Name: _____ Class: _____ Date: _____

Chapter 01: Essay

1. Psychological abnormality may include deviance, distress, dysfunction, and danger. First, explain what these terms mean regarding psychological abnormality. Second, provide an example of a time when each aspect of abnormality would not be considered abnormal.

ANSWER: There are said to be four Ds of psychological abnormality.
The first element is deviance, which describes abnormal behavior, thoughts, and emotions that differ markedly from society's ideas about proper functioning. An example of deviance that would not be considered abnormal is a person who sleeps outside when camping. While sleeping outdoors is not the norm in our society, we make exception for this behavior under this specific circumstance.
The second element is distress. When an individual feels distress over symptom manifestation, we often consider this to be a marker of abnormality. An example of when distress would not be considered abnormal would be a situation in which a parent experiences distress because his or her child is serving in the military in a war zone. The feelings of distress inherent in a daughter or son serving abroad would not be enough to label someone as abnormal in functioning.
The third element in psychological abnormality is dysfunction. Abnormal behavior tends to be considered dysfunctional when it interrupts the ability to function in daily living. An example of when dysfunction would not be considered abnormal would be if someone voluntarily engaged in a hunger strike out of protest. Often these individuals are considered heroic rather than dysfunctional.
The final element is danger, which is usually classified as an individual being a danger or threat to himself or herself or others. An example of when dangerous behavior would not be considered abnormal could be a firefighter or other emergency responder who risks injury and death in the service of others as part of his or her professional calling.

2. How do differences between cultures, and cultural changes over time, make it hard to be consistent about what we call normal or abnormal?

ANSWER: Different cultures have different norms about personal appearance and behavior. This means that before we can say, for instance, whether a young woman's desire to stretch her neck with brass rings is normal or abnormal, we have to decide whether we are judging her by Western standards or by the standards of a culture where neck-lengthening is common practice. And although heavy tattooing on a person's neck and arms would once have been considered strange and possibly abnormal in the United States, it has become relatively common. Even clearly unhealthy behavior, like binge drinking, is so much part of the culture in some places (on college campuses, for instance) that it is hard to classify it as abnormal.

3. Suppose a friend says to you, “I feel overwhelmed today, and I don't know why. You're taking abnormal psych—what do you think?” If, after a conversation, your friend feels better about things, have you provided psychological therapy? Why or why not? Include the essential features of therapy in your answer.

ANSWER: According to the text, this interaction does not qualify as psychological therapy. Clinical theorist Jerome Frank stated that all therapy has three essential features. The first feature is a sufferer who seeks relief from the healer. The second feature of true therapy is that it must be administered by a trained, socially accepted healer who has expertise in what the individual struggles with. The third essential element of therapy is that there should be a series of contacts with the sufferer to produce changes.
Given the criteria set out by Jerome Frank, this encounter does not meet the criteria for therapy

because a psych student is not the same as a trained healer with expertise, and there was not a series of contacts to produce any changes. Although listening can sometimes bring great relief to those who struggle, there is a great difference between therapy and simply being a good friend.

4. Create a timeline on which you place five major events in the history of abnormality. Briefly describe why each event is important to an understanding of abnormality.

ANSWER: The five major events in the history of abnormality in the order of their occurrence would be:
1. Demonology. The belief that evil spirits or dark forces created psychological dysfunction permeated the belief about mentally ill individuals and their treatment for years. Demonology led to some of the greatest atrocities committed against those who were mentally ill and may still be a factor in the stigma many feel against the mentally ill today. The textbook, for example, notes that 43 percent of people still believe that those with mental illness have brought it on themselves.
2. The Rise of Asylums. The unspeakably cruel ways in which the mentally ill have been treated should not be forgotten. The asylums began with good intentions but eventually became a source of national shame. Asylums reflect the ways in which we viewed those who struggled with mental illness.
3. Moral Treatment. Figures such as Tuke, Pinel, Rush, and Dix were essential to revolutionizing the way in which those who struggled with mental illness were treated and represent a turning point in the history of how those with mental dysfunction were viewed and treated. Framing mental dysfunction as an illness to be treated set the stage for those like Freud to develop theories that viewed clients and their treatments with humanity.
4. The Advent of Psychotropic Medications. When individuals with mental dysfunctions were institutionalized, even with humane practices, there were many who could not be helped because the nature of their illness was so inherently biological. Psychotropic medication allowed many to function outside of an institutional setting who may not have had a chance of recovery otherwise. Psychotropic medications of the past also solidified the status of mental illness as a treatable and often biologically based illness.
5. Deinstitutionalization. Deinstitutionalization reflects both hope and the need for improvement. Although people were released from institutions, the care and support structure provided when they left was sorely lacking, and that remains the case today. Many mentally ill individuals are still homeless or in prisons.

