## Learning Objectives

Chapter 1

# Looking at Abnormality

After reading and studying this chapter and participating in lecture and discussion, students should be able to:

1. Distinguish between normal but unusual behavior and between unusual but abnormal behavior.
2. Understand how explanations of abnormal behavior have changed through time.
3. Describe the facets of modern mental health care.
4. Describe the scientific method.
5. Describe types of research studies.

## Chapter Outline

1. Abnormality Along the Continuum *(continuum model of abnormality; psychopathology)*
	1. Extraordinary People
2. Defining Abnormality
	1. Mental illness
	2. Cultural Norms *(cultural relativism)*
	3. The Four D’s of Abnormality
		1. Shades of Gray
3. Historical Perspectives on Abnormality (biological theories, supernatural theories, psychological theories)
	1. Ancient Theories
		1. Driving Away Evil Spirits (trephination)
		2. Ancient China: Balancing Yin and Yang
		3. Ancient Egypt, Greece, and Rome: Biological Theories Dominate
	2. Medieval Views
		1. Witchcraft
		2. Psychic Epidemics
	3. The Spread of Asylums

D. Moral Treatment in the Eighteenth Century (mental hygiene movement, moral treatment)

III. The Emergence of Modern Perspectives

* 1. The Beginnings of Modern Biological Perspectives (general paresis)
	2. The Psychoanalytic Perspective (mesmerism; psychoanalysis)
	3. The Roots of Behaviorism (classical conditioning, behaviorism)
	4. The Cognitive Revolution (cognitions, self-efficacy beliefs)
1. Modern Mental Health Care
	1. Deinstitutionalization (patients’ rights movement, deinstitutionalization, community mental health movement, community mental health centers, halfway houses, day treatment centers)
	2. Managed Care
		1. Case Study
	3. Professions Within Abnormal Psychology
2. Chapter Integration

A. Shades of Gray Discussion

## Activities Available in Connect

Connect is a teaching and learning platform designed to boost performance.

Connect offers:

* one destination for all course content
* assignment and quiz banks
* deep insights into student performance
* recommendations for students to improve
* adaptive learning features that customize the student experience

The following are a selection of the resources available in Connect for this course:

|  |  |  |
| --- | --- | --- |
| **Chapter** | **Resource Name** | **Resource Type** |
| 1 | Abnormality | Concept Clip |
| 1 | Thinking Critically: Defining Abnormality | Critical Thinking |
| 1 | NewsFlash: Working with Mental Illness | NewsFlash |
| 1 | NewsFlash: Expert on Mental Illness Reveals her own Fight | NewsFlash |
| 1 | NewsFlash: Myth vs. Fact: Sorting Out Mental Illness, Violence Relationship | NewsFlash |

**Suggestion**: LearnSmart is an invaluable tool in helping students to integrate the content. While many are drawn to Abnormal Psychology (which they equate with the whole field of psychology) they find it difficult to internalize the respective theoretical orientations for conceptualizations and treatment. LearnSmart facilitates this by allowing them to practice their knowledge. Faces – Interactive (available with some of the chapters) are very helpful, and students like adopting the clinician role.

**POLLING QUESTIONS**

1. Approximately how many adults in the U.S. experience a mental illness in a given year?
	1. 1 in 2
	2. 1 in 3
	3. 1 in 5 (\*)
	4. 1 in 10
2. What is the percentage of homeless adults who experience mental illness or substance use disorders?
	1. 26% (\*)
	2. 46%
	3. 60%
	4. 85%
3. What percentage of adults needing mental health care receives it?
	1. 10%
	2. 25%
	3. 41% (\*)
	4. 66%

All questions and answers derived from the NAMI website:

<https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

## Lecture Suggestions

1. General Questions and Concerns Related to Defining Abnormality

The first or second meeting of the course is an optimal point to discuss concerns, experiences, misconceptions, and understandings of abnormal psychology and/or behavior. The study of abnormal psychology is the study of people whose behavior and experiences may range from the bizarre and unusual to the familiar. Many of the students will be related to or acquainted with a person experiencing one of the disorders to be addressed in the course, and some of the students may experience one of these disorders themselves. The instructor might wish to invite a community spokesperson to address the class – for example, someone from a local chapter of the National Alliance for the Mentally Ill or a local support group for persons with bipolar disorder. Prior to any such guest presentation, it is imperative that the instructor discusses issues of confidentiality and privacy.

