

# Models of Abnormality

## TOPIC OVERVIEW

### **The Biological Model**

How Do Biological Theorists Explain Abnormal Behavior?  
Biological Treatments

### **The Psychodynamic Model**

How Did Freud Explain Normal and Abnormal Functioning?  
How Do Other Psychodynamic Explanations Differ from Freud's?  
Psychodynamic Therapies

### **The Behavioral Model**

How Do Behaviorists Explain Abnormal Functioning?  
Behavioral Therapies

### **The Cognitive Model**

How Do Cognitive Theorists Explain Abnormal Functioning?  
Cognitive Therapies

### **The Humanistic-Existential Model**

Rogers's Humanistic Theory and Treatment  
Gestalt Theory and Therapy  
Spiritual Views and Interventions  
Existential Theories and Therapy

### **The Sociocultural Model: The Family-Social and Multicultural Perspectives**

How Do Family-Social Theorists Explain Abnormal Functioning?  
Family-Social Treatments  
How Do Multicultural Theorists Explain Abnormal Functioning?  
Multicultural Treatments

### **Putting It Together: Integration of the Models**

# LECTURE OUTLINE

## I. MODELS OF ABNORMALITY

- A. In science, the perspectives used to explain events are known as models or paradigms
  - 1. Each spells out basic assumptions, gives order to the field under study, and sets guidelines for investigation
  - 2. They influence what investigators observe, the questions they ask, the information they seek, and how they interpret this information
- B. Historically, clinical scientists of a given time and place tended to agree on a single model of abnormality—a model greatly influenced by the beliefs of their culture
- C. Today, several models are used to explain and treat abnormal functioning
  - 1. Each model focuses on one aspect of human functioning and no single model can explain all aspects of abnormality

## II. THE BIOLOGICAL MODEL

- A. This model adopts a medical perspective
- B. The main focus is that psychological abnormality is an illness brought about by malfunctioning parts of the organism—typically focused on the BRAIN
- C. How Do Biological Theorists Explain Abnormal Behavior?
  - 1. The first area of examination is brain anatomy
    - a. The brain is composed of approximately 100 billion nerve cells (called neurons) and thousands of billions of support cells (called glia)
    - b. Within the brain, large groups of neurons form distinct areas called brain regions
    - c. Clinical researchers have discovered connections between certain psychological disorders and problems in specific brain areas
      - (a) Example: Huntington’s disease and the basal ganglia (forebrain)
  - 2. A second avenue of examination is brain chemistry
    - a. Information is communicated throughout the brain in the form of electrical impulses that travel from one neuron to one (or more) others
    - b. An impulse first is received at a neuron’s dendrites, travels down the axon, and is transmitted to other neurons through the nerve endings
    - c. Neurons don’t actually touch—they are separated by a space (the synapse) across which a message moves
    - d. When an electrical impulse reaches a nerve ending, the ending is stimulated to release a chemical (a neurotransmitter or “NT”) that travels across the synaptic space to receptors on the dendrites of neighboring neurons
      - (a) Some NTs tell receiving neurons to “fire;” other NTs tell receiving neurons to stop firing
      - (b) Researchers have identified dozens of NTs
        - (i) Examples: serotonin, dopamine, GABA
    - e. Studies indicate that abnormal activity in certain NTs can lead to specific mental disorders
      - (a) Examples: depression (serotonin and norepinephrine) and anxiety (GABA)
    - f. Additionally, researchers have learned that mental disorders are sometimes related to abnormal chemical activity in the endocrine system
      - (a) Endocrine glands release hormones which propel body organs into action. Abnormal secretions have been linked to psychological disorders
        - (i) Example: Cortisol release is related to anxiety and mood disorders
  - 3. A third area of investigation is genetic abnormalities
    - a. Each cell in the human body has 23 pairs of chromosomes, each with numerous genes that control the characteristics and traits a person inherits
    - b. Studies suggest that inheritance plays a part in mood disorders, schizophrenia, Alzheimer’s disease, and other mental disorders

- (a) Researchers aren't (yet) able to identify specific genes
    - (b) Also, they do not yet know the extent to which genetic factors contribute to various mental disorders
    - (c) It appears that in most cases, several genes combine to produce our actions and reactions
  - 4. A fourth area of focus is on biological abnormalities passed on through evolution
    - a. Genes that contribute to mental disorders are viewed as unfortunate occurrences:
      - (a) Such genes may be mutations
      - (b) Such genes may be inherited after a mutation in the family line
    - b. Evolutionary theorists argue that we can best understand abnormality by examining the millions of years of human evolution
      - (a) The modern evolutionary focus is looking at a combination of adaptive behaviors of the past, genes, and the interaction between genes and current environmental events
    - c. This model has been criticized and remains controversial yet it receives considerable attention
  - 5. The fifth avenue of research examines biological abnormalities as a result of viral infections
    - a. Infection provides another possible source of abnormal brain structure or biochemical dysfunction
      - (a) Example: schizophrenia and prenatal viral exposure
    - b. The scientific interest in viral explanations of psychological disorders has been growing in the past decade
      - (a) Example: anxiety and mood disorders
- D. Biological Treatments
  - 1. Biological practitioners attempt to pinpoint the physical source of dysfunction to determine the course of treatment
  - 2. There are three general types of biological treatment:
    - a. Drug therapy
      - (a) The 1950s heralded the advent of psychotropic medications and changed the fairly bleak outlook for a number of mental disorders yet the revolution has produced some major problems
      - (b) Four groups:
        - (i) Antianxiety drugs (anxiolytics; tranquilizers)
        - (ii) Antidepressant drugs
        - (iii) Antibipolar drugs (mood stabilizers)
        - (iv) Antipsychotic drugs
    - b. Electroconvulsive therapy (ECT)
      - (a) Its use is indicated for severe depression when drugs and other therapies have failed
      - (b) This treatment is used on tens of thousands of depressed persons annually
    - c. Neurosurgery
      - (a) Psychosurgery finds its historical roots in trephination
      - (b) The first lobotomy was performed in the 1930s
      - (c) The procedure now is much more precise than in the past but is considered experimental and used only in extreme cases
- E. Assessing the Biological Model
  - 1. Model strengths:
    - a. The biological model earns considerable respect in the field
    - b. It constantly produces valuable new information
    - c. Biological treatments often bring great relief
  - 2. Weaknesses of the model:
    - a. The biological model can limit rather than enhance our understanding
      - (a) It is criticized as being too simplistic

- b. Supporting evidence is incomplete or inconclusive
- c. Biological treatments produce significant undesirable (negative) effects

### III. THE PSYCHODYNAMIC MODEL

- A. The psychodynamic model is the oldest and most famous psychological model
- B. It is based on the belief that a person's behavior (whether normal or abnormal) is determined largely by underlying dynamic psychological forces of which s/he is not aware
  - 1. Abnormal symptoms are the result of conflict among these forces
- C. The father of psychodynamic theory and psychoanalytic therapy was Sigmund Freud (1856–1939)
- D. How Did Freud Explain Normal and Abnormal Functioning?
  - 1. Freud argued that all behavior was caused by three UNCONSCIOUS forces:
    - a. The Id, guided by the Pleasure Principle, is comprised of instinctual needs, drives, and impulses; it is sexual and fueled by libido (sexual energy)
    - b. The Ego is governed by the Reality Principle; it seeks gratification but guides us to know when we can and can't get and express our wishes
      - (a) Ego defense mechanisms protect us from anxiety
      - (b) These defenses include repression, regression, intellectualization, denial, reaction formation, projection, and sublimation
    - c. The Superego is considered the moral center of the psyche and is guided by the Morality Principle; it is also called a "conscience" and unconsciously is adopted from our parents
  - 2. According to Freud, these three parts of the personality are often in some degree of conflict
    - a. A healthy personality is one in which compromise exists among the three forces
    - b. If the id, ego, and superego are in excessive conflict, the person's behavior may show signs of dysfunction
  - 3. Freud proposed that humans must negotiate five stages of psychosexual development in their journeys to adulthood
    - a. These stages include:
      - (a) Oral (0 to 18 months of age)
      - (b) Anal (18 months to 3 years of age)
      - (c) Phallic (3 to 5 years of age)
      - (d) Latent (5 to 12 years of age)
      - (e) Genital (12 years of age to adulthood)
    - b. Freud believed that at each stage of development new events and pressures require adjustment in the id, ego, and superego
      - (a) If one is successful negotiating these stages, they will achieve personal growth
      - (b) If one is unsuccessful, fixation will occur at the developmental stage and will lead to psychological abnormality
        - (i) Because parents are the key environmental figures in early life, they often are seen as the cause of improper development
- E. How Do Other Psychodynamic Explanations Differ from Freud's?
  - 1. Although new theories depart from Freud's ideas in important ways, each retains the belief that human functioning is shaped by dynamic (interacting) forces:
    - a. Ego theorists emphasize the role of the ego and consider it independent from the id and the superego
    - b. Self theorists emphasize the unified personality over any one component
    - c. Object relations theorists emphasize the human need for (healthy) interpersonal relationships
- F. Psychodynamic Therapies
  - 1. These therapies range from Freudian psychoanalysis to more modern therapies
  - 2. All psychodynamic therapies seek to uncover past trauma and inner conflicts and believe that an understanding of early life experience is critically important
  - 3. The therapist acts as a "subtle guide"

4. Psychodynamic therapists utilize various techniques, including:
  - a. Free association—A technique in which the patient describes any thought, feeling, or image that comes to mind, even if it seems unimportant or irrelevant
  - b. Therapist interpretation, including addressing issues such as:
    - (a) Resistance—An unconscious refusal to participate fully in therapy
    - (b) Transference—A process that occurs during therapy in which patients act toward the therapist as they did or do toward important figures in their lives
    - (c) Dream interpretation—A process in which the therapist examines the manifest and latent content of a patient’s dream
  - c. Catharsis—The reliving of past repressed feelings in order to settle internal conflicts and overcome problems
  - d. Working through—The process of facing conflicts, reinterpreting feelings, and overcoming one’s problems
  - e. Contemporary psychodynamic therapists also may use short-term dynamic or relational psychoanalytic approaches to therapy rather than more traditional but longer/intense psychoanalysis
- G. Assessing the Psychodynamic Model
  1. Strengths of the model:
    - a. The psychodynamic model was the first to recognize importance of psychological theories and treatment
    - b. This model saw/sees internal conflict as an important source of psychological health and abnormality
    - c. Proponents of this model were the first to apply theory and techniques systematically to treatment, a practice which had a monumental impact on the field
  2. Weaknesses of the model:
    - a. The ideas proposed by the model largely are unsupported and difficult or impossible to research
      - (a) The model addresses components of functioning that are nonobservable and inaccessible to human subjects (unconscious)

#### IV. THE BEHAVIORAL MODEL

- A. Like the psychoanalytic perspective, behaviorism also is deterministic, based on the idea that our actions are determined largely by our life experiences
- B. The model concentrates wholly on behaviors and environmental factors and on how behavior is acquired (learned) and maintained over time
- C. Behavioral theorists base their explanations and treatments on principles of learning, the process by which these behaviors change in response to the environment
- D. The historical beginnings of behaviorism is in laboratories where conditioning studies were conducted
- E. How Do Behaviorists Explain Abnormal Functioning?
  1. There are several forms of conditioning addressed by this model, all of which may produce normal or abnormal behavior:
    - a. Operant conditioning
      - (a) According to this conditioning paradigm, humans and animals learn to behave in certain ways as a result of receiving *rewards* whenever they do so
    - b. Modeling
      - (a) In a modeling paradigm, individuals learn responses simply by observing and repeating behavior
    - c. Classical conditioning
      - (a) Classical conditioning is learning by temporal association
        - (i) When two events repeatedly occur close together in time, they become fused in a person’s mind and, before long, the person responds in the same way to both events

- (b) The father of classical conditioning was Russian physiologist Ivan Pavlov (1849–1936)
      - (i) In his classic study, Pavlov examined the effects of hearing a tone on dog’s salivation response
      - (ii) Relevant components of the model are the unconditioned stimulus (US), the unconditioned response (UR), the conditioned stimulus (CS) and the conditioned response (CR)
        - 1. If, after conditioning, the CS repeatedly is presented alone, it will eventually stop eliciting the CR, a process called extinction
    - (c) This model explains many familiar behaviors (both normal and abnormal)
- E. Behavioral Therapies
  - 1. The aim of behavioral therapy is to identify the behaviors that are causing problems and replace them with more appropriate ones
  - 2. Behavioral therapists may use classical conditioning, operant conditioning, or modeling approaches
    - a. In this model, the therapist is a “teacher” rather than a “healer”
  - 3. Classical conditioning treatments may be used to change abnormal reactions to particular stimuli
    - a. Example: Step-by-step systematic desensitization for phobia
      - (a) Learn relaxation skills
      - (b) Construct a fear hierarchy
      - (c) Confront feared situations (covertly or in vivo)
- F. Strengths of the behavioral model:
  - 1. This model has become a powerful force in the field
  - 2. It can be tested in the laboratory
    - a. The behaviorists’ basic concepts can be observed and measured
  - 3. There has been significant research support for behavioral therapies
- G. Weaknesses of the model:
  - 1. There is still no indisputable evidence that most people with psychological disorders are victims of improper conditioning
  - 2. Behavioral therapies have limitations
  - 3. This model has been criticized as being too simplistic
  - 4. It downplays role of cognition
    - a. To combat this specific criticism, there is a new focus on self-efficacy, and cognitive-behavioral theories

## V. THE COGNITIVE MODEL

- A. The cognitive model seeks to account for behavior by studying the ways in which the person attends to, interprets, and uses available information
  - 1. Proponents of the model argue that clinicians must ask questions about assumptions, attitudes, and thoughts of a client
  - 2. The model is concerned with internal processes and is present-focused
- B. How Do Cognitive Theorists Explain Abnormal Functioning?
  - 1. According to cognitive theorists, abnormal functioning can result from several kinds of cognitive problems
  - 2. Theorists have identified several kinds of faulty thinking, including:
    - a. Faulty assumptions and attitudes
    - b. Illogical thinking processes
      - (a) Example: overgeneralization
- C. Cognitive Therapies
  - 1. According to cognitive therapists, people with psychological disorders can overcome their problems by developing new, more functional ways of thinking
  - 2. The main therapy model is Aaron Beck’s Cognitive Therapy
    - a. The goal of this therapy is to help clients recognize and restructure their thinking
    - b. Therapists also guide clients to challenge their dysfunctional thoughts, try out new interpretations, and apply new ways of thinking into their daily lives

- (a) This form of treatment is widely used in treating depression
- D. Assessing the Cognitive Model
  - 1. Strengths of the Cognitive Model:
    - a. This model has very broad appeal
    - b. It has been shown to be clinically useful and effective
      - (a) There is a demonstrated correlation between symptoms and maladaptive cognition
      - (b) Therapies have been found effective in treating several disorders
    - c. The focus of the model is on a uniquely human process
    - d. Treatments adapt well to technology (especially computer-based therapy)
    - e. The model and treatment are research-based
  - 2. Weaknesses of the Cognitive Model:
    - a. The model has been criticized for having a singular, narrow focus
    - b. Critics argue that there is an overemphasis on the present (and an exclusion of the past)
    - c. While effective for many disorders and clients, the model does not help everyone
    - d. Although mostly testable, the model is weakened because verification of cognition is difficult
      - (a) Critics also argue that, although cognition and symptom presentation are correlated, it is not a causal relationship and the precise role of cognition on abnormality is hard to determine

## VI. THE HUMANISTIC-EXISTENTIAL MODEL

- A. This is a combination model, uniting the Humanist and Existential views.
  - 1. The Humanist model emphasizes people as friendly, cooperative, and constructive; focus is on the drive to self-actualization
  - 2. The Existentialist model places an emphasis on self-determination, choice, and individual responsibility; focus is on authenticity
- B. The primary theory and therapy associated with the humanistic component of the model is Rogers's Humanistic Theory and Therapy
  - 1. Rogers argued that there is a basic human need for *unconditional positive regard*
    - a. If this is received, it leads to unconditional self-regard
    - b. If this is not received, it leads to "conditions of worth"
      - (a) Example: "I only have worth if I earn straight As"
      - (b) People who do not have unconditional self-regard are, according to Rogers, incapable of self-actualization because of internal distortion—they don't know what they really need, etc.
  - 2. Rogers's therapy is termed "client-centered"
    - a. In it, the therapist provides the client unconditional positive regard, through accurate and genuine empathy, reflective listening, and a focus on the "experiencing person"
      - (a) To date, there has been little research support for this model, in part because its proponents eschew scientific evaluation
- C. Another primary theory in the Humanistic model is Gestalt Theory and its associated therapy
  - 1. Developed by Fritz Perls, the goal is to achieve client self-recognition through patient-challenging techniques, including:
    - a. Skillful frustration
    - b. Role playing
    - c. Therapy rules, including "Here and Now" and "I" language
- D. For most of the twentieth century, clinical scientists viewed religion as a negative—or at best neutral—factor in mental health.
  - 1. This historical alienation seems to be ending
  - 2. Researchers have learned that spirituality can, in fact, be of psychological benefit to people

3. Many therapists now make a point of including spiritual issues when they treat religious clients
- E. More general theoretical and therapeutic models represent the existential half of the combined model.
  1. Like humanists, existentialists believe that psychological dysfunction is caused by self-deception: people hide from life's responsibilities and fail to recognize that it is up to them to give meaning to their lives
  2. Therapy is focused on patient acceptance of personal responsibility for their problems and recognition of freedom of action
  3. For these therapists, the goals of treatment are more important than the use of any specific technique. These therapists tend to be eclectic in their use of therapy tools
  4. There is a great emphasis placed on client-therapist relationship
- F. Assessing the Humanistic-Existential Model
  1. Strengths of the model:
    - a. H-E emphasizes the individual and taps into domains missing from other theories
      - (a) This is a nondeterministic model and, as such, is more optimistic than most models seen in abnormal psychology
    - b. The emphasis of this model is on health rather than illness
  2. Weaknesses of the model:
    - a. H-E focuses on abstract issues and has been criticized for not dealing with "serious" mental health problems
    - b. The model has not had much influence on the field, due, in part, to its disapproval of the scientific approach, but this is changing somewhat

## VII. THE SOCIOCULTURAL MODEL: THE FAMILY-SOCIAL AND MULTICULTURAL PERSPECTIVES

- A. According to two sociocultural perspectives—the family-social perspective and the multicultural perspective—abnormal behavior is best understood in light of the broad forces that influence an individual; as such they address the norms of, and people's roles in, society.
- B. This model argues that we must examine a person's social surroundings to understand their (abnormal) behavior
- C. How Do Family-Social Theorists Explain Abnormal Functioning?
  1. The focus of this model is on:
    - a. The role of social labels and roles
      - (a) Diagnostic labels (example: Rosenhan study)
      - (b) Sick role
    - b. The role of social networks and support
    - c. Family structure and communication
      - (a) Grounded in family systems theory
        - (i) Abnormal functioning within a family leads to abnormal behavior in its members (i.e., an insane environment causes insane behavior)
        - (ii) Example: enmeshed, disengaged structures
- D. Family-Social Treatments
  1. Treatments based on this model may include traditional individual therapy, but the model has been credited with broadening therapy to include:
    - a. Group therapy—a therapy format in which people with similar problems meet together with a therapist to work on those problems
      - (a) May include "self-help" groups comprised of people with similar problems who help and support each other without the direct leadership of a therapist
    - b. Family therapy—A therapy format in which the therapist meets with all members of a family and helps them change in therapeutic ways
    - c. Couple therapy—A therapy format in which the therapist works with two people who share a long-term relationship



- (a) May include behavioral couple (or marital) therapy
    - (b) May include integrative couple therapy
  - d. Community treatment—A treatment approach that emphasizes community care, such as agencies, group homes, and community mental health centers (CMHCs)
    - (a) May include prevention work
- E. How Do Multicultural Theorists Explain Abnormal Functioning?
  1. The role of culture
    - a. Set of values, attitudes, beliefs, history, and behaviors shared by a group of people and communicated from one generation to the next
    - b. “Multicultural” psychology is a growing field of study
    - c. Multicultural psychologists seek to understand how culture, race, ethnicity, gender, and similar factors affect behavior and thought and how people of different cultures, races, and genders differ psychologically
  2. The impact of poverty
    - a. Researchers have learned that psychological abnormality is more common among poorer people than among wealthier people
  3. The role of prejudice and discrimination
  4. Differences that occur across countries as well as within countries
- F. Multicultural Treatments
  1. Studies have found that members of ethnic and racial minority groups tend to show less improvement in clinical treatment than members of majority groups
  2. Two features of treatment can increase a therapist’s effectiveness with minority clients:
    - a. Greater sensitivity to cultural issues
    - b. Inclusion of cultural models in treatment, especially in therapies for children and adolescents
- G. Assessing the Sociocultural Model
  1. Strengths of the Sociocultural Model:
    - a. This model has added greatly to the clinical understanding and treatment of abnormality
      - (a) This model has increased awareness of labeling
    - b. Practitioners have demonstrated clinical success with this model when other treatments have failed
  2. Weaknesses of the Sociocultural Model:
    - a. Research is difficult to interpret due to the overwhelming number of possible confounds and the difficulty in designing true experiments
      - (a) Research findings also are limited by the correlational design of most sociocultural research
    - b. While the model can successfully explain abnormality within and across cultures, it is unable to predict abnormality in specific individuals

### VIII. INTEGRATION OF THE MODELS

- A. Each perspective is valuable to understanding abnormal behavior, and different perspectives are more appropriate under differing conditions
- B. An integrative approach provides a general framework for thinking about abnormal behavior while also allowing for specification of the factors that are especially pertinent to particular disorders
- C. Many theorists, clinicians, and practitioners adhere to a *biopsychosocial* model that asserts that abnormality results from the interaction of genetic, biological, developmental, emotional, behavioral, cognitive, social, and societal influences
- D. Two additional integrative explanations are:
  1. The diathesis-stress approach, which asserts that a biological, psychological, or social predisposition to a disorder (the diathesis) is triggered by an environmental stressor resulting in abnormality

2. The reciprocal effects explanation, which argues that some of the key factors influencing the development of abnormality are influenced by other key factors and, together, cause a profound impact on functioning
- E. Integrative therapists are often called “eclectic”—taking the strengths from each model and using them in combination

## LEARNING OBJECTIVES

1. Define and describe the basic biological terminology, including parts of neurons, the brain, and types of neurotransmitters. Discuss the various therapies used by the biological model, including a discussion of drugs, electroconvulsive therapy, and psychosurgery.
2. Summarize the origins of Freud’s theory. Describe Freud’s explanation of abnormal functioning, including descriptions of the id, ego, superego, ego defense mechanisms, and psychosexual stages.
3. Summarize the behavioral model of abnormal functioning, including the main features of classical conditioning and operant conditioning and how they are used to explain abnormal behavior.
4. Summarize the cognitive model. Give examples of typical maladaptive assumptions, specific upsetting thoughts, and illogical thinking processes. Describe cognitive therapy.
5. Summarize Rogers’ theory and therapy, including definitions of unconditional positive regard, unconditional self-regard, and conditions of worth. Describe Gestalt theory and therapy. Describe existential theories and therapies.
6. Summarize the sociocultural models. Describe the various sociocultural-based therapies.
7. Compare and contrast the various models of abnormal functioning. Describe the different ways of defining abnormality from the perspectives of deviance, distress, dysfunction, and danger.

## KEY TERMS

antianxiety drugs  
 antibipolar drugs  
 antidepressant drugs  
 antipsychotic drugs  
 anxiolytics  
 biopsychosocial theories  
 catharsis  
 classical conditioning  
 client-centered therapy  
 cognitive therapy  
 cognitive-behavioral  
 therapies  
 community mental health  
 treatment  
 conditioned response  
 conditioned stimulus  
 conditioning  
 conditions of worth  
 conscience

couple therapy  
 culture-sensitive therapies  
 deterministic  
 diathesis-stress  
 dream  
 ego  
 ego defense mechanisms  
 ego theory  
 electroconvulsive therapy  
 (ECT)  
 existential therapy  
 family systems theory  
 family therapy  
 fear hierarchy  
 fixation  
 free association  
 gender-sensitive therapies  
 gene  
 gestalt therapy

group therapy  
 hormones  
 id  
 libido  
 lobotomy  
 model  
 modeling  
 multicultural perspective  
 neuron  
 neurosurgery  
 neurotransmitter  
 object relations theory  
 operant conditioning  
 paradigm  
 pleasure principle  
 prevention  
 psychosurgery  
 psychotropic medications  
 reality principle

receptor  
 relational psychoanalytic  
 therapy  
 repression  
 resistance  
 self theory  
 self-actualization

self-efficacy  
 self-help group  
 superego  
 synapse  
 systematic desensitization  
 transference  
 unconditional positive regard

unconditional self-regard  
 unconditioned response  
 unconditioned stimulus  
 unconscious  
 working through

## 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:

- Observe the biological, psychodynamic, and sociocultural models in operation.
- How do treatments vary?
- Are dreams the “royal road to the unconscious?”

#### Practical, Research, and Decision-Making Exercises:

- Detecting past models in today’s theories
- Sorting out today’s models
- Recognizing Freud’s wide-ranging influence

### PowerPoint Slides

Available at the Instructor’s site on the companion Web site are comprehensive PowerPoint slide presentations and supplemental student handouts for Chapter 3. 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 3 material are:

<http://www.med.harvard.edu/AANLIB/home.html>  
 The Whole Brain Atlas offers information, images, and QuickTime movies all related to the brain. Included is a discussion on the pathology of Alzheimer’s disease. A complete reference to the brain.

[http://www.nlm.nih.gov/research/visible/visible\\_human.html](http://www.nlm.nih.gov/research/visible/visible_human.html)  
 The Visible Human Project is creating a complete, anatomically detailed, three-dimensional representation of both the male and female human bodies.

<http://www.bic.mni.mcgill.ca/demos/>  
 From the McConnell Brain Imaging Center. The site features brain-imaging demos that require a graphics browser. These are interesting examples of brain imaging techniques.

<http://faculty.washington.edu/chudler/ehceduc.html>  
 Extremely detailed site that consists of links for neuroscience education. This site is large enough to spend several days exploring.

<http://www.4therapy.com/>  
 A general therapy site, this listing is full of good information on many types of psychological models and associated therapies but is geared toward provider referral.

<http://psych.athabasca.ca/html/Psych289/Biotutorials/>  
 The Psychology Centre of Athabasca University has developed a series of on-line tutorials primarily for use by students in the introductory psychology course. Although the tutorials are intended for introductory psychology students, each tutorial includes advanced information that permits students to study most topics in greater depth than is customary in an introductory psychology course.

<http://easyweb.easynet.co.uk/simplepsych/204.html>  
 This site offers general information on psychodynamic therapy—what it is, duration of treatment, training, etc.

**http://www.abct.org**

This site is the home page for the Association for Behavioral and Cognitive Therapies, a “professional, interdisciplinary organization which is committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition.”

**http://www.rebt.org**

A form of cognitive-behavior therapy created in 1955 by Dr. Albert Ellis, Rational Emotive Behavior Therapy (REBT) is an action-oriented approach that stimulates emotional growth by teaching people to replace their self-defeating thoughts, feelings, and actions with new and more effective ones.

## Mainstream Films

Films relevant to Chapter 3 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.**

*A Clockwork Orange*

In this 1971 film by Stanley Kubrick, Alex (Malcolm McDowell), a member of a brutal teenage gang, is imprisoned and agrees to aversion therapy. **P, T, E, serious film**

*Analyze This/Analyze That*

Made in 1999 with a sequel in 2002, this film details the therapeutic relationship between a Mafioso (Robert DeNiro) and his psychiatrist (Billy Crystal). **T, comedy**

*Anger Management*

In this Adam Sandler comedy, a mild-mannered man is ordered to attend unorthodox anger management sessions. **T, E, commercial comedy**

*The Caretakers*

This movie filmed in 1963 chronicles the trials of the mentally ill and their caregivers in an overcrowded hospital ward. Robert Stack portrays a new, optimistic doctor who attempts to start an outpatient program for the women in the ward. His nonpunishing treatment method is met with resistance by the head nurse, played by Joan Crawford. During treatment, the phobias and illnesses of the various women in the test group are explored. **P, T, serious/commercial film**

*Don Juan DeMarco*

A young man (Johnny Depp) claiming to be the legendary Don Juan, comes to New York in search of his lost love. Dr. Mickler (Marlon Brando) is a near-to-retirement psychiatrist who helps the young man come to his senses. **P, T commercial film**

*The Dream Team*

This amusing film follows the exploits of four mental patients “loose” in New York City when their group therapist gets waylaid. **P, T, commercial comedy**

*Equus*

In this 1977 film, psychiatrist Richard Burton treats a young boy (Peter Firth) who has blinded horses, seemingly for no reason. **P, T, E 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**

*Good Will Hunting*

This Oscar-winning film (1997) stars Robin Williams as a troubled psychologist providing treatment for the main character (Matt Damon), a mathematical prodigy. The film also depicts (with humor) various treatment failures. **T, E, serious film**

*I Never Promised You a Rose Garden*

From 1977, this gripping drama recounts a schizophrenic teenager’s struggle to cope with her mental illness with the help of a caring psychiatrist. **P, T, E, serious film**

*Ordinary People*

This 1980 film examines the treatment of a teenager suffering from depression, anxiety, and PTSD in the aftermath of his brother’s death. **P, T, serious film**

*Prince of Tides*

In this 1991 film, an adaptation of a Pat Conroy novel, Nick Nolte plays a football coach who is estranged from his wife and who enters into an affair with the psychiatrist (Barbra Streisand) of his suicidal sister. **P, T, E, serious/commercial film**

*The Sixth Sense*

In this 1999 film by M. Night Shyamalan, Bruce Willis plays a child psychologist attempting to treat a young boy (Haley Joel Osment) who “sees dead people.” **P, T, commercial/suspense/paranormal film**

*Spellbound*

From 1945, this Hitchcock film (with scenery by Salvador Dali) stars Ingrid Bergman as a psychiatrist and Gregory Peck as a patient involved in a manhunt. **P, T, E, commercial thriller/romance**

*What About Bob?*

From 1991, this comedy stars Bill Murray as a neurotic, insecure new patient attempting to see a preeminent psychiatrist (played by Richard Dreyfuss). Failing that, Murray stalks Dreyfuss and his family while they vacation. **P, T, E, comedy/commercial film**

**Other Films:**

*Captain Newman, MD* (1963) treatment. **P, T, serious film**

*A Fine Madness* (1966) personality disorders, lobotomy. **P, T, serious/comedy film**

*High Anxiety* (1977) anxiety, treatment. **T, comedy/commercial film**

*I'm Dancing as Fast as I Can* (1982) substance dependence. **P, T, serious film**

*The Royal Tennenbaums* (2001) family dysfunctioning. **P, comedy/serious film**

*Serial* (1980) therapy. **P, T, comedy**

*Tender Is the Night* (1962) therapy. **P, T, E, commercial/serious film**

*They Might Be Giants* (1971) schizophrenia, treatment. **P, T, E, commercial/serious/comedy film**

*A Woman under the Influence* (1974) institutionalization and ECT. **P, T, E, serious 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 3.

**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.

*Demonstration of the Cognitive Therapy of Depression*

Aaron T. Beck, M.D., Director

The Beck Institute for Cognitive Therapy and Research

GSB Building, Suite 700

1 Belmont Avenue

Bala Cynwyd, PA 19004-1610

(610) 664-3020

*The Royal Road—Psychoanalytic Approaches to the Dream*

Menninger Video

Box 829

Topeka, KS 66601-0829

(913) 273-7500

*Clinical Choice Points*

Arnold Lazarus

56 Herrontown Circle

Princeton, NJ 08540

*Multimodal Therapy Conducted by Arnold A. Lazarus, Ph.D.*

APA Psychotherapy Videotape Series

American Psychological Association

(This videotape is part of the 12-program "APA Psychotherapy Videotape Series," produced by the American Psychological Association. Information about the APA Psychotherapy Videotape Series can be obtained from the APA Order Department: (800) 374-2721.)

*Client-Centered Therapy: Part II—Therapy in Process:*

*The 32nd Interview* (Carl Rogers and Reuben H. Segel)

Distributor: Penn State Audio-Visual Services

University Division of Media and Learning Resources

The Pennsylvania State University

University Park, PA 16802

(800) 826-0132

*Three Approaches to Psychotherapy I, II, and III*

Showcasing various renowned therapists working with actual clients, the originals of this series are the infamous "Gloria films" with Drs. Rogers, Perls, and Ellis.

Psychological & Educational Films

3334 East Coast Highway, #252

Corona Del Mar, CA 92625

(949) 640-4029; Toll-Free in USA (888) 750-4029

Email: [psychedfilms@earthlink.net](mailto:psychedfilms@earthlink.net)

An impressive number of therapy demonstration films worth examining can be found through:

Psychological & Educational Films

3334 East Coast Highway, #252

Corona Del Mar, CA 92625

(949) 640-4029; Toll-Free in USA (888) 750-4029

Email: [psychedfilms@earthlink.net](mailto:psychedfilms@earthlink.net)

# CLASS DEMONSTRATIONS AND ACTIVITIES

## Panel Discussion I

Invite local therapists from varying theoretical orientations into your classroom to speak. It may be helpful to provide them in advance with a list of questions or topics to address, including: how their orientation impacts their assessment, diagnosis, and treatment of clients, therapy techniques they use based on their orientation, typical disorders they see in clients and their explanation for these disorders, the type of training they received, etc.

## Panel Discussion II

Have students volunteer (or assign them) to portray therapists or theorists with differing theoretical orientations. Each student should present the prevailing theory and the related treatments/techniques. Students in the audience can ask questions of the panelists.

### **“It’s Debatable: Do children model the violence they see in the media?”**

(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. See the box on p. 64 of the textbook.

## Drug Treatment and the Revolving-Door Syndrome

Discuss the pros and cons of drug treatment with your students; list these on an overhead transparency, chalk or white board, or SMART Board. For which types of patients and mental disorders is drug treatment the most cost-efficient approach? Next, discuss the revolving-door syndrome in mental hospital admissions. The release of patients into the community without adequate support services has resulted in an increase in admissions to mental hospitals, with patients experiencing a greater frequency of admissions, though with shorter stays than in the past. A possible contributing factor is the use of drugs as a major outpatient treatment method. Individuals are admitted, stabilized with drugs and other therapy, then released with drug therapy. The symptoms diminish or disappear, the patient stops the drug treatment, the symptoms return, and the patient is readmitted.

## Role-Playing

Using the sociocultural perspective, the techniques of role-playing can be demonstrated to the class. Have the class form small groups and then ask one of the students in each group to assume the role of a patient and another the role of a therapist. You can suggest the disorders and perspectives that each group should use, or let the students develop their own. The students then can attempt to role-play the respective parts. Observe the groups as they role-play. Select the best example and have them continue in front of the class.

## Overview of Models of Abnormality I

Write the names of the various models (psychodynamic, behavioral, cognitive, humanistic-existential) on an overhead transparency, chalk or white board, or SMART Board. Then ask students to list words, ideas, and names that they associate with each of the models. This activity will reintroduce the concepts of these models to the students and help them realize how much they already know about these models.

## Overview of Models of Abnormality II

Divide the class into six sections, and then have each section adopt one of the theoretical perspectives described in this chapter. Using a case from the text, or one from your own experience, have each group attempt to explain the “client’s” behavior from their theoretical model. After each group has presented its perspective, continue with a discussion of how each model explains some behaviors better than other behaviors.

## Overview of Models of Abnormality III

Asking students how they might react to someone’s mental illness is an interesting and useful way to reveal to them their “working model” of the causes and treatments of mental illness.

Present the following or a similar scenario: A friend comes to you depressed and talks about how “lousy” a person she is. Your friend has a very negative view of herself. You’ve noticed that for the last several weeks she hasn’t exercised, which she usually does, and hasn’t gone out with friends. Your friend describes difficulty sleeping and studying and generally feels physically unwell. You also know that she has had a great deal of difficulty with her family, and you suspect she may have been emotionally abused. She tells you she’s

going nowhere, that she can't do anything, that she has no future, and that no one will ever love her.

What do you say to your friend?

Of the following list of issues, which is the most important?

- How your friend *thinks* about herself and her future (cognitive perspective)
- What she *does* and doesn't do (i.e., she is isolated and is not getting any exercise) (behavioral perspective)
- She might have a neurochemical imbalance or *physical* disorder of the brain (biological perspective)
- Her problem might stem from her *past* and perhaps she is not even aware of it (psychodynamic perspective)
- She should realize what a good person she is and that she has the *potential* to be anything (humanistic perspective)

Based on your perspective what do you tell her to do?

### Classical Conditioning: Taste Aversion

Discuss conditioned taste aversions within the context of classical conditioning. Present the pictorial classical conditioning model to the class for discussion. For example, discuss taste aversions associated with food poisoning or the flu. You can also describe Garcia's research on coyotes that avoided sheep after eating lithium-treated mutton. Ask students for other examples.

### "Here's \$25,000 to Be Awarded to . . .": Operant Conditioning and Classrooms

Present small groups with the challenge of using operant conditioning to manage unruly groups, such as schoolchildren. Ask the groups to come up with creative and nonaversive and practical solutions. Have the groups present their ideas, then have the class vote on which group receives the grant to implement their idea.

### Cognitive Model

An excellent way to introduce cognitive theory and the idea of irrational ideas and cognitive errors is to generate a list of common cognitive mistakes that college students make. Develop a handout with these types of examples: "An A is the only grade worth earning" or "The teachers are out to fail us." You can use the following list from Freeman and DeWolf's *Woulda, Coulda, Shoulda* to help students develop relevant examples of incorrect thinking.

- All-or-nothing thinking: believing the world is all good or all bad, all gain or all loss.
- Catastrophizing: exaggerating the negative aspects of an event.
- Comparing: judging by others' rather than by one's own performance, feelings, and values.
- Emotion reasoning: letting emotions overwhelm common sense.
- Fortune-telling: being disappointed with oneself for not being able to predict the future.
- Mind reading: jumping to conclusions about what others think or what they think you are thinking.
- Overgeneralization: thinking that if something has happened once, it will always happen.
- Perfectionism: requiring oneself to perform flawlessly.
- Unquestioning acceptance of critics: letting others define one's self-worth.

### Categories of Irrational Thinking or Cognitive Errors

Write a list of categories of irrational thinking on an overhead transparency or on the board. Give examples of statements that a person might make to himself or herself, and then ask students to categorize each statement. Discuss what kind of effects these thoughts might have on a person.

#### Example Statements

- "He didn't say 'Hi' when I passed him in the hall. He must be mad at me." (Could lead to social phobia.)
- "He doesn't seem to like me. Nobody likes me." (Could lead to depression.)
- "She made critical remarks about my favorite singer. I need to reconsider my musical taste." (Could lead to intense self-doubt and relying on opinions of others.)
- "She got upset when I asked about her family. I should have known she was going to react like that." (Could lead to fear of conversing with others.)
- "I look heavier than her. I need to lose weight." (Could lead to eating disorders.)
- "I did poorly on this test. I will do poorly in this class." (Could lead to intense exam anxiety.)

### Role-Playing a Therapist

Assign small groups of students a theoretical model. Have some students role-play the client while others interview the client from the assigned perspective. Psychoanalytic and behavioral therapists are good choices.

## SUGGESTED TOPICS FOR DISCUSSION

### Modeling

Have students give examples of modeling from their experiences, the media, etc.

### Cybertherapy

Lead students in a discussion of the Internet as a portal for therapy (see Psych Watch on p. 72 of the text). Faculty could conduct a survey of Internet usage, student attitudes about the Internet in general, its use for therapy, their own willingness to use it in that way, etc.

### Spontaneous Remission

An area of debate in therapy outcome research concerns the percentage of patients who improve over time without treatment. Eysenck suggested that the figure is about two out of three, the same as those who improve with psychotherapy. How can therapists continue to provide therapy when many patients will spontaneously remit symptoms? Ask students to discuss this question.

### Genetic Testing for Huntington's Disease

Discuss specific tests now available for genetic disorders using Huntington's disease as an example. With Huntington's, all individuals with the genetic marker develop this fatal degenerative disease in middle age; those who test free of the genetic marker never develop this disease. If a person does not undergo such testing and has a parent with Huntington's disease, he or she has a 50 percent chance of having the disease (i.e., testing takes the odds to 100 percent or to 0 percent). Family members can be tested before they make reproductive decisions to find out if they might pass this dominant-gene disease onto offspring. Discuss the human genome project and the likelihood that, in the future, the genetic markers of many such diseases (including mental disorders) will be identified. Have students discuss the pros and cons of having a genetic test done. Would the students want to be tested for these disorders? If not, why not?

### Developing a Personal Perspective

Discuss how the theoretical model of behavior that a student adopts has an impact not just on the student's view of psychology but also on the student's view of himself or herself. Ask students if they think of their own behaviors as being caused by unconscious processes, by biological forces, by learning experiences, or by their environment. Lead a discussion on individual understanding of psychology based on the

perspective. Ask students to identify their model and explain why they are influenced by this model.

### Sociocultural Perspective

When addressing the sociocultural explanations of abnormal behavior, point out some of the major factors that are associated with this perspective, such as poverty, family structure and communications, societal stress, and class. Then ask students, if they were mental health professionals, what kinds of clients they would like to serve. Where would they like to practice: a private practice or an inner-city agency for homeless individuals? Continue this discussion with input from the students on the best methods available to mediate sociocultural factors.

### Classical Conditioning: Childhood (and Adult) Fears

Simple examples of classical conditioning abound, such as the child who is afraid of dogs after being bitten, or the student who is afraid of school after being bullied. Ask for examples of common fears and how they might develop.

### Operant Conditioning: Maintaining Fears

A useful way to introduce the idea of operant conditioning is to ask students how they might help someone overcome a serious fear. This will almost always generate suggestions about exposure, such as, "Have the fearful child sit on your lap while someone else pets the dog." This is a useful way to introduce ideas related to operant conditioning.

### The Biological Model

Lead a discussion of the following topic. A tremendous amount of research on neurotransmitters in abnormal behavior has been conducted over the last 10 years. Although the exact causal relationships have not been determined, there is mounting evidence that neurotransmitters play a significant role in various abnormal behaviors. Some research areas have emphasized deficiencies of dopamine and its link to Parkinson's disease. Other findings have shown that excesses in dopamine reactivity are found in schizophrenia. Antipsychotic drugs are thought to alleviate the symptoms of schizophrenia by blocking or masking the action of dopamine. Many of the disorders that were best explained by other models are now being better explained by the biological model. Ask students for their input and examples.



### Evil as the Cause of Mental Illness

Joan Houghton spent five weeks in a hospital following a psychotic episode. She recovered completely and took a job at the National Institute of Mental Health. In 1980 she wrote about her experiences, including her return home after being hospitalized:

One Sunday I went to church alone after being absent for several weeks. The minister (who knew of my history, faith, and strong belief in God) began his sermon with reference to the devil. He said, "If you ever want to be convinced of the existence of the devil, you should visit a mental institution." To illustrate his point, he described people who had lost control of their bodily functions, who screamed out obscenities. I . . . drove home vowing to never return . . . but maybe I had misunderstood. [I invited the minister to my home.] His visit was our last encounter. Not only did he see evil in mental illness, but he conveyed an unforgiving attitude to those who have the misfortune of residing in mental hospitals.

Discuss how some people believe that mental illness is God's punishment or the result of evil. Ask students what they think of that belief. Be sensitive to the diverse religious views likely present (and largely unspoken) in the class.

### Paradise Lost?

In *Paradise Lost* Milton wrote, "The mind . . . can make a heaven of hell, a hell of heaven." Which model(s) of abnormality would agree?

### An Integrative Model?

Lead a discussion on the strengths and weaknesses of an integrated approach to research and therapy. Often, young psychologists self-identify as "eclectic" and are told this is a "cop-out." Ask students why senior faculty are likely to have this reaction. Is it fair? Do they agree? What are the benefits of adopting a single theoretical model?

## ASSIGNMENTS/EXTRA CREDIT SUGGESTIONS

### Abnormal Psychology ToolKit 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 3 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 their instructor.

### Essay Topics

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

- (1) Research and report on the similarities seen in identical twins (see p. 53 of the text for an example).
- (2) Which of the defense mechanisms listed in Table 3-1 have you seen in action? Do you agree with

the underlying psychodynamic explanations? Are there alternative explanations?

- (3) Compare and contrast the major theoretical models described in the chapter. Based on the information presented, which model is most appealing personally?
- (4) What might the enormous popularity of psychotropic drugs suggest about the needs and coping styles of individuals today and about problem-solving in our technological society?

### Research Topics

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

- (1) Have students research the self-help groups in the local area (see Psych Watch on p. 78 in the text). Most counties or states maintain a self-help clearinghouse of information. Some groups are "open" to nonsufferers attending, while others are "closed." Have students attend a few open meetings and report on their observations.
- (2) Conduct a "Psych Info" search and write an annotated bibliography on two different theoretical perspectives and their research support.

- (3) Conduct a “Psych Info” search and write an annotated bibliography on empirically validated treatments (EVTs).
- (4) Conduct a “Psych Info” search on biological treatments for mental health disorders. Is psychosurgery still conducted?

### **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 demon-

strate familiarity, but should focus their papers on the depiction of psychological abnormality. What errors or liberties did the filmmaker take? What is the message (implicit or explicit) concerning the mentally ill?

### **Crossword Puzzles**

As a homework assignment or for extra credit, have students complete and submit Crossword Puzzle #3.

### **Word Searches**

As a homework assignment or for extra credit, have students complete and submit Word Search #3.