CHAPTER 1

ABNORMAL BEHAVIOUR IN HISTORICAL CONTEXT

STUDENT LEARNING OUTCOMES*

		Textbook Pages	Bloom's Taxonomy
Characterize the nature of psychology as a discipline	Explain why psychology is a science (APA SLO 1.1.a)	pp. 6–9	Remember
Demonstrate knowledge and understanding representing appropriate breadth and depth in selected content areas of psychology.	The history of psychology, including the evolution of methods of psychology, its theoretical conflicts, and its sociocultural contexts (APA SLO 1.2.b)	pp. 9–29	Higher Order Learning
Use the concepts, language, and major theories of the discipline to account for psychological phenomena.	Use theories to explain and predict behaviour and mental processes (APA SLO 1.3.d)	pp. 15–29	Remember
	Integrate theoretical perspectives to produce comprehensive and multifaceted explanations (APA SLO 1.3.e)	p. 27	Higher Order Learning
Explain major perspectives of psychology (e.g., behavioural, biological, cognitive, evolutionary, humanistic, psychodynamic, and sociocultural).	Explain major perspectives in psychology (APA SLO 1.4a)	pp. 12–29	Remember

*Portions of this chapter cover learning outcomes suggested by the American Psychological Association (2007) 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).

LECTURE OUTLINE

I. What is Abnormal Behaviour?

A. The Case of Jody: The Boy who Fainted at the Sight of Blood

1. Use the case of Jody or a similar case to illustrate the definition of abnormal behaviour below.

B. Myths and Misconceptions About Abnormal Behaviour

1. No single definition of psychological abnormality
2. No single definition of psychological normality
3. Many myths are associated with mental illness
    a. Lazy, crazy, dumb
    b. Weak in character
    c. Dangerous to self or others
    d. Mental illness is a hopeless situation

C. **Abnormal Behaviour**, or psychological disorder, is defined as some *psychological dysfunction* associated with *distress or impairment in functioning that is not a typical or culturally expected response.*

1. **Psychological dysfunction** is a breakdown in cognitive, emotional, or behavioural functioning. Provide examples of each.
2. **Distress** occurs when a person is extremely upset.
3. An **atypical or unexpected cultural response** refers to those behaviours or attitudes which do not occur in a society very frequently.
4. Illustrate how each of the features of the definition (1-3) is inadequate when considered in isolation.

II. The Science of Psychopathology: The Study of Psychological Disorders

A. Mental Health Care Professionals (Background, Training, & Approach)

1. Clinical and counselling psychologists

2. Psychiatrists
3. Psychiatric social workers
4. Social workers
5. Psychiatric nurses
6. Lay public (e.g., clergy, support groups, shelter workers, crisis hotlines)

B. Efforts to Understand Abnormal Behaviour

1. The scientist-practitioner framework
2. Clinical description of abnormal behaviour
    a. A **presenting problem** typically refers to one first noted as the reason for coming to a clinical setting.
    b. One important function of clinical description is to specify what makes a disorder different from normal behaviour and other disorders.
    c. **Prevalence** refers to the number of people in the population as a whole who have the disorder.
    d. **Incidence** refers to the number of new cases of a disorder occurring during a specific period of time (e.g., a year)
    e. **Course** refers to the pattern of the disorder in time can be described as chronic, episodic, or time-limited. Related to **prognosis**.
    f. **Acute onset** refers to disorders that begin suddenly, whereas **insidious onset** refers to disorders that develop gradually over time.
    g. Important associated features (e.g., age, developmental stage, ethnicity, race).

C. Causation, Treatment, and Outcome in Psychopathology

1. **Etiology** refers to factors or dimensions that cause psychological disorders. Such factors include biological, psychological, and

social dimensions (covered in detail in Chapter 2 of the textbook).

2. **Treatment** can include psychological, psychopharmacological, or some combination of the two. **Successful outcome** can assist in making inferences about the variables leading to and maintaining a disorder, but not in the determination of the actual causes of a disorder (e.g., aspirin alleviates headache, but headache is not caused by deficits of aspirin in the brain).