At some point during discussion of the iniquitousness of abnormal behavior, the instructor might consider addressing the possibility that the presentation of bizarre or unusual behaviors may provoke laughter. It is suggested that laughter is a common and understandable way of responding to the unexpected (that's what makes a joke a joke), and that laughter is often a way of distancing ourselves from material that might otherwise make us feel uncomfortable. Students need not be admonished for finding humor in some of the unusual phenomena to be discussed in the course, but a social norm prohibiting put-downs and ridicule of persons with psychological disorders might be established early in the course. One can be compassionate while appreciating the humorous side of the sometimes-painful human condition. For example, discussion might be generated around various colloquial terms for concepts associated with psychological disorders, for example, "crazy," "nuts," "loony bin," and so on. This is also an opportunity to consider the social constructions of disorders and the influence of stigma.

2. The Meaning of Abnormality

A logical place to start in a class on abnormal psychology is with a discussion of what is meant by the terms "abnormal," "abnormality," and "abnormal behavior." The text begins by placing the label within the framework of context, noting that elements such as time, place, tradition, culture, purpose, and gender are among the important variables in determining whether a particular behavior or set of behaviors is normal.

A seminal study on the contextual interpretation of behavior was that of David Rosenhan (1973), who embarrassed the mental health community when the eight participants in his research, having presented themselves to twelve different mental institutions in five different states with the symptoms of having heard voices say "empty," "hollow," and "thud" (but otherwise presenting no unusual behaviors) were all admitted, usually with the diagnosis of schizophrenia. Each of these "pseudopatients" had to "work" his way out (Dr. Rosenhan himself was one of the pseudopatients), which they began doing immediately upon admission in part by acting completely "normal." Although the real patients all seemed to know that these participants were not "insane," the staff not only believed they were suffering from mental disorders, but labeled their behaviors within that context (those who took notes about their experiences had the notation of "note taking behavior" listed on their charts). When each of these participants was finally released from hospitalization, rather than indicate that there was no disorder in the first place, each was listed as having their symptoms "in remission." With respect to our author's recognizing the importance of context in a determination of what is seen as "normal" or "abnormal," recall that Rosenhan noted, "It is clear that we cannot distinguish the sane from the insane in psychiatric hospitals. The hospital itself imposes a special environment in which the meanings of behavior can easily be misunderstood" (p. 257).

Rosenhan's (1973) criticisms were considerably more kind (although perhaps not intentionally so) than those of Kate Millett, feminist author of *Sexual Politics*. Millett (1990) wrote of her experiences with bipolar disorder in *The Loony Bin Trip*. Her book is an indictment of a whole society that labels people with a disorder and then interprets all of their behavior within the context of that disorder.

Understanding the power of context, whether situational or personal, what exactly is abnormality? Understanding that this is a difficult term to define, our author explores a variety of criteria, including cultural relativism, deviant, distress (i.e., of the person suffering the disorder, not the people around him or her), and mental illness. Finally, Nolen-Hoeksema set out four behavioral characteristics that psychologists have determined to be important (although constrained in part by societal norms). They are:

1. somewhat unusual for the social context
2. distressing to the individual
3. interfering with social or occupational functioning
4. dangerous (p. 3)

3. Diagnosis as Social Construction and a Form of Social Control

To highlight the phenomenon in which diagnosis has been used as a means of social control, I draw students' attention to the historical use of the labels *drapetomania* (a "sickness" that caused black slaves to desire their freedom) and *dysaesthesia Aethiopis* (the refusal to work for one's master) (referenced on p. 6). Lest students remain complacent in the belief that such atrocities could not possibly be repeated in modern society, I cite several examples of diagnosis in the service of social control that have occurred in the twentieth century. [For these, I borrow extensively from Brown (1990; see references).]

