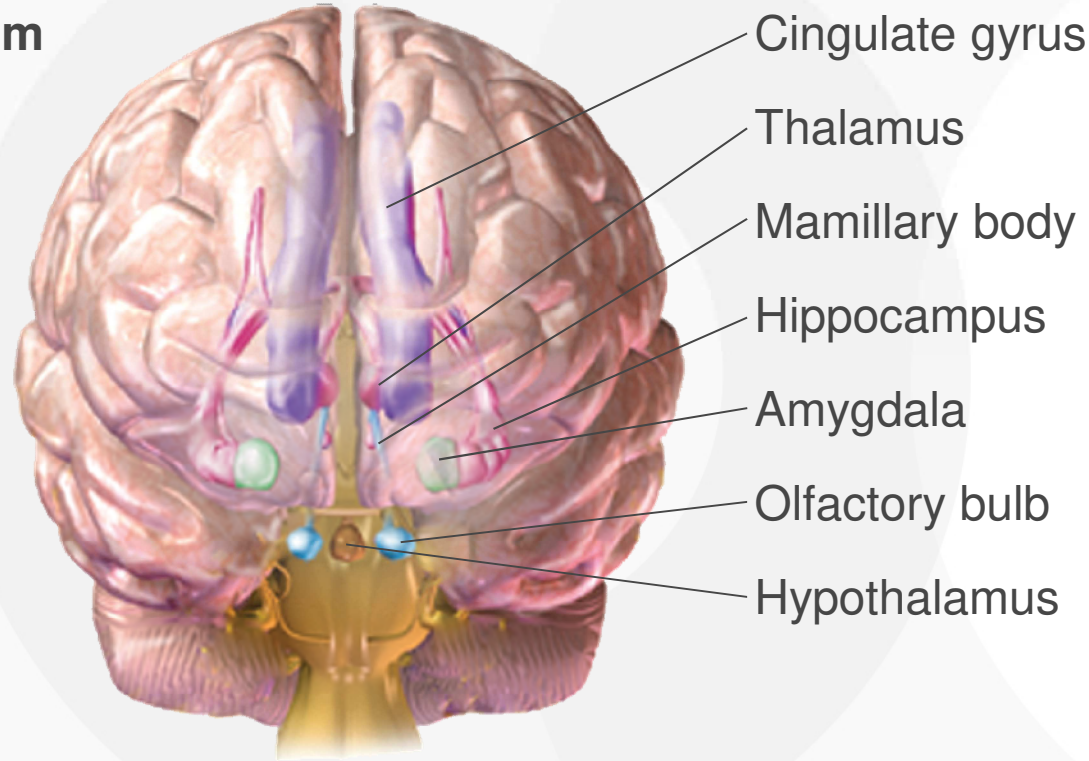
02 The Brain

Chapter 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15



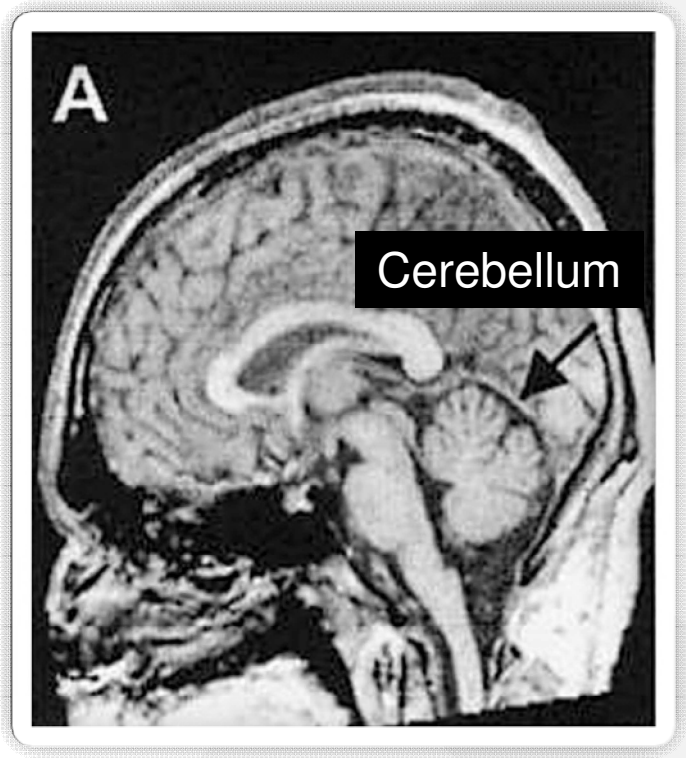
The Brain (cont'd.)

