CHAPTER 2: Historical and Contemporary Views of Abnormal Behavior

Teaching Objectives

1. Explain why in ancient times abnormal behavior was attributed to possession by a demon or god, and describe how shamans and priests administered exorcism as the primary treatment for demonic possession.
2. Describe the important contributions from 460 BC to 200 AD of Hippocrates, Plato, Asclepiades, Aristotle, and Galen to the conceptualization of the nature and causes of abnormal behavior.
3. Discuss how mental disorders were viewed during the Middle Ages.
4. Describe the work of Avicenna and the differences between conceptions of mental health in Europe and the Middle East during the Middle Ages.
5. Give examples of mass madness or mass hysteria and summarize the explanations offered for this unusual phenomenon.
6. Outline the contributions in the late Middle Ages and early Renaissance of Paracelsus, Johan Weyer, and St. Vincent de Paul, all of whom argued that those showing abnormal behavior should be seen as mentally ill and treated with humane care.
7. Describe the inhumane treatment that mental patients received in early “insane asylums” in Europe and the United States.
8. Describe the humanitarian reforms in the treatment of mental patients that were instigated by Philippe Pinel, William Tuke, Benjamin Rush, and Dorothea Dix.
9. Review how mental disorders were viewed during the 19th Century and the 21st Century.
10. Explain how both the discovery of a biological basis for general paresis and a handful of other disorders (such as the senile mental disorders, toxic mental disorders, and certain types of mental retardation) contributed in a major way to the development of a scientific approach to abnormal psychology as well as to the emergence of modern experimental science, which is largely biological.
11. Distinguish between biological and nonbiological versions of medical-model thinking about psychopathology.
12. Trace the important events in the development of psychoanalysis and the psychodynamic perspective.
13. Contrast the biological and psychodynamic views of abnormal disorders.
14. Describe how the techniques of free association and dream analysis helped both analysts and their patients.
15. List the major features of the behavioral perspective.
16. Discriminate between classical and operant conditioning.
17. Explain the problems associated with interpreting historical events.

Chapter Overview/Summary

Progress in understanding abnormal behavior over the centuries has not been smooth or uniform. The steps have been uneven, with great gaps in between. Unusual, even bizarre, views or beliefs have often sidetracked researchers and theorists. The dominant social, economic, and religious views of the times have had a profound influence over how people view abnormal behavior.

In the ancient world, superstitions were followed by the emergence of medical concepts in places such as Egypt and Greece; many of these concepts were developed and refined by Roman physicians. With the fall of Rome near the end of the fifth century (AD), superstitious views dominated popular thinking about mental disorders in Europe for more than a thousand years. The more scientific aspects of Greek medicine survived only in the Islamic counties of the Middle East. As late as the 15th and 16th centuries it was still widely believed, even by scholars, that some mentally disturbed people were possessed by a devil, and the primary treatment for demonic possession was for an exorcism to be conducted.

Great strides have been made in our understanding of abnormal behavior. For example, during the latter stages of the Middle Ages and early Renaissance, a spirit of scientific questioning reappeared in Europe, and several noted physicians spoke out against inhumane treatments. There was a general movement away from superstitions

and “magic” toward reasoned, scientific studies. During the times of the Greek and Romans, the Greek physician known as Hippocrates (460-377 B.C.) (now referred to as the father of modern medicine) was one of the first to state that the brain can also be diseased. He classified all mental disorders into three basic categories of mania, melancholia, and phrenitis. He further espoused that illness was also due to an imbalance of four essential fluids (blood, phlegm, bile, and black bile). During the Middle Ages, some of the ancient views and treatment methods were still present and scientific thinking was not as important.

With the recognition of a need for the special treatment of disturbed people came the founding of various “asylums” toward the end of the 16th century. However, with institutionalization came the isolation and maltreatment of mental patients. Although these asylums had good intentions initially, they later became warehouses for mental patients. Slowly this situation was recognized, and in the 18th century, further efforts were made to help afflicted individuals by providing them with better living conditions and humane treatments, though these were likely the exception rather than the rule. The development of the mental hospital movement continued into the 20th century. However, over the last four decades of the century, there was a strong movement to close mental hospitals and release people into the community. This movement remains controversial.

The 19th and early 20th centuries witnessed a number of scientific and humanitarian advances. The work of Philippe Pinel in France, William Tuke in England, and Benjamin Rush and Dorothea Dix in the United States prepared the way for several important developments in contemporary abnormal psychology. Among these were the gradual acceptance of mental patients as afflicted individuals who needed and deserved professional attention; the success of biomedical methods as applied to disorders; and the growth of scientific research into the biological, psychological, and sociocultural roots of abnormal behavior. In the 19th century, great technological discoveries and scientific advancements were made in the biological sciences that aided in the understanding and treatment of disturbed individuals. A major biomedical breakthrough, for example, came with the discovery of the organic factors underlying general paresis—syphilis of the brain—that had been one of the most serious illnesses of the day.

Our modern scientific views of abnormal behavior have several historical branches. Four main themes were highlighted in this chapter: (1) the biological, (2) the development of a classification system, (3) the psychodynamic, and (4) the psychological research viewpoints. These viewpoints will be addressed further in chapter three.