First, research into the archives of the Boston Psychiatric Hospital, during the years 1912-1921, reveals that psychiatrists used the term *psychopathic* to diagnose the "hypersexual behavior" of sexually active working class women. These "patients" were typically women who lived economically independent lifestyles and had chosen to forgo or delay marriage or who were widows or divorced. Another contemporary example of pathologizing behavior as a means of social control occurred in the 1960s, and implicates Bruno Bettelheim, then famous as an authority on childhood autism and operator of the private Orthogenic School for severely disturbed children in Chicago. In testimony presented to the House Special Subcommittee on education on March 20, 1969, Bettelheim told the U.S. Congress that student antiwar protesters at the University of Chicago had no serious political agenda. Instead, he testified that they were acting out unresolved Oedipal conflicts by attacking the university as a surrogate father.

4. Advantages and Limitations of the Various Criteria for Defining Abnormality

To convey comparisons and contrasts between the various criteria for defining abnormality, I ask students to consider who might be inadvertently and unjustifiably included or excluded by each criterion. This provides student-generated examples of instances that define the boundaries of each criterion and illustrates their practical utility. For example, when considering the unusualness criterion, I query students for examples of behaviors that might be misguidedly included according to this criterion and those behaviors that we might agree should be labeled as abnormal, but are excluded by this criterion. Students are typically able to offer examples, such as left-handedness or homosexuality, of behaviors that are statistically rare but not justifying the label of abnormal, and examples, such as depression or anxiety, of behaviors that are statistically common but should be labeled as abnormal when decisions about helpful interventions are made. This similar process can be applied to each criterion in turn and is a very good illustration of the advantages and limitations of each definition, as well as showing that no single definition is adequate.

5. Applying Evolutionary Psychology

If you have a background that includes evolutionary psychology you may want to discuss adaptive value and ask students to generate possible reasons why we would see maladaptive behaviors not die out. One of the main tenets of Evolutionary Psychology is that behaviors that persist must in some way be, or have been, adaptive. How could this explain disorders we see today?

One example can be built on the example above on the “adaptive value” of schizophrenia. Ask students if someone lived in a remote tribe in South America or Africa and they reported talking to God, how would their village receive them? Now if someone in their class started speaking to God, or speaking in “tongues” as Pentecostals do, would they perceive that as “abnormal”? Could there be other situations with other disorders where some of these behaviors are actually adaptive in some way?

**Classroom Activities**

Note: The timeframes for classroom activities should be determined by both the instructor’s sense of appropriateness and the classroom dynamics.

1. Applying the Criteria for Defining Abnormality to a Variety of Situations

**Description**: In small groups, students discuss a brief scenario in terms of whether they think the behavior described is normal or abnormal; afterwards, the four criteria for defining abnormality are introduced to the class and are applied to each of the scenarios.

**Materials Needed**: One scenario from Handout 1.1 for each small group.

**Procedure**: Give one scenario to each small group of students, and ask them to discuss whether the behavior seems normal or abnormal to them, and why. If it seems abnormal, can they think of a situation in which the same behavior could be considered normal? Allow approximately 5 minutes for discussion, and then have the groups share their scenario and their thoughts with the rest of the class. Ask for feedback from other students. It will become clear that different individuals view the same behavior in different ways. This makes a good introduction to the problem of defining abnormality. If the same behavior is viewed as normal by some and as abnormal by others, whose view do we accept? The instructor can then introduce the four criteria for defining abnormality as discussed in the textbook. Have students reconsider the scenario they discussed earlier, by asking:

* Is the behavior unusual?
* Is the person showing the behavior uncomfortable?
* Is the behavior maladaptive?
* Does the person meet criteria for a mental illness?
* Does this behavior violate our cultural and gender norms?

Point out that many behaviors only meet one of the criteria (e.g., flagpole climbing may be unusual but not maladaptive) and are therefore difficult to classify as abnormal, even if they strike us as "odd" or "weird" at first. Other behaviors may be normal only in certain contexts (e.g., scenario #5 may be considered a normal phase of adolescence).

**2. Jigsaw Technique for Small-Group Demonstration of the Advantages and Limitations of the Various Criteria for Defining Abnormality.**

**Description**: Students discuss the advantages and limitations of one of the four criteria for abnormality in small groups and share their results with other groups.

