Chapter 1

Abnormal Behavior in Historical Context

Myths and Misconceptions About Abnormal Behavior

- No Single Definition of Psychological Normality
- No Single Definition of Psychological Abnormality
  - Differences across time
  - Cross-cultural differences
  - Involves multiple dimensions/areas of functioning
- Many Myths Are Associated With Mental Illness
  - Weak in character
  - Dangerous to self or others
  - Mental illness is a hopeless situation

Approaches to Defining Abnormal Behavior

- Does Infrequency Define Abnormality?
- Does Suffering Define Abnormality?
- Does Strangeness Define Abnormality?
- Does the Behavior Itself Define Abnormality?
- Should Normality Serve as a Guide?

Toward a Definition of Abnormal Behavior

- Psychological Dysfunction
  - Breakdown in cognitive, emotional, or behavioral functioning
- Distress or Impairment
  - Difficulty performing appropriate and expected roles
  - Impairment is set in the context of a person's background
- Atypical or Unexpected Cultural Response
  - Reaction is outside cultural norms

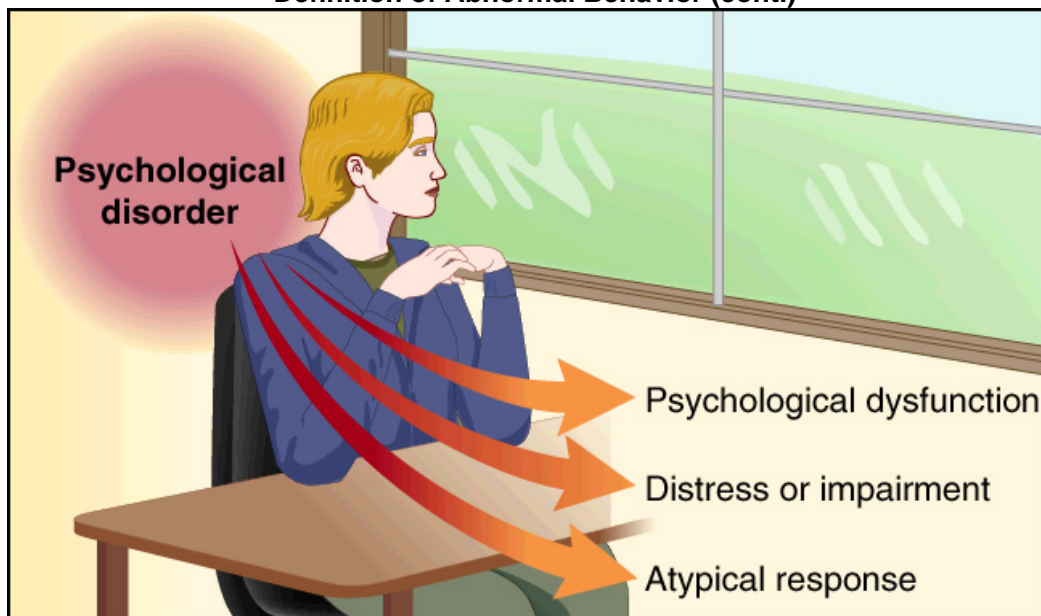## Definition of Abnormal Behavior (cont.)

Figure 1.1
The criteria defining a psychological disorder

The Diagnostic and Statistical Manual (DSM-IV)

- Widely Accepted System for Classifying Psychological Problems and Disorders
- DSM Contains Diagnostic Criteria for Behaviors That
  - Fit a pattern
  - Cause dysfunction or subjective distress
  - Are present for a specified duration
  - And for behaviors that are not otherwise explainable

Approaches to the Scientific Study of Psychological Disorders

- Mental Health Professionals
  - The Ph.D.'s: Clinical and counseling psychologists
  - The Psy.D.'s: Clinical and counseling "Doctors of Psychology"
  - M.D.'s: Psychiatrists
  - M.S.W.'s: Psychiatric and non-psychiatric social workers
  - MN/MSN's: Psychiatric nurses
  - The lay public and community groups
- United by the Scientist-Practitioner Framework

