

Name

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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 their 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 themselves 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 their 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

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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 Renaissance and 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. Reform and 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

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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 Bicêtre, 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 themselves. 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?

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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, around 140,000 are homeless, and another 440,000 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?

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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 to 15 year olds from 2006 to 2016 found that over that time the level of online activity rose significantly, while 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.

16. Which challenges might clinical scientists conducting research in abnormal psychology encounter? Briefly describe two challenges. Support your answers with examples of each.

ANSWER: Clinical scientists can encounter a number of challenges in the field:

- The rights of both human and animal subjects must be respected. This can limit the kinds of investigations that can be conducted.
- Pinpointing the cause of abnormal behavior is difficult. First, human behavior often involves a variety of factors, which can complicate the process of isolating a specific cause. Additionally, a "pure" experiment may not always be an option. In many circumstances, researchers must contend with confounds and/or very limited sample sizes.
- Human self-awareness may influence the results of clinical investigations. Bias can occur on both the researcher's side and the participant's side.

17. What are important differences between case studies and single-case experiments? Describe the advantages

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and disadvantages of each.

ANSWER: A case study follows an individual, describing that person's life and problems as well as their history, symptoms, and treatment. In a case study, a clinician can follow the course of a treatment and offer new ideas or treatments to future clinicians. The benefits of case studies are that they can often show the value of new therapeutic techniques and give unusual problems focused attention that can be used to help others who show similar problems.

The limitations of case studies are that often the observers can be biased because they may have an interest in seeing the patient succeed or having their methods work. Case studies rely solely on subjective evidence, so they also lack internal validity. In addition, case studies have limited generalizability, and because we often find that case studies have difficulty being applicable beyond the actual person of study, they rate low on external validity.

Single-case experiments avoid many of the weaknesses of case studies because the researcher can directly manipulate the independent variable. This allows the researcher to draw conclusions about the cause of certain events.

Like case studies, single-case experiments focus on a lone participant who is observed both before and after the manipulation of an independent variable. While the benefit of this type of experiment is clearly the amount of control exerted and the ability to establish a baseline, the limitations are many, because the findings may be highly specific to the individual. That is, the results may not be generalizable to broader populations.

18. Which steps would a researcher take to analyze the collected data from a correlational study to determine whether a correlation exists and whether the correlation is positive or negative? Include in your answer a description of each type of correlation: unrelated, positive, and negative.

ANSWER: First, the researcher would plot the data for all participants on an x-y graph. Next, the researcher would draw the line of best fit. The direction (slope) of the line of fit indicates the type of correlation present.

If the line of fit slopes upward and to the right, it signifies a positive correlation. A positive correlation occurs between variables that increase or decrease together, such as study time and test grades. In a study of these variables, the researcher may find that as one variable (amount of time spent studying) goes up, the other (test grades) goes up. The principle also works in reverse—for example, as study time goes down, test grades go down.

If the line of fit slopes downward, it signifies a negative correlation. A negative correlation occurs between variables that are inversely related; that is, as one variable goes up, the other variable goes down. One example would be a study of shyness and friendships. In that study, the researcher might find that as one variable (shyness) increases, the second variable (number of friendships) decreases. Also, as the number of friendships increases, the amount of shyness decreases.

If the line of fit is mostly horizontal, the variables are considered unrelated. An example of this would be the relationship between, say, hairstyle and phases of the moon. There is no known weak or strong existing relationship between hairstyle and any phase of the moon.

19. Suppose a researcher found a strong positive correlation between college grade-point average (GPA) and self-esteem. Describe three possible and distinctly different causal explanations for this relationship.

ANSWER: A researcher could come up with three possible and distinctly different causal explanations for the positive correlational relationship between college GPA and self-esteem. First, those students who

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have highly educated parents might have higher GPAs, so the higher GPA creates higher self-esteem, or positive view of the self. Second, school involvement might create higher investment in academics as well as increased socialization; the latter might increase a person's sense of self-worth and actually serve as the impetus driving both variables. Third, having higher self-esteem might lead individuals to study harder so as to create internal consistency, with a higher GPA being a result.

20. Design an experiment to test the hypothesis that older women who take estrogen are less likely to develop Alzheimer's disease. Be sure to identify the control group, experimental group, independent variable, and dependent variable.

ANSWER: Hypothesis: Older women who take estrogen are less likely to develop Alzheimer's disease.

First, because a researcher cannot follow all older women, the researcher must define the age range and then get a representative sample of that population. The sample should represent women at large in terms of economics, demographic variables (e.g., race), and so on, so that any results can be generalized to the larger population.

After acquiring a sample, the researcher should randomly assign the women to two groups: the experimental group or the control group. The experimental group would be exposed to the independent variable (estrogen); the control group would not. The researcher would then follow the women, and in an established time frame give them cognitive tests that measure symptoms of Alzheimer's disease (the dependent variable).

After measurement of the dependent variable, comparing both experimental and control groups would identify the outcome. If women who took estrogen were less likely to get Alzheimer's disease, the hypothesis would be confirmed; if not, the hypothesis would be rejected.

21. What is a masked design, and what is its purpose? What about a double-masked design? How does the Rosenthal effect come into the picture? Explain using an example.