**Time Needed**: Approximately 30 minutes.

**Materials Needed**: Students should have access to the textbook.

**Procedure**: The discussion launcher described previously can also be adapted for a small-group classroom activity. In the jigsaw technique, students are first assigned to small groups, each of which is assigned a specific task. Then the groups are rearranged, such that the new groups are composed of individuals from each of the previous small groups, and the results of the first group are disseminated. For example, the class can be divided into five small groups (ideally consisting of five students each), and each group is assigned to discuss the advantages and limitations of one of the elements of abnormality, that is, cultural relativism, unusualness, subjective discomfort, and maladaptiveness. Groups are given 10 to 15 minutes to generate examples that define the boundaries of each criterion (as described). Then group members are assigned a number, one through five, and groups are reassembled according to number designation. So, all the Ones form a new group, all the Twos, all the Threes, and so on. The new groups now consist of members from each of the original groups. The newly formed groups are instructed to share their findings from their discussions in the original groups.

**3. Guess The Diagnosis in 21 Questions**

**Description:** In small groups students attempt to identify a diagnosis that is unknown to them, employing only 21 yes/no questions.

**Time Needed:** 10 minutes.

**Materials Needed:** Paper and pencil.

**Procedure:** This exercise can be played in two ways. In the first, a student chooses a diagnosis and writes it on a piece of paper. The student retains the paper. The student answers only “yes” or “no” to questions that are raised by other members of the team. Alternatively, the team selects the diagnosis, and the individual, employing only “yes” or “no,” strives to identify it. The diagnosis is noted on paper and held by a designated member of the team. The questions are about symptoms of the diagnosis – not the diagnosis itself.

After 21 questions the team or the individual must offer their diagnosis. As students are not yet familiar with the nuances, encourage them to select common diagnoses: depression, anxiety, ADD, ADHD, or OCD. Moreover, this exercise should not be allowed to last too long, as students are still unfamiliar with the variety of symptomatology.

4. Abnormal Psychology Jeopardy

**Description:** Students play a simulated game of Jeopardy in order to internalize knowledge.This can be used as a method for reviewing for exams throughout the course.

**Time Needed:** To be determined by scope of review or topic.

**Materials**: Paper and pencil.

**Procedure:** Assign students to groups of approximately four. Each group will be assigned a different category; for example, theories, treatment modalities, disorders, and so on. For each category, groups are expected to develop questions and answers to be played in the form of a Jeopardy game; that is, answers are provided and players are expected to respond in the form of a question. The game can be played within and between groups. This can become more elaborate by letting one group serve as the moderator and question developer, while other groups serve as contestants.

5. Debate: The Case For and Against Deinstitutionalization

This is a great time to discuss with students the real effects of deinstitutionalizing and the increase in the homeless population. It’s an excellent discussion starter into ethical issues of forced treatment and free choice. Typically, at least one student will suggest that forcing medication on people who need it is okay. This can lead to larger discussions such as whether or not you should forbid someone with high cholesterol from ever eating at McDonalds? Or take statins to lower his cholesterol? Remind students that having a mental health issue does not necessarily remove the basic human rights of a person.

Assign students, in advance, to prepare to discuss one side or the other of the issue of deinstitutionalization of the seriously mentally ill, a population dominated by individuals diagnosed with schizophrenia. The case against deinstitutionalization might include the following key points (adapted from Gralnick, 1985):

* The rate of mental illness has not declined.
* The acutely ill are neglected in the context of community-based care models, and often do not receive the treatment they need until or unless they become dangerous to themselves or others.
* Patients who never become dangerous may never become hospitalized and therefore may never receive treatment.
* Many patients who manage to receive treatment without or before presenting a threat to themselves or others are only seen in an advanced stage in the course of their disorder and when they have less chance to recover.
* A small percentage of patients discharged from hospitals continue in community aftercare.
* Many patients discharged from hospitals discontinue taking medications.
* Increasing numbers of mentally ill persons who have no families live in nursing homes, jails, on the streets, and in public shelters.
* Research on the causes and treatment of serious mental illnesses is made more difficult due to the decline of the public hospital system.
* A reformed and reconstructed state hospital system would serve patients better than any expansion of community services.

