UWUCC Appr 3/7/06
Senate Info 3/28/06

05-42b

Undergraduate Distance Education Review Form

(Required for all courses taught by distance education for more than one-third of teaching contact hours)

Existing and Special Topics Course

Course: PSYC 321: Abnormal Psychology

Received
FEB 15 2006
Liberal Studies

Instructor of Record: Kimberely Husenits, Psy.D.

Phone: 724/357-7978 **e-mail:** husenits@iup.edu

Received
FEB 27 2006
Liberal Studies

Step One: Department or its Curriculum Committee
The committee has reviewed the proposal to offer the above course using distance education technology, and responds to the CBA criteria as follows:

1. **Will an instructor who is qualified in the distance education delivery method as well as the discipline teach the course?** ✓ Yes ___ No
2. **Will the technology serve as a suitable substitute for the traditional classroom?** ✓ Yes ___ No
3. **Are there suitable opportunities for interaction between the instructor and student?** ✓ Yes ___ No
4. a. **Will there be suitable methods used to evaluate student achievement?** ✓ Yes ___ No
   b. **Have reasonable efforts been made to insure the integrity of evaluation methods (academic honesty)** ✓ Yes ___ No
5. **Recommendation:**
   ✓ **Positive** **(The objectives of the course can be met via distance education.)**
   ___ **Negative**

Mary Sue Mynick 2/14/06
signature of department designee date

If positive recommendation, immediately forward copies of this form and attached materials to the Provost and the Liberal Studies Office for consideration by the University-Wide Undergraduate Curriculum Committee. Dual-level courses also require review by Graduate Committee for graduate-level offering. Send information copies to 1) the college curriculum committee, 2) dean of the college, and 3) Dean of the School of Continuing Education.

Step Two: **UNIVERSITY-WIDE UNDERGRADUATE CURRICULUM COMMITTEE**

X **Positive recommendation**

___ **Negative recommendation**

Gail S Sechrist 3-7-06
signature of committee chair date

Forward this form to the Provost within 24 calendar days after review by committee.

Step Three: **Provost**

___ **Approved as distance education course**

___ **Rejected as distance education course**

signature of Provost date

Undergraduate Distance Education Review Form

(Required for all courses taught by distance education for more than one-third of teaching contact hours.)

Existing and Special Topics Course

Course: PSYC 321

Instructor(s) of Record: Kim Husenits, Psy.D.

Phone: 724-357-7978 **Email:** husenits@iup.edu

Step One: Proposer

A. Provide a brief narrative rationale for each of the items, A1- A5.

1. How is/are the instructor(s) qualified in the distance education delivery method as well as the discipline?
   I taught PSYC-321 (Abnormal Psychology) as a classroom course since 1995 in both semesters and summer formats. As well, my instruction in this course has been observed and approved by the Psychology Department faculty. I previously co-taught PSYC 793 utilizing some aspects of WebCt and will attend a department arranged training session with WebCt technology instructors.

2. How will each objective in the course be met using distance education technologies?
   ***Objective 1**: Students will be presented with powerpoint guides for each module and accompanying material not specifically covered in their textbook. Relevant research articles will be available to supplement the online lecture and textbook materials as well. They will be required to complete online administered quizzes after each module and exams following the completion of each content unit to determine their mastery of course content such as historical context, classification systems, influence of gender, culture, etc. and paradigms used to conceptualize abnormal behavior.*
   ***Objective 2:** Students will submit via email attachment written assignments based on the supplementary text to evolve their ability to critically evaluate contradictory perspectives on issues currently pertinent to abnormal psychology with specific use of common logical errors found in position arguments (format provided to them via the online webpage). They will also be required to view several films portraying mental health problems as a context for expression of these illnesses and write structured papers as a means to extend their understanding about the complexity of mental health manifestations and to challenge their thinking about the outcomes associated with mental health diagnosis (label) and treatment.*

3. How will instructor-student and student-student, if applicable, interaction take place?
   Students will be provided an email icon on my webpage which I will create to access my IUP email account. I will also give students my IUP email address and my IUP phone number. I am also considering adding a discussion option on this course in which students can explore, ask question or comment on the primary text representations, the liberal studies text or films with me and with other students in the course.

4. How will student achievement be evaluated?
   Students will be graded on weekly non cumulative exams, submitted papers based on their viewing of three films (predetermine questions and requirements provided) and evaluations of liberal studies book research/position articles. Students will also be provided with opportunities to earn extra credit for responses to my posted research literature (format for critical evaluation provided).

5. How will academic honesty for tests and assignments be addressed?
   Papers using the format I require and provide students should not be available from paper writing services. Test questions will be randomly generated from the online exams I create, so that each student will be given a different collection of exam questions to complete.
   Included on my online syllabus (as has been the case for classroom syllabi) will be the IUP statement of adherence to academic integrity and punitive actions for violation of this policy.

B. Submit to the department or its curriculum committee the responses to items A1-A5, the current official syllabus of record, along with the instructor developed online version of the syllabus, and the sample lesson.

students to meet a course objective(s) using online or distance technology. It should relate to one concrete topic area indicated on the syllabus.

Step Two: Departmental/Dean Approval

Recommendation: ☑ Positive (The objectives of this course can be met via distance education)

☐ Negative

Mary Lou Maniscalco 2/14/06
Signature of Department Designee Date

Endorsed: John D. Eck 2/15/06
Signature of College Dean Date

Forward form and supporting materials to Liberal Studies Office for consideration by the University-wide Undergraduate Curriculum Committee. Dual-level courses also require review by the University-wide Graduate Committee for graduate-level section.

Step Three: University-wide Undergraduate Curriculum Committee Approval

Recommendation: ☑ Positive (The objectives of this course can be met via distance education)

☐ Negative

Gail S Sechrist 3/7/06
Signature of Committee Co-Chair Date

Forward form and supporting materials to the Provost within 30 calendar days after received by committee.

Step Four: Provost Approval

☐ Approved as distance education course ☐ Rejected as distance education course

Signature of Provost Date

Forward form and supporting materials to Associate Provost.

