CHAPTER 3: Causal Factors and Viewpoints

Chapter Overview/Summary

Usually the occurrence of abnormal or maladaptive behavior is considered to be the joint product of a person’s vulnerability (diathesis) to disorder and of certain stressors that challenge his or her coping resources. In considering the causes of abnormal behavior, it is important to distinguish between necessary, sufficient, and contributory causal factors, as well as between relatively distal causal factors and those that are more proximal. Regardless of the theory used, several factors are considered in the etiology of abnormal behavior. The concept of protective factors is important for understanding why some people with both a diathesis and a stressor may not develop a disorder but may remain resilient.

Both the distal and proximal (immediate) causes of mental disorder may involve biological, psychosocial, and sociocultural factors. These three classes of factors can interact with each other in complicated ways. This chapter discusses biological, psychosocial, and sociocultural viewpoints, each of which tends to emphasize the importance of causal factors of the same type.

In examining biologically based vulnerabilities, we must also consider genetic endowment, biochemical and hormonal imbalances, temperament, and brain dysfunction and neural plasticity. Investigations in this area show much promise for advancing our knowledge of how the mind and the body interact to produce maladaptive behavior.

The oldest psychological viewpoint on abnormal behavior is Freudian psychoanalytic theory. For many years, this view was preoccupied with questions about libidinal energies and their containment. More recently, psychodynamic theories have shown a distinctly social or interpersonal thrust under the influence, in part, of object-relations theory that emphasizes the importance of the quality of very early (pre-Oedipal) mother-infant relationships for normal development. The originators of the interpersonal perspective were also defectors from the psychoanalytic ranks that took exception to the Freudian emphasis on the internal determinants of motivation and behavior. They instead emphasized that important aspects of human personality have social or interpersonal origins, especially unsatisfactory relationships in the past or present. Psychoanalysis and closely related therapeutic approaches are termed psychodynamic in recognition of their attention to inner, often unconscious, forces.

The behavioral perspective on abnormal behavior, which was rooted in the desire to make psychology an objective science, was slow in overcoming the dominant psychodynamic bias of the time, but in the last 30 years, it has established itself as a major force. Behaviorism focuses on the role of learning in human behavior, and it views maladaptive behavior either as a failure of learning appropriate behaviors, or learning maladaptive behaviors. Adherents of the behavioral viewpoint attempt to alter maladaptive behavior either by extinguishing it and/or by training new, more adaptive, behaviors.

Initially a spin-off from (and in part a reaction against) the behavioral perspective, the cognitive-behavioral viewpoint attempts to incorporate the complexities of human cognition and how it can become distorted into understanding the causes of psychopathology. Adherents of the cognitive-behavioral viewpoint attempt to alter maladaptive thinking and improve a person’s abilities to solve problems and to plan.

People’s schemas and self-schemas play a central role in the way that they process information and in the kinds of attributions and values concerning the world that they have. A schema is what contributes to how one acts, thinks, and feels based on temperament, abilities, and experiences. The efficiency, accuracy, and coherence of a person’s schemas and self-schemas appear to provide an important protection against psychopathology. Sources of psychosocially determined vulnerability include early social deprivation or severe emotional trauma, inadequate parenting styles, marital discord and divorce, and maladaptive peer relationships.

The sociocultural viewpoint is concerned with the social environment as a contributor to mental disorder because sociocultural variables are important sources of vulnerability, or, conversely, of resistance. Although many serious mental disorders are fairly universal, the prevalence and form that some disorders take varies widely among
different cultures. Low socioeconomic status, unemployment, and being subjected to prejudice and discrimination are associated with greater risk for various disorders.

We are still a long way from the goal of a complete understanding of abnormal behavior. The many theoretical perspectives that exist have given us a very good start, but they fall short. To obtain a more comprehensive understanding of mental disorder, we must draw on a variety of sources, including the findings of genetics, biochemistry, psychology, sociology, and so forth. The biopsychosocial approach comes closest, but in many ways it is merely a descriptive acknowledgment of these complex interactions rather than a clearly articulated theory of how they interact. It is the task of future generations of theorists to devise a general theory of psychopathology, if indeed one is possible.

