

CHAPTER 1

ABNORMAL BEHAVIOR IN HISTORICAL CONTEXT

CHAPTER OVERVIEW

This chapter presents an overview of past and future conceptions of abnormal behavior. Specifically, it introduces the concept of abnormal behavior and its definitional components while also describing the science of psychopathology; outlines some primary professions in the field and terms for understanding psychological disorders; describes supernatural, biological, and psychological models of abnormal behavior in a historical context; and summarizes a multidimensional integrative scientific approach for understanding psychopathology.

CHAPTER OUTLINE

UNDERSTANDING PSYCHOPATHOLOGY

- What Is a Psychological Disorder?
- The Science of Psychopathology
- Historical Conceptions of Abnormal Behavior

THE SUPERNATURAL TRADITION

- Demons and Witches
- Stress and Melancholy
- Treatments for Possession
- Mass Hysteria
- Modern Mass Hysteria
- The Moon and the Stars
- Comments

THE BIOLOGICAL TRADITION

- Hippocrates and Galen
- The 19th Century

The Development of Biological Treatments

Consequences of the Biological Tradition

THE PSYCHOLOGICAL TRADITION

Moral Therapy

Asylum Reform and the Decline of Moral Therapy

Psychoanalytic Theory

Humanistic Theory

The Behavioral Model

THE PRESENT: THE SCIENTIFIC METHOD AND AN INTEGRATIVE APPROACH

DETAILED OUTLINE

Understanding Psychopathology

- A psychological disorder is (1) a psychological dysfunction within an individual that is (2) associated with distress or impairment in functioning and (3) a response that is not typical or culturally expected. All three basic criteria must be met; no one criterion alone has yet been identified that defines the essence of abnormality.

➤ **DISCUSSION POINT:**

What are some behaviors that may be considered “abnormal” by the above definitions, but do not constitute a psychological disorder?

➤ **DISCUSSION POINT:**

Do the words “abnormal” and “pathological” necessary mean the same thing? Can you be one without being the other? Is abnormality an “either-or” construct or is it better thought of as a continuum?

- The field of psychopathology is concerned with the scientific study of psychological disorders. Trained mental health professionals range from clinical and counseling psychologists to psychiatrists and psychiatric social workers and nurses. Each profession requires a specific type of training.
- Using scientific methods, mental health professionals can function as scientist-practitioners. They not only keep up with the latest findings but also use scientific data to evaluate their own work and often conduct research within their clinics or hospitals.
- Research about psychological disorders falls into three basic categories: clinical description (prevalence, incidence, course prognosis), causation (etiology), and treatment and outcomes.

➤ **DISCUSSION POINT:**

What are some of the factors that may lead a person to have a psychological disorder, such as depression? Be sure to elicit answers involving biological, psychological, and social components.

➤ **DISCUSSION POINT:**

Why do you think that two people can be diagnosed with the exact same psychological disorder while appearing to share none of the causative factors of that condition?

The Supernatural, Biological, and Psychological Traditions

- Historically, there have been three prominent approaches to abnormal behavior. In the supernatural tradition, abnormal behavior is attributed to agents outside our bodies or social environment, such as demons, spirits, or the influence of the moon and stars; although still alive, this tradition has been largely replaced by biological and psychological perspectives. In the biological tradition, disorders are attributed to disease or biochemical imbalances; in the psychological tradition, abnormal behavior is attributed to faulty psychological development and to social context. It was from the psychological perspective that a renewed interest in the moral treatment of the mentally ill emerged, beginning in the last 1700s with Philippe Pinel.
- Each tradition has its own way of treating individuals who suffer from psychological disorders. Supernatural treatments include exorcism to rid the body of supernatural spirits. Biological treatments typically emphasize physical care and the search for medical cures, especially drugs. Psychological approaches use psychosocial treatments, beginning with moral therapy and including modern psychotherapy.
- Sigmund Freud, the founder of psychoanalytic therapy, offered an elaborate conception of the unconscious mind, much of which is still conjecture. In therapy, Freud focused on tapping into the mysteries of the unconscious through such techniques as catharsis, free association, and dream analysis. Although Freud’s followers steered from his path in many

ways, Freud's influence can still be felt today.

