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Mid-Semester Examination

Abnormal Psychology

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for not adhering to the
instructions to write answers
in the spaces provided.
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1. The elements of abnormality presented by Rosenhan & Seligman include these: suffering of the client, maladaptiveness in terms of functioning in society socially or economically, irrationality or incomprehensibility of language, unpredictability or loss of control, (breaks into tears) vividness (hallucinations) or unconventionality, observer discomfort and violation of moral or ideal standards of our society. These areas may be used as a basis for the construction of a profile for the client, using data collection techniques such as interview, self-report, psychological testing such as the MMPI or observation.

Data may be analysed in each area for frequency, duration and intensity of behaviour. The profile may be compared with norms taken from other profiles of clients who exhibit normal behaviour or who exhibit behaviour already diagnosed by professionals or 'experts' as abnormal. Based on 'family' resemblances and a choice re weighting on the relative importance of the scales, a cause for an abnormal diagnosis may be abnormal scores on at least one element and usually on three or more elements or areas in terms of the criteria of frequency, duration and intensity. 2

2. The strengths of DSM-III are as follows: 1) it is an agreed body of knowledge which has been progressively developed and refined by scientists over time 2) it is research based with reliability and validity figures 3) it provides five multi-axial diagnostic criteria precisely, explicitly and concretely (physical, mental, personality, stress, adaptation) 4) it has higher reliability and validity than its predecessors with high reli-

ability in some areas (psychosexual disorders) 5) diagnoses according to the model provide a rationale and a defence in litigation.

Weaknesses include: 1) low degrees of reliability in some areas (personality and somatoform disorders) 2) rules for choice of diagnosis are unclear since there may be many causes and weightings for a diagnosis and the measure is still somewhat subjective (judgments about adaptiveness) 3) no guarantee of the validity of the measure is provided 4) judgments may permit cultural and socio-economic biases concerning comparisons with 'normal' people 5) it may be conservative in view of some issues such as homosexuality 6) it may be perhaps too broad in its diagnoses of many problems as psychiatric.

Its use is recommended because it is a well researched and established instrument with clear criteria for diagnosis and research evidence of high reliability for consistent repeatable diagnoses in some areas. Reliability figures are available and are satisfactory for most areas.

The validity of the diagnosis is believed to be still uncertain when using these guidelines in terms of prevention and treatment. In a legal sense it provides a defence in litigation over issues of misdiagnosis or treatment. In areas of low reliability such as examination of personality disorders, additional research into methods of diagnosis and treatment may be necessary. 2½

Purposes of DSM-III could include providing a basis for an useful diagnosis and description of a client's disorders based on a

number of criteria in areas of higher reliability.

3. Advantages to using a scientific approach are these: 1. Replication. Science as the pursuit of organised knowledge through observation relies on replicable processes. Hypotheses must be stated in observable empirical ways which may be tested by anyone and may be disproven. Hypotheses may not be proven correct but only supported by tests.

Observations undertaken to test a hypothesis must be reliable or subject to replication when performed under similar conditions. The event must be reproducible at any time in any place.

2. Explanatory. Theories developed by the scientific method consist of internally consistent propositions which explain relationships, often through cause and effect. Theories must provide the simplest explanation (Occam's razor) and be testable and replicable.

3. Validity Theories developed by the scientific method must have proven validity or the ability to predict events. When certain causes are present, predictable consequences must follow.

In abnormal psychology the advantages of the scientific method include standardisation and the development of norms. From the method comes the development of a reliable and valid set of propositions concerning symptoms of people, and their association with having a specific diagnostic disorder, the probable causes of these symptoms (etiology) and the efficacy of various treat-

ments in curing his or her disorder. Consequently diagnosis and treatment of individuals are improved, using methods which may be replicated and validated by other practitioners. 24

4. Three different paradigms used by psychologists include the medical model, the behavioural model and the psychoanalytical model. Not the Freudian.

In the medical or physiological model, abnormal behaviour is perceived as a disease with the psychopathology caused by a physiological somatic defect such as germs or chemical imbalance. No. 1

Learning paradigms are based on classical and operant conditioning and modelling. The scientist ignores internal processes and focuses on contingent observable stimuli associated with a response which condition or reinforce the response in an observable repeatable way. In this model abnormal behaviour is learned in reaction to environmental stimuli. Treatment is based on altering the stimuli to reward new forms of behaviour.