Limbic system

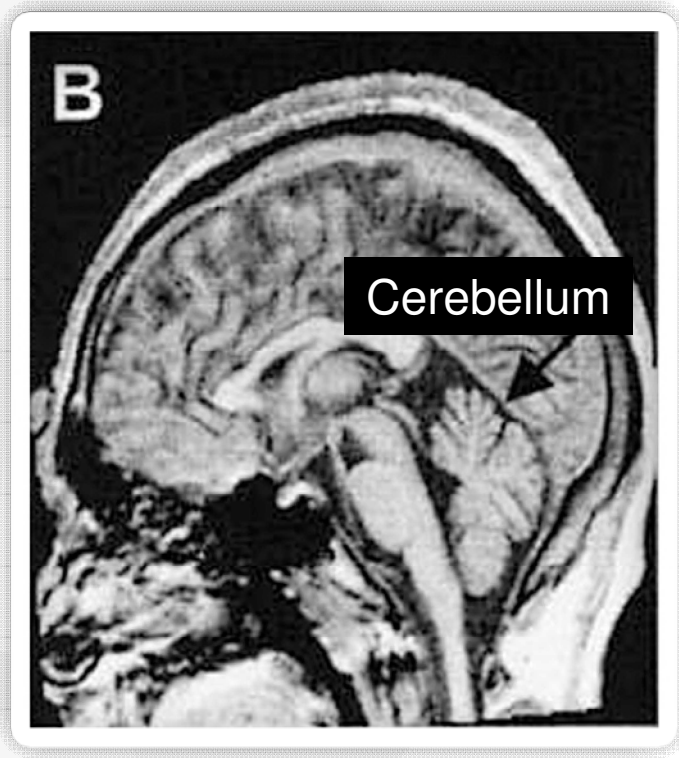


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Biological Assessment and Treatment