➤ **DISCUSSION POINT:**

How might Freudian theorists use the psychosexual stages to explain obsessive-compulsive disorder?

➤ **DISCUSSION POINT:**

If you were to receive treatment for an episode of depression from a provider, from which perspective would you want him or her to operate? The psychoanalytic, humanistic, or behavioral perspective? Why? (If students fall into the trap of choosing just one, encourage them to consider an answer that introduces the concept of eclecticism.)

- One outgrowth of Freudian therapy is humanistic psychology, which focuses more on human potential and self-actualizing than on psychological disorders. Therapy that has evolved from this approach is known as person-centered therapy; the therapist shows almost unconditional positive regard for the client's feelings and thoughts.
- The behavioral model moved psychology into the realm of science. Both research and therapy focus on things that are measurable, including such techniques as systematic desensitization, reinforcement, and shaping.

The Present: The Scientific Method and an Integrative Approach

- With the increasing sophistication of our scientific tools, and new knowledge from cognitive science, behavioral science, and neuroscience, we now realize that no contribution to psychological disorders ever occurs in isolation. Our behavior, both normal and abnormal, is a product of a continual interaction of psychological, biological, and social influences.

KEY TERMS

psychological disorder, 3
phobia, 4
abnormal behavior, 4
psychopathology, 6
scientist-practitioner, 7
presenting problem, 7
clinical description, 7
prevalence, 7
incidence, 7
course, 8
prognosis, 8
etiology, 8
exorcism, 10
psychosocial treatment, 16
moral therapy, 16
mental hygiene movement, 17
psychoanalysis, 18

psychosexual stages of development, 21
castration anxiety, 21
neurosis (*plural* neuroses), 22
ego psychology, 22
self-psychology, 22
object relations, 22
collective unconscious, 22
free association, 22
dream analysis, 22
psychoanalyst, 22
transference, 23
psychodynamic psychotherapy, 23
self-actualizing, 23
person-centered therapy, 24
unconditional positive regard, 24

behaviorism, 18
unconscious, 18
catharsis, 18
psychoanalytic model, 19
id, 19
ego, 20
superego, 20
intrapsychic conflicts, 20

behavioral model, 24
classical conditioning, 24
extinction, 25
introspection, 25
systematic desensitization, 25
behavior therapy, 26
reinforcement, 26
shaping, 26

IDEAS FOR INSTRUCTION

1. **Activity: Distinguishing Normal from Abnormal Behavior.** An exercise that helps students recognize the difficulty of distinguishing normal from abnormal behavior is to begin by presenting a small amount of information about a case. If your class is large, break your students into groups of four or five. Instruct each group to list the top four questions they would want to know about a case to evaluate the behavior. For example, present the following information:

Case #1: Tom is uncomfortable riding escalators. As a result, Tom avoids using them. After your students have explored the case, encourage them to ask the following types of questions:

- a. How old is Tom? Is it more "normal" for Tom to fear escalators if he is a child versus an adult? Discuss developmental issues.
- b. From what culture does Tom most likely come? Has he ever had exposure to an escalator? Cultural contexts must always be considered when evaluating abnormal behavior.
- c. How does Tom manage his fear? What symptoms does he have?
- d. To what extent does Tom avoid using escalators? Does his fear significantly interfere with his life? Also ask if your students would consider the behavior more abnormal if he had a fear of flying in airplanes versus escalators. In other words, at what point would the behavior be considered an abnormal fear versus a normal one? What if Tom is afraid of snow because he once saw it on television, but he lives in a climate where it never snows?

Case #2: Rachel has been caught urinating in the corner of her bedroom. Is her behavior abnormal? What information will you need in order to make this assessment?

Encourage students to ask the following types of questions:

- a. How old is Rachel? The clinical picture is very different if Rachel is 1 year old than if she is 13 years old. Discuss the importance of understanding developmental psychology.
- b. How many times has she engaged in the behavior? A pattern of behavior may be viewed differently than if it is a rare occurrence.

