

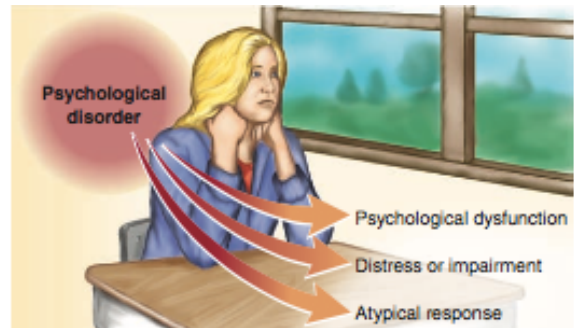
ABNORMAL PSYCHOLOGY: An Integrative Approach

CHAPTER 1- ABNORMAL BEHAVIOUR IN HISTORICAL CONTEXT

WHAT IS A PSYCHOLOGICAL DISORDER?

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

Phobia: a psychological disorder characterised by marked and persistent fear of an object or situation



● FIGURE 1.1 The criteria defining a psychological disorder.

PSYCHHOLOGICAL DYSFUNCTION

- *Psychological dysfunction* refers to a breakdown in cognitive, emotional, or behavioural functioning.
- knowing where to draw the line between normal and abnormal dysfunction is often difficult. For this reason, these problems are often considered to be on a continuum or a dimension rather than to be categories that are either present or absent
- This, too, is a reason why just having a dysfunction is not enough to meet the criteria for a psychological disorder.

PERSONAL DISTRESS OR IMPAIRMENT

- That the behaviour must be associated with distress to be classified as abnormal adds an important component and seems clear: the criterion is satisfied if the individual is extremely upset.
- But remember, by itself this criterion does not define abnormal behaviour.
- The human condition is such that suffering and distress are very much part of life. This is not likely to change. Furthermore, for some disorders, by definition, suffering and distress are absent.
- The concept of *impairment* is useful, although not entirely satisfactory.
- Psychological disorders are simply extreme expressions of otherwise normal emotions, behaviours, and cognitive processes.

ATYPICAL OR NOT CULTURALLY ACCEPTED

- Finally, the criterion that the response be *atypical or not culturally expected* is important but also insufficient to determine abnormality by itself.
- At times, something is considered abnormal because it occurs infrequently; it deviates from the average. the greater the deviation, the more abnormal it is.
- Another view is that your behaviour is abnormal if you are violating social norms, even if a number of people are sympathetic to your point of view.
- This definition is useful in considering important cultural differences in psychological disorders. For example, to enter a trance state and believe you are possessed reflects a psychological disorder in most Western cultures but not in many other societies, where the behaviour is accepted and expected

AN ACCEPTED DEFINITION

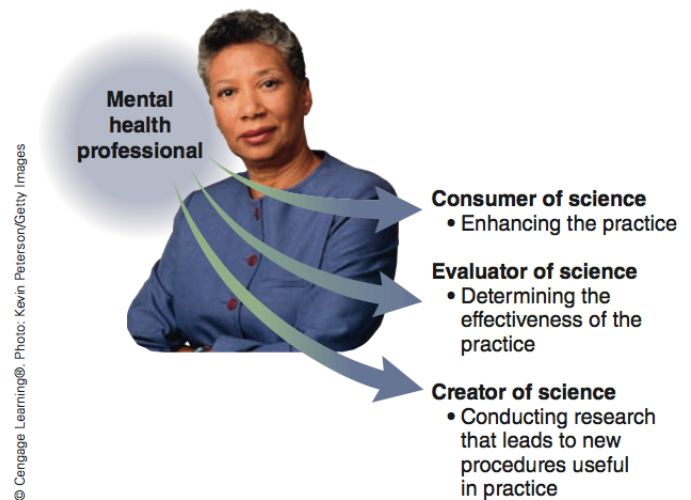
- In conclusion, it is difficult to define “normal” and “abnormal”—and the debate continues.
- The most widely accepted definition used in *DSM-5* describes behavioural, psychological, or biological dysfunctions that are unexpected in their cultural context and associated with present distress and impairment in functioning, or increased risk of suffering, death, pain, or impairment.
- This definition can be useful across cultures and subcultures if we pay careful attention to what is functional or dysfunctional (or out of control) in a given society.
- One of the differences between *DSM-IV* and *DSM-5* is the addition of dimensional estimates of the severity of specific disorders in *DSM-5*

THE SCIENCE OF PSYCHOPATHOLOGY

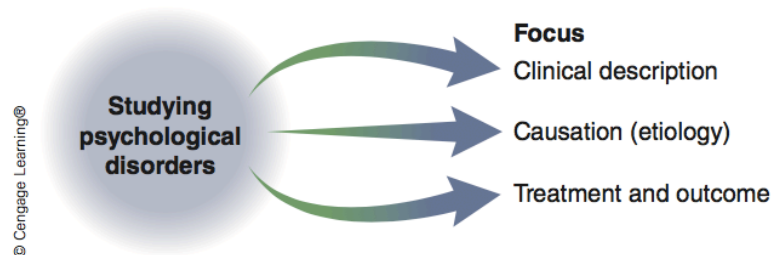
Psychopathology is the scientific study of psychological disorders. Within this field are specially trained professionals, including clinical and counselling psychologists, psychiatrists, psychiatric social workers, and psychiatric nurses, as well as marriage and family therapists and mental health counsellors. Psychiatrists investigate the nature and causes of psychological disorders, often from a biological point of view; make diagnoses; and offer treatments.

THE SCIENTIST-PRACTITIONER

The 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**.



● **FIGURE 1.2** Functioning as a scientist-practitioner.



● **FIGURE 1.3** Three major categories make up the study and discussion of psychological disorders.

CLINICAL DESCRIPTION

- In hospitals and clinics, we often say that a patient “presents” with a specific problem or set of problems or we discuss the **presenting problem**.
- Clearly, one important function of the clinical description is to specify what makes the disorder different from normal behaviour or from other disorders. Statistical data may also be relevant.
- In addition to having different symptoms, age of onset, and possibly a different sex ratio and prevalence, most disorders follow a somewhat individual pattern, or **course**.
 - *Chronic course*: meaning that they tend to last a long time, sometimes a lifetime, e.g. schizophrenia
 - *Episodic course*: in which the individual is likely to recover within a few months only to suffer a recurrence of the disorder at a later time, e.g. mood disorders.
 - *Time-limited course*: meaning that the disorder will improve without treatment in a relatively short period of time
- Closely related to differences in course of disorders are differences in onset:
 - *Acute onset*: meaning that the begin suddenly
 - *Insidious onset*: develop gradually over an extended period of time
- It is important to know the typical course of a disorder so that we can know what to expect in the future and how best to deal with the problem. This is an important part of the clinical description.
- The anticipated course of a disorder is called the **prognosis**. So we might say, “the prognosis is good,” meaning the individual will probably recover, or “the prognosis is guarded,” meaning the probable outcome doesn’t look good.
- The patient’s age may be an important part of the clinical description. A specific psychological disorder occurring in childhood may present differently from the same disorder in adulthood or old age.
- We call the study of changes in behaviour over time *developmental psychology*, and we refer to the study of changes in abnormal behaviour as *developmental psychopathology*.
- Study of abnormal behaviour across the entire age span is referred to as *life-span developmental psychopathology*.

CAUSATION, TREATMENT, AND AETIOLOGY OUTCOMES

- **Etiology**, has to do with why a disorder begins (what causes it) and includes biological, psychological and social dimensions.
- Psychopathology is rarely simple. This is because the *effect* does not necessarily imply the *cause*.
- More recently, as our science has advanced, we have developed specific effective treatments that do not always adhere neatly to one theoretical approach or another but that have grown out of a deeper understanding of the disorder in question.

HISTORICAL CONCEPTIONS OF ABNORMAL BEHAVIOUR

Three major models —the supernatural, the biological, and the psychological—that have guided us date back to the beginnings of civilization.

THE SUPERNATURAL TRADITION

When confronted with unexplainable, irrational behaviour and by suffering and upheaval, people have perceived evil.

Demons and Witches

- One strong current of opinion put the causes and treatment of psychological disorders squarely in the realm of the supernatural.
- 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.
- People increasingly turned to magic and sorcery to solve their problems. During these turbulent times, the bizarre behaviour of people afflicted with psychological disorders was seen as the work of the devil and witches.
- Treatments included exorcism, in which various religious rituals were performed in an effort to rid the victim of evil spirits. Other approaches included shaving the pattern of a cross in the hair of the victim's head and securing sufferers to a wall near the front of a church so that they might benefit from hearing Mass.
- 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 behaviour, even after the founding of the United States

Stress and Melancholy

- 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. Mental depression and anxiety were recognized as illnesses
- Common treatments were rest, sleep, and a healthy and happy environment. Other treatments included baths, ointments, and various potions.
- In the **14th century**, a bishop and philosopher named Nicholas Oresme, also suggested that the disease of melancholy (depression) was the source of some bizarre behaviour, rather than demons
- Some assumed that demonic influences were the predominant explanations of abnormal behaviour during the Middle; others believed that the supernatural had little or no influence.

Treatment for Possession

- Possession, however, is not always connected with sin but may be seen as involuntary and the possessed individual as blameless.
- Furthermore, exorcisms have the virtue of being relatively painless. Interestingly, they sometimes work, as do other forms of faith healing, for reasons we explore in subsequent chapters.
- But what if they did not? In the Middle Ages, if exorcism failed, some authorities thought that steps were necessary to make the body uninhabitable by evil spirits, and many people were subjected to confinement, beatings, and other forms of torture
- Some therapists decided that hanging people over a pit full of poisonous snakes might scare the evil spirits right out of their bodies. Strangely, this approach sometimes worked; so snake pits were built in many institutions.

- Many other treatments based on the hypothesized therapeutic element of shock were developed, including dunkings in ice-cold water.

MASS HYSTERIA

Mass hysteria may simply demonstrate the phenomenon of *emotion contagion*, in which the experience of an emotion seems to spread to those around us. Therefore, if one person identifies a “cause” of the problem, others will probably assume that their own reactions have the same source. In popular language, this shared response is sometimes referred to as *mob psychology*.

The Moon and the Stars

Paracelsus speculated that the gravitational effects of the moon on bodily fluids might be a possible cause of mental disorders. This influential theory inspired the word *lunatic*. No serious evidence has ever confirmed such a connection, however.

THE BIOLOGICAL TRADITION

HIPPOCRATES AND GALEN

- The Greek physician **Hippocrates** considered the brain to be the seat of wisdom, consciousness, intelligence, and emotion.
- Therefore, disorders involving these functions would logically be located in the brain.
- Hippocrates also recognized the importance of psychological and interpersonal contributions to psychopathology, such as the sometimes-negative effects of family stress. The Roman physician, **Galen** later adopted the ideas of Hippocrates
- One of the more interesting and influential legacies of the Hippocratic-Galenic approach is the *humoral theory* of disorders.
 - Hippocrates assumed that normal brain functioning was related to four bodily fluids or *humors*: blood, black bile, yellow bile, and phlegm. Blood came from the heart, black bile from the spleen, phlegm from the brain, and cholera or yellow bile from the liver.
 - The humoral theory was, perhaps, the first example of associating psychological disorders with a “chemical imbalance,” an approach that is widespread today.
 - The four humors were related to the Greeks’ conception of the four basic qualities: heat, dryness, moisture, and cold. Each humor was associated with one of these qualities.
 - 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.
- In addition to rest, good nutrition, and exercise, two treatments were developed. In one, *bleeding* or *bloodletting*, a carefully measured amount of blood was removed from the body, often with leeches. The other was to induce vomiting.

THE 19TH CENTURY

The biological tradition waxed and waned during the centuries after Hippocrates and Galen but was reinvigorated in the 19th century because of two factors: the discovery of the nature and cause of syphilis and strong support from the well-respected American psychiatrist John P. Grey.

Syphilis

- Behavioural and cognitive symptoms of what we now know as *advanced syphilis*, a sexually transmitted disease caused by a bacterial microorganism entering the brain, include believing that everyone is plotting against you (delusion of persecution) or that you are God (delusion of grandeur), as well as other bizarre behaviours.
- Louis Pasteur's germ theory of disease, developed in about 1870, facilitated the identification of the specific bacterial microorganism that caused syphilis.

John P. Grey

- Grey's emphasis was again on rest, diet, and proper room temperature and ventilation, approaches used for centuries by previous therapists in the biological tradition. Grey even invented the rotary fan to ventilate his large hospital.
- Under Grey's leadership, the conditions in hospitals greatly improved and they became more humane, liveable institutions. But in subsequent years they also became so large and impersonal that individual attention was not possible.

THE DEVELOPMENT OF BIOLOGICAL TREATMENTS

- Renewed interest in the biological origin of psychological disorders led, ultimately, to greatly increased understanding of biological contributions to psychopathology and to the development of new treatments.
- In the **1930s**, the physical interventions of electric shock and brain surgery were often used.
- The procedure became known as *insulin shock therapy*, but it was abandoned because it was too dangerous, often resulting in prolonged coma or even death.
- Following suggestions on the possible benefits of applying electric shock directly to the brain—notably, by two Italian physicians, **Ugo Cerletti and Lucio Bini, in 1938**—a surgeon in London treated a depressed patient by sending six small shocks directly through his brain, producing convulsions. The patient recovered. Although greatly modified, shock treatment (known as *electroconvulsive therapy*) is still with us today.
- During the **1950s**, the first effective drugs for severe psychotic disorders were developed in a systematic way. Before that time, a number of medicinal substances, including opium (derived from poppies), had been used as sedatives, along with countless herbs and folk remedies.
- Other discoveries included *benzodiazepines* (minor tranquilizers), which seemed to reduce anxiety. By the **1970s**, the benzodiazepines were among the most widely prescribed drugs in the world. As drawbacks and side effects of tranquilizers became apparent, along with their limited effectiveness, prescriptions decreased somewhat

CONSEQUENCES OF THE BIOLOGICAL TRADITION

- In the late **19th century**, Grey and his colleagues ironically reduced or eliminated interest in treating mental patients, because they thought that mental disorders were the result of some as-yet-undiscovered brain pathology and were therefore incurable.
- **Emil Kraepelin** was as one of the first to distinguish among various psychological disorders, seeing that each may have a different age of onset and time course, with somewhat different clusters of presenting symptoms, and probably a different cause. Many of his descriptions of schizophrenic disorders are still useful today.

- 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.

THE PSYCHOLOGICAL TRADITION

The best treatment was to re-educate the individual through rational discussion so that the power of reason would predominate. This was very much a precursor to modern psychosocial treatment approaches to the causation of psychopathology, which focus not only on psychological factors but also on social and cultural ones as well.

THE MORAL THERAPY

During the first half of the **19th century**, a strong psychosocial approach to mental disorders called moral therapy became influential. 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.

ASYLUM REFORM AND THE DECLINE OF MORAL THERAPY

- Unfortunately, after the mid-19th century, humane treatment declined because of a convergence of factors.
- First, 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.
- A second reason for the decline of moral therapy originated from the idea that in the middle of the **19th century**, that mental illness was caused by brain pathology and therefore, was incurable.
- The psychological tradition lay dormant for a time, only to re-emerge in several different schools of thought in the **20th century**.
 - The first major approach was **psychoanalysis**, based on **Sigmund Freud's** (1856–1939) elaborate theory of the structure of the mind and the role of unconscious processes in determining behaviour.
 - The second was **behaviourism**, associated with John B. Watson, Ivan Pavlov, and B. F. Skinner, which focuses on how learning and adaptation affect the development of psychopathology.

PSYCHOANALYTIC THEORY

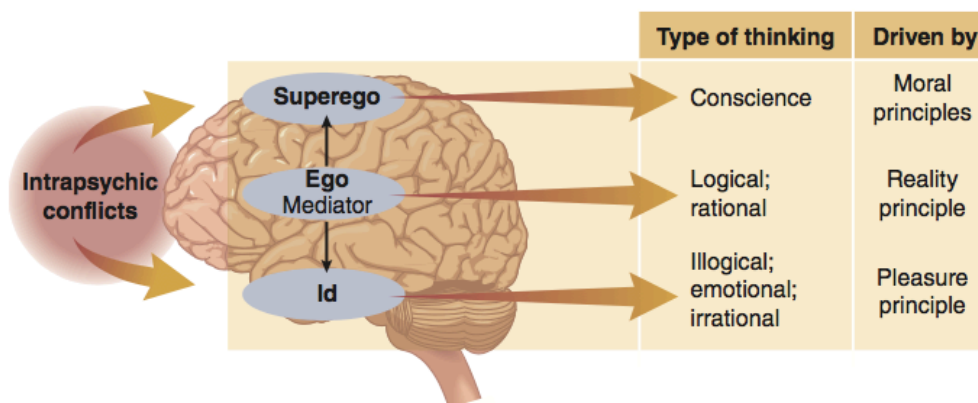
- Breuer and Freud had “discovered” the **unconscious** mind and its apparent influence on the production of psychological disorders.
- They also discovered that it is therapeutic to recall and relive emotional trauma that has been made unconscious and to release the accompanying tension. The release of emotional material became known as **catharsis**.
- Freud took the basic observations of the treatment of “hysterical” Anna O and

expanded them into the psychoanalytic model – A theory constructed on our development and structure of our personalities.

- The three major facets of the **psychoanalytic theory** include:
 1. The structure of the mind and the distinct functions of personality that sometimes clash with one another;
 2. the defence mechanisms with which the mind defends itself from these clashes, or conflicts; and,
 3. the stages of early psychosexual development that provide grist for the mill of our inner conflicts.

THE STRUCTURE OF THE MIND

- The mind according to Freud 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. It is, basically, the animal within us; if totally unchecked, it would make us all rapists or killers. The energy or drive within the id is the *libido*.
 - 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 cognitive operations or thinking styles of the ego are characterized by logic and reason and are referred to as the *secondary process*.
 - The third important structure within the mind, the **superego**, or what we might call conscience, represents the *moral principles* instilled in us by our parents and our culture.



● **FIGURE 1.4** Freud's structure of the mind.

DEFENSE MECHANISMS

- The ego fights a 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 **defence mechanisms**, unconscious protective processes that keep primitive emotions associated with conflicts in check so that the ego can continue its coordinating function.
- Some people may redirect energy from conflict or underlying anxiety into a more constructive outlet such as work, where they may be more efficient because of the

redirection. is process is called *sublimation*.

- Defence mechanisms have been subjected to scientific study, and there is some evidence that they may be of potential import in the study of psychopathology
- The concept of defence mechanisms—*coping styles*, in contemporary terminology—continues to be important to the study of psychopathology.