Abnormal Psychology

Course Introduction
Psychology 3303
Professor June Gruber
1. What can we learn from the upper and lower boundaries of the human mind?
2. How can we best address and ameliorate human distress and suffering?
3. How can we cultivate de-stigmatization of mental illness?
Abnormal Psychology

Interdisciplinary
Psychology
Psychiatry & Psychotherapy
Neuroscience
Cognitive Science
Computer Science
Linguistics
Sociology
Anthropology
Philosophy
Common Epidemiological Catchment Area (ECA) Study, 1980s.

- 20,000 Americans interviewed regarding their experience with 30 DSM disorders.

- 32% of those interviewed received at least one lifetime diagnosis.
1 in 3
Students reported prolonged periods of depression

50%
Of students rated their mental health below average or poor

1 in 7
Students reported engaging in abnormally reckless behavior

1 in 4
Students reported having suicidal thoughts or feelings

Kadison & DiGeronimo (2004); www.nami.org
One in Three College Freshmen Worldwide Reports Mental Health Disorder

Students from 90 colleges in eight countries report symptoms consistent with psychological disorder, study says

WASHINGTON — As if college were not difficult enough, more than one-third of first-year university students in eight industrialized countries around the globe report symptoms consistent with a diagnosable mental health disorder, according to research published by the American Psychological Association.

“While effective care is important, the number of students who need treatment for these disorders far exceeds the resources of most counseling centers, resulting in a substantial unmet need for mental health treatment among college students,” said lead author Randy F. Auerbach, PhD, of Columbia University. “Considering that students are a key population for determining the economic success of a country, colleges must take a greater urgency in addressing the issue.”

Auerbach and his co-authors analyzed data from the World Health Organization’s World Mental Health International College Students Initiative, which surveys 400 college students from 90 colleges in eight countries: Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain and the United States. Students were asked to questionnaires to evaluate common mental disorders, including major depression, generalized anxiety disorder and panic disorder.

The researchers found that 28 percent of the respondents reported symptoms consistent with at least one mental disorder.
Roadmap

Who’s Who

Key Questions

Logistics
WELCOME TO THE POSITIVE EMOTION & PSYCHOPATHOLOGY (PEP) LAB
Current Lab Interests

1. Emotion and mental health during the transition to college in CU students
2. Risk for developing bipolar disorder in young adults
3. Brain activity (EEG, fMRI), physiology, and hormones in mood disorders.
4. Psychosocial interventions for mood disorders
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Email: gruberpeplab@colorado.edu
Nicholas Haynes
Graduate Student
Department of Psychology & Neuroscience
What is abnormality?
Disorder as Harmful Dysfunction: A Conceptual Critique of DSM–III–R’s Definition of Mental Disorder

Jerome C. Wakefield
Columbia University School of Social Work
and Institute for Health, Health Care Policy, and Aging Research, Rutgers University

The Diagnostic and Statistical Manual of Mental Disorders (3rd ed., rev; DSM–III–R) operationally defines disorder essentially as "statistically unexpected distress or disability." This definition is an attempt to operationalize 2 basic principles: that a disorder is harmful and that a disorder is a dysfunction (i.e., an inability of some internal mechanism to perform its natural function). However, the definition fails to capture the idea of "dysfunction" and so fails to validly distinguish disorders from nondisorders, leading to invalidities in many of DSM–III–R’s specific diagnostic criteria. These problems with validity are traced to DSM–III–R’s strategies for increasing reliability.

The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (3rd ed., rev; DSM–III–R; American Psychiatric Association, 1987) is used by virtually every mental health professional in the United States to guide diagnosis and to justify third-party reimbursement for treatment. DSM–III–R is also used by most mental health researchers to identify and evaluate clinical samples. Consequently, the principles used to decide which conditions to include as disorders in DSM–III–R are of critical importance to mental health practice.

One factor guiding such decisions is the conception of disorder possessed by the framers of the manual. That conception for a common nosology. The answer implicit in DSM–III–R is that all theories of mental disorder presuppose a common pretheoretical concept of mental disorder, as expressed in DSM–III–R’s theory-neutral definition. The concept specifies the domain of conditions that such theories must explain if they are to be theories specifically of mental disorder. The concept thus provides the glue that holds together the mental health field. Because the concept is theory neutral, it can serve as a basis for the creation of an atheoretical manual. To accomplish this, the set of criteria for each category of disorder listed in DSM–III–R must possess validity as an indicator of disorder when judged by the shared concept of mental disorder alone,
Question

How do you study psychopathology?
CLINICAL INTERVIEW
Example Experimental Procedure

WATCHED FILMS
(Neutral, Sad, Happy)

EMOTIONAL LIFE EVENTS INTERVIEW
(Neutral, Sad, Happy)

Rottenberg et al (2005)
Multi-Modal Assessment

Self-Reported Emotion


Negative Emotion: Sadness, Fear, Disgust, Anger, Shame, Embarrassment.

Emotional Behavior

(EMFACS; Ekman & Rosenberg, 1997)

Positive Emotion: Happy, Pride, Amusement.

Negative Emotion: Sadness, Fear, Disgust, Anger.