Detailed Outline

I. Causes and Risk Factors for Abnormal Behavior
   A. Necessary, Sufficient, and Contributory Causes
      1. **Etiology** is the causal pattern of abnormal behavior.
      2. **Necessary cause** is a condition that must exist for a disorder.
      3. **Sufficient cause** of a disorder is a condition that guarantees the occurrence of a disorder.
      4. **Contributory causes** increase the probability of a disorder.
      5. A condition that must exist for a disorder to occur is a necessary cause.
      6. A sufficient cause guarantees the occurrence.
      7. A contributory cause increases the probability.
      8. Distal causal factors are causal factors occurring relatively early in life that do not show their effects for years.
      9. Proximal causal factors are causal factors that operate shortly before the occurrence of the symptoms of a disorder.
      10. A reinforcing contributory cause is a condition that maintains maladaptive behavior.
   B. Feedback and Bidirectionality in Abnormal Behavior
      1. When more than one causal factor is involved, a causal pattern is found.
      2. Simple cause-and-effect sequences are rare in abnormality.
      3. Complex systems of feedback produce patterns of interaction and circularity.
      4. Causal pattern is when more than one factor is involved in the cause.
   C. Diathesis-Stress Models
      1. A predisposition toward a given disorder is termed a diathesis or vulnerability.
      2. **Diathesis** can derive from biological, psychosocial, and sociocultural causal factors.
      3. Diathesis may be perceived as the distal necessary or contributory cause; a more proximal undesirable event or situation (the stressor) produces the disorder in someone with the distal necessary or contributory cause.
      4. **Diathesis-stress models**—when mental disorders develop when some kind of stressor operates on a person
      5. **Stress** is a response to an adjustment demand.
      6. Several models of how diathesis and stress may combine to produce a disorder:
         a. Additive model: diathesis and stress together must reach a particular level; may reach this level with only diathesis or stress but easier if both are present
         b. Interactive model: some amount of diathesis and stress required; if both are not present, the disorder will not develop
      7. **Protective factors** are influences that modify a person’s response to environmental stressors making it less likely that the person will experience the adverse consequences of the stressors.
         a. Having at least one parent who is warm and supportive
         b. Exposure to moderate stressful experiences dealt with successfully
         c. Girls are less vulnerable than boys
         d. Other protective attributes: easygoing temperament, high self-esteem, high intelligence and school achievement
         e. Protective factors may lead to **resilience**—the ability to cope successfully with very difficult circumstances
8. Diathesis-stress models are multicausal developmental models emphasizing that we must know what is normal development to understand what constitutes abnormal development (developmental psychopathology).

II. Viewpoints for Understanding the Causes of Abnormal Behavior
A. Viewpoints help organize observations, provide a system of thought in which to place the observed data, and suggest areas of focus for research and treatment.
B. The understanding and treatment of abnormal behavior has moved from biological, to unconscious psychological forces, to sociocultural influences on behavior. Today the field takes a more inclusive interactionist perspective.
C. The biopsychosocial viewpoint incorporates the biological, psychological and sociocultural factors and looks at how nature and nurture interact to produce mental health issues.

III. The Biological Viewpoint and Biological Causal Factors
A. Mental disorders are viewed as disorders of the central nervous system, the autonomic nervous system, and/or the endocrine system that are inherited or caused by some pathological process.
B. Imbalances of Neurotransmitters and Hormones (see figure 3.1)
1. Imbalances of neurotransmitter systems
   a. Neurotransmitter—chemical substances that are released into the synapse by the presynaptic neuron
   b. Synapse—a tiny fluid-filled space between neurons
   c. Dysfunction may occur in how neurotransmitters are deactivated
   d. May be a problem with receptors in the postsynaptic neuron
   e. Norepinephrine, dopamine and serotonin are monoamines (each synthesized from a single amino acid) that have been extensively studied
2. Hormonal imbalances (see figure 3.4 for a diagram of the endocrine system)
3. Pituitary gland—the master gland of the body which produces a variety of hormones
4. Hypothalamic-pituitary-adrenal-cortical axis (HPA axis)
5. Cortisol—stress hormone
C. Genetic Vulnerabilities
1. Abnormalities in the structure or number of chromosomes
2. Genes—very long molecules of DNA
3. Chromosomes—chain-like structures within a cell nucleus that contain genes
4. Vulnerabilities to mental disorders are almost always polygenic, which means multiple genes influence them.
5. Genes affect behavior indirectly; expression is not a simple outcome of the information encoded in the DNA but is the end product of a process that is influenced by the internal and external environment.
6. The relationship of genotypes to phenotypes
7. Polygenic—mental disorders that are influenced by multiple genes
8. Genotype—a person’s total genetic endowment
9. Phenotype—the interaction of the genotype and the environment
10. Genotype-environment correlations occur when the genotype shapes the environmental experiences a child has.
   a. Passive effect
   b. Evocative effect
   c. Active effect
11. People with different genotypes may be differentially sensitive or susceptible to their environment; this is known as genotype-environment interactions
12. Methods for studying genetic influences, used by those in the field of behavior genetics, includes:
   a. Behavior genetics—the field that focuses on studying the heritability of mental disorders
      (1) Pedigree or family history method
(2) Twin method  
(3) Concordance rate  
(4) Adoption method  

13. Separating genetic and environmental influences  
   a. Shared environmental influences are those that would affect all children in a family similarly.  
   b. Nonshared environmental influences are those in which children in the same family differ.  