5. What is demonology? How does demonology stand in the way of a more complete understanding of the causes and treatment of psychological abnormality?

ANSWER: Demonology is the view that psychological dysfunction is caused by Satan's influence. In Europe during the Middle Ages, members of the clergy had great power, and their religious beliefs and explanations dominated education and culture. Due to its influence, the Church controlled how psychological phenomena were interpreted, and alternative scientific explanations were dismissed.

6. Discuss the contributions of three individuals to the treatment of abnormal psychology. Include the time period and location where each lived. Also include how this person's contributions helped shape current views and treatments for abnormal behavior.

ANSWER: Answers can include any three of the following:
—Hippocrates: 460–377 B.C.E. Greece. Referred to as the father of modern medicine, Hippocrates contributed the belief that illnesses had natural causes, and he saw abnormal behavior as arising

from physical problems. This viewpoint encouraged searching for causes outside of evil forces, which also then supported lifestyle changes that could help prevent mental disorders.
—Emil Kraepelin: 1856–1926. Germany. Kraepelin was a researcher who published a textbook in 1883 asserting that physical factors such as fatigue were responsible for mental dysfunction. He also developed the first modern system for classifying abnormal behavior using symptoms, as we do today.
—Dorothea Dix: 1802–1887. Boston, Massachusetts. Dix was a schoolteacher who called for mental health treatment reform by speaking to both state legislatures and the U.S. Congress about the horrors she witnessed at asylums. Her campaign led to improved laws and funding, specifically to set up state hospitals to care for the mentally ill.
—Philippe Pinel: 1745–1826. Paris, France. Pinel argued that the mentally ill should be treated with sympathy and kindness. After becoming chief physician at La Bicítre, he unchained patients and renovated rooms to reflect his perspective. Pinel was instrumental in promoting the use of more humane approaches to mental illness.
—Friedrich Anton Mesmer: 1734–1815. Mesmer was an Austrian physician who set up a clinic in Paris. He used hypnotism to heal those with hysterical disorders, showing that a person sometimes holds the keys for healing himself or herself. Mesmer's hypnotism paved the way for later psychoanalytic explanations using the unconscious.
—Benjamin Rush: 1745–1813. Pennsylvania. Considered the father of American psychiatry, Rush developed humane treatment approaches to mental illness, even hiring sensitive attendants to work with patients he treated.

7. What was the original purpose of asylums for people with severe mental disorders? What happened to these institutions over time?

ANSWER: Asylums were originally founded to provide humane care on a larger scale than what was available at the time through at-home care, community residences, or medical hospitals. However, in time even the asylums hit their capacity limit and began to overflow. Then the asylums became virtual prisons, where patients were confined in filthy conditions and treated cruelly, even bound in chains while tourists paid to look at them.

8. Define and contrast the somatogenic and psychogenic perspectives regarding abnormal psychological functioning. Provide at least one example of evidence supporting each perspective.

ANSWER: The somatogenic perspective is the view that abnormal psychology has physical causes. An example would be syphilis and the mental symptoms such as delusions of grandeur that can be caused by this physical illness.
The psychogenic perspective suggests that the causes of abnormal functioning are psychological. Examples include hysterical disorders such as blindness or other body ailments that individuals may experience without a physical cause.

9. Assume that Benjamin Rush and Dorothea Dix suddenly appeared in the twenty-first century, approximately 50 years after the U.S. policy of deinstitutionalization began. What would they think about our treatment of those persons with mental illness? What suggestions might they make for changes in our policy of deinstitutionalization?

