Chapter One:

Abnormal Behavior in Historical Context

Rick Grieve, Ph.D.

Western Kentucky University

1

- https://www.youtube.com/watch?v=WDpipB4yehk
- https://www.youtube.com/watch?v=oAK0FmZbsu8
- https://www.youtube.com/watch?v=dAc1rDS3YhQ

2

What Is a Psychological Disorder? Part 1

- No single definition of psychological abnormality
- No single definition of psychological normality

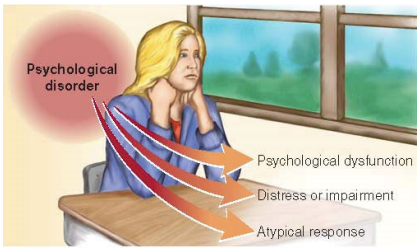
3

What Is a Psychological Disorder? Part 2

- From DSM:
  - Psychological dysfunction
    - Abnormal cognitive, emotional, or behavioral functioning
    - Behavior is outside cultural norms
  - Impairment
    - Problems with job, relationships, daily routine
    - Impairment is set in the context of a person's background and culture
  - Personal distress

4

The Criteria for Defining a Psychological Disorder



5

Defining Abnormal Behavior

- **How do you define abnormal behavior?**
  - **Statistical Abnormality**
  - **Social Norm Violation**
  - **Faulty Reality Testing**
  - **Personal Discomfort**
  - **Maladaptive Behavior**
  - **Dangerous Behavior**

6

Abnormal Behavior Defined

- An accepted definition
  - A psychological dysfunction associated with distress or impairment in functioning that is not typical or culturally expected
- The Diagnostic and Statistical Manual (*DSM-5*)
  - *DSM* contains diagnostic criteria
  - Most recent update occurred on May 2013
- The field of psychopathology
  - The scientific study of psychological disorders

7

The Science of Psychopathology

- Mental health professionals
  - M.D.: Psychiatrist
  - The Ph.D.: Clinical and counseling psychologist (trained in research and delivering treatment)
  - The Psy.D.: Clinical and counseling "Doctor of Psychology" (trained in delivering treatment)
  - The MA: Clinical and counseling (titles depend on states)
  - Psychiatric nurses
  - Psychiatric social worker (trained in delivering treatment)

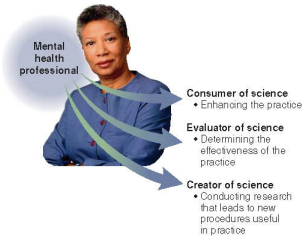
8

The Scientist-Practitioner

- Practice (treatment delivery) and research mutually influence each other
- Stays current with research in field
- Evaluates own assessment and treatment
- Conducts research

9

Functioning as a Scientist-Practitioner



CENGAGE

10

Clinical Description, Part 1

- Begins with the presenting problem
  - Symptoms (e.g., chronic worry, panic attacks)
- Description aims to:
  - Distinguish clinically significant dysfunction from common human experience
- Describe prevalence and incidence of disorders

11

Clinical Description, Part 2

- Describe onset of disorders
  - Acute vs. insidious onset
- Describe course of disorders
  - Episodic, time-limited, or chronic course
- Prognosis
  - Good vs. guarded

12

Causation, Treatment, and Outcome, Part 1

- Etiology
  - What contributes to the development of psychopathology?
- Treatment development
  - How can we help alleviate psychological suffering?
  - Includes pharmacological, psychosocial, and/or combined treatments

13

Causation, Treatment, and Outcome, Part 2

- Treatment outcome research
  - How do we know that we have helped?
  - May be difficult to directly target causes of disorders; symptoms are targeted instead

14

Historical Conceptions of Abnormal Behavior, Part 1

- Major psychological disorders have existed in all cultures and across all time periods
- Causes and treatment of abnormal behavior vary widely across cultures, time periods, world views
- What we do to treat abnormal behavior is a direct result of what we believe causes abnormal behavior.
  - So, if you think the treatment is weird, ask yourself: what do they think is causing the problem?

15

Historical Conceptions of Abnormal Behavior, Part 2

- Three dominant traditions have existed in the past to explain abnormal behavior
  - Supernatural
  - Biological
  - Psychological

16

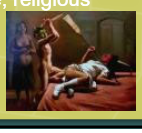
The Supernatural Tradition Part 1

- **Demonological Model**
  - **Abnormal behavior caused by demonic possession**
  - **Divine will and spirits**
  - **Treatment for abnormal behavior logically follows from the perceived cause(s)**

17

The Supernatural Tradition, Part 2

- **Witchcraft**
  - **More likely to be someone who was not liked as someone who exhibited abnormal behavior**
- Deviant behavior as a battle of "Good" vs. "Evil"
  - Caused by demonic possession, witchcraft, sorcery
  - Treatments included exorcism, torture, religious services



18

The Supernatural Tradition, Part 3

- Mass hysteria
  - Saint Vitus's Dance/tarantism
- Modern mass hysteria
  - Emotion contagion
  - Mob psychology
- The moon and the stars
  - Paracelsus and lunacy

