Chapter 1: Introduction & History
Abnormal Behavior in Historical Context

- Lecture
- Reading
- Video
- Group Discussions
- Homework -- Prepare for Quiz next class meeting

Myths and Misconceptions About Abnormal Behavior

- No Single Definition of Psychological Abnormality
- No Single Definition of Psychological Normality

- Many Myths Are Associated With Mental Illness
  - Lazy, crazy, dumb
  - Weak in character
  - Dangerous to self or others
  - Illness and symptoms are constant and unremitting
  - 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
- Personal Distress
  - 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

- Shorthand “harmful dysfunction”

The Diagnostic and Statistical Manual (DSM-IV-TR)

- Widely Accepted System
  - Used to classify 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

DSM-IV-TR - Five Dimensions

- Axis I - Clinical Syndromes / Disorders
  - e.g. Major Depressive Disorder, Schizophrenia...
- Axis II - Pervasive / Permanent Problems
  - e.g. Personality Disorders, Developmental Disability
- Axis III - Medical Conditions
- Axis IV - Psychosocial / Environmental Problems
- Axis V - Global Assessment of Functioning (GAF)
Abnormal Behavior Defined

- Definition
  - A psychological dysfunction associated with distress or impairment in functioning that is not typical or culturally expected
- Labels and terminology
  - Psychological disorder or psychological abnormality
  - Mental illness is a less preferred term
- Psychopathology
  - Is the scientific study of psychological disorders

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

- United by the Scientist-Practitioner Framework

- Other:
  - The lay public and community groups

Dimensions of the Scientist-Practitioner Model

Clinical Description of Abnormality

- Presenting Problem
- Clinical Description
  - Aims to distinguish clinically significant dysfunction from common human experience
- Existence
  - Prevalence: % of population currently with the disorder
  - Incidence: % who develop the disorder in a given year
- Course:
  - Episodic, time-limited, or chronic
- Onset:
  - Acute vs. insidious
- Prognosis:
  - Good vs. guarded

Causation, Treatment, and Outcome in Psychopathology

- Etiology
  - What contributes to the development of psychopathology?
- Treatment Development
  - How can we help to alleviate psychological suffering?
  - Includes pharmacologic, psychosocial, and/or combined treatments
- Treatment Outcome Research
  - How do we know that we have helped?

The Past: Historical Conceptions of Abnormal Behavior

- Major Psychological Disorders Have Existed
  - In all cultures
  - Across all time periods
- Causes and Treatment of Abnormal Behavior Varied Widely
  - Across cultures
  - Across time periods
  - Depending on prevailing paradigms or world views
- Three Dominant Traditions Include
  - Supernatural
  - Biological
  - Psychological
The Past: Abnormal Behavior and the Supernatural Tradition

- Deviant Behavior as a Battle of “Good” vs. “Evil”
  - Causes included demonic possession, witchcraft, sorcery
  - Mass hysteria (St. Vitus’ dance or Tarantism)
  - Treatments included exorcism, torture, beatings, and crude surgeries
- Other Worldly Causes of Deviant Behavior
  - Movement of the moon and stars
  - Paracelsus and lunacy
  - Middle Ages
  - Both “outer force” views were popular
  - Few thought of abnormality as a physical disease

The Past: Abnormal Behavior and the Biological Tradition

- Hippocrates: Abnormal Behavior as a Physical Disease
  - Hysteria: “The Wandering Uterus”
- Galen Extends Hippocrates Work
  - Humoral theory of mental illness
  - Treatments remained crude
- Galenic-Hippocratic Tradition
  - Linked abnormality with brain chemical imbalances
  - Foreshadowed modern views

The Past: The Biological Tradition Comes of Age

- General Paresis (Syphilis)
  - 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
  - Provided a biological basis for madness
- John Grey
  - Championed biological tradition in the USA

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
  - The 1950’s
    - Medications were becoming increasingly available
    - Neuroleptics (i.e., reserpine) and major tranquilizers

