

# ABNORMAL PSYCHOLOGY

PSYB32

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# Course Outline

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- Throughout history, whether a person's behavior is labeled abnormal often has depended on the cultural norms for appropriate behavior and the gender and ethnicity of the person. Current definitions of abnormality focus on the person's ability to function in daily life and his or her level of distress and grasp of reality. Many biological and psychological tests are used to assess people's functioning and well-being. The information gathered in these tests is compared to criteria for diagnosing psychological disorders provided in guidebooks such as the DSM. Several modern biological and psychological theories provide different ways of understanding and treating people with psychological disorders. Most disorders appear to be influenced both by biological and psychosocial factors, and theories integrating these factors have proven most useful in understanding and treating abnormality.
- The disorders that we will look at in detail involve maladaptive and distressing emotions, thoughts, cognitive deficits and behaviors, that are often chronic and pervade every aspect of people's lives. For example, people with anxiety disorders and mood disorders frequently experience extreme emotional distress that severely interferes with their ability to function in life. Biology, stressful experiences, and maladaptive ways of thinking all appear to contribute to the anxiety and mood disorders. Fortunately, there are several effective biological and psychosocial treatments for these disorders. In addition, psychosis is a loss of touch with reality, and is the hallmark of the disorder called schizophrenia. Schizophrenia probably has strong biological roots, but can be influenced by environmental stress. Moreover, people with personality disorders maintain a consistent personality style, but it is a highly maladaptive style for them and for people around them. Substance use disorders similarly involve specific maladaptive behaviors and can have negative effects in many domains of life. Finally, cognitive disorders that are progressive in nature (e.g., Alzheimer's disease, frontotemporal dementia, progressive aphasia, Parkinson's disease, Huntington's disease, progressive supranuclear palsy, and multiple sclerosis) can have crippling effects and are becoming ever more prevalent given the burgeoning elderly population.
- After reviewing the aforementioned disorders and understanding the nature of methodology, assessment, diagnosis, and treatment, it is hoped that this course will better able the student to answer the question "what is abnormality?"

# Course Outline

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- ◉ **IMPORTANT NOTES:**
- ◉ **Also, please note that if for any reason (e.g., snow-storm cancellation, unexpected illness) a lecture is cancelled because of an unforeseen circumstance, students are still responsible for the material that was to be presented in the lecture. Moreover, if a lecture is cancelled, please note, that the lecture will be made available on-line (i.e., a pre-recorded lecture that I will make available).**
- ◉ **Lastly, there will be a number of persons invited to give brief talks/demonstrations of their work as it relates to course content. To this end, prior to each visit, I will announce the content of the talk/demonstration. These health care professions will join us to share their experience and understanding of specific course content, and it is important that you attend. However, there may be some content that some individuals might find offensive—such is the case when our topic is abnormal psychology, and if this is such to anyone, you will not be penalized should you wish to leave a lecture. Again, these talks/demonstrations are meant to help you answer the question “what is abnormality?”**

# Course Outline

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## ● Text:

### ● **Abnormal Psychology (Fifth Canadian Edition)**

By: Davison, Blankstein, Flett & Neal

*Note: this is a new edition. Although some of the content between the new and old editions may be similar, we will NOT be providing any support for the old text. We simply do not have the resources to document the similarities/differences between the two.*

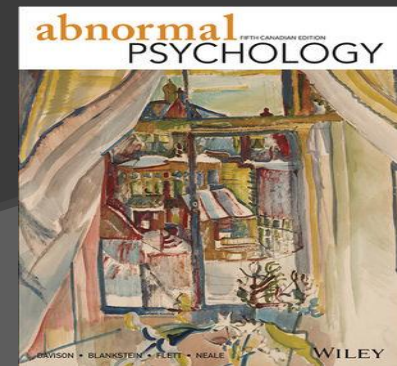
● *The study guide is highly recommended*