19

The Biological Tradition, Part 1

- Hippocrates: Abnormal behavior as a physical disease
  - Hysteria "the wandering uterus"—psychological symptoms were a result of the uterus moving around in the body
  - Linked abnormality with body humour imbalances
    - Foreshadowed modern views
- Galen extended Hippocrates' work

20

The Biological Tradition, Part 2

- Galenic-Hippocratic tradition
  - Humoral theory of disorders: Functioning is related to having two much or too little of four key bodily fluids (humors)
    - Blood, phlegm, black bile, yellow bile
    - Example: Depression caused by too much black bile
    - Treated by changing environmental conditions (e.g., reducing heat) or bloodletting/vomiting

21

The 19th Century, Part 1

- General paresis (syphilis) and the biological link with madness
  - Several unusual psychological and behavioral symptoms
  - Pasteur discovered the cause—a bacterial microorganism
  - Led to penicillin as a successful treatment
  - Bolstered the view that mental illness = physical illness

22

The 19th Century, Part 2

- John P. Grey and the reformers
  - Psychiatrist who believed mental illness had physical roots
  - Championed biological tradition in the United States
  - Led to reforms of hospitals to give psychiatric patients better care

23

Early Biological Treatments, Part 1

- Electric shock
- Crude surgery
- Insulin (discovered by accident to calm psychotic patients)
- Frontal Labotomy

24

Early Biological Treatments, Part 2

- **Sexual Surgery**
  - **Belief that psychological disorders were located in the genitalia**
  - **Treatment is logically derived from the belief of the cause**

25

Later Biological Treatments

- Major tranquilizers (discovered mid-20th century)
- Minor tranquilizers (e.g., benzodiazepines)—commonly prescribed for anxiety today
- SSRIs
- Antipsychotics

26

Consequences of the Biological Tradition

- Mental illness = physical illness
- Emil Kraepelin: Classification of disorders
  - Emphasized that different disorders have unique age of onset, symptoms, and causes

27

The Psychological Tradition, Part 1

- The rise of moral therapy
  - Became popular in first half of 19th century
  - "Moral" = referring to psychological/emotional factors
  - Main idea: Treat patients as normally as possible in normal environment
  - More humane treatment of institutionalized patients
  - Encouraged and reinforced social interaction

28

The Psychological Tradition, Part 2

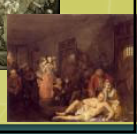
- Proponents of moral therapy
  - Philippe Pinel and Jean-Baptiste Pussin—patients shouldn't be restrained
  - Benjamin Rush—led reforms in United States
  - Dorothea Dix—mental hygiene movement

29

Asylums

- **Asylums**
  - **Became storehouse for mentally ill in 15th & 16th centuries**
  - **Treatment horrid**
  - **St. Mary's of Bethlehem**



30

The Psychological Tradition, Part 3

- Asylum reform > more patients getting care
  - Moral therapy declined because more difficult with large groups of patients
- Soon followed by emergence of competing alternative psychological models

31

The Psychological Tradition, Part 4

- **Franz Anton Mesmer**

32

Psychoanalytic Theory, Part 1

- Freudian theory of the structure and function of the mind
  - Unconscious
  - Catharsis
  - Psychoanalytic model sought to explain development and personality
- Structure of the mind
  - Id (pleasure principle; illogical, emotional, irrational)
  - Superego (moral principles)
  - Ego (rational; mediates between supergo/id)

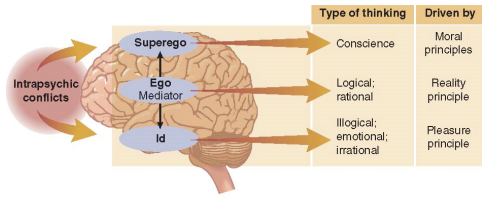
33

Psychoanalytic Theory, Part 2

- Defense mechanisms: Ego's attempt to manage anxiety resulting from id/superego conflict
  - Displacement & denial
  - Rationalization & reaction formation
  - Projection, repression, and sublimation
- Psychosexual stages of development
  - Oral, anal, phallic, latency, and genital stages

34

Freud's Structure of the Mind



35

Later Developments in Psychoanalytic Thought, Part 1

- Anna Freud and self-psychology
  - Emphasized influence of the ego in defining behavior
- Melanie Klein, Otto Kernberg, and object relations theory
  - Emphasized how children incorporate (introject) objects
  - Objects—significant others and their images, memories, and values

36

Later Developments in Psychoanalytic Thought, Part 2

- The "Neo-Freudians": Departures from Freudian thought
- De-emphasized the sexual core of Freud's theory
- Jung, Adler, Horney, Fromm, and Erickson
  - E.g., Jung emphasized instead the "collective unconscious"

37

Psychoanalytic Psychotherapy: The "Talking" Cure

- Unearth the hidden intrapsychic conflicts
  - "The real problems"
- Therapy is often long term
- Techniques
  - Free association
  - Dream analysis
- Examine transference and counter-transference issues
- Little evidence for efficacy