PSYC 321 - Abnormal Psychology
Credits: 3.00
The description, causes, and treatment of behaviors labeled abnormal in our society are studied from experimental and clinical points of view.
Lecture: 3.00
College: College of Nat Sci and Math
Department: Psychology
Restrictions:
Must be enrolled in one of the following Level(s):
Graduate
Undergraduate
Pre-requisites: PSYC 101 Minimum Grade: D or PC 101 Minimum Grade: D

PC-321 Abnormal Psychology
Spring 2000
Section 002
M-W-F 11:45a-12:45p

Dr. Kim Husenits
Office: Uhler 216 Phone: x7978
Office Hours: MWF 1-2 pm
e-mail: Kimh@microserve.net

COURSE SYLLABUS

REQUIRED TEXTS: Nolen-Hoeksema, S. (1998). Abnormal Psychology. McGraw-Hill.
Nolen-Hoeksema, S. (1998) Clashing Views on Abnormal Psychology. McGraw-Hill.

DATE		TOPIC	READING	
Jan.	19	Introduction		
	21	History of Abnormal Psychology	Chapt.	1
	24	Criteria for defining Abnormality	Chapt.	1
	26, 28, 31	Current Paradigms	Chapt.	3
Feb.	2, 4, 7	Assessing & Diagnosing	Chapt.	2
	9	***Debates 1 & 2***		
	11	**EXAM 1**		
	14, 16	Anxiety Disorders	Chapt.	4
	18, 21	Mood Disorders/Suicide	Chapt.	5
	23, 25, 28	Film - Ordinary People		
Mar.	1, 3	Schizophrenia	Chapt.	6
		Spring Break March 4-12		
	13	Psychophysiological Disorders	Chapt.	13
	15	Somatoform Disorders	Chapt.	7
		ORDINARY PEOPLE PAPER DUE 3/15		
	17	***Debates 3 & 4***		
	20	**EXAM 2**		
	22	Dissociative Disorders	Chapt.	7
	24, 27	Personality Disorders	Chapt.	8
	29	Substance Use Disorders	Chapt.	12
	31	Film - Shattered Spirits		
Apr.	3	Film – Shattered Spirits		
	5	***Debates 5 & 6***		
	7	**EXAM 3**		
	10	Legal Issues	Chapt.	16
	12	Ethical Issues	Chapt.	16
		SHATTERED SPIRITS PAPER DUE 4/12		
	14, 17, 19	Film – Cuckoo's Nest		
	21, 24	Childhood Disorders	Chapt.	9
	26, 28	Disorders of Aging	Chapt.	14
May	1	***Debates 7 & 8***		
		CUCKOO'S NEST PAPER DUE 5/1		
	3	**FINAL EXAM 8:00a – 10:00a**		

COURSE REQUIREMENTS: This course will consist of lectures, class discussions, class debates and three written assignments. Students are expected to have read assigned materials and to be prepared for full participation in class. There will be four multiple choice/short answer exams (including the final exam), each covering ***both*** lecture and textbooks materials. Exams are not specifically cumulative; however, mastery of early material is necessary for comprehension of later course material.

EVALUATION: Evaluation of performance will be determined by: (1) three exams (60 points each); (2) three written assignments (15 pts. each); (3) class debates (50 pts); and (4) class participation. Positive class participation (e.g., responding to questions, discussion) will raise a borderline grade; negative participation (repeated loud talking, repeated late arrival, etc.) will lower a borderline grade. In fact, **repeated late arrival will be considered non-attendance and will accumulate to a significant lowering of your grade. You MUST BE IN CLASS to participate and receive recognition for such.** Assignments **will not be accepted** after the due date without prior arrangements and must be given to instructor in class. **Do not deposit in my mailbox or have friend deliver to me!!**

Grades will be based on the total number of accumulated points throughout the semester from all evaluative instruments. There will **NO** extra credit projects. The grading scale is as follows.

90-100% = A 80-89% = B 70-79% = C 60-69% = D below 60% = F

MAKEUP EXAM POLICY: Make-ups will be allowed **ONLY** in the case of a documented emergency (e.g., illness or death in immediate family) and **ONLY** when such arrangements have been made in advance of the test date. Without such arrangements, make-ups will be permitted at my discretion but will be penalized one letter grade for each elapsed day. There are no excuses for failing to contact me as soon as possible. The form of make-ups are not necessarily the form of the original exam (make-ups may be in essay form).

COURSE OBJECTIVES:

1. To foster a balanced understanding of abnormal psychology, as both a scientific and clinical subject and enhance exploration of psychopathology in a responsible fashion.
2. To present material in a context that encourages critical evaluations of human behavior.

AND LASTLY.....

1. Dates/provisions are subject to change; such change will be announced in class.
2. Your work is to be your own; University plagiarism procedures will be followed.

PSYC 321 Abnormal Psychology
Summer 2 2006

Section

Dr. Kim Husenits
IUP Office: Uhler 216
IUP Phone: 724-357-7978
email: husenits@iup.edu

ONLINE COURSE SYLLABUS

REQUIRED TEXTS: Kring, A.M., Davison, G. C., Neale, J. M. & Johnson, S. L. (2006). *Abnormal Psychology (10th Ed).* Wiley
Halgin, R. P. (2006) Taking Sides: Clashing Views on Controversial Issues in Abnormal Psychology. (4th Ed). Dushkin - McGraw-Hill.

OPTIONAL TEXTS: Kring, A., Davison, G. C., Neal, J. M. & Johnson, S. L. (2006). *Abnormal Psychology, Study Guide (10th Ed).* Wiley

DATE	***TOPIC***	***READING***
	July 10 -14	
Module 1:	Defining Abnormality	Chapt. 1
	Historical Views	Chapt. 1
Module 2:	Paradigms	Chapt. 2
	Issue 17: Evolution & Rape?	**pp. 384-405**
Module 3:	Classification, Diagnosis & Assmt.	Chapt. 3
	Issue 11: Prescription Privileges?	**pp. 228-251**
July 14	***EXAM 1***	
	July 17-21	
Module 4:	Anxiety Disorders	Chapt. 4
	Issue 2: Trauma Debriefing?	**pp. 30-55**
Module 5:	Disorders of Mood	Chapt. 5
	View Film: Ordinary People	
	Paper due 7/20	
Module 6:	Schizophrenia	Chapt. 6
	Issue 9: Antipsychotic Medications?	**pp. 193-207**
July 21	***EXAM 2***	
	July 24-28	
Module 7:	Psychophysiological Disorders	Chapt. 13
	Issue 8: Antidepressant safety?	**pp. 171-192**
Module 8:	Somatoform Disorders	Chapt. 7
	Issue 1: Anorexia Treatment?	**pp. 1-29**
Module 9:	Dissociative Disorders	Chapt. 7
	Issue 4: Multiple Personalities?	**pp. 100-111**