### ● **Recommended Reading:**

● **Leap – Into the mind of a suicide**

● By: Nancy Xia

● [https://www.amazon.com/Leap-Into-Suicide-Nancy-Xia/dp/1683484770/ref=sr\\_1\\_1?ie=UTF8&qid=1471550221&sr=8-1&keywords=nancy+xia](https://www.amazon.com/Leap-Into-Suicide-Nancy-Xia/dp/1683484770/ref=sr_1_1?ie=UTF8&qid=1471550221&sr=8-1&keywords=nancy+xia)



# Course Outline: Grading

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- **(1) First Examination worth 30% of your final grade**
- *Your 1<sup>st</sup> examination will consist of 60 multiple-choice questions.*
- **(2) Second Examination worth 30% of your final grade**
- *Your 2<sup>nd</sup> examination will consist of 60 multiple-choice questions.*
- **(3) Your Final Examination is worth 30% of your final grade**
- *Your final examination will consist of 60 multiple-choice*
- **(4) Peer Scholar Assignments (10% of your final grade)**

# Course Outline: Grading

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## ● peerScholar Assignments

- In this course, we will utilize peerScholar, which I trust you are all familiar with from your experience in Introductory Psychology.
- Students will be expected to complete FIVE (5) peerScholar assignments in this course. Each assignment corresponds to a specific lecture. See Lecture Dates, Readings and Assignments section of this outline.
- For each assignment, students will be presented with a Clinical Case. Your peerScholar assignment will require you to comment on the case in terms of your diagnostic impression. Your peers will grade your assignment. You will be expected to outline a clinical diagnosis and why you have made it. For example, you should speak to what symptoms were evident and how they fit into the clinical diagnosis you come up with and moreover, what other clinical diagnoses you ruled out and why (i.e., state your differential diagnosis if there is one to make, and select your clinical diagnosis and state why).
- **As part of your final examination, I will select one of these five peerScholar assignments, and it will be graded by your TA(s). This assignment will thus be worth 10% of your final grade on the final exam (and of course, 10% of your final grade in the course). So be sure you put your best effort into each one of them and complete them in a timely manner (i.e., you have one week following the lecture to complete the assignment).**

# Disability / Health Considerations

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- ⦿ **\*NOTE: Students with a disability/health consideration are encouraged to approach me and/or the AccessAbility Services Office @287-7560. They can also drop by the office, S302B, inside the Resource Centre. The Coordinator is available by appointment to assess specific needs, provide referrals and arrange appropriate accommodations.**
- ⦿ **Students who miss an exam will be required to provide valid medical documentation or will not be allowed to write a make up exam**
- ⦿ **If you miss an exam, EMAIL YOUR TA.**

