CHAPTER 1

Abnormal Psychology: Past and Present

TOPIC OVERVIEW

What Is Psychological Abnormality?
- Deviance
- Distress
- Dysfunction
- Danger
- The Elusive Nature of Abnormality

What Is Treatment?

How Was Abnormality Viewed and Treated in the Past?
- Ancient Views and Treatments
- Greek and Roman Views and Treatments
- Europe in the Middle Ages: Demonology Returns
- The Renaissance and the Rise of Asylums
- The Nineteenth Century: Reform and Moral Treatment
- The Early Twentieth Century: The Somatogenic and Psychogenic Perspectives

Current Trends
- How Are People with Severe Disturbances Cared For?
- How Are People with Less Severe Disturbances Treated?
- A Growing Emphasis on Preventing Disorders and Promoting Mental Health
- Multicultural Psychology
- The Growing Influence of Insurance Coverage
- What Are Today’s Leading Theories and Professions?

Putting It Together: A Work in Progress
I. WHAT IS ABNORMAL PSYCHOLOGY?
   A. Abnormal psychology is the field devoted to the scientific study of abnormal behavior to describe, predict, explain, and change abnormal patterns of functioning
   B. Workers in the field may be clinical scientists (researchers) or clinical practitioners (therapists)

II. WHAT IS PSYCHOLOGICAL ABNORMALITY?
   A. Many definitions have been proposed, yet none is universally accepted
   B. Most definitions share some common features:
      1. Called “The Four Ds,” these features include:
         a. Deviance
            (a) From behaviors, thoughts, and emotions considered normal in a specific place and time and by specific people
            (b) From social norms, which are stated and unstated rules for proper conduct in a given society or culture
            (c) Judgments of deviance also depend on specific circumstances (i.e., social context)
         b. Distress
            (a) According to many clinical theorists, behavior, ideas, or emotions have to cause distress before they can be labeled abnormal; this is not always the case
         c. Dysfunction
            (a) Abnormal behavior tends to be dysfunctional—it interferes with daily functioning
            (b) Culture has an influence on determinations of dysfunction
            (c) The presence of dysfunction alone does not necessarily indicate psychological abnormality
         d. Danger
            (a) Abnormal behavior may become dangerous to oneself or others
               (i) Behavior may be careless, hostile, or confused
            (b) Although cited as a feature of psychological abnormality, dangerousness is the exception rather than the rule
   C. The elusive nature of abnormality
      1. Ultimately, each society selects general criteria for defining abnormality and then uses those criteria to judge particular cases
      2. Thomas Szasz argues that, because of the influence of culture, the whole concept of mental illness is invalid, a myth of sorts
         a. Deviations in functioning called “abnormal” are described by Szasz as “problems of living” only
         b. He argues that societies invent the concept of mental illness to better control or change people who threaten social order
      3. Even if we assume that psychological abnormality is a valid concept and that it can indeed be defined, we may be unable to apply our definition consistently. For example:
         a. Diagnosis of alcohol problems in colleges—some drinking is okay even though it is technically illegal
         b. Issue of abnormality versus eccentricity [see A Closer Look, p. 7]
      4. In short, while we may agree to define psychological abnormalities as patterns of functioning that are deviant, distressful, dysfunctional, and sometimes dangerous, we should be clear that these criteria are often vague and subjective.
III. WHAT IS TREATMENT?

A. Once clinicians decide that a person is suffering from some form of psychological abnormality, they seek to treat it.

B. Treatment (or therapy) is a procedure designed to change abnormal behavior into more normal behavior.
   1. It, too, requires careful definition.
   2. According to Jerome Frank, all forms of therapy have three essential features:
      a. A sufferer who seeks relief from the healer.
      b. A trained, socially acceptable healer, whose expertise is accepted by the sufferer and his or her social group.
      c. A series of contacts between the healer and the sufferer, through which the healer tries to produce certain changes in the sufferer’s emotional state, attitudes, and behavior.

C. Despite this straightforward definition, clinical treatment is surrounded by conflict and confusion:
   1. There is a lack of agreement of goals or aims.
      a. There is a lack of agreement about successful outcome.
      b. There is a lack of agreement about failure.
   2. Are clinicians seeking to cure? To teach? To guide?
   3. Are sufferers “patients” (implying illness) or “clients” (suggesting they have a problem in living)?

D. Despite their differences, most clinicians agree that large numbers of people need therapy, and research indicates that therapy often is helpful.

IV. HOW WAS ABNORMALITY VIEWED AND TREATED IN THE PAST?

A. In any given year in the United States, 30 percent of adults and 19 percent of children and adolescents display serious psychological disturbances and are in need of clinical treatment.
   1. Furthermore, most people have difficulty coping at various times in their lives.

B. It is tempting to conclude that something about the modern world is responsible but it is hardly the primary cause.
   1. Every society, past and present, has witnessed psychological abnormality and had its own form of treatment.
   2. A review of past ideas and approaches in abnormal psychology provides a basis for understanding that much of today’s thinking is an outgrowth of the past, not a rejection of it.
   3. Theories and themes about abnormal psychology occur again and again—progress has hardly been a steady movement forward.

C. Ancient views and treatment:
   1. Most historians believe that prehistoric societies regarded abnormal behavior as the work of evil spirits.
      a. May have begun as far back as the Stone Age.
   2. The cure for abnormality was to force demons from the body through trephination or exorcism.

D. Greek and Roman views and treatments; 500 B.C. to A.D. 500
   1. Many different psychological disorders were identified.
   2. Hippocrates, the father of modern medicine, believed that abnormality had natural causes and resulted from internal physical problems.
      a. He looked to an unbalance of the four humors.
      b. This suggested treatment attempted to “rebalance” using warm baths, massage, and blood letting.

E. Europe in the Middle Ages: Demonology returns; A.D. 500–1350
   1. With the decline of Rome, demonological views and practices became popular once again and a growing distrust of science spread through Europe.
   2. Abnormality again was seen as a conflict between good and evil.
3. Abnormal behavior increased greatly and outbreaks of mass madness occurred
4. Earlier (largely discarded) treatments, like exorcism, reemerged
5. At the close of the Middle Ages, demonology again began to lose favor

F. The Renaissance and the rise of asylums; 1400–1700
1. German physician Johann Weyer believed that the mind was susceptible to sickness, just like the body
   a. He is considered the founder of modern study of psychopathology
2. With the decline of demonological views came an improvement in patient care
3. Shrines devoted to the humane and loving care of the mentally ill were established and one, at Gheel, became a community mental health program of sorts
4. This time also saw a rise of asylums—stitutions whose primary purpose was care of the mentally ill
5. The intention was good care, but with overcrowding they became virtual prisons

G. The nineteenth century: Reform and moral treatment
1. As 1800 approached, treatment improved once again
2. Pinel (France) and Tuke (England) advocated moral treatment—care that emphasized humane and respectful treatment
   a. In the United States, the moral treatment model was furthered by Benjamin Rush (father of American psychiatry) and Dorothea Dix (Boston school-teacher)
3. By the end of the 19th century, there was a reversal of the moral treatment movement due to several factors:
   a. Money and staff shortages
   b. Declining recovery rates
   c. Lack of more effective treatment for severely mentally ill
4. Long-term hospitalization became the rule once again

H. The early twentieth century: Dual perspectives
1. As the moral movement was declining in the late 1800s, two opposing perspectives emerged:
   a. The Somatogenic Perspective: Abnormal functioning has physical causes
   b. The Psychogenic Perspective: Abnormal functioning has psychological causes
2. The early 20th century: The Somatogenic Perspective
   a. Two factors responsible for re-emergence:
      (a) Emil Kraepelin’s textbook (1883) argued that physical factors (like fatigue) lead to mental dysfunction
      (b) Biological discoveries were made, including the link between untreated syphilis and general paresis
   b. This approach yielded mostly disappointing results until the 1950s (with the advent of psychotropic medications)
3. The early 20th century: The Psychogenic Perspective
   a. The rise in popularity of this model was based on work with hypnotism:
      (a) Friedrich Mesmer and hysterical disorders
      (b) Sigmund Freud, the father of psychoanalysis, who argued that largely unconscious processes are at the root of abnormal functioning
   b. The psychoanalytic approach had little effect on the treatment of severely disturbed patients in mental hospitals

V. CURRENT TRENDS
A. Have we come a long way?
1. 43 percent of people interviewed believe that people bring mental health disorders on themselves
2. 30 percent consider mental health disorders to be caused by sinful behavior and 19 percent point to a lack of willpower or self-discipline as a cause
3. Nevertheless, the past 50 years have brought major changes in the ways clinicians understand and treat abnormal functioning
B. How are people with severe disturbances cared for?
1. 1950s—Psychotropic medications discovered:
   a. Antipsychotic drugs
   b. Antidepressant drugs
   c. Antianxiety drugs
2. These discoveries led to deinstitutionalization and a rise in outpatient care
   a. This change in care was not without problems
3. Outpatient care is now the primary mode of treatment
   a. When patients do need greater care, they usually are given short-term hospitalizations or outpatient psychotherapy and medication in community settings
   b. Unfortunately, there are too few community programs available; only 40 percent of those with severe disturbances receive treatment of any kind

C. How are people with less severe disturbances treated?
1. Since the 1950s, there has been an increase in outpatient care
2. While once this type of care was exclusively private psychotherapy, now it includes various settings as well as specialty care
3. In any given year, 1 in 5 adults receive some type of mental health care

D. A growing emphasis on preventing disorders and promoting mental health
1. The community mental health approach has given rise to the prevention movement
2. Many of today’s programs are trying to:
   a. Correct the social conditions associated with psychological problems
   b. Identify those at risk for developing emotional problems
3. Prevention programs have been further energized by the rise of positive psychology, the study and promotion of positive feelings, traits, and abilities

E. Multicultural Psychology
1. In response to the growing diversity in the United States, this new area of study has emerged
   a. Multicultural psychologists seek to understand how culture, race, ethnicity, and gender affect behavior and thought and how people of different cultures, races, and genders may differ psychologically

F. The growing influence of insurance companies
1. Today the dominant form of insurance coverage for mental health care is the managed care program—a program in which the insurance company determines key issues of care
2. At least 75 percent of all privately insured persons in the United States are enrolled in managed care programs
3. At issue:
   a. The duration of therapy
   b. The push for medication treatment
   c. The relatively low rates of reimbursement for care

G. What are today’s leading theories and professions?
1. One important development in the field of abnormal psychology is the growth of theoretical perspectives (orientations), including:
   a. Psychoanalytic
   b. Biological
   c. Behavioral
   d. Cognitive
   e. Humanistic-existential
   f. Sociocultural
2. No one perspective dominates the clinical field
3. In addition to multiple perspectives, a variety of professionals now offer help to people with psychological problems
4. One final key development in the study and treatment of mental disorders is a growing appreciation for the need for effective research
Clinical researchers have tried to determine which concepts best explain and predict abnormal behavior, which treatments are most effective, and what kinds of changes may be required.

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**LEARNING OBJECTIVES**

1. Describe the different ways of defining abnormality from the perspectives of deviance, distress, dysfunction, and danger.
2. Discuss some of the difficulties of defining a person’s behavior as abnormal.
3. Describe the main modern treatments of abnormality.
4. Describe the ways that ancient peoples, Greeks, Romans, and persons in the age of the Renaissance viewed and treated abnormal behavior.
6. Describe the somatogenic and psychogenic perspectives of the early 1900s.
7. Describe the current treatment of severely disturbed individuals. Contrast this to the current treatment of less severely disturbed individuals.
8. Discuss the impact of deinstitutionalization on the care and treatment of the severely mentally ill.
9. Discuss the development and foci of (a) prevention programs and (b) positive psychology. How are they related to the community mental health approach?
10. What is multicultural psychology? How does it enhance the clinical practice?
11. Describe the influence of managed care programs on the treatment of psychological abnormality? What is parity?
12. Compare and contrast the current dominant theories in abnormal psychology.
13. Compare and contrast the professions that study and treat abnormal behavior.

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**KEY TERMS**

- abnormal psychology
- asylum
- clinical practitioners
- clinical psychologists
- clinical scientists
- culture
- dangers
- deinstitutionalization
- demonology
- deviance
- distress
- dysfunction
- eccentricity
- exorcism
- humors
- hypnotism
- managed care program
- moral treatment
- multicultural psychology
- norms
- positive psychology
- prevention
- private psychotherapy
- psychiatrists
- psychoanalysis
- psychogenic perspective
- psychotropic medications
- somatogenic perspective
- state hospitals
- therapy
- treatment
- trephination
MEDIA RESOURCES

Abnormal Psychology Student Tool Kit

Produced and edited by Ronald J. Comer, Princeton University and Gregory Comer, Princeton Academic Resources. Tied directly to the CyberStudy sections in the text, this Student Tool Kit offers 57 intriguing Video Cases running three to seven minutes each. The Video Cases focus on persons affected by disorders discussed in the text. Students first view the video and then answer a series of thought-provoking questions. Additionally, the Student Tool Kit contains multiple-choice practice test questions with built-in instructional feedback for every option.

Video Cases and Discussions:

- What did past hospital treatments for severe mental disorders look like?
- Observe the predecessors of modern electroconvulsive therapy.
- Are the early treatments behind us?

Practical, Research, and Decision-Making Exercises:

- Comparing today’s treatments to those of the past
- Tracing abnormality through the arts

PowerPoint Slides

Available at the Instructor’s site on the companion Web site are comprehensive PowerPoint slide presentations and supplemental student handouts for Chapter 1. The slide files reflect the main points of the chapter in significant detail. Student handouts were created using the instructor slides as a base, with key points replaced as “fill-in” items. Answer keys and suggestions for use also are provided.

Internet Sites

Please see Appendix A for full and comprehensive references.

Sites relevant to Chapter 1 material are:

http://www3.niu.edu/acad/psych/Millis/History/mainsheet.htm

Abnormal Psychology Time Machine—This site details various theories to explain psychological disturbances over time.

Mainstream Films

Films relevant to Chapter 1 material are listed and summarized below:

Key to Film Listings:

P = psychopathology focus
T = treatment focus
E = ethical issues raised

Please note that some of the films suggested may have graphic sexual or violent content due to the nature of certain subject matters.

An Angel at My Table
This 1990 film by Jane Campion recounts the autobiographical tale of New Zealand poet Janet Frame who was misdiagnosed with schizophrenia and spent eight years in a psychiatric hospital. P, T, E, serious film

Bedlam
This release from 1946 (starring Boris Karloff) gives a glimpse into the history of psychiatric hospitals, set in 18th century London. P, T, E, historical, serious film

David and Lisa
This film, made in 1962, follows the developing relationship between two mentally disturbed teens in a psychiatric hospital. P, T, serious film

Freud
This pseudo-biographical movie filmed in 1962 depicts five years, beginning in 1885, in the life of the Viennese psychologist Sigmund Freud (1856–1939). Historical, serious film

Girl, Interrupted
Based on an autobiographical novel by Susanna Kaysen, this film details the experiences of several women as patients in a psychiatric hospital in the 1960s. The 1999 film challenges the diagnosis of mental illness and the relationship between diagnosis and social norm violations. P, T, serious film

The Madness of King George
From 1994, this film is based on the real episode of dementia experienced by George III [now suspected to be a victim of porphyria, a blood disorder]. It showcases treatment practices in the later 1700s.
One Flew Over the Cuckoo’s Nest
This film tells the story of Randall P. McMurphy (Jack Nicholson), a convict sent to a northwestern psychiatric hospital for evaluation and treatment. While there, McMurphy experiences first-hand the use of electroconvulsive therapy. P, T, E, serious film

Snake Pit
Based on an autobiography, this film, made in 1948, is one of the first and best about mental illness and the treatment of patients in asylums and hospitals. Olivia de Haviland portrays a woman suffering from a nervous breakdown. P, T, E, serious film

West 47th Street
This 2001 film is a feature-length theatrical documentary following the lives of four people with serious mental illness, over three years. P, T, E, documentary

Other Films:
The Exorcism of Emily Rose This 2005 film addresses exorcism as a treatment for demonic possession. P, T, E, commercial horror film
The Exorcist (1973) addresses past views and treatments. P, T, E, commercial/horror film

Comer Video Segments
Available as a supplement, this revised set of videotapes contains short clips depicting various topics related to abnormal psychology. Please see the accompanying Video Guide for specific clips linked to Chapter 1.

Recommendations for Purchase or Rental
The Comer Video Segments include excerpts from many superb clinical documentaries. While the segments alone are ideal for use in lectures, it often is useful to assign the entire documentary for special class screenings or library use by students. The following videos and other media are available for purchase or rental and appropriate for use in class or for assignment outside of class.

Madness by Jonathan Miller (5 one-hour programs)
Lionheart Television International, Inc.
630 Fifth Avenue, Suite 2220
New York, NY 10111
(212) 373-4100
Available through: National Library of Medicine
History of Medicine Division
National Institutes of Health
8600 Rockville Pike
Bethesda, Maryland
(800) 272-4787

“Treatments in Mental Disorders,” 1949
“Recent Modification of Convulsive Shock Therapy,” 1941
“Metrazol, Electric, and Insulin Treatment of the Functional Psychoses,” 1934
“Prefrontal Lobotomy in the Treatment of Mental Disorders,” 1942
“Prefrontal Lobotomy in Chronic Schizophrenia,” 1944
“Case Study of Multiple Personality,” 1923

Panel Discussion
Have students volunteer (or assign them) to portray in a panel discussion mental health “workers” from different historical times. Each student should present the prevailing theory of his or her time period (demonology, somatogenic, psychogenic, etc.) and the appropriate treatments. Students in the audience can ask questions of the panelists. Additionally, other students can role-play patients suffering from particular disorders (“eco anxiety,” mass madness) and have the panelists attempt to diagnose, based on their orientation.

“It’s Debatable: Somatogenic or Psychogenic?” (see Preface instructions for conducting this activity)
Have students volunteer (or assign them) in teams to opposite sides of the debate topic. Have students present their cases in class following standard debate guidelines.

The Pervasive Problem of Abnormality
To illustrate the prevalence of mental health disorders in the United States, ask students to participate in a
brief class activity. Prior to class, from a stack of 100 index cards, create separate cards reflecting the following statistics: It is estimated that up to 18 of every 100 adults have a significant anxiety disorder, 10 suffer from profound depression, 5 display a personality disorder, 1 has schizophrenia, 1 experiences Alzheimer’s disease, and 11 abuse alcohol or other drugs. To reduce stigma and increase the “surprise” of the activity, use different colors (rather than the diagnostic terms) to indicate the different diagnoses. Proportionally reduce the number of cards to reflect the number of students present in class (i.e., with 50 students, reduce the numbers by half; with 33 students, reduce by 2/3rds, etc.). Randomly pass cards out to each student and ask them to stand if they have a “pink” card (anxiety)—announce to the class that this group is experiencing anxiety symptoms severe enough to warrant treatment. Have them sit down and have “purple” stand next, etc., until all the disorders have been seen and seated. Then have everyone with a colored card stand so that the only ones left seated are the “normals.” Points for discussion include the feelings of stigma at having to stand and be identified and the large number of people affected by these disorders.

Distress, Dysfunction, Danger, and Deviance
Maintain a file of newspaper clippings that depict the four criteria of abnormality: distress, dysfunction, danger, and deviance. You can use this file throughout the semester when attempting to make diagnoses of disorders.

Factors in Deinstitutionalization
A variety of factors led to the deinstitutionalization movement, including rising criticism of the inhumane treatment of mental patients and the discovery of powerful antipsychotic drugs. You can describe the dramatic reduction in the census of state mental hospitals in the United States from more than 500,000 in 1950 to about 100,000 in 1990. Ask students for their opinions on the pros and cons of this movement.

Defining Normal
Ask students to define “normal,” then ask how they personally determine when someone’s behavior is abnormal and solicit relevant examples. Ask students to discuss how they arrived at their definitions. Use an overhead transparency to keep track of the different definitions. Compare the specific criteria for abnormality discussed in the text to formulate a class definition.

Distinguishing between Normal and Abnormal
Identify examples from literature or real life that exemplify the difficulty encountered when trying to draw clear distinctions between normal and abnormal behavior.

Example: Sometimes the distinction is obvious. A 32-year-old man complains that his thoughts are being repeated in public and on television and that he is being tortured by invisible rays. He claims that people living in the apartment above him are transmitting abusive messages through the heating system. At times he stares into the mirror, grimacing horribly. He often shouts nonsense words and phrases, seemingly from nowhere, and laughs loudly for no apparent reason. He screams at people walking by him on the street. His family takes him to the hospital after he begins pounding on the walls of his apartment, screaming nonstop.

Example: Joseph Heller’s novel *Catch-22* tells the story of a bomber navigator (Yossarian) during World War II. His situation sounds unusual, at first: He is a 34-year-old flier who is terrified of flying. He has frequent nightmares and behavioral outbursts. He is known to threaten people and to drink too much. He begs to be let out of his current situation because he feels he is crazy. (The U.S. Army won’t release him for reasons of insanity, however, because he obviously is sane if he wants to be released; if he were insane, he wouldn’t ask to be released: “a perfect catch, Catch-22.”) After explaining that he is terrified of being shot at, his drinking and other behavior suddenly seem “normal.”

Example: Kurt Cobain, the lead singer for the alternative rock group Nirvana, had such chronic stomach problems that he had trouble eating. He awoke every morning starving and wanting food, but every time he ate, he would throw up and end up weeping. Doctors were unable to determine the cause of the problem. He despaired and became suicidal. Instead of committing suicide, he turned to drugs, becoming a heroin junkie. Is this normal? Was his drug use pathologic, even if it was understandable? (Cobain eventually did commit suicide.)
Rosenhan’s “On Being Sane in Insane Places”

To discuss the problem of “sticky” diagnostic labels and the manner in which they influence others’ perceptions, describe Rosenhan’s study, “On Being Sane in Insane Places” (Science, 1973, pp. 250–257). In this study, eight mentally healthy people, several of them psychologists and psychiatrists, complained of hearing voices that repeated “Empty,” “Dull,” and “Thud,” and were admitted to mental hospitals. Once inside, they acted normally for the remainder of their stay. One of the pseudopatients was a professional artist, and the staff interpreted her work in terms of her illness and recovery. As the pseudopatients took notes about their experience, staff members referred to the note-taking as schizophrenic writing. Ask students for any other types of behavior that they can think of that would be misinterpreted in this situation. Ask students for other examples, which they have encountered or could imagine occurring, where a psychiatric label (such as depression, anxiety, or eating disorder) might “stick” and influence others’ perceptions.

When discussing this study and students’ reactions to it, it might be worthwhile to discuss criticisms of the study. For example, it will be important to emphasize that auditory hallucinations (such as those supposedly heard by the pseudopatients) are extremely rare and pathognomonic (indicate severe pathology), and that it might have been entirely appropriate for these persons to be hospitalized immediately. Also, the “patients” were discharged with the diagnosis “in remission,” which means “without signs of the illness,” a very rare diagnosis. Regarding the use of the study to criticize psychiatric diagnoses as unreliable or invalid, one author responded: “If I were to drink a quart of blood and, concealing what I had done, come to the emergency room of any hospital vomiting blood, the behavior of the staff would be quite predictable. If they labeled and treated me as having a bleeding peptic ulcer, I doubt that I could argue convincingly that medical science does not know how to diagnose that condition” (Kety, 1974, p. 959).

Group Work: Positive and Negative Labeling

Ask small groups to develop lists of words used to label normal and abnormal behavior and persons. Typically, you should find that more words are listed for abnormal persons than for normal ones. Ask the class to explain the difference in the lengths of the lists. Discuss the positive and negative connotations of the lists.

Group Work or the Anonymous Five-Minute Essay or Open Discussion: This Place Makes Me Crazy

This can be done either in small groups, as a short essay, or as an open discussion. The general theme is that not only individuals but also families, workplaces, occupations, and neighborhoods can be dysfunctional.

1. Ask small groups to come up with examples of workplaces or occupations that fit this description.
2. Ask for anonymous essays of dysfunctional groups that students are personally familiar with (e.g., “I once worked in a job where . . . ”).
3. Lead a general discussion on this topic. Ask students to describe the features that were dysfunctional (e.g., vindictive personnel, chaotic management, rules that kept changing, confusion, blaming, unethical practices). Many students will be able to identify with these examples of how environment and stress can affect individual behavior.

Rocks in My Head

Lead a discussion on material dealing with the Middle Ages, and ask students where they think the phrase “rocks in your head” originated. Explain that street vendors (quacks) performed pseudosurgery during the Middle Ages. A person troubled by negative emotions or other symptoms of mental illness could go to the vendor, who would make a minor incision in the scalp; an assistant would sneak the “surgeon” a few small stones, and the surgeon would pretend to have taken them from the patient’s head. The stones, he claimed, were the cause of the person’s problems and the patient was now “cured.” Ask students for any modern-day examples of miracle cures. This is a useful way to discuss the concept of the placebo effect—that is, the effectiveness of treatment is often due to the patient’s belief that it will work.