July 28	***EXAM 3***	
	July 31- Aug. 4	
Module 10:	Substance Use Disorders	Chapt. 12
	Film: Shattered Spirits	
	Paper due 7/31	
Module 11:	Personality Disorders	Chapt. 8
	Issue 3: Repressed Memory Debate	**pp. 56-99**
Aug 4	***EXAM 4***	
	Aug. 7-10	
Module 12:	Childhood Disorders	Chapt. 9
	Issue 10: Ritlan?	**pp. 208-227**
Module 13:	Cognitive Disorders/Aging	Chapt. 14
	Issue 18: Assisted Suicide?	**pp. 406-425**
Module 14:	Legal and Ethical Issues	Chapt. 16
	Issue 12: The ethics of ETC?	**pp. 252-270**
	Film: One Flew Over the Cuckoo's Nest	
	Paper due 8/9	
Aug 10	***EXAM 5 (Final)***	

COURSE INFORMATION:

Catalog Description: The description, causes, and treatment of behaviors labeled abnormal in our society are studied from experimental and clinical points of view.

Course Objectives (Outcomes):

1. Students will achieve mastery in the following content objectives:
   - The historical context of thinking and research in abnormal psychology.
   - The current classification systems used for diagnosis and assessment of mental disorders.
   - The influence of gender, culture, biochemical, environmental and psychological factors on the expression of mental disorders.
   - The different paradigms used to conceptualize and treat mental illness from psychological and medical perspectives.
   - How ethical and legal issues guide the treatment of mental illnesses.
2. This course is designed to improve students' critical evaluative skill by:
   - Presenting opportunities for them to evaluate human behavior through systematic analysis of contemporary research covering contradictory arguments on current issues in abnormal psychology.
   - Presenting abnormal psychology as a discipline which values the application of research findings to clinical treatment of mental illnesses thereby improving students' ability to critique the paradigms used in the discipline.
   - Encouraging them to view psychopathology in a responsible fashion by attending to the consequences of a mental illness labeling and the logical errors often made by treatment providers. Thus, students' will become better consumers or the abnormal psychology research and of clinical psychology.

Course Requirements:

- Students must have completed PSYC 101 prior to taking this course.
- You will be required to purchase two textbooks (*Abnormal Psychology 10th Ed & Taking Sides 4th Ed)*, a third accompanying workbook is optional but recommended.

Evaluation:

- Each instructional module will include a **15-question self quiz** based on the lesson and textbook materials. These are to help you prepare for the unit exams and to familiarize you with the general format of exam questions.
- There will be a total of **five unit exams**. Each exam will cover **both** textbook and online module material. Exams are in **multiple choice format** and **worth 50 points each.** Exams are not specifically cumulative; however, mastery of early material is necessary for comprehension of later course material. Each student will receive a randomly selected subset of questions.

- Each student will submit **three (3) formal written assignments (25 pts. each)** based on their viewing of three popular films. Instructions for completing these assignments are on the course website in the syllabus icon section.
- Each student will **submit eleven (11) short written assignments** based on the Taking Sides text (10 pts. each). Again, instructions for evaluating these articles are posted on the course website in the syllabus icon section.
- Written **responses to posted research articles/topic issues** can earn students up to a total of 5 points per article. **Two articles per unit** will be posted, students should respond to one of these so that a **total of 20 extra points** can be accumulated throughout the course.
- Virtual course participation/ responsibility (following course instructions, timeliness of assignment instructions, interaction with instructor as appropriate, keeping up to date with instructor postings, etc.) can increase a borderline grade while absence of such participation can lower one.
- Grades will be based on the total number of accumulated points throughout summer session 2 from all evaluative instruments. Your grade will be based on your individual performance and not compared to your peers (curved) in this course.
- The grading scale is as follows:

90-100% = A
80-89% = B
70-79% = C
60-69% = D
<60% = F

Course Ground Rules:

- Dates/provisions are subject to change; such change will be posted on the course webpage (icon.....)
- Assignments **will not be accepted** after the due date without prior arrangements (you and I have communicated about this and you can produce an email from me permitting late submissions)
- Your work is to be your own; University procedures regarding plagiarism and academic violations will be followed. Written assignments will be checked using online plagiarism technology.
- You are responsible for being informed of course announcements.
- You are responsible for notifying the instructor if you are having technical difficulties.
- Late submission of quizzes or written assignments will be allowed **ONLY** in the case of a documented emergency (e.g., illness or death in immediate family) and **ONLY** when such arrangements have been made in advance of the quiz or due date. Without such arrangements, late submission may be permitted at my discretion but will be penalized one letter grade for each elapsed day before notifying me. There are no excuses for failing to contact me as soon as possible.

The form of make-up (late) exams is not necessarily the form of the original exam (make-ups may be in essay form).

- Online exams will time out, so be timely with you completion of these.
- Email communications must:
  - Always include a subject line relevant to the course. I tend to delete emails when I can't discern the sender or the reason for the communication.
  - Use standard fonts and exclude decorative backgrounds in your email messages to improve my ability to read them.
  - Be respectful. Because I can't see your facial expression or hear the tone of your voice, be careful when wording email communications.
  - Be concise with your communication. Email your questions, concerns, problems succinctly, not giving me too much information or too little information so that I can return to you useful responses.
  - Do not send large attachments unless I have given you permission to do so.

Welcome to PSYC 321 Abnormal Psychology. It is my desire to provide you with the information essential to your accomplishment of the course goals/outcomes and to enjoy this course. Please contact me should you experience difficulty with accessing the materials on WebCt, understanding the content of posted or textbook materials or have specific disabilities which require alternate presentation of course material. My online door is always open!

WRITTEN ASSIGNMENTS INSTRUCTIONS

Papers must be: double-spaced
1 ½ page minimum; approximately 3 page maximum
spelling and grammar checked (you will lose 5 points for excessive grammatical and spelling errors)

Assignments:

1. ***"Ordinary People"*** paper (25 pts.)
   a. Identify the symptoms demonstrated by Conrad that indicate the presence of a mood disorder. Give **behavioral examples** of each symptom you identify.
   b. What are possible **predisposing, precipitating** and **maintaining factors** related to Conrad's mood disorder.
   c. Discuss how you might respond to a depressed family member or friend.
   d. Critique the film's ability to accurately depict a mood disorder?