A 16-Year-Old Boy with Autism



A 16-Year-Old Boy without Autism

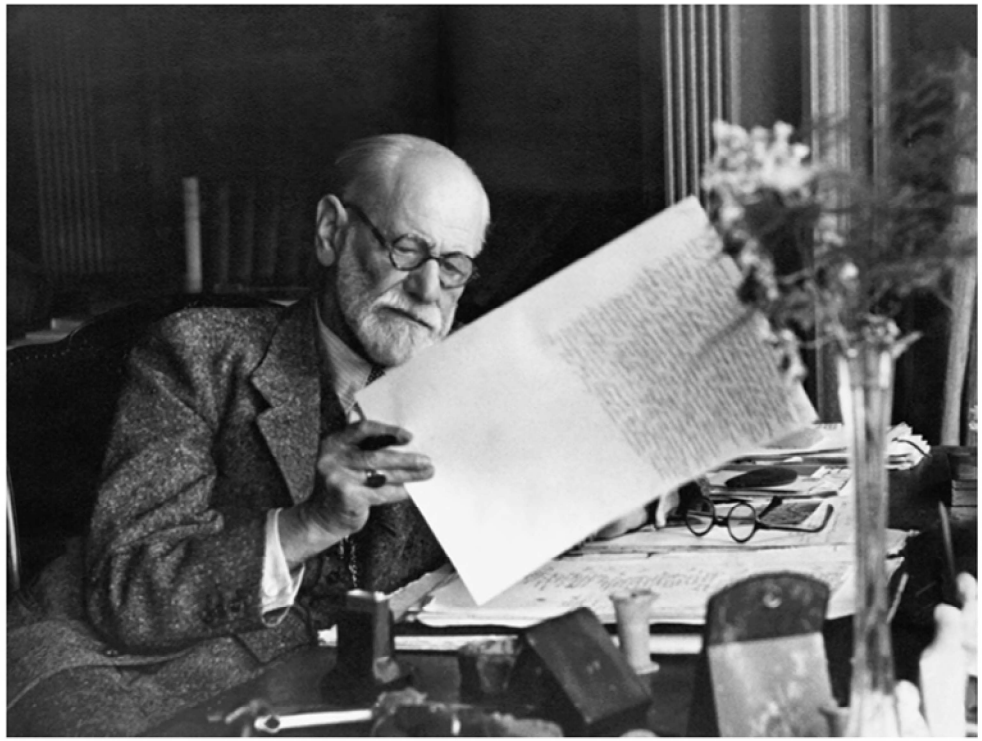
Evaluating the Biological Model

- The biological model assumes that mental states, emotions, and behaviors arise largely from physical processes
- The biological model is important for understanding many components of major mental disorders, but it cannot explain all aspects of the disorders

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02 Chapter

The Psychodynamic Model

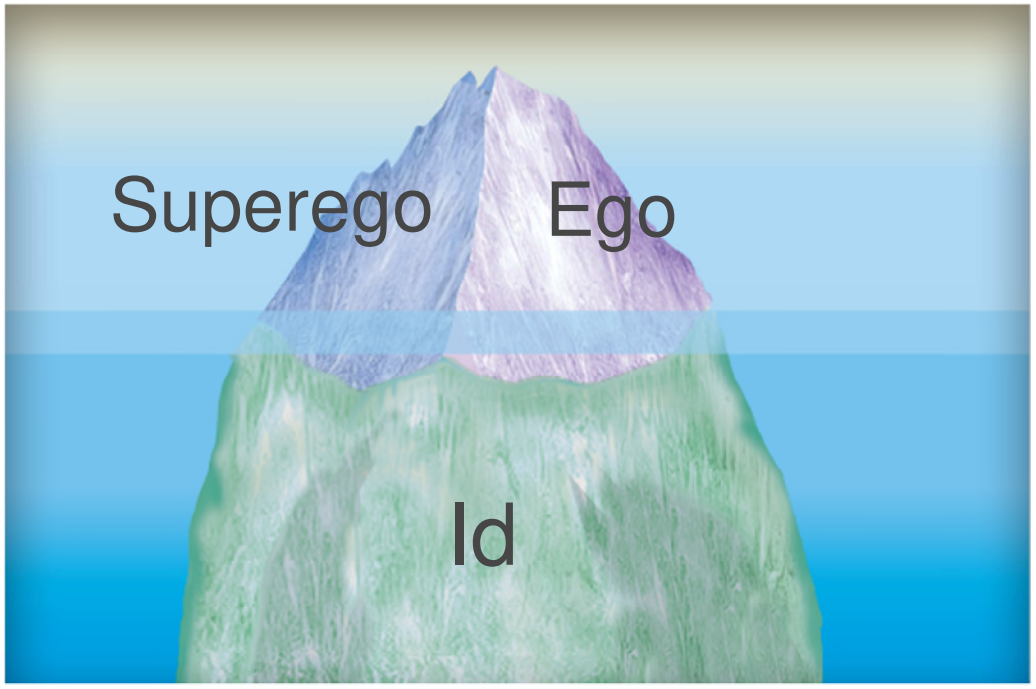


Bettmann/Corbis

Sigmund Freud

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Brief Overview of the Psychodynamic Model



from Rathus, Psychology: Concepts and Connections, 9th ed., Fig. 11.1, p. 402. Copyright © 2005 Wadsworth, a part of Cengage Learning. Reproduced by permission. www.cengage.com/permissions.

