

Introduction to Abnormal Psychology

Chapter 2
Historical Perspectives

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Outline/Overview

- Early approaches to abnormality
 - Animism/Demonology
 - Physical Causes
 - Emergence of Reason
 - Hospitals/Asylums Emerge
- Modern approaches
 - Organic Approach
 - Psychological Approach

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Early approaches to abnormality


- Animism/Demonology
 - everyone and everything has a soul
 - evil spirits possessed an individual
 - responsible for their behavior
 - get rid of spirits (trephining)
- Paradigms – framework for understanding



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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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Demonology Returns (500-1350 AD)


- 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
- Physicians and Clergy charged with driving out invaders

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Reason emerges

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


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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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Late 19th & Early 20th Century Perspectives

- The Organic View
 - Abnormal functioning has physical causes
- The Psychogenic Perspective
 - Abnormal functioning has psychological causes

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Organic 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, Richard von Krafft-Ebing)
 - Many useless treatments emerged



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Germs

- schizophrenia – long thought a possibility
- general paresis and syphilis
- after symptoms were thoroughly described search for a cause began
- connection w/syphilis difficult to make
 - syphilis often preceded paresis by as much as 30 years
 - serious stigma, powerful motivation to deny
 - overt symptoms quickly disappear

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Richard von Krafft-Ebing

- 1897 injected nine paresis patients who denied ever having the disease
- none developed sores
- soon a drug was developed
- penicillin made "nuisance disease"
- encouraged medical world to view mental illnesses as diseases of the body, like any other
- Unfortunately, no others thus far

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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
 - exposed as a fraud



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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

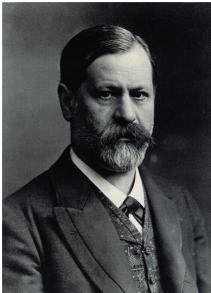
- late 1800's
- talk about problems and fantasies under hypnosis
- become very emotional
- on emerging from hypnosis, felt much better
- catharsis



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Sigmund Freud

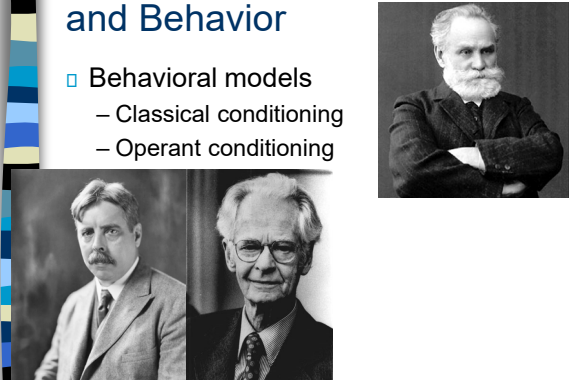
- studied under Charcot
- worked with Breuer
- therapeutic effects could be obtained without hypnosis
- emotional catharsis
- psychoanalysis – ch 3



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Scientific Study of Learning and Behavior

- Behavioral models
 - Classical conditioning
 - Operant conditioning



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Behavioral Models

- Behaviorism-dominant model 1920 until mid 60's
- Pavlov-US(food) -> UR (salivation)
- CS(bell) + US (food) -> UR (salivation)
- CS(bell) -> CR (salivation)
- acquisition-when the CR is acquired
- CS presented without the US for enough trials extinction occurs

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Classical conditioning

- explanation for initiation/maintenance of phobias
- what prevents extinction?
- disorder is the symptoms
- correct the symptoms and disorder is "cured"
- flooding (or exposure)
- effective, primarily with anxiety disorders.
- systematic desensitization-anxiety hierarchy
- situations confronted

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Operant conditioning

- Thorndike's original work
 - Law of Effect - Cats in puzzle boxes
- Formalized by Skinner
 - More details in Ch. 3

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