   (Due July 20, 2006)

2. ***"Shattered Spirits"*** paper (25 pts.)
   a. Which family members demonstrate the family roles described in your handout? Support your identifications with **behavioral examples** from this film.
   b. What characteristics of alcoholic families listed on your handout did you observe in this family?
   c. Discuss why it was difficult for these family members to identify Lyle's behavior as alcoholic? What would have made it easier, if anything?
   d. Critique this film's ability to accurately depict the dynamics occurring in alcoholic families as your handout suggests?

   (Due July 31, 2006)

3. ***"One Flew Over the Cuckoo's Nest"*** paper (25 pts.)
   a. What **criteria for determining abnormality** e.g., statistical infrequency, cultural relativism, maladaptiveness, etc., might have been used by hospital staff to evaluate the behavior of the character, MacMurphy, in order to involuntarily hospitalize him? Give **concrete, behavioral examples.**
   b. Identify which of the eight 1970's court decisions discussed in class you believe were violated by the hospital's staff in this film? Give **behavioral** examples of these violations.
   c. Describe any ethical violations illustrated in this film.
   d. Critique this film's ability to accurately depict a psychiatric ward of the 1960's. Give examples from the film to support your statements.

   (Due August 9, 2006)

TAKING SIDES ARTICLE EVALUATION FORMAT

Your name
PSYC-321

Date

Title and Author of each article

Questions to address:

1. **What are the conclusions drawn by the author of this article?**
2. **Do you agree or disagree with the author's conclusions?**
3. **Identify holes in its argument.**
4. **What other conclusion is it possible to draw from the same information?**
5. **List any examples of propaganda, bias, or faulty reasoning that you found in this article.**
6. **What other information might it be important to know before making any judgment of the value and import of this article?**

- Your paper is to be an analytical one, not simply a report of the authors' articles.
- Your paper should be between 2-3 pages, double-spaced, grammar and spelling checked.
- Issue papers must be submitted **no later than** the Friday following their listing on the course syllabus. For example, I must receive papers based on your reading of Issues 17 and 11 by July 14, Issues 2 and 9 by July 21, etc.
- The purpose of each paper is to provide you with practice using critical evaluation processes.

Recognizing Logical Fallacies and Faulty Reasoning

1. ***Incorrect assumption of cause/effect relationship.***
   For example: Every time I wash my car, it rains; therefore, if I wash my car today, it will rain.

2. ***Inaccurate or distorted use of the interpretation of numerical statistical information.***
   For example: Lowering of the speed limit on highways to 55 mph results in fewer traffic fatalities. (Such information should be checked against the number of people using the highways since the institution of such laws. The fact that people are driving less may be equally or more important)

3. ***Faulty analogy, comparison carried too far, or comparison of things that have nothing in common.***
   For example: Apples and oranges are both fruit and grow on trees; therefore, apples and oranges taste the same.

4. ***Oversimplification. Potentially relevant information is ignored in order to make a point.***
   For example: The majority of voters in the United States are Democrats; therefore, Democratic candidates will win every election.

5. ***Stereotyping. People or objects are lumped together under simplistic labels.***
   For example: Hispanic Americans all speak Spanish; therefore, Spanish language advertising will appeal to all of them.

6. ***Ignoring the question. Digression, obfuscation, or similar techniques are used to avoid answering a question.***
   For example: When asked about a tax increase possibility, a senator replies, "I have always met the obligations I have to those I represent."

7. ***Faulty generalization. A judgment is based on inaccurate or insufficient evidence.***
   For example: Ducks and geese migrate south for the winter, therefore, all waterfowl migrate south for the winter.

Some Frequently Used Propaganda Techniques

1. ***"Bad" (or "Sad") Names*** –The use of words, phrases, or expressions with negative connotations. Examples: slob, prude, moron, embarrassing

2. ***"Glad" Names***—The use of words or phrases with positive, pleasant connotations. Examples: warm, lovely, delicious, "lemony" fragrance.

3. ***Testimonials***—The recommendation or endorsement by prominent and/or influential people. Example: Professional basketball star Michael Jordan's advertisements for a breakfast cereal

4. ***Transfer***—The use of names, phrases, or symbols to influence acceptance. Example: Using a movie star's photograph on the cover of a magazine to get people to buy it.

5. ***"Just Plain Folks"***—The use of dress, behavior, or other devices in an attempt to identify a product or person with ordinary people. Example: Photographs of the President of the Untied States eating spaghetti or chopping wood.

6. ***Card Stacking***—The presentation of only that information or those arguments most favorable to a particular point of view. Example: Making a list of all the advantages of buying a new car without making a similar list of all of the disadvantages.

7. ***Bandwagon***—The use of the fear of being "different" to influence behavior. Example: "Twenty million people jog for their health. Shouldn't you?"

Chapter 1
Introduction and Historical Review

Abnormal Psychology, Tenth Edition

by

Ann M. Kring, Gerald C. Davison, John M. Neale,
& Sheri L. Johnson

Psychopathology

- Study of the nature, development, and treatment of psychological disorders

- Challenges to the study of psychopathology:
  - » Maintaining objectivity
  - » Avoiding preconceived notions
  - » Reducing stigma

INTRODUCTION AND HISTORICAL OVERVIEW

TOPIC INTRODUCTION

The literal meaning of "abnormal" is "away from the normal". Although this implies a clearly defined norm, such determination is difficult for several reasons. First, ideas about what constitutes normal behavior, and conversely abnormal actions, has changed over time. If you compare the mores of the 1950s with those of 2006, you will notice that norms concerning child discipline, ideal body size, women's career goals and family lifestyle are substantially different with regard to what is considered "normal" and what is considered "abnormal" or undesirable. Second, notions about normal and abnormal acts vary from culture to culture. Standards for bathing, dental hygiene, religious expression, marital rituals, birth rituals and appropriate family size are examples of norms dictated, in part, by each culture. When considering the influence of the sociohistorical context and the cultural dictates, defining which behaviors are universally "abnormal" become difficult at best and impossible at worst.