The psychoanalytic paradigm is Freudian, based on the interaction of the ego (reality view), superego (conscience) and id (unconscious Eros and Thanatos). The ego uses defence mechanisms such as repression to defend itself against the impulsive pleasure loving drives of the id which sometimes seeks in the child sexual union with the parent of opposite sex. Blockages of unconscious impulses cause neurotic anxiety and other disorders which may be treated through free association and dream analysis to uncover these blockages.

The model of least interest to psychologists is the Freudian model for these reasons. The model is non-scientific because of the gap between observation and interpretation. Many subjective inferences may be made from the interpretation of the data, and these inferences are not testable and have low reliability. Concepts are reified and seem independent behaviour-causing agents whose validity is questionable. Consequently the predictability that the treatment will improve the quality of one's life is low.

5. Anxiety disorders include phobias, panic disorders, generalised or free floating anxiety, obsessive-compulsive disorders and post-traumatic stress syndrome.

Phobias are specific fears which disrupt life patterns out of proportion to the dangers involved. Agoraphobia, for instance, is fear of being in public places, while social phobia is fear of interacting with other people due perhaps to irrational beliefs such as a sense of personal inadequacy.

Panic disorder refers to periodic overpowering fear with physiological symptoms which overwhelms a person inexplicably. It may be caused by overconcern which increases symptoms drastically to create a sense of impending catastrophe. Overconcern may focus on and magnify problems and associated symptoms within any area of attention such as illness, forthcoming exams, assignments, public speaking etc.

Generalised anxiety disorder refers to an ongoing unrelenting concern and apprehension over many of life's tasks in general and

which may cause physiological disturbances. For instance, interpersonal relations may arouse anxiety leading to tenseness and loss of employment.

Obsessive-compulsive disorders are correlated with depressions and refer to obsessive thoughts, impulses, doubts or fears which occur undesirably and may lead to procrastination and indecision. Compulsion is an irresistible urge to repeat an act in a ritualistic manner such as Lady Macbeth's washing of hands repeatedly to cleanse them of her husband's murder. An example of obsessive fear is fear of social ~~embarrassment~~ ^{avoidance} ~~in class~~ ^{contamination} through fear of a lack of control through discussing marital problems publicly.

Post-traumatic stress disorder refers to the reoccurring fear of a major trauma in a person's life such as a car accident or war experience. Avoidance? 1 1/2

6. Alleviation of phobia about mice could be undertaken in a number of ways including psychoanalytical therapy, behavioural modification, drug treatment and cognitive treatment. The client should consider a cost-benefit analysis of each including financial cost, efficacy and longevity of results.

Somatic drugs such as tranquilizers are rapid and low cost but have limited longevity. The phobia returns on cessation of the drug and undesirable side effects and blanketing effects may occur while taking the drug.

Psychoanalysis through free association and dream analysis is expensive because of the number of private consultations and

there is limited information concerning the reliability, validity and efficacy of treatment.

The cognitive approach such as Ellis' cognitive emotive therapy rests on examining and refuting irrational thoughts, to face up to the fear and to restructure one's thinking processes. However, if one is already frightened of mice, it may be difficult and time consuming to alter one's perspective.

The recommended choice in terms of efficacy is a behavioural approach using modelling with operant conditioning through reinforcement and Joseph Wolpe's systematic desensitisation process. Steps include:

1. learning the process of muscular relaxation to alleviate tension (fear reduction).
2. gradually learning to approach mice in one's imagination in gradually increasingly intimidating conditions with rewards for each success.
3. seeing films of mice such as scenes of Harrison Jones covered with rats in the Last Crusade. (This is a flooding process, carrying one's nightmares to an extreme.)
4. watching a model play with a mouse (modelling) while experiencing one's favourite music and eating one's favourite food (operant conditioning).
5. playing with a real mice and being reinforced by family and friends for doing so.

