Instructor Manual

Barlow and Durand, Psychopathology: An Integrative Approach, 9th Edition, ©2023, Core ISBN: 9780357657843; Chapter 1: Psychopathology in Historical Context

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# Purpose and Perspective of the Chapter

The purpose of this chapter is to provide students with an understanding of how psychologists and other mental health professionals define abnormal behavior, to review the historical approaches to understanding and treating psychopathology, and to build a foundation for understanding contemporary approaches to psychopathology.

# Chapter Objectives

The following objectives are addressed in this chapter:

LO1.1 - Define psychological disorders according to the three basic criteria of psychopathology.

LO1.2 - Describe each of the three basic categories of research in psychopathology.

LO1.3 - Compare the three prominent historical approaches to psychopathology in terms of how they explain and treat psychological disorders.

LO1.4 - Differentiate Freudian psychoanalysis from the humanistic and behavioral approaches according to their research and therapeutic emphases.

LO1.5 - List the main influences on the development of psychopathology according to the integrative approach.

# Student Learning Outcomes

|  |  |
| --- | --- |
| **Describe key concepts, principles, and overarching themes in psychology** | * Explain why psychology is a science with the primary objectives of describing, understanding, predicting, and controlling behavior and mental processes (APA SLO 1.1b)
* Use basic psychological terminology, concepts, and theories in psychology to explain behavior and mental processes (APA SLO 1.1a)
 |
| **Develop a working knowledge of the content domains of psychology** | * Summarize important aspects of history of psychology, including key figures, central concerns, methods used, and theoretical conflicts (APA SLO 1.2c)
* Identify key characteristics of major content domains in psychology (e.g., cognition and learning, developmental, biological, and sociocultural) (APA SLO 1.2a)
 |
| **Use scientific reasoning to interpret behavior** | * See APA SLO 1.1b listed above
* Incorporate several appropriate levels of complexity (e.g., cellular, individual, group/system, society/cultural) to explain behavior (APA SLO 2.1c)
 |

Portions of this chapter cover learning outcomes suggested by the American Psychological Association (2013) in their guidelines for the undergraduate psychology major. Chapter coverage of these outcomes is identified above by APA Goal and APA Suggested Learning Outcome (SLO).

# Complete List of Chapter Activities and Assessments

The following table organizes activities and assessments by objective, so that you can see how all this content relates to objectives and make decisions about which content you would like to emphasize in your class based on your objectives. For additional guidance, refer to the Teaching Online Guide.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chapter Objective | Activity/Assessment | Source (i.e., PPT slide, Workbook) | Duration | Certification Standard |
| LO1.1 | Icebreaker | PPT Slide 2 | 10 min | APA SLO 1.1a, 1.2a |
| LO1.1 | Discussion Activity 1 | PPT Slide 6 | 5 min | APA SLO 1.1a, 1.2a |
| LO1.2 | Breakout Group Activity 1 | PPT Slide 12 | 10 min | APA SLO 1.1a, 1.1b |
| LO1.3 | Knowledge Check Activity | PPT Slides 21 and 22  | 5 min | APA SLO 1.2c, 1.2a |
| LO1.4 | Role Play Activity | PPT Slide 29 | 15 min | APA SLO 1.2c, 1.2a, 1.1a |
| LO1.3, LO1.4 | Breakout Group Activity 2 | PPT Slide 33 | 10 min | APA SLO 1.2c, 1.2a, 1.1a |
| LO1.5 | Discussion Activity 2 | PPT Slide 35 | 10 min | APA SLO 1.1b, 1.1a, 1.2a |
| LO1.1 LO1.2 LO1.3 LO1.4 LO1.5 | Self-Assessment | PPT Slide 36 | 10 min | APA SLO 1.1a, 1.1b, 1.2a, 1.2c, 2.1c |
|  | Concept Clip: Psychological Models of Abnormal Behavior | MindTap | 10 mins |  |
|  | Chapter 01 Mastery Training | MindTap | 15 minutes several times a week |  |
|  | Chapter 01 Quiz | MindTap | 20-30 mins |  |

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# Key Terms

**Abnormal behavior:** Psychological dysfunction within an individual that is associated with distress or impairment in functioning and a response that is not typical or culturally expected.

