Abnormal Psychology in a Changing World 11th edition Nevid Solutions Manual

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CHAPTER 1

INTRODUCTION AND METHODS OF RESEARCH

Learning Objectives

1.1.1 **Identify** criteria professionals use to determine whether behavior is abnormal and **apply** these criteria to the case examples discussed in the text.

1.1.2 **Describe** the current and lifetime prevalence of psychological disorders in the United States and **describe** differences in prevalence as a function of gender and age.

1.1.3 **Describe** the cultural bases of abnormal behavior.

1.2.1 **Describe** the demonological model of abnormal behavior.

1.2.2 **Describe** the origins of the medical model of abnormal behavior.

1.2.3 **Describe** the treatment of mental patients during medieval times.

1.2.4 **Identify** the leading reformers of the treatment of the mentally ill and **describe** the principle underlying moral therapy and the changes that occurred in the treatment of mental patients during the 19th and early 20th centuries.

1.2.5 **Describe** the role of mental hospitals in the mental health system.

1.2.6 **Describe** the goals and outcomes of the community mental health movement.

1.3.1 **Describe** the medical model of abnormal behavior.

1.3.2 **Identify** the major psychological models of abnormal behavior.

1.3.3 **Describe** the sociocultural perspective on abnormal behavior.

1.3.4 **Describe** the biopsychosocial perspective on abnormal behavior.

1.4.1 **Identify** four major objectives of science.

1.4.2 **Identify** the four major steps in the scientific method.

1.4.3 **Identify** the ethical principles that guide research in psychology.

1.4.4 **Explain** the role of the naturalistic method of research and **describe** its key features.

1.4.5 **Explain** the role of the correlational method of research and **describe** its key features.

1.4.6 **Explain** the role of the experimental method of research and **describe** its key features.

1.4.7 **Explain** the role of the epidemiological method of research and **describe** its key features.

1.4.8 **Explain** the role of kinship studies and **describe** their key features.

1.4.9 **Explain** the role of case studies and **describe** their limitations.

Chapter Summary

Various criteria are used to define abnormal behavior. Psychologists generally consider behavior abnormal when it meets some combination of the following criteria: (1) unusual or infrequent; (2) socially unacceptable or in violation of social norms; (3) fraught with misperceptions or misinterpretations of reality; (4) associated with states of severe personal distress; (5) maladaptive or self-defeating; and (6) dangerous. The determination of which behavior patterns are deemed abnormal depends on cultural beliefs and expectations.

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Ancient societies attributed abnormal behavior to divine or supernatural forces. In medieval times, exorcists were used to rid people who behaved abnormally of the evil spirits that were believed to possess them. There were some authorities in ancient times, such as the Greek physicians Hippocrates and Galen, who believed that abnormal behavior reflected natural causes. The 19th-century German physician Wilhelm Griesinger argued that abnormal behavior was caused by diseases of the brain. Along with Emil Kraepelin, another German physician who followed him, Griesinger was influential in the development of the modern medical model, which likens abnormal behavior patterns to physical illnesses.

Asylums, or "madhouses," began to crop up throughout Europe in the late 15th and early 16th centuries, often on the site of former leprosariums. Conditions in these asylums were dreadful, and in some a circus atmosphere prevailed. With the rise of moral therapy in the 19th century, conditions in mental hospitals improved.

Proponents of moral therapy believed that mental patients could be restored to functioning if they were treated with dignity and understanding. The decline of moral therapy in the latter part of the 19th century led to a period of apathy and to the belief that the "insane" could not be successfully treated. Conditions in mental hospitals deteriorated, and the hospitals offered little more than custodial care.

In the middle of the 20th century, public outrage and concern about the plight of mental patients mobilized legislative efforts toward the development of community mental health centers as alternatives to long-term hospitalization. This movement toward deinstitutionalization was spurred by the introduction of psychoactive drugs called phenothiazines, which curbed the more flagrant features of schizophrenia.

The four main contemporary views on abnormal behavior are models representing the biological, psychological, sociocultural, and biopsychosocial perspectives. Biological models explain abnormal behavior in terms of biological defects or abnormalities. The psychological perspective focuses on psychological roots of abnormal behavior and includes psychoanalytic, behavioral, humanistic, and cognitive models. The sociocultural perspective examines the broader social context in which abnormal behavior occurs. Sociocultural theorists believe that abnormal behavior is caused by social ills and failures of society. The biopsychosocial perspective is an interactionist model, and abnormal behavior is viewed as the result of the interplay of biological, psychological, and sociocultural factors.