Unlike the psychoanalytical approach which delves into the childhood origins of the phobia, to extract ego defensive mechanisms the behavioural approach deals only with structuring the environment in the present to reward situations in which the client interacts with mice. Knowing how the phobia was acquired is not necessary. ✓ 2

7. Applied behaviour analysis permits study of a subject over successive observations rather than comparing means of individuals. Behaviour is monitored continuously between time periods and between conditions (before, during and after treatment). The subject becomes his or her own control. In single subject designs the group does not obscure the treatment of the individual through statistical analysis processes such as averages and standard deviation. Effects of the treatment are clearly apparent for the individual. External validity may be high because research is undertaken in a natural setting.

Single subject designs address issues involved with internal validity in a way which depends on the circumstances of the study, choice of design and procedures used.

Procedures for data collection are integral for validity. The experimenter must define behaviours, describe the setting, choose suitable observational techniques, train observers, and obtain high inter-observer reliability. Instrumentation and testing may be controlled by using mixed applied behaviour analysis designs. Instrumentation may become a problem if an inappropriate observa-

tion technique is used such as inappropriate time interval for observation or behaviours are inadequately defined leading to low inter-observer reliability or consistency of observation.

Selection is not a problem if the same person is used for reversal or multiple baseline designed studies.

The history of the subject is critical for the internal validity of single subject designs since previous experiences will guide how one reacts in treatment.

The background or history of a person or his or her maturation level is unlikely to threaten internal validity if a single treatment period is staggered across two or more baselines.

There may be regression towards the mean if extreme scores are initially used.

Mortality or drop out of participants is not a threat to validity when a single subject design is used because the experiment is discontinued.

Replicability is the process in which procedures are repeated and results replicated within one subject leading to consistent behavioural control or experimental reliability. Replication is obtained through a reversal strategy which demonstrates the effects of the treatment ~~once~~ by discontinuing it for a baseline measurement period.(ABAB) This is compared with observations taken from the original baseline period and the entire process is repeated again. Mixed single subject designs demonstrate the effects of the treatment twice across situations or by multiple

large # of cases
details about events

reversals. This process gives more control for sources of invalidity. 2

8. Effective treatments for unipolar depression include cognitive restructuring using Beck's theory of errors of logic, Seligman's learned helplessness theory, Lazarus' theory of reduction in behavioural reinforcement, Lewinsohn's social training, and physiological theories requiring the use of medication such as tricyclics and monoamine oxidase inhibitors.

Choice of effective treatments is confounded by studies using multiple treatments such as combining cognitive restructuring with schedules of reinforcement for activity. Valid studies must compare each treatment separately with other treatments, use random assignment of patients to treatments, possess a control group, use double blind methodology to avoid the Rosenshine effect, and use groups who receive placebos as well as groups who receive drugs. ?

Rush has found Beck's cognitive therapy ~~more~~ effective than use of a tricyclic drug, an effect maintained for 12 months. Shaw has found the cognitive restructuring process most effective in a study comparing groups in social training, attention-placebo, cognitive restructuring and a control group. Studies concerning use of drugs indicate a high relapse rate on discontinuance. 2 1/2

*causal alone in
long term effects?
How effective?*

Four outcome studies of Lewinsohn's Coping with Depression course have indicated positive outcomes as compared with control groups. These studies did not compare treatments using different paradigms.

More useful are studies by Murphy et al which compare Cognitive Beh'Q Treatment (CBT) with drug treatment, CBT + drugs, CBT or drugs with a placebo. All treatments led to improvement, indicating that cognitions do not necessarily cause depression.

Wilson's research review supports CBT in comparison with control groups + some alternative treatments such as medication.

Although evidence favours CBT it is not substantial. Further large scale studies are needed which compare all treatments simultaneously with control groups.

The causal relationship of cognition with depression has yet to be established.

9. Problems associated with using the Beck Depression Inventory (BDI) as the sole dependent research variable are those associated with the use of one paradigm and the neglect of others. The BDI was designed to assess the severity of depressed people rather than selecting depressed people. BDI scores may lack stability over short time periods with subjects regaining 'normality' rapidly.

✓ Reliability

The BDI is predicated on assumptions that depression is caused by illogical self-judgments, construing the world with negative self-schema for ineptness, self-blame and worthlessness.