**Behavior therapy:** Array of therapy methods based on the principles of behavioral and **cognitive science,** as well as principles of learning as applied to clinical problems. It considers specific behaviors rather than inferred conflicts as legitimate targets for change.

**Behaviorism:** Explanation of human behavior, including dysfunction, based on principles of learning and adaptation derived from experimental psychology.

**Castration anxiety:** In **psychoanalysis,** the **fear** in young boys that they will be mutilated genitally because of their lust for their mothers.

**Catharsis:** Rapid or sudden release of emotional tension thought to be an important factor in psychoanalytic therapy.

**Classical conditioning:** Fundamental learning process first described by Ivan Pavlov. An event that automatically elicits a response is paired with another stimulus event that does not (a neutral stimulus). After repeated pairings, the neutral stimulus becomes a conditioned stimulus that by itself can elicit the desired response.

**Clinical description:** Details of the combination of behaviors, thoughts, and feelings of an individual that make up a particular disorder.

**Cognitive-behavioral model:** Model that combines insights from the behavioral, cognitive, and social learning models, which brought the systematic development of a more scientific approach to the psychological aspects of psychopathology.

**Collective unconscious:** Accumulated wisdom of a culture collected and remembered across generations, a psychodynamic concept introduced by Carl Jung.

**Course:** Pattern of development and change of a disorder over time.

**Defense mechanisms:** Common patterns of behavior, often adaptive coping styles when they occur in moderation, observed in response to particular situations. In **psychoanalysis,** these are thought to be **unconscious** processes originating in the **ego.**

**Dream analysis:** Psychoanalytic therapy method in which dream contents are examined as symbolic of **id** impulses and **intrapsychic conflicts.**

**Ego:** In **psychoanalysis**, the psychical entity responsible for finding realistic and practical ways to satisfy **id** drives.

**Ego psychology:** Derived from **psychoanalysis,** this theory emphasizes the role of the **ego** in development and attributes **psychological disorders** to failure of the ego to manage impulses and internal conflicts. Also known as *self-psychology*.

**Etiology:** Cause or source of a disorder.

**Exorcism:** Religious ritual that attributes disordered behavior to possession by demons and seeks to treat the individual by driving the demons from the body.

**Extinction:** Learning process in which a response maintained by **reinforcement** in operant conditioning or pairing in **classical conditioning** decreases when that reinforcement or pairing is removed; also the procedure of removing that reinforcement or pairing.

**Free association:** Psychoanalytic therapy technique intended to explore threatening material repressed into the **unconscious.** The patient is instructed to say whatever comes to mind without censoring.

**Id:** In **psychoanalysis,** the **unconscious** psychical entity present at birth representing basic sexual and aggressive drives.

**Incidence:** Number of new cases of a disorder appearing during a specific period (compare with **prevalence**).

**Intrapsychic conflicts:** In **psychoanalysis,** the struggles among the **id, ego,** and **superego.**

**Introspection:** Early, nonscientific approach to the study of psychology involving systematic attempts to report thoughts and feelings that specific stimuli evoked.

**Mental disorder:** See **psychological disorder.**

**Mental hygiene movement:** Mid-19th-century effort to improve care of the mentally disordered by informing the public of their mistreatment.

**Moral therapy:** Psychosocial approach in the 19th century that involved treating patients as normally as possible in normal environments.

**Neurosis:** Obsolete psychodynamic term for **psychological disorder** thought to result from **unconscious** conflicts and the **anxiety** they cause. Plural is *neuroses*.

**Object relations:** Modern development in psychodynamic theory involving the study of how children incorporate the memories and values of people who are close and important to them.

**Person-centered therapy:** Therapy method in which the client, rather than the counselor, primarily directs the course of discussion, seeking self-discovery and self-responsibility.

**Phobia:** A **psychological disorder** characterized by marked and persistent **fear** of an object or situation.

**Presenting problem:** Original complaint reported by the client to the therapist. The actual treated problem may sometimes be a modification derived from the presenting problem.