Peripheral Physiology

Heart Rate
Skin Conductance
Cardiac Vagal Tone (RSA)
Finger/ear pulse transit time
Finger/ear pulse amplitude
Systolic & diastolic blood pressure
Pre-ejection period
Stroke volume
Cardiac output
Gross somatic movement
Clinical Neuroscience Approaches
Question

How is mental illness diagnosed in the first place?
NIMH Research Domain Criteria (RDoC)

**Functional Domains**

- **Negative Valence System**
  (e.g., fear, anxiety, loss)
- **Positive Valence System**
  (e.g., reward, learning, habit)
- **Cognitive Systems**
  (e.g., attention, perception, memory)
- **Systems for Social Processes**
  (e.g., attachment, communication, perception of self & others)
- **Arousal and regulatory Systems**
  (e.g., arousal, circadian rhythms)

**Units of Analysis**

- Genes
- Molecules
- Cells
- Circuits
- Physiology
- Behavior
- Self-Reports
- Paradigms
Question

Only thing to fear is fear itself?
“Only thing we have to fear is fear itself.”

-Franklin D. Roosevelt (1932), First Inaugural Address
Anxiety Disorders: Umbrella

- Specific Phobia
- Panic Disorder
- Generalized Anxiety Disorder (GAD)
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Social Anxiety Disorder

Prevalence: 25%; Most Common Psychiatric Disorder (usually phobias)
Question

How do emotions go awry?
Emotion & Psychopathology

1. Extremes
   Greater intensity of emotional displays, greater amplitude of emotional reactivity

2. Absences
   Lower intensity of emotional displays (or absent); decreased amplitude of emotional reactivity (or absent)

3. Disjunctions
   Emotion as a multi-component system (experience, behavior, physiology). Channels ideally cohere together. Disjunction involves mis-match between channel(s) of emotion with other channel(s).

Gruber & Keltner (2007)
Question

Dying to be thin?
Question

Can feeling too good be bad?
Significant Impairment

- Highest suicide rate (up to 29%) of all psychiatric disorders
- 1/2 inpatient mental health care costs
- 6th leading cause of worldwide disability by World Health Organization
“When you’re high it’s tremendous. The ideas and feelings are fast and fleeting like shooting stars…feelings of ease, intensity, power, well-being, financial omnipotence, and euphoria pervade one’s marrow.”

Kay Jamison, Unquiet Mind  (p. 67).
“For no reason, I started to feel incredibly good. I didn’t sleep much. I just walked around with this wonderful feeling. One day I was passing a diner and I knew how it felt to be a lion. I went into the diner and said ‘Bring me a steak, a raw steak, don’t cook it.’ I started eating it. The other customers made like they were revolted, watching me. So I began to see that maybe it was a little strange. I went to the Dean and said ‘Get me down off this.’”

ROETHKE (1908-1963), American Poet
Question

What’s sex got to do with it?
Question

What about sleep?
Circadian Systems

Social rhythms

Light

Temperature

Meal times

Sleep deprivation

Arousal

Stress/Emotions

Locomotor activity

Modifiable

7 23 7 23 8
Bi-Directional Escalating Vicious Cycle

Mood Regulation Difficulty → Sleep Disturbance → Mood Regulation Difficulty

Inter-episode dysfunction

Vulnerability to relapse
Question

How is psychopathology depicted in the media?
Question

Ashamed of abnormality?
ORIGINS of the

DEPRESSION EPIDEMIC

Jonathan Rottenberg
4,137 likes · 238 talking about this

Author

eccedentesiast
noun.
A person who fakes a smile
Question

Dark side of happiness?
“Happiness is the meaning and the purpose of life, the whole aim and end of human existence.”

- ARISTOTLE
HAPPINESS
A DARK SIDE?
Question

Where is my mind?
Question

Can personality be disordered?

Cluster A: Odd/Eccentric
- Paranoid PD
- Schizoid PD
- Schizotypal PD

Cluster B: Dramatic/Erratic
- Borderline PD
- Histrionic PD
- Narcissistic PD
- Antisocial PD

Cluster C: Anxious/Fearful
- Avoidant PD
- Dependent PD
- Obsessive-Compulsive PD
Question
A dark side of the human mind?
Psychopathy

What is it?

<table>
<thead>
<tr>
<th>Emotional/Interpersonal</th>
<th>Antisocial Lifestyle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glib and Superficial</td>
<td>Impulsive</td>
</tr>
<tr>
<td>Egocentric and Grandiose</td>
<td>Poor Behavioral Controls</td>
</tr>
<tr>
<td>Lacks Remorse, Guilt</td>
<td>Need for Excitement</td>
</tr>
<tr>
<td>Lacks Empathy</td>
<td>Lack Responsibility</td>
</tr>
<tr>
<td>Deceitful and Manipulative</td>
<td>Early Behavioral Problems</td>
</tr>
<tr>
<td>Shallow Emotions</td>
<td>Adult Antisocial Behavior</td>
</tr>
</tbody>
</table>

Emotional/Interpersonal Deficits + Antisocial Behavior
Question

Not guilty by reason of insanity?
Objectives

Exposure to current theories of the etiology and maintenance of psychopathology.

