Abnormal Psychology Study Guide

To what extent do biological factors influence abnormal behavior? / Analyze biological etiologies of one disorder (AFFECTIVE DISORDER – MAJOR DEPRESSIVE) (discuss)

Early research looked at twin studies, modern research looks at genetic mapping along with biochemical explanations now, counteracting popular belief

- Affective symptoms: sadness, apathy, irritability
- Behavioral symptoms: change in activities, social withdrawal
- Cognitive symptoms: pessimism, poor self-worth
- Somatic symptoms: insomnia, dysmenorrhea, lack of hunger or overeating

1. Nuernberger & Gershon (Genetics)
   - **Aim:** see concordance rates of twins for depression rates
   - **Procedure:** did a retrospective study looking at concordance rates of monozygotic and dizygotic twins and regular siblings for depression
   - **Results:** Monozygotic twins had the highest concordance rate for depression and regular siblings had the lowest concordance rate
   - **Implications:** Shows that there are genes that code for depression and it seems to be genetically inherited to some extent. Genes don't have to be turned on until later in life and that’s why the rates aren’t 100% as twins are in different environments so it shows that there are other factors that contribute to it
     - Links to diathesis stress model explaining that genes play a role but they can either express of be “hidden” so the disorder only becomes visible with stress and other factors
   - **Limitations:** the study is not representative of the whole population as it only focuses on twins and it is correlation

2. Caspi 5HTT
   - **Aim:** use genetic mapping to determine the gene that plays a role in depression finding the 5-HTT gene which influences serotonin levels
   - **Procedure:** There are two forms of the gene, e.g., short and long allele — the short is mutated and codes for less serotonin. They longitudinally tested a large sample with blood samples and looked at the major stressors in their life (looking at it correlational).
   - **Results:** Long allele people did not get as depressed as much with life events. They remained quite constant. The short allele had a much larger rate of depression with worse life events and depression got worse throughout
   - **Implications:** Shows that environment completes whether someone will become depressed. There is a higher change when genes code for it but social factors influence whether depression will occur.
   - **Limitations:** Can’t determine cause and effect as there might be other factors

3. Catecholamine Hypothesis
   - Suggests that the disorder is due to a chemical imbalance of serotonin in our body but with further research it seems that this is not true. Argued that low levels of norepinephrine, dopamine and serotonin lead to depression
   - Old research seemed to suggest that this was correct and that there was a link between this. Drugs like Prozac were created to restore the chemical balance but treatments have no worked
   - Modern research looks at Cortisol Hypothesis – HPA axis in depressed patients has raised levels of cortisol in blood leading to reduced serotonin
     - Videbech
     - **Aim:** look at the biochemical explanations of depression
     - **Procedure:** scanned brains of depressed patients
     - **Results:** found up to 10% reduction of hippocampus
     - **Implications:** explains common symptom of memory problems in depressed patients. This neurogenesis theory argues that depression results in a cessation of neuron birth in the brain. This also affects networks of serotonin, dopamine and norepinephrine neurons
     - **Limitations:** still an issue to confirm findings, as the research is correlational in nature

OTHER ARGUMENT: COGNITIVE

Schema Theory (Beck’s cognitive triad)
Procedure: Gave questionnaire to university students before exams to see the negative and positive thoughts initially. Then looked at their attitudes after the exam as well as their scores.

Results: Those with negative feelings before the exam who did poorly showed an increase in depressive symptoms. Those that did well didn’t have an increase.

Implications: Shows that cognition must interact with environment stimulus to result in depressive symptoms.

Limitations: There are issues between creating the connection of whether the negative feelings caused the higher depression or not (not controlled) but shows that a more negative attitude overall leads to higher depressive symptoms.

Irrational thinking (Beck) – Ruiz Caballero with memory bias

Link to Beck’s theory with depressed patients thinking irrationally about situations (making everything negative).