# CHAPTER 1

**Introduction:  
Definitional and Historical Considerations**

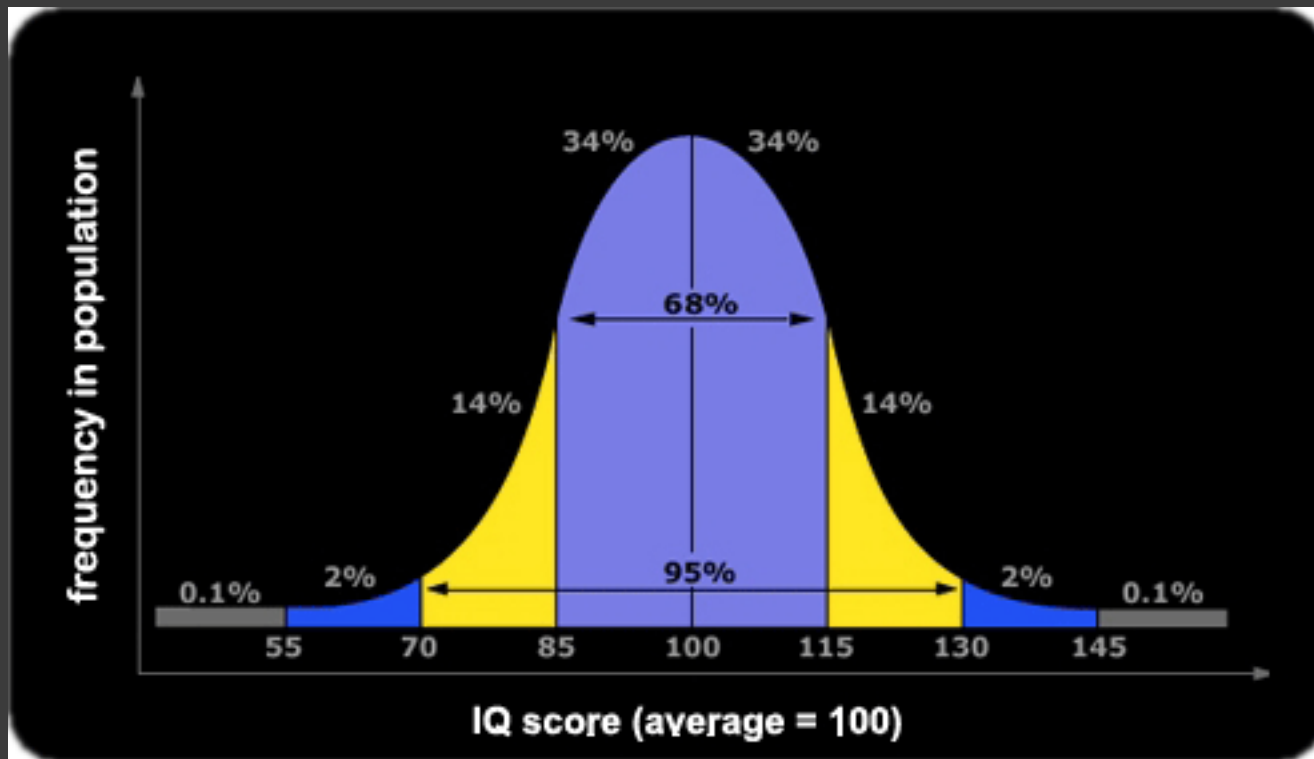
# What is Abnormal Behaviour?

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....Digit Span....

# What is Abnormal Behaviour?

- Statistical Infrequency



Digit Span Scores

< 2

5-9

> 12

# What Is Abnormal Behaviour?

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- Violation of norms? Personal distress?, Disability or dysfunction? Unexpectedness?



# What Is Abnormal Behaviour?

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- ⦿ Statistical infrequency (e.g., digit span)
- ⦿ Violation of norms (e.g. ???)
- ⦿ Personal distress (e.g. ???)
- ⦿ Disability or dysfunction (e.g. ???)
- ⦿ Unexpectedness (e.g. ???)

# What is Abnormal Behaviour?

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- “Because the field is continually evolving, it is not possible to offer a simple definition of abnormality that captures it in its entirety. The characteristics presented constitute a partial definition, but they are not equally applicable to every diagnosis.”

Davison, Neale, Blankstein, & Flett

*Abnormal Psychology*, Second Canadian Edition

# The Mental Health Professions

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- ⊙ Clinical psychologist / neuropsychologist
  - Ph.D. or Psy.D.
- ⊙ Psychiatrist
  - M.D.
  - Prescriptions
- ⊙ Neurologist
  - M.D.
  - Prescriptions