In the early part of the 18th century, knowledge of anatomy, physiology, neurology, chemistry, and general medicine increased rapidly. These advances led to the identification of the biological, or organic, pathology underlying many physical ailments. The development of a psychiatric classification system by Kraepelin played a dominant role in the early development of the biological viewpoint. Kraepelin’s work (a forerunner to the DSM system) helped to establish the importance of brain pathology in mental disorders and made several related contributions that helped establish this viewpoint.

The first major steps toward understanding psychological factors in mental disorders were taken by Sigmund Freud. During five decades of observation, treatment, and writing, he developed a theory of psychopathology, known as psychoanalysis, which emphasized the inner dynamics of unconscious motives. Over the last half-century, other clinicians have modified and revised Freud’s theory, evolving new psychodynamic perspectives. Scientific investigation into psychological factors and human behavior also began to make progress in the latter part of the 19th century. The end of the 19th and early 20th centuries saw experimental psychology evolve into clinical psychology with the development of clinics to study, as well as intervene in, abnormal behavior.

Two major schools of learning paralleled this development, and behaviorism emerged as an explanatory model in abnormal psychology. The behavioral perspective is organized around a central theme—that learning plays an important role in human behavior. Although this perspective was initially developed through research in the laboratory, unlike psychoanalysis, which emerged out of clinical practice with disturbed individuals, it has been shown to have important implications for explaining and treating maladaptive behavior. Understanding the history of viewpoints on psychopathology, with its forward steps and its reverses, helps us understand the emergence of modern concepts of abnormal behavior.

Detailed Lecture Outline

I. Historical Views of Abnormal Behavior

A. Demonology, Gods, and Magic

1. Abnormal behavior attributed to demonic possession
   a. Differentiated good vs. bad spirits based on the individual's symptoms
   b. Religious significance of possession
2. Treatment for possession through exorcism

B. Hippocrates' Early Medical Concepts

1. Hippocrates insisted mental disorders due to natural causes–believed brain was the central organ of intellectual activity and that mental disorders were due to brain pathology
2. Hippocrates also emphasized the importance of heredity and predisposition; pointed out that head injuries could lead to sensory and motor disorders
3. Classified all mental disorders into three categories based on detailed clinical observations:
   a. Mania
   b. Melancholia
   c. Phrenitis (brain fever)
4. Doctrine of the four essential fluids (Hippocrates and, later, Galen)
   a. Blood (sanguis)
   b. Phlegm
   c. Bile (choler)
   d. Black bile (melancholer)
   e. Treatments were designed for the specific classifications and recognized the importance of the environment
   f. Some treatments during this time were regular and tranquil life, sobriety from all excesses, a vegetable diet, celibacy, exercise, and bleeding
5. Many misconceptions were perpetuated
   a. Hysteria caused by a wandering uterus, pinning for a child where marriage was the cure
   b. Four bodily fluids out of balance
   c. Delirium was used to describe symptoms of mental disorders that result from fever or physical injury

Lecture Launcher 2.1: Are We Smarter than Hippocrates?

C. Early Philosophical Conceptions of Consciousness

1. Plato (429-347 B.C.)
2. Greek philosopher who studied individuals with mental illness who has committed criminal acts
   a. Claimed diminished criminal responsibility for mentally ill
   b. Emphasized in *The Republic* the role of sociocultural factors in etiology and treatment
   c. Despite this, believed that mental disorders were partly divinely caused
3. Aristotle
   a. Largely Hippocratic in views
   b. Rejected importance of frustration and conflict in causing mental disorders
   c. Described role of consciousness
   d. Greek philosopher (384-322 B.C.)
   e. Student of Plato

D. Later Greek and Roman Thought

1. Greek and Roman thought influenced medical thought in Alexandria, Egypt
   a. Environmental factors considered important

b. Wide range of treatments provided
c. Ascleplades (c. 124-40 B.C.) was a Greek physician born in Asia Minor who practiced medicine and developed a theory of disease based on the flow of atoms through the pores in the body

2. The Greek physician Galen (A.D. 130-200)
   a. Elaborated upon anatomy of the nervous system based on animal dissection
   b. Divided causes of psychological disorders into physical and mental categories
3. Roman medicine
   a. Pragmatic approaches
   b. Treatment via *contrariis contrarius* (opposite by opposite)—for instance, giving chilled wine while patient was in warm tub

E. Early Views of Mental Disorders in China

1. Early Chinese medicine based on the belief that illness was naturally based; for example, yin and yang, a division of positive and negative forces—when balanced, overall health; when imbalanced, illness results
2. Treatments here focus on restoring balance
3. Chung Ching in AD 200 argued like Hippocrates that organ pathologies were the primary reason for illness but added that stressors could lead to organ pathologies