When reading your textbooks and my lectures, allow for these factors to affect your critical evaluation of the theories of psychopathology and the criteria by which abnormality is currently diagnosed. Approach this course with an open mind, suspending all that you think you know about psychopathology. Otherwise, you run the risks of prejudging other cultures customs as deviant (labeling them) and/or of developing the "medical student syndrome" in which you begin to see psychopathology in yourself and those with whom you interact. Knowledge is power and can only be acquired by reasoned analysis of information.

LESSON ONE SYNOPSIS

The study of **psychopathology** is a search for the reasons why people behave, think, and feel in abnormal—unexpected, sometimes odd, and possibly self-defeating—ways. The focus of this course will be on the description, causes, and treatments of a number of different mental disorders. Again, it is important to note at the outset that the personal impact of our subject matter requires us to make a conscious, determined effort to remain objective. **Stigma** remains a central problem in the field of abnormal psychology and mental disorders. Stigma has four characteristics that involve the labels for mental illness and their uses (see Kring, et al Figure 1.1)

1. **Distinguishing label is applied.**
2. **Label refers to undesirable attributes.**
3. **People with the label are seen as different.**
4. **People with the label are discriminated against.**

Even the use of everyday language terms such as "crazy" or "schizo" can contribute to the stigmatization of the mentally ill.

Characteristics of Abnormal Behavior

- Disability
  - » Impairment in a key area
    - – *Chronic alcohol consumption results in job loss*
- Personal Distress
  - » Emotional pain and suffering
    - – *Helplessness and hopelessness of depression*
- Violation of Social Norms
  - » Makes others uncomfortable or causes problems
    - – *Antisocial behavior of the psychopath*
- Dysfunction
  - » Wakefield's *Harmful Dysfunction*

Characteristics of Abnormal Behavior

- Statistical Infrequency
  - Substantial deviation from a statistically calculated mean
    -IQ score of <70 considered mental retardation while IQ >130 indicates giftedness.
- Unexpectedness
  - Inconsistent or unconventional
    - "the blues" continue for an 8 week period without remitting.

Additional 27 pages

YOU MAY BE INTERESTED TO KNOW:

Law and Lunacy in the Middle Ages

As discussed in the text, Neugebauer (1979, Medieval and early modern theories of mental illness. *Archives of General Psychiatry, 36,* 477-483) reviewed English legal documents dating back to the 13th century, at a time when the Crown assumed the right and responsibility for caring for the property and person of the mentally disabled. Contrary to the popular view that demonology was the primary explanation for mental illness, Neugebauer found only one reference to demonological possession in all the cases he examined. Two groups of incompetents were distinguished: idiots, or natural fools, and lunatics. These terms seem to roughly correspond to our terms "mentally retarded" and "insane." For instance, a 16th century source defined idiot as:

> "he that is a fool natural from his birth and knows not how to account or number 20 pence, nor cannot name his father or mother, nor of what age himself is, or such like easy and common matters; so that it appears he has no manner of understanding or reason, nor government of himself, what is for his profit or disprofit. "

Commonsensical explanations were offered for the person's disturbed state. Consider the following cases: In July, 1490, John Fitzwilliam was said to be mentally disabled starting when he was "gravely ill." In 1502, John Norwick "lost his reason owing to a long and incurable infirmity" and on September 18, 1291, a jury declared Bartholomew de Sadewill mentally deranged and attributed that condition to "a blow received on the head." Robert Barry's insanity was, in 1366, thought to have been" induced by fear of his father." Similarly, a 1568 hearing found James Benok to have been "afflicted by reason of a fright on 20 Oct. 1556 and has so continued from that time to the present."

For more information about this topic you may want to read the following:

'Unfortunate folk': Essays on mental health treatment, 1863-1992, 2001, Barbara Brookes (Ed.). Dunedin, New Zealand: University of Otago Press.
The invisible plague: The rise of mental illness from 1750 to the present. Torrey, E. Fuller and Miller, J. (2001). New Brunswick: Rutgers University Press.

Hysteria vs. Malingering and the Views of Thomas Szasz

Universal agreement about the accuracy and benefit of mental health diagnosis and classification does not exist in contemporary psychology/psychiatry. Some writers have pointed to both the problems associated with diagnosis and classification and to the historical roots of the concept of mental illness. Psychiatrist and Psychoanalysist, Thomas Szasz covers this topic in *The Myth of Mental Illness* (1961, New York: Harper and Bros.). Szasz reviews Charcot's influence on psychiatry and on the public's view of mental disorders. Before Charcot's time, hysteria was considered to be a form of malingering (faking real physical illness), and such counterfeiters were treated with anger and hostility by physicians who resented the deception. After Charcot

had lent his expertise and authority to the problem of hysteria, it was elevated to the status of "illness." Szasz asserts that this shift has led to the present-day classification of all human conduct as falling within the purview of mental illness.

How did this shift take place? Szasz suggests that Charcot's goal was to get hypnosis and hysteria accepted by the medical profession as respectable phenomena, worthy of study; further, he asserts that rather than use logical analysis or scientific investigation to understand hysteria, Charcot simply changed the rules of classification such that "malingering" became "illness." Given that the new illness could nevertheless be considered counterfeit in the sense that it mimics a physiological dysfunction, medicine acquired the responsibility of distinguishing not only real from imitated physical illness, but conscious from unconscious faking. If the sufferer counterfeits unknowingly, he is not a malingerer, but a hysteric. While this change in label may have been humane in the sense that such sufferers were no longer shunned by physicians, Szasz argues that it has obscured our understanding both of true organic neurological disorders and of problems in living that may only look like physical disorders. Further confusion arises when, as is the case today, conscious malingering itself is seen as a form of mental illness; Szasz quotes Bleuler: "Those who simulate insanity with some cleverness are nearly all psychopaths and some are actually insane. Demonstration of simulation, therefore, does not at all prove that the patient is mentally sound and responsible for his actions" (p. 48).

Consider the following questions: Thoughtful responses will earn you 1 point to each question addressed. Send via email attachment to me before **July 13, 2006.**

1. What are the consequences of labeling a phenomenon an "illness?"
2. How does such a label obscure or clarify that which it describes?
3. Should psychiatry be considered a branch of medicine?
4. What is the value of distinguishing "conscious" from "unconscious" malingering?
5. Would it be considered malingering if physically based symptoms are exaggerated (made worse) by psychological factors?

