Module 1: What is Abnormal Psychology?

Module 1 Outline

1.1 Understanding Abnormal Behavior
1.2 Classifying Mental Disorders
1.3 The Stigma of Mental Illness
1.4 The History of Mental Illness
1.5 Research Methods in Psychopathology
1.6 Mental Health Professionals, Societies, and Journals

Module 1 Learning Objectives

- Explain what it means to display abnormal behavior.
- Clarify how mental health professionals classify mental disorders.
- Describe the effect of stigma on those who have a mental illness.
- Outline the history of mental illness.
- Describe the research methods used to study abnormal behavior and mental illness.
- Identify types of mental health professionals, societies they may join, and journals they can publish their work in.

1.1 Understanding Abnormal Behavior

Section 1.1 Learning Objectives

- Describe the disease model and its impact on the field of psychology throughout history. Describe positive psychology.
- Define abnormal behavior.
- Explain the concept of dysfunction as it relates to mental illness. Explain the concept of distress as it relates to mental illness.
- Explain the concept of deviance as it relates to mental illness. Explain the concept of dangerousness as it relates to mental illness. Define culture and social norms.
- Clarify the cost of mental illness on society.
- Define abnormal psychology, psychopathology, and mental disorders.

Section 1.1 Key Terms

Abnormal psychology: The scientific study of abnormal behavior, with the intent to be able to predict reliably, explain, diagnose, identify the causes of, and treat maladaptive behavior.

Abnormal behavior: A combination of personal distress, psychological dysfunction, deviance from social norms, dangerousness to self and others, and costliness to society.

Culture: The totality of socially transmitted behaviors, customs, values, technology, attitudes, beliefs, art, and other products that are particular to a group.

Dangerousness: The likelihood of a person harming themselves or others.

Deviance: Behavior that is outside of the norms of a particular culture.

Disease model: Focuses on identifying what's wrong with people, in order to 'fix' them.

Distress: Can take the form of psychological or physical pain, or both concurrently.

Dysfunction: Clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

Positive psychology: Has a more positive conception of human potential and nature; focuses on normal behavior.

Psychological disorders: Characterized by psychological dysfunction, which causes physical and/or psychological distress or impaired functioning and is not an expected behavior according to societal or cultural standards.

Psychopathology: The study of psychological disorders.

Section 1.1 Key Takeaways

- Abnormal behavior is a combination of personal distress, psychological dysfunction, deviance from social norms, dangerousness to self and others, and costliness to society.
- Abnormal psychology is the scientific study of abnormal behavior, with the intent to be able to predict reliably, explain, diagnose, identify the causes of, and treat maladaptive behavior.
- The study of psychological disorders is called psychopathology.
- Mental disorders are characterized by psychological dysfunction, which causes physical and/or psychological distress or impaired functioning and is not an expected behavior according to societal or cultural standards.

Section 1.1 Review Questions

1. What is the disease model and what problems existed with it? What was to overcome its limitations?
2. Can we adequately define normal behavior? What about abnormal behavior?
3. What aspects are part of the American Psychiatric Association's definition of abnormal behavior?
4. What is abnormal behavior? Psychopathology?
5. How do we define mental disorders?

1.2 Classifying Mental Disorders

Section 1.2 Learning Objectives

- Define and exemplify classification.
- Define nomenclature.
- Define epidemiology.
- Define the presenting problem and clinical description.
- Differentiate prevalence, incidence, and any subtypes.
- Define comorbidity.
- Define etiology.
- Define course.

- Define prognosis.
- Define treatment.

Section 1.2 Key Terms

<u>Classification</u>: How we organize or categorize psychological disorders.

<u>Clinical description</u>: The clinician's description of the client's presenting problem.

<u>Comorbidity</u>: When a client has two or more diagnosed psychological disorders at the same time.

<u>Course</u>: The pattern of a particular disorder (i.e., acute, chronic, or time-limited).

<u>Epidemiology</u>: The scientific study of the frequency and causes of diseases and other health-related states in specific populations such as a school, neighborhood, a city, country, and the world.