The scientific approach focuses on four general objectives: description, explanation, prediction, and control. There are four steps to the scientific method: formulating a research question, framing the research question in the form of a hypothesis, testing the hypothesis, and drawing conclusions about the correctness of the hypothesis. Psychologists follow the ethical principles that govern research with human and nonhuman subjects. Two of the key ethical provisions guiding research with human participants are informed consent and confidentiality.

The naturalistic observation method allows scientists to measure behavior under naturally occurring conditions. Correlational research explores the relationship between variables, which may help predict future behavior. Longitudinal research is a type of correlational design that involves the study of selected subjects at periodic intervals over long periods, sometimes spanning decades.

In the experimental method, the investigator directly controls or manipulates the independent variable under controlled conditions in order to demonstrate cause-and-effect relationships. Experiments use random assignment as the basis for determining which subjects (called experimental subjects) receive an experimental treatment and which others (called control subjects) do not. Researchers use various methods, including *single-blind placebo-control studies*, *double-blind placebo-control studies,* and *attention-placebo control*

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studies, to attempt to control for subjects' and researchers' expectations.

Experiments are evaluated in terms of their experimental validity. *Internal validity* refers to the ability of an experimental study to justify a cause-and-effect relationship between the independent and dependent variables. *External validity* refers to the degree to which experimental results can be generalized. *Construct validity* refers to the degree to which treatment effects can be accounted for by the theoretical mechanisms, or constructs, that are represented by the independent variables.

The epidemiological method examines the rates of occurrence of abnormal behavior in various population groups or settings. Kinship studies attempt to disentangle the contributions of environment and heredity.

Case study methods can provide a richness of clinical material, but they are limited by difficulties of obtaining accurate and unbiased client histories, by possible therapist biases, and by the lack of control groups. Single-case experimental designs are intended to help researchers overcome some of the limitations of the case study method.

Chapter Lecture Outline

I. 1.1 How Do We Define Abnormal Behavior?

A. 1.1.1 Criteria for Determining Abnormality
Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.
1. Most commonly used criteria
2. Applying the criteria

B. 1.1.2 Abnormal Psychology—By the Numbers
Learning Objective: 1.1.2 Describe the current and lifetime prevalence of psychological disorders in the United States and describe differences in prevalence as a function of gender and age.
1. Surgeon General's report on mental health

C. 1.1.3 Cultural Bases of Abnormal Behavior
Learning Objective: 1.1.3 Describe the cultural bases of abnormal behavior.

II. 1.2 Historical Perspectives on Abnormal Behavior

A. 1.2.1 The Demonological Model
Learning Objective: 1.2.1 Describe the demonological model of abnormal behavior.

B. 1.2.2 Origins of the Medical Model: In "Ill Humor"
Learning Objective: 1.2.2 Describe the origins of the medical model of abnormal behavior.

C. 1.2.3 Medieval Times
Learning Objective: 1.2.3 Describe the treatment of mental patients during medieval times.
1. Witchcraft
2. Asylums

D. 1.2.4 The Reform Movement and Moral Therapy
Learning Objective: 1.2.4 Identify the leading reformers of the treatment of the mentally ill and describe the principle underlying moral therapy and the changes that occurred in the treatment of mental patients during the 19th and early 20th centuries.
1. Jean-Baptiste Pussin
2. Philippe Pinel
3. A step backward
4. Deinstitutionalization

E. 1.2.5 The Role of the Mental Hospital Today

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Learning Objective: 1.2.5 Describe the role of mental hospitals in the mental health system.

F. 1.2.6 The Community Mental Health Movement
Learning Objective 1.2.6 Describe the goals and outcomes of the community mental health movement.
1. Deinstitutionalization and the psychiatric homeless population
2. Deinstitutionalization: A promise as yet unfulfilled

III. 1.3 Contemporary Perspectives on Abnormal Behavior

A. 1.3.1 The Biological Perspective
Learning Objective: 1.3.1 Describe the medical model of abnormal behavior.
1. Wilhelm Griesinger
2. Emil Kraepelin
3. Dementia praecox
4. General paresis
5. Syndromes

B. 1.3.2 The Psychological Perspective
Learning Objective: 1.3.2 Identify the major psychological models of abnormal behavior.
1. Sigmund Freud
2. Psychodynamic model
3. Joseph Breuer

C. 1.3.3 The Sociocultural Perspective
Learning Objective: 1.3.3 Describe the sociocultural perspective on abnormal behavior.

D. 1.3.4 The Biopsychosocial Perspective
Learning Objective: 1.3.4 Describe the biopsychosocial perspective on abnormal behavior.

IV. 1.4 Research Methods in Abnormal Psychology

A. 1.4.1 Description, Explanation, Prediction, and Control: The Objectives of Science
Learning Objective: 1.4.1 Identify four major objectives of science.