Aim: look at memory bias in depressed patients

Procedure: given word stem completion task to participants to see whether solving the task they would recall more positive or negative words

Results: depressed patients had a bias for negative words – this was the general trend

Implications: seems to show that depressed patients have a schema and bias for seeing things more negatively

Limitations: It is quite an obvious “side effect” of depression to think negatively, but it doesn’t explain other symptoms like sleeping and eating issues

TREATMENT

- He argues the way for people to get better is rooted in changing the way they think, working to change the schema around as that is where the issue comes from
- Treatment CBT with cognitive restructuring is the corresponding therapy
  - Goal of changing automatic thoughts by identifying and disputing maladaptive thoughts are to cause depression
  - Makes client identify over-generalizing, magnification and over-exaggerating scenarios
  - Rooted in the theory of depression being result of over-thinking and to correct these thoughts
  - Strategies
    - Validity testing: asking if to defend claims on evidence. If cannot answer, then beliefs are faulty
    - Cognitive rehearsal: imagining difficult situations, working through how to successfully cope
    - Homework: monitoring behavior outside therapy sessions
  - Effective in general because instead of changing thinking, client can monitor oneself then

Discussion and Relationship

- Problem of bidirectional ambiguity
  - Ensure whether treating a result of the disorder or a symptom. Negative schema could be a result of depression due to biochemical differences in the brain
  - It does have very low relapse rates though which indicates that there is a strong connection between the etiology and treatment and that a negative schema seems to be one of the causes of depression
  - Significant evidence of accurately describing patterns due to clinical observations (ecologically valid), self-reported questionnaires of depressed patients and laboratory studies on memory bias and highly successful therapy developed based on the theory
  - Shows cognitive factors even though biologically depression is the largest reason as a majority of depressed is genetically linked. The way of thinking may not be a cause but a symptom of depression so if treated, depression isn’t actually the thing being treated

Examine the concepts of normality and abnormality (discuss)

Conceptual definition

These are more theoretical definitions looking at several things

Statistical definition: not being in norm of the “normal”

Social deviation: not doing what the rest of the people are doing, this mean to be different and not following social norms.

This goes hand in hand with the type of society it is

Health norms: no one is perfectly healthy which makes it difficult for anyone to be optimal
Implications: cultures view stereotypes in a way that affects how they diagnose mental illness

Limitations
- The doctors were only watching videos, takes away from how ecologically valid it is and how valid the diagnosis was then
- Not a representative sample as it is small and it was a snowball, meaning it was taken through connections. Also difficult to conclude with only 2 cultures

Discussion:
- Sick role bias: assuming that there is something wrong if they are coming to the hospital to seek help. Thus is doctors are deceived it is even harder but they automatically assume something wrong with them
- Reactivity: people act differently around doctors so sometimes it cannot be pinpointed as to what is wrong with them with validity
- Self reported data: this can morph the extent and duration of the disease into something may not be valid because there are not many ‘tests’ that can be done to show otherwise (no blood or urine tests) and no way of ‘seeing’ the symptoms.

2. Reliability
Likelihood that two clinicians would give the same diagnosis to the same patient. Diagnostic system is highly unreliable and so reliability indicates that the same diagnosis is constantly being deduced (it doesn’t have to mean that it is valid or correct)

Cooper et al
Aim: see whether diagnosis is cross-culturally reliable
Procedure: looked at two different cultures (US and UK) and compared diagnosis in both countries in New York and London
Results: New York psychiatrists were twice as likely to diagnose schizophrenia than the UK and London psychiatrists were twice as likely to diagnose bipolar disorder compared to the states
Implications: there are different rates of diagnosis around the world, thus not a high reliability as it is different
Issues:
- Urban areas are not necessarily representative of the actual culture
- Use of over and under pathologization – higher diagnosis in areas
- Possibly these disorders are actually more common in these areas thus making it understandable why they would be diagnosed more
- This fact could then lead to confirmation bias – doctors expect the patients to have this disorder and then will diagnose it more.

DiNardo et al
Aim: Looking at the reliability of the DSM for diagnosing anxiety
Procedure: looked at 2 clinicians separately diagnosing 267 individuals that were seeking treatment in general
Results: there was a high reliability between the 2 doctors on OCD with a 0.8 correlation but a low anxiety disorder reliability of 0.57 because of the issues with interpreting person’s worries and symptoms
Implications: Shows that different disorders have different levels of reliability, some are more up to the interpretation of the clinician and this is where biases play a large role and issue
Issues: just comparing two doctors doesn’t have a large variety for the disorders as a whole, question of generalizing it largely.

Li Repac
Aim: see how stereotyping on culture affects diagnosis
Procedure:
- Compared diagnosis of both white and Chinese-American therapists with both white and Chinese participants. 10 participants were used (equal amounts) all with mental illness diagnosis of schizophrenia, neurotic and reactive depressive disorders. Socioeconomic status, age and other things were controlled
- Researchers had semi-structured interviews with the participants on their feelings. The doctors didn't have contact with the participants but watched the video and rated with a test for the ideal functioning of each. They were randomly assigned to watch a video and rate the normality