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| The History of Abnormal Psychology | **CHAPTER**  **1** |
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# CHAPTER OUTLINE

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| **CHAPTER HEADINGS** | **INSTRUCTION IDEAS AND TEXTBOOK CORRELATIONS** |
| **THE THREE CRITERIA FOR DETERMINING PSYCHOLOGICAL DISORDERS** | **Learning Objectives:** 1.1, 1.2  **Learning Concepts:** distress, impairment in daily life, psychosis (hallucinations and delusions), risk of harm  **Learning Activity 1.1:** Does This Person Have a Mental Illness?  **Textbook Tool:** Figure 1.1 |
| **Context and Culture** | **Learning Objective:** 1.3  **Learning Concepts:** culture, cultural norms, homosexuality, culture-bound symptoms (*koro,* genital-shrinking fears)  **Lecture Enhancement 1.1:** Cultural Influences on Defining Mental Illness  **Lecture Enhancement 1.2:** Is Mental Illness a Myth?  **Textbook Tools:** Table 1.1; Case 1.1 |
| **VIEWS OF PSYCHOLOGICAL DISORDERS BEFORE SCIENCE** | **Learning Objectives:** 1.4, 1.5  **Learning Concepts:** ancient views of psychopathology (supernatural forces; exorcism; Chinese—*qi;* Greeks—imbalance of four humors; medical model; Romans—balance of emotions; the Middle Ages— possession; the Renaissance—demonic possession and witches), asylums, Pinel, humane treatment, moral treatment  **Learning Activity 1.2:** What Are Your Views on the Causes of Mental Illness?  **Lecture Enhancement 1.3:** Salem Witch Trials and Ergot Poisoning  **Media Recommendation 1.1:** *Grey Gardens*  **Lecture Enhancement 1.4:** Ethics of Filming the Beales  **Worth Video Anthology for Abnormal Psychology:**  1. Benjamin Rush’s “Restraint Chair”  3. Medical Procedures Used in Mental Hospitals in the First Half of the Twentieth Century  4. Locking Away the “Feebleminded”: A Shameful History |
| **THE TRANSITION TO SCIENTIFIC ACCOUNTS OF PSYCHOLOGICAL DISORDERS** | **Learning Objectives:** 1.6, 1.7, 1.8  **Learning Concepts:** hypnosis, psychoanalytic theory, psychosexual stages, neurosis, psychosis, defense mechanisms, psychodynamic theory, the humanist response  **Learning Activity 1.3:** Comparing Your Ideal and Real Selves  **Media Recommendation 1.2:** Freud’s Early Years  **Textbook Tools:** Figure 1.2; Table 1.2  **Worth Video Anthology for Abnormal Psychology:**  2. Carl Jung Talks About Freud, Life, and the Collective Unconscious  **Textbook Tools:** Figure 1.2; Table 1.2 |
| **SCIENTIFIC ACCOUNTS OF PSYCHOLOGICAL DISORDERS** | **Learning Objective:** 1.9  **Learning Concepts:** behaviorism, cognitive contribution |
| **Social Forces** | **Learning Objectives:** 1.10, 1.11  **Learning Concepts:** attachment style, social support |
| **Biological Explanations** | **Learning Objective:** 1.12  **Learning Concept:** medical model  **Lecture Enhancement 1.5:** Explore the Genes to Cognition Online Web Site |
| **The Modern Synthesis of Explanations of Psychopathology** | **Learning Objective:** 1.13  **Learning Concepts:** diathesis–stress model, biopsychosocial approach, three types of factors underlying psychological disorders, neuropsychosocial approach, feedback loops  **Lecture Enhancement 1.6:** Explore the Treatment of the Mentally Ill Today  **Media Recommendation 1.3:** Normal or Abnormal?  **Textbook Tools:** Figures 1.3, 1.4 |

# LEARNING OBJECTIVES

After reading this chapter, students should be able to:

* 1. Describe the three criteria for defining psychological disorders.
  2. Discuss the different types of impairments people may experience.
  3. Describe how culture and context shape three criteria for defining psychological disorders.
  4. Articulate how mental illness was viewed throughout history, noting particular shifts in views based on religion and science.
  5. Identify major figures of the moral movement, noting the particular changes in treatment and the resulting consequences.
  6. Identify the major contributions of psychoanalytic and psychodynamic theory, such as the three levels of consciousness, three structures of the mind, psychosexual stages of development, and the role of defense mechanisms.
  7. Compare the core assumptions of psychoanalytic theory to humanistic theory.
  8. Explain Rogers’s explanation of psychological distress.
  9. Identify the core beliefs of the behaviorism and cognitive movements.
  10. Describe the four types of parent–child attachment.
  11. Describe the role of social support in the development of mental illness.
  12. Describe the connection between biological factors and mental illness.
  13. Describe the modern explanations of psychopathology: diathesis–stress, biopsychosocial, neuropsychosocial, and feedback loops.

**KEY TERMS**

**Abnormal psychology:** The subfield of psychology that addresses the causes and progression of psychological disorders; also referred to as *psychopathology*.

**Psychological disorder:** A pattern of thoughts, feelings, or behaviors that causes significant personal *distress,* significant *impairment* in daily life, and/or significant *risk of harm*, any of which is unusual for the context and culture in which it arises.

**Psychosis:** An impaired ability to perceive reality to the extent that normal functioning is difficult or not possible. The two types of psychotic symptoms are hallucinations and delusions.

**Hallucinations:** Sensations that are so vivid that the perceived objects or events seem real, although they are not. Hallucinations can occur in any of the five senses.

**Delusions:** Persistent false beliefs that are held despite evidence that the beliefs are incorrect or exaggerate reality.