**Prevalence:** Number of people displaying a disorder in the total population at any given time (compare with **incidence**).

**Prognosis:** Predicted future development of a disorder over time.

**Psychoanalysis:** Psychoanalytic assessment and therapy, which emphasizes exploration of, and insight into, **unconscious** processes and conflicts, pioneered by Sigmund Freud.

**Psychoanalyst:** Therapist who practices **psychoanalysis** after earning either an M.D. or a Ph.D. degree and receiving additional specialized postdoctoral training.

**Psychoanalytic model:** Complex and comprehensive theory originally advanced by Sigmund Freud that seeks to account for the development and structure of personality, as well as the origin of **abnormal behavior,** based primarily on inferred inner entities and forces.

**Psychodynamic psychotherapy:** Contemporary version of **psychoanalysis** that still emphasizes **unconscious** processes and conflicts but is briefer and more focused on specific problems.

**Psychological disorder:** Psychological dysfunction associated with distress or impairment in functioning that is not a typical or culturally expected response.

**Psychopathology:** Scientific study of **psychological disorders.**

**Psychosexual stages of development:** In **psychoanalysis,** the sequence of phases a person passes through during development. Each stage is named for the location on the body where **id** gratification is maximal at that time.

**Psychosocial treatment:** Treatment practices that focus on social and cultural factors (such as family experience), as well as psychological influences. These approaches include cognitive, behavioral, and interpersonal methods.

**Reinforcement:** In **operant conditioning,** consequences for behavior that strengthen it or increase its frequency. Positive reinforcement involves the contingent delivery of a desired consequence. Negative reinforcement is the contingent escape from an aversive consequence. Unwanted behaviors may result from their reinforcement or the failure to reinforce desired behaviors.

**Scientist-practitioners:** Mental health professionals who are expected to apply scientific methods to their work. They must keep current in the latest research on **diagnosis** and treatment, they must evaluate their own methods for effectiveness, and they may generate their own research to discover new knowledge of disorders and their treatment.

**Self-actualizing:** Process emphasized in humanistic psychology in which people strive to achieve their highest potential against difficult life experiences.

**Self-psychology:** See **ego psychology.**

**Shaping:** In **operant conditioning,** the development of a new response by reinforcing successively more similar versions of that response. Both desirable and undesirable behaviors may be learned in this manner.

**Superego:** In **psychoanalysis,** the psychical entity representing the internalized moral principles of parents and society.

**Systematic desensitization:** Behavioral therapy technique to diminish excessive **fears,** involving gradual exposure to the feared stimulus paired with a positive coping experience, usually relaxation.

**Transference:** Psychoanalytic concept suggesting that clients may seek to relate to the therapist as they do to important authority figures, particularly their parents.

**Unconditional positive regard:** Acceptance by the counselor of the client’s feelings and actions without judgment or condemnation.

**Unconscious:** Part of the psychic makeup that is outside the awareness of the person.

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# What's New in This Chapter

The following elements are improvements in this chapter from the previous edition:

* Updates nomenclature to reflect new titles in DSM-5-TR;
* Updates descriptions of research on defense mechanisms;
* Adds fuller and deeper descriptions of the historical development of psychodynamic and psychoanalytic approaches;
* Adds discussion of the definition of the term mental disorder;
* Adds section on causality and discussion the term etiology as it relates to psychopathology;
* Adds discussion of Freudian theory in the context of issues related to LGBTQ2+ and gender identity.

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# Chapter Outline

The following outline organizes activities (including any existing discussion questions in PowerPoints or other supplements) and assessments by chapter (and therefore by topic), so that you can see how all the content relates to the topics covered in the text.

