

## Statistical Infrequency

Behaviour that is statistically rare is abnormal e.g. 1/100 people suffer from schizophrenia. Use of the normal distribution curve e.g. IQ.

- ✔ An objective way of measuring abnormality & useful in the diagnosis of intellectual disability disorder.
- ✘ Doesn't take into account the desirability of behaviour (high IQ). Labelling may cause more distress.

## Deviation From Social Norms

Abnormality viewed as behaviour which breaks the unwritten rules of society. e.g. schizophrenics laughing at a funeral.

- ✔ Useful in the diagnosis of antisocial personality disorder. Also takes into account the desirability of behaviour.
- ✘ Not a universal definition of abnormality (norms change across time, place and culture). Can lead to human rights abuses.

## Failure To Function Adequately

Abnormality is judged by individuals being unable to meet the demands of everyday life. Use of Rosenhan and Seligman's 7 characteristics (personal distress, observer discomfort etc).

- ✔ Face validity (makes sense).
- ✘ Not everyone who is mentally ill fails to function (e.g. Harold Shipman) and vice versa. Behaviour might just be a deviation from social norms (e.g. free soloing- climbing with no equipment / safety).

## Deviation from Ideal Mental Health

Jahoda identified 6 characteristics of ideal mental health (e.g. self attitudes, personal growth and self-actualisation). Abnormality is defined when individuals lack these characteristics.

- ✔ This is a comprehensive definition. Sets a high standard of ideal mental health therefore can be used as aspiration- also good in terms of seeking support.
- ✘ Cultural relativism (e.g. self-actualisation). Setting a high standard means that the definition may be unrealistic- a high number of people may be classed as abnormal (doesn't make sense compared to the statistical infrequency definition).

## Characteristics

### Depression

5 or more symptoms (must include low mood or loss of interest) present for 2 weeks all or most of the time / daily life affected.

Includes:

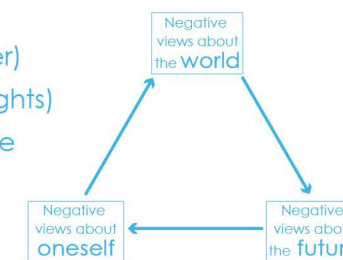
- **Emotional** symptoms (low mood)
- **Cognitive** (poor concentration & negative automatic thoughts)
- **Behavioural** (hypersomnia & insomnia, changes to eating patterns).

## Explanations

**Beck:** Negative self-schema + negative automatic thoughts = increased vulnerability to developing depression. This leads to the **Negative Triad**.

**Ellis:** Irrational thoughts increases the likelihood of depression.

- A = Activating** event (trigger)
- B = Belief** (values and thoughts)
- C = Consequence** (negative mood & behaviour)



## Treatments

**CBT**- 5-25 sessions. Goal-oriented and present focus- unconditional positive regard, challenging negative thoughts and behavioural activation are key features.

**REBT (Ellis)** is a form of CBT. REBT includes 3 types of disputing (logical, empirical and pragmatic).

- ✔ High success rate (90%- Ellis). Relatively short treatment compared to psychoanalysis.
- ✘ Therapist competence can influence effectiveness. Clients may not engage with homework. Not suitable when clients have extremely difficult lives and / or want to explore their past (childhood).

### Phobias

A phobia is an anxiety disorder. The key **emotional** symptom is **fear**.

**Cognitive** symptoms include **irrational beliefs**

**Behavioural** symptoms are:

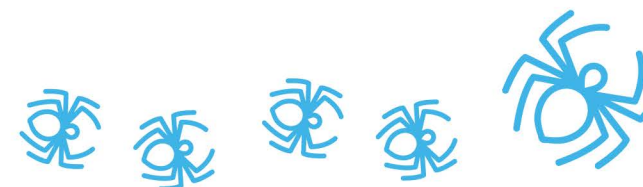
- Panic
- Endurance
- Avoidance (PEA)

The phobic knows that beliefs are irrational. This separates phobias from disorders such as schizophrenia (when people lose touch with reality).

**Two-process model** (Mowrer)  
We acquire phobias through classical conditioning and maintain them through operant conditioning (avoidance = negative reinforcement).

**Alternative explanations**  
Social learning theory. Irrational thinking. Biological preparedness.

- ✔ Supporting research (e.g. Little Albert)  
Real-world application in terms of treatment.
- ✘ Overlooks evolution and cognitive factors  
Diathesis-stress model may be more accurate.



**Systematic Desensitisation** - based on counter-conditioning & reciprocal inhibition. Clients learn relaxation techniques & create an anxiety hierarchy. They are then gradually exposed to their fear.

- ✔ High success rate (75%). Suitable for children and people with learning difficulties. Can be self-administered (implications for the economy).
  - ✘ Time-consuming. May not be effective for hard-wired phobias.
- Flooding** - Immediate exposure over 2-3h. Clients are exposed to their phobia after learning relaxation techniques until it no longer scares them (extinction).
- ✔ Quicker than SD. May be more suitable for hard-wired phobias (research is mixed).
  - ✘ Not suitable for children and people with learning difficulties due to trauma.

### OCD

- Cognitive**
- Obsessions
  - Hypervigilance

- Behavioural**
- Compulsions
  - Avoidance

- Emotional**
- Anxiety
  - Depression



**Neural Explanations.** Neuroanatomy - damaged caudate nucleus causes an over-active worry circuit, neurochemical - low serotonin, high dopamine.

May inherit candidate genes passed on DNA which increases vulnerability e.g. SERT, 5HTID-beta.

- ✔ Supported by Billet - MZ twins 2x more likely to both share OCD.
- ✘ OCD is polygenic, diathesis stress model.

**Drug Therapy** - SSRIs increase serotonin which can reduce symptoms of OCD / synaptic transmission.

Alternatives to SSRIs - SNRIs / increase levels of serotonin and noradrenaline.

- ✔ Effective for up to 60%, require little effort and widely available.
- ✘ Not effective for 40%, side effects, treat symptoms not cause.

