

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.
2. Suppose a friend says to you, “I feel really lousy 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.
3. What is demonology? How does demonology stand in the way of a more complete understanding of the causes and treatment of psychological abnormality?
4. Discuss the contributions of three individuals to the treatment of abnormal psychology. Include when and where each lived.
5. Create a time line on which you place five major events in the history of abnormality. Briefly describe why each event is important to an understanding of abnormality.
6. Define and contrast the somatogenic and psychogenic perspectives regarding abnormal psychological functioning, and provide at least one example of evidence supporting each perspective.
7. Assume that Benjamin Rush and Dorothea Dix suddenly appeared in the twenty-first century, about 50 years after the U.S. policy of deinstitutionalization began. What would they think about our treatment of the “mentally ill”? What suggestions might they make for changes in our policy of deinstitutionalization?
8. According to your text, 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.
9. Increasingly, people seeking treatment for mental health reasons are members of managed care programs. How are managed care programs changing how psychological services are provided? Discuss one advantage and one disadvantage of such programs.

10. Clinical psychologists, psychiatrists, and clinical researchers are mental health professionals that work in the area of psychological abnormality. Describe what each does and how they differ from each other.

Answer Key

1. There are said to be four “Ds” of psychological abnormality.

The first 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 is “distress.” When an individual feels distress over symptom manifestation, we often consider this 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 him- or herself or others. An example of when dangerousness would not be considered abnormal could be during times of military service in combat. Individuals in combat are sometimes called on to harm others, and in acts considered heroic, some soldiers sacrifice their own lives for the safety of their group.

2. According to my text, I have not provided psychological therapy. Clinical theorist Jerome Frank stated that all therapy has three essential features. One 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, I would have not have provided therapy because I would not be a trained healer who has expertise, and there were no series of contacts to produce any changes. While sometimes listening can bring great relief to those who struggle, there is a great difference between therapy and simply being a good friend.

3. Demonology is the view that psychological dysfunction was 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.
4. Hippocrates: 460–377 B.C. Greece. Referred to as the father of modern medicine, Hippocrates contributed the belief that illnesses had natural causes, and he saw abnormal

Emil Kraepelin: 1856–1926. Germany. Kraepelin was a German researcher who published a textbook in 1883 stating that physical factors like 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, U.S. 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, and, after becoming chief physician at La Bicêtre, unchained patients and renovated rooms to reflect his perspective.

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 him- or herself. Mesmer's hypnotism paved the way for later psychoanalytic explanations using the unconscious.

Benjamin Rush: 1745–1813. Pennsylvania, U.S. Considered the father of American psychiatry, Rush developed humane treatment approaches to mental illness, even hiring sensitive attendants to work with patients he treated.

William Tuke: 1732–1819. England. Tuke founded a rural retreat for those with mental illness using methods of rest, talk, prayer, and work to assist healing. His moral treatment inspired others, such as Benjamin Rush, to treat patients humanely and with respect.

5. 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. Our text, 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 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. By framing mental dysfunction as an illness to be treated, it set the stage for those like Freud to develop theories that framed 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 never 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. The final inclusion of deinstitutionalization is present because it both reflects hope and the need for improvement. While people were released from institutions, the care and support structure provided when they left has still been sorely lacking. While so many mentally ill individuals are still homeless or in prisons, and 40 to 60 percent of those with severe mental illness receive no treatment at all, there is still much work to be done.
6. 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 is 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.

7. 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 both would be greatly disappointed by our lack of continued care for those who struggle.

They might make many suggestions for changes in our policy of deinstitutionalization. For example, we now know that although community mental health centers were to be plentiful, 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 those who require them. Another change in our policy would be 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 have helped prevent the homelessness and struggles the mentally ill in our country continue to face.

8. Deinstitutionalization in America 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 to become homeless and without care. The text stated that only 40 to 60 percent of those with severe psychological disturbances are receiving 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.
9. Insurance companies provide health care coverage through managed care programs by largely determining the nature, scope, and cost of the services received. Through these programs, insurance companies, rather than therapists or physicians, also determine treatment course and progression. One advantage of managed care programs is that they can provide preventative care, but a disadvantage is that they can limit choice of therapist, how long treatment lasts, and what type of treatment a patient receives.
10. 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, either earning an MD or DO as well as specializing in treatment of the mentally ill. Psychiatrists can also provide counseling services, but often also

provide medication 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.