38

The Behavioral Model

- Derived from a scientific approach to the study of psychopathology
- Classical conditioning (Pavlov; Watson)
  - Ubiquitous form of learning
  - People learn associations between neutral stimuli and stimuli that already have meaning (unconditioned stimuli)
  - Conditioning explains the acquisition of some fears

39

The Beginnings of Behavior Therapy, Part 1

- Challenged psychoanalysis and nonscientific approaches
- Early pioneers
  - John B. Watson (very influential figure in Psychology)
  - Joseph Wolpe—systematic desensitization

40

The Beginnings of Behavior Therapy, Part 2

- Operant conditioning (Thorndike; Skinner)
  - Reinforcement
  - Another ubiquitous form of learning
  - Voluntary behavior is controlled by consequences
- Learning traditions influenced the development of behavior therapy
  - Behavior therapy tends to be time-limited and direct

41

The Beginnings of Behavior Therapy, Part 3

- Strong evidence supporting the efficacy of behavior therapies
- Behavior therapy: Creating new associations by practicing new behavioral habits and/or reinforcing useful behaviors with positive consequences

42

Operant Conditioning

	Give Something	Take Something Away
Increase Behavior	Positive Reinforcement	Negative Reinforcement
Decrease Behavior	Positive Punishment	Negative Punishment

43

The Beginnings of Behavior Therapy, Part 3

- Learning traditions influenced the development of behavior therapy
  - Behavior therapy tends to be time-limited and direct
  - Strong evidence supporting the efficacy of behavior therapies
  - Behavior therapy: Creating new associations by practicing new behavioral habits and/or reinforcing useful behaviors with positive consequences

44

Humanistic Theory, Part 1

- Major themes
  - People are basically good
  - Humans strive toward self-actualization
- Major players
  - Abraham Maslow and Carl Rogers

45

Humanistic Theory, Part 2

- Person-centered therapy
  - Therapist conveys empathy, congruence, and unconditional positive regard
    - Rogers: Necessary and Sufficient
  - Minimal therapist interpretation
- No strong evidence that purely humanistic therapies work to treat mental disorders
  - Most people now say: Necessary but not sufficient
  - More effective for people dealing with normal life stress, not suffering from psychopathology

46

An Integrative Approach

- Psychopathology is multiply determined
- Unidimensional accounts of psychopathology are incomplete

47

An Integrative Approach: Summary

- Must consider reciprocal relations among:
  - Neuroscience, cognitive science, behavior science, and developmental science
- Defining abnormal behavior
  - Complex, multifaceted, and has evolved
- Science of psychopathology is evolving
  - The supernatural tradition no longer has a place in a science of abnormal behavior
  - Multidimensional and integrative

48

Cultural Relevance

- **Important to consider culture when determining abnormal behavior**
- **Some behavior is not considered abnormal when seen in another culture**

49

Stigma

- A lot of stigma attached to abnormal behavior/mental illness
  - Historical people
  - Disclosure of Mental Illness

50

A General Classification

- Internalizing Disorders
- Externalizing Disorders
- Psychotic Disorders
- Distress vs. Fear Disorders

51

References Used

- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (Fourth Ed.). Washington, D. C.: Author.
- Birnbaum, H. G., Kessler, R. C., Kelley, D., Ben-Hamadi, R., Joish, V. N., & Greenberg, P. E. (2010). Emplyer burden of mild, moderate, and severe major depressive disorder: Mental health services utilization and costs, and work performance. *Depressino and Anxiety, 27*, 78-89.
- Durand, V. M., Barlow, D. H., & Hoffman, S. G. (2018). *Essentials of abnormal psychology* (8th Edition). Wadsworth.
- Eiser, A. (2011). The crisis on campus: APA is working with Congress to address serious mental health problems on college campuses. *APA Monitor on Psychology, 42* (8), 18-19.
- Finger, S., & Zaromb, F. (2006). Benjamin Franklin and shock-induced amnesia. *American Psychologist, 61,* 240-248.

52

References Used

- Hayes, L. L. (1999, November). Programs aid the mentally ill: From Greed Door to Fountain House, 'clubhouse' rehabilitation helps scores of mentally ill individuals. *Counseling Today, 42*(5), 1, 22-23.
- Kessler, R. C., & Wang, P. S. (2008). The descriptive epidemiology of commonly ocurring mental disorders in the United States. *Annual Review of Public Health, 29*, 115-129.
- Munsey, C. (2010). More students–with more psychological issues–are showing up at campus counseling centers. *APA Monitor on Psychology, 41* (4), 10.
- Munsey, C. (2011). More students are hospitalized for mental health problems. *APA Monitor on Psychology, 42* (7), 12.
- Nevid, J. S., Rathus, S. A., & Greene, B. (2003). *Abnormal psychology in a changing world.* Upper Saddle River, NJ: Prentice Hall.

53

References Used

- Price, M. (2008). Should clients disclose their mental illness? *APA Monitor on Psychology, 40* (1), 10.
- Raulin, M. L. (2003). *Abnormal psychology*. Boston, MA: Allyn & Bacon.

54