I. Understanding Psychopathology (LO1.1, PPT Slides 4-6, APA SLO 1.1b, 1.1a)

* 1. What Is a Psychological Disorder?
		1. A psychological disorder is a psychological dysfunction within an individual that is associated with distress or impairment in functioning and a response that is not typical or culturally expected.
		2. Psychological dysfunction refers to a breakdown in cognitive, emotional, or behavioral functioning.
		3. Behavior must be associated with distress (cause upset) or impairment in some important area of functioning; can be difficult to define and is often a matter of degree.
		4. Something is considered abnormal because it occurs infrequently or it deviates from the average, but this alone is not sufficient for something to be termed a disorder.
		5. Accepted definition: Behavioral, psychological, or biological dysfunctions that are unexpected in their cultural context and associated with present distress and/or impairment in functioning, or increased risk of suffering, death, pain, or impairment.
		6. **Visualization**: Figure 01.01 What Is a Psychological Disorder?
		7. **Discussion**: Normal and Abnormal (5 minutes total)
			1. What are some behaviors that may be considered “abnormal” by the above definitions, but do not constitute a psychological disorder?
		8. **Discussion**: Abnormal and Pathological (5 minutes total)
			1. Do the words “abnormal” and “pathological” necessarily 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?
		9. **Discussion Activity 1**: (PT Slide 6; 5 minutes total) Students compare their definition of abnormal from the Icebreaker to that provided in the text.
	2. The Science of Psychopathology (LO1.2, PPT Slides 7-12, APA SLO 1.1a, 1.1b, 1.2c)
		1. Psychopathology is the scientific study of psychological disorders.
		2. Professionals include clinical and counseling psychologists, psychiatrists, psychiatric social workers, and psychiatric nurses, as well as marriage and family therapists and mental health counselors.
		3. Most important development in the recent history of psychopathology is the adoption of scientific methods to learn more about the nature of psychological disorders, their causes, and their treatment. Many mental health professionals take a scientific approach to their clinical work and therefore are called scientist-practitioners.
		4. **Visualization**: Figure 01.02 Functioning As a Scientist-Practitioner
		5. Three categories that make up the study of psychopathology are
			1. Clinical description of the presenting problem, (the unique combination of behaviors, thoughts, and feelings that make up a specific disorder); may include incidence and prevalence of disorders, the course (episodic, chronic, or time-limited), onset (acute or insidious), and prognosis. May have a developmental or life-span developmental approach.
			2. Etiology has to do with what causes a disorder.
			3. Treatment outcome studies identify what treatments work best.
		6. **Visualization**: Figure 01.03 Three Categories Make up the Study of Psychological Disorders
		7. **Discussion**: Etiology of Disorders (5 minutes total)
			1. 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.
		8. **Discussion**: History and Presentation (5 minutes total)
			1. Why do you think that two people can be diagnosed with the exact same psychological disorder while appearing to have different personal histories and different presentations of the disorder?
		9. **Breakout Group Activity 1**: (PPT Slide 12; 10 minutes total) Students explore whether psychology is a “real” science.
1. The Supernatural Tradition (LO1.3, PPT slides 14-15, APA SLO 1.2c)
	1. Demons and Witches
		1. During the last quarter of the 14th century, religious and lay authorities supported these popular superstitions, and society as a whole began to believe more strongly in the existence and power of demons and witches.
		2. People increasingly turned to magic and sorcery to solve their problems. During these turbulent times, the bizarre behavior of people afflicted with psychological disorders was seen as the work of the devil and witches.
		3. The conviction that sorcery and witches are causes of madness and other evils continued into the 15th century, and evil continued to be blamed for unexplainable behavior, even after the founding of the United States.
	2. Stress and Melancholy
		1. An equally strong opinion, even during this period, reflected the enlightened view that insanity was a natural phenomenon caused by mental or emotional stress, and that it was curable.
	3. Treatments for Possession
		1. With a perceived connection between evil deeds and sin on the one hand and psychological disorders on the other, it is logical to conclude that the sufferer is largely responsible for the disorder, which might well be a punishment for evil deeds. Possession is not always connected with sin but may be seen as involuntary and the possessed individual as blameless.
	4. Mass Hysteria
		1. Large-scale outbreaks of bizarre behavior like Saint Vitus’s Dance.
	5. Modern Mass Hysteria
		1. May simply demonstrate the phenomenon of emotional contagion, in which the experience of an emotion seems to spread to those around us.
	6. The Moon and the Stars
		1. Paracelsus rejected notions of possession by the devil, suggesting instead that the movements of the moon and stars had profound effects on people’s psychological functioning.
		2. This influential theory inspired the word lunatic, which is derived from the Latin word luna, meaning “moon.”
2. The Biological Tradition (LO1.3, PPT slides 16-22, APA SLO 1.2c)
	1. Hippocrates and Galen
		1. Greek physician Hippocrates (460–377 B.C.) suggested that psychological disorders could be treated like any other disease.
