

**Abnormal** implies something is undesirable and requires change.

**DEVIATION FROM SOCIAL NORMS**

→ Any behaviour which breaks the **unwritten** rules of society. Eg, Homosexuality.  
 ☹ Lacks cultural bias / Normal changes over time (single mothers & Homosexuality) / ignores context / subjective definition.  
 😊 Easy to distinguish normal from abnormal.

**STATISTICAL INFREQUENCY**

→ Statistically uncommon, rare or anomalous behaviours. Eg, High IQ & normal distribution curve.  
 ☹ Lacks cultural bias / some behaviours are desirable (high IQ) / some behaviours are common but undesirable (Depression) / Labelling causes more distress.  
 😊 Objective measure / real-life application.

**DEVIATION FROM 'IDEAL MENTAL HEALTH'**

→ Jahoda's 6 criteria need to be met to be 'normal' (self-attitude, self-actualisation, integration, autonomy, reality, mastery)  
 ☹ Too unrealistic / culture bias / reality changes over time.  
 😊 Can be used as an aspiration.

**FAILURE TO FUNCTION ADEQUATELY**

→ Unable to cope with the demands of daily life. Eg, interpersonal rules, observer discomfort, personal distress, irrational or dangerous) Eg, Schizophrenia.  
 ☹ Difficult to define / ignores context.  
 😊 Real-life application – we self-refer.

**DEPRESSION**

- 5 or more symptoms (1 must be low mood or loss of interest in pleasure)
- 2-week period.
- Daily life affected (work, school, social, relationships)

**PHOBIAS**

- Persistent fear of a social or performance situation which provokes anxiety which lasts 6 months.
- The individual knows they are unreasonable, excessive and irrational but actively avoids the stimulus.
- Daily life affected (work, school, social, relationships)

**OCD**

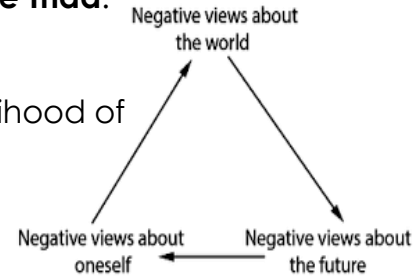
- A presence of obsession that are intrusive and or compulsions that reduce anxiety.
- Time consuming (1+ a day) over 2 weeks.
- Daily life affected (work, school, social, relationships)

**CHARACTERISTICS**

- Hypersomnia/ insomnia
- Low mood / low self-esteem
- Absolute thinking
- Suicidal thoughts.
- Panicked response.
- Avoidance of stimulus.
- Excessive, irrational and unreasonable thoughts.
- Irrational beliefs.
- Self-critical
- Irrational obsessions
- Hypervigilant
- Avoidance of stimulus
- Anxiety and distress
- Compulsions.
- Coping strategies.

Explanations of **DEPRESSION**

**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 (behaviour)

Treatment of **DEPRESSION**

**CBT** → 50 min sessions / goal-orientated / present focus / teaches techniques / combination of Ellis and Beck's treatment.  
**REBT** → Dispute irrational thoughts with 'arguments' (Empirical, Logical, Pragmatic) which will lead to a desired Effect / Feeling.  
**CT** → Therapist identifies **negative automatic thoughts** and challenges them using dysfunctional thought diaries **or goals outside of therapy**.  
 😊 Real life application / root cause / very effective  
 ☹ Time consuming / therapist experience / willingness to seek therapy



Explanations of **PHOBIAS**

Classical + Operant conditioning = **TWO PROCESS MODEL** (Mowrer) → We **acquire** phobias through classical and **maintain** them through operant.  
**Alternate** explanations → Vicarious reinforcement / Irrational thinking / biological preparedness  
 😊 Real life application / Little Albert research  
 ☹ Diathesis-stress model / ignores cognition and evolution.

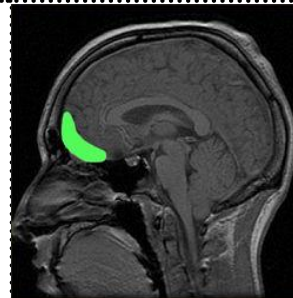
Explanations of **OCD**

**NEURAL EXPLANATIONS** → damaged orbitofrontal cortex which means 'worry signals' are looped in the brain. High dopamine and low serotonin can cause a damage.  
**GENES** → COMT gene regulates the production of dopamine. SERT gene transports serotonin. If these genes are faulty, it can lead to damages in the brain.  
**SAPAP3** – animal study shows that mice lacking these gene excessively groomed themselves which stopped when given the protein  
 ☹ Alternate explanations / cause or effect / polygenic disorder / real life application.

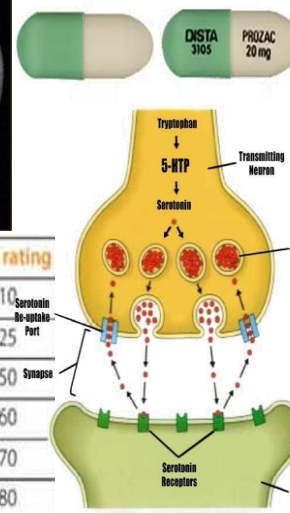
Treatment of **PHOBIAS**

**SYSTEMATIC DESENSITISATION** → gradual process, counter-conditioning. Clients create an **anxiety hierarchy** and are taught **relaxation** techniques and gradually **exposed** to their fear – the body can't sustain high arousal for long.

**FLOODING** → Immediate exposure over 2-3h. Clients are exposed to their phobias after learning relaxation techniques until it no longer fears them (extinction).  
 😊 Effective in results / Flooding is cost-effective.  
 ☹ SD is time consuming / ignores cognition behind phobia / not suitable for all people.



Behavior	Fear rating
Think about a spider.	10
Look at a photo of a spider.	25
Look at a real spider in a closed box.	50
Hold the box with the spider.	60
Let a spider crawl on your desk.	70
Let a spider crawl on your shoe.	80



Treatment of **OCD**

**DRUG THERAPY** → SSRIs increase serotonin which can reduce symptoms of OCD / synaptic transmission. Alternatives to SSRIs → SNRIs / Tricyclics / psychosurgery  
 😊 Very effective / quick and effortless  
 ☹ Drugs take a while to start working / only treats symptoms? / relapse likely / publication bias / cognitive treatment needed for obsessions.