The Past: Abnormal Behavior and the Psychological Tradition

- The Rise of Moral Therapy
  - Overview - Not moral in the usual sense of the word
  - Normalizing treatment of mentally ill
- Key Figures
  - Philippe Pinel and Jean-Baptiste Pussin
  - William Tuke -- Followed Pinel’s lead in England
  - Benjamin Rush -- Led reforms in the United States
  - Dorothea Dix -- Led mental hygiene movement
- Reasons for the Falling Out of Moral Therapy
  - Emergence of Competing Alternative Psychological Models

The Past: Abnormal Behavior and the Psychoanalytic Tradition

- Freudian Theory - Overview and Development
- Structure and Function of the Mind
  - Id (pleasure principle; illogical, emotional, irrational)
  - Ego (reality principle; logical and rational)
  - Superego (moral principles; keeps Id and Ego in balance)
The Past: Abnormal Behavior and the Psychoanalytic Tradition

- Defense Mechanism:
  - When the Ego Loses the Battle with the Id and Superego, the process by which the conflict is resolved short-term
  - May be mature (healthy) or immature (unhealthy)

Level 1 - Pathological
- Denial, Distortion, Splitting

Level 2 - Immature
- Acting out, Fantasy, Idealization, Passive aggression, Projection, Somatization

Level 3 - Neurotic
- Displacement, Dissociation, Hypochondriasis, Intellectualization, Rationalization, Reaction Formation, Regression, Repression, Undoing

Level 4 - Mature
- Altruism, Anticipation, Humor, Identification, Introjection, Sublimation, intentional thought suppression

Freud's Psychosexual Stages

<table>
<thead>
<tr>
<th>Stage</th>
<th>Ages</th>
<th>Erogenous Zones</th>
<th>Consequences of Fixation</th>
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<tbody>
<tr>
<td>Oral</td>
<td>0-1</td>
<td>Mouth</td>
<td>behaviors: gum, smoking</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>personality: passive, immature, manipulative</td>
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<tr>
<td>Anal</td>
<td>1-3</td>
<td>Bowel/Bladder control</td>
<td>obsession with neatness / control, or opposite: reckless, defiant, disorganized</td>
</tr>
<tr>
<td>Phallic</td>
<td>3-6</td>
<td>Genitals</td>
<td>Oedipus complex - &quot;castration anxiety&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Electra complex - &quot;penis envy&quot;</td>
</tr>
<tr>
<td>Latency</td>
<td>6-</td>
<td>(dormant)</td>
<td>(rare) sexually unfulfilled</td>
</tr>
<tr>
<td>Genital</td>
<td>puberty...</td>
<td>Sexual interests</td>
<td>frigidity, impotence, unsatisfying relationships</td>
</tr>
<tr>
<td></td>
<td>death</td>
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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
  - Objects -- Images, memories, and values of significant others
- Neo-Freudians
  - De-emphasized the sexual core of Freud's Theory
  - Carl Jung, Alfred Adler, Karen Horney, Erich Fromm, and Erik Erickson

Psychodynamic Therapy

- Talk Therapy
  - Unearth the hidden intrapsychic conflicts
  - "The real problems"
- Therapy Is Often Long Term
- Techniques
  - Free Association and Dream Analysis
- Examine Transference and Counter-Transference Issues
- Efficacy Data are Limited

Humanistic Theory and the Psychological Tradition

- Major Players
  - Carl Rogers, Abraham Maslow, and Fritz Perls
- Major Theme
  - That people are basically good
  - Humans strive toward self-actualization
- Treatment
  - Therapist conveys empathy, unconditional positive regard
  - Minimal therapist interpretation
- No Strong Evidence That Humanistic Therapies Work
**The Behavioral Model and the Psychological Tradition**
- Classical Conditioning (Pavlov; Watson)
  - Ubiquitous form of learning
  - Pairing neutral stimuli and unconditioned stimuli
  - Conditioning was extended to explain fear acquisition
- Operant Conditioning (Thorndike; Skinner)
  - Another ubiquitous form of learning
  - Voluntary behavior is controlled by consequences
- 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
  - Wolpe - Systematic desensitization
  - Lazarus - Multi-modal behavior therapy
  - Eysenck - Conditioning therapy
  - Beck - Cognitive therapy
  - Bandura - Social learning / cognitive-behavior therapy
- Behavior Therapy
  - Tends to be time-limited, direct, here-and-now focused
  - Behavior therapies have widespread empirical support

**The Present: The Scientific Method and an Integrative Approach**
- Psychopathology
  - Is multiply determined
  - One-dimensional models are Incomplete
- Must Consider Reciprocal Relations Between
  - Biological, psychological, social, and experiential factors
- Defining Abnormal Behavior
  - Is complex, multifaceted, and also has evolved
- The Supernatural Tradition
  - Has no place in a science of abnormal behavior

**Institutionalization: 1900s to 1950s**
- Prior to 1950s: Large state-run mental hospitals
  - Severely mentally ill
  - Severely developmentally disabled
  - by 1955 about 500,000 patients in USA (out of 165 million)
- Problems:
  - “Treatment” was often just custodial -- food water safe environment
  - Under funded -- threadbare and shabby
  - Commitment / Release decisions made by family & doctors w/o formal legal procedures
  - Patients rights routinely violated
  - CIA / Government mind control experiments

**Institutionalization: 1950s to 1960s**
- Major Developments:
  - Antipsychotic medications (Thorazine, Haldol)
  - Civil Rights / Patients Rights Movements
  - Counter cultural movement
    - LSD and psychedelia
    - Timothy Leary - Tune in Turn on Drop out
    - Ken Kesey - Merry Pranksters
    - Thomas Szasz - the Myth of Mental Illness
  - Publicizing of abuses in popular culture
    - “One Flew Over the Cuckoo’s Nest”

**Ken Kesey**
- American author / novelist
- Worked at a mental hospital as an orderly
- 1959 Volunteered for CIA’s MKULTRA studies
- MKULTRA: mind control research using pharmacology & behavioral control, including LSD and Psilocybin
- Wrote novel “One Flew Over the Cuckoo’s Nest” in 1962
- Made into film starring Jack Nicholson in 1975
One Flew Over the Cuckoo’s Nest

- **Book / Movie**
- Portrays a large state hospital that is poorly run
- Many patients are committed against their will
- “Treatment” is ineffective, abusive, vindictive
- Severe procedures (psychosurgery, ECT, overmedication) are used for behavior control & revenge
- Main character (who is not clearly mentally ill) rebels against the system, is punished repeatedly, eventually gets a lobotomy (destroying his vibrant personality), and is killed in a “mercy killing” by another character.

Delinstitutionalization: 1960s to present

- Between 1955 and 1995, most states cut their long-term psychiatric hospital populations by 90% or higher.
- 50% to 70% of them had severe mental illness or brain damage
- President Jimmy Carter’s Commission on Mental Health: “the objective of maintaining the greatest degree of freedom, self-determination, autonomy, dignity, and integrity of body, mind, and spirit for the individual while he or she participates in treatment or receives services.”

Delinstitutionalization: LPS Act

- Lanterman-Petris-Short Act 1969
- Invoked much-needed changes in the process of commitment.
- Provides for 72 hour and 14 day holds for evaluation, with separate review for forced medication.
- Probably went too far on the side of patients’ rights -- did not provide effective long-term commitment policy/ procedures for those needing it.
- Estimated that about 15% of prisoners are mentally ill, and about 25%-33% of homeless.

Deinstitutionalization: 1960s to present

- Fall in hospital population is fairly well matched (after some delay) with rise in prison population
- USA now has highest incarceration rate in the world
- USA: 7.37 / 1000
- France: 1.0 / 1000