<u>Etiology</u>: The cause(s) of a disorder.

<u>Incidence</u>: The number of new cases in a population during a specific period.

<u>Nomenclature</u>: Naming system to structure our understanding of mental disorders in a meaningful way.

<u>Presenting problem</u>: The problem for which a client seeks treatment, as described by the client.

<u>Prevalence</u>: The percentage of people in a population that has a mental disorder, or the number of cases divided by the total number of people in the sample. Subcategorized into point (at a specific point in time), period (within a specific period of time), and lifetime (within an average individual's lifetime) prevalence.

<u>Prognosis</u>: Anticipated course that a psychological disorder will take.

<u>Treatment</u>: Any procedure intended to modify abnormal behavior into normal behavior.

Section 1.2 Key Takeaways

- Classification, or how we organize or categorize things, provides us with a nomenclature, or naming system, to structure our understanding of mental disorders in a meaningful way.
- Epidemiology is the scientific study of the frequency and causes of diseases and other health-related states in specific populations.
- Prevalence is the percentage of people in a population that has a mental disorder or can be viewed as the number of cases divided by the total number of people in the sample.
- Incidence indicates the number of new cases in a population over a specific period.
- Comorbidity describes when two or more mental disorders are occurring at the same time and in the same person.
- The etiology is the cause of a disorder while the course is its particular pattern and can be acute, chronic, or time-limited.
- Prognosis is the anticipated course the mental disorder will take.

Section 1.2 Review Questions

1. What is the importance of classification for the study of mental disorders?
2. What information does a clinical description include?
3. In what ways is occurrence investigated?
4. What is the etiology of a mental illness?
5. What is the relationship of course and prognosis to one another?

1.3 The Stigma of Mental Illness

Section 1.3 Learning Objectives

- Clarify the importance of social cognition theory in understanding why people do not seek care. Define categories and schemas.
- Define stereotypes and heuristics.
- Describe social identity theory and its consequences. Differentiate between prejudice and discrimination. Contrast implicit and explicit attitudes.
- Explain the concept of stigma and its three forms. Define courtesy stigma.
- Describe what the literature shows about stigma.

Section 1.3 Key Terms

Categories: One way meaning is added is by taking the information we just detected and using it to assign people to categories, or groups.

Courtesy stigma: When stigma affects people associated with a person who has a mental disorder.

Discrimination: Acting in a way that is negative against a group of people based on prejudiced views.

Explicit attitude: Views or attitudes within our conscious awareness.

Heuristics: Mental shortcuts that allow us to assess information very quickly.

In-group/out-group bias: The tendency to show favoritism to and exclude or hold a negative view of members outside of one's immediate group.

Implicit attitude: An attitude we are unaware of.

Label avoidance: To avoid being labeled as "crazy" or "nuts" people needing care may avoid seeking it altogether or stop care once started.

Out-group homogeneity: When we view all members of an outside group as the same.

Prejudice: Negative view or set of beliefs about a group of people.

Prototypes: Fuzzy sets of a relatively limited number of category-defining features that not only define one category but serve to distinguish it from other categories.

Public stigma: When members of a society endorse negative stereotypes of people with a mental disorder and discriminate against them.

Schemas: A set of beliefs and expectations about a group of people, believed to apply to all members of the group, and based on experience.

Self-stigma: When people with mental illnesses internalize the negative stereotypes and prejudice, and in turn, discriminate against themselves. They may experience shame, reduced self-esteem, hopelessness, low self-efficacy, and a reduction in coping mechanisms.

Social cognition: The process through which we collect information from the world around us and then interpret it.

Social identify theory: States that people categorize their social world into meaningfully simplistic representations of groups of people.

Stereotypes: Special types of schemas that are very simplistic, very strongly held, and not based on firsthand experience.

Stigma: When negative stereotyping, labeling, rejection, and loss of status occur. Overlaps with prejudice and discrimination.

Section 1.3 Key Takeaway

- Stigma is when negative stereotyping, labeling, rejection, and loss of status occur and take the form of public or self-stigma, and label avoidance.