F. Views of Abnormality During the Middle Ages

1. Islamic countries preserved some scientific aspects of Greek medicine
   a. First mental hospital established in Baghdad in AD 792
   b. Avicenna, the "prince of physicians," wrote the Canon of Medicine, which may be the most widely studied medical work ever written
2. European attitudes toward mental disorder were marked by superstition
   a. Mental disorders were prevalent in this period
   b. Supernatural explanations of abnormality grew in popularity
   c. Sin was seen as a cause of only a minority of cases
3. **Mass madness**—widespread occurrence of group behaviors disorders that were cases of hysteria
   (1) **Tarantism**—uncontrollable impulse to dance often attributed to the bite of the southern European tarantula or wolf spider, related to episodes in Italy; **Saint Vitus's Dance** elsewhere in Europe
   (2) **Lycanthropy**—belief in possession by wolves, affected many rural residents
   (3) Oppression, disease, and famine maintained the mass hysterias
   (4) Plague (Black Death) seen as engendering mysticism, killed 50% of the population in Europe
   (5) Occasionally mass madness is seen even today
      (a) April 1983 West Bank Palestinian girls
      (b) 1992 in Nigeria – Koro
4. Exorcism and witchcraft
   a. **Exorcisms** were performed by the gentle laying on of hands
      (1) Management of mentally disturbed left largely to clergy
      (2) Treatment occurred mainly in monasteries and was relatively kind
      (3) Although we used to think that a connection between witchcraft and mental illness was common during the Middle Ages, it now appears substantially overestimated
      (4) Recently, there has been a resurgence of belief in supernatural forces as the cause of psychological problems and exorcism as the appropriate treatment

Lecture Launcher 2.2: How Could They Think That?

II. Toward Humanitarian Approaches (late Middle Ages and early Renaissance)

A. The Resurgence of Scientific Questioning in Europe

1. Paracelsus (1490-1541), Swiss physician, was an early critic of mental illness as possession
    a. Formulated the idea of psychic causes for mental illness
    b. Advocated treatment by "bodily magnetism," later called hypnotism
    c. Believed in astral influences on behavior
2. Johann Weyer (1515-1588), German physician, is considered a founder of modern psychopathology
    a. Rebutted *Malleus Maleficarum*
    b. First physician to specialize in mental disorders
    c. Scorned by his peers and his works were banned by the church until the 20th century
3. St. Vincent de Paul declared mental disease no different than physical

B. The Establishment of Early Asylums

1. Early asylums were simply places to warehouse troublesome people
2. First hospital in Europe was probably the Valencia mental hospital in Spain in 1409
3. 1547–monastery of St. Mary of Bethlehem in London was officially made into an asylum by Henry VIII
    a. "Bedlam" and its deplorable conditions
    b. More violent patients were exhibited to the public for one penny a look
    c. More harmless inmates forced to seek charity on the streets
4. Proliferation of asylums across Europe and the Americas
5. Harsh tactics used to control unruly or excited patients
6. **Asylums—**sanctuaries or places of refuge meant solely for the care of individuals with mental illness
7. In the U.S., the Pennsylvania Hospital in Philadelphia completed under the guidance of Benjamin Franklin in 1756

C. Humanitarian Reform (late 18th century)

1. Pinel's experiment (1792 at La Bicetre in Paris)
    a. Removed chains from mental patients as an experiment
    b. Patients treated with kindness, as sick people would be
    c. Fortunately, the experiment was a success with increased peace and order
    d. Recent evidence suggests that Pinel's predecessor at La Bicetre, Jean-Baptiste Pussin, may have begun the process of removing the chains and treating the patients with more kindness
    e. Philippe Pinel (1745-1826)
2. Tuke's work in England—the York Retreat
    a. Based on Quaker principles
    b. Sparked the growth of more humane mental health treatment
    c. Hitch introduced trained nurses and trained supervisors
    d. Not only improved care for patients but changed public attitudes
    e. William Tuke (1732-1822)
3. Rush and moral management in America
    a. Benjamin Rush founded American psychiatry
        (1) Encouraged more humane treatment
        (2) Wrote first systematic treatise on psychiatry in America
        (3) First American to organize a course in psychiatry
        (4) Despite these advances, he believed in astrology, bloodletting, and purgatives
        (5) Rush invented the "tranquilizing chair"
        (6) Benjamin Rush (1745-1813)

MyPsychLab Resource 2.1: Video on "Asylum: History of the Mental Institution in America"

Lecture Launcher 2.3: How Can Social Progress Be Accelerated?

b. **Moral Management**—wide-ranging method of treatment that focuses on social, individual, and occupational needs
    (1) Achieved a high degree of effectiveness
    (2) Nearly abandoned by the late nineteenth century
        (a) Ethnic prejudice that came with rising immigrant population
        (b) Failure to train replacements
        (c) Overextension of hospital facilities
        (d) Rise of Mental Hygiene movement condemned patients to dependency
        (e) An emphasis on physical basis of mental illness countered moral treatment

4. Dix and the mental hygiene movement (1841–1881)
    a. Aroused worldwide awareness of inhumane treatment for the mentally ill
    b. Established 32 mental hospitals in the United States, Canada, Scotland, and other countries
    c. Movement can be criticized as leading to the warehousing of the mentally ill in overcrowded facilities
    d. **Mental hygiene movement—**advocated for a method of treatment that focused almost exclusively on the physical well-being of mental health patients
    e. Benjamin Franklin's early work with electricity accidently lead to the exploration to use electricity to treat mental illness

Activity 2:1: The History Channel

5. The military and the mentally ill—alcohol was viewed as a key cause of psychological problems among soldiers

D. Nineteenth-Century Views of the Causes and Treatment of Mental Disorders

1. In the early part of the 19th century:
    a. Mental hospitals essentially controlled by lay persons for the treatment of "lunatics"
    b. Psychiatrists, known as "alienists," played little to no role in caring for the mentally ill
    c. Effective treatments not available
2. By latter part of 19th century, alienists were in control of insane asylums and incorporated the traditional moral management therapy
3. Emotional problems came to be viewed as a result of expenditure of energy, depletion of bodily energies, or shattered nerves—this came to be known as neurasthenia"