B. 1.4.2 The Scientific Method
Learning Objective: 1.4.2 Identify the four major steps in the scientific method.

C. 1.4.3 Ethics in Research
Learning Objective: 1.4.3 Identify the ethical principles that guide research in psychology.
1. Informed consent
2. Confidentiality

D. 1.4.4 The Naturalistic Observation Method
Learning Objective: 1.4.4 Explain the role of the naturalistic method of research and describe its key features.

E. 1.4.5 The Correlational Method
Learning Objective: 1.4.5 Explain the role of the correlational method of research and describe its key features.
1. Correlation coefficient
2. The longitudinal study

F. 1.4.6 The Experimental Method
Learning Objective: 1.4.6 Explain the role of the experimental method of research and describe its key features.
1. Independent and dependent variables
2. Experimental and control groups
3. Controlling for subject expectancies
    a. Blind
    b. Placebo

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4. Experimental validity
    a. Internal validity
    b. External validity
    c. Construct validity

G. 1.4.7 The Epidemiological Method
Learning Objective: 1.4.7 Explain the role of the epidemiological method of research and describe its key features.
1. Survey method
2. Samples and populations

H. 1.4.8 Kinship Studies
Learning Objective: 1.4.8 Explain the role of kinship studies and describe their key features.
1. Genotype and phenotype
2. Twin studies
3. Adoptee studies

I. 1.4.9 Case Studies
Learning Objective: 1.4.9 Explain the role of case studies and describe their limitations.
1. Types of case studies
2. Single-case experimental designs
3. Critical thinking

V. Summing Up

Lecture and Discussion Suggestions

1. **New terms.** A large number of new terms are introduced to students in this chapter. This may be a bit overwhelming to students so early in the class, yet many of the terms and concepts in this chapter form the backbone of the text. Providing students with a list of "key terms," having students find their definitions from the text, and then discussing the meanings of the definitions in class can help clarify many of these new terms for students. In a subsequent session, you may want to give a short quiz on the terms discussed during this exercise.
    Topics: 1.1 How Do We Define Abnormal Behavior?; 1.2 Historical Perspectives on Abnormal Behavior; 1.3 Contemporary Perspectives on Abnormal Behavior; 1.4 Research Methods in Abnormal Psychology
    Learning Objectives: None

2. **Psychology through the years.** Discuss the ways in which the field of psychology and definitions of what is normal and abnormal reflect the political, social, and moral issues of the time. Over the last 200 years, the field of psychology has changed dramatically. Ideas of abnormality, definitions of mental illness, and which conditions are diagnosed have gone through considerable changes and will continue to do so in the future. "Homosexuality" was listed as a formal diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), but in 1973, this diagnosis was dropped and is no longer officially defined as a form of mental illness. Controversy continues in the most recent versions of the *DSM*. Currently, the *DSM* has been criticized for its inclusion of disorders that characterize victims of abuse, such as posttraumatic stress disorder (PTSD), while offering few diagnoses for the perpetrators of many common forms of abuse and prejudice (e.g., racism, sexism, and homophobia). Ask students to reflect on the meaning of such changes and how political, social, and moral issues may both impact and be impacted by the field of psychology.
    Topics: 1.1.1 Criteria for Determining Abnormality; 1.3.4 The Biopsychosocial Perspective
    Learning Objectives: 1.1.1 Identify criteria professionals use to determine whether behavior is ab-

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normal and apply these criteria to the case examples discussed in the text; 1.3.4 Describe the biopsychosocial perspective on abnormal behavior.

3. **The criteria for abnormal behavior.** After stating that there is no clear and universally agreed-upon definition of normal or abnormal behavior, explain and illustrate each of the six criteria of abnormal behavior, which state that abnormal behavior is: (1) unusual, (2) socially unacceptable, (3) based on a misinterpretation or misperception of reality, (4) personally distressful, (5) maladaptive or self-defeating, and (6) dangerous. Clinicians use a combination of these criteria to identify abnormal behavior, but are often hesitant to label someone as "abnormal" on the basis of the first two criteria alone. For example, many behaviors are statistically unusual, but are not necessarily a sign of mental illness. Other behaviors may be socially unacceptable because they deviate from accepted social or cultural norms, not because the behavior itself is inherently "sick" or a sign of illness. Many behaviors considered "normal" in our culture are considered "abnormal" in other cultures, and vice versa. Have students choose some of their own behaviors (e.g., flirting, praying, drinking alcohol, etc.), then have them (maybe in groups of three) define these behaviors as being abnormal or normal based on the six criteria of abnormal behavior. This is an excellent exercise to demonstrate how definitions of normal and abnormal are often untidy and inconsistent.