		2. Galen (approximately A.D. 129–198) later adopted the ideas of Hippocrates and his associates and developed them further, creating a powerful and influential school of thought within the biological tradition that extended well into the 19th century.
		3. Humoral theory: Hippocrates assumed brain functioning was related to four humors: blood, black bile, yellow bile, and phlegm. Too much black bile was thought to cause melancholia (depression). A phlegmatic personality (from the humor phlegm) indicates apathy and sluggishness but can also mean being calm under stress. A choleric person (from yellow bile or choler) is hot tempered. Excesses of one or more humors were treated by regulating the environment to increase or decrease heat, dryness, moisture, or cold, depending on which humor was out of balance.
		4. Hippocrates also coined the word hysteria to describe a concept he learned about from the Egyptians, who had identified what we now call the somatic symptom disorders.
	2. The 19th Century
		1. Behavioral and cognitive symptoms of what we now know as advanced syphilis, a sexually transmitted disease caused by a bacterial microorganism entering the brain.
		2. John P. Grey’s position was that the causes of insanity were always physical. Therefore, the mentally ill patient should be treated as physically ill. The emphasis was again on rest, diet, and proper room temperature and ventilation.
	3. The Development of Biological Treatments: Insulin shock therapy, electroconvulsive therapy, medication including neuroleptics.
		1. Consequences of the Biological Tradition: Thought that mental disorders were the result of some as-yet-undiscovered brain pathology and were therefore incurable. The only available course of action was to hospitalize these patients. By the end of the 1800s, a scientific approach to psychological disorders and their classification had begun with the search for biological causes. Furthermore, treatment was based on humane principles.
	4. **Knowledge Check Activity**: (PPT Slide 21; 5 minutes total) Students review key ideas in the supernatural and biological traditions.
3. The Psychological Tradition (LO1.3, LO1.4, PPT slides 23-33, APA SLO 1.2c)
	1. Moral Therapy
		1. The term moral actually referred more to emotional or psychological factors rather than to a code of conduct. Its basic tenets included treating institutionalized patients as normally as possible in a setting that encouraged and reinforced normal social interaction, thus providing them with many opportunities for appropriate social and interpersonal contact.
		2. Originated with Philippe Pinel (1745–1826) and his close associate Jean-Baptiste Pussin (1746–1811). William Tuke (1732–1822) introduced moral therapy in England and Benjamin Rush (1745–1813), often considered the founder of U.S. psychiatry, introduced moral therapy in his early work at Pennsylvania Hospital.
	2. Asylum Reform and the Decline of Moral Therapy
		1. It was widely recognized that moral therapy worked best when the number of patients in an institution was 200 or fewer, allowing for a great deal of individual attention, so as the number of patients in hospitals increased, the use of moral therapy declined.
		2. Dorothea Dix worked to reform mental institutions and mental health care in what became known as the mental hygiene movement.
	3. Psychoanalytic Theory
		1. Through use of hypnosis, Breuer and Freud believed that they had “discovered” the unconscious mind and its apparent influence on the production of psychological disorders. Also discovered catharsis: that it is therapeutic to recall and relive emotional trauma that has been made unconscious and to release the accompanying tension.
		2. Freud proposed the mind has three major parts or functions: the id, the ego, and the superego. The id is the source of our strong sexual and aggressive feelings or energies. The id operates according to the pleasure principle, with an overriding goal of maximizing pleasure and eliminating any associated tension or conflicts. The part of our mind that ensures that we act realistically is called the ego, and it operates according to the reality principle instead of the pleasure principle. The superego, or conscience, represents the moral principles instilled in us by our parents and our culture.
		3. **Visualization**: Figure 01.04 Freud’s Structure of the Mind
		4. The ego fights a continual battle to stay on top of the warring id and superego. Occasionally, their conflicts produce anxiety that threatens to overwhelm the ego. The anxiety is a signal that alerts the ego to marshal defense mechanisms, unconscious protective processes that keep primitive emotions associated with conflicts in check so that the ego can continue its coordinating function.
			1. Denial: Refuses to acknowledge some aspect of objective reality or subjective experience that is apparent to others.
			2. Displacement: Transfers a feeling about or a response to an object that causes discomfort onto another, usually less threatening, object or person.
			3. Projection: Falsely attributes own unacceptable feelings, impulses, or thoughts to another individual or object.
			4. Rationalization: Conceals the true motivations for actions, thoughts, or feelings through elaborate reassuring or self-serving but incorrect explanations.
			5. Reaction formation: Substitutes behavior, thoughts, or feelings that are the direct opposite of unacceptable ones.
			6. Repression: Blocks disturbing wishes, thoughts, or experiences from conscious awareness.
			7. Sublimation: Directs potentially maladaptive feelings or impulses into socially acceptable behavior.