Handout 2.1: Connecting Treatment to Etiology

E. Changing Attitudes Toward Mental Health in the Early 20th Century

1. Asylums viewed by public as eerie, strange, and frightening
2. Attitudes toward mental health began changing at the beginning of the 20th century with the publication of Clifford Beer's book, *A Mind That Found Itself*

F. Mental Hospital Care in the 21st Century

1. Substantial growth in numbers of hospitals in first half of century
    a. Lengthy hospital stays
    b. Little effective treatment
2. 1946—Changing views of mental health services
    a. Mary Jane Ward published *The Snake Pit*
    b. The National Institute of Mental Health is organized
    c. The Hill-Burton Act is passed funding community mental health agencies
3. 1961—Goffman published *Asylums,* which provided a detailed account of the neglect and maltreatment of patients in mental hospitals

4. Community Health Services Act of 1963 helped to create outpatient psychiatric clinics to treat individuals with mental illness
5. Development of effective medications, such as lithium and phenothiazines
6. **Deinstitutionalization**
    a. Replacement of inpatient hospitals by community-based care, day treatment hospitals, and outreach programs
    b. Impetus for this movement was that it was considered more humane, and cost effective, to treat mental disorders outside of hospitals, thereby preventing the learning of negative behaviors acquired as people adapted to institutionalization
    c. International movement
    d. Failure of deinstutionalization illustrated by homeless mentally ill may be due, in part, to the failure of society to develop ways to fill the gaps in mental health care

Teaching Tip 2.1: Deinstitutionalization

III. The Emergence of Contemporary Views of Abnormal Behavior

A. Biological Discoveries: Establishing the Link Between the Brain and Mental Disorder

1. General paresis and syphilis
    a. General paresis produced paralysis and insanity; typically causing death within two to five years
    b. 1917—von Wagner-Jauregg introduced the malarial fever treatment of syphilis; the high fever associated with the malaria killed off the bacteria
    c. Early malarial treatment represented the first clear-cut conquest of a mental disorder by medical science
    d. Raised hopes that medical science would uncover organic bases for all mental disorders
2. Brain pathology as a causal factor
    a. Von Haller, *Elements of Physiology* (1757)
    b. Griesinger, *The Pathology and Therapy of Psychic Disorders* (1845)
    c. Alzheimer established the brain pathology in cerebral arteriosclerosis and in the senile mental disorders
    d. Identified organic pathologies underlying the toxic mental disorders, certain types of mental retardation, and other mental illnesses
    e. Important to note that although this has led us to understanding *"how"* these disorders are caused, we don't always know *"why"* disorders afflict one person and not another

B. The Development of a Classification System

1. Emil Kraepelin
2. Textbook, *Compendium der Psychiatrie*, published in 1883
3. Recognizing symptom patterns was a forerunner of the modern DSM-IV-TR

C. Development of the Psychological Basis of Mental Disorder

1. Sigmund Freud (1856-1939)
2. Psychoanalytic perspective—emphasizes the inner dynamics of unconscious motives
3. Psychoanalysis—the methods used to study and treat patients from a psychodynamic point of view
4. Mesmerism
    a. Mesmer believed that the planets affected a universal magnetic fluid in the body—the distribution of this fluid determined health or disease
    b. Paris, 1778: Mesmer opened a clinic where he treated all kinds of diseases through "animal magnetism"
    c. Branded a charlatan by medical colleagues and an appointed body of noted scholars including Benjamin Franklin

\Lecture Launcher 2.4: Mesmer and Hypnotism

5. The Nancy School—viewed hysteria as self-hypnosis
    a. Ambrose August Liebeault (1823-1904) used hypnosis successfully in his practice
    b. Jean Charcot clashed with the Nancy School
        (1) Believed that degenerative brain changes led to hysteria
        (2) Eventually was proven wrong and the Nancy School triumphed
        (3) First recognition of a psychologically cased mental disorder
6. The Beginnings of Psychoanalysis
    a. Nancy School believed in hysteria and that those symptoms could be removed through hypnosis

Handout 2.2: The Impact of Early Relationships

    b. Discovery of the unconscious
        (1) Breuer—unlike others using hypnotism, Freud and Breuer allowed their patients to talk freely about their problems while under hypnosis
        (2) **Catharsis**—this emotional release not only helped patients but revealed to the therapists the nature of the problems that had brought about the symptoms
        (3) **Unconscious**—the portion of the mind that contains experiences of which a person is unaware
        (4) **Free association**—involved having patients talk freely about themselves providing information about their feelings, motives, etc.
        (5) **Dream analysis**—involved having patients record and describe their dreams

Activity 2.3: Catharsis and Writing about Trauma

        (6) Patients, however, did not see any connection, upon awakening from the hypnosis, between their problems and their symptoms
        (7) Led to formation of the notion of the unconscious
        (8) Free association and dream analysis

