

Introduction to Abnormal Psychology

Chapter 2 Historical Perspectives

Outline/Overview

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


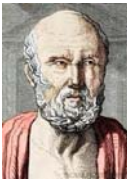
Early approaches to abnormality

- 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



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




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


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




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



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?



19th & Early 20th Century Perspectives

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

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




Models of abnormality

- Organic model
 - biochemical malfunction or physical abnormality
 - group symptoms into a syndrome
 - try to establish etiology of the syndrome


Sources of abnormality

- Neuroanatomy
- Biochemistry
- Genes
- Germs (virus/bacteria)
 - biological treatment is sought - usually drugs
 - lobotomies, insulin coma, shock




Germ

- 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



Richard von Krafft-Ebbing

- 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



Genetic causes

- Schizophrenia
 - twin studies have established genetic component
 - identical - concordance rate of about 50%
 - fraternal - about 10% (same as siblings)
 - clearly a genetic component
 - not genetically determined
 - diathesis-stress model
- personality traits with genetic components
 - IQ, mental speed, D&A abuse, well-being

Other causes

- Biochemical causes
 - Schizophrenia and dopamine
 - antipsychotics block dopamine receptors
 - Depression and serotonin
 - SSRI's prevent serotonin being reabsorbed
 - Mania and lithium
 - blood levels closely monitored.
- Neuroanatomy
 - tumors, brain injury or trauma
 - increased ventricle size in schizophrenia
 - CAT, PET, MRI, fMRI scans investigate brain structure and functioning.

Psychogenic Approach

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



Jean Martin Charcot

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



Josef Breuer

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



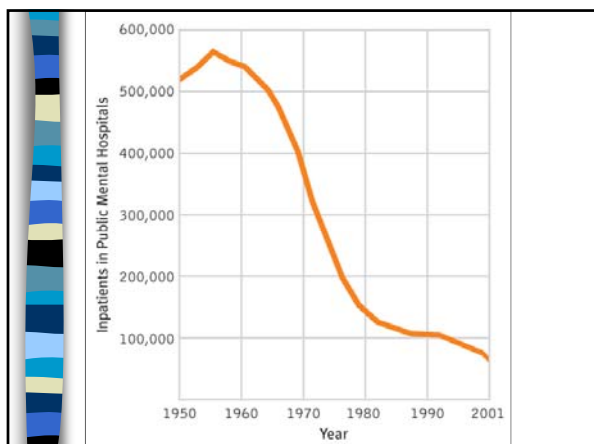
Sigmund Freud

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



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



Biological Treatments


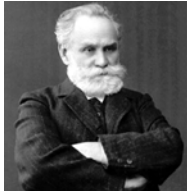
- schizophrenia – antipsychotics - thiorazine (chlorpromazine 1st antipsychotic)
 - enabled the discharge of many individuals from hospitals
 - serious side effects (tardive dyskinesia)
- Depression - MAO inhibitors-severe diet restrictions
 - tricyclics-less toxic, still serious side effects
 - SSRI's - better side effect profiles, minimal toxicity.
- Bipolar - lithium carbonate OD can cause heart failure
- Anxiety - benzodiazepines effective short term, long term dependence/tolerance – safe
- ECT/Psychosurgery

Evaluation of biomedical model

- Strength: large body of research supports the heritability of many disorders and traits
- Weaknesses: general paresis - only condition proven to result from a physical illness
 - heritability far less than 100%
 - nongenetic influences play a role
 - drugs only work while being taken

Scientific Study of Learning and Behavior

- Behavioral models
 - Classical conditioning
 - Operant conditioning




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

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



Operant conditioning

- positive reinforcer-increases probability of response preceding it
- negative reinforcer-increases probability of behavior preceding it
- punisher-decrease probability that behavior will be repeated
- operant-response whose probability can be manipulated
- treatments-selective reinforcement to shape a target behavior
- must find a reinforcer more powerful than the maladaptive behavior
- maladaptive behaviors often bring powerful reinforcers
- extinction-simply ignoring the behavior(s), removing the reinforcement.