Dimensions of the Scientist-Practitioner Model

- Producers of Research

- Consumers of Research

- Evaluators of Their Work Using Empirical Methods
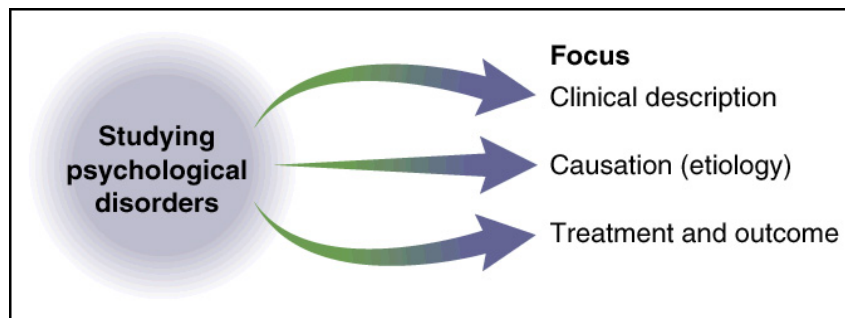
Dimensions of the Scientist-Practitioner Model (cont.)

Figure 1.3
Three major categories make up the study and discussion of psychological disorders.

Scientist-Practitioner and Clinical Description of Abnormality

- Description Aims to Distinguish Clinically Significant Dysfunction from Common Human Experience
- Describe Prevalence and Incidence of Disorders
- Describe Onset of Disorders
  - Acute vs. insidious onset
- Describe Course of Disorders
  - Episodic, time-limited, or chronic course

Causation, Treatment, and Outcome in Psychopathology

- What Factors Contribute to the Development of Psychopathology?
  - Study of etiology

- How Can We Best Improve the Lives of People Suffering From Psychopathology?
  - Pharmacologic, Psychosocial, and/or Combined Treatment Development

- How Do We Know That We Have Alleviated Psychological Suffering?
  - Study of treatment outcome

The Past: Historical Conceptions of Abnormal Behavior

- Major Psychological Disorders Have Existed
  - In all cultures
  - Across all time periods

- The Causes and Treatment of Abnormal Behavior Varied Widely

- Three Dominant Traditions Include: Supernatural, Biological, and Psychological

The Past: Abnormal Behavior and the Supernatural Tradition

- Deviant Behavior as a Battle of "Good" vs. "Evil"
  - Deviant behavior was believed to be caused by demonic possession, witchcraft, sorcery
  - Treatments included exorcism, torture, beatings, and crude surgeries

- "Outer Force" Views Were Popular During the Middle Ages

- Few Believed That Abnormality Was an Illness on Par With Physical Disease

The Past: Abnormal Behavior and the Biological Tradition

- Hippocrates': Abnormal Behavior as a Physical Disease
  - Hysteria "The Wander Uterus"
- Galen Extends Hippocrates Work
  - Humoral theory of mental illness
    - Blood - Sanguine; Black Bile - Melancholy; Phlegm - Sluggishness; Yellow Bile – choleric/hot tempered
  - Treatments remained crude
  - Foreshadowed modern views linking abnormality with brain chemical imbalances

The Past: Consequences of the Biological Tradition

- Mental Illness = Physical Illness
- The 1930's: Biological Treatments Were Standard Practice
  - Insulin shock therapy, ECT, and brain surgery (i.e., lobotomy)
- By the 1950's Several Medications Were Established
  - Examples include neuroleptics (i.e., reserpine) and minor tranquilizers

The Past: Abnormal Behavior and
the Psychological Tradition

- The Rise of Moral Therapy: The practice of allowing institutionalized patients to be treated as normal as possible and to encourage and reinforce social interaction (Philippe Pinel, Benjamin Rush, and others)

- Reasons for the Falling Out of Moral Therapy: Immigration and Mental Hygiene movement led to an influx of patients

- Emergence of Competing Alternative Psychological Models

The Past: Abnormal Behavior and the Psychoanalytic Tradition

- Freudian Theory of the Structure and Function of the Mind
- The Mind's Structure
    - Id (pleasure principle; illogical, emotional, irrational)
    - Ego (reality principle; logical and rational)
    - Superego (moral principles; keeps Id and Ego in balance)
- Defense Mechanisms: When the Ego Loses the Battle with the Id and Superego
    - Displacement: transferring a feeling onto a less threatening object
    - Denial: refusal to acknowledge some aspect of experience
    - Rationalization: conceals true motivation through elaborate explanations
    - Reaction formation: substitutes feelings, behaviors, for the exact opposite of the unacceptable ones
    - Projection: falsely attributing one's unacceptable feelings to another
    - Repression: blocks disturbing wishes, thoughts, etc. from conscious experience
    - Sublimation: directs potentially maladaptive feelings into socially acceptable behavior
- Freudian Stages of Psychosexual Development
    - Oral, anal, phallic, latency, and genital stages