Superego
Guiding principle: Morality
Tasks: Develop conscience; block id impulses

Ego
Guiding principle: Reality
Tasks: Mediate demands of id and superego; cope with real world

Id
Guiding principle: Pleasure
Tasks: Attain gratification of wants, needs, and impulses

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Freud's Psychosexual Stages of Development

Stage	Approximate Age	Erotic Focus
Oral	0-6 months	Mouth is the chief means of reaching satisfaction.
Anal	6 months-3 years	Attention becomes centered on defecation and urination.
Phallic	3-6 years	Sexual organs become the prime source of gratification
Latency	6-12 years	Lack of overt sexual activity or interest.
Genital	12 years to adulthood	Mature expression of sexuality.

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Defense Mechanisms



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02 Chapter

Psychodynamic Assessment and Treatment

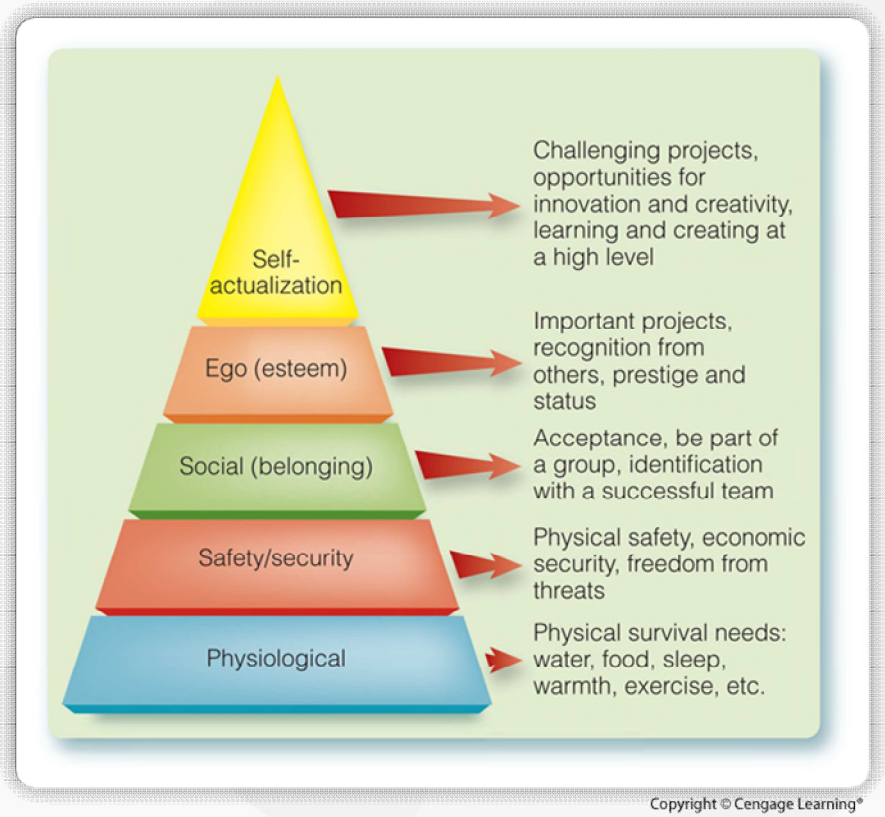


From Timothy Trull, Clinical Psychology (7th ed.), Fig. 8.2. Copyright © 2005 Wadsworth, a part of Cengage Learning. Reproduced with permission. www.cengage.com/permissions

Evaluating the Psychodynamic Approach

- Strengths
  - Helps us focus on providing better environments for our children
  - Theory of defense mechanisms intuitive
- Limitations
  - Relative lack of research support for its major assumptions
  - Abstract and difficult to measure

