

Introduction to Abnormal  
Psychology (48.235)  
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Chapter 1  
Abnormal Psychology  
Past & Present

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Outline/Overview

- Abnormality – definitions & related issues
- Historical approaches to abnormality
- Modern approaches to abnormality
- Treatment approaches
- Case study: Joyce Brown (Billie Boggs)
- Who deals with abnormality?
- Research methods

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What is psychological abnormality?

- The Four Ds
  - Deviance – Different, extreme, unusual
  - Distress – Unpleasant & upsetting
  - Dysfunction – Interfering with life
  - Danger – Careless & hostile

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**Abnormality (other ideas)**

- suffering
- maladaptiveness
- irrationality and incomprehensibility
- unpredictability and loss of control
- vividness and unconventionality
- observer discomfort
- violation of moral and ideal standards

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**Definitions of abnormality**

- differ dramatically over time
- across cultures
- examples
  - homosexuality
  - culture specific disorders

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**What do we do about abnormality?**

Provide treatment to "correct"

1. A sufferer who seeks relief from the healer
2. A trained, socially acceptable healer, whose expertise is accepted by the sufferer and his or her social group
3. A series of contacts between the healer and the sufferer, through which the healer tries to produce certain changes in the sufferer's emotional state, attitudes, and behavior

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**Early approaches to abnormality**

- animism
  - everyone and everything has a soul
  - evil spirits possessed an individual
  - responsible for their behavior
  - get rid of spirits (trephining)

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**Physical causes**

- Hippocrates (400 BC) imbalances in four vital humors (fluids that flow throughout the body)
- Hysteria
  - disorder found predominantly in women
  - felt to result from a wandering uterus
  - Greek for uterus (hysteria)
- Galen (200 AD)
  - first to consider physiological and psychological causes

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**Middle Ages**

- Church very powerful
  - Abnormal behavior struggle between God & Satan
  - Medical views largely ignored
- Animalism
  - similarities between animals and mad people
  - unable to control themselves
  - violence without provocation
  - live under terrible conditions

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### Toward modern medicine

- 1500's – Johann Weyer – first physician to specialize in mental illnesses
  - believed that the mind could be “sick” like the body
- many physicians considered madness treatable
- used the standard treatments of the day
  - bloodletting, purging, and forced vomiting

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### Early 20<sup>th</sup> Century Perspectives

- The Somatogenic Perspective
  - Abnormal functioning has physical causes
- The Psychogenic Perspective
  - Abnormal functioning has psychological causes

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### Somatogenic Approach

- Two factors responsible for re-emergence:
  - Emil Kraepelin's textbook argued that physical factors (like fatigue) lead to mental dysfunction
  - Biological discoveries (like untreated syphilis, Krafft Ebing)
  - Many useless treatments emerged

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### Psychogenic Approach

- Franz Anton Mesmer
  - obstructed flow of "animal magnetism"
  - he fixated his gaze and touched with iron rod
  - elaborate placebo effect

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### Jean Martin Charcot

- Neurologist
- mid-late 1800's
- used hypnosis to distinguish genuine physical symptoms from those with a hysterical basis

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### Josef Breuer

- late 1800's
- talk about problems and fantasies under hypnosis
- become very emotional
- on emerging from hypnosis, felt much better
- catharsis

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### Sigmund Freud

- studied under Charcot
- worked with Breuer
- therapeutic effects could be obtained without hypnosis
- emotional catharsis
- psychoanalysis

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### Hospitals/Asylums

- housed all of societies outcasts
- insane received the worst treatment
- origins as debtors prisons
- St. Mary's of Bethlehem (Bedlam) one of the worst
- late 1700's chains generally removed
- more humane conditions began to arise
- became common

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### Hospital/Asylum Reformers

- Philippe Pinel (1793) Paris
- William Tuke (1796) Founded York Retreat
- Early 1800's
  - Benjamin Rush - Pennsylvania Hospital
  - Dorothea Dix - helped establish 32 state hospitals
- By late 1800's moral treatment approach had started to decline - Why?

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**Current directions/trends in treatment**

- 1950s – Psychotropic medications discovered
  - Antipsychotics
- Led to deinstitutionalization and a rise in outpatient care
  - Problems?
  - Corrections system / Homelessness
- Payment arrangements
  - Managed care / Parity laws

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**The case of Joyce Brown (a.k.a. Billie Boggs)**

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**Who does diagnosis & treatment**

- Psychiatrist
- Psychologist
- Social Worker
- Counselor
- Whoever is doing the dx/tx
  - essentially a societal judgment
  - simple idiosyncrasies labeled abnormal
  - irrational to an observer may make sense from the actor's perspective

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## Two examples of diagnostic difficulties

- Generalized Anxiety Disorder
- Symptom pictures
- 43 combinations possible, 63 for children
- Major Depressive Episode
- 326 different disorders, 489 for children symptom

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## Generalized Anxiety Disorder

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The person finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). Note: Only one item is required in children.
- (1) restlessness or feeling keyed up or on edge
  - (2) being easily fatigued
  - (3) difficulty concentrating or mind going blank
  - (4) irritability
  - (5) muscle tension
  - (6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

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## Major Depressive Disorder

- A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
- Note:** Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.
- (1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). **Note:** In children and adolescents, can be irritable mood.
  - (2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).
  - (3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. **Note:** In children, consider failure to make expected weight gains.
  - (4) insomnia or hypersomnia nearly every day
  - (5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
  - (6) fatigue or loss of energy nearly every day
  - (7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
  - (8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
  - (9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

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**Research methods**

- Clinical case study
- Correlational studies
  - Correlation ≠ Causation
- Epidemiological studies
  - Incidence
  - Prevalence
- Longitudinal designs
- Experiments - statistical inference
  - Control group, random assignment, blind design

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**Research methods (cont.)**

- Alternative methods
  - single subject designs A-B-A-B
  - experiments of nature
  - analogue designs
  - quasi experiments
- All methods useful, strengths and weaknesses differ

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**Psychotherapy research**

- Efficacy studies
  - test under controlled laboratory conditions
- Effectiveness studies
  - test treatments actually conducted in the “real world”

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