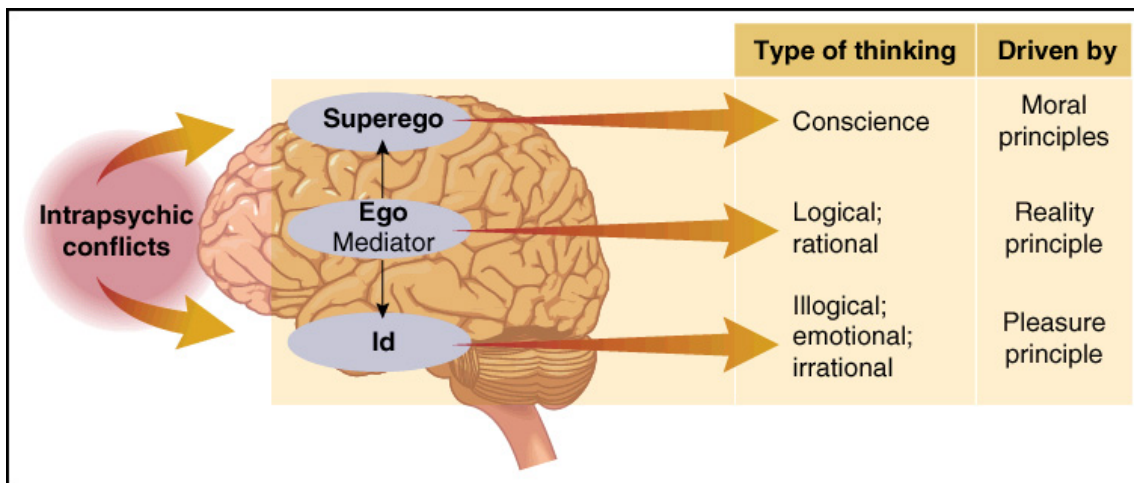## The Past: Abnormal Behavior and the Psychoanalytic Tradition (cont.)

Figure 1.4
Freud's structure of the mind

Later Neo-Freudian Developments in Psychoanalytic Thought

- Anna Freud and Self-Psychology
    - Emphasized the influence of the ego in defining behavior
- Melanie Klein, Otto Kernberg, and Object Relations Theory
    - Emphasized how children incorporate (introject) objects
    - Examples include images, memories, and values of significant others (objects)
- Others Developed Concepts Different from Those of Freud
    - Carl Jung, Alfred Adler, and Erik Erickson
- The Neo-Freudians Generally De-emphasized the Sexual Core of Freud's Theory

From Psychoanalytic Thought to Psychoanalysis in Therapy
- Unearth the Hidden Intrapsychic Conflicts ("The Real Problems")
- Therapy Is Often Long Term
- Techniques Include Free Association and Dream Analysis
- Examine Transference and Counter-Transference Issues
- Little Evidence for Efficacy

Humanistic Theory and the Psychological Tradition
- Carl Rogers, Abraham Maslow, and Fritz Perls
- Major Theme
  - That people are basically good
  - Humans strive toward self-actualization
- Treatment
  - Therapist conveys empathy and unconditional positive regard
  - Minimal therapist interpretation
- No Strong Evidence That Humanistic Therapies Work

The Behavioral Model and the Psychological Tradition
- Derived from a Scientific Approach to the Study of Psychopathology
- Ivan Pavlov, John B. Watson, and Classical Conditioning
  - Classical conditioning is a ubiquitous form of learning
  - Conditioning involves correlation between neutral stimuli and unconditioned stimuli
  - Conditioning was extended to the acquisition of fear
- Edward Thorndike, B. F. Skinner, and Operant Conditioning
  - Another ubiquitous form of learning
  - Most voluntary behavior is controlled by the consequences that follow behavior
- Both Learning Traditions Greatly Influenced the Development of Behavior Therapy

From Behaviorism to Behavior Therapy
- Reactionary Movement Against Psychoanalysis and Non-Scientific Approaches
- Early Pioneers
  - Joseph Wolpe – Systematic desensitization
  - Arnold Lazarus – Multi-modal behavior therapy
  - Aaron Beck – Cognitive therapy
  - Albert Bandura – Social learning or cognitive-behavior therapy
- Behavior Therapy Tends to be Time-Limited and Direct
- Strong Evidence Supporting the Efficacy of Behavior Therapy

Discussion Group 1 - Questions
- How are mental disorders defined by the DSM framework? That is, what 3 aspects/characteristics of abnormal behavior represent the main criteria for defining a psychological disorder?

- Identify and explain two of Freud's defense mechanisms.

- Define classical and operant conditioning principals.