D. The Evolution of the Psychological Research Tradition: Experimental Psychology

Lecture Launcher 2.5: Schizophrenia in Historical Perspective

1. The early psychology laboratories
    a. 1879 Wilhelm Wundt at University of Leipzig
    b. J. McKeen Cattell brought Wundt's methods to the U.S.
    c. 1896 Witmer's psychological clinic at University of Pennsylvania
        (1) Clinic focused on the problems of mentally deficient children
        (2) Witmer seen as the founder of clinical psychology
    d. Other clinics soon established
        (1) Chicago Juvenile Psychopathic Institute in 1909 by William Healy
        (2) Healy was the first to view juvenile deviancy as a symptom of urbanization; first to recognize environmental, or sociocultural, factors
    e. Rapid and objective communication of scientific findings with the publication of journals
        (1) 1906–Prince–*Journal of Abnormal Psychology*
        (2) 1907–Witmer–*The Psychological Clinic*

Handout 2.3: Modern Non-Science and Pseudo-Science

2. The **behavioral perspective**—organized around a central theme role of learning in

human behavior

a. **Classical conditioning**—antecedent stimulus conditions and their relation to behavioral responses
   (1) Pavlov, conditioned reflex
   (2) Watson, psychology should study overt behavior

Handout 2.4: Associative Learning–Classical Conditioning

b. **Operant conditioning**—consequences of behavior influence future behavior
   (1) Thorndike
   (2) Skinner
   (3) Pavlov
   (4) Watson
   (5) **Behaviorism**-study of overt behavior

MyPsychLab Resource 2.2: Video on "Skinner Biography"

IV. Unresolved Issues: Interpreting Historical Events

A. "Tenacity of Historical Information"

1. Case of Little Albert
2. Psychological theorizing can be advanced by greater use of historical data
3. Collective memory and negative reaction
4. There is an absence of direct observation, so we must rely on written accounts
5. Written accounts may be incomplete
   a. Historical articles are from the context of the times
   b. We do not know the author's purpose in writing the document
   c. A propaganda element may be present in them

B. Current Viewpoints Color Our Interpretation of Past Events

1. Conclusions are only working hypotheses
2. Need to search for "new" historical documents

Lecture Launcher 2.5: Why Do Bad Ideas Persist?

Teaching Tip 2.2: Science versus Intuition

C. Witchcraft and Mental Illness: Fact or Fiction?

1. Witch hunts during the 15th and 16th centuries
2. Controversies concerning extent of the witch hunts
3. Schoeneman's contention that mental disorder was not viewed as witchcraft
4. Problems in the historical record confused the issue

Key Terms

asylums
behavioral perspective
behaviorism
catharsis
classical conditioning
deinstitutionalization
dream analysis
exorcisms
free association
insanity
lycanthropy
mass madness
mental hygiene movement
mesmerism
moral management
Nancy School
operant conditioning
psychoanalysis
psychoanalytic perspective
Saint Vitus's dance
tarantism
unconscious

Lecture Launchers

Lecture Launcher 2.1: Are We Smarter than Hippocrates?
Hippocrates' "Doctrine of the Four Humors" often strikes students as quaint, at best, or obviously wrong at worst. The general idea, though, that imbalances in bodily fluids cause mental illness, is commonly held to this day, though we discuss imbalances in brain neurotransmitters rather than imbalances in blood, phlegm, and yellow and black biles. It might be objected that today we *know* about these imbalances from direct observations of the relevant substances in contrast to Hippocrates and Galen, who made claims about them in the absence of direct empirical scrutiny. It must be pointed out, though, that we do *not* have such data available with respect to neurotransmitters either. Such data would require conducting neurotransmitter assays from samples taken from the brains of living people—a procedure simply impossible with presently available technology. Some students might mention that blood tests are often taken during the course of pharmacotherapy. These tests, however, do not pertain to brain neurotransmitters. Instead, they track plasma levels of the medication as well as monitoring for side effects by observing white blood cells and liver enzymes, among other things. If we really had a way to establish neurotransmitter imbalances, then surely there would be a diagnostic test for psychiatric disorders that used this procedure. Instead, we *infer* neurotransmitter problems from the therapeutic effects of neurotransmitter-altering medications. This might seem to be a reasonable inference to students until they ponder the fact that bloodletting, for example—particularly when done to extreme degrees—was also claimed to be therapeutic, notably for its "calming" effect on patients!

Lecture Launcher 2.2: How Could They Think That?
The appeal to supernatural causes of mental illness strikes many students as rather incomprehensible. This is an interesting opportunity to ask whether they think people today are smarter than they were 500, 1,000, or more years ago. It is probably not too much of a stretch to assert that smart people of every age make use of the best of contemporary thinking to inform their efforts in their own fields. Prevailing views about the causes of physical events like earthquakes and astrological events would then be good sources for ideas about the causes of psychological events. Viewed in this light, early speculations about the causes of mental disorders seem much more comprehensible.

Lecture Launcher 2.3: How Can Social Progress Be Accelerated?
In 1758, a physician, Tissat, proposed that the loss of seminal fluid during masturbation resulted in a number of disorders, including insanity. Tissat felt that a "life force" would be used up too soon if one masturbated frequently or engaged in excessive sexual intercourse. Once the life force was depleted, insanity would ensue. This theory produced an obvious treatment approach in which the goal was to stop excessive sexual activity. Benjamin Rush's tranquilizing chair was a form of restraint used for those exhibiting excessive masturbation. Severe forms of treatment were also developed and used including severance of the dorsal nerve in the penis and removal of the clitoris. A discussion in class can center around how attitudes concerning masturbation have changed and not changed in our society. What other behaviors that have been previously labeled as abnormal are now gaining approval? What helps to maintain such beliefs? What can speed the change in societal approval of previously rejected behaviors in the area of sexuality?
Lecture Launcher2.4: Mesmer and Hypnotism

Today, many people falsely believe that Mesmer was the inventor of hypnotism. While Mesmer was responsible for laying some of the groundwork for Freud in terms of hysteria and neuroses, most argued his cures were nothing more than "snake oil." That said, Mesmer's influence was still felt well into the 19th century and gave rise to work on hypnotism, hence the myth that he is responsible for it. There is a movie made in 1994 starring Alan Rickman called *Mesmer* that is about his life if you would like to show a clip.