14. Linkage analysis and association studies  
   a. These studies attempt to determine the actual location of genes for certain disorders.  
   b. Linkage analysis—studies mental disorders on known chromosomes of genes for inherited physical characteristics  
   c. Linkage analysis has proven successful with Huntington’s disease but not conclusively with any psychological disorders.  
   d. Association studies are proving to be more promising, starting with two large groups of individuals—one group with and one group without a given disorder.  

D. Temperament  
1. Refers to a child’s reactivity and characteristics of self-regulation  
2. Approximately five dimensions of temperament have been identified:  
   a. Fearfulness  
   b. Irritability or frustration  
   c. Positive affect  
   d. Activity level  
   e. Attentional persistence  
3. Temperamental characteristics seem to be related to three important dimensions of adult personality:  
   a. Neuroticism or negative emotionality  
   b. Extraversion or positive emotionality  
   c. Constraint (conscientiousness and agreeableness)  
4. May set the stage for various forms of psychopathology later in life  
5. Behaviorally inhibited—label for children who are fearful or hypervigilant in unfamiliar situations.  

E. Brain Dysfunction and Neural Plasticity  
1. Considerable neural plasticity or flexibility of the brain in making changes in organization and function in response to pre- and post-natal experiences, stress, diet, disease, drugs, maturation, etc.  
2. Animal studies clearly document that both positive and negative events can lead to changes in the structure and functioning of the brain.  
3. Recent evidence suggests that unstimulating, deprived environments can cause retarded development in humans.  
4. Developmental systems approach acknowledges not only the genetic activity influences on neural activity but also how the environment also impacts psychopathology.  
5. Recent research emphasizes the importance of a developmental systems approach—genetic activity influences neural activity which in turn influences behavior which in turn influences the environment but also that these influences are bidirectional. (See figure 3.6 for Gottlieb’s concept of epigenesis.)  

F. The Impact of the Biological Viewpoint  
1. Host of new drugs has brought attention to biological viewpoints  
2. Gorenstein points out that it is illusory to say biological differences signal illness.  
3. Gorenstein also points out that psychological causes can be distinguished from biological causes only prior to their entry into the central nervous system.  
4. Mediated—psychological events are controlled through the activities of the CNS.  

IV. The Psychological Viewpoints  
A. The Psychodynamic Perspectives
1. Sigmund Freud founded the psychoanalytic school, which emphasizes the role of unconscious motives and thoughts.

2. Fundamentals of Freud’s psychoanalytic theory
   a. The structure of personality: id, ego, superego
      (1) Life instincts and libido
      (2) Death instincts
      (3) Pleasure principle
      (4) Primary process thinking
      (5) Secondary process thinking
      (6) Reality principle
      (7) Intrapsychic conflicts
      (8) Libido—the basic emotional and psychic energy of life
      (9) Pleasure principle—id operates on this engaging in selfish and pleasure-oriented behavior
      (10) Primary process thinking—realistic actions needed to meet instinctual demands
      (11) Ego—second part of the personality that mediates between the id and the realities of the real world
      (12) Secondary process thinking—ego’s adaptive measures
      (13) Reality principle—ego operates on this
      (14) Superego—the third part of personality, conscience
      (15) Intrapsychic conflicts—inner mental conflicts that lead to mental disorders
   b. Anxiety, defense mechanisms, and the unconscious
      (1) Ego-defense mechanisms—irrational protective measures to defend a bruised ego.
      (2) Freud believed that anxiety played a key causal role in most forms of psychopathology.
      (3) Neurotic and moral anxiety, because they are unconscious, cannot be dealt with rationally thus the ego resorts to irrational protective mechanisms referred to as ego-defense mechanisms (see Table 3.1).
   c. Psychosexual stages of development
      (1) Oral stage
      (2) Anal stage
      (3) Phallic stage
      (4) Latency period
      (5) Genital stage
   d. The Oedipus Complex and the Electra Complex
      (1) Castration anxiety
      (2) Penis envy

3. Newer psychodynamic perspectives
   a. Ego psychology—when the ego does not function adequately
   b. Object-relations theory focuses on individuals’ interactions with real and imagined other people and on the relationships that people experience between their internal and external objects.
   c. The interpersonal perspective views psychopathology as rooted in unfortunate tendencies we have developed while dealing with our interpersonal environments.
   d. Attachment theory emphasizes the importance of early experience, specifically the quality of parental care to the development of secure attachments.