ANSWER: Today, in the wake of deinstitutionalization, many atrocities continue to occur. Both Benjamin Rush and Dorothea Dix were advocates of moral treatment, so one could assume that they would

be greatly disappointed by our lack of continued care for those who struggle.
Rush and Dix might make many suggestions for changes in our policy of deinstitutionalization. For example, we know that community mental health centers are helpful, but there are far too few to meet the needs of those who struggle. They would likely advocate for more mental health centers to be constructed and that those centers be accessible to the persons who require them. Another change in policy would relate to transitional release. Rather than simply allowing hundreds of thousands of people to be immediately released, teaching individuals skills of survival and providing placement in transitional living facilities as well as employment might help prevent the homelessness and struggles the mentally ill in our country continue to face.

10. According to your textbook, deinstitutionalization has resulted, in part, in large numbers of people with severe psychological disturbances either becoming homeless or ending up in jail or prison. Is deinstitutionalization an ethical and appropriate strategy for the treatment of mental illness that the United States should continue to follow? Back up your answer with specific examples.

ANSWER: Deinstitutionalization in the United States was not conducted ethically or with an appropriate strategy. Patients who were residents of hospitals for years, with no knowledge of how the outside world operated and often no support structures when they left hospitals, were simply released, only to become homeless and without care. The text states that hundreds of thousands of those persons with severe psychological disturbances are not receiving sufficient care, at least 100,000 are homeless, and another 135,000 reside in jails or prisons. This is not a strategy America should continue to follow. One thing we could do differently is to increase the numbers and accessibility of community health centers. The text states that too few community mental health programs are available to those who need them most.

11. How is positive psychology part of a growing emphasis on prevention in mental health care?

ANSWER: Positive psychology is the study and enhancement of positive feelings such as optimism and happiness, positive traits like hard work and wisdom, and group-directed virtues, including altruism and tolerance. By helping people cultivate these traits in themselves, positive psychology helps them protect themselves from stress and adversity and encourages them to become more involved in personally meaningful activities and relationships. This helps keep mental disorders from developing.

12. Increasingly, people seeking treatment for mental health reasons are insured by managed care programs. How are managed care programs changing how psychological services are provided? Discuss one advantage and one disadvantage of such programs.

ANSWER: Insurance companies provide health care coverage through managed care programs by determining the nature, scope, and cost of the services received. Through these programs, insurance companies, rather than therapists or physicians, also determine the treatment course and progression. One advantage of managed care programs is that they can provide preventive care. A disadvantage is that they can limit choices of therapists, dictate how long treatment lasts, and specify which type of treatment a patient receives.

13. How have health insurance plans often placed persons with psychological difficulties at a disadvantage? What laws have been passed to try to rectify this problem?

ANSWER: Persons with psychological difficulties have often been disadvantaged through insurance

reimbursements that are lower for mental disorders than for physical disorders. Legal remedies for this unequal treatment include a 2008 federal parity law that mandates equal coverage for mental and physical problems, including equal deductibles; and the mental health provisions of the 2014 Affordable Care Act, also known as Obamacare, which includes mental health care as one of ten types of essential health benefits that all insurers must provide. However, unequal treatment persists, sometimes in the form of a lower standard of care. For instance, an insurance plan may pay for mental health treatment to "stabilize" a patient but not for treatment to address the underlying condition. This would not be a typical standard of care for physical conditions.

14. Clinical psychologists, psychiatrists, and clinical researchers are mental health professionals who work in the area of psychological abnormality. Describe what each does and how they differ from one another.

ANSWER: Clinical psychologists earn a doctorate in clinical psychology and provide counseling services to those who are mentally ill. Psychiatrists are physicians and have gone through medical school, earning either an MD or a DO, as well as specializing in treatment of the mentally ill. Psychiatrists can also provide counseling services but often prescribe medications when needed. Clinical researchers tackle the problems of psychological abnormality from the laboratory, attempting to explain and predict abnormal behavior but not working with clients directly unless studying an illness. Clinical researchers do not treat patients as both psychiatrists and clinical psychologists often do.

15. What do behavioral trends among young adolescents since 2006 suggest about the relationship between happiness and time spent online? What might explain such a relationship?

ANSWER: Researchers studying 13–15 year olds from 2006 to 2016 found that over that time the level of online activity rose significantly, while at the same time face-to-face interactions with other people declined, as did the amount of quality sleep the study subjects were getting. Over that same time frame, overall happiness levels declined. The study suggests (although it does not prove) that excessive time online is detrimental to happiness. Possible explanations would include increased anxiety due to peer pressure experienced on social media sites, and the facilitating of social withdrawal by people who are shy or socially anxious.