Lecture Launcher 2.5: Why Do Bad Ideas Persist?
One explanation for the enduring nature of erroneous accounts for mental illness throughout history is the irrefutable manner in which they were framed. This would be an opportune time to describe the desirability of refutability as a property of theory development. Other reasons erroneous accounts persist can also be introduced profitably at this point in the course. Among these are placebo effects, "Barnum"-type predictions, selective perception, the power of authority, and the lack of familiarity with relatively rare forms of psychopathology. The advantages of choosing science as the ultimate frame of reference for the acquisition of one's beliefs about mental illness can also be debated in an effort to expose and challenge objections that could interfere with student appreciation for the text and course.

Classroom Activities, Demonstrations, and Assignments

Activity 2.1: The History Channel
Have students simulate a modern television talk show with volunteers playing "guests" drawn from the history of abnormal psychology. The class would choose the format of the show. Would someone play Oprah, or would the "Jerry Springer" format be more interesting? Perhaps a late-night talk show would be more suitable? Or maybe a PBS-type program or extended documentary-type interview format would work best. In any event, some of the more flamboyant members of the class could be asked to play the roles of various figures discussed in chapter 2. They might want to do some additional research to help flesh out their portrayals. The class might also discuss who would be interesting to see appearing together—say, Rush and Dix–for purposes of facilitating debate. The instructor might serve as moderator in order to ensure important points are drawn out of these celebrity appearances.

Activity 2.2: Hospital Field Trip
A field trip to a local mental health center with inpatient facilities is a classic means for students to gain first-hand exposure to current treatment practices. Such a visit can provide a fertile ground for later classroom discussion. The students' attention can be focused on the general living conditions of the patients and what privileges and/or opportunities exist for them. Students can be asked how they would feel living in an institution and what improvements they would like to see take place. Also, students should be sensitized to observe any present conditions that may still be influenced by attitudes and practices from the historical record. It is very important to prepare students for such a visit by discussing professional behavior, confidentiality, and any special requests offered by administrators of the facility. This can be an excellent way for facilities to secure volunteer assistance and for students to gain experiences that inform and bolster their applications for advanced study in the various mental health fields.

Activity 2.3: Catharsis and Writing about Trauma
Breuer, Freud, and others have been impressed with the cathartic effects of emotional self-disclosures in therapy. Recently, researchers have shown many positive effects of simply *writing* about emotional or traumatic events. Students could be asked to undertake such an exercise on their own, writing a detailed account of a personally traumatic or emotional event, especially one that they have not shared with others. Students can be asked to leave their names off of these essays to ensure their anonymity. If records of having completed the assignment are desired, students can be asked to write their name on someone else's essay so that those completing the assignment can be credited without their disclosures being identified. Later, students can be asked to write about or discuss their experience following the essay assignment. It would be expected that students would feel slightly worse following the writing task but feel better in the longer term. Why this is such a fascinating topic for discussion, and how one gets from observing these effects to an elaborate theory about the dynamics of the unconscious, is also worth contemplating in anticipation of learning about Freud's theories in the next chapter.

MyPsychLab Resources

MyPsychLab Resource 2.1: Video on "Asylum: History of the Mental Institution in America"

You may want to show this brief video clip that discusses the old asylums and includes video footage from an asylum. To access this video, log in to MyPsychLab, select the front cover of this textbook, then click on the "Multimedia Library" button on the next page in the left-hand column. A new page will appear with search criteria. In the pull-down menu next to "Chapter," select Chapter 2, *Historical and Contemporary Views of Abnormal Behavior*. In the Media Type field, select "Watch," then click the "Find Now" button at the bottom. *"Asylum: History of the Mental Institution in America"* will appear as one of your video offerings. You can either watch this video as an in-class demo—if your room has a computer set up—or assign as a suggested exercise.

MyPsychLab Resource 2.2: Video on "B.F. Skinner Biography"

You may want to show this three-minute video on B.F. Skinner. To access this video, log in to MyPsychLab, select the front cover of this textbook, then click on the "Multimedia Library" button on the next page in the left-hand column. A new page will appear with search criteria. In the pull-down menu next to "Chapter," select Chapter 2, *Historical and Contemporary Views of Abnormal Behavior*. In the Media Type field, select "Watch," then click the "Find Now" button at the bottom. "Skinner Biography" will appear as one of your video offerings. You can either watch this video as an in-class demo—if your room has a computer set up—or assign as a suggested exercise.