The Humanistic Model



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02 Chapter

Humanistic Assessment and Treatment

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15



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Qualitative assessment

Nondirective therapy

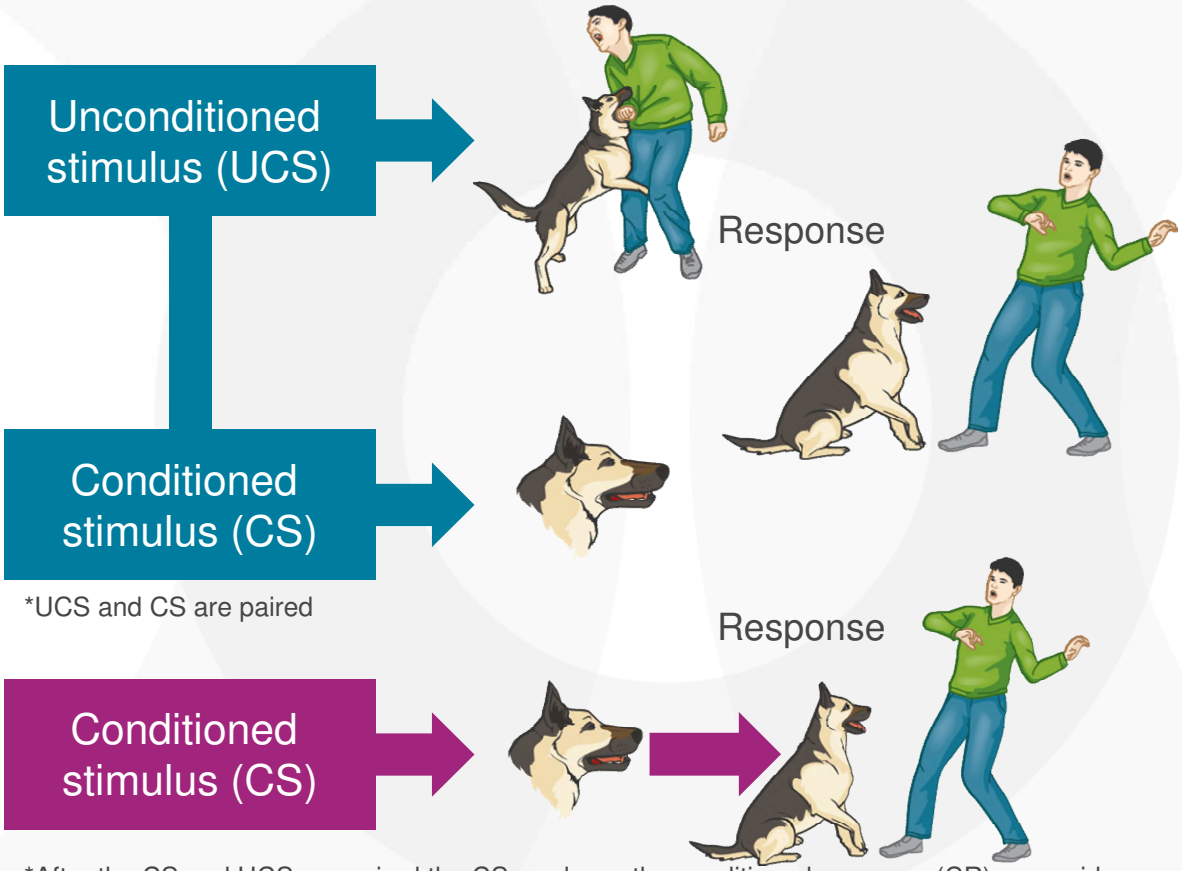
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Evaluating the Humanistic Model

- Strengths
  - Focuses on human choice and growth
  - Emphasizes client responsibility in recovery
- Limitations
  - Unscientific, largely lacking empirical support
  - Less applicability to people with a severe mental disorder

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The Cognitive-Behavioral Model