The case for deinstitutionalization might include these arguments (adapted from Okin, 1985):

* Treatment usually works best in an environment that minimizes coercion and encourages contact with family members and the rest of society.
* Most patients will eventually live in the community, and therefore they should learn the needed skills in the place where they will be used.
* Given adequate services, many severely ill people prefer to live in the community rather than in state hospitals.
* Reform is unlikely to remedy the basic deficiencies of state-supported hospitals.
* State hospitals are isolated and isolating.
* Family therapy in conjunction with medication can be effective in reducing the need for rehospitalization and reduces the burden on families.
* The visibility of the mentally ill in the community compels increased public awareness and allocation of resources to their needs.

**ADDITIONAL RESOURCES**

**Caveat:** Please note that all these recommendations are time-sensitive. That is, they may have merit despite the fact that they may be visually or content-wise outdated. We recommend viewing the respective choice before assigning it to the class.

**1.Feature films**

**a. *Nuts*** (1987) addresses the aftermath of childhood sexual abuse that causes a woman (Barbra Streisand) to rebel against her "proper" family—a stepfather who sexually molested her as a child and a mother who allowed it to happen—by becoming a high-priced call girl. When she murders a client in self-defense, her family wants to have her committed rather than expose her chosen lifestyle. The movie offers an interesting look at the legal term of insanity, as well as the legal requirement that the defendant be able to understand and assist in his or her defense. In terms of schizophrenia, there is a wonderful glimpse at a patient who presents herself to lawyer Richard Dreyfuss as a psychiatrist willing to attest to his client's sanity; the woman appears perfectly lucid and able to carry on a meaningful conversation until the stress of having to commit to a date for her "testimony" causes her to withdraw into her schizophrenic response pattern.

**b. *One Flew Over the Cuckoo's Nest*** (1975), an excellent adaptation of Ken Kesey's novel, looks at the human side of the mentally ill as real people with thoughts, fears, and feelings, as it provides a powerful look at issues concerning mental illness as a social judgment, the politics of survival for patients and staff, and the threat of radical treatment modalities.

**c. *Girl, Interrupted*** (1999), set in the changing world of the late 1960s, is the searing true story of Susanna Kaysen (played by Winona Ryder), a young woman who finds herself at a renowned mental institution for troubled young women where she must choose between the world of people who belong on the inside—like the seductive and dangerous Lisa (Angelina Jolie)—or the often difficult world of reality on the outside. Susanna's prescribed "short rest" by a psychiatrist she had met only once becomes a strange, unknown journey into Alice's Wonderland, where she spends nearly a year on the ward. Based on the best-selling book of the same name and directed by celebrated *Cop Land* director James Mangold, the film features tour de force performances by today's most critically acclaimed actors, including Ryder and Jolie.

1. **Educational Series**

**a. The World of Abnormal Psychology**

“The World of Abnormal Psychology” is a video series that covers a wide range of topics such as ADHD, conduct disorders, autism, and separation disorders and can be found at <http://www.learner.org/resources/series60.html>.

**b. The Mind**

“The Mind” is a series that looks at myriad factors relevant to cognitive, biological, and developmental psychology. The entire series can be found at <http://www.learner.org/resources/series150.html>.

**c. The Brain: Teaching Modules**

“The Brain” is a series that looks at myriad factors relevant to cognitive, biological, and developmental psychology. The entire series can be found at <http://www.learner.org/resources/series142.html>.

**d. Seasons of Life**

“Seasons of Life” is a series that covers various stages of life and is wonderful for a human development class. The series can be found at <http://www.learner.org/resources/series54.html>.

**3. Novels, Biographies, and Nonfiction Titles of Note**

a. Caplan, Paula J. (1995). *They Say You're Crazy: How the World's Most Powerful Psychiatrists Decide Who is Normal*. Reading, MA: Addison-Wesley Longman.

How are decisions made about who is normal? As a former consultant to those who construct the "bible of the mental-health professions," the DSM (Diagnostic and Statistical Manual of Mental Disorders), Paula Caplan offers an insider's look at the process by which decisions about abnormality are made. Cutting through the professional psychobabble, Caplan clearly assesses the astonishing extent to which scientific methods and evidence are disregarded as the handbook is developed. A must-read for consumers and practitioners of mental health services, *They Say You're Crazy* exposes and challenges the mental health establishment, which through its creation of potentially damaging interpretations and labels, has the power to alter our lives in devastating ways (publisher's notes).

b. Fadiman, A. (1997). *The Spirit Catches You and You Fall Down; A Hmong Child, Her American Doctors, and the Collision of Two Cultures.* New York: The Noonday Press.