   Topics: 1.1.1 Criteria for Determining Abnormality; 1.3.4 The Biopsychosocial Perspective
   Learning Objectives: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text; 1.3.4 Describe the biopsychosocial perspective on abnormal behavior.

4. **Fetishes: Abnormal or normal behavior?** After discussing what defines abnormality, it would be an interesting discussion to define normal or abnormal for sexual fetishes. Does cross-dressing constitute an "abnormal" pastime? Does attraction to shoes or leather make someone "abnormal"? Who defines those boundaries? Are there particular fetishes that the class definitely perceives as abnormal compared to others?

   Topics: 1.1.1 Criteria for Determining Abnormality; 1.3.4 The Biopsychosocial Perspective
   Learning Objectives: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text; 1.3.4 Describe the biopsychosocial perspective on abnormal behavior.

5. **Distinguishing between a "mental or psychological disorder" and abnormal behavior.** According to the *DSM-5*, a mental disorder is a clinically significant behavioral or psychological pattern that occurs in a person and is associated with (1) present distress, (2) disability in one or more areas of functioning, (3) significantly increased risk of suffering disability, pain, or death, and (4) an important loss of freedom or personal control. In addition, these features must not be merely an expectable response to a predictable event, such as grief over a loved one's death. Thus, some behaviors, such as bathing nude at a public beach, may be socially deviant without being classified as a mental disorder.

   Topic: 1.1.1 Criteria for Determining Abnormality
   Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.

6. **Defining "normal."** While the concept of "normal" tends to be one of those concepts that people "know when they see it," in real-life behavior, it can be difficult to define operationally. Asking students to define "normal" and to discuss how they arrived at their definitions, as well as what problems they see in each other's definitions, can be a fruitful exercise that leads them to see why psychologists have adopted the specific criteria for abnormality discussed in the text.

   Topic: 1.1.1 Criteria for Determining Abnormality

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Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.

7. **Defining "abnormal."** Ask students how they personally determine when someone's behavior is abnormal. To what extent do they rely on the six criteria identified in the text? Since the designation of abnormality is partly a social judgment, discuss the importance of how such a judgment is made as well as its subjective and irrational aspects.
   Topic: 1.1.1 Criteria for Determining Abnormality
   Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.

8. **What's the opposite of abnormal?** You are about to spend a whole semester studying abnormal behaviors, affects, perceptions, and cognitions—but what is normal? Ask students what they think the opposite of abnormal is in the context of behaviors, affects, perceptions, and cognitions. Might the opposite of abnormal in this context be a human's strengths and virtues? Introduce to your students the concept of positive psychology—the branch of psychology that, in a way, is opposite that of abnormal psychology. Positive psychology focuses on human strengths and virtues.
   Topic: 1.1.1 Criteria for Determining Abnormality
   Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.

9. **The power of labels.** In this day and age, we often feel compelled to place individuals into categories. What do these categories do for us? Do they perpetuate prejudice and discrimination? Are labels necessary?
   Topics: 1.1.1 Criteria for Determining Abnormality; 1.3.4 The Biopsychosocial Perspective
   Learning Objectives: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text; 1.3.4 Describe the biopsychosocial perspective on abnormal behavior.

10. **Supernatural explanations of abnormality.** Discuss how supernatural explanations of behavior are still alive in the form of astrology, demonic possession, and satanic worship. You might point out that people resort to such explanations because of the difficulty in understanding bizarre or evil behaviors in conventional medical and psychological terms. You might also point out that because of the power of selective perception and the placebo effect, some arguments are hard to refute.
    Topic: 1.2.1 The Demonological Model
    Learning Objective: 1.2.1 Describe the demonological model of abnormal behavior.

11. **Is astrology the new demonology?** Discuss the various superstitious beliefs we hold today, such as reading our daily horoscopes or putting faith in fortune cookie messages. We like to believe we have moved far afield from the idea that demons are the root of odd behavior, but we often still hold illogical beliefs. You might ask how many students believe in ghosts or demons to demonstrate the point.
    Topic: 1.2.1 The Demonological Model
    Learning Objective: 1.2.1 Describe the demonological model of abnormal behavior.

12. **Hippocrates's four fluids theory.** Describe the four fluids theory. You might point out that, while technically inaccurate, Hippocrates's general idea of imbalances in bodily fluid causing mental illness may have been more accurate than he is generally given credit for. Point out the number of "mental" illnesses, such as some types of depression, that are clearly linked to imbalances in neurotransmitters in the brain, and other disorders, such as PMS, that are linked to hormone fluctuations and imbalances in the body. While phlegm, black bile, and yellow bile are clearly not hormones or neurotransmitters,

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they are similar in that both types represent bodily fluids of a sort.