**Culture:** The shared norms and values of a society that are explicitly and implicitly conveyed to its members by example and through the use of reward and punishment.

**Asylums:** Institutions to house and care for people who are afflicted with mental illness.

**Moral treatment:** The treatment of the mentally ill that involved providing an environment in which people with mental illness were treated with kindness and respect and functioned as part of a community.

**Psychoanalytic theory:** The theory that thoughts, feelings, and behaviors are a result of conscious and unconscious forces continually interacting in the mind.

**Id:** According to Freud, the seat of sexual and aggressive drives, as well as of the desire for immediate gratification of physical and psychological needs.

**Superego:** According to Freud, the seat of the conscience, which works to impose morality.

**Ego:** According to Freud, the psychic structure that is charged with mediating between the id’s demands for immediate gratification and the superego’s high standards of morality, as well as the constraints of external reality.

**Psychosexual stages:** According to Freud, the sequence of five distinct stages of development (oral, anal, phallic, latency, and genital) through which children proceed from infancy to adulthood; each stage has a key task that must be completed successfully for healthy psychological development.

**Neurosis:** According to psychoanalytic theory, a pattern of thoughts, feelings, or behaviors that expresses an unresolved conflict between the ego and the id or between the ego and the superego.

**Defense mechanisms:** Unconscious processes that work to transform psychological conflict in order to prevent unacceptable thoughts and feelings from reaching consciousness.

**Mental processes:** The internal operations that underlie cognitive and emotional functions (such as perception, memory, and guilt feelings) and most human behavior.

**Mental contents:** The specific material that is stored in the mind and operated on by mental processes.

**Behaviorism:** An approach to psychology that focuses on understanding directly observable behaviors in order to understand mental illness and other psychological phenomena.

**Diathesis–stress model:** A model that rests on the idea that a psychological disorder is triggered when a person with a predisposition—a diathesis—for the particular disorder experiences an environmental event that causes significant stress.

**Biopsychosocial approach:** The view that a psychological disorder arises from the combined influences of three types of factors—biological, psychological, and social.

**Neuropsychosocial approach:** The view that a psychological disorder arises from the combined influences of neurological, psychological, and social factors—which affect and are affected by one another through feedback loops.

# CHAPTER GUIDE

## Chapter Introduction

**The Beales**

Edith (“Big Edie”) and Edith (“Little Edie”) Beale lived together for 29 years in a 28-room mansion known as the Grey Gardens in an affluent town in New York. They lived in squalor and grew more eccentric as time passed. Did Big or Little Edie have a psychological disorder? The subfield of psychology that addresses the causes and progression of psychological disorders is called ***abnormal psychology.***

## THE THREE CRITERIA FOR DETERMINING PSYCHOLOGICAL DISORDERS

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| LEARNING ACTIVITY 1.1: Does This Person Have a Mental Illness? **Objective:** This exercise will help students identify the differences between normal and abnormal behavior.  **Time:** 15 Minutes  **Directions:** Label three parts of the room as:   * 1. Person HAS a mental illness.   2. Person MAY HAVE a mental illness.   3. Person DOES NOT HAVE a mental illness.   Read the three scenarios below, and have students stand in the part of the room that reflects their opinion about whether the individual has, may have, or does not have a mental illness.  Case 1:  Marcus can get through most days feeling okay; however, he rarely feels happy. Some days he feels so sad it is difficult to get out of bed, but he is able to force himself to get up. He used to enjoy going for walks, but he no longer feels motivated or sees the purpose in getting exercise, so he spends most of his time in bed or watching television.  Case 2:  Laney thinks she has been infected with a virus that creates robotic cells that are eating away at her organs. Laney refuses to go to her physician because she is afraid of getting more infections that will accelerate this process.  Case 3:  Angela dislikes being around groups of people, so she spends most of her time at home. She has spent time in large groups during college, but she tends to get nervous when she is in large groups. She makes excuses when her friends invite her to parties, but likes to have people over for dinner.  **Summary:** This exercise will help students see the criteria clinicians use to determine what is abnormal behavior. Students will see that there is sometimes a fine line between what is normal versus abnormal, but the three criteria described in this chapter will help you to determine the difference. Their discussion and reflections on different perspectives will serve to guide them in a thought-provoking way toward understanding the general criteria for determining whether a person has a psychological disorder and will help transition them into the next section.  **Questions to Students and Discussion:** Where do you draw the line when distinguishing between symptoms that suggest a disorder and characteristics of someone’s personality? Was this activity difficult? Why? How do we decide what is a disorder? |

* + - A ***psychological disorder*** is a pattern of thoughts, feelings, or behaviors that causes (1) significant personal *distress,* (2) significant *impairment* in daily life, and/or (3) significant *risk of harm,* any of which is unusual for the context and culture in which it arises.
    - To merit the diagnosis of a psychological disorder, at least one of the following three elements for determining whether someone has a psychological disorder must have a substantial effect on that person’s life. [See *Figure 1.1*]

## Distress

* + **Distress** is anguish or suffering that all of us experience at different times in our lives.
  + To be considered abnormal, the distress is often out of proportion to a situation or context.

## Impairment in Daily Life

* + **Impairment in daily life** is a significant reduction of an individual’s ability to function in some area of life.
  + A person considered to have a psychological disorder must be impaired to a greater *degree* than most people in a similar situation.

### Types of Impairment

A ***psychosis*** is an impaired ability to perceive reality so that normal functioning is not possible (e.g., schizophrenia).