# The Mental Health Professions

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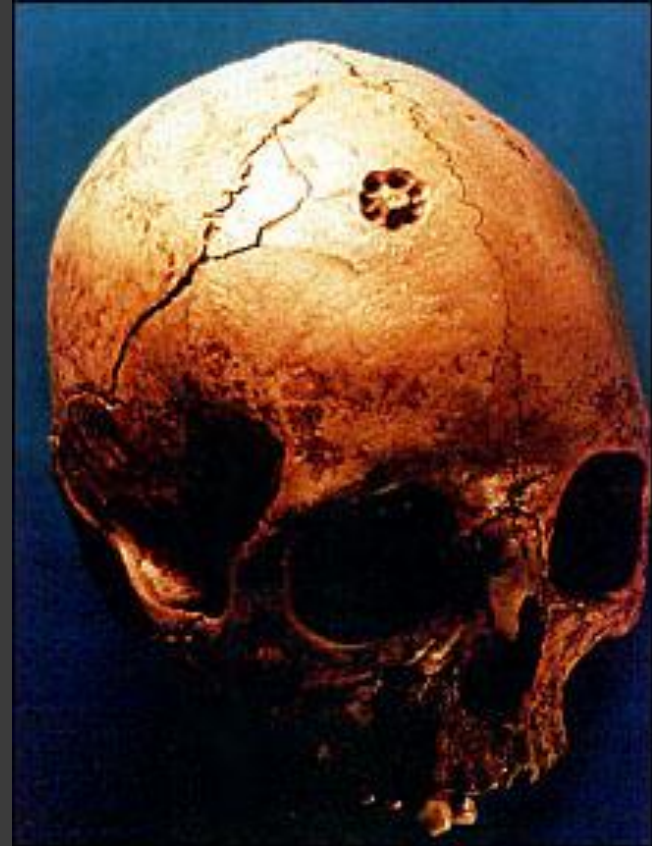
- ⦿ Social worker
- ⦿ Counseling psychologist
- ⦿ Psychiatric nurse
- ⦿ Psychotherapist
- ⦿ Occupational Therapist
- ⦿ Speech Language Therapist

# in the beginning...(what to do with abnormality)

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## ⦿ Early demonology

- Demonology
- Exorcism
- Trepanning



# in the beginning...(the first measure of abnormality and the ultimate no win situation...)

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- Dark Ages and Demonology
  - Persecution of witches (Malleus Maleficarum)
  - Witchcraft and mental illness



# in the beginning...(measurement moves along)

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- **The basic tenets of Gall's system were:**

1. The brain is the organ of the mind.
2. The mind is composed of multiple distinct, innate faculties.
3. Because they are distinct, each faculty must have a separate seat or "organ" in the brain.
4. The size of an organ, other things being equal, is a measure of its power.
5. The shape of the brain is determined by the development of the various organs.
6. As the skull takes its shape from the brain, the surface of the skull can be read as an accurate index  
of psychological aptitudes and tendencies.



Franz Joseph Gall (1758-1828)  
The originator of what later  
became phrenology

# Phrenology

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# the forgotten...(asylums and housing of the witches)

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- Patients with psychological disorder were abundant in asylums
- But were deemed “lunatics” “insane” “incurables” “idiots” as were the asylums so named...



# Asylums in Canada

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Alberta	<u>Insane</u> Asylum, Ponoka	1911
British Columbia	Public Hospital for the <u>Insane</u> , New Westminster	1878
	British Columbia Mental Hospital, Coquitlam	1913
Manitoba	Selkirk Asylum, Selkirk	1886
	Home for <u>Incurables</u> , Portage-la-Prairie	1890
	Brandon Asylum, Brandon	1891
New Brunswick	Provincial Hospital, Saint John	1835
	Provincial <u>Lunatic</u> Asylum	1848
Nova Scotia	Nova Scotia Hospital for <u>Insane</u> , Halifax	1857

# Asylums in Canada

<b>Ontario</b>	<b>Provincial <u>Lunatic</u> Asylum, Toronto</b>	<b>1850</b>
	<b>Kingston Asylum (Rockwood), Kingston</b>	<b>1856</b>
	<b>London Asylum, London</b>	<b>1859</b>
	<b>Orillia Asylum for <u>Idiots</u>, Orillia</b>	<b>1861</b>
	<b>Hamilton Asylum, Hamilton</b>	<b>1876</b>
	<b>Mimico Branch Asylum, Mimico</b>	<b>1890</b>
	<b>Hospital for <u>Insane</u>, Brockville</b>	<b>1894</b>
	<b>Cobourg Asylum</b>	<b>1902</b>
	<b>Penetanguishene Asylum, Penetanguishene</b>	<b>1904</b>
	<b>Whitby Hospital, Whitby</b>	<b>1914</b>
<b>Prince Edward Island</b>	<b>The Prince Edward Island Hospital for the <u>Insane</u></b>	<b>1877</b>