Topic: 1.2.2 Origins of the Medical Model: In "Ill Humor"

Learning Objective: 1.2.2 Describe the origins of the medical model of abnormal behavior.

13. **Women and witchcraft.** From the mid-16th through the mid-17th centuries, a kind of hysteria swept through Europe and parts of the American colonies. Suddenly, large numbers of people were accused, tried, and often convicted of consorting with the devil and becoming witches. These accusations were new in two ways: (1) Although some witchcraft accusations had been made since the beginning of civilization, they never before occurred in such large numbers; (2) Many of the accused were likely not mentally ill. Many of the women were poor, without husbands, aged, or seen as troublemakers or as having questionable knowledge. About a third of those accused were sentenced to death by burning. Some survived by confessing and recanting. Others died while undergoing interrogations, such as the "water-float test."

    What caused this upsurge, and why was it directed mostly against women? The 16th century was an age of both intense religious belief and great misery-producing disruption; in that age, witches were easily accepted as troublemakers. What is perhaps most interesting is why the accusations were so skewed against certain sorts of women. Some historians say that these women were essentially targeted not directly as women, but rather because they were poor and disruptive in an age that feared disorder and saw the poor as dangerous. It was just their bad luck that women without families to protect them were by far the most likely to be poor and to have to challenge society's "haves." Others, however, point out that the most basic assumptions of the age also made women likely victims. Women were commonly seen as "weaker vessels," with weaker reason and great sexual vulnerability, and therefore open to the devil's temptations. Also (especially within Protestant lands), a woman's one "natural" sphere was within the home under male authority, and anyone who operated outside of that hierarchy was seen as disorderly and dangerous.

    Topic: 1.2.3 Medieval Times

    Learning Objective: 1.2.3 Describe the treatment of mental patients during medieval times.

14. **Deinstitutionalization of mental patients.** Describe the movement toward deinstitutionalization of mental patients. Point out that a variety of factors led to the movement, including rising criticism of the inhumane treatment of mental patients and the discovery of powerful antipsychotic drugs, such as phenothiazines, that helped patients live outside the hospital. Then describe the dramatic reduction in the population of state mental hospitals in the United States, from about 560,000 in 1955 to about 40,000 today. Discuss some of the pros and cons of deinstitutionalization, such as the establishment of community-based services (a plus) and the increased number of former patients who have swelled the ranks of the homeless population in nearby cities (a minus). The aim is to stimulate students' thinking about the mixed impact of deinstitutionalization.

    Topics: 1.2.4 The Reform Movement and Moral Therapy; 1.2.6 The Community Mental Health Movement

    Learning Objectives: 1.2.4 Identify the leading reformers of the treatment of the mentally ill and describe the principle underlying moral therapy and the changes that occurred in the treatment of mental patients during the 19th and early 20th centuries; 1.2.6 Describe the goals and outcomes of the community mental health movement.

15. **Population groups and psychological problems.** Discuss the reasons why certain populations, such as lesbians, gay men, and people of color, appear to be at greater risk for being diagnosed with psychological problems. Although these populations appear to be diagnosed with psychological disorders at a higher rate than others, appropriate explanations for this phenomenon require that the field look beyond the individual as the source for pathology. These populations experience higher levels of social stress and stigma, and they are disproportionately targeted for prejudice and discrimination. Continuous stress

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has been linked to higher incidences of mental illness and may offer a better explanation of higher incidence rates among these populations than a theory proposing that these groups are inherently vulnerable or deficient. In addition, discussions should address bias in diagnosis and assumptions of pathology among stigmatized populations. Finally, encourage students to consider the strengths and resilience among such groups that result in a relatively low proportion of people with clinically significant levels of pathology given the extent of their social stress.

Topic: 1.3.4 The Biopsychological Perspective
Learning Objective: 1.3.4 Describe the biopsychosocial perspective on abnormal behavior.

16. **Ethics in research experiments.** Is it ever okay to be unethical in research? Do the gains ever outweigh the costs? Can students think of possible experiments in which the ethics would be questionable but the gains would be great?

    Topic: 1.4.3 Ethics in Research
    Learning Objective: 1.4.3 Identify the ethical principles that guide research in psychology.

17. **Ethical dilemmas involving control groups.** Often, researchers know prior to or early into a research study that treatment subjects are getting a significantly beneficial treatment and that control subjects can never catch up and may suffer significant health risks or even death by getting a placebo rather than the experimental treatment. What ethical questions are raised by these situations? Similarly, is it ethical to try new drugs or experimental procedures on terminally ill patients? What ethical issues are raised by research conducted with terminally ill patients in this regard?

    Topic: 1.4.3 Ethics in Research
    Learning Objective: 1.4.3 Identify the ethical principles that guide research in psychology.