		5. Psychosexual Stages of Development: Freud also theorized that during infancy and early childhood we pass through a number of psychosexual stages of development that have a profound and lasting impact. The stages—oral, anal, phallic, latency, and genital—represent distinctive patterns of gratifying our basic needs and satisfying our drive for physical pleasure. May become fixated at a stage if not sufficiently gratified.
		6. Later Developments in Psychoanalytic Thought:
			1. Anna Freud and ego psychology
			2. Heinz Kohut and self-psychology
			3. Carl Jung and the collective unconscious
			4. Alfred Adler and the inferiority complex
		7. Psychoanalytic Psychotherapy
			1. Freud developed techniques of free association, in which patients are instructed to say whatever comes to mind without the usual socially required censoring.
			2. In dream analysis the therapist interprets the content of dreams, supposedly reflecting the primary-process thinking of the id, and systematically relates the dreams to symbolic aspects of unconscious conflicts.
			3. In the context of the relationship between therapist and client as it evolves, the therapist may discover the nature of the patient’s intrapsychic conflict. This is because, in a phenomenon called transference, patients come to relate to the therapist much as they did to important figures in their childhood, particularly their parents.
			4. A major criticism of psychoanalysis is that it is basically unscientific, relying on reports by the patient of events that happened years ago. There has been no careful measurement of any of these psychological phenomena and no obvious way to prove or disprove the basic hypotheses of psychoanalysis.
			5. However, psychoanalytic concepts and observations have been valuable to the study of psychopathology and psychodynamic psychotherapy and also to the history of ideas in Western civilization.
		8. **Discussion: Freudian Accounts of Disorders** (5 minutes total)
			1. How might Freudian theorists use the psychosexual stages to explain obsessive-compulsive disorder?
		9. **Role Play Activity**: (PPT Slide 29; 15 minutes total) Students role play a Freudian session with Freud’s famous patient Rat Man.
	4. **Humanistic Theory**
		1. The underlying assumption is that all of us could reach our highest potential, in all areas of functioning, if only we had the freedom to grow (self-actualize).
		2. Abraham Maslow (1908–1970) was most systematic in describing the structure of personality. He postulated a hierarchy of needs.
		3. Carl Rogers (1902–1987) is, from the point of view of therapy, the most influential humanist. Rogers (1961) originated client-centered therapy, later known as person-centered therapy.
			1. Unconditional positive regard, the complete and almost unqualified acceptance of most of the client’s feelings and actions, is critical to the humanistic approach. Empathy is the sympathetic understanding of the individual’s particular view of the world.
		4. The humanistic approach has had a substantial effect on theories of interpersonal relationships but contributed relatively little new information to the field of psychopathology.
	5. The Cognitive-Behavioral Model
		1. Pavlov and Classical Conditioning: In classical conditioning, a neutral stimulus is paired with a response until it elicits that response.
		2. Watson and the Rise of Behaviorism: Watson decided that to base psychology on introspection was to head in the wrong direction, that psychology could be made as scientific as physiology, and that psychology needs introspection or other nonquantifiable methods no more than chemistry and physics do. Demonstrated classical conditioning of fear.
		3. The Beginnings of Behavior Therapy: Wolpe developed a variety of behavioral procedures for treating his patients, including systematic desensitization.
		4. B. F. Skinner and Operant Conditioning: Skinner laid out, in a comprehensive manner, the principles of operant conditioning, a type of learning in which behavior changes as a function of what follows the behavior.
		5. The behavioral model has contributed greatly to the understanding and treatment of psychopathology. Nevertheless, this model is incomplete and inadequate to account for what we now know about psychopathology.
	6. **Discussion**: Comparing Perspectives (5 minutes total)
		1. 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 choose just one, encourage them to consider an answer that introduces the concept of eclecticism).
	7. **Breakout Group Activity 2**: (PPT Slide 33; 10 minutes total) Students explore how the “historic” traditions still influence thought today.
4. The Present: The Scientific Method and an Integrative Approach (LO1.5, PPT slides 34-35, APA SLO 1.1b, 1.1a, 1.2a)
	1. In the 1990s, two developments came together as never before to shed light on the nature of psychopathology: (1) the increasing sophistication of scientific tools and methodology and (2) the realization that no one influence—biological, behavioral, cognitive, emotional, or social—ever occurs in isolation.
	2. Adolf Meyer (1866–1950) steadfastly emphasized the equal contributions of biological, psychological, and sociocultural determinism.
	3. Strategic Plan for Research of the National Institute of Mental Health (NIMH) includes four goals: (1) to define the brain mechanisms underlying complex behaviors, (2) to examine mental illness trajectories across the lifespan, (3) to strive for prevention and cures, and (4) to strengthen the public health impact of research.
	4. **Discussion Activity 2**: (PPT Slide 35; 10 minutes total) Students propose their own model for Janelle, the student who faints at the sight of blood.