# Asylums in Canada

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Quebec	Quebec <u>Lunatic</u> Asylum, Beauport	1845
	Provincial <u>Lunatic</u> Asylum, St. John's	1861
	L'Hospice St. Jean de Dieu, Longue Point	1856
	L'Hospice St. Julien, St. Ferdinand d'Halifax	1873
	L'Hospice Ste. Anne, Baie-St. Paul	1890
	Protestant Hospital for the <u>Insane</u> , Verdun	1890
	St. Benedict Joseph Asylum, near city of Montreal	1885
Saskatchewan	The Saskatchewan Provincial Hospital, Battleford	1914
Newfoundland	Asylum for the <u>Insane</u> , St. John's	1855
Northwest Territory	Taken to asylums of Alberta and Saskatchewan	1914
Yukon	Taken to New Westminster by Royal Northwest Mounted Police	1877

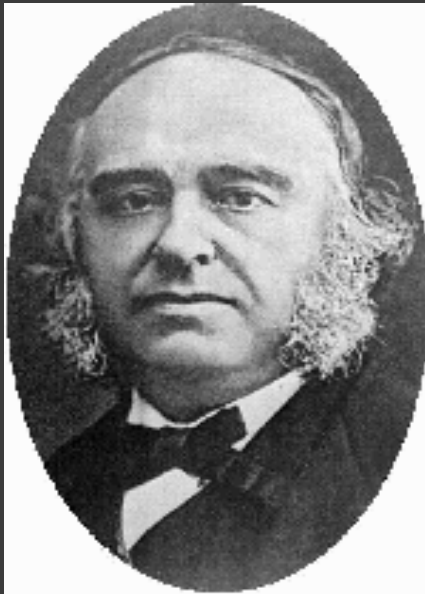
# Video Clips

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- [History of Treatment](#)
- [Modern Day Hospitals](#)

“tan”  
...(only to be again forgotten)

◎ Paul Broca and aphasia, 1861

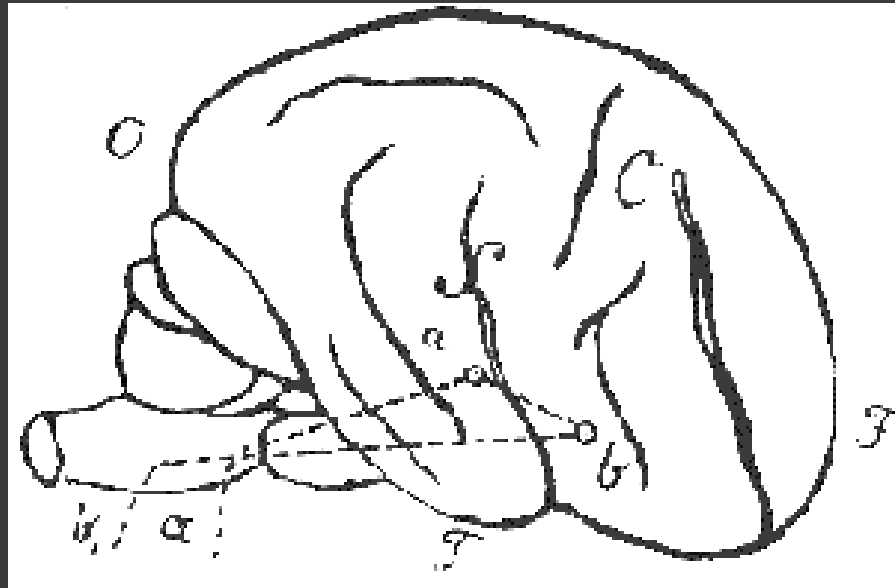


<http://www.youtube.com/watch?v=f2liMEbMnPM>

# More steps toward a biological understanding of abnormality...

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- Karl Wernicke and aphasia, 1876