Think About It

How would you recognize abnormal behavior? What criteria would you use to distinguish abnormal behavior from normal behavior? Two ways to recognize abnormal behavior are to determine whether it is appropriate to the situation and to assess the magnitude of the problem. Mental health professionals apply various criteria for determining abnormality, including the following: (1) the behavior is unusual, (2) the behavior is socially unacceptable or violates social norms, (3) the perception or interpretation of reality is faulty, (4) the person is in significant personal distress, (5) the behavior is maladaptive or self-defeating, (6) the behavior is dangerous.

Topic: 1.1.1 Criteria for Determining Abnormality
Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.

How would you respond to an adult who insists that a child's imaginary friend is actually a sign of schizophrenia? Does "normal" change for children? We often think about mental disorders as being unusual aspects in an adult's life. However, children live in a world of fantasy and imagination. They often have imaginary friends and believe in Santa Claus and the Easter Bunny. Does this make them "abnormal"?

Topic: 1.1.1 Criteria for Determining Abnormality
Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.

How do judgments about abnormal behavior reflect the cultural context in which they are made? Give at least one specific example. Judgments about abnormal as well as normal behavior are a function of the cultural context. The text goes into some detail about American Indian culture, contrasted with Western society. For example, hearing voices in Western society is taken as a sign of mental illness, whereas the

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same event in an American Indian context would be viewed as a celebration of communion with the spirit world.

Topic: 1.1.3 Cultural Bases of Abnormal Behavior

Learning Objective: 1.1.3 Describe the cultural bases of abnormal behavior.

What behaviors have you observed in members of other cultural groups that might be considered abnormal in your own? What behaviors in your own cultural group might members of other groups consider abnormal? Cultural differences in views of abnormality are common. For example, in West Africa, it would be viewed as highly abnormal to reach for anything with the left hand at the dinner table. The left hand is used for toileting and personal hygiene, so it would be quite a faux pas to use the left hand when eating. The American habit of smiling and greeting strangers on the street may seem abnormal to those in other cultures. In most societies, strangers are kept at a distance and treated with skepticism.

Topic: 1.1.3 Cultural Bases of Abnormal Behavior

Learning Objective: 1.1.3 Describe the cultural bases of abnormal behavior.

Should we have more mental hospitals today? Considering the prevalence of mental disorders today, we may need more resources for individuals who suffer from such disorders. Although many of the disorders are anxiety- or depression-related, we often find that people lack the ability to seek therapy. Would mental hospitals fix this lack? Possibly not; it may come down to financial or other resources to ensure everyone can receive treatment.

Topic: 1.2.5 The Role of the Mental Hospital Today

Learning Objective: 1.2.5 Describe the role of mental hospitals in the mental health system.

How would increased rates of disorder—including greater frequency of suicide, anxiety, and depression—among homosexual populations be explained with biological and sociocultural models? The biological model may suggest that people who are homosexual are biologically different than those who are heterosexual, and perhaps there are genetic or other biological differences that make these individuals more likely to develop disorders. In contrast, the sociocultural model would posit that society puts additional pressures on homosexual individuals, making them more likely to develop disorders.

Topics: 1.3.1 The Biological Perspective; 1.3.3 The Sociocultural Perspective; 1.3.4 The Biopsychosocial Perspective

Learning Objectives: 1.3.1 Describe the medical model of abnormal behavior; 1.3.3 Describe the sociocultural perspective on abnormal behavior; 1.3.4 Describe the biopsychosocial perspective on abnormal behavior.

What role did hypnosis play in the development of a psychological model of abnormal behavior? Jean-Martin Charcot was a highly respected neurologist who experimented with hypnosis in the treatment of hysteria. In the late 19th century, Sigmund Freud studied with Charcot. Freud reasoned that if hysterical symptoms could be made to disappear or reappear through hypnosis, then they must be psychological in nature. He concluded that whatever psychological forces gave rise to hysteria must lie outside of the range of conscious awareness. This is the cornerstone of the psychodynamic model.

Topic: 1.3.2 The Psychological Perspective

Learning Objective: 1.3.2 Identify the major psychological models of abnormal behavior.

Why is a double-blind experimental design preferable to a single-blind design? How can a therapist's knowledge or expectations affect the results of an attention-placebo study? How are these two problems related? In a double-blind experiment, neither the experimenter nor the subject knows who's getting which treatment. For obvious reasons this is ideal. Researchers want to minimize possible experimenter bias. This is one of the strongest and most popular designs, especially in drug research. The attention-placebo study is meant to separate the effects of a particular treatment from placebo effects. The subject

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does not know that he or she is not receiving any treatment because the subject is exposed to credible, yet nonspecific, therapies. Since the therapist does know which treatment is being administered, it is not a double-blind study. Problems with experimenter bias may creep in.