This book explores the clash between a small county hospital in California and a refugee family from Laos over the care of Lia Lee, a Hmong child diagnosed with severe epilepsy. The cultural differences in defining the illness are highlighted. According to the Hmong, the seizures were spirit-driven and sacred. The American physicians interpreted the events differently. Lia’s parents and her doctors both wanted what was best for Lia, but the lack of understanding between them led to tragedy (based on book cover.)

c. Geller, Jeffrey L., and Harris, Maxine. (1994). *Women of the Asylum: Voices from Behind the Walls, 1840-1945.* New York: Anchor Books.

The twenty-six women who tell their stories here were incarcerated against their wills, often by male family members, for holding views or behaving in ways that deviated from the norms of their day. As a whole, these narratives offer a clear picture of women's lives from both within and outside the asylums in which they lived. Individually, they provide some of the most harrowing tales of the abuses of the psychiatric system (jacket copy).

d. Kaysen, Susanna (1993). *Girl, Interrupted*. New York: Turtle Bay Books.

Kaysen's memoir encompasses horror and razor-edged perception while providing vivid portraits of her fellow patients and their keepers. It is a brilliant evocation of a "parallel universe" set within the kaleidoscopically shifting landscape of the late sixties. *Girl, Interrupted* is a clear-sighted, unflinching document that gives lasting and specific dimension to our definitions of sane and insane, mental illness and recovery (jacket copy).

e. Szasz, Thomas S. (1974). *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. New York: Harper & Row.

This classic book has revolutionized thinking throughout the Western world about the nature of the psychiatric profession and the moral implications of its practices (jacket copy).

**4. Classic websites**

**Caveat:** There are many websites that are less than legitimate. You may want to challenge your students to find a website and then evaluate it for its legitimacy. Following are some of the classic websites on mental health:

* + - 1. National Institute of Mental Health: <https://www.nimh.nih.gov/index.shtml>
			2. National Alliance on Mental Illness: <https://www.nami.org>
			3. MentalHealth.gov: <https://www.mentalhealth.gov/>
			4. American Psychological Association: <http://www.apa.org/>

## References

Brown, P. (1990). The name game: Toward sociology of diagnosis. *The Journal of Mind and Behavior*, 11, 386[139] - 406[160].

Gralnick, A. (1985). Build a better state hospital: Deinstitutionalization has failed. *Hospital and Community Psychiatry*, 36, 738-741.

Millett, K. (1990). *The Loony Bin Trip*. New York: Simon and Schuster.

Okin, R. L. (1985). Expand the community care system: Deinstitutionalization can work. *Hospital and Community Psychiatry*, 36, 742-745.

Rosenhan, D. L. (1973). On being sane in insane places. *Science*, 179, 250-258.

Handout 1.1: Scenarios for Small Group Discussion

1. A man, in his shorts, goes out in his front yard every morning at about 6 a.m., climbs a flagpole, comes back down, climbs it again, comes back down, does it one more time, and goes back into his house to eat breakfast.
2. A man, in his shorts, goes outside every morning at about 6 a.m. and runs around the block five times before going back inside to eat breakfast.
3. When dealing with a patient, a doctor barks like a dog and crawls on his hands and knees.
4. Before deciding to go on a date, a woman consults her horoscope for the day to help her make a decision.
5. A person feels that everyone is constantly watching him/her and making judgments about him/her, and that other people's thoughts and conversations tend to revolve around that person.
6. A person believes that the FBI is watching him/her and has planted a microphone inside his/her eyeglasses.
7. A man gets up each morning and spends an hour putting on elaborate makeup and styling his hair before going to work.
8. A woman gets up each morning and spends an hour putting on elaborate makeup and styling her hair before going to work.
9. A person feels extremely uncomfortable around other people, stays in his/her apartment most of the time, and has chosen a job that requires minimal interactions with others.

10. Once every month, a man becomes extremely depressed and irritable to the point where he can't get out of bed to go to work, and he yells at his children for no apparent reason.