ANSWER: Experimental studies typically involve a control group and an experimental group. If participants know which group they are in, that knowledge may influence their response to the conditions they are exposed to. For example, if the participants want to please the researcher, they may consciously or unconsciously try to confirm the effectiveness of the treatment being studied. Since this undermines study validity, researchers sometimes use masked design, in which participants are kept ignorant of their group assignment. This may require exposing the control group to an imitation therapy, or placebo therapy, that from the participant's point of view looks as much like the real therapy as possible.

However, researchers' knowledge of group assignments can also undermine study validity. A researcher might, for instance, act more confident while administering real therapy than while administering placebo therapy, and the difference in demeanor might influence the participants' responses. This is called the Rosenthal effect, after its discoverer. To prevent the effect, a double-masked design keeps even the researchers from knowing which subjects are in which group. For example, an aide can prepare a placebo drug that looks just like the real medication, so that the researcher administering a dose to a participant can record the batch number but does not know whether the batch contains the real drug or the placebo. Only after the data is gathered and analyzed is the masking removed to reveal whether observed differences between the two groups

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confirm that the real treatment was effective.

22. A researcher wishes to use experimentation to study the effects of stress on the development of abnormal behaviors. Describe how the researcher might conduct that study, using either natural or analog experiments.

ANSWER: In natural experiments, nature itself manipulates the independent variable. One method for studying the effect of stress on the development of abnormal behaviors would be to examine individuals after a natural disaster (which would inherently place stress on an individual). For example, if a natural disaster such as a hurricane flooded and destroyed a large city, a researcher could study the survivors (who function as an experimental group) and then gather data on individuals located far from the affected region (who function as a control group). The researcher could then compare them on behavioral measures of abnormality (dependent variable) and acquire results.

In analog experiments, researchers can induce participants in a laboratory to behave in ways that resemble real-life abnormal behavior and then conduct experiments on them to shed light on real-life abnormality. A researcher looking to study individuals in this way may have difficulty ethically, even if using animal models, because this design naturally places both animals and humans in a distressed state.

To conduct an analog experiment examining the effects of stress on the development of abnormal behaviors, an experimenter could elicit stress in the participant by placing them in a situation that would be inherently stressful and then measuring the abnormal behaviors (dependent variable) to determine the relationship.

23. Describe a situation where a researcher would choose a single-case experiment design. How is such a study conducted? What are the pros and cons?

ANSWER: A single-case experiment would be conducted when it was not practical to study more than one participant—for instance, in a test of a treatment for a very rare disorder, where few participants are available.

A single-case experiment starts by gathering data under the no-treatment condition. After the treatment is introduced (the independent variable), more data is gathered. In the version known as ABAB design, or reversal design, the cycle is then repeated: more data is gathered with no treatment, and then more data with treatment.

The advantage of this design is that a meaningful study can be done with a sample of just one, and because it is an experiment it may reveal the causal connections between observed variables. The disadvantage is that one cannot generalize from a single case. Other single-case studies would be needed, or a single study with a larger sample, to confirm what the first single-case study found.

24. Assume that a researcher wishes to do research designed to pinpoint early childhood events related to later development of eating disorders such as anorexia nervosa. Which type of investigation might the researcher use? What would be potential strengths and weaknesses of that type of investigation? Are there any ethical concerns the researcher ought to address?

ANSWER: If a researcher wanted to design a study to pinpoint early childhood events related to later development of eating disorders, that researcher would likely use a combined approach. Epidemiological studies—a special form of research that measures the incidence (number of new cases) and prevalence (total number of cases of a disorder)—would show the trends of the disorder

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generally over a period of time. It is likely that trends discovered would lead the researcher to isolate unique variables within certain groups that help to cause certain disorders, such as eating disorders. As noted in the text, such studies have been used to examine eating disorders and their prevalence in Western countries versus non-Western countries.

Combining epidemiological studies with longitudinal studies (sometimes called developmental studies or high-risk studies), a researcher would examine the same individuals over a period of time to further pinpoint specific childhood events.

Despite the strengths and amount of information, longitudinal studies do not pinpoint causation.

The ethical concern with this approach relates to the question of harm in simply observing individuals as they develop a disorder without intervention. The researcher should address this issue in the design of the study before proceeding.

25. What ethical issues are raised by researchers gathering data via social media, for instance, using Facebook?

ANSWER: The first issue is that sometimes the people being studied do not know data is being collected on them and have not consented to this. Researchers who run such studies defend the practice by saying that because social media posts and user profiles are public, no permission is needed. A second issue is that some studies use social media to actively manipulate people without their knowledge. For instance, researchers may change the news content seen by users and look for subsequent changes in the users' online behavior. This requires the cooperation of the content provider or gatekeeper. Critics of the practice are not impressed by the fact that a lengthy Facebook user agreement will contain, somewhere in the small print, a note that this kind of manipulation may occur. Beyond the fact that the manipulation is itself ethically questionable, critics worry that some users may be psychologically harmed by exposure to researcher-controlled amounts of mood-altering, sometimes depressing content.

A third issue is that even when people know they are participating in an online study and agree to share personal information, they may not know how much of their information will be shared, or how widely, or for what purpose. In one incident, a firm named Cambridge Analytica persuaded Facebook users to allow the use of their personal information in an academic study, when in fact Cambridge Analytica used each users' account to collect information not just about them but about their friends. This information was used in targeted political marketing.