Validity

However, the relationship between depression and negative self-schema is correlative rather than causal. Depression may cause the results obtained by the BDI rather than negative thoughts causing depression. Lewinsohn suggests that illogical thinking follows depression. Basing treatment on the BDI may result in treating illogical thinking which did not cause the depression.

154 - diagnostic

Psychologists are on safer ground when they combine paradigms and use a variety of measures to diagnose and treat depression. Other diagnostic methods include determining the locus of control (Locus of Control Questionnaire) and attributions (Attributional-Style Questionnaire) of depressed people. Seligman suggests that learned helplessness or inability to control one's environment causes depression. Such depressives attribute failure to themselves, consistently, over time, for everything (globally).

The Pleasant Event Schedule measures levels of activity and

social participation compared with mood (Lewinsohn). Evidence is again correlational and subject to self-report bias. The questionnaire is based on the assumption that depression is caused by a lack of reinforcement for pleasant activities.

The medical model would use clinical interviews ^(Schedule for affective disorders & Schizophrenia) and compare responses against the characteristics listed in the DSM-III. The interview schedule allows in-depth probing of the situation and circumstances surrounding the depression. Depression, for instance, may be caused by environmental factors such as unemployment which may be remediable by altering the environment.

Depression may also be caused by physiological factors caused genetically, may be ascertained by biochemical testing and may be treated with anti-depressant drugs or ECT.

The psychologist is urged to use alternatives designed for different models of depression and to ascertain their effectiveness.

10. Arguments are numerous for supporting the use of behavioural approaches which focus on the symptoms and not the underlying causes.

Firstly, there is sound theory supporting the approach which has been proven to work. This theory is summarised. Classical conditioning experiments have demonstrated that humans learn to associate a stimulus with an event. Eventually they become conditioned to the stimulus and react to the stimulus as they would to the event.

In operant conditioning humans learn to associate a reward or reinforcement which follows a behaviour with that behaviour. Consequently the behaviour is repeated to obtain reinforcement. 2

Through modelling humans learn to associate stimuli and reinforcement with behaviours by watching other people and observing the reinforcement which they experience.

As a result of experiments which have supported the behavioural approach, it has been demonstrated that underlying causes need not be examined in order to manipulate behaviour. Rather the psychologist need only to manipulate environmental support contingent with desired behaviour to strengthen the repetition of that behaviour.

For instance, in systematic desensitisation the subject is rewarded for imagining himself facing situations in his or her imagination which he or she fears. In aversion therapy the subject is punished for repeating an undesirable behaviour. Use

*Based on what works
data driven
empirical basis
reliable / valid*

of antiabuse which causes vomiting for alcohol drinkers is an example. The token economy provides tokens which may be exchanged for valuable rewards for demonstrating appropriate conduct. Assertion training and role playing are techniques which teach people to be open about their feelings and provides rewards for doing so.

Use of these techniques are cost effective since private consultations are not needed. Reinforcement may be provided by regular staff as a normal part of their duties (For instance, giving tokens for making up a bed.)

The process may be used anywhere, in real life situations such as in schools and the work situation as well as in artificial environments such as a hospital. The process may be used twenty four hours a day and every day of the week rather than during scheduled treatment times.

The process is observable and outcomes may be monitored, evaluated and related causally to treatments via single subject or group experiments to determine the success of the outcomes. Unsuccessful treatments may be quickly modified by changing choices and frequencies of reinforcement in order to ensure success.

The process is effective on a long term basis since the subject learns to control his or her own environment and reinforcements rather than simply reacting to existing environmental pressures. Use of pleasant activity schedules by depressives is an example of steps taken by a subject to improve reinforcement by controlling the environment.

The process does not intrude into the subject's private life. Nor is the consent of the subject required to use it. The process works with unwilling and irrational or severely disturbed patients as well as rational clients. This rationale is particularly important for use of behaviorism with deranged people since psychoanalysis, cognitive processes and the humanistic paradigm cannot be easily utilised.

The process does not have undesirable side or blanketing effects or lead to addiction as may result from drug therapy.

In conclusion, the behavioural approach has been strongly supported in its efficacy by research and practice.