Chapter 1 – Post-test Questions

1. According to the DSM-IV-TR, in order for a pattern of behaviors to be classified as a psychological disorder, it must

   a. Be clinically significant
   b. Involve multiple areas of functioning
   c. Cause distress or disability
   d. All of the above

2. Timothy, who suffers from schizophrenia, wears a bent coat hanger on his head because he wants to transmit information embedded within the electrical activity in his brain to the Pentagon. Which element of abnormal behavior does this reflect?

   a. Personal distress
   b. Disability
   c. Violation of social norms
   d. Dangerousness

3. All of the following occurred during the Dark and Middle Ages **EXCEPT**

   a. The persecution of witches
   b. Lunacy trials
   c. The moral treatment movement
   d. The belief in demon possession

4. Variations in cultural background make it difficult to define abnormal behavior as simply behavior which

   a. involves a deviation from social norms.
   b. leads to dysfunction.
   c. improves after therapy.
   d. causes personal distress.

5. Defining abnormal behavior on the basis of personal distress is problematic for which reason?

   a. High levels of distress and suffering are normal in modern society.
   b. Some abnormal behavior does not involve personal distress.
   c. It ignores suffering that family members of disturbed people experience.
   d. It does not apply to physiological disorders.

6. Cindy is an accomplished lawyer who sought psychological help in dealing with the stresses of balancing work and family responsibilities. Which definition of abnormality applies to Cindy?

   a. harmful dysfunction
   b. violation of social norms
   c. personal distress
   d. disability

7. Hippocrates influenced psychology by

   a. distinguishing medicine from religion and magic.
   b. debunking the notion that the four humors were related to disorders.
   c. reforming mental hospitals.
   d. suggesting mental illness was punishment from God

8. Which of the following best describes treatment of disordered people during the Dark Ages?

   a. Monks in monasteries prayed over them.
   b. They were chained in early asylums.
   c. They were condemned as witches and tortured.
   d. They were given bed rest, fed simple foods, and forced to subscribe to clean living.

9) Some of the first asylums for the mentally ill

   a. performed lobotomies on patients.
   b. were associated with medical care, and thus were more humane.
   c. relied heavily on talk therapy.
   d. were tourist attractions.

10) Elizabeth was receiving moral treatment while in an early asylum. Which of the following treatments was she least likely to receive?

   a. medication
   b. physical restraints
   c. purposeful work activities
   d. menial tasks

11) The discovery of the cause of syphilis was important to the field of mental illness for which reason?

a. Syphilis was widely feared and exacerbated mental illness.
b. It increased interest in determining biological causes for mental illness.
c. More asylum patients were diagnosed with syphilis.
d. It highlighted the need for valid diagnostic systems.

12) Which of the following pairs of defense mechanisms is incorrect?

a. Projection: taking one's conflicts out on someone or something else.
b. Regression: reverting back to behaviors from an early developmental period
c. Repression: unconsciously blocking out a memory or experience
d. Sublimation: channeling one's energy into a socially acceptable activity

13) Jung believed that all human beings use the same unconscious categories to conceptualize the world; these categories are referred to as

a. The personal unconscious
b. The collective unconscious
c. A mandala
d. Archetypes

14) Skinner's theory of operant conditioning is based on

a. Principles of classical conditioning
b. Systematic desensitization
c. The law of effect
d. The concept of the unconscious

15) MaryAnn had a headache several days ago. She took a couple of aspirin, and her headache gradually disappeared. The next time MaryAnn had a headache, she immediately took a couple of aspirin. The fact that MaryAnn was more likely to take aspirin this second time illustrates the concept of

a. Negative reinforcement
b. Classical conditioning
c. Positive reinforcement
d. Shaping

Answers:

1) **Answer is d.** The DSM-IV-TR definition states that a mental disorder is "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering, death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual" (APA, 2000).

2) **Answer is c.** Timothy's behavior is socially unexpected and inappropriate. He is not showing signs of distress, disability, or dangerousness

3) **Answer is c.** Moral treatment was not introduced until the late 1700s/early 1800s.

4) **Answer is a.** Page: 5-6

5) **Answer is b.** Page: 5

6) **Answer is c.** Page: 5

7) **Answer is a.** Page: 8

8) **Answer is a.** Page: 9

9) **Answer is d.** Page: 10-11

10) **Answer is b.** Page: 12

11) **Answer is b.** Page: 15

12) **Answer is a.** Taking one's conflicts out on someone or something else is referred to as displacement. Projection involves disavowing one's own conflicts and instead seeing them (projecting them onto) others.

13) **Answer is d.** While all of the other choices in this question are elements of Jung's theory, archetypes are basic categories all humans use in order to conceptualize the world. Images of masculinity and femininity are examples of archetypes.

14) **Answer is c.** Skinner renamed Thorndike's "law of effect" the "principle of reinforcement." Thorndike suggested that behavior that is followed by satisfying consequences will be repeated, whereas behavior that is followed by unpleasant consequences will be discouraged

15) **Answer is a.** In this case, MaryAnn's behavior was influenced by the removal of an unpleasant event; in this case, the cessation of pain

Module, cont'd.

05-426

Psyc 321

What Is Abnormal Behavior?

Abnormal behavior is at the center of mental disorders, but defining abnormality remains difficult. Where do we draw the abnormal/normal line when evaluating patterns of thoughts and behaviors? A number of different definitions have been offered, but none can entirely account for the full range of abnormality.

Key Characteristics:

1. **Disability**: Behaviors that cause a disability or are unexpected can be considered abnormal. But again, some abnormal behaviors do not cause disability nor are they unexpected.
2. **Personal Distress**: Whether or not a behavior causes personal distress on the part of the actor can be a characteristic of abnormality. But not all abnormal behavior that we consider to be part of mental disorders causes distress. Individuals vary in terms of their concern about their behavior and may not view a harmful behavior as concerning.
3. **Violation of Social Norms**: All humans groups live by a set of norms which tell us what is "right" or "wrong" to do or say and when or where to act. Behavior that violates such social norms is also considered abnormal. However, not all such behavior is considered part of a mental disorder, and some behaviors that are part of mental disorders do not necessarily violate social norms.
4. **Dysfunction**: Harmful dysfunction involves both a value component and a scientific component. This criteria asks both whether the behavior is harmful both to the individual and others and whether the individual is able to meet the demands of life such as holding a job, maintaining relationships, managing their finances, etc. This definition focuses on the destructive as well as the practical aspects of functioning. Like the other definitions, however, it cannot fully account for what we study in psychopathology.