Teaching Tips

Teaching Tip 2.1: Deinstitutionalization
This is a great time to discuss with students the real effect of deinstitutionalizing—the increase in the homeless population. It's an excellent discussion starter into ethical issues of forced treatment and free choice. Typically, at least one student will suggest that forcing medication on people who need it is OK. This can lead to larger discussions on whether we should forcibly prevent someone with high cholesterol from eating at McDonalds or force that person to take statins. Reminds students that having a mental health issue does not necessarily remove the basic human rights of a person.

Teaching Tip 2.2: Science versus Intuition
Although last chapter you stressed the importance of research, this is an ideal time to reiterate. As we can see based on the fields past, it is often very easy for both laypersons and experts to get it wrong. Remind students that a large focus of scientific thinking is reasoning and critical thinking. By asking questions about the validity of a theory or perspective, they are actually strengthening that perspective if it is valid. Sometimes, things that seem obvious are wrong, and everything should be viewed in the historical context in which the theory originated.

Handout Descriptions

Handout 2.1: Connecting Treatment to Etiology
Use Handout 2.1 as a small group exercise that enables students to review how attitudes affect the treatment of mental disturbance by designing treatment strategies for disorders "caused" by different things. Once students have been divided into small groups, present them with the task of contrasting treatment approaches for (a) a mental disorder blamed on weakness of character, (b) a mental disorder blamed on sinfulness, (c) a mental disturbance caused by poor heredity, (d) a mental disorder developed because of poor and faulty learning situations, (e) a mental disorder due to some physical illness, and (f) a mental disorder created by a poor social environment. Students are not expected to develop professional types of treatment but rather to be able to identify those attitudes that could affect how one person with mental disturbance would be treated considering the cause of the condition. Following the group activity, discussion can focus on relating past and present activities concerning mental disorder to the student ideas.

Handout 2.2: The Impact of Early Relationships
The psychoanalytic perspective suggests that our early relationships carry forward into our lives by influencing current friendships. Have students describe the characteristics of people influential in their early childhood, e.g., parents, grandparents, or elementary school teachers. Next, have the students provide descriptions of recent friends. Do students select friends or dating partners based upon similarities with past significant others? Are friendship choices the result of conscious choices or is there some unconscious directive? Students can be asked to rate the similarity of current friends to past relationships using a numerical scale for dominant traits.

Handout 2.3: Modern Non-Science and Pseudo-Science
We have already discussed science as the final arbiter of theoretical conflicts about the origins of mental illness. Many will accept this posture relatively uncritically and wonder why it needs to be advanced at all. In order to enliven the need to promote this idea, it is interesting to have students collect contemporary examples of unscientific ideas about behavior. The self-help section of the local bookstore or library is fertile ground for gathering such examples. Newspapers also are prone to report alternative approaches to health and emotional wellness. Unconventional religious practices, occult groups, astrology, and dietary recommendations are also frequently packaged along with obviously unscientific explanations. A bit more challenging, but pedagogically superior, is the collection of pseudo-science material. These would be things that are at pains to *look* scientific but actually are not. Bogus science detection is an invaluable skill in modern society and inculcation of the habits of thinking that support it are a terrific aspiration for teachers of abnormal psychology.

Handout 2.4: Associative Learning–Classical Conditioning
This is a great way to not only illustrate the practicality of classical conditioning but also to ensure that students understand the concepts. The behavioral perspective takes the stance that everything is learned. For example, look at the case of Little Albert. Albert was a young child who was conditioned to fear white rats. The association of fear to rat was learned via classical conditioning. That is, Albert was exposed to a rat (neutral stimuli) then a loud noise (UCS and an aversive stimuli). He showed a fear response to the aversive stimuli by jumping up and crying (UCR). After many trials, Albert showed the fear response (CR) to the stimuli of rat (CS). This is classical conditioning. For the following examples, fill in the unconditioned stimuli and response as well as the conditioned stimuli and response.

1. Bethany is sitting outside sunbathing when a spider crawls on her leg and bites her. She jumps up and yells in pain. Now when she sees a spider, she jumps and yells.
   UCS: spider bite
   UCR: jumps up and yells in pain
   CS: spider
   CR: jumps and yells

2. Ramon is in the mall parking garage when a man holding a gun to his head attacks him. He screams in fear. Now Ramon shudders with fear whenever he sees a parking garage.
   UCS: being attacked at gun point
   UCR: scream and fear
   CS: parking garage
   CR: fear

3. Simone was only five when she was on a plane that almost crashed. She remembers the plan landing very hard and bouncing all over the runway and being very afraid. Now when Simone thinks about flying, she becomes very afraid.
   UCS: bad landing for plane
   UCR: being afraid
   CS: thinking about flying
   CR: being afraid

4. Tamika lives in an old dorm on campus that has a plumbing issue. One day, she was taking a shower when someone flushed the toilet and all the cold water went out and the hot water burned her. She yelled and jumped out of the way. Now when she is in the shower, if someone flushes, she jumps out of the way.
   UCS: getting burned
   UCR: yell and jump away
   CS: toilet flushing
   CR: jump away

5. Dave was out with his friends one day when they decided to go white water rafting. Unfortunately, the boat immediately overturned, and Dave wound up on the wrong side of the river, away from everyone else and with no access. It took hours for rescuers to cross to him and rescue him. While he waited he became anxious and fearful. Now when his friends suggest any activity on the river, Dave becomes anxious and fearful.
   UCS: waiting to be rescued after rafting accident
   UCR: anxious and fearful
   CS: river related activities
   CR: anxious and fearful
   (You may also want to use this to discuss backward conditioning and systematic desensitization.)

Video / Media Sources

Abnormal Behavior: A Mental Hospital, 28 min. CRM/McGraw-Hill Films, 110 15th Street, Del Mar, CA 92014. Portrays life in a modern mental hospital, including views of schizophrenics and of a patient receiving ECT.

Abnormal Psychology, 29 min. Coast Telecourses. This shows the difficulties distinguishing between normal and abnormal behavior in reference to DSM criteria.

Asylum, 60 min. Direct Cinema Limited. A documentary that focuses on one hospital, St. Elizabeth's in Washington, and the changes in treatment that have occurred over time.

Is Mental Illness a Myth? 29 min. NMAC-T 2031. Debates whether mental illness is a physical disease or a collection of socially learned behaviors. Panelists are Thomas Szasz, Nathan Kline, and F.C. Redlich.

Keltie's Beard: A Woman's Story, 9 min. FL. (1983). A video about a woman with heavy facial hair that she chooses not to cut. This can be useful in discussing the criteria for abnormal.

Little People, 58 min. FL. (1985). This video focuses on the discrimination and difficulties of access for people with dwarfism. It is good for discussing the definition and meaning of abnormal.

Web Links

Web Link 2.1: www.trepan.com
Lest students conclude that trephining is merely a historical, if slightly humorous, artifact of prehistorical ignorance, it is worth pointing out that it survives to this day. At this website, students will learn that the *International Trepanation Advocacy Group* is dedicated to accumulating the largest base of information about trepanation ever before assembled. I-TAG is interested in presenting all the information about trepanation.

Web Link 2.2: www.cwu.edu/~warren/today.html
This is the search engine for the Historical Database of the American Psychological Association. Keyword (e.g., "bedlam"), name (e.g., Dorothea Dix), and date (e.g., June 1) searches are permitted.

Web Link 2.3: http://psychclassics.yorku.ca
Here you will find full-text copies of a large number of historical documents from the history of psychology with over 200 articles and 25 books—with links to many more at other sites. Freud, Janet, Jung, Szasz, and Witmer are among the many authors represented. All documents are in the public domain.

Web Link 2.4: www.psych.yorku.ca/orgs/resource.htm
Web resources about the history and philosophy of psychology.

Handout 2.1
Treating the Cause of Mental Disorder

Group 1: Mental disorder due to weak character

Group 2: Mental disorder due to sinfulness

Group 3: Mental disorder due to genetics

Group 4: Mental disorder due to poor parenting

Group 5: Mental disorder due to physical illness

Group 6: Mental disorder due to social interactions with peers

Handout 2.2
Childhood Role Models

1. Select a person who was most influential in your early years of psychological development. Describe the characteristics and traits of that individual.

Role Model	Traits and Characteristics

2. Select friends from high school and college and list them below. Describe their characteristics and traits.

Friend 1	Traits and Characteristics

Friend 2	Traits and Characteristics

Friend 3	Traits and Characteristics

Friend 4	Traits and Characteristics

3. Rate the level of similarity of each friend to the childhood role model. Use the scale 1-10, where "1" is not at all similar and "10" is extremely similar.

Ratings:

Friend 1: _____, Friend 2: _____, Friend 3: _____, Friend 4: _____.

Handout 2.3
Pseudoscience Detection

Michael Shermer gives a Carl Sagan-inspired "Baloney Detection Kit" in the journal *Scientific American* (2001, November and December). Use his ten questions to evaluate allegedly scientific claims.

1. How reliable is the source of the claim?

2. Does the source make similarly extreme or unusual claims about other matters?

3. Have the claims been verified by other sources?

4. How does the claim fit with what we already know?

5. Has anyone gone out of the way to disprove the claim, or has only supportive evidence been sought?

6. Does the preponderance of evidence point to the claimant's conclusion or to a different one?

7. Is the claimant employing the accepted rules of reason and tools of research, or have these been abandoned in favor of others that lead to the desired conclusion?

8. Is the claimant providing an explanation for the observed phenomena or merely denying the existing explanation?

9. If the claimant proffers a new explanation, does it account for as many phenomena as the old explanation did?

10. Do the claimant's personal beliefs and biases drive the conclusions, or vice versa?

Handout 2.4
Associative Learning–Classical Conditioning

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UCS:
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2. Ramon is in the mall parking garage when a man holding a gun to his head attacks him. He screams in fear. Now Ramon shudders with fear whenever he sees a parking garage.

UCS:
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3. Simone was only 5 when she was on a plane that almost crashed. She remembers the plan landing very hard and bouncing all over the runway and being very afraid. Now when Simone thinks about flying, she becomes very afraid.

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4. Tamika lives in an old dorm on campus that has a plumbing issue. One day, she was taking a shower when someone flushed the toilet and all the cold water went out and the hot water burned her. She yelled and jumped out of the way. Now when she is in the shower, if someone flushes, she jumps out of the way.

UCS:
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5. Dave was out with his friends one day when they decided to go white water rafting, unfortunately, the boat immediately overturned and Dave wound up on the wrong side of the river, away from everyone else and with no access. It took hours for rescuers to cross to him and rescue him. While he waited he became anxious and fearful. Now when his friends suggest any activity on the river, Dave becomes anxious and fearful.

UCS:
UCR:
CS:
CR: