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?

What Do Clinical Researchers Do?
- The Correlational Method
- The Experimental Method
- What Are the Limits of Clinical Investigations?

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 in an effort to describe, predict, explain, and change abnormal patterns of functioning
   B. Workers in the field may be clinical scientists (researchers who gather information systematically so that they may describe, predict, and explain the phenomena they study) or clinical practitioners (therapists whose role is to detect, assess, and treat abnormal patterns of functioning)

II. WHAT IS PSYCHOLOGICAL ABNORMALITY?
   A. Many definitions have been proposed, yet none has won total acceptance
   B. Most definitions have certain features in common:
      1. Called “The Four Ds,” this definition provides a useful starting point, but it has key limitations
      2. The key features of the definition include:
         a. Deviance—Different, extreme, unusual, perhaps even bizarre
            (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 abnormality vary from society to society as norms grow from a particular culture
               (i) They also depend on specific circumstances
         b. Distress—Unpleasant and upsetting to the person
            (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—Interfering with the person’s ability to conduct daily activities in a constructive way
            (a) Abnormal behavior tends to be dysfunctional—it interferes with daily functioning
            (b) Here again culture plays a role in the definition of abnormality
         d. Danger—Posing risk of harm
            (a) Abnormal behavior may become dangerous to oneself or others
               (i) Behavior may be careless, hostile, or confused
            (b) Although often cited as a feature of psychological abnormality, research suggests that dangerousness is the exception rather than the rule
  
C. The elusive nature of abnormality
   1. Ultimately, a society selects general criteria for defining abnormality and then uses those criteria to judge particular cases
   2. Thomas Szasz places such emphasis on society’s role that he finds the whole concept of mental illness to be invalid, a myth of sorts
      a. Deviations in functioning called “abnormal” are described by Szasz as “problems of living”
      b. He argues that societies invent the concept of mental illness to better control or change people whose unusual patterns of functioning upset or threaten the 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 acceptable even though it is technically illegal
b. Issue of abnormality versus eccentricity [see PsychWatch, p. 5]

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

5. Few of the current categories of abnormality are as clear-cut as they seem, and most continue to be debated by clinicians

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 accepted 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?

3. Are sufferers “patients” (implying illness) or “clients” (suggesting they have problems in living)?

D. Despite their differences, most clinicians agree that large numbers of people need therapy of one kind or another, 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. Many present-day ideas and treatments have roots in the past

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, a half-million years ago

2. The treatment for severe abnormality was to force demons from the body through trephination or exorcism

D. Greek and Roman views and treatments; 500 B.C. to 500 A.D.

1. Philosophers and physicians offered different explanations and treatments for abnormal behaviors

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 fluids, or humors—yellow bile, black bile, blood, and phlegm
   b. To treat psychological dysfunctioning, Hippocrates sought to correct the underlying physical pathology

E. Europe in the Middle Ages: Demonology returns; 500–1350 A.D.
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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, with deviant behavior seen as evidence of Satan’s influence.

3. Abnormal behavior apparently increased greatly, and outbreaks of mass madness occurred.

4. Some of the earlier treatments, like exorcism, reemerged.

5. At the close of the Middle Ages, demonology and its methods 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. The care of people with mental disorders continued to improve in this atmosphere.
   a. Across Europe, religious shrines were devoted to the humane, and loving treatment of people with mental disorders, and one shrine at Gheel, became a community mental health program of sorts.

3. Unfortunately, this time also saw a rise of asylums—institutions whose primary purpose was care of the mentally ill.
   a. 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 schoolteacher), whose work led to the creation of state hospitals.

3. By the end of the nineteenth century, there was a reversal of the moral treatment movement due to several factors:
   a. Money and staff shortages
   b. Declining recovery rates
   c. Overcrowding
   d. Emergence of prejudice against people with mental disorders.

4. By the early years of the twentieth century, the moral treatment movement had ground to a halt; 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 twentieth century: The somatogenic perspective.
   a. Two factors responsible for re-emergence:
      a. Emil Kraepelin’s textbook (1883) argued that physical factors (such as fatigue) are responsible for mental dysfunction.
      b. New biological discoveries were made, such as the link between untreated syphilis and general paresis.

   b. Despite the general optimism, biological approaches yielded mostly disappointing results throughout the first half of the twentieth century, when a number of effective medications were finally discovered.

3. The early twentieth 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. Freud and his followers offered psychoanalytic treatment primarily to patients who did not require hospitalization—now known as outpatient therapy.

   c. By the early twentieth century, psychoanalytic theory and treatment were widely accepted.
V. CURRENT TRENDS

A. It would hardly be accurate to say that we now live in a period of great enlightenment about or dependable treatment of mental disorders
1. 43 percent of people interviewed believe that people bring mental health disorders on themselves
2. 35 percent consider mental health disorders to be caused by sinful behavior
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. In the 1950s, researchers discovered a number of new psychotropic medications:
   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 and then, ideally, outpatient psychotherapy and medication in community settings and residences
   b. The approach has been helpful for many patients, but there are too few community programs available in the United States; only 40 to 60 percent of those with severe disturbances receive treatment of any kind

C. How are people with less severe disturbances treated?
1. Since the 1950s, outpatient care has continued to be the preferred mode of treatment for those with moderate disturbances
2. While once this type of care was exclusively private psychotherapy, now most health insurance plans cover it, and now it includes various settings as well as specialty care
3. Surveys suggest that nearly one in six adults in the United States receives treatment for psychological disorders in the course of a year, the majority for fewer than five sessions
4. Outpatient treatments are also becoming available for more and more kinds of problems
5. Yet another change in outpatient care has been the development of programs devoted exclusively to one kind of psychological problem

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 that underlie psychological problems
   b. Help individuals at risk for developing emotional problems
3. Prevention programs have been further energized by the growing interest in 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 coverage
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 care issues
2. At least 75 percent of all privately insured persons in the United States are enrolled in managed care programs
3. A key problem is that reimbursements for mental disorders tend to be lower than those for medical disorders
   a. In 2011, a federal parity law went into effect, directing insurance companies to provide equal coverage for mental and medical problems

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, including:
   a. Psychoanalytic
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b. Biological
c. Behavioral
d. Cognitive
e. Humanistic-existential
f. Sociocultural

2. At present, no single perspective dominates the clinical field

3. In addition to multiple perspectives, a variety of professionals now offer help to people with psychological problems [See Table 1-2; p. 19]

4. One final key development in the study and treatment of mental disorders is a growing appreciation for the need for effective research
   a. 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

VI. WHAT DO CLINICAL RESEARCHERS DO?

A. Research is the systematic search for facts through the use of careful observations and investigations
   1. It is the key to accuracy in all fields, but it is particularly important (and challenging) in the field of abnormal psychology
   2. Clinical researchers face certain challenges that make their work very difficult
      a. Measuring unconscious motives
      b. Assessing private thoughts
      c. Monitoring mood changes
      d. Calculating human potential
   3. In addition, they must consider different cultural background, races, and genders of the people they study
   4. They also must always ensure that the rights of their research participants, both human and animal, are not violated

B. Clinical researchers try to discover universal laws, or principles, of abnormal psychological functioning
   1. They search for a general, or nomothetic, understanding of nature, causes, and treatments of abnormality
   2. Typically they do not assess, diagnose, or treat individual clients
   3. They rely on the scientific method to pinpoint and explain relationships between variables
      a. They utilize three main methods of investigation to form and test hypotheses and to draw broad conclusions:
         (a) The Case Study
         (b) The Correlational Method
         (c) The Experimental Method

VII. THE CASE STUDY

A. The case study provides a detailed description of a person’s life and psychological problems
   1. Case studies are helpful:
      a. They can serve as a source of new ideas about behavior
         (a) For example, Freud’s theories were based mainly on case studies
      b. They may offer tentative support for a theory
      c. They may challenge a theory’s assumptions
      d. They may inspire new therapeutic techniques
      e. They may offer opportunities to study unusual problems
   2. Case studies also are limited:
      a. Observers are biased
      b. Data collection relies on subjective evidence (i.e., low internal validity)
      c. They provide little basis for generalization (i.e., low external validity)
   3. The limitations associated with this model are addressed by the two other methods of investigation—the correlational method and the experimental method
      a. Neither method offers richness of detail
b. Both methods allow researchers to draw broad conclusions

c. Thus, they are the preferred methods of clinical investigation
   (a) Both typically involve the observation of many individuals
   (b) Both models require the uniform application of study procedures
   (i) As a result, studies can be replicated
   (c) Both methods use statistical tests to analyze results

VIII. THE CORRELATIONAL METHOD

A. Correlation is the degree to which events or characteristics vary with each other
   1. The correlational method is a research procedure used to determine the “co-
      relationship” between variables [See Table 1-4, p. 25]
      a. When variables change the same way, their correlation is said to have a positive
         direction
      b. In a negative correlation, the value of one variable increases as the value of the
         other variable decreases
      c. Variables also may be unrelated, meaning there is no consistent relationship be-
         tween them
   2. The magnitude (strength) of a correlation also is important
      a. High magnitude = variables that vary closely together
      b. Low magnitude = variables that do not vary as closely together
   c. Direction and magnitude of a correlation often are calculated numerically
      1. This statistic is called the “correlation coefficient”
      2. The correlation coefficient can vary from +1.00 (perfect positi-
         tive correlation) to −1.00 (perfect negative correlation)
      3. Sign (+ or −) indicates direction
      4. Number (from 0.00 to 1.00) indicates magnitude
         (a) 0.00 = no consistent relationship
   d. Most correlations found in psychological research fall far short of “perfect”

B. Correlations can be trusted based on a statistical analysis of probability
   1. In essence, they ask how likely it is that the study’s particular findings have occurred
      by chance

C. What are the merits of the correlational method? [See Table 1-3, text p. 23]
   1. Because researchers measure their variables, observe many participants, and apply
      statistical analyses, they can generalize findings
   2. Using this model, clinical researchers can repeat (replicate) studies on other  samples

D. What are the difficulties with correlational studies?
   1. Results describe but do not explain relationships; in other words, results say nothing
      about causation

E. There are two special forms of correlational study:
   1. Epidemiological studies—these studies reveal the incidence and prevalence of a dis-
      order in a particular population
      a. Incidence = Number of new cases that emerge in a given period of time
      b. Prevalence = Total number of cases in a given period of time
   2. Longitudinal studies—in this design, researchers observe the same individuals on
      many occasions over a long period of time

IX. THE EXPERIMENTAL METHOD

A. An experiment is a research procedure in which a variable is manipulated and the ma-
   nipulation’s effect on another variable is observed
   1. Manipulated variable = independent variable
   2. Variable being observed = dependent variable

B. This model allows researchers to ask such questions as: Does a particular therapy relieve
   the symptoms of a particular disorder?
   1. Questions about causal relationships can only be answered by an experiment [See
      Table 1-4 on p. 25 of the text]

C. Statistics and research design are very important
1. Researchers must try to eliminate all confounds from their studies—variables other than the independent variable that may also be affecting the dependent variable.

2. Three features are included in experiments to guard against confounds:
   a. The control group
      (a) A control group is a group of research participants who are not exposed to the independent variable, but whose experience is similar to that of the experimental group.
      (b) By comparing the two groups, researchers can better determine the effect of the independent variable.
   b. Random assignment
      (a) Researchers must watch out for differences in the makeup of the experimental and control groups.
      (i) To do so, researchers use random assignment—any selection procedure that ensures that every participant in the experiment is as likely to be placed in one group as another.
      1. Examples: coin flip; picking names out of a hat.
   c. Blind design
      (a) A final confound problem is bias.
      (i) To avoid bias by the participant, experimenters employ a “blind design”—participants are kept from knowing which assigned group (experimental or control) they are in.
      1. One strategy for this is providing a placebo—something that looks or tastes like real therapy but has none of its key ingredients.
      (ii) To avoid bias by the experimenter, experimenters employ a “double-blind design,” in which the experimenters and the participants are kept from knowing which condition of the study that the participants are in.
      1. Often used in medication trials.

X. ALTERNATIVE EXPERIMENTAL DESIGNS
A. It is not easy to devise an experiment that is both well controlled and enlightening.
B. Clinical researchers often must settle for designs that are less than ideal and include:
   1. Quasi-experimental designs
      a. In quasi-experimental, or mixed, designs, investigators do not randomly assign participants to groups, but make use of groups that already exist.
      (a) Example: children with a history of child abuse.
      b. To address the problem of confounds, researchers use matched control groups.
      (a) These groups are “matched” to the experimental group based on demographic and other variables.
   2. Natural experiments
      a. In natural experiments, nature manipulates the independent variable and the experimenter observes the effects.
      (a) Example: psychological impact of flooding.
   3. Analogue experiments
      a. Analogue experiments allow investigators to freely manipulate independent variables while avoiding ethical and practical limitations.
      b. They induce laboratory subjects to behave in ways that seem to resemble real life.
      (a) Example: animal subjects.
   4. Single-subject experiments
      a. In a single-subject experiment, a single participant is observed both before and after manipulation of an independent variable.
      b. An experimental design is the ABAB, or reversal, design.
      (a) In an ABAB (reversal) design, a participant’s reactions are measured during a baseline period (A), after the introduction of the independent variable (B), after the removal of the independent variable (A), and after reintroduction of the independent variable (B).
LEARNING OBJECTIVES

1. Discuss some of the difficulties of defining a person’s behavior as abnormal.
2. Describe the different ways of defining abnormality from the perspectives of deviance, distress, dysfunction, and danger.
3. Discuss what is meant by the “elusive nature 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.
14. Describe the role of clinical researchers in the field of abnormal psychology.
15. Describe the case study, including its uses and limitations (strengths and weaknesses).
16. Describe the correlational method. What is a positive versus a negative versus a null correlation? What are the uses and limitations of correlational research?
17. Describe the experiment. What are the uses and limitations of experimental research? Describe the reasons that experimenters use control groups, random assignment, and blind design.
18. Describe the following alternative experimental designs: quasi-experimental design; natural experiments; analogue experiments; single-subject experiments.

KEY TERMS

ABAB design  abnormal psychology  analogue experiment  asylum  blind design  case study  clinical practitioners  clinical psychologists  clinical scientists  confound  control group  correlation  correlation coefficient  correlational method  culture  danger  deinstitutionalization  demonology  dependent variable  deviance  distress  dysfunction  eccentricity  epidemiological study  exorcism  experiment  experimental group  general paresis  hypotheses  hypothesis  hypnotism  incidence  independent variable  longitudinal study  magnitude of correlation  managed care program  moral treatment  multicultural psychology  natural experiment  negative correlation  no (zero) correlation  nomothetic understanding  norms  parity
KEY TERMS

- placebo therapy
- positive correlation
- positive psychology
- prevalence
- prevention
- private psychotherapy
- psychiatrists
- psychoanalysis
- psychogenic perspective
- psychotropic medications
- quasi-experiment
- random assignment
- scientific method
- single-subject experimental design
- somatogenic perspective
- state hospitals
- therapy
- treatment
- trephination
- variable

MEDIA RESOURCES

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/2002/mainsheet.htm
Abnormal Psychology Time Machine—This site details various theories to explain psychological disturbances over time.

http://elvers.us/hop/welcome.asp
The History of Psychology Web site, provided as a “gateway for teachers and students to over 1,000 World Wide Web resources related to the history of psychology.”

http://www.med.nyu.edu/bhp/
This Web site provides an overview of the behavioral health programs offered at NYU Medical Center, including clinical research and current studies. It also provides links to general psychological research, hospital and patient care information, and education.

http://www.nimh.nih.gov
National Institute of Mental Health—NIMH
The homepage of NIMH, a component of NIH. NIMH is the federal agency that conducts and supports (funds) research on mental illness and mental health.

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

Charly
From the award-winning book Flowers for Algernon, this 1968 film portrays Charly, an adult suffering from mental retardation. The film details Charly’s experi-
ences with doctors attempting to “cure” him, leading up to his participation in an experimental treatment that raises his IQ to genius levels but not his emotional maturity. Issues of informed consent and the responsibilities that accompany science are handled well. P, T, E, 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

Fear Strikes Out
This film is a 1950s biopic about baseball player Jimmy Piersall, who suffers a mental breakdown and is treated with ECT. P, T, E, serious film

A Fine Madness
From 1966, this film stars a young Sean Connery as Samson Shillito, an eccentric poet who is institutionalized and undergoes a lobotomy. P, T, E, serious film

Frances
From 1982, a staggering biopic on Frances Farmer, which covers her alcoholism, institutionalization, and eventual lobotomy. 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). P, T, E, 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, E, serious film

Good Will Hunting
This Academy Award winning film from 1997 stars Matt Damon, Ben Affleck, and Robin Williams and addresses a somewhat unconventional therapy program for a gifted yet troubled young man. T, E, serious film

Inside/Out
From 1997, this Rob Tregenza film profiles life in a psychiatric hospital. P, T, E, serious film

King of Hearts
From 1966, this “must-see” film is about a Scottish soldier who discovers a town abandoned by everyone except the inmates of an insane asylum. P, T, E, serious film

Kinsey

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. P, T, serious film

One Flew Over the Cuckoo’s Nest
From 1975, 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

Pressure Point
This film from the 1960s, starts Sidney Potier as a psychiatrist treating a racist patient (played by Bobby Darin). 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

Titicut Follies
From 1967, this documentary covers the treatment of inmates/patients at a correctional institution in Massachusetts. T, E, documentary

Trading Places
This 1983 film loosely addresses issues related to correlational and experimental research design. Dan Akroyd and Eddie Murphy play a privileged but priggish broker and a street hustler who are experimentally manipulated (without informed consent) into trading places. E, comedy

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

Wrong Answer
From 2005, this short film follows a participant in a psychology study of the effects of mild electric shocks on recall. Based on the classic Milgram obedience study. E, serious film
Other Films:

*Brain Candy* (1996) Plot involves a drug company’s research into and development of a drug to treat depression. **P, T, comedy**

*The Exorcism of Emily Rose* (2005) addresses exorcism as a treatment for demonic possession. **P, T, E, commercial horror film**

*The Exorcist* (1973) addresses past views and treatments. **P, T, commercial horror film**

*The Nutty Professor* (1996 remake) research. **P, T, comedy**

*The Royal Tennenbaums* (2001) One character is conducting research on the brain functions of a boy and makes his living publishing pseudo-scientific results. **P, comedy/serious film**

Video Segments for Abnormal Psychology, Third Edition

Available as a supplement, this revised video collection 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 Video Segments for Abnormal Psychology 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.

Films on Demand is a Web-based digital delivery service that has impressive psychology holdings. Their catalog can be accessed here: [http://ffh.films.com/digitallanding.aspx](http://ffh.films.com/digitallanding.aspx)

In addition, the following videos and other media may be of particular interest and are available for purchase or rental and appropriate for use in class or for assignment outside of class.

*Madness by Jonathan Miller* (five 1-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

CLASS DEMONSTRATIONS AND ACTIVITIES

Panel Discussion

Have students volunteer (or assign them) to portray in a panel discussion of 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 sta-
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 despairs 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 die by suicide.)

“Is It Debatable: Is It Ethical to Use Animals in Psychological Research?” (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 Double-Blind Study

To illustrate the risks and benefits of the double-blind procedure, have students break up into small groups. Pass out index cards (one patient, several “blind” doctors, several “un-blind” doctors per group) and a treatment scenario (e.g., a patient in an antidepressant
medication trial complaining of sexual side effects). How does being blind/un-blind influence your questioning of the patient?

**Case Study**

Present a case study to the class. Some of Freud’s cases (e.g., Little Hans [excerpt in the text], Dora, the Rat Man, and/or the case of the “Genain” sisters) are especially interesting.

**Correlational Study**

Discuss a situation in which a correlational design is required, that is, where it is either practically or ethically impossible to conduct an experiment. Examples include the association between smoking and heart disease, sexual abuse and eating disorders, alcohol abuse and work problems, and high levels of expressed emotion and schizophrenia.

**Autism and Emotionally Frigid Parenting: The Dangers of Concluding Causation from Correlation**

Present the case of clinicians concluding that autism is due to parenting practices. Children with autism were taken by their parents to Leo Kanner, a child psychiatrist at Johns Hopkins University. Kanner observed the behavior exchanges between children and parents and found that these parents appeared to be less warm than other parents. He concluded that these parents were “emotional refrigerators” and that their detached, emotionally vacant child-rearing practices caused the autism; the children responded to this rejection by becoming defensive and rejecting themselves. Psychoanalyst Bruno Bettelheim reached the same conclusion, but he argued that their hostility was unconscious and unintended. Nonetheless, Bettelheim advocated placing the children in residential settings with more loving caregivers so that the children could learn to trust and to let down their defenses. Discuss the fact that Kanner and Bettelheim were sincere in their efforts to help, but that they had concluded causation based on correlation (the observation that two events—autism and emotional detachment—coincided). Discuss the effect such conclusions might have had on parents. Point out that the axiom “Correlation does not imply causation,” if not followed, can cause serious problems.

**Facilitated Communication: Strict Experimental Controls Debunk a Useless Intervention**

Facilitated communication (FC) is a method for providing assistance to a nonverbal person—such as a child with autism—by using a keyboard to type messages and thus communicate with others. The procedure involves the “facilitator” or assistant supporting the patient’s hand, making it easier for the patient to strike the keys he or she wishes to strike. Proponents of FC have asserted that previously uncommunicative persons, such as those with autism or profound mental retardation, can now communicate with others and, in fact, that many such patients have been found to be highly intelligent. In one study of FC, patients were asked how they felt. With the facilitator’s help, patients described themselves, revealing their personalities. Patients exhibited unique spellings, or typographical errors, or unique word usages. They occasionally reported, via FC, that they had been sexually abused. A number of questions were raised about FC. The most important was whether the facilitators were unwittingly selecting the keys that spelled out the messages. What was needed was a controlled experiment. An article in *American Psychologist* summarized the findings as follows:

Relevant controlled, peer-reviewed published studies repeatedly show that, under circumstances when access to information by facilitators is systematically and tightly manipulated, the ability to produce communication through FC varies predictably and in a manner that demonstrates that the content of the communication is being determined by the facilitator. (Jacobson, Mulick, and Schwartz, 1995, p. 754)

The following is from an abstract of a 1998 article in the journal *Focus on Autism and Other Developmental Disabilities*:

The first author, a certified speech-language pathologist (SLP), served as the facilitator for two students with autism to assess pointing control during facilitated communication. The teacher instructed the students during typical classroom activities, and two classroom assistants collected data. We used a counterbalanced alternating treatments design with the SLP/facilitator being either blind or sighted. She wore sunglasses throughout the investigation with a cardboard cutout inserted for the blind condition. The alternating treatments data reveal that the students responded more accurately when the SLP/facilitator could see in spite of the fact that she did not think she was influencing their responding and did not intentionally do so.

**Science and Society**

The previous example clearly illustrates the sometimes dramatic tension between concrete experimental evidence and the human desire to believe certain things. In the FC example, there is great desire to help persons with autism, which can be a profoundly disabling disorder.
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 experiences, 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 (indicates 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.
CHAPTER 1

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:

- 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 a discussion of the DSM-5.

- 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 ascendancy 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.

Double-Blind Research
Discuss the ethical dilemmas involved in the use of control groups in research. Double-blind research requires that both the subject and the experimenter not know who receives treatment and who is given a placebo. Discuss whether there is an ethical obligation to halt the research if it becomes clear that treatment subjects are benefiting significantly from the treatment that is not being received by control subjects.

Research Ethics I
Discuss the ethical dilemmas related to informed consent. Why is this procedure so important? What should the penalty be for investigators who fail to obtain such documentation?

Research Ethics II
Discuss the necessity and importance of selecting representative samples. Why is this procedure so critical? What are the implications if a study sample is NOT representative? Can any sample ever truly be representative?

Research Ethics III
Discuss the ethical issues involved in the widespread (yet unvalidated) early use of lobotomy. The memoir, My Lobotomy, details one man’s experience.

Research Design
Using the “Most Investigated Questions in Clinical Research” from text p. 25, ask students to select a variable for study and discuss the potential design problems and hypothesize outcomes/conclusions.

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. 8. Students should be encouraged to be as accurate and up-to-date as possible and to present all sides of the issue (e.g., alternate treatment approaches or theories).

Mental Health and the Media
Ask students to find newspaper 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.

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 online 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. [See PsychWatch on p. 5] 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?

(5) Compare and contrast the Case Study, the Correlational Method, and the Experimental Method.

(6) Design a detailed correlational study or experiment addressing one of the questions listed on text p. 25.

(7) The correlation found between life stress and depression does not necessarily indicate that stressors cause depression. Discuss other possible factors to explain this finding and other correlations in life that are often interpreted as causal but that may actually reflect a different relationship between the variables.

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 PsychWatch: Marching to a Different Drummer: Eccentrics. (text p. 5).

(2) Research and report on one of the “Modern Pressures” discussed in PsychWatch (text p. 18).

(3) Research and report on the connection between the moon and the mind (see Between the Lines: Lunar Myths, text p. 11).

(4) Research and report on the study of Positive Psychology (see PsychWatch, text p. 16).

(5) Conduct a “Psych Info” search and write an annotated bibliography of five studies of “modern” treatments for psychopathology.

(6) Conduct a “Psych Info” search and write an annotated bibliography on double-blind experiments.

(7) Conduct a “Psych Info” search and write an annotated bibliography on violations of research ethics.

(8) Conduct a “Psych Info” search and write an annotated bibliography on research conducted through Facebook or other social media platforms [See MediaSpeak, text p. 28].

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 a mental-health based autobiography or memoir and write a brief (3–5) page report. Students should summarize the text but should focus on the psychological disorder discussed by the author. 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.