4. Impact of the psychoanalytic perspective
   a. Development of therapeutic techniques such as free association and dream analysis leading to recognition and influence of the unconscious, early childhood experiences, and sexual factors.
   b. Problems develop as failed coping strategies
   c. Two important criticisms
(1) Failure to recognize scientific limits of personal reports of information.
(2) Lack of scientific evidence to support many of its assumptions or the effectiveness of traditional psychoanalysis.

5. Impact of newer psychodynamic perspectives
   a. Increasing scientific rigor
   b. More focus on documenting effectiveness of treatment
   c. Enormous amount of research generated by attachment theory.

B. The Behavioral Perspective
1. Learning—the modification of behavior as a consequence of experience
2. Classical conditioning (see Figure 3.8)
   a. Unconditioned stimulus
   b. Unconditioned response
   c. Conditioned stimulus
   d. Conditioned response
   e. Stimulus-stimulus expectancy
   f. Extinction
   g. Spontaneous recovery
   h. Interceptive cues
3. Instrumental (or operant) conditioning
   a. Reinforcement
   b. Response-outcome expectancy
   c. Conditioned avoidance response
4. Generalization and discrimination
5. Observational learning
6. Impact of the behavioral perspective
   a. Dollard and Miller’s classic publication
   b. Maladaptive behavior is viewed as essentially the result of:
      (1) Failure to learn necessary adaptive behaviors or competencies
      (2) Learning of ineffective or maladaptive responses
   c. Focus of therapy is to change specific behaviors and emotional responses
   d. Hailed for precision and objectivity, wealth of research, and for its demonstrated effectiveness in changing specific behaviors
   e. Criticized by many for focusing on specific behaviors and for the misconception that it simplifies human behavior

C. The Cognitive-Behavioral Perspective
1. Bandura stressed that human beings regulate their behavior by internal symbolic processes—thoughts—or internal reinforcement.
2. Cognitive-behavioral perspective focuses on how thoughts and information processing can become distorted and lead to maladaptive emotions and behaviors
3. Believed that treatment works by improving self-efficacy, the belief that one can achieve one’s desired goal.
4. Schemas and cognitive distortions
   a. Today, the cognitive or cognitive-behavioral perspective focuses on how thoughts and information processing can become distorted and lead to maladaptive emotions and behavior.
   b. Schema—underlying representation that guides current processing of information and leads to distortions
   c. Aaron Beck developed the concept of a schema or underlying representative of knowledge that guides the current processing of information and often leads to distortions in attention, memory, and comprehension.
   d. Beck:
      (1) Has received widespread support
      (2) Traditional behaviorists remain skeptical, as cognitions are not observable; must rely on client report.
      (3) Research studies documenting effectiveness of cognitive-behavioral techniques.
e. **Self-schemas** include our views about who we are, what we might become, and what is important to us.

f. Assimilation and accommodation

g. Different maladaptive schemas that have developed as a function of adverse early learning experiences characterize different forms of psychopathology.

h. Information may be processed nonconsciously, outside of our awareness as evidenced by implicit memories.

5. Attributions, attributional style and psychopathology

a. **Attribution**—simply process of assigning causes to things that happen.

b. Self-serving bias

6. Cognitive therapy

7. The impact of the cognitive-behavioral perspective

**D. What the Adoption of a Perspective Does and Does Not Do**

1. No one viewpoint accounts for the complex variety of maladaptive behaviors

2. Perceptions influenced by viewpoint

**V. Psychological Causal Factors**

**A. Early Deprivation or Trauma (See Figure 3.10)**

1. Institutionalization

   a. Many children institutionalized in infancy or early childhood show severe emotional, behavioral, and learning problems and are at risk for disturbed attachment relationships and psychopathology.

   b. Adoption can lead to significant improvement; the earlier the adoption, the better the children did.

2. Neglect and abuse in the home

   a. Among infants, gross neglect may be worse than abuse.

   b. Abused children may be overly aggressive, suffer difficulties in linguistic development, and develop significant problems in behavioral, emotional, and social functioning, including conduct disorder, depression, anxiety, and impaired relationships with peers.

   c. Atypical patterns of attachment are common—most often a disorganized and disoriented style.

   d. These early experiences may never be overcome.

   e. There is a 30 percent chance of intergenerational transmission.

   f. Improvements may be seen when the caregiving environment changes.