Section 1.3 Review Questions

1. How does social cognition help us to understand why stigmatization occurs?
2. Define stigma and describe its three forms. What is courtesy stigma?
3. What are the effects of stigma on the afflicted?
4. Is stigmatization prevalent in the mental health community? If so, what can be done about it?
5. How can we reduce stigmatization?

1.4 The History of Mental Illness

Section 1.4 Learning Objectives

- Describe prehistoric and ancient beliefs about mental illness. Describe Greco-Roman thought on mental illness.
- Describe thoughts on mental illness during the Middle Ages. Describe thoughts on mental illness during the Renaissance.
- Describe thoughts on mental illness during the 18th and 19th centuries. Describe thoughts on mental illness during the 20th and 21st centuries. Describe the status of mental illness today.
- Outline the use of psychoactive drugs throughout time and their impact.
- Clarify the importance of managed health care for the treatment of mental illness. Define and clarify the importance of multicultural psychology.
- State the issue surrounding prescription rights for psychologists. Explain the importance of prevention science.

Section 1.4 Key Terms

Asylum: Places of refuge for the mentally ill where they could receive care, began to rise during the 16th century as the government realized there were far too many people afflicted with mental illness to be left in private homes.

Biological or somatogenic perspective: According to this perspective, abnormality is caused by a biological disorder or illness.

Cathartic method: Developed by Josef Breuer (1842-1925), who induced hypnosis and had patients speak freely about past events that upset them.

Deinstitutionalization: The release of patients from mental health facilities as a result of the development of psychotropic medications.

Exorcism: A treatment for mental illness in which 'evil spirts' were cast out through prayer, magic, flogging, starvation, having the person ingest horrible tasting drinks, or noisemaking; used in Early Greek, Hebrew, Egyptian, and Chinese cultures.

Group hysteria: Also referred to as mass madness, is when people display similar symptoms and false beliefs.

Humanism: Worldview that emphasizes human welfare and the uniqueness of the individual.

Humours: The Greek physician Hippocrates (460-377 B.C.) described four main fluids or humors that directed normal brain functioning and personality – *blood* which arose in the heart, *black bile* arising in the spleen, *yellow bile* or choler from the liver, and *phlegm* from the brain. Hippocrates believed that mental disorders occurred when the humors were in a state of imbalance.

Lycanthropy: The belief that one is possessed by wolves or other animals and imitating their behavior.

Managed healthcare: A type of health insurance in which the insurance company determines the cost of services, possible providers, and the number of visits a subscriber can have within a year.

Mental hygiene movement: In the 1800s, this movement focused on the physical well-being of patients.

Moral treatment movement: In Europe in the late 18th century and then in the United States in the early 19th century, this movement emphasized respectful treatment and moral guidance for the mentally ill while considering their individual, social, and occupational needs.

Mesmerism: Also known as hypnosis.

Multicultural psychology: As our society becomes increasingly diverse, medical practitioners and psychologists alike have to take into account the patient's gender, age, race, ethnicity, socioeconomic (SES) status, and culture and how these factors shape the individual's thoughts, feelings, and behaviors. Additionally, we need to understand how the various groups, whether defined by race, culture, or gender, differ from one another.

Prevention science: Identifying the factors that cause specific mental health issues and implementing interventions to stop them from happening, or at least minimize their deleterious effects.

Psychological or psychogenic perspective: This perspective states that emotional or psychological factors are the cause of mental disorders and is a challenge to the biological perspective.

Syndrome: Symptoms that occur regularly in a cluster.

Tarantism: In ancient Greek and Roman culture, a mania in which large numbers of people had an uncontrollable desire to dance and jump, often for long periods of time, and sometimes to the point of exhaustion. In Germany and other parts of Europe, it was called Saint Vitus's dance.

Trephination: In prehistoric times, a stone instrument known as a trephine was sometimes used to remove part of the skull, creating an opening.