III. The Past: Historical Conceptions of Abnormal Behaviour

A. Overview of Supernatural, Biological, and Psychological Traditions

B. The Supernatural Tradition

1. Deviant behaviour as battle between "good" vs. "evil"
    a. A popular opinion during the Middle Ages purported that psychopathology was due to the presence of evil demons. As a result, treatment included **exorcism**, or tortuous, drastic action to dispossess a spirit from a human body.
    b. 15th Century was characterized by the view that the causes of madness and other evils were due to sorcery, witches, and evil. Though some increasingly viewed abnormality as purely natural, physical phenomenon (i.e., an illness).
2. Stress and Melancholy
    a. An equally strong opinion viewed insanity as a natural phenomenon caused by mental or emotional stress
    b. Treatment included baths, ointments and potions as insanity was viewed as a treatable illness.
3. **Paracelsus**, a Swiss physician who lived during the 16th century, introduced the idea that the movement of the moon and stars affected people's psychological functioning; this theory inspired the use of the word *lunatic* latin word for moon, *luna*) to describe

those who exhibited behavioural disorders. Many of his views still persist today.

C. The Biological Tradition

1. The Greek physician **Hippocrates** (460-377 B.C.), the father of modern medicine, presumed that psychological disorders could be conceptualized as a brain or hereditary disease, while recognizing the importance of psychological and interpersonal factors in psychopathology. Hippocrates also coined the term **hysteria** and believed the cause to be due to a wandering uterus, and the cure marriage and pregnancy. A Roman physician **Galen** (129-198 A.D.) expanded upon the work of Hippocrates, and the Hippocratic-Galenic approach to psychopathology extended to the 19th century. A legacy of this approach was the **humoral theory** of mental disorder (i.e., blood, black bile, yellow bile, phlegm)– a view that foreshadowed modern views linking psychological disorders with chemical imbalances in the brain.
2. Symptoms associated with advanced **syphilis**, a sexually transmitted disease caused by a bacterial microorganism, are similar to symptoms associated with schizophrenia and other psychotic disorders. During the 19th century, syphilis was discovered to be a cause of *general paresis* (a disorder characterized by both behavioural and cognitive symptoms). Eventually scientists (Pasteur) discovered that syphilis could be cured by penicillin, which in turn led many mental health professionals to believe that similar cures could be discovered for all psychological disorders.
3. **John P. Grey**, and American Psychiatrist, believed that insanity was always due to physical causes and that mentally ill patients should be treated like the physically ill. Reformers, such as **Dorothea Dix,** stated that the treatment of those with mental

illness should parallel the treatment of those with physical illness. As a result, mental hospital conditions improved significantly and many advocated the practice of "deinstitutionalization."

5. Biological treatments for mental disorders in the 1930's (such as insulin, ECT, and brain surgery) were periodically administered to persons with psychoses to calm them (leading to insulin shock therapy and lobotomy). In addition, **Joseph von Meduna** thought that schizophrenia was rare in persons with epilepsy; hence, the deliberate induction of brain seizures was soon considered useful.
6. The first effective drugs for treating severe psychotic disorders emerged in the 1950's. The discovery of *rauwolfia serpentina* (**reserpine**), **neuroleptics**, and major tranquilizers proved useful for treating hallucinations, delusions, agitation, and aggression.
7. The consequences of the early biogenic approach to psychopathology included an ironic tendency not to pursue new drug treatments. Instead, more effort was devoted to diagnosis, legal issues, and the study of brain pathology itself.
8. **Emil Kraepelin** became a dominant figure in the field of diagnosis and classification; a central theme of his approach was that separate, discriminately valid syndromes could be culled, with each comprising different symptoms, course, and onset.
9. By the end of the 1800's, a scientific approach to psychological disorders and their classification was couched as a search for biological causes and medicalized and humane treatments.

D. Psychological Traditions

1. Psychosocial models of mental disorder did not predominate until the 18th century with the advent of **moral therapy** (originated by a well-known French psychiatrist **Philippe Pinel** and his former patient **Jean-Baptiste Pussin**) -- the practice of allowing patients to be treated in settings as normal as possible to encourage and

reinforce social interaction.

2. **William Tuke** followed Pinel's lead in England, and **Benjamin Rush** (founder of American Psychiatry) introduced moral therapy in his early work at Pennsylvania Hospital. The rise of moral therapy in England and the United States is what made institutions habitable and even therapeutic.
3. **Sussman** provides a history of the development of the asylums in Canada in the nineteenth century. During that time the intentions for care were humane replacing jails or poorhouses with mental hospitals and asylums.
4. **Dorothea Dix** crusaded for reform in the treatment of the insane throughout Canada and the United States including an appeal to the Nova Scotia Legislature in January, 1850.
5. The decline of moral therapy and humane treatment was precipitated by factors such as the belief that psychopathology was caused by incurable brain pathology; also, providing individual attention to increasing numbers of patients with mental illness (an important practice of moral therapists) was becoming impossible with limited hospital staffing.
6. Although the psychodynamic model partially grew out of the work of **Anton Mesmer** (father of hypnosis) and **Jean Charcot**, it is largely the result of the work of **Sigmund Freud** and **Josef Breuer**.
7. Psychoanalytic Theory
    a. Freud developed a comprehensive theory on the development and structure of personality, including hypothesis about how both can lead to psychopathology. Freud believed that mind was composed of the **id**, **ego**, and **superego**. The id operates on the **pleasure principle**, or the maximization of pleasure and minimization of competing tension. The id was thought to be the source of

sexual and aggressive thoughts and behaviours. The ego was thought to develop a few months after birth to realistically address one's environment; it operates on the **reality principle** via the secondary process, with an emphasis on logical and reasonable thought. The superego (conscience) develops last and represents the moral standards instilled by parents or other important influences. The primary purpose of the superego is to suppress id drives.

b. When the id or superego gather enough strength to challenge the conscious ego, anxiety results. To ward off anxiety, the ego may employ **defence mechanisms**, or unconscious protective processes to keep intrapsychic conflicts in check. Though Freud initially introduced the idea of defence mechanisms, it was his daughter Anna Freud that developed them.

c. Examples of defence mechanisms include **displacement** (i.e., redirecting anger on a less threatening object or person); **denial** (i.e., refusal to acknowledge some aspect of objective reality or subject experience that is apparent to others); **projection** (i.e., falsely attributing one's unacceptable feelings, impulses, or thoughts on another individual or object); **rationalization** (i.e., concealing true motivations for actions, thoughts, or feelings through elaborate reassuring or self-serving but incorrect explanations); **reaction formation** (i.e., substituting behaviour, thoughts, or feelings that are direct opposites of unacceptable ones); **repression** (i.e., blocking disturbing wishes, thoughts, or experiences from conscious awareness); and **sublimation** (i.e., directing potentially maladaptive feelings or impulses into socially accepted

behaviour).

d. Freud also theorized that people progress through **psychosexual developmental stages**. The oral, anal, phallic, latency and genital stages represent distinct patterns of gratifying libidinal needs. The most controversial developmental stage is the phallic stage.

6. Later Developments in Psychoanalytic Thought: Neo-Freudians
   a. The Neo-Freudians adapted the classic psychoanalytic approach and modified and developed it in a number of different directions. For example, **Anna Freud** developed **self-psychology** to emphasize the influence of the ego in defining behaviour, while **Melanie Klein** and **Otto Kernberg** developed **object relations**, (the study of how children incorporate (interject) the images, memories, and values of significant others (objects).
   b. Other theorists rejected the classic psychoanalytic approach and developed their own principles. For example, **Carl Jung**, rejected many of the sexual aspects of Freud's theory, and introduced the concept of **collective unconscious**, or a source of accumulated wisdom stored in human memory and passed from one generation to the next. In addition, **Alfred Adler** focused on feelings of inferiority, superiority, and a drive toward self-actualization. Finally, **Karen Horney**, **Erich Fromm**, and **Erik Erickson** concentrated on life-span development and societal influences on behaviour.
   c. Psychoanalytic theory is intertwined into psychodynamic therapy. The goal of this approach is to help a person understand the true nature of his/her intrapsychic conflicts and psychological problems. Several techniques, such as **free association** and **dream analysis**, are used by the

psychoanalyst to help reveal such conflicts to the client. The relationship between therapist and client in psychoanalysis is very important, for it is here where **transference** (i.e., when the patient begins to relate to the therapist as they did with important people in their lives) and **countertransference** (i.e., where the therapist projects their own personal issues and feelings, usually positive, onto the patient) play out. Therapy is often long term, taking 4-5 weekly sessions over a period of 2 to 5 years.

7. Humanistic Theory
    a. Primary humanistic theorists include **Carl Rogers**, **Abraham Maslow**, and **Fritz Perls**. A major theme running through this work is the view that people are basically good.
    b. Research by **W.H. Coons** and colleagues at the Ontario Hospital in Hamilton provided evidence for the importance of the humanistic concept of empathy in explaining the success of psychotherapy.
    c. A central concept of this approach is **self-actualization**, or the assumption that all people strive to reach their highest potential. With freedom and support, one's drive toward self-actualization can be highly successful. If this drive is thwarted, however, psychological problems may develop. Unlike psychoanalysis, the therapist takes a passive role, makes very few interpretations, and attempts to convey to the client a sense of **unconditional positive regard**.
8. The Behavioural Model
    a. The behavioural, cognitive-behavioural, or social learning model was derived from a scientific approach to the study of psychopathology

b. **Ivan Pavlov** discovered a simple form of learning, known as **classical conditioning**, where a neutral stimulus is paired with a response until it elicits that (conditioned) response (e.g., phobias, nausea associated with chemotherapy, food aversions).
c. **John Watson** stated that the field of psychology should be based on scientific analyses of observable and measurable behaviour. Such analyses could be used in the prediction and control of behaviour. Watson is credited with creating the school of Behaviourism, whereas one of his students, **Mary Cover Jones**, can be credited for providing one of the first demonstrations of successful treatment (via extinction) of fear of furry objects in a 2 year old boy named Peter.
d. In the mid-20th century, **Joseph Wolpe** developed therapeutic procedures based on the work of these early behaviourists, particularly the work of Pavlov and Hull. In **systematic desensitization**, for example, a person may extinguish fear by practicing relaxation and pairing it with the phobic stimulus. Such a process could be done through imagining the stimulus (in vivo).
e. **B. F. Skinner** was strongly influenced by Watson's conviction that a science of psychology must take as its subject matter behaviour, but unlike Watson believed that the task of psychology was to account for all behaviour, even behaviour that can not be observed directly (e.g., thoughts, feelings). Skinner developed the field of behaviour analysis and concepts related to **operant conditioning** (i.e., learning which occurs when responses are modified as a function of the **consequence** of the response). Skinner believed that this principle was

applicable to daily learning in particular but also to society and culture in general. Though Skinner was not a behaviour therapist, many of his technologies and concepts form the core of several contemporary behaviour therapies.

IV. The Present: The Scientific Method and an Integrative Approach

A. The view that psychopathology is determined by different processes does possess a historical basis, and recent evidence suggests a strong reciprocal influence among biological, psychological, and social factors. No account alone is complete. Therefore, this textbook is devoted to an integrative multidimensional approach in describing various topics.

KEY CONCEPTS: WHY IS THIS CHAPTER IMPORTANT TO PSYCHOLOGISTS?

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

STUDENT MOTIVATION

Psychology identifies two basic forms of motivation, intrinsic and extrinsic motivation.

1. The intrinsic learner desires learning new concepts and theories for its inherent interests, for self-fulfillment and satisfaction, enjoyment and to achieve a mastery of the subject. Students who take a genuine interest in embracing their learning are intrinsically motivated.

2. The extrinsic motivation is motivation to perform and succeed for the sake of accomplishing a specific result or outcome. Students who are very grade-oriented are extrinsically motivated.

Motivational Suggestions

- Provide opportunities for student success
- Offer positive feedback
- Assist students in discovering personal meaning and value in their life
- Create a positive learning environment
- Be caring to students as members of a community
- Develop a supportive teaching style

Teaching strategies

- Engage students with current news events
- Connect chapter objectives and content the community, culture, activities and topics relevant to students' educational, personal and professional life.
- Create a Venn diagram of intrinsic and extrinsic motivation.

DISCUSSION QUESTIONS

Discussion questions highlight the ways that the topic is engaging for students. The following questions support chapter content and learning outcomes, generate interest, and encourage students to promptly answer questions. Constructive feedback acknowledges students for their responses to these questions. The discussion question can be answered individually, as a pair share, small group or class.

1. Describe the distinction between normal and abnormal behaviour. List *three* similarities and *three* differences of normal and abnormal behaviour.
2. Compare and contrast the psychoanalytic, behavioural and humanistic models.
3. In studying psychological disorders, which mental health care professional has the greatest potential in helping their clients? Why?

4. How do past historical conceptions of abnormal behaviour influence present day perspectives?
5. Evidence suggests a strong reciprocal influence among biological, psychological, and social factors. Do you agree or disagree with this statement? Explain your answer.

BARRIERS TO LEARNING

1. Strategies for struggling students are teaching students "how to learn". This includes identifying strengths and weaknesses, note taking, mind mapping, outlining material, and read, recite and review for exams.
2. Learning is a social process and learners can develop greater knowledge and skills when working in pairs and groups. Students can participate in pair shares and group presentations.
3. How can the teaching environment accommodate all of the student's learning needs? Difficult topics may need several activities for deeper understanding.
4. Identify difficult content topics and apply them to real life situations, subjective applications, out of class work, newspaper or magazine articles, current topics, news events, and world and global issues.

Questions

- Students read a selection of the course content and come up with their own questions about the material. These questions can be used for a class discussion.

Notes

- Students take notes from a lecture and underline and number the most important points. Students outline the textbook material and underline and number the most important points.

Brainstorming

- Students brainstorm about what they know about the topic.
- After reading the textbook, material or lecture students can brainstorm their new knowledge about the topic.

Flash Cards

- Students write down the important points of each chapter on index cards.

Assessments

- Assessing student knowledge and learning about the course content through a quiz or questionnaire.

Graphic Organizers

A graphic organizer is like a map in a one-page form with blank areas for the student to fill in with related ideas and information. Some organizers are specific; others are more general and can be used with many topics. The information on a graphic organizer can be in addition to completing information on a form or written as a list. Examples of graphic organizers include charts, maps, Venn diagrams and flowcharts.

Learning Styles

Present different learning styles and modalities for the visual, auditory and kinesthetic/tactile learners.

1. **Visual Learner**

   Present visual stimulation, with films, experiments, newspaper articles, note taking, magazines, YouTube, PowerPoint presentations, observing students, classroom demonstrations, creating posters, class presentations, graphic organizers, charts, illustrations, performing a skit.

2. **Auditory Learner**

   Listen and hear the information with lectures, reading aloud, conversational pair shares, and small group and class discussions. Students read the course material and discuss it with a partner. Students create their own questions about the

course content. Students share these questions as a pair/share or have a class discussion.

3. **Kinesthetic/ Tactile Learners**
   Whole body involvement is needed to process information through group activities, note taking, create a Venn diagrams, create their own texts representations as a drawing or text of the course content, outlining, creating poster boards of charts and graphs.

Identifying common misconceptions or difficult topics helps instructors to address them explicitly, in lectures, through out-of-class work, and with in-class activities. (Where the textbook takes on these misconceptions or helps to parse out difficult concepts, there will be reference to particular pages or features in the book).

CLASSROOM ACTIVITIES, DEMONSTRATIONS AND LECTURE TOPICS

1. **Activity: Distinguishing Normal from Abnormal Behaviour**. An exercise that helps students recognize the difficulty of distinguishing normal from abnormal behaviour is to begin by presenting a small amount of information about a case. If your class is large, break your students into groups of 4-5. Instruct each group to list the top four questions they would want to know about the case to evaluate the behaviour. For example, present the following information:

   Case #1: Tom is uncomfortable riding escalators. As a result, Tom avoids using any escalator.
   (After your students have explored the case, encourage them to ask the following types of questions):
   a. How old is Tom? Is it more "normal" for Tom to fear escalators if he is a child versus an adult? Discuss developmental issues.
   b. What culture does Tom come from? Has he ever had exposure to an escalator? Cultural contexts must always be considered when evaluating abnormal behaviour.
   c. How does Tom manage his fear? What symptoms does he have?

d. To what extent does Tom avoid using escalators? Does his fear significantly interfere with his life? Also ask if your students would consider the behaviour more abnormal if he had a fear of flying in airplanes versus escalators. In other words, at one point would the behaviour be considered an abnormal fear versus a normal fear?

Case #2: Rachel has been caught urinating in the corner of her bedroom. Is her behaviour abnormal?

(Encourage students to ask):

a. How old is Rachel? The clinical picture is very different if Rachel is one year old than if she is 13 years old. Discuss the importance of understanding developmental psychology.
b. How many times has she engaged in the behaviour? A pattern of behaviour may be viewed differently than if it is a rare occurrence.
c. Does Rachel have a medical condition? Is she on any medications? Rachel may have a medical or organic condition that accounts for her behaviour. Ask your students if identifying an organic condition would change their perception of Rachel. Discuss the implication of assigning less social stigma to medical versus psychiatric patients.
d. Has Rachel experienced a recent trauma, or is she exposed to unusual stressors?
e. How does Rachel feel about her behaviour? How does she explain it?

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

2. **Activity: What is Normal vs. Abnormal?** Break students into two groups and have them work with HANDOUT 1.1. Students should complete the handout on their own, and then discuss their opinions.

3. **Activity: Examples of Conditioning in Everyday Life**. To illustrate learning theory, ask your students to apply what they have learned about conditioning and behaviour therapy to their own lives. Students may choose a behaviour they would like to change or eliminate, or may identify a new behaviour 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 biting her nails. She could keep a journal to describe if she is using a classical or operant procedure and monitor the progress (or success!) of the conditioning.

4. **Activity: The Blind Men and the Human Elephant**. To illustrate the importance of taking an integrative, multidimensional approach and the dangers of scientific tunnel vision, read John G. Saxe's (1963) poem "The Blind Men and the Elephant." The poem is available from several sites on the web (using the complete search phrase "Saxe's Blind Men and the Elephant"), but here are two*:* *http://www.wordfocus.com/ word-act-blindmen.html* or *http://www.kheper.auz.com/realities/blind_men_and_elephantSaxe.html*. Then have students discuss what behaving as one of the blind men would look like from a supernatural, biological, or psychological perspective (include psychoanalytic, behavioural, humanistic views). Use human behaviour in place of the elephant illustrated in the poem. Try wearing a Turban, a robe, or using other props while reading the poem as a means to elicit humour and to make the message stick.

5. **Activity: Myths, Magic, & Placebos: What Do They Have to Do With Having Rocks in Your Head?** When you discuss material dealing with treatment of the mentally ill during the Middle Ages, see whether students know where the phrase "rocks in your head" originated. This phrase originated during the Middle Ages, where city street vendors would commonly perform pseudosurgery on street corners. Troubled persons with symptoms associated with mental illness would often frequent the 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 in the media or that they may have experienced themselves. This is a good place to tie in the concept of the Placebo Effect, and perhaps open up a discussion about the role of beliefs and expectancies in producing and alleviating medical and psychological forms of distress and suffering.

6. **Activity: Create a Normal and Abnormal Character.** Divide the class into two groups. Each will create character, one normal and the other abnormal. Each group will draw the physical characteristics of this person and answer the following questions. What is the age, sex, education, occupation, family history, relationship, mental and physical health, culture, religion, goals and dreams. What are the specific behaviours that this individual displays that are normal and/or abnormal? Each team will share their character with the class.

7. **Activity: Psychology.** Create a class, individual or group experiment using the scientific method.

8. **Debate**. Divide the class into two groups. Have each group debate on "What is normal behaviour?" vs. "What is abnormal behaviour?".

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 the part that is missing but she refuses to acknowledge this contradictory information.

3. Your neighbour has vague physical complaints and sees 2-3 doctors weekly.

4. Your neighbour sweeps, washes, and scrubs his driveway daily.

5. Your cousin is pregnant, and she is dieting (800 calories per day) so that she will not get "too fat" with the pregnancy. She has had this type of behavioural response since she was 13 years old.

6. A woman's husband dies within the past year. The widow appears to talk to herself in the yard, doesn't wash herself or dress in clean clothes, and has evidently lost a lot of weight.

7. A 10 year old wants to have his entire body tattooed.

8. A 23 year old female smokes 4-5 marijuana joints a day, is a straight A student in college, has a successful job, and a solid long-term relationship.

9. A person experiences several unexpected panic attacks each week, but it otherwise happily married, functions well at work, and leads an active recreational lifestyle.

10. A 35 year old happily married man who enjoys wearing women's clothes and underwear on the weekends when he and his wife go out on the town.

REFLECTIONS ON TEACHING: HOW CAN I ASSESS MY OWN PERFORMANCE?

1. Did my academic performance measure the quality of student learning?

2. How did my instructional performance improve in this class? What instructional strategies were successful in the presentation of objectives and chapter content, student participation and quality feedback?

3. What strategic teaching methods and activities enhanced student engagement?

4. Which ones did not engage student learning and participation?

5. What methods of constructive feedback to measure student progress and evaluation were most successful?

6. What higher levels of thinking activities enhanced student learning? How did students critically answer questions?

7. Was expertise and experience integrated into the course lectures and discussions?

8. How did constructive feedback to enhance student learning? Which helped student performance the most? Least?

9. Which group/classroom activities worked? Which ones did not?

10. Which methods of feedback assisted the students learning process and progress?

SUPPLEMENTARY READING MATERIAL FOR CHAPTER 1

Beaudreau, S and Finger, S (2006). Medical electricity and madness in the 18th century: the legacies of Benjamin Franklin and Jan Ingenhousz. Perspectives in Biology and Medicine, Summer 2006 v49 i3 p330(16).

Bjork, D. W. (1993). B.F. Skinner: A life. New York: Basic.

Blair, L. (2002). The doctor and the madmen: until the early nineteenth century they were kept in barred rooms and treated as sinners. But James Douglas responded to a new view of the mentally ill: give them light, life and learning. Downriver from Quebec City, he created Canada's first asylum. The Beaver: Exploring Canada's History, 82 (3) 27-33.

Bolles, R. C. (1993). The story of psychology: A thematic history. Pacific Grove, CA: Brooks/Cole.

Grob, G. (1994). The mad among us: A history of the care of America's mentally ill. New York: MacMillan.

Hatfield, A. B., & Lefley, H. P. (1993). Surviving mental illness. New York: Guilford.

Hunt, M. M. (1993). The story of psychology. New York: Doubleday.

Packhem, Threasa (2008). "A True Role Model": Jonathan Dupre uses his history of mental illness to help others. Behavioral Healthcare, March 2008 v28 i3 p 14(1).

Shorter, E. (1997). A history of psychiatry: From the era of asylum to the age of prozac. New York: Wiley.

Watson, R. I. (1991). The great psychologists: A history of psychological thought. (5th ed.). Reading, MA: Addison Wesley Longman. Traces the history of psychology by examining the work of its' pioneers.

Weitz, R. D. (1992). A half century of psychological practice. Professional Psychology: Research and Practice, 23, 448-452.

Windholz, G. (1998). Pavlov's conceptualization of voluntary movements within the framework of the theory of higher nervous activity. American Journal of Psychology, 111(3), 435-439.

SUPPLEMENTARY VIDEO RESOURCES FOR CHAPTER 1

Abnormal Behavior: A Mental Hospital. (CRM/McGraw-Hill Films, 110 15th Street, Del Mar, CA 92014). Portrays life in a modern mental hospital, including views of schizophrenics and of a patient receiving ECT. (28 min)

Adlerian Therapy. (Insight Media: 2162 Broadway, New York, NY 10024/ (800)-233-9910). 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: Department 95, P.O. Box 9177, Champaign, IL 61826/ (800)-519-2707). This video features a discussion with B. F. Skinner and addresses some controversial issues related to behavioural psychology. (45 min)

Carl Rogers. (Insight Media: 2162 Broadway, New York, NY 10024/ (800)-233-9910). Carl Rogers discusses the humanistic model of personality as well as his views on encounter groups, education and other issues facing psychologists. (2 programs, each 50 min)

CNN Today: Abnormal Psychology 2000, vol. 1. (*Available through your Nelson Education Ltd. representative)*. The segment titled "Introduction: The Past Mental Health History" provides a brief presentation of the first mental health hospitals, the inhumane conditions they were present in such hospitals, and the horrible restraining devices used at the time. (2 min 24 sec)

Freud: The Hidden Nature of Man. (Insight Media: 2162 Broadway, New York, NY 10024/ (800)-233-9910). Through interviews with Sigmund Freud himself, this video explores the concepts of psychoanalysis. (29 min)

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

Keltie's Beard: A Woman's Story (1983, FL). About a woman with heavy facial hair that she chooses not to cut. Useful in discussing the criteria for abnormal behaviour (film and video, 9 min).

Man Facing Southeast. (Hollywood, Drama). Fascinating Argentine film about a man with no identity who shows up at a psychiatric hospital claiming to be from another planet. It seems that this is not just another patient, and neither the hospital staff nor the film's audience every figure out exactly what is happening.

Out of Sight. (From the PBS *Madness* series; PBS Video Catalogue, 1-800-344-3337). Discusses the development of institutions for the mentally ill and traces custodial care practices of the mentally disturbed. (VHS, color, 60 min)

Pavlov: The Conditioned reflex. (Films for the Humanities and Sciences: P.O. Box 2053, Princeton, NJ 08543-2053/ (800)-257-5126). A documentary focusing on the classic work of Ivan Pavlov, this video includes rare footage of his investigations on the conditioned reflex. (25 min)

The Dark Side of the Moon. (Fanlight Productions, 1-800-937-4113). 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. (VHS, color, 25 min)

To Define True Madness. (From the PBS *Madness* series; PBS Video Catalogue, 1-800-344-3337). Examines mental illness through history and considers the progress made to understand psychological disorders. (VHS, color, 60 min)

INTERNET RESOURCES FOR CHAPTER 1

Abnormal Psychology News

http://library.smc.edu/research/topics/abnormal_psychology.htm

This is a collection of articles, primarily newspaper articles, relevant to abnormal psychology. They are highly variable in quality, but nearly all come from top news sources and journals. This site is one that you will likely want to refer to time again throughout your teaching!

Abraham Maslow

http://www.ship.edu/~cgboeree/maslow.html

A short biography of Abraham Maslow as well as an elaborate explanation of his humanistic theory can be found at this web site.

American Psychiatric Association

http://www.psych.org/

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

Canadian Counselling and Psychotherapy Association

http://www.ccacc.ca/

National association of professionally trained counsellors; its members work in many diverse fields of education, employment and career development, social work, business, industry, mental health, public service agencies, government and private practice.

Canadian Psychiatric Association

http://www.cpa-apc.org/

National professional association for Canadian psychiatrists, who employ the medical approach to the treatment of psychological disorders

Canadian Psychological Association

http://www.cpa.ca

CPA's web site contains information on psychology in Canada as well as psychology works fact sheets on psychological disorders.

Canadian Mental Health Association

http://www.cmha.ca/

CMHA's web site contains information and links regarding treatment, current research initiatives and local organizations.

Clarence Hincks

http://www.cmha.bc.ca/about/history

A brief biography of Clarence Hincks credited with helping to found the Canadian Mental Health Association.

Internet Mental Health

http://www.mentalhealth.com/

A comprehensive site containing information related to the assessment, diagnosis, and treatment of mental illness.

Psychlink; Mental Health History

http://psychlink.mior.ca/directory/14.html

This site contains interesting information of a timeline tracing the history of mental health care and asylums, asylum care, and community care.

Mental Health Resources Canada

http://www.ementalhealth.ca/ottawa/en/_Mental_Health_Resource_Directory_a100_b1.html

This guide to Canada's mental health organizations and communities helps match therapy providers with potential clients; also explains the differences between psychiatrists, psychologists, and counsellors in Canada.

National Alliance for the Mentally Ill

http://www.nami.org/

Links, membership information, and searchable indexes of mental disorders.

Personality Theories

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

This is an electronic textbook ("e-text") created for undergraduate and graduate courses in Personality Theory.

Psychology in the Provinces and Territories

http://www.cpa.ca/public/

The Canadian Psychological Association's links to national, provincial, and territorial associations, licensing requirements, and professional (clinical) psychology programs.

Public Health Agency of Canada: Mental health Website

http://www.phac-aspc.gc.ca/index-eng.php

Information on mental health problems, programs and services in Canada.

The National Institute of Mental Health

http://www.nimh.nih.gov

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

Today in the History of Psychology

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

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

WARNING SIGNS FOR
PSYCHOLOGICAL DISORDERS IN ADULTS

1. Confused thinking
2. Prolonged depression (sadness or irritability)
3. Feelings of extreme highs and lows
4. Excessive fears, worries and anxieties
5. Social withdrawal
6. Dramatic changes in eating or sleeping habits
7. Strong feelings of anger
8. Delusions or hallucinations
9. Growing inability to cope with daily problems and activities
10. Suicidal thoughts
11. Denial of obvious problems
12. Numerous unexplained physical ailments
13. Substance abuse

WARNING SIGNS
FOR PSYCHOLOGICAL DISORDERS
IN YOUNGER CHILDREN

1. Changes in school performance
2. Poor grades despite strong efforts
3. Excessive worry or anxiety (i.e. refusing to go to bed or school)
4. Hyperactivity
5. Persistent nightmares
6. Persistent disobedience or aggression
7. Frequent temper tantrums

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

1. Substance abuse
2. Inability to cope with problems and daily activities
3. Change in sleeping and/or eating habits
4. Excessive complaints of physical ailments
5. Defiance of authority, truancy, theft, and/or vandalism
6. Intense fear of weight gain
7. Prolonged negative mood, often accompanied by poor appetite or thoughts of death
8. Frequent outbursts of anger