Abnormality treatments:

Biological approach:
Psychosurgery:
Damaging the brain to change behaviour. Frontal lobotomy—schizophrenia—replaced by drugs. Cutting pathways higher and lower centres of brain. Used rarely in severe cases of depression and OCD—only if resistant to other treatments.

ECT:
Small electric current passed through the brain—equivalent to seizure in epilepsy, violent discharges to brain and behaviour. Damages neurons—treats schizophrenia & severe cases of depression. Likely to effect neurotransmitters. Performed under anaesthetic, 6–15 treatments last for ½ a second. Unilateral—1 side, bilateral—2 sides. ECT replaced by Antidepressants, resistant to alternative psychological and drug therapy. Shows quick improvement.

Drugs:
- (Schizophrenia) Chlorpromazine—reduces post operative stress and reduces symptoms of schizophrenia. Drugs act on Neurotransmitters. Anti-psychotics reduce dopamine levels, schizophrenic patients have high levels of dopamine. Clozapine acts on dopamine and serotonin. (Depression)—Monoamine, Oxidose inhibitors (MAOI’s)—causes problems as it interacts badly with food groups and meals. Tricyclic (antidepressants) causes heart problems. Both raise levels of neurotransmitters serotonin & Noradrenaline. SSRI’s (selective serotonin reuptake inhibitor)—raises serotonin more effective, less dangerous than MAOI’s and trycyclic. However research shows there no more effective than past drugs and they cause suicides. Anti anxiety drugs: (Librium & valium)—called benzodiazepines. treats anxiety, stress, sleep disorders. Lithium—treats bipolar depression.

Psychodynamic:
Free association: Talking therapy, lasts 1 hour, 3–5 sessions a week. Express their thoughts exactly as they are in their mind even if irrelevant or inappropriate. Ego will try to censor what said (repression). Dream analysis: Freud—censor is in mind, keeps repressed ideas in unconscious. Censor is stricter in sleep, can appear in a dream. Because they are in a receptive repressed ideas are disguised. Obvious content—manifest content is seen. The manifest content is the actual meaning (latent content).

Projective test: Ink blots ambiguous (doesn’t represent anything). People project their own unconscious concerns, fear and wishes onto the material. Thematic perception—test—made ambiguous, asks what has led up to event shown, happening now, and what the characters are feeling. Therapist looks for themes and concludes possible causes of problems. Resistance—patients at first will deny interpretation. Transference—recreate a relationship with the therapist that reflects one from elsewhere in their life.

Behavioural:
Systematic desensitisation (Wolpe): Form of counter conditioning, replaces fear response with an alternative harmless response. First patient has to list fearful situations from least fearful to most fearful. Patients then trained in deep relaxation techniques, relaxation—aids alternative harmless response. Gradual exposure—Therapist asks the client to visualise the least feared situation, whilst performing their deep relaxation procedure. When client is comfortable, visualises next situation in the hierarchy. Over a series of sessions the client will cope with every level of the hierarchy. Can stop and restart at a lower level. Eventually they can cope with the most feared situation. Alternative is real examples, pictures, lifelike models, the real thing.

Flooding:
Inescapable exposure to the feared object/situation until fear response disappears. Procedure assumes high levels of fear/anxiety cannot be sustained and will eventually fall. If session ends too soon and anxiety levels still high can have opposite effects—phobia reinforced than extinguished. Highly stressful only carried out with therapist with medical supervision, works quickly.

Aversion therapy:
Associate undesirable behaviour with an unpleasant stimulus e.g. electric shocks to homosexuals. Now used for addictive states.

Behaviour modification: Attempts to change a persons voluntary controlled behaviour rather than the reflexive behaviours involved.

Token Economy: Increasing desirable behaviour by reward/positive reinforcement. Mainly used in institutions, tokens given as a reward for improved behaviour, there exchanged for sweets (pleasure). Aim: to reduce antisocial behaviour by substituting desirable responses. Tokens modify behaviour—it doesn’t directly treat symptoms. Schizophrenic patients—general behaviour might improve but psychotic symptoms aren’t targeted.

Social learning theory: Adds cognitive element to operant conditioning, observational and imitation of model is important. Model is rewarded for certain behaviour, observer is likely to imitate. Bandura demonstrated importance of social learning theory.