3. Separation

**B. Inadequate Parenting Styles**

1. Parent-child relationships are always bidirectional.

2. Parental psychopathology

   a. Parents suffering from schizophrenia, depression, antisocial personality disorder, or alcoholism tend to have children at heightened risk for a wide variety of developmental difficulties.

   b. Effects do not seem to be due simply to genetic variables.

   c. Importance of protective factors such as a warm and nurturing relationship with an adult, having good intellectual skills, having social and academic competence, and being appealing to adults

3. Parenting styles: warmth and control (Figure 3.12 depicts the four types)

   a. Authoritative parenting

   b. Authoritarian parenting

   c. Permissive/indulgent parenting

   d. Neglectful/uninvolved parenting

   e. Styles vary in the degree of parental warmth and in the degree of parental control

   f. Restrictiveness can protect children growing up in high-risk environments.

**C. Marital Discord and Divorce**

1. Marital discord
When marital discord is long-standing, may lead to frustrating, hurtful, and generally damaging effects on both adults and children. Effects may be buffered if one parent is warm, prone to praise and approval, and able to inhibit rejecting behavior toward child or if child has supportive peers.

2. Divorced families
   a. Effects of divorce on parents
   b. **Direction of the causal relationship**—overrepresentation among psychiatric patients
   c. Effects of divorce on children
     (1) Long-lasting modest negative effects documented.
     (2) Effects of divorce are often more favorable than the effects of remaining in a home with marital discord.
     (3) Children living with stepparents—especially very young children—are at increased risk for physical abuse.

D. **Maladaptive Peer Relationships**
   1. Despite attitudes against bullying, most children do nothing to discourage bullying; 20 percent–30 percent of children actually encourage the bully.
   2. Sources of popularity versus rejection
      a. Popular children tend to be either prosocial or antisocial
      b. Rejected children tend to be too aggressive or too withdrawn.

VI. **The Sociocultural Viewpoint**
   A. **Uncovering Sociocultural Factors through Cross-Cultural Studies**
      1. Universal and culture-specific symptoms of disorders
         a. Controlled experimentation is difficult in sociocultural investigation
         b. Sociocultural factors appear to influence which disorders develop, the forms that they take, how prevalent they are, and their courses.
         c. Depression is seen across cultures but in varying rates and in different forms—in China, for example, there is a relatively low rate of depression, decreased reporting of guilt, and the effects of stress are more typically manifested in physical problems.
      2. Culture and over- and undercontrolled behavior (see Table 3.4)
         a. Children in Thailand show greater prevalence of overcontrolled problems such as shyness, anxiety, and depression as compared to American children.
         b. Also found differences in likelihood of parents referring children for treatment with Thai parents less likely than their American counterparts.

VII. **Sociocultural Causal Factors**
   A. **Low Socioeconomic Status and Unemployment**
      1. Correlation between psychopathology and low socioeconomic status; strength of correlation varies by disorder.
      2. Stressors are common.
      3. Lower SES families tend to have more problems.
      4. Unemployment associated with enhanced vulnerability and elevated rates of psychopathology
      5. Underemployed people show rates of depression comparable to those seen in unemployed individuals.
   B. **Prejudice and Discrimination in Race, Gender, and Ethnicity**
      1. Stereotypes are demoralizing
      2. Two primary types of discrimination:
         a. Access discrimination
         b. Treatment discrimination
      3. In addition to discrimination, women have also suffered from sexual harassment in the workplace.
   C. **Social Change and Uncertainty**
      1. Numerous adjustments demanded by change in our society
2. Helplessness engendered by events such as September 11, 2001.

D. **Urban Stressors: Violence and Homelessness**
   1. Annually 3.5 million people worldwide die from violence.
   2. Domestic violence impacts physical health, lost productivity, and increases rates of anxiety, PTSD, depression, and suicide.
   3. One-third of homeless people suffer from mental illness.

E. **The Impact of the Sociocultural Viewpoint**
   1. Broadened view from a focus on the individual to include a concern with societal, communal, familial, and other group settings
   2. Led to design of programs
   3. Led to community facilities

VIII. **Unresolved Issues: Theoretical Viewpoints and the Causes of Abnormal Behavior**

A. **Advantages of Having a Theoretical Viewpoint**
   1. Consistent approach
   2. However, may also blind researchers to other approaches
   3. Corrective interpretations attempt to update theoretical perspectives but may not always be accepted

B. **The Eclectic Approach**
   1. Accepting working ideas from several viewpoints and incorporating whatever is found to be useful.
   2. Works best in clinical practice rather than at a theoretical level.

C. **The Biopsychosocial Unified Viewpoint**
   1. Attempt at an unified perspective
   2. Particular combination of factors may be unique for each individual.
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