### Two Forms of Psychotic Symptoms:

* + - ***Hallucinations*** are sensations so vivid that the perceived objects or events seem real, yet are not (e.g., hearing voices and seeing images or stimuli).
    - ***Delusions*** are persistent false beliefs held despite evidence that the beliefs are incorrect or exaggerate reality (see the following examples).

### Types of delusions:

* + Paranoid or persecutory (e.g., people—the FBI, aliens, neighbors—are after the individual)
  + Delusional jealousy (e.g., the individual’s intimate partner is dating or interested in another person)
  + Delusions of grandeur (e.g., the individual is more powerful, knowledgeable, or influential than Jesus and/or the individual is a different person, such as the president)
  + Somatic delusions (e.g., part or all of the individual’s body is defective or functioning abnormally)

## Risk of Harm

* + The element of **risk of harm** refers to symptoms of a disorder that may lead to life or property damage.
  + The risky behavior is a symptom of a psychological disorder.
  + The behavior must be outside the normal range and can be accidental or intentional. The individual’s thoughts or actions may lead him or her to put other people’s lives at risk.

1. **Context and Culture** [See *Table 1.1*]
   * The three elements used for determining whether someone has a psychological disorder—level of distress, impairment, and risk of harm—must be considered within the context and culture in which they arise.
     + Behavior that seems inappropriate may make sense from another individual’s point of view depending on his or her cultural perspective.
     + ***Culture*** is defined as the shared norms and values of a society.
     + Each society defines mental health, mental illness, and even distress for itself.

### Culture-Bound Symptoms [generally observed only in certain countries]

* + ***Koro*** is an intense fear that an individual’s penis—or nipples and vulva—will retract into the body and cause death. It is found in Southeast Asia. [See *Case 1.1*]
  + **Genital-shrinking fears** have been reported in India and in West African countries.

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| LECTURE ENHANCEMENT 1.1: Cultural Influences on Defining Mental Illness **Objective:** To examine how culture has influenced what we define as mental illness.  **Time:** 10 Minutes  The text notes that “in 1851, Dr. Samuel Cartwright of Louisiana wrote an essay in which he declared that slaves’ running away was evidence of a serious mental disorder, which he called ‘drapetomania.’ ” Also, the text notes that “homosexuality was officially considered a psychological disorder in the United States until 1973, when it was removed from the *Diagnostic and Statistical Manual of Mental Disorders,* the manual used by mental health clinicians to classify psychological disorders.”  **Summary:** This lecture enhancement will help students learn how culture shapes the way mental illness is defined. The instructor may choose to highlight other examples of such cases (e.g., the diagnosis of homosexuality as a mental illness, hysteria).  **Questions to Students and Discussion:** Who defines mental illness? Who decides what is a mental illness? How do those who are privileged (by class, race, gender, etc.) influence the definition of psychological disorders? How can we use these two examples as a warning? |

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| LECTURE ENHANCEMENT 1.2: Is Mental Illness a Myth? **Objective:** To explore how diagnosing mental illness helps or hinders people.  **Time:** 5–10 Minutes  **Watch Online:** Visit <http://www.youtube.com/watch?v=Qj7GmeSAxXo> or search YouTube using the term “Szasz.”  Thomas Szasz (1960) argued that because all people engage in “us-versus-them” thinking, it is easy for a society to stigmatize people who are noticeably different. That is, culturally undesirable behaviors, emotional difficulties, and coping problems may be inaccurately called mental illness. In fact, Szasz proposed that mental illness is actually a myth.  **Summary:** In this video, Szasz argues that behavior alone (typical or atypical) should not be labeled as a disease because of the stigma that these labels carry. This video highlights an opposite view of mental illness than we see in psychology and psychiatry.  **Questions to Students and Discussion:** Do diagnoses stigmatize people? Do we label behaviors as disorders because we dislike the behaviors or because they are symptoms of an illness? In what ways does diagnosing people help or hinder them? |

## VIEWS OF PSYCHOLOGICAL DISORDERS BEFORE SCIENCE

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| LEARNING ACTIVITY 1.2: What Are Your Views on the Causes of Mental Illness? **Objective:** This activity serves as a pretest assessment of students’ current understanding of the etiology of mental illness.  **Time:** 15–20 Minutes  **Directions:** Ask students to free write on the following questions:   * 1. What do you think causes mental illness?   2. How has your thinking changed over time?   3. How do others explain the reasons for mental illness?   4. What questions do you have about the causes of mental illness?   **Summary:** Students will assess their current knowledge and thoughts about the causes of mental illness. The instructor can use student responses to find themes in answers and connect these to the explanations of mental illness in this chapter.  **Questions to Students and Discussion:** Can you group your answers into categories? If so, what are these categories? Is there an emphasis on some explanation(s) rather than on others? Why? Were any of your classmates’ thoughts surprising? |

## Ancient Views of Psychopathology

**Two Possible Causes of Mental Illness**. Earliest accounts of abnormal thoughts, feelings, and behaviors focused on supernatural forces and bodily imbalance.

### Supernatural Forces

The belief was that ***supernatural forces***—spirits or demons possessing bodies as punishment for transgressions—caused psychological disorders.

* + - An ***exorcism,*** a ritual or ceremony intended to force the demon(s) to leave the body, was performed. This was the best choice of treatment at that time.
    - Exorcisms were common in ancient Egypt and Mesopotamia.

### Chinese *Qi*

Another ancient belief, still common today, was that bodily and spirit imbalances in the life force, called the ***Chinese qi*** [pronounced as “chee”], caused disorders.

* + - The *qi* flows through 12 channels of the body to the organs.
    - Restoration and balance occur through acupuncture and herbal medicines.

### Ancient Greeks and Romans

Mental illness was believed to be a body illness due to **imbalance of four humors,** or bodily fluids: (1) black bile, (2) blood, (3) yellow bile, and (4) phlegm.

* + - Examples: Mania, or excessive energy, is caused by too much blood and yellow bile. Melancholy, or anguish, is caused by too much black bile.
    - Treatment included (1) changes in diet, (2) medicine, and (3) surgery (bloodletting).
    - Hippocrates (Greek, 460–377 B.C.E.) rejected a supernatural explanation. Instead, he viewed mental illness as a result of brain abnormalities. The view that all illnesses have a basis in biological disturbances is called the ***medical model,*** named after Hippocrates. Galen (Roman, 131–201 C.E.) believed in the ***balance of emotions***—that psychological disorders could result from imbalances in humors which then produced emotional problems.

## Forces of Evil in the Middle Ages and the Renaissance

### The Middle Ages

* + - From 500–1400 C.E., people believed mental illness was caused by battles between good and evil for the **possession** of an individual’s soul.
    - Prophets and visionaries were believed to be possessed by the devil or inspired by the will of God.
    - Men and women with mental illness were possessed by demons or were being punished for their sins.
    - Treatment included exorcism, torture to use pain to drive out the evil, starvation, and other bodily punishment.
    - However, as early as the 10th century, Islamic institutions were caring humanely for those with mental illness.

### The Renaissance

* + - From the 15th through 17th centuries, mental illness continued to be viewed as a result of **demonic possession.**
    - **Witches** possessed by or in league with the devil were scapegoats for the community’s personal and societal problems (e.g., sickness, drought, and crop failures). These “witches” were often burned alive, a practice that spread throughout Europe and the American colonies.
    - Treatments for mental illness focused on eliminating the demonic forces, in one way or another.

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| LECTURE ENHANCEMENT 1.3: Salem Witch Trials and Ergot Poisoning **Objective:** To learn more about the practice of witch hunts in American colonies and our early explanations of the cause of mental illness.  **Video Clip and Discussion:** 30 Minutes  **Full Program and Discussion:** 60 Minutes  **Watch Online:** http://www.pbs.org/wnet/secrets/previous\_seasons/case\_salem/index.html  Scientists now believe that the women who exhibited signs that suggested they were witches actually suffered from ergot poisoning, a fungus that produces hallucinations and delusions. This PBS program explores a scientific explanation of the odd behavior of the Salem witches.  **Summary:** This program does an excellent job of highlighting cultural explanations for mental illness during the witch hunts. Students will learn about ergot poisoning and the power of labels.  **Questions to Students and Discussion:** Reflect on the evidence provided by the scientist. Do you think ergot poisoning caused the symptoms exhibited by the witches? What evidence can you provide to support your opinion? |

## Rationality and Reason in the 18th and 19th Centuries

* Descartes proposed that mind and body are distinct—bodily illness arises from bodily abnormalities, whereas mental illness arises from mental abnormalities.
* John Locke, 17th-century British philosopher, believed insanity is caused by irrational thinking—it could be treated by helping people regain their rational and logical thought process.

### Asylums

The Renaissance, the age of enlightenment, witnessed the founding of ***asylums,*** or institutions to house and care for the mentally ill.

* + - Asylums were founded by religious orders.
    - The first one opened in Valencia, Spain, in 1409.
    - Asylums regressed from places of refuge for patients to overcrowded, restrictive facilities housing delinquents and street dwellers.
    - Most famous from this era was the Hospital of St. Mary of Bethlehem in London (eventually referred to as “Bedlam,” which became a word meaning “confusion and uproar”).

### Hospital of St. Mary of Bethlehem (Bedlam):

* + In 1547, that institution shifted from being a general hospital to an asylum used to incarcerate the mad, particularly those who were poor.
  + Residents were chained to the walls or floor or put in cages and displayed to a paying public much like animals in a zoo.

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| MEDIA RECOMMENDATION 1.1: *Grey Gardens* **Objective:** To observe and learn more about the Beale women.  **Time:** 100 Minutes  **Film and Discussion:** 130 Minutes  **Discussion Only:** 30 Minutes  **Watch Online:** Remake of *Grey Gardens:* http://www.hbo.com/movies/grey-gardens#/  This film portrays the Beale women in their dilapidated home, Grey Gardens.  **Explore Online:** *Grey Gardens* fan site, <http://www.greygardens.com/>  **Summary:** Students will find it surprising that these affluent women live in such a chaotic environment. Students will be able to apply the criteria of distress, impairment, and culture and context to identify the Beales’ abnormal behavior.  **Questions to Students and Discussion:** Do the Beale women meet the criteria for abnormality? Why or why not? How ethical was it to film these women? What could have helped these women? |

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| LECTURE ENHANCEMENT 1.4: Ethics of Filming the Beales **Objective:** To watch footage of *Grey Gardens* and discover the ethical issues surrounding both filming and talking about people with mental illnesses.  **Time:** 5–10 Minutes  **Watch Online:** Trailers for *Grey Gardens* (Seach YouTube using the term “Grey Gardens trailer.”)  **Explore Online:** The official *Grey Gardens* Web site, <http://www.greygardens.com/>  See the textbook for a descriptive analysis of the Beales. Highlight criteria in the text that might help the students examine if the Beales were just an eccentric pair or meet the criteria for defining mental illness.  **Summary:** As students watch the original trailer of the Beales film, students can describe the types of behaviors that might be considered abnormal. Students will also see the amazing footage of the Beales’ life and determine the ethics surrounding such a film.  **Questions to Students and Discussion:** Do you think *Grey Gardens* exploits the Beales? Does the film play into stereotypes about people with psychological disorders? Are the Beales able to provide informed consent? How does the treatment of the Beales compare to the treatment that people with mental illnesses have received in the past? Is YouTube, or films like this one, the new “zoo” where we as viewers pay to watch those who lack full control over their circumstances? |

### Novel Humane Treatments [early attempts to treat mental illness using humane methods]

### Phillipe Pinel:

* + The French physician (1745–1826) transformed asylum life at the Salpêtrière and Bicêtre Hospitals in Paris by removing patients’ chains and stopping “treatments” involving bleeding, starvation, and physical punishment.
  + He identified partial insanity—that some patients were mostly rational and could be treated through psychological means, such as reasoning.
  + This treatment was one of the first mental treatments for mental disorders.

### Moral Treatment

1. **Quakers:**
   * Quakers in York, England, developed a ***moral treatment*** for the mentally ill that provided a community atmosphere of kindness and respect.
   * After a year, over 90% of the residents recovered, at least temporarily.

### Dr. Benjamin Rush:

* + In the United States, Dr. Rush (1745–1813), while at the Pennsylvania Hospital in Philadelphia, moved the mentally ill from filthy basement cells to rooms above ground level, gave them mattresses and meals, and treated them with respect.

### Dorothea Dix:

* + A schoolteacher and lifelong humanitarian, Dix (1802–1887) worked tirelessly to ensure that the mentally ill were housed separately from criminals and treated humanely, in both public and private asylums.

### Public Asylums:

* + Moral treatment became popular, and asylums’ populations increased tenfold as people with epilepsy and other neurological disorders, ordinarily jailed, flocked to the asylums.
  + As a result, public mental institutions became overcrowded and underfunded.
  + Personnel resorted to using sedation and other methods of management to control the patient population.

## THE TRANSITION TO SCIENTIFIC ACCOUNTS OF PSYCHOLOGICAL DISORDERS

1. **Freud and the Importance of Unconscious Forces**
   * Sigmund Freud (1856–1939), the Viennese neurologist, helped to make the study of psychological disorders a science.
   * He developed new methods for diagnosis and treatment (many still in use today).
   * He proposed a rich and intricate theory, which still influences many clinicians today.

## The Beginnings of Freud’s Contributions

For four months, Freud studied with French neurologist Jean-Martin Charcot, professor at Salpêtrière Hospital in Paris. Charcot:

* + proposed that (1) people with hysteria have susceptible nerves, and (2) symptoms could be cured by **hypnosis.**
  + would suggest to his hypnotized patients that their symptoms would go away, and they often did.

**Free Association.** Freud developed free association as an improvement over hypnosis.

* + During free association, patients are encouraged to say whatever thoughts occur to them.
  + Part of Freud’s free association involved talking, or the “talking cure,” which he thought would reduce unconscious conflicts, thereby providing relief from hysteria and other mental disorders.

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| MEDIA RECOMMENDATION 1.2: Freud’s Early Years **Objective:** The purpose of this film is to show students Freud’s early life and experiences and how these experiences shaped his theories and work.  **Time:** 120 Minutes  **Watch Online:** *Young Dr. Freud* (2002), <http://www.pbs.org/youngdrfreud/> (A preview of the film is available at this link.) This is a two-part series examining the early life and career of Sigmund Freud.  **Summary:** After watching this film, students will have a better understanding of psychoanalytic theory and Freud’s personal and professional experiences.  **Questions to Students and Discussion:** How did Freud’s own struggles influence his theories? Describe the progression of his theory. |

### Psychoanalytic Theory

Freud developed ***psychoanalytic theory*** (Greek *psyche,* meaning “mind”).

* + The theory proposes that thoughts, feelings, and behaviors are a result of conscious and unconscious forces continually interacting in the mind.
  + According to the theory, the mind functions across three levels of consciousness.

### Freud’s Three Levels of Consciousness:

* + The *conscious* consists of thoughts and feelings that are a part of normal awareness.
  + The *preconscious* consists of thoughts and feelings that a person does not perceive, which might enter conscious awareness in the future.
  + The *unconscious* includes thoughts and feelings that cannot be perceived or called into awareness, which have the power to influence a person.
  + Abnormal behavior results from banishing our unacceptable sexual and aggressive impulses to our unconscious.
  + In the unconscious, they inevitably gain strength and find release through our feelings, thoughts, or actions.

### Three Psychological Structures of the Mind Distinguished by Freud [See *Figure 1.2*]:

* + ***Id:*** The seat of physical, sexual, and aggressive drives demanding immediate gratification of needs without regard to consequences. Called the *pleasure principle.*
  + ***Superego:*** The seat of individual conscience, working to impose morality by inducing feelings of guilt to constrain urges.
  + ***Ego:*** Mediates among the id’s demands, the superego’s sense of morality, and the constraints of external reality. Normal egos handle this process well; weak egos will not mediate well, and anxiety and other symptoms result.

### Psychosexual Stages

* Freud identified five stages of development through which we pass (the oral, anal, phallic, latency, and genital stages) from infancy to adulthood.
* These five ***psychosexual stages*** require a person to complete a key task for healthy psychological development. Completion of that task may not happen until adulthood, if ever.
* Four stages involve *erogenous zones* (the mouth, genitals, and anus), which demand satisfaction.
* Some children do not satisfy the needs of a stage until adulthood, and some never do, developing a *fixation*—a tendency for thoughts, feelings, and behaviors related to the stage that wasn’t satisfied.

### Mental Illness, According to Freud

Freud proposed two general categories of mental illness: neuroses and psychoses.

* + - ***Neurosis:*** A pattern of thoughts, feelings, or behaviors that expresses an unresolved conflict between the ego and the id or between the ego and the superego. An anxiety neurosis, extreme “free-floating fear,” latches onto different objects or possibilities (e.g., every coincidence is an evil omen).
    - ***Psychosis:*** A break from reality causing conflict between the ego’s view of reality and reality itself. According to the psychoanalytic view, schizophrenia involves a psychosis.

1. **Defense Mechanisms** [See *Table 1.2*]

***Defense mechanisms*** are unconscious. The ego transforms conflicts in a way that prevents unacceptable thoughts and feelings from reaching consciousness.

* + - Successful defense mechanisms can decrease anxiety.
    - Anna Freud extended this work.
    - Conflicts and threats can possibly cause a psychological disorder when a particular defense mechanism is relied on too heavily.

### Psychoanalytic Theory Beyond Freud

Freud’s theory is now called **psychodynamic theory** and has attracted many adherents. It has been renamed, developed, and modified.

### Modifications to Psychoanalytic Theory:

* + Normal versus abnormal development of the self.
  + Additional sources of motivation, such as feelings of inferiority, and their influence.
  + The development and work of the ego.
  + The possibility that our species has certain inborn and unconscious archetypes (an *archetype* is an abstract, ideal characterization of a person, object, or concept) that channel some aspects of motivation.
  + Research by Karen Horney et al. on the connection between moment-to-moment interactions between child and parent and psychological disorders.

### Evaluating Freud’s Contributions

Psychodynamic theory faces two challenges:

* + - Its guiding principles and corresponding treatments rest primarily on subjective interpretations of what patients say and do.
    - The theory is not generally amenable to scientific testing.

Psychodynamic theory contributed the following fundamental insights:

* Mental processes underlie cognitive and emotional functions and most human behavior. The focus on mental contents has led to productive research.
* The idea that some mental processes and contents are not readily available to the conscious mind has been invaluable to understanding psychopathology.

## The Humanist Response

### Reaction to Freud’s Ideas

### The humanist response was developed as a reaction to Freud’s two notions:

* + Mental processes are governed by the same cause-and-effect relations that govern all machines and are driven by sexual and aggressive impulses.
  + Humans don’t really have free will because our behavior is in response to unconscious processes.

### Humanistic Psychology

This area of psychology focuses on free will, innate goodness, creativity, and the self. Mental health clinicians with this outlook, such as Carl Rogers (1902–1987), are often called *humanists.*

### Carl Rogers

Rogers, in 1942, proposed that symptoms of distress and mental illness arise when a potential route to personal growth is blocked [e.g., a person lacks a coherent, unified sense of self or there is a mismatch, or *incongruence,* between the ideal self (the qualities a person wants to have) and the real self (the qualities the person actually has)].

* + Rogers developed *client-centered therapy* to help people reduce the incongruence and create solutions to their problems by releasing their “real selves.”
  + In accordance with this approach of self-empowerment, Rogers referred to people as “clients,” indicating that they were not sick and powerless “patients,” that they had control over their own lives, and that they were interested in self-improvement through engagement with mental health services.

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| LEARNING ACTIVITY 1.3: Comparing Your Ideal and Real Selves **Objective:** Apply Rogers’s theory to your own life to help solidify the concepts.  **Time:** 15 Minutes  **Directions:** Ask students to:   * 1. List five characteristics of who they would like to be.   2. List five characteristics that they possess currently.   **Summary:** As students see how Rogers’s theory can be applied to their own lives, the instructor can link student responses to the development of psychological disorders (e.g., depression).  **Questions to Students and Discussion:** How congruent, or similar, do you think these two lists are? How might big or little differences between the lists reflect a person’s level of distress or overall feelings about himself or herself? |

## Lasting Contributions of Psychodynamic and Humanist Approaches

### Mental Processes

Psychodynamic theory rested on the fundamental insight of mental processes, which proved crucial for development of later theories and treatments. ***Mental processes*** are internal operations underlying cognitive and emotional functions (e.g., perception, memory, and guilt feelings) and most human behavior.

### Mental Contents

The theory’s focus on ***mental contents***—the specific memories, knowledge, goals, and other material that are stored and processed in the mind—has led to much fruitful research.

### Mental Processes and Contents Are Hidden

The notion that some mental processes and mental contents are hidden away from consciousness has proven invaluable to understanding psychopathology.

## SCIENTIFIC ACCOUNTS OF PSYCHOLOGICAL DISORDERS

1. **Behaviorism**

### Founders

***Behaviorism*** was spearheaded by American psychologists Edward Lee Thorndike (1874–1949), John B. Watson (1878–1958), Clark L. Hull (1884–1952), and, most famously, B. F. Skinner (1904–1990).

### Objectives

It focuses on understanding directly observable behaviors rather than unobservable mental processes and contents. Behaviorists proposed scientifically testable mechanisms that may explain how maladaptive behavior arises.

### Ivan Pavlov

A Russian physiologist, Pavlov (1849–1936), accidentally discovered an association between reflexive behavior and its antecedents, associations created by processes sometimes referred to as *Pavlovian conditioning.* He studied and observed the following in dogs:

* + - Dogs increased their salivation both *while* they were eating and *right before* they were fed (which he did not predict).
    - Dogs began salivating when they heard the feeder’s approaching footsteps.
    - The feeder’s footsteps (a neutral stimulus) became associated with the stimulus of food in the mouth.
    - The dogs then salivated when hearing the footsteps—the dogs’ past association between the feeder’s footsteps and subsequent food led to a behavior change.
    - Researchers have found that reflexive fear-related behaviors (such as a startle response) can be conditioned in the same fashion.

### An Important Insight

An important insight of behaviorism is that a person’s behavior, including maladaptive behavior, can result from learning—from a previous association with an object, situation, or event.

### Lasting Impact

The behaviorists’ emphasis on controlled, objective observation and on the importance of the situation, however, had a deep and lasting impact on the field of psychopathology.

## The Cognitive Contribution

Cognitive psychology is an area of psychology from the late 1950s and early 1960s that studies direct connections between observable events and mental processes. This area of psychology uses the analogy of information processing by a computer.

* Researchers developed new, behaviorally based methods to track the course of hidden mental processes. These mental processes began to be demystified.
* The **cognitive contribution** to understanding psychological disorders is its focus on specific changes in mental processes.
* Psychiatrist Aaron Beck (b. 1921) and psychologist Albert Ellis (1913–2007) each focused on the content of people’s thoughts: how irrational and inaccurate thinking can contribute to psychological disorders. Treatment involves shifting, or *restructuring,* people’s faulty beliefs and irrational thoughts.
* Cognitive theories do not fully explain why an individual’s mental processes and contents are biased in a *particular* way.

## Social Forces

Various researchers and theorists in the last half of the 20th century recognized the connection between social forces and mental illness. Many social forces (the loss of a relationship, abuse, trauma, neglect, poverty, discrimination) produce high levels of stress.

### Quality of Parent–Child Relationships: Attachment Styles

1. **John Bowlby and Mary Ainsworth:**
   * Each examined ***attachment style***—the particular way a person relates to intimate others.
   * Researchers have delineated four types of attachment styles.

### Bowlby’s four attachment styles:

* + **Secure attachment.** These children became upset when their mother left, but quickly calmed down upon her return.
  + **Resistant/anxious attachment.** These children became angry when their mother left and remained angry upon her return, sometimes even hitting her.
  + **Avoidant attachment.** These children had no change in their emotions based on their mother’s presence or absence.
  + **Disorganized attachment.** These children exhibited a combination of resistant and avoidant styles and also appeared confused or fearful with their mother.
  + Children who did not have a secure attachment style (those with a resistant/anxious, avoidant, or disorganized styles) were more likely to develop symptoms of psychological disorders.
  + Attachment styles can be different in different cultures.

### Social Support

* + - **Social support** can buffer the effects of negative life events.
    - The absence of protective relationships increases the risk for developing a psychological disorder in the face of a significant stressor.
    - Social forces do not fully account for how and why psychological disorders arise.

## Biological Explanations

* Biological researchers discovered that the final stage of syphilis damages the brain and leads to abrupt changes in mental processes, including psychotic symptoms.
* The discovery of a causal link between syphilis and general paresis heralded a resurgence of the medical model, the view that psychological disorders have underlying biological causes.
* According to the medical model, once biological causes are identified, appropriate medical treatments can be developed, such as medications.
* Scientists have examined genes, neurotransmitters, and abnormalities in brain structure and function associated with mental illness.
* Psychological disorders cannot be explained simply on the bases of biological factors. The context of people’s lives must be considered.

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| LECTURE ENHANCEMENT 1.5: Explore the Genes to Cognition Online Web Site **Objective:** Students will learn about mental health neuroscience findings.  **Time:** 30 Minutes  **Explore Online:** The Genes to Cognition Online Web site, <http://www.g2conline.org/>  Introduce the students to this Web site that focuses on cognitive disorders, cognitive processes, and research approaches, and explore together the modern neuroscience explanations of psychological disorders.  **Summary:** As students explore this amazing Web site, they will understand the complex interaction of the neuropsychosocial feedback loops that explain psychological disorders.  **Questions to Students and Discussion:** Select one disorder and identify three causes or explanations of the disorder. Bring your findings into class. Which disorders did you and the other students choose? Were you surprised by the findings? What do you want to know more about? |

## The Modern Synthesis of Explanations of Psychopathology

Researchers have increasingly recognized that no single theory or factor can explain a psychological disorder. The following two psychopathological approaches integrate multiple factors.

* 1. **The Diathesis–Stress Model** [See *Figure 1.3*]
     + ***The diathesis*–*stress model*** claims that a psychological disorder is triggered when a person with a predisposition—a *diathesis*—for the particular disorder experiences significant stress.
     + The same stress would not affect a person who did not have the predisposition; a person who did have a diathesis for a psychological disorder would be fine if he or she could avoid high-stress situations. Essentially, both factors are required to trigger a disorder.
     + The diathesis may be a biological factor, such as a genetic vulnerability, or it may be a psychological factor, such as a cognitive vulnerability (e.g., when irrational or inaccurate negative thoughts about oneself contribute to depression).
     + The stress is often a social factor. It can be acute (e.g., being the victim of a crime) or less intense but chronic (e.g., recurring spousal abuse, poverty, or overwork).

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| MEDIA RECOMMENDATION 1.3: Normal or Abnormal? **Objective:** Students will learn about how the pharmaceutical industry, our culture, and social contexts contribute to the development of depression.  **Time:** 71 Minutes  **Watch Clip Online:** *We Don’t Live Under Normal Conditions: A Film About Depression and Suicide* (2000), <http://www.aperiofilms.com/wdlunc.html> (clips of the film are available in QuickTime format).  This film challenges our notions of psychological disorders by arguing that depression may be a natural feeling in the context in which we live. The film juxtaposes the personal lives of people affected by depression with the pharmaceutical industry’s desire for profit.  **Summary:** After watching the film, students will understand the complex causes of psychological disorders. Students will view multiple arguments about how the pharmaceutical industry, our culture, and social contexts contribute to the development of depression.  **Questions to Students and Discussion:** Which case was the most powerful? Why? What do you think about the various facts highlighted in the film? Do you agree that the pharmaceutical industry plays a role in what is considered normal or abnormal? If so, what are the costs to society? To the individual? |

### The Biopsychosocial and Neuropsychosocial Approaches

1. **Three Types of Factors:**
   * The **three types of factors underlying psychological disorders** are: (1) biological—genetics, the structure and function of the brain, and the function of other bodily systems; (2) psychological—behaviors; and (3) social—social interactions and the environment in which they occur.
   * The biopsychosocial approach identifies these three factors and documents the ways these factors contribute to a disorder. There are two problems with the traditional biopsychosocial approach: (1) The approach does not specifically focus on the brain, the organ that is responsible for cognition and affect; and (2) sometimes the biopsychosocial approach is used to identify the set of factors that caused a disorder but considers the factors in isolation, thus missing the big picture.

### The Neuropsychosocial Approach: Refining the Biopsychosocial Approach

The **neuropsychosocial approach** has two defining features: (1) the way it characterizes the factors, and (2) the way it characterizes their interactions.

### Emphasis on the brain:

* + The biopsychosocial approach was revised to incorporate recent discoveries about the brain and how psychological and social factors affect brain function.
  + The approach underscores the role of the brain—brain structures and functions—in contributing to psychological disorders.

### Emphasis on feedback loops:

* + Neurological, psychological, and social factors are usually involved simultaneously and are constantly interacting through **feedback loops:** Each factor is affected by the others and also feeds back to affect the other factors. [See *Figure 1.4*]
  + Interactions among neurological, psychological, and social factors are common.

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| LECTURE ENHANCEMENT 1.6: Explore the Treatment of the Mentally Ill Today **Objective:** Discuss the current treatment of people with severe mental illness.  **Time:** 30 Minutes Explore Online: Examine the National Alliance for the Mentally Ill *Grading the States 2009* report, [http://www.](http://www/)nami.org/gtsTemplate09.cfm?Section=Grading\_the\_States\_2009  Listen and look at Michael Nye’s Fine Line Exhibit of voices, images, and stories of people with mental illness, <http://www.michaelnye.org/fineline/>  AND  Either listen to NPR’s *All Things Considered* audiofile on “Settlements in Mental Health Cases Face Scrutiny” (in Georgia), <http://www.npr.org/templates/story/story.php?storyId=102503173>  This audio clip highlights the poor treatment of people in state institutions.  OR  Examine the United States Department of Justice Civil Rights of Institutionalized Persons Act,<http://www.usdoj.gov/crt/split/cripa.php>  **Summary:** After reviewing these sites, students will gain an understanding of the current state of the treatment of those with mental illness. The instructor can highlight similarities to and differences from the historical explanations of mental illness covered in this chapter.  **Questions to Students and Discussion:** How is the treatment of people with mental illness different from or similar to the various historical treatments covered in this chapter? What improvements do you think are needed? |

# ADDITIONAL MEDIA RECOMMENDATIONS

Hovde, E., Meyer, M., Maysles, A., Maysles, D., & Froemick, S. (Directors). (1975). *Grey Gardens* [Film]. United States: Portrait Films.

This film captures the lives of the eccentric Beale family, relatives of Jacqueline Kennedy.

Collins, R. (Director). (2000). *We don’t live under normal conditions: A film about depression and suicide* [Film]. United States: Fanlight Productions.

This film takes a critical look at depression through the eyes of diverse people in the United States. The film integrates interesting facts about the pharmaceutical companies, the history of diagnosis and mental illness, and how homophobia and racism contribute to the development of mental illness. Clips from the film can be found here: <http://www.aperiofilms.com/About>theFilm.html

Barraclough, J. (Producer), & Lewis, M. (Director). (2008). *Secrets of the dead: Witches curse* [Television series episode]. Arlington, VA: PBS.

This PBS program examines the possible role of ergot poisoning in the Salem witch trials of 1692. It is an excellent source for discussion of the tensions between religious and scientific explanations of mental illness. Clips of the program can be seen here: <http://www.pbs.org/wnet/>secrets/previous\_seasons/case\_salem/about.html

Navasky, M., & O’Connor, K. (Producers and Directors). (2005). *The new asylums* [Television series episode]. Boston, MA: WGBH Educational Foundation.

Many people who are mentally ill are now being housed in prisons. This Frontline episode explores why this is happening. Watch the program online: <http://www.pbs.org/wgbh/pages/>frontline/shows/asylums/view/

Goodman, B., & Maggio, J. (Producers and Directors). (2008). *The lobotomist* [Television series episode]. Boston, MA: WGBH Educational Foundation.

Dr. Walter Freeman performed hundreds of lobotomies on people to “cure” them of their mental illness. However, there is no scientific evidence that the lobotomy is an effective treatment. Watch the program online: <http://www.pbs.org/wgbh/amex/lobotomist/program/>

Wiseman, F. (Director). (1967). *Titicut follies* [Film]. United States: Grove Press.

This is a documentary, originally banned, about a prison for the criminally insane. Recommended with caution.

# WEB SITES

**Genes to Cognition Online:** Explores modern neuroscience explanations of many psychological disorders. <http://www.g2conline.org/>

**“My Lobotomy”: Howard Dully’s Journey** (2005. National Public Radio). http://www.npr.org/2005/11/16/5014080/my-lobotomy-howard-dullys-journey

**National Alliance on Mental Illness:** Examines the treatment of people with mental illness today. http://www.nami.org/template.cfm?section=About\_Treatments\_and\_Supports

**Timeline: Treatments for Mental Illness:** See <http://www.pbs.org/wgbh/amex/nash/timeline/>index.html