Topic: 1.4.6 The Experimental Method

Learning Objective: 1.4.6 Explain the role of the experimental method of research and describe its key features.

What are the major methods of research used to study abnormal behavior? What are their strengths and weaknesses? The major research methods include (1) naturalistic observation, 2) the correlational method, (3) the experimental method, (4) the epidemiological method, and (5) the case study method. Each has advantages and disadvantages. Naturalistic observation allows scientists to measure behavior under naturally occurring conditions, but the researcher's mere presence may skew the results. The correlational method allows for prediction but cannot directly test cause-and-effect relationships. In the experiment, the researcher directly controls or manipulates variables to demonstrate cause-and-effect relationships. This is the method of choice for researchers, but it cannot always be performed due to ethical or cost issues. The epidemiological method examines the rates of occurrence of abnormal behavior in a given population, but this presupposes a large enough population. Case study methods can provide a richness of clinical material, but they are limited by difficulties in getting unbiased, accurate data and by the lack of control groups.

Topics: 1.4.4 The Naturalistic Observation Method; 1.4.5 The Correlational Method; 1.4.6 The Experimental Method; 1.4.7 The Epidemiological Method; 1.4.9 Case Studies

Learning Objectives: 1.4.4 Explain the role of the naturalistic method of research and describe its key features; 1.4 5 Explain the role of the correlational method of research and describe its key features; 1.4.6 Explain the role of the experimental method of research and describe its key features; 1.4.7 Explain the role of the epidemiological method of research and describe its key features; 1.4.9 Explain the role of case studies and describe their limitations.

Activities/Demonstrations

1. **What myths do people have about abnormal psychology?** Have students survey five of their friends about perceptions of abnormal behavior. If time allows, you might solicit students' input on the design of the questionnaire. Survey questions might include:

Mental illness is due to emotional weakness.	Yes	No
Bad parenting is a major cause of mental illness.	Yes	No
Sinful behavior is responsible for much mental illness.	Yes	No
The mentally ill could recover if they really wanted to.	Yes	No
The mentally ill are more violent than "normal" people.	Yes	No
Mental illnesses are generally curable.	Yes	No
Mental illness has a biological cause.	Yes	No

   Topics: 1.1.1 Criteria for Determining Abnormality; 1.4.7 The Epidemiological Method

   Learning Objectives: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text; 1.4.7 Explain the role of the epidemiological method of research and describe its key features.

2. **Examining images of abnormal behavior and mental illness in popular culture.** We are continually exposed to images of abnormal behavior through the media. These images have a powerful impact on

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our beliefs regarding mental illness and how we define what is normal and what is abnormal. Throughout the semester, ask students to study the ways abnormal behavior and mental illness are presented on television. Ask students to record a three- to five-minute segment from the news, TV dramas, sitcoms, or reality shows to share with the class. Discuss the accuracy of the image presented, how it influences perceptions of mental illness, and the message conveyed about normality and abnormality.

Topic: 1.1.1 Criteria for Determining Abnormality
Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.

3. **Violating social norms.** Ask students to think of some behavior that is unusual, such as dressing in a nonconforming way in class or at a social gathering, or doing something that is socially unacceptable, such as reading comic books in class or eating in a library. Then have them engage in the behavior. Caution them to avoid doing anything that is illegal or contrary to others' rights. Ask them to report on how difficult it was to carry out the behavior, their feelings about it, and others' reactions. Students may choose to do this in pairs, with one acting out the unusual behavior and the other acting as a naturalistic observer assessing the reactions of others. This exercise usually helps students appreciate the importance of social norms and can connect students to the research segments of the chapter.

   Topic: 1.1.1 Criteria for Determining Abnormality
   Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.

4. **Discovering your own problems through social interaction.** Select various diagnostic labels from the text or the *DSM-5* and write them on 8 × 11 sheets of paper. Place them face down on a table, have each student draw one, and have the instructor pin it on the student's back so that the individual cannot see his or her diagnostic label, but everyone else can. Then allow about 20 minutes for students to mingle socially with each other, trying to guess their own mental disorder. Students may ask questions such as "What are some of my complaints?", "Do I need medication?", and "Have I ever been to a mental hospital?" Although this exercise serves as a good social mixer, it also underlines the importance of feedback and social comparison for our personal identity.

   Topic: 1.1.1 Criteria for Determining Abnormality
   Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.

5. **Determining if behavior is normal or abnormal.** Provide students with the following example: "Cameron was discovered defecating in his bedroom closet. Is his behavior normal or abnormal?" Ask students to decide what information is needed to determine whether or not this behavior is normal. How do the answers to relevant questions change their interpretation of Cameron's behavior? Relevant information may include Cameron's age, mental development, physical development, possible physical ailments, frequency of the behavior, his explanation for the behavior, and recent trauma.