Definitions that are also used:

5. **Statistical Infrequency**: Behavior that is infrequent can be viewed as abnormal. This definition typically measures specific characteristics in the population such as where behavior falls under a **normal curve**. Since the majority of people would be in the middle of this curve, very few people fall at either extreme. An assertion that person is normal implies that he or she does not deviate much from average in a particular trait or behavior pattern and thus makes average the ideal.
6. **Unexpectedness:** Behaviors that are unexpected responses to environmental stressor are sometimes viewed as abnormal. For example, sadness and even "the blues" are expected reaction to a relationship breakup. In contrast, sadness, loss of appetite, difficulty sleeping, crying, irritability which continues for several months is an atypical response to this situation.

Taken together, each definition of abnormal behavior has something helpful to offer in the study of psychopathology. The **DSM-IV-TR** definition includes all of these characteristics (see Kring, et al Figure 1.2)

Behavior that is harmful to the self or to others, poor reality contact, emotional reactions inappropriate to the situation, erratic behavior and behavior inconsistent with cultural norms are suspect for suggesting psychopathology.

Characteristics of Abnormal Behavior

- Behavior that is harmful to the self or harmful to other people without serving the interest of the self.
- Poor reality contact – e.g., beliefs most people do not hold or sensory perceptions of things that most people do not perceive. Delusions or hallucinations.
- Emotional reactions disproportionate to the person's situational demands.
- Erratic Behavior. Behavior that shifts unpredictability.
- Behavior that is grossly inconsistent with cultural norms.

History of Psychopathology

- Demonology
  - » Possession by evil spirits - Exorcism
- Early Biological Explanations
  - » Hippocrates (5th century BC)
    - – Illnesses have natural (not supernatural) causes
    - – Psychological disturbances caused by brain pathology
      - *Four humors*

History of Psychopathology: Dark Ages

- Dark Ages
  - » Monks cared and prayed for mentally ill
  - » Decline of scientific reasoning.
- Witches
  - » Torture sometimes led to confessions of concourse with demons.
    - – Historians interpreted confessions as delusions
    - – Closer examination revealed that most accused were not mentally ill.
    - – Lunacy Trials

History of Psychopathology: Asylums

- Asylum
  - » Establishments for the confinement and care of mentally ill
  - » Priory of St. Mary of Bethlehem (1243)
    - – One of the first mental institutions
    - – The wealthy paid to peer at the insane for entertainment
    - – Origin of the term *bedlam*
- Treatment non-existent or harmful at asylums

History of Psychopathology: Pinel's Reforms and Moral Treatment

- Philippe Pinel (1745-1826)
  - » Pioneered humanitarian treatment
- Moral Treatment
  - » William Tuke and the Society of Friends
    - – Establishment of York retreat (1996)
  - » Calming environment
    - – Patients engaged in purposeful but calming activity
    - – Talked with attendants

History of Psychopathology: Dorothea Dix

- Dorothea Dix (1802-1887)
  - » Crusader for prisoners and mentally ill
  - » Urged improvement of institutions
  - » Worked to establish 32 new, public hospitals
  - » Hospitals staffed with physicians

History of Psychopathology

Since the beginning of scientific inquiry into abnormal behavior, supernatural, biological, and psychological points of view have vied for attention. Earliest written records are only a few thousand years old. Early concepts of mental illness included **demonology** (possession by demons) but also **biological** approaches as evidenced by the ideas of **Hippocrates** who rejected the demonic models and is noted for separating medicine from religion, magic and superstition. During the **Dark Ages (400-900 AD)**, a collapse in scientific reasoning occurred and a return to the demonology ideas. An increase in the power of the church meant that some people with mental illness were cared for in monasteries, but many simply roamed the countryside. Some were persecuted as **witches**, but this was relatively rare. (Later analyses indicated that many of the people accused of being witches were not mentally ill.) Treatments for the mentally ill have changed over time. **Exorcisms** did not do much good. Treatments in **asylums** could also be cruel and unhelpful. Real treatment did not occur in these institutions and patients were seen as curiosities by the wealthy who would pay to peer at them for entertainment purposes. The pioneering work by **Pinel, Tuke, Dix,** and others in Europe and the United States made asylums more humane places for treatment. Unfortunately, their good ideas did not last as the mental hospitals became overcrowded and understaffed.

Early Foundations: Emil Kraepelin (1856-1926)

- Pioneered classification of mental illness based on biological causes
- Mental illness as *syndrome*
  - » Cluster of symptoms that co-occur
- Proposed two major syndromes
  - » *Dementia praecox*
  - » *Manic-depressive psychosis*

Early Foundations: Biological Approaches

- *General paresis*
  - » Degenerative disorder with psychological symptoms caused by syphilis
- Since general paresis had biological cause, other mental illness might also.
- Early Biological treatments:
  - » Electroconvulsive Therapy (ECT)
    - – Cerletti and Bini (1938)
  - » Prefrontal lobotomy
    - – Moniz (1935)

Early Foundations: Genetics

- Rise of the idea that mental illness can be inherited (early 20th century)
- *Behavioral genetics*
  - » Extent to which behavioral differences are due to genetics
- Eugenics
  - » Promotion of enforced sterilization to eliminate undesirable characteristics from the population
  - » Many state laws required mentally ill to be sterilized

The Evolution of Contemporary Thought

1) Biological Perspectives

Early systems of **classifying mental disorders (Kraepelin)** led to a reemergence of the **biological perspective** in the eighteenth and nineteenth centuries. Developments outside the field of psychopathology, such as the **germ theory** of disease and the discovery of the cause of **syphilis (General paresis)**, illustrated how the brain and behavior were linked. Early investigations into the **genetics** of mental illness led to a tragic emphasis on eugenics and the enforced sterilization of many thousands of mentally ill individuals. Such biological approaches to treatment as induced insulin coma, **electroconvulsive therapy (ECT)**, and **lobotomy** eventually gave way to drug treatments.