Section 1.4 Key Takeaways

- Some of the earliest views of mental illness saw it as the work of evil spirts, demons, gods, or witches who took control of the person, and in the Middle Ages it was seen as possession by the Devil and methods such as exorcism, flogging, prayer, the touching of relics, chanting, visiting holy sites, and holy water were used to rid the person of demonic influence.
- During the Renaissance, humanism was on the rise which emphasized human welfare and the uniqueness of the individual and led to an increase in the number of asylums as places of refuge for the mentally ill.
- The 18th to 19th centuries saw the rise of the moral treatment movement followed by the mental hygiene movement.
- The psychological or psychogenic perspective states that emotional or psychological factors are the cause of mental disorders and represented a challenge to the biological perspective which said that mental disorders were akin to physical disorders and had natural causes.
- Psychiatric or psychotropic drugs used to treat mental illness became popular beginning in the 1950s and led to deinstitutionalization or a shift from inpatient to outpatient care.

Section 1.4 Review Questions

1. How has mental illness been viewed across time?

2. Contrast the moral treatment and mental hygiene movements.

3. Contrast the biological or somatogenic perspective with that of the psychological or psychogenic perspective.

4. Discuss contemporary trends in relation to the use of drugs to treat mental illness, deinstitutionalization, managed health care, multicultural psychology, prescription rights for psychologists, and prevention science.

1.5 Research Methods in Psychopathology

Section 1.5 Learning Objectives

- Define the scientific method.
- Outline and describe the steps of the scientific method, defining all key terms.
- Identify and clarify the importance of the three cardinal features of science.

- List the five main research methods used in psychology.
- Describe observational research, listing its advantages and disadvantages. Describe case study research, listing its advantages and disadvantages.
- Describe survey research, listing its advantages and disadvantages. Describe correlational research, listing its advantages and disadvantages. Describe experimental research, listing its advantages and disadvantages. State the utility and need for multimethod research.

Section 1.5 Key Terms

ABAB research design: In an experiment, the attempt to measure a baseline (the first A), a treatment measurement (the first B), the withdrawal of treatment (the second A), and the re-introduction of treatment (the second B); also referred to as reversal and is a type of single-subject experimental design.

Case study: A detailed description of one person or a small group based on careful observation.

Confounding variables: Variables not originally part of the research design but could contribute to the results in a meaningful way; sometimes referred to as third variables.

Control group: In an experiment, this group does not receive the treatment (i.e., independent variable) but is otherwise treated the same as the experimental group.

Correlational research: Examines the relationship between two variables or two groups of variables.

Critical thinking: Our ability to assess claims made by others and make objective judgments that are independent of emotion and anecdote and based on hard evidence.

Dependent variable: Is thought to be caused or affected by the independent variable. This variable is measured in an experiment after applying the independent variable.

Descriptive statistics: Provide a means of summarizing or describing data and presenting it in a usable form.

Epidemiological study: In this type of study, the prevalence and incidence of a disorder in a specific population are measured.

Experiment: A controlled test of a hypothesis in which a researcher manipulates one variable and measures its effect on another variable.

Experimental group: In an experiment, this group receives the treatment (i.e., independent variable).

Generalizability: The degree to which the results of a study can be applied to a larger population.

Hypothesis: A testable prediction.

Independent variable: Is thought to cause or affect the dependent variable in some way. The independent variable is manipulated in an experiment.

Inferential statistics: Allow for the analysis of two or more sets of numerical data to determine the statistical significance of the results.

Literature review: Conducting a literature search through a university library or a search engine, such as Google Scholar, to see what questions have been investigated already and what answers have been found so that we can identify gaps or holes in this body of work.

Multi-method research: When more than one research method is used in an experiment, with each method used at different stages of the experiment.

Observational research: When a scientist studies human or animal behavior either in its natural environment, which could include the home, school, or a forest (naturalistic observation) or in the laboratory (laboratory observation).

Placebo: A harmless pill, medicine, or procedure; used in experimental research to test the effectiveness of a treatment.

Random assignment: Assigning participants to either the experimental or control groups randomly so that each participant has an equal chance of being assigned to either group.