- c. Does Rachel have a medical condition? Is she on any medications? Rachel may have a medical or organic condition that accounts for her behavior. Ask your students if identifying an organic condition would change their perception of Rachel. Discuss the implication of assigning less social stigma to medical versus psychiatric patients.
- d. Has Rachel experienced a recent trauma or is she exposed to unusual stressors?
- e. Has Rachel achieved urinary control in a developmentally expected way and has now lost that control, or has she never achieved it at all?
- f. How does Rachel feel about her behavior? How does she explain it?

Examples such as these stimulate students to explore cases more fully before making snap judgments about people's behavior and illustrate the complexity in teasing out normal from abnormal behavior.

2. **Activity: What is Normal vs. Abnormal?** A similar exercise is to break students into groups and have them work with HANDOUT 1.1. Students should complete the handout on their own and then discuss their opinions.
3. **Activity: Examples of Conditioning in Everyday Life.** To illustrate learning theory, ask your students to apply what they have learned about conditioning and behavior therapy to their own lives. Students may choose a behavior they would like to change or eliminate, or may identify a new behavior they would like to acquire. Ask them to keep a journal of the conditioning technique they are using and the exact procedure they are employing. For example, a student may want to stop texting on her cellphone when she is driving. She could keep a journal to describe if she is using a classical or operant procedure and monitor the progress (or success!) of the conditioning.
4. **Activity: The Blind Men and the Human Elephant.** To illustrate the importance of taking an integrative, multidimensional approach and the dangers of scientific tunnel vision, read John G. Saxe's (1963) poem "The Blind Men and the Elephant." The poem is available from several websites (using the complete search phrase "Saxe's Blind Men and the Elephant"), including http://www.wordinfo.info/words/index/info/view_unit/1/?letter=B&page=3. Then have students discuss what behaving as one of the blind men would look like from a supernatural, biological, or psychological perspective (include psychoanalytic, behavioral, humanistic views). Use human behavior in place of the elephant illustrated in the poem. Try wearing a turban and a robe, or using other props while reading the poem as a means to elicit humor and to make the message stick. Be careful, however, not to do so if it risks offending any of your students.
4. **Activity: The Designer's Guide to Gestalt Psychology.** Read [Igor Ovsyannykov's blog](#)¹ and think about how basic design principles are grounded in the contrast of "normal" and "abnormal." For example, the principle of closure allows creativity in design by leaving something to the imagination. Ask students to use their mobile devices to look for examples of closure and other Gestalt Principles from the blog. Discuss how these

¹ <https://creativemarket.com/blog/the-designers-guide-to-gestalt-psychology>

designs are appealing using a psychoanalytic, behavioral, or humanistic viewpoint). (If students need a hint to get started, show pictures of the World Wildlife Fund or NBC logos).

5. **Activity: Myths, Magic, & Placebos: What Do They Have to Do with Having Rocks in Your Head?** When you discuss material dealing with treatment of the mentally ill during the Middle Ages, see whether students know where the phrase “rocks in your head” originated. It actually originated during the Middle Ages, when city street vendors would commonly perform pseudosurgery on street corners. Troubled people with symptoms associated with mental illness would often frequent these vendors for relief. The vendors, in turn, would make a minor incision on the skull, while an accomplice would sneak the surgeon a few small stones. The surgeon would then pretend to have taken the stones from the patient’s head. The stones were claimed to be the cause of the person’s problems and that the person was now cured. A similar variant on this theme is quite popular with modern magicians and some faith healers who purport to painlessly remove diseased organs from the bodies of their subjects. The procedure involves an elaborate ritual, accompanied by chicken or beef blood and associated meat parts. The magic rests in the illusion of the magician’s arm twisting and turning into the blood-covered exposed belly of the subject and the slow removal of what appears to look like a body part. Ask students to think about other examples of modern-day cures that they have heard about or maybe experienced themselves. This is a good place to tie in the concept of the placebo effect and perhaps open up a discussion about the role of beliefs and expectancies in producing and alleviating medical and psychological forms of distress and suffering.

