

Key concepts

History

- **Circa 8000bs** – supernatural basis, trepanation, sympathetic magic (influence things similar to person), homeopathic (doing something to likeness infleucne), contagious (doing something close or owned influence)
- **Circa 6000-5000** – ancient Egypt = phys and mental illness synonymous, empirical towards curing illness
- **Ancient Greece and Rome** - away from superstition – Hippocrates and humoirism,
- **Medieval or middle** ages – superstition returned = demonised
- **Renassiance** – intellectual explanation, Copernicus (earth on axis), Descartes (I think therefore I am), Gutenberg (printing press)
- **Mental asylums (15 and 16th centuries)** – earliest in Cario And Arab (918), protect society, horrific living conditions, eg bethlam or bedla,
- **18th and 19th centuries** – moral treatment movement – curing patients, no indignities, good diet, visitors, restricted physical restrain and recreations
- **20th and 21st centuries** – reduced stigma, diff treatments rapid production
- **Sigmund Freud** – psychodynamic – conflict between conscious and unconscious, dream interpretation, unscientific and unfalsifiable
- **Edward Thordike** – Behaviour therapy or modification – learnt by experience, associations between objects and events
- **Abraham Maslow** – humanist psychology – focus good about human, resilient, collaboration therapist and client – actualised, hierarchy of needs (bottom to top) – physiological, safety, love/belonging, esteem, actualised
- **Aron T Beck** – cognitive therapy – challenge core negative beliefs – situation, interpretation and outcome
- **Peter Lewinson** – Behavioural activation – inactivity leads to depression – less change pos reinforcement, more reflection on neg, therapist = coach

Definitions of abnormal behaviour

- **Abnormal psychology is** – scientific discipline, study of abnormal behaviours; causes, assessment and treatment;
- **Definitions** – abnormal abstract, each approach advantage and disadvantage, implies undesirable
- **1. Violation of social norm** – criticism, culturally dependant not universal, eg social reformers
- **2. Statistical deviation** – idea behaviours are normally distributed, criticism: doesn't encapsulate good, exceptional people/gifted
- **3. Maladaptive behaviour** – impaired functioning, criticisms: account personal context/distress
- **4. Personal distress** – abnorm behaves cause distress, criticism: normal not to feel upset, what about feeling no distress at all, not necessarily bad – anxiety is adaptive
- **Current definition** – functional impairment, significant risk of pain or death, personal distress

DSM and Classification