   Topic: 1.1.1 Criteria for Determining Abnormality
   Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.

6. **What is abnormal?** Ask students to imagine a situation in which they have encountered abnormal behavior. They should be able to think of a time when they said to themselves, "That person is abnormal." Have the students consider how their degree of comfort, the predictability of the behavior, how safe they felt, and the attributions they made for the behavior affected their perception of the behavior. Did the person's abnormal behavior make the student feel comfortable or uncomfortable, was the behavior predictable or unpredictable, did it make the student feel safe or unsafe, and did he or she attribute the behavior to internal or external causes?

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Break into discussion groups of four or five so that students can freely share their stories. The majority of students report that they label behavior as abnormal when it makes them feel uncomfortable, is unpredictable and unsafe, and when they believe the behavior is caused by internal factors. This is a good starting point to dispel stereotypes of abnormal behavior.

Topic: 1.1.1 Criteria for Determining Abnormality

Learning Objective: 1.1.1 Identify criteria professionals use to determine whether behavior is abnormal and apply these criteria to the case examples discussed in the text.

7. **Abnormality across cultures.** Have students research other cultures and find "abnormal" behavior to present. For example, some tribes wear large facial piercings, including neck rings and lip gauges. Other people mutilate the genitals of children as part of their culture. Have students present their findings to the class and decide, as a group, if the behavior meets the criteria for abnormality.

   Topic: 1.1.3 Cultural Bases of Abnormal Behavior

   Learning Objective: 1.1.3 Describe the cultural bases of abnormal behavior.

8. **Are we really scientific today?** As Chapter 1 illustrates, much of history has been colored by superstitious views of human behavior. Have students collect modern examples of less-than-scientific concepts about behavior. Examples might be astrology or headlines from the supermarket tabloids. A visit to a bookstore's self-help or occult sections might also yield examples of unusual and less-than-scientific prescriptions for happiness, adjustment, and meaning in life.

   Topic: 1.2.1 The Demonological Model

   Learning Objective: 1.2.1 Describe the demonological model of abnormal behavior.

9. **Improving the system.** Have students arrange themselves into small groups of three or four people and brainstorm ways in which the current mental health system could be improved. Have them share their findings with the class.

   Topic: 1.2.6 The Community Mental Health Movement

   Learning Objective: 1.2.6 Describe the goals and outcomes of the community mental health movement.

10. **Ethics and research design.** Assign each student the role of either a researcher or a member of an institutional review board (IRB). Depending on the size of your class, you may want to have several small groups of two or three students working together either as researchers or IRB members. Ask students who are assigned the role of researcher to create a new design to study a particular area of interest. Instruct the students who are assigned the role of IRB member to evaluate the ethical issues associated with the design, and to either accept or reject the research project. If rejected, students in the role of researcher must re-create the design, addressing all ethical issues, until it is acceptable to the board members.

    Topic: 1.4.3 Ethics in Research

    Learning Objective: 1.4.3 Identify the ethical principles that guide research in psychology.

11. **Generating studies.** Have students break up into small groups of three or four people. Ask them to generate a study they could conduct that would include an experimental group, a control group, a placebo, randomization, and other terms that are important to research. They can share their design with the class and troubleshoot any issues.

    Topic: 1.4.6 The Experimental Method

    Learning Objective: 1.4.6 Explain the role of the experimental method of research and describe its key features.

12. **Selecting a research method.** Present students with research questions and ask them to select the most

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appropriate method from among the following: naturalistic observation, correlational, and experimental. For each research question, ask students how they would design a study to address the issue and what factors they would consider in selecting a research method. Here is a sample of research questions that may spark some interesting discussion about methodological decisions:

- What is the most effective treatment for kleptomania?
- Is the occurrence of anxiety affected by regular exercise?
- How does fatigue affect sexual function?
- How does sleep deprivation affect younger adults compared to older adults?
- How do children interact with aggressive compared to nonaggressive peers during play?
- Are phobias more likely to occur with some personality types?

Topics: 1.4.4 The Naturalistic Observation Method; 1.4.5 The Correlational Method; 1.4.6 The Experimental Method
Learning Objectives: 1.4.4 Explain the role of the naturalistic method of research and describe its key features; 1.4 5 Explain the role of the correlational method of research and describe its key features; 1.4.6 Explain the role of the experimental method of research and describe its key features.

Revel Videos
Chapter Introduction: Methods of Research
What Does It Mean to Have a Mental Disorder?
You'd Be Better Off with Cancer
Living with a Disorder

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