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# Additional Discussion Questions

The following are discussion questions that do not appear in the text, PPTs, or courseware (if courseware exists) – they are for you to use as you wish. You can assign these questions several ways: in a discussion forum in your LMS; as whole-class discussions in person; or as a partner or group activity in class.

1. Discussion: Distinguishing Normal from Abnormal Behavior. Duration: 15 minutes.
	1. 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:
	2. Case #1: Tahj is uncomfortable riding escalators. As a result, Tahj avoids using them.
		1. How old is Tahj? Is it more "normal" for Tahj to fear escalators if he is a child versus an adult?
			1. Answer: Discuss developmental issues
		2. From what culture does Tahj most likely come? Has he ever had exposure to an escalator?
			1. Answer: Cultural contexts must always be considered when evaluating abnormal behavior
		3. How does Tahj manage his fear?
			1. Answer: Consider the symptoms and how someone might try to manage them
		4. To what extent does Tahj avoid using escalators? Does his fear significantly interfere with his life?
			1. Answer: Discuss the importance of understanding how a troubling or concerning behavior impacts functioning in determining whether a disorder is present
	3. Case #2: Rain 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?
		1. How old is Rain?
			1. Answer: The clinical picture is very different if Rain is 1 year old than if she is 13 years old. Discuss the importance of understanding developmental psychology
		2. How many times has she engaged in the behavior?
			1. Answer: A pattern of behavior may be viewed differently than if it is a rare occurrence
		3. Does Rain have a medical condition? Is she on any medications?
			1. Rain 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 Rain. Discuss the implication of assigning less social stigma to medical versus psychiatric patients
2. Discussion: What is Normal vs. Abnormal? Duration: 15 minutes.
	1. 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

**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 big” 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.

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**Additional Activities and Assignments**

The following are activities and assignments developed by Cengage but not included in the text, PPTs, or courseware (if courseware exists) – they are for you to use if you wish.

1. **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.
2. **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 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 https://en.wikisource.org/wiki/The\_poems\_of\_John\_Godfrey\_Saxe/The\_Blind\_Men\_and\_the\_Elephant. 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.
3. **Activity: The Designer’s Guide to Gestalt Psychology.** Read Igor Ovsyannykov’s blog[[1]](#footnote-2) 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 designs are appealing using a psychoanalytic, behavioral, or humanistic viewpoint).
4. **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 have ever heard this story about where the phrase “rocks in your head” originated. It supposedly has its roots from 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 expectations in producing and alleviating medical and psychological forms of distress and suffering.
5. **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:
	1. What is the most significant fact that I learned about abnormal psychology this week?
	2. 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)?
	3. One idea I had for a research study in abnormal psychology this week is \_\_\_\_\_\_\_.
	4. 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 typicality of such perceptions.
6. **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 might be misinterpreted in a mental hospital setting. Ask students what they think the effects of this study might have been on the mental health profession and how patients were treated. 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.
	1. You may also wish to talk to students about revelations more than four decades after Rosenhan published his article that suggest Rosenhan fabricated much of what he claimed to have found. Refer to Callahan’s book *The Great Pretender: The Undercover Mission that Changed Our Understanding of Madness* or Scull’s article *How a fraudulent experiment set psychiatry back decades* (https://www.spectator.co.uk/article/how-a-fraudulent-experiment-set-psychiatry-back-decades). This may also be brought up in the section in Chapter 4 on research ethics.
7. **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.

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# Additional Resources

## Cengage Video Resources

* MindTap Videos:
	+ Concept Clip: Psychological Models of Abnormal Behavior

## External Videos or Playlist

* YouTube Video Clips

Explore definitions of abnormality in *Four Ways to Define Psychological Abnormality* at https://www.youtube.com/watch?v=3Ee7W9BCbZo (5:17).

* + Learn how the supernatural tradition continues to influence thinking even today from *The myth of demonic possession | Hassaan Tohid | TEDxUAlberta* at https://www.youtube.com/watch?v=ZbyoDl37mXk (16:18).
	+ Learn about Hippocrates, Galen, and other ancient scientists and how they viewed mental illness in *Ancient Scientists on Mental Health (Mental Disorders in Antiquity Part Two)* at https://www.youtube.com/watch?v=zu\_yISD76XQ (15:02).
	+ Evaluate the impact of Freud with the help of the TEDEd talk *History vs. Sigmund Freud - Todd Dufresne* at https://www.youtube.com/watch?v=mKG-PEVYOR8 (5:54).
	+ *Thomas Insel at TEDxCaltech*. Thomas Insel, former director of the National Institute of Mental Health, discusses the reconceptualization of mental disorders as disorders of the brain, and the challenges that are involved. https://www.youtube.com/watch?v=u4m65sbqbhY (15:05)
	+ Life Inside the World's Oldest Psychiatric Institution | Our Life. Learn about contemporary psychiatric institutions in this documentary. https://www.youtube.com/watch?v=GLYpBnE21iI (46:20)
	+ The Hidden Pandemic (Kansas PBS). Learn about mental illness and how the COVID-19 pandemic exacerbated existing illnesses and created new ones at https://www.youtube.com/watch?v=fawEeabDR8Q (1:26:45).
	+ Understanding Mental Illness: What Is Mental Illness (Queen’s Public Television). Learn more about the definition and causes of mental illness at https://www.youtube.com/watch?v=8MvY-Qpl1I4 (58:02)
* *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)

## Internet 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
	+ Podcast available on Spotify
	+ 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
* CDC’s Mental Health page
	+ https://www.cdc.gov/mentalhealth/index.htm
	+ Information on mental health from the Centers for Disease Control and Prevention
* 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
* Substance Abuse and Mental Health Services Administration
	+ https://www.samhsa.gov/
	+ Provides information about services available for the treatment and prevention of mental disorders
* The Classics in the History of Psychology website
	+ https://psychclassics.yorku.ca/
	+ Links to many of the classic psychology articles
* 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://todayinpsychologyhistory.pbworks.com/w/page/124833663/Today%20in%20the%20History%20of%20Psychology
	+ 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

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1. https://creativemarket.com/blog/the-designers-guide-to-gestalt-psychology [↑](#footnote-ref-2)