

- What does the term “insane” currently mean in psychology?
 - A. Schizophrenia
 - B. Depression with psychotic features
 - C. Any severe psychological disorder
 - D. Any psychological disorder, whatsoever
 - E. Nothing



- How often is the “insanity defense” used in the US criminal justice system (i.e., what percentage of cases)?
 - A. Less than 1%
 - B. About 10%
 - C. About 25%
 - D. About 50%
 - E. More than 50%



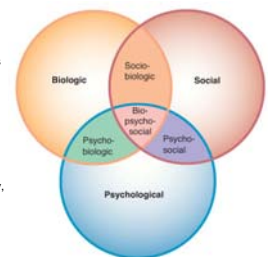
- When the “insanity defense” is used, how often is it successful (i.e., defendant is found not guilty by reason of insanity)?
 - A. About 25% of the time
 - B. About 50% of the time
 - C. About 75% of the time
 - D. About 90% of the time
 - E. Almost 100% of the time



Models of Disorders



- Biopsychosocial model (George Engel, 1977)
 - Taught in nearly all clinical psychology doctoral programs and medical schools.
 - Bio – Underlying biological causes of disorders (e.g., neurons are firing when they're not supposed to be).
 - Psycho – Underlying psychological causes of disorders (e.g., a tendency to catastrophize problems).
 - Social – Underlying social causes of disorders (e.g., how family dynamics, culture, etc. influence how we think/feel).
- *"We are just as interested in what's going on at the family level as we are in what's going on at the cellular level, and we see all these things as interrelated."*
- To truly understand and treat disease, one must understand the complex role of biology, psychology, and sociology.
- Rejects the notion that all psychological disorders are the result of underlying medical condition (old "medical model").
 - Indeed, some medical conditions may be the result of psychological factors.



Cautionary Statement

- "...The DSM provides diagnostic categories and criteria for their diagnoses. **The proper use of these requires clinical training, knowledge and skills to apply them.** Their use by people without this background is likely to lead to an inappropriate application of diagnoses...The content of the DSM does not reflect all opinions on the subject of psychopathology...[Additionally], **what is and what is not considered a mental disorder changes over time.** For example, several decades ago homosexuality was commonly considered a mental disorder, and it was listed in the DSM as such. Today, homosexuality is seen by most psychologists and psychiatrists as a normal sexual orientation...**The categories do not represent a complete list of all psychiatric disorders or research topics.** For instance, the DSM does not categorize mental disorders that are specific to other (i.e. non-American) cultures, such as koro, susto, or taijin kyofusho."

Drapetomania

- Samuel Cartwright (1851)
 - "If the white man attempts to oppose the Deity's will, by trying to make the negro anything else than "the submissive knee-bender" (which the Almighty declared he should be)...the negro will run away; but if he keeps him in the position that we learn from the Scriptures he was intended to occupy...the negro is spell-bound, and cannot run away."
- Obviously, "disorders" change with the culture.

Criteria for Any Disorder

- 3 "Ds" of Psychological Disorders
 - Deviant – abnormal in some way
 - Dysfunctional – causes problems
 - Distress – causes pain to the individual

Insanity?

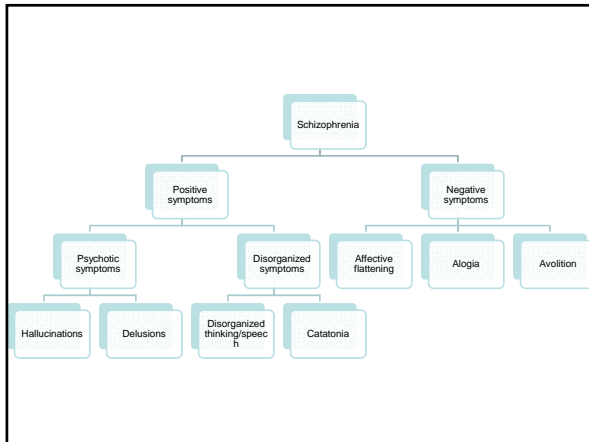
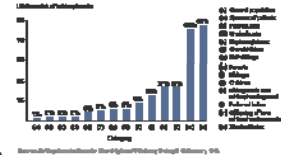
- "Insane" is a legal term.
 - Defendant does not know right from wrong / understand consequences of actions.
 - Very rarely used. Even more rarely used successfully. When used, reported widely in media so seems more frequent than really is.
- "Insane" not used in clinical psychology, medicine, etc.
 - Not specific or meaningful.
 - People are not "insane." Rather, they have specific disorders.