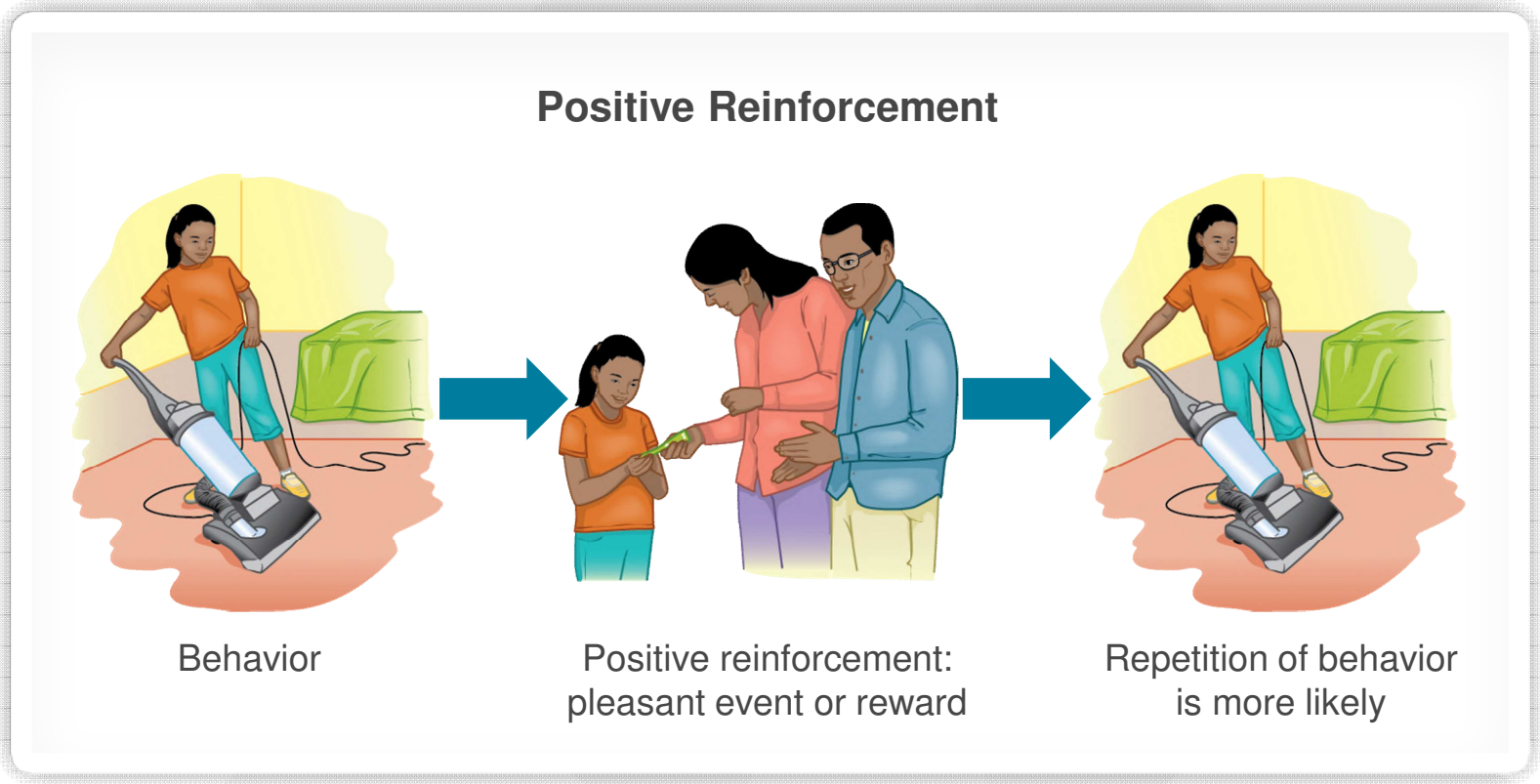


*After the CS and UCS are paired the CS produces the conditioned response (CR), or avoidance.

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02 Chapter

Behavioral Perspective



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Learning Principles



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02 Chapter Cognitive-Behavioral Assessment and Treatment

- Treatments
  - Cognitive-behavioral therapy
  - Rational restructuring
  - Systematic sensitization
  - Exposure
  - Token economy

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02 Chapter

Evaluating the Cognitive-Behavioral Model

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15



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02 Chapter

The Sociocultural Model



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Sociocultural Factors

- Culture
- Gender
- Neighborhoods and communities
- Family

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Evaluating the Sociocultural Model



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Chapter Reflections

- How do culture influence the development of mental health issues?
- What aspects of neighborhoods, communities, and families are associated with stress and mental health?
- What are strengths and limitations of the sociocultural perspective?

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