Institutional Treatment of the Mentally Ill

Lead a discussion that points out that asylums in the early twentieth century grew so fast and were so underfunded and understaffed that they became filthy, degrading human warehouses. Although there are more well-trained professionals today, mental health care and research are still greatly underfunded. One result is that a significant number of the homeless in the United States are mentally ill and are not getting the help they
need. Another is that in many states mentally ill persons are being housed in jails even though they have not committed crimes. Discuss these consequences.

**Why Should Students Care about Psychopathology? What Relevance Does It Have?**

Discuss the relevance of mental illness and abnormal psychology. Beginning the course with this discussion is a useful way to set the “norm” for the rest of the semester (see the Preface).

Discuss the potential relevance of mental illness to those who work with the public (e.g., small business owners, salespeople, doctors, teachers, and lawyers). Emphasize that the issue of prevalence of psychological disorders is really a question of whether it would be beneficial to someone, in any of these situations, to be familiar with the existence and presentation of mental illnesses (e.g., to recognize depression or alcohol abuse). Frame the discussion by saying, “Pretend, for a moment, that you are a business owner (school principal, etc.). In any year, what impact will mental illness have on your business (school, etc.)?”

The ECA study conducted standardized household interviews of a random sample of 18,000 adults asking, among other things, about psychological symptoms and help-seeking behavior. Researchers found that, in any one-month period, 16 percent of persons are experiencing or suffering from a mental illness. This indicates an annual prevalence of over 25 percent and a lifetime prevalence of over 30 percent. (Only 28.5 percent of the diagnosable mentally ill in the study sought any treatment.)

**Group Work or Open Discussion: What Are the Risk Factors for Mental Illness?**

Ask students to generate a list of what they presume are some of the risk factors for mental illness. Inform them that risk factors are associated with an increased likelihood of a mental illness being present or developing. This activity can lead to a discussion of assumptions (or myths) about mental illness and/or a discussion of the scientific study of mental illness.

The following are risk factors:

- **Age:** Young people have higher rates of mental illness than older people.
- **Marital status:** Separated, divorced, and never married individuals have higher rates of mental illness than married or widowed people.
- **Education:** Less educated individuals have higher rates of mental illness.
- **Personal income:** The lower the income, the higher the rate.
- **Employment:** Unemployed people have higher rates of mental illness.
- **Contact with friends:** Isolation is a risk factor; fewer contacts are associated with higher rates of mental illness.
- **Satisfaction with relationships:** Greater satisfaction is associated with lower rates.
- **Marital happiness:** Greater happiness is associated with lower rates.

The following are not risk factors:

- **Sex:** It used to be thought that women had higher rates of mental illness.
- **Ethnicity or race**
- **Intelligence:** Measured intelligence (e.g., IQ) doesn’t prevent mental illness, although there is some evidence that more intelligent people have more difficulty admitting that they have a mental illness.

**How Do We Define “Abnormal Behavior”?**

Discuss the limitations of each criterion for abnormal behavior if it were used as the sole criterion. This is an effective instructional technique to emphasize the complexity of the field and the danger of dismissing “incomplete” information. Follow this discussion with the DSM-IV-TR.

- **Social norms or social deviancy:** Social norms change; what is deviant in one era may not be in another. Ask students whether their parents think their musical taste is “normal,” then instruct them to ask their parents about their tastes when they were younger.
- **Danger criteria:** Most mentally ill people are not dangerous to others.
- **Maladaptiveness criterion:** This criterion can be highly subjective and can change from situation to situation. For example, adaptive behavior on a Friday night at a fraternity party is not necessarily appropriate in a work situation.
- **Personal distress criterion:** Some mentally ill persons feel little distress.

**Changing Explanations of Abnormal Behavior**

Students often struggle with the changing explanations, over the years, of abnormal behavior. Lead a discussion of “the state of the world” as a way to understand these explanations. Explanations and ways of treating or controlling abnormal behavior are the result of the prevailing models or theories of humanity and human beings’ relation to the world. Explanations also reflect the limits or the extent of knowledge. To
understand how various historical cultures have viewed abnormal behavior, it is useful to examine what their world was like and what were the prevailing ideas for understanding that world.

- The Greeks explained insanity as the work of the gods. Treatment involved taking the afflicted to the temple of the god Asclepius, the god of healing.
- The Middle Ages (sixth to fourteenth centuries) were characterized by nearly constant warfare, the bubonic plague, and the ascendency of the church, which rejected science and emphasized the activity of the devil. The mentally ill were “treated” for demonic possession.
- The Renaissance, the Enlightenment, and the Age of Reason marked the rise of science and the decline of demonology. The sixteenth-century German physician Johann Weyer concluded that many so-called witches were simply mentally imbalanced, and he argued successfully that the mentally ill needed to be cared for by the community and by the family.
- In the nineteenth and twentieth centuries, the discovery of biological causes of insanity led to the belief that mental illness is incurable (persuading some to commit patients permanently to state mental hospitals). The discovery of antipsychotics led to deinstitutionalization.

**ASSIGNMENTS/EXTRA CREDIT SUGGESTIONS**

**“Write a Pamphlet”**
With the use of a software program like Microsoft Publisher or simply paper and markers, students can create a pamphlet on mental health care in a particular period. For example, students can create a promotional brochure for Bethlehem Hospital (a.k.a. Bedlam) or a treatment brochure for one of the “modern problems” listed in Psych Watch on text p. 9. Students should be encouraged to be as accurate and up-to-date as possible and also to present all sides of the issue (e.g., alternate treatment approaches or theories).

**Mental Health and the Media**
Ask students to find newspaper articles and magazine articles that deal with mental illness. They also can find videotapes of talk-show guests, television programs, and/or films with the same theme. Have them evaluate the quality of the coverage, the accuracy or inaccuracy of the information presented, and the assumptions made about mental illness. You can adapt this discussion as a written or extra-credit assignment.

**Perceptions Portrayed by Self-Help Books**
Ask students to visit local bookstores or libraries to examine self-help books. Have them evaluate the quantity and the quality of the books. Ask them to bring in examples of books that seem to be useful. You can facilitate this discussion during class.

**Abnormal Psychology Tool Kit Video Questions**
As a homework assignment, have students watch a video clip and answer the accompanying questions. Students can answer the questions directly into the online assessment feature. The results of these quizzes report to the site’s built-in grade book.

**Web Site Quiz**
For homework or extra credit, have students complete the quizzes for Chapter 1 located on the companion Web site. Students can complete an on-line test of the key chapter material (using questions NOT from the test bank) and have their scores e-mailed directly to the course instructor.

**Essay Topics**
For homework or extra credit, have students write an essay addressing one (or more) of the following topics:

1. Compare and contrast the Psychogenic and the Somatogenic perspectives of psychological abnormality.
2. Detail alternative explanations for trephination (using the critical thinking model outlined in the Preface).
3. Compare and contrast “eccentric” and “abnormal” behavior. Who decides the “diagnosis”?
4. What behaviors might fit the criteria of deviant, distressful, dysfunctional, or dangerous but
would not be considered abnormal by most people?

**Research Topics**

For homework or extra credit, have students write a research report addressing one (or more) of the following topics:

1. Conduct a biographical search on one of the famous “eccentrics” discussed in A Closer Look: Marching to a Different Drummer: Eccentrics. (text p. 7).
2. Research and report on the connection between the moon and the mind (see A Closer Look: The Moon and the Mind, text p. 12).
3. Research and report on the use of hypnotism in modern times (see box on text p. 16).
4. Conduct a “Psych Info” search and write an annotated bibliography of five studies of “modern” treatments for psychopathology.

**Film Review**

To earn extra credit, have students watch one (or more) of the mainstream films listed earlier in this chapter and write a brief (3–5) page report. Students should summarize the plot of the film in sufficient detail to demonstrate familiarity, but should focus their papers on the depiction of psychological abnormality. What errors or liberties did the filmmaker make or take? What is the message (implicit or explicit) concerning the mentally ill?

**Book Review**

To earn extra credit, have students read one (or more) of the nonfiction books listed in Between the Lines (text p. 21) and write a 3–5 page report. Students should summarize the text but should focus on the psychological disorder discussed by the author(s). How does the author conceptualize his or her illness? What type of treatment (if any) did he or she receive? Were the Four Ds of abnormality present in the symptom descriptions?

**Crossword Puzzles**

As a homework assignment or for extra credit, have students complete and submit Crossword Puzzle #1.

**Word Searches**

As a homework assignment or for extra credit, have students complete and submit Word Search #1.