Two Primary Types of Disorders

- Axis-I
 - Major clinical disorders
 - Psychotic disorders
 - Mood disorders
 - Anxiety disorders
 - Dissociative disorders
 - Etc...
- Axis-II
 - Personality disorders and mental retardation
 - Narcissism
 - Borderline
 - Hystriotic
 - Antisocial
 - Etc...
- Axis-III
 - Medical disorders
- Axis-IV
 - Social or environmental problems (e.g., breakup of relationship)
- Axis-V
 - Overall level of functioning (between 0-100)

Axis-I (schizophrenia)

- Most common type of psychotic disorder (1% population)
 - Means "split-mind", but not multiple-personality-disorder (MPD)!!!
 - MPD is really called dissociative-identity-disorder (DID)
- Diagnostic criteria:
 - 2 or more of the following, present for significant portion of 1 month period
 - delusions
 - hallucinations (RARE!)
 - disorganized speech (e.g., frequent derailment or incoherence)
 - grossly disorganized or catatonic behavior
 - negative symptoms (e.g., affective flattening)
 - **MOST FREQUENT!**
 - Only 1 symptom required if it is particularly bizarre.
 - 1 or more areas of functioning (e.g., work) are markedly below normal
 - Continuous signs of disturbance for at least 6 months (including 1 month of active symptoms)
 - Not the result of drug use or medical condition
 - Not the result of environmental influences (e.g., surviving disaster)



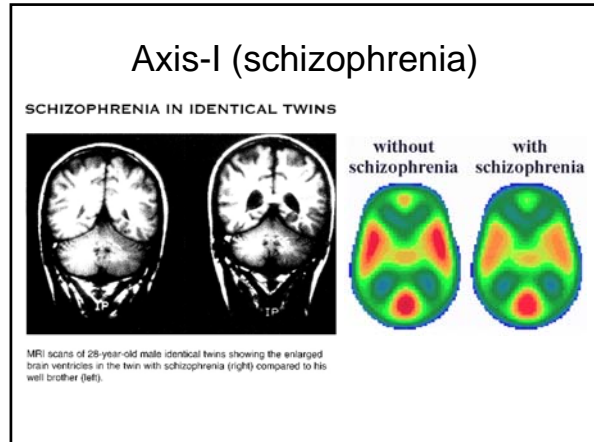
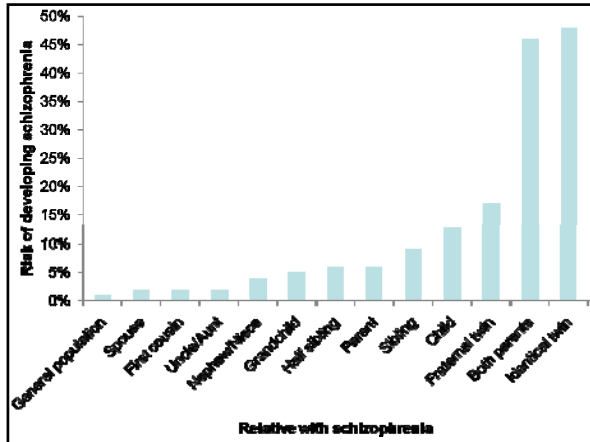
Axis-I (schizophrenia)

- Onset:
 - Males: late teens to early 20's
 - Female: late teens to late 20's
 - Often occurs after some sort of disturbance (diathesis-stress)
 - The later the onset the better as far as the severity of the disorder. Surprisingly, positive symptomatology is correlated with better outcomes.
- Treatment:
 - No known cause or cure (almost certainly of biological origin)
 - Antipsychotics (haldol) can control positive symptoms (hallucinations). Newer meds can control negative symptoms.
 - Meds have gotten a lot better over the years. Tardive dyskinesia not as much of an issue any longer.
 - Psychotherapy can help patient cope with symptoms and function better
 - Depending on the severity of the disorder, the natural coping abilities of the patient, and the response to medications and psychotherapy, some schizophrenics can lead relatively normal lives (some can even win the Nobel Prize)



John Nash
Nobel Prize
winner (1994)





Axis-I (schizophrenia)

A 20th-century artist, Louis Wain, who was fascinated by cats, painted these pictures over a period of time in which he developed schizophrenia. The pictures mark progressive stages in the illness and exemplify what it does to the victim's perception.

Axis-I (Obsessive-compulsive disorder)

Frequency of obsessive-compulsive symptoms

Obsessions (% of 200 OCD patients)

Contamination	43
Pathologic doubt	42
Order and rules fixation	36
Need for symmetry	31
Aggression	28
Sexual	26
Multiple obsessions	60

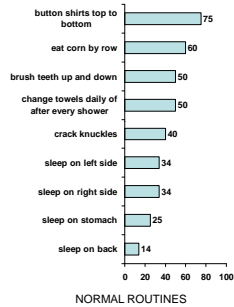
Compulsions (% of 200 OCD patients)

Checking	63
Washing	50
Counting	36
Asking/Repeating	31
Symmetry/order	28
Hoarding	18
Multiple compulsions	48

- Obsessions**
 - Recurring, persisting thoughts, impulses or images inappropriately intrude into awareness and cause marked distress or anxiety.
 - These ideas are not just excessive worries about ordinary problems.
 - The person tries to ignore or suppress these ideas or to neutralize them by thoughts or behavior.
 - There is insight that these ideas are a product of the patient's own mind.
- Compulsions**
 - The person feels the need to repeat physical behaviors (checking the stove to be sure it is off, hand washing) or mental behaviors (counting things, silently repeating words).
 - These behaviors occur as a response to an obsession or in accordance with strictly applied rules.
 - The aim of these behaviors is to reduce or eliminate distress or to prevent something that is dreaded.
 - These behaviors are either not realistically related to the events they are supposed to counteract or they are clearly excessive for that purpose.

Axis-I (Obsessive-compulsive disorder)

- During some part of the illness the patient recognizes that the obsessions or compulsions are unreasonable or excessive.
- The obsessions and/or compulsions are associated with at least 1 of:
 - Cause severe distress.
 - Take up time (more than an hour per day).
 - Interfere with the patient's usual routine or social, work or personal functioning.
- The symptoms are not directly caused by a general medical condition or by substance use, including medications and drugs of abuse.



Axis-I (Obsessive-compulsive disorder)

- Onset:
 - First onset often occurs by age 15
 - Second peak of disorder generally occurs during 20's
 - Likely to persist throughout life in varying degrees of severity
- Treatment:
 - May be related to lack of serotonin, which can be alleviated with SSRIs, like Prozac
 - Exposure and prevention therapy very useful and effective
 - Expose someone to something that elicits compulsions, then prevent patient from acting upon compulsions.
 - Condition them to understand that not acting upon their compulsions will not cause any sort of real harm.



Axis-II (Narcissistic Personality Disorder)

- A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:
 - Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).
 - Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
 - Believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
 - Requires excessive admiration.
 - Has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations.
 - Is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends.
 - Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others.
 - Is often envious of others or believes that others are envious of him or her.
 - Shows arrogant, haughty behaviors or attitudes.

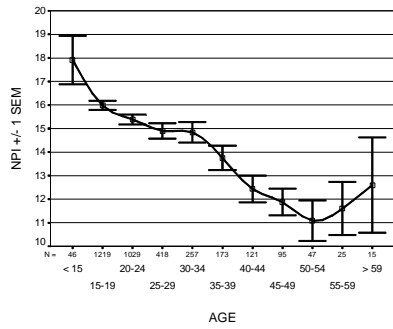


Echo: "Let us join one another."
Narcissus: "Hands off! I would rather die than you should have me!"

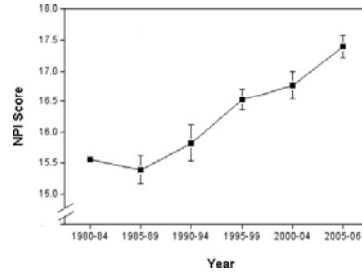
Axis-II (Narcissistic Personality Disorder)

- Prevalence:
 - Less than 1% of general population (but is this accurate?)
- Onset:
 - Personality disorders, as a rule, cannot be diagnosed prior to adulthood.
 - Many if not most children are pretty damned narcissistic!
- Causes:
 - Unknown – may have biological or genetic influences
 - Society may play a role.
 - When children are given "unconditional praise" this may lead to a sense of entitlement and narcissism.
 - "everyone's a winner!"
 - California Self-Esteem Task Force (ugh...)

Does narcissism fall with age?



Are people getting more narcissistic?



History of Treatment



History of Treatment



Therapy- Psychoanalysis

▪ Psychoanalysis

- Developed by Sigmund Freud
 - One of the first “talk therapy”
- Relies on the uncovering of repressed information.
 - Free association
 - Dream Interpretation
- Not very popular anymore.
- Most commonly depicted therapy in popular media.



Therapy- Psychoanalysis

▪ Free Association

- “Tell me whatever comes to your mind – WITHOUT CENSORING ANYTHING”
- Difficult to do!
- We tend to omit things that are trivial, embarrassing, or shameful.
- Analysts job is to interpret what you say.
 - Might provide insight into your problems.

Therapy- Psychoanalysis

▪ Dream interpretation

- Freud believed that your dreams contain both manifest and latent content.
- Manifest: what you actually dream.
- Latent: the content that actually underlies the manifest content.
- **YOU'RE UNWARE OF LATENT DREAM CONTENT!**
- Your psychoanalyst helps you uncover it.



Therapy- Psychoanalysis

▪ 2 major criticisms of Freud.

- Ideas are largely not testable
 - Freud resisted attempts to empirically test them.
- Too much focus on sex
 - Carl Jung broke away from Freud in part because of this.



Humanistic Therapy

- **Client-Centered Therapy (humanistic)**
 - developed by Carl Rogers
 - Let the client tell us what is wrong (Freud thought that the therapist needs to tell the client what is wrong)
 - Focuses on present and future rather than past.
 - Focuses on conscious thoughts rather than unconscious.
 - Focuses on making client grow rather than curing illness.
 - Therapist attempts to make client feel as accepted as possible (unconditional acceptance).
 - No judgment – just empathy.
 - Accept clients so that they can accept themselves – so that they can learn about themselves and grow.



Humanistic Therapy

- **Active Listening**-empathic listening in which the listener echoes, restates, and clarifies.
- Active listening is also good for non-therapeutic relationships.
 - Three components to active listening:
 - Paraphrase: summarize the speaker's words into your own.
 - Invite clarification: if your summary is not accurate, ask speaker to clarify for you.
 - Reflect feelings: Recognize and interpret the feelings you suspect in the speaker. Make them aware of your suspicions and invite them to clarify if you are wrong.

Behavior Therapy

- **Behavior Therapy**
 - therapy that applies learning principles to the elimination of unwanted behaviors
 - Most behavioral therapies work because of **extinction** (i.e., presenting the CS without the UCS) and **habituation** (i.e., repeated exposure to anything reduces intensity of response)

Behavior Therapy

- **Exposure Therapy**
 - treat anxieties by exposing people (in imagination or reality) to the things they fear and avoid



Behavior Therapy

- **Token Economy**
 - an operant conditioning procedure that rewards desired behavior
 - patient exchanges a token of some sort, earned for exhibiting the desired behavior, for various privileges or treats

Cognitive Therapy

- **Cognitive Therapy**
 - Developed by Aaron T. Beck (l) & Albert Ellis (r)
 - teaches people new, more adaptive ways of thinking and acting
 - based on the assumption that thoughts intervene between events and our emotional reactions
 - events do **not** cause us to feel anything. our thoughts cause these feelings.



Event: I got a bad grade on a recent exam.

Cognitive Style	Stable-Unstable	Global-Specific
Negative (stable, global)	This is hopeless. I don't think there's any way I'm going to pass this class. What if my other classes are like this and I fail them too? Eventually, I'm going to get kicked out of school and won't be able to find a job. What am I going to do then? Live on the streets?	I know why I got this bad grade. It's because I'm a lousy student. Why am I a lousy student? Because I'm dumb. Come to think of it, there isn't much I am good at. I might as well give up.
Positive (unstable, specific)	This was one bad grade. It's not the end of the world. I probably won't even remember this ten years from now. I'm going to make some major adjustments and really try hard to do well on the next test. Hopefully, I'll do better and this bad test will just be a bump in the road on my way to graduation.	This was one bad grade. It's not good, but it doesn't mean anything about me as a person or really even me as a student. The worst thing this means is that I have trouble understanding the material that was covered on the test.

Cognitive Therapy

- **Cognitive-Behavioral Therapy**
 - a popular integrated therapy that combines cognitive therapy (changing self-defeating thinking) with behavior therapy (changing behavior)
 - Therapist tries to get patient to both think differently and behave differently.

Evidence-Supported Therapies (ESTs)

- Designation for therapies that are supported by research findings showing their effectiveness.
- To qualify, therapy must be shown effective in at least 2 peer-reviewed studies that utilize proper experimental control.
- The “science” in scientist-practitioner model.
- Most therapies are not ESTs.
 - About 15 EBTs / About 4,000 non-ESTs

Example

Cognitive-Behavioral Therapy is clearly an EST

- Each cognitive-behavioral approach has specific techniques that can be tested for effectiveness;
- CBT encourages the development of specific goals that are measurable, and, therefore, can be researched;
- Cognitive-behavioral therapists (to varying degrees) are interested in the research and research process;
- Cognitive-behavioral therapists are not interested in techniques that "feel right" or "seem correct", but techniques that are effective.

Therapy	EST?	Scientific articles	Websites	Ratio of websites/articles
Behavior	Y	35,713	1,290,000	36
Cognitive	Y	16,837	1,050,000	62
Exposure	Y	1,404	120,000	85
Cognitive-behavioral	Y	9,464	846,000	89
Exposure-response prevention	Y	566	72,700	128
Interpersonal	Y	404	72,900	180
Thought field	N	59	108,000	1,831
Energy	N	41	124,000	3,024
Regression	N	25	82,800	3,312
St. John's wort	N	266	1,230,000	4,624
Past life regression	N	6	30,100	5,017
Rebirthing	N	2	10,900	5,450
Inner-child	N	1	12,400	12,400
Enneagram	N	46	606,000	13,174
Homeopathic	N	130	5,850,000	45,000
Magnetic	N	7	547,000	78,143
Therapeutic touch	N	4	343,000	85,750
Primal scream	N	8	796,000	99,500
Astrology	N	275	41,300,000	150,182
Average for ESTs		10,731	575,267	54
Average for non ESTs		67	3,926,169	58,667