Early Foundations: Psychological Approaches

- Mesmer (1734-1815)
  - » Treated hysterical patients with "animal magnetism"
  - » Early practitioner of hypnosis
- Breuer (1842-1925)
  - » Used hypnosis to facilitate *catharsis*
  - » *Catharsis*
    - – Release of emotional tension triggered by reliving and talking about event

Early Foundations: Freud

- Psychoanalytic theory
  - » Human behavior determined by unconscious forces.
  - » Psychopathology results from conflicts among these unconscious forces.

Freud's Structures of the Mind

- Id
  - » Unconscious
  - » *Pleasure principle*
    - – Demands immediate gratification
  - » Libido
    - – Energy of ID
- Ego
  - » Primarily conscious
  - » *Reality principle*
    - – Attempt to satisfy ID's demands within reality's constraints
- Superego
  - » Our conscience
  - » Develops as we incorporate parental and society values

Freud's Stage Theory of Psychosexual Development

- *Oral Stage (birth to 18 mos.)*
  - » Primary satisfaction from sucking & chewing
- *Anal Stage (18 mos. to 3)*
  - » Pleasure derived from elimination
- *Phallic Stage (3 to 5 or 6)*
  - » Pleasure derived from sexual organs
  - » Sexual desire for opposite sex parent.
    - – *Oedipus* or *Electra complex*
- *Latency Period (6 to 12)*
  - » Id impulses not a factor
- *Genital Stage (adulthood)*
  - » Heterosexual interests predominate

Freud's notion of Fixation and Regression

- *Fixation*
  - » Too little or too much gratification leads to fixation at that stage
  - » When stressed, individual *regresses* to earlier stage where fixated
  - » A person fixated at the oral stage might regress to smoking to much or eating too much during stressful periods in their life.

Defense Mechanisms

- Id, Ego, & Superego continually in conflict
- Conflict between the Id and Superego generates anxiety if Ego can't mediate it.
- *Defense mechanisms*
  - » Psychological maneuvers used by the Ego to manage stress & anxiety
- *Repression*
  - » Intentional, although unconscious, forgetting
    - – Memories, impulses, traumatic events

Neo-Freudians

- Jung
  - » Analytical psychology
    - – Incorporates elements of Freudian and humanistic psychology
  - » *Collective unconscious*
    - – Elements of the unconscious are shared by all humans
      - *Archetypes*
- Adler
  - » Individual psychology
    - – Striving for superiority

2) Psychological Perspectives

Psychological approaches to psychopathology evolved from **Mesmer's** manipulation of "animal magnetism" to treat hysteria (late eighteenth century) through **Breuer's** conceptualization of the cathartic method in his treatment of **Anna O.** (late nineteenth century) and culminated in **Freud's** psychoanalytic theories and treatment techniques (early twentieth century). Freud's theory emphasized stages of **psychosexual development** and the importance of **unconscious processes**, such as **repression** and **defense mechanisms** (see Davison, et al Table 1.1) that are traceable to early-childhood conflicts. Therapeutic interventions based on psychoanalytic theory make use of techniques such as **free association** and the analysis of **transference** (see Kring, et al Table 1.2) in attempting to overcome repressions so that patients can confront and understand their conflicts and find healthier ways of dealing with them. **Jung** and **Adler** took Freud's basic ideas in a variety of different directions. Freud's theorizing, though often criticized, introduced a number of concepts that are still discussed today, including defense mechanisms and the importance of the early environment in the development of psychological problems.

Rise of Behaviorism

- John Watson (1878-1958)
- Behaviorism
  - » Emphasis on learning rather than innate tendencies
  - » Focus on observable behavior

Classical Conditioning

- Pavlov (1849-1936)
  - » Learning through association
- Elements of learning
  - » *Unconditioned Stimulus* (*UCS*)
  - » *Conditioned Stimulus* (*CS*)
  - » *Unconditioned Response* (*UCR*)
  - » *Conditioned Response* (*CR*)
- Watson & Raynor (1920)
  - » Classically conditioned fear in Little Albert

Operant Conditioning

- E. Thorndike (1874-1949)
  - » Learning through consequences
  - » *Law of Effect*
- B.F. Skinner (1904-1990)
  - » *Principles of Reinforcement*
    - – *Positive reinforcement*
      - Behaviors followed by pleasant stimuli are strengthened
    - – *Negative reinforcement*
      - Behaviors that terminate a negative stimulus are strengthened
  - » *Shaping*
    - – Reward a sequence of responses that approximate the final response

Modeling

- Learning by imitating others' behavior based on observed contingencies of reinforcement.
- Bandura & Menlove (1968)
  - » Modeling reduced children's fear of dogs
- Behavior Therapy
  - » *Counterconditioning*
  - » *Systematic Desensitization*
  - » *Aversive conditioning*

3) Behaviorism

Behaviorism began its ascendancy in the 1920s and continues to be an important part of various psychotherapies. John **Watson** built on the work of Ivan **Pavlov** in showing how some behaviors can be conditioned through the association of a naturally occurring stimulus and newly introduced one (see Kring, et al Figure 1.3) B. F. **Skinner**, building on the work of Edward **Thorndike**, emphasized the contingencies associated with behavior, showing how **positive** and **negative reinforcement as well as punishers** could **shape** behavior. Research on **modeling** helped to explain how people can learn even when no obvious reinforcers are present by observing the contingencies of reinforcement similar others (who serve as models for the behavior) receive from the environment and imitating the behavior. Early **behavior therapy** techniques included **counter-conditioning** techniques (see Kring, et al Figure 1.4) such as **systematic desensitization** and **aversion therapy** as well as modeling appropriate behaviors.

Mental Health Professions

- Clinical Psychologist
  - » Ph.D. or Psy.D.
- Psychiatrist
  - » M.D.
- Social Workers
  - » M.S.W.

The Mental Health Professions

There are a number of different mental health professions, including **clinical psychologist, counseling psychologist, psychiatrist, psychoanalyst, social worker,** and **psychopathologist**. Each involves different training programs of different lengths and with different emphasis on research, psychological assessment, psychotherapy, and psychopharmacology. For example, psychiatrists are the only mental health professionals who can prescribe psychotherapeutic medications and psychologists are the only professionals who can interpret psychological assessment instruments. Most recently a blurring of these previous professional boundaries has been occurring with psychologists pushing for the training and the authority to prescribe medications.