6. **Activity: Course Journal.** At the beginning of your class, ask students to keep a journal regarding their experiences in learning about abnormal psychology. One suggested format would be to have them answer, on a weekly basis, the following questions:
 - What is the most significant fact that I learned about abnormal psychology this week?
 - What did I learn this week about the field of abnormal psychology that changed my existing perceptions (e.g., what “myth” did I once believe that I now see differently)?
 - One idea I had for a research study in abnormal psychology this week is _____.

You can have the students turn in this journal at the end of the course or to reflect on their experiences completing the journal in a small paper. If you are going to assign and collect the journals, don’t forget to remind students that they should only disclose information that they are comfortable with you reading! You may also introduce the topic of “Psychology Student Syndrome” here and ask them to track how often they feel that the topics discussed in class remind them of themselves, and discuss the normalcy of such perceptions.

7. **Rosenhan's "On Being Sane in Insane Places."** Open your lecture on what is abnormal with the article "On Being Sane in Insane Places." You can mention that one of the pseudopatients was a professional artist, and the staff interpreted her work in terms of her illness and recovery. As the pseudopatients took notes about their experience, staff members referred to the note-taking as schizophrenic writing. Ask students for any other types of behavior that they can think of that would be misinterpreted in a mental hospital setting. Use http://facstaff.bloomu.edu/jleitzel/classes/introabnormal/Spitzer_1975.pdf or see "On Being Sane in Insane Places", *Science*, 1973, 179, pp. 250-257 to develop your lecture. (Be aware that the hyperlink of this article may warn you that the link may have viruses or harm your computer. Be assured this is a safe link)
8. **Invite a guest speaker** from campus mental health/counseling services to discuss the range of services offered. This should reduce the fear and stigma of seeking any type of personal counseling services on campus. Additionally, it will let students know where to seek help should any personal issues arise during the semester. With the stress of student life, many students can and should use these services. You may also consider inviting a colleague who is a clinician if your institution does not have a counseling center or if the staff there are not available. This may also be an opportunity for a psychology student group (e.g., Psychology club, Psi Chi, etc.) to have a social event that focuses on the topic.

Uh Oh! Plan B

Although instructors are skilled professionals in creating classroom experiences, things don't always go as planned. The chapter-related lecture and activity suggestions in this section are for instances when your planned lecture or activity idea do not go as planned. Implement these to recover student interest and enhance student reading.

1. **Fall Back on Didactic Lecture.** Unfortunately mental health continues to carry a stigma and students may feel uncomfortable discussing "abnormality," even in the abstract. The lecture suggestions here rely heavily on discussion. If your first class is quieter than you would like, don't hesitate to provide more information. This gives you an opportunity to model a high level of comfort with the material and the students a chance to feel more comfortable with the topic.
2. **Get up and MOVE.** There are many ways in which to stimulate a discussion. If your setting permits, you can post signs around the room, forcing students to answer the question with their bodily presence and their voice. For example, most discussion questions can be answered from a Supernatural, Biological, and Psychological Tradition. Ask the students to move to one sign. Then, ask the groups to explain the phenomenon given their chosen perspective. For example, "depression" can be explained by the Supernatural group as being infected by evil spirits, whereas the Biological group can identify the phenomenon by chemical markers in the brain, etc.

YouTube Video Clips: Chapter 1

Introduction: Watch as the United States Centers for Disease Control redefines Attention Deficit/Hyperactivity Disorder (ADHD) and Tourette's Syndrome as a "journey" rather than a mental health problem to be "fixed."

The Centers for Disease Control (2014). Children's Mental Health Disorders: A Journey for Parents and Children. May 5, 2014. <https://www.youtube.com/watch?v=ewbD2Dw0NLo>

The Supernatural Tradition: The American Culture is riddled with confluences of supernatural explanations of mental health disorders. This Michael Jackson classic is particularly poignant when you consider the lyrics: "They're out to get you/there's demons closing in on every side. They will possess you unless you change the number on your dial."

Belle, B., Riley, T., Temperton, R. Jackson, M. (1982). Thriller <https://www.youtube.com/watch?v=sOnqjkJTMaA>

The Biological Tradition: What new depression cures are on the frontier? This one-hour lecture by National Institutes of Health scientist Carlos Zarate discusses the biological basis of depression and potential biologically-based ways to address it.

Zarate, C. (2015). Relief from Severe Depression and Suicidal Ideation within Hours: From Synapses to Symptoms. November 4, 2015. <https://www.youtube.com/watch?v=PiUhbIvENg>

The Present: The Scientific Method and an Integrative Approach: Need an (educated) class laugh that reviews the scientific method in a clear straightforward way? Check out this campy classic made by two science professors and their students.

*Tunes2Teach (2012). December 20, 2012. <https://www.youtube.com/watch?v=bUa-ilQqEv0>
*The Scientific Method Rap.**

SUGGESTED VIDEOS

Abnormal behavior: A mental hospital. (CRM/McGraw-Hill Films). Portrays life in a modern mental hospital, including views of schizophrenics and of a patient receiving ECT. (28 min)

Adlerian therapy. (Insight Media). Dr. Jon Carlson examines and demonstrates Adlerian therapy (also known as individual psychology). (100 min)

B. F. Skinner and behavior change: Research, practice, and promise. (Research Press). Features a discussion with B. F. Skinner and addresses some controversial issues related to behavioral psychology. (45 min)

Carl Rogers. (Insight Media). Carl Rogers discusses the humanistic model of personality as well as his views on encounter groups, education, and other issues facing psychologists. (Two programs, each 50 min)

Freud: The hidden nature of man. (Insight Media). Explores the concepts of psychoanalysis through interviews with Sigmund Freud himself. (29 min)

Is mental illness a myth? (NMAC-T 2031). Debates whether mental illness is a physical disease or a collection of socially learned behaviors. Panelists include Thomas Szasz, Nathan Kline, and F. C. Redlich. (29 min)

Keltie's beard: A woman's story. About a woman with heavy facial hair that she chooses not to cut. Useful in discussing the criteria for abnormal behavior. (9 min)

Man facing southeast. Fascinating Argentine film about a man with no identity who shows up at a psychiatric hospital claiming to be from another planet. Neither the hospital staff nor the film's audience ever figure out exactly what is happening.

Out of sight. (PBS). Discusses the development of institutions for the mentally ill and traces custodial care practices of the mentally disturbed. (60 min)

Pavlov: The conditioned reflex. (Films for the Humanities and Sciences). Documentary focusing on the classic work of Ivan Pavlov; includes rare footage of his investigations on the conditioned reflex. (25 min)

The dark side of the moon. (Fanlight Productions). Chronicles the lives of three men with mental disorders, from living on the streets to becoming useful members of society. They now work to help other people in similar situations. (25 min)

To define true madness. (PBS). Examines mental illness through history and considers the progress made to understand psychological disorders. (60 min)

ONLINE RESOURCES

American Psychiatric Association

<http://www.psych.org/>

APA's website contains psychology-related links, information on legal cases that have affected psychiatry, continuing education for therapists, and much more.

Clinically Psyched

<http://www.clinicallypsyched.com/>

Collection of articles relevant to abnormal psychology, many of which are in the form of press releases, so you may want to track down the original sources. The topics covered span the discipline of abnormal psychology.

Internet Mental Health

<http://www.mentalhealth.com/>

This comprehensive site contains information related to the assessment, diagnosis, and treatment of mental illness.

National Alliance for the Mentally Ill

<http://www.nami.org/>

Links, membership information, and searchable indexes of mental disorders are all included on this site.

Personality Theories

<http://www.ship.edu/~cgboeree/perscontents.html>

Electronic textbook (e-text) created for undergraduate and graduate courses in personality theory.

The History of Psychology Website

<http://academic.udayton.edu/gregelvers/hop/welcome.asp>

Links to many psychology-related webpages on the Internet.

The National Institute of Mental Health

<http://www.nimh.nih.gov>

The NIMH website offers information about diagnosis and treatment of several mental health disorders.

Today in the History of Psychology

<http://www.cwu.edu/~warren/today.html>

The American Psychological Association created this website, which allows the user to access information on the history of psychology by selecting a date on the calendar.

SUPPLEMENTARY READING MATERIAL

Additional Readings:

- Bjork, D. W. (1993). *B.F. Skinner: A life*. New York: Basic.
- Bolles, R. C. (1993). *The story of psychology: A thematic history*. Pacific Grove, CA: Brooks/Cole.
- Grob, G. (1994). *The mad among us: A history of the care of America's mentally ill*. New York: MacMillan.
- Hatfield, A. B., & Lefley, H. P. (1993). *Surviving mental illness*. New York: Guilford.
- Hunt, M. M. (1993). *The story of psychology*. New York: Doubleday.
- Rosen, G. (1975). *Madness in society: Chapters in the historical sociology of mental illness*. New York: Anchor Books.
- Rosenhan, D. (1973). On being sane in insane places. *Science*, 179, p. 253.
- Spanos, N. P. (1978). Witchcraft in the histories of psychiatry: A critical appraisal and an alternative conceptualization. *Psychological Bulletin*, 35, 417–439.
- Szasz, T. S. (1960). The myth of mental illness. *American Psychologist*, 15, 113–118.
- Watson, R. I. (1991). *The great psychologists: A history of psychological thought*. (5th ed.). Reading, MA: Addison Wesley Longman.
- Weitz, R. D. (1992). A half century of psychological practice. *Professional Psychology: Research and Practice*, 23, 448-452.

HANDOUT 1.1

WHAT IS ABNORMAL?

Consider the following situations. Most people would consider at least some of the actions of the people involved to be abnormal. What do you think? Think about each one as you read through the list. Then, talk with your group about your judgments. When you are through talking about each, elect a group spokesperson who will take notes on the reasons that the group members come up with as to why you did or did not consider each situation to be abnormal. You will have to “dig” mentally to put some of these reasons into words.

1. Your uncle consumes a quart of whiskey per day; he has trouble remembering the names of those around him.
2. Your grandmother believes that part of her body is missing and cries out about this missing part all day long. You show her that the part she thinks is missing actually is not, but she refuses to acknowledge this contradictory information.
3. Your neighbor has vague physical complaints and sees two or three doctors weekly.
4. Your neighbor sweeps, washes, and scrubs his driveway daily.
5. Your cousin is pregnant, and is dieting (800 calories per day) so that she will not get “too fat” with the pregnancy. She has had this type of behavioral response since she was 13 years old.
6. A woman’s husband died within the past year. The widow appears to talk to herself in the yard, doesn’t wash herself or dress in clean clothes, and appears to have lost a lot of weight.
7. A 10-year-old wants to have his entire body tattooed.
8. A 23-year-old female smokes marijuana every day, is a straight-A student in college, has a successful job, and is in a solid long-term relationship.
9. A person experiences several unexpected panic attacks each week, but is otherwise happily married, functions well at work, and leads an active recreational lifestyle.
10. A 35-year-old happily married man enjoys wearing women’s clothes and underwear on the weekends when he and his wife go out on the town.

WARNING SIGNS FOR PSYCHOLOGICAL DISORDERS IN ADULTS

- Confused thinking
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive fears, worries, and anxieties
- Social withdrawal or isolation
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Delusions or hallucinations
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Denial of obvious problems
- Numerous unexplained physical ailments
- Substance abuse

WARNING SIGNS FOR PSYCHOLOGICAL DISORDERS IN YOUNGER CHILDREN

- Changes in school performance
- Poor grades despite strong efforts
- Excessive worry or anxiety (i.e., refusing to go to bed or school)
- Hyperactivity
- Persistent nightmares
- Persistent disobedience or aggression
- Frequent temper tantrums
- Unexplained physical injuries or wounds

WARNING SIGNS FOR PSYCHOLOGICAL DISORDERS IN OLDER CHILDREN AND PRE-ADOLESCENTS

- Substance abuse
- Inability to cope with problems and daily activities
- Change in sleeping and/or eating habits
- Excessive complaints of physical ailments
- Defiance of authority, truancy, theft, and/or vandalism
- Intense fear of weight gain
- Lack of or decrease in interest in engaging with peers or friends
- Prolonged negative mood, accompanied by poor appetite or thoughts of death
- Frequent outbursts of anger