Empirically-supported treatments

Curiosity and compassion for those suffering from mental illness
Roadmap

Who’s Who

Key Questions

Logistics
Logistics

Syllabus & Website
Requirements
Extra Credit Opportunities
Readings
No Electronics
“Not everything that steps out of line, and thus abnormal, must necessarily be inferior.”

-Hans Asperger (1938)
Check-In Question

In your opinion, which of the following “themes” best describes mania (i.e., bipolar disorder)?

a) Extreme
b) Absence
c) Disjunction
d) Other
Take-Away Questions

1. What were the two earlier, competing theories of emotion and depression?

2. What are the main principles of the Emotion Context Insensitivity (ECI) theory of depression?

3. What are the main principles of the Positive Emotion Persistence (PEP) theory of mania (i.e., bipolar disorder)?
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http://www.gruberpeplab.com/teaching/psych3303_spring2019
Logistics

Syllabus & Website
Requirements
Extra Credit Opportunities
Readings
No Electronics
1. Three In-Class Exams (75%)
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2. Outreach Project (10%)
1. Three In-Class Exams (75%)
2. Outreach Project (10%)
3. Weekly Reading Reaction (15%)
Course Logistics

Course Website
Requirements
Extra Credit Opportunities
Readings
No Electronics
Expert Interviews
Clinical Psychology Experts

John Allen
Jo-Anne Bachorowski
Michael Bailey
John Bargh
Lisa Feldman Barrett
Roy Baumeister
Arturo Bejar
Kent Berridge
Wendy Berry Mendes
George Bonanno
John Cacioppo
Joseph Campos
Laura Carstensen
Yulia Chentsova Dutton
Margaret Clark
Gerald Clore
James Coan
Leda Cosmides
Ronald Dahl
Richard Davidson
David DeSteno
Nancy Eisenberg
Naomi Eisenberger
Paul Ekman
Barbara Fredrickson
Daniel Gilbert
Ian Gotlib
James Gross
Jonathan Haidt
Matthew Hertenstein
Derek Isaacowitz
Sheri Johnson
Jutta Joormann
Jerome Kagan
Dacher Keltner
Brian Knutson
Hedy Kober
Ann Kring
Marianne LaFrance
Jennifer Lerner
Robert Levenson
Iris Mauss
Pranjal Mehta
Douglas Mennin
Judith Moskowitz
Michael Norton
Kevin Ochsner
Jaak Panksepp
Lisa Parr
Steven Pinker
David Pizarro
David Rand
Jonathan Rottenberg
Laurie Santos
Greg Siegle
Leah Somerville
Maya Tamir
June Tangney
John Tooby
Jeanne Tsai
Jessica Tracy
Tor Wager
David Watson
Jamil Zaki
Example

Dr. Jutta Joormann
Professor of Psychology
Yale University

Depression and Emotion: Adults
Example

Dr. Sheri Johnson
Professor of Psychology
University of California, Berkeley

Emotion and Bipolar Disorder
Course Twitter Account

#psych3303
@psych3303
https://www.twitter.com/psych3303
Logistics

Course Website
Requirements
Extra Credit Opportunity
Readings
No Electronics
Emotion Context Insensitivity in Major Depressive Disorder

Jonathan Rottenberg
University of South Florida

James J. Gross and Ian H. Gotlib
Stanford University

The present study tested 3 competing views of how depression alters emotional reactivity: positive attenuation (reduced positive), negative potentiation (increased negative), and emotion context insensitivity (ECI; reduced positive and negative). Normative and idiographic stimuli that elicited happy, sad, and neutral states were presented to currently depressed, formerly depressed, and healthy control individuals while experiential, behavioral, and autonomic responses were measured. Currently depressed individuals reported less sadness reactivity and less happiness experience across all conditions than did the other participants, and they exhibited a more dysphoric response to idiographic than to normative stimuli. Overall, data provide partial support for the positive attenuation and ECI views. Depression may produce mood-state-dependent changes in emotional reactivity that are most pronounced in emotion experience reports.

Keywords: depression, emotional functioning, reactivity
Can Feeling Too Good Be Bad? Positive Emotion Persistence (PEP) in Bipolar Disorder

June Gruber
Yale University

Abstract
Positive emotions are vital to attaining important goals, nurturing social bonds, and promoting cognitive flexibility. However, one question remains relatively unaddressed: Can positive emotions also be a source of dysfunction and negative outcomes? An ideal point of entry to understand how positive emotion can go awry is bipolar disorder, a psychiatric disorder marked by abnormally elevated positive emotion. In this review I provide an overview of recent experimental evidence from individuals at risk for, and diagnosed with, bipolar disorder. I present a novel account of positive-emotion disturbance, referred to as positive emotion persistence (PEP), and consider potential mechanisms. The central thesis guiding PEP is that persistent activation of positive emotion across contexts and not solely in response to positive or rewarding stimuli is a marker of emotion dysfunction.
Logistics

Course Website
Requirements
Extra Credit Opportunity
Readings
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Questions?
Thank You!

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