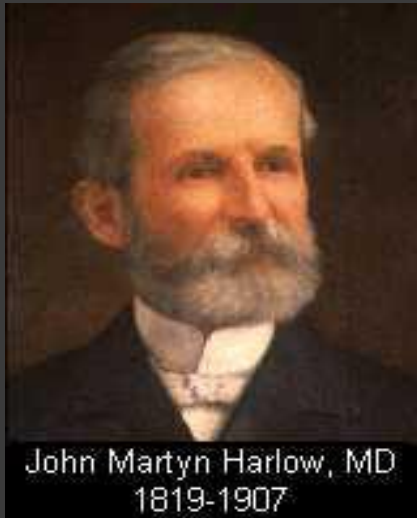


<http://www.youtube.com/watch?v=dKTdMV6cOZw>

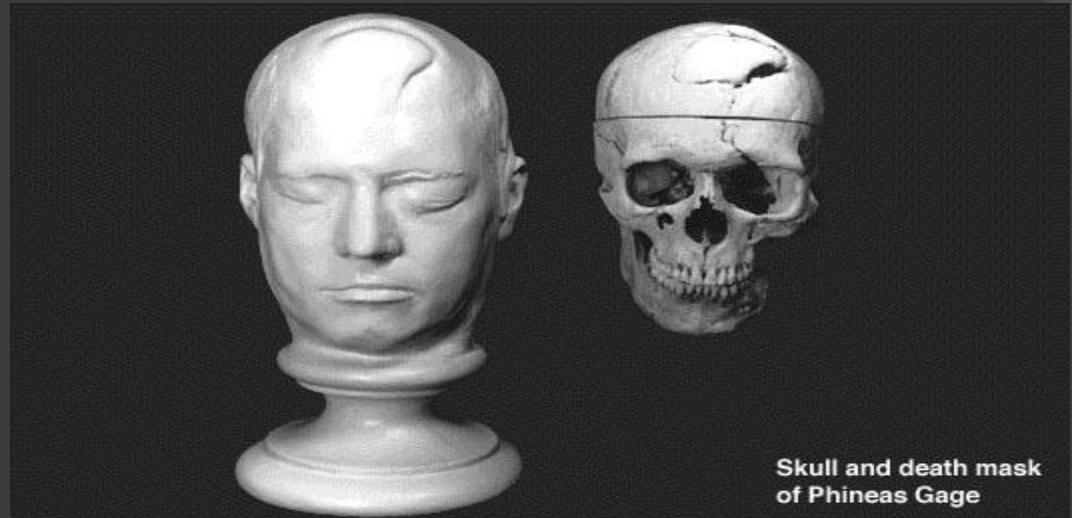
# More steps toward a biological understanding of abnormality...

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- John Harlow and executive disorder, 1848



John Martyn Harlow, MD  
1819-1907

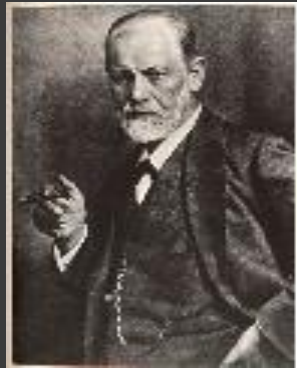


Skull and death mask  
of Phineas Gage

- In place of the diligent, dependable worker stood a foulmouthed and ill-mannered liar given to extravagant schemes that were never followed through. "Gage," said his friends, "was no longer Gage."

# The Beginning of Contemporary Psychological Theory and Thought

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\* Psychoanalysis, Learning, Rogers Client Centered Approach

and then the world went to war...

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# “tan” remembered...

(Geshwind swings the pendulum back toward a biological understanding of abnormality)