Replication: In research, repeating a study to confirm its results.

Research design: Our plan of action of how we will go about testing a hypothesis or set of hypotheses.

Scientific method: A systematic method for gathering knowledge about the world around us.

Single-subject experimental design: An experiment in which the focus is on one individual.

Social desirability: When a participant answers questions dishonestly so that he/she is seen in a more favorable light.

Statistical significance: How confident we are that our results are due to our manipulation of the independent variable or design and not chance.

Surveys/self-report: A questionnaire consisting of at least one scale with some questions is used to assess a psychological construct of interest, such as parenting style, depression, locus of control, or sensation-seeking behavior. It may be administered by paper and pencil or computer.

Survey research: The use of surveys to collect data in a study.

Theory: In the social sciences, the systematic explanation of a phenomenon.

Section 1.5 Key Takeaways

- The scientific method is a systematic method for gathering knowledge about the world around us. A systematic explanation of a phenomenon is a theory, and our specific, testable prediction is the hypothesis.
- Replication is when we repeat the study to confirm its results.
- Psychology's five main research designs are observation, case studies, surveys, correlation, and experimentation.
- No single research method alone is perfect – all have strengths and limitations.

Section 1.5 Review Questions

1. What is the scientific method and what steps make it up?

2. Differentiate theory and hypothesis.
3. What are the three cardinal features of science and how do they relate to the study of mental disorders?
4. What are the five main research designs used by psychologists? Define each and then state its strengths and limitations.
5. What is the advantage of multi-method research?

1.6 Mental Health Professionals, Societies, and Journals

Section 1.6 Learning Objectives

- Identify and describe the various types of mental health professionals.
- Clarify what it means to communicate findings.
- Identify professional societies in clinical psychology.
- Identify publications in clinical psychology.

Section 1.6 Key Terms

Child/adolescent psychiatrist: Has specialized training in the diagnosis and treatment of mental illness in children (M.D. degree). Prescribes medications.

Clinical psychologist: Trained to make diagnoses and can provide individual and group therapy (Ph.D. degree). Can prescribe medications in some states in the US.

Clinical social worker: Trained to make diagnoses and can provide individual and group therapy and is involved in advocacy and case management (M.S.W. or Ph.D. degree). Usually work in hospital settings. Does not prescribe medications.

Counseling psychologist: Deals with adjustment issues primarily and less frequently with mental illness (Ph.D. degree). Does not prescribe medications.

Drug and/or alcohol abuse counselor: Trained in alcohol and drug abuse and can make diagnoses and can provide individual and group therapy (B.S. or B.A. degree or higher). Does not prescribe medications.

Marital and family therapist: Has specialized training in marital and family therapy; can make diagnoses and provides individual and group therapy (M.S. or M.A. degree or higher). Does not prescribe medications.

Occupational therapist: Trained to assist individuals suffering from physical or psychological handicaps and help them acquire needed resources (B.S. degree or higher). Does not prescribe medications.

Pastoral counselor: Trained in pastoral education; can make diagnoses and can provide individual and group therapy (clergy, who typically have a degree in theology). Does not prescribe medications.

Psychiatric nurse practitioner: Has specialized training in the care and treatment of psychiatric patients (M.S.N. [master's degree] or D.N.P. [doctorate degree]). Prescribes medications.

Psychiatrist: Has specialized training in the diagnosis and treatment of mental disorders (M.D. degree). Prescribes medications.

<u>School psychologist</u>: Trained to make diagnoses and can provide individual and group therapy but also works with school staff (masters' or doctoral degree). Does not prescribe medications.

Section 1.6 Key Takeaways

- Mental health professionals take on many different forms with different degree requirements, training, and the ability to prescribe mediations.
- Telling others what we have done is achieved by joining professional societies and submitting articles to peer-reviewed journals.

Section 1.6 Review Questions

1. Provide a general overview of the types of mental professionals and the degree, training, and ability to prescribe medications that they have.

2. Briefly outline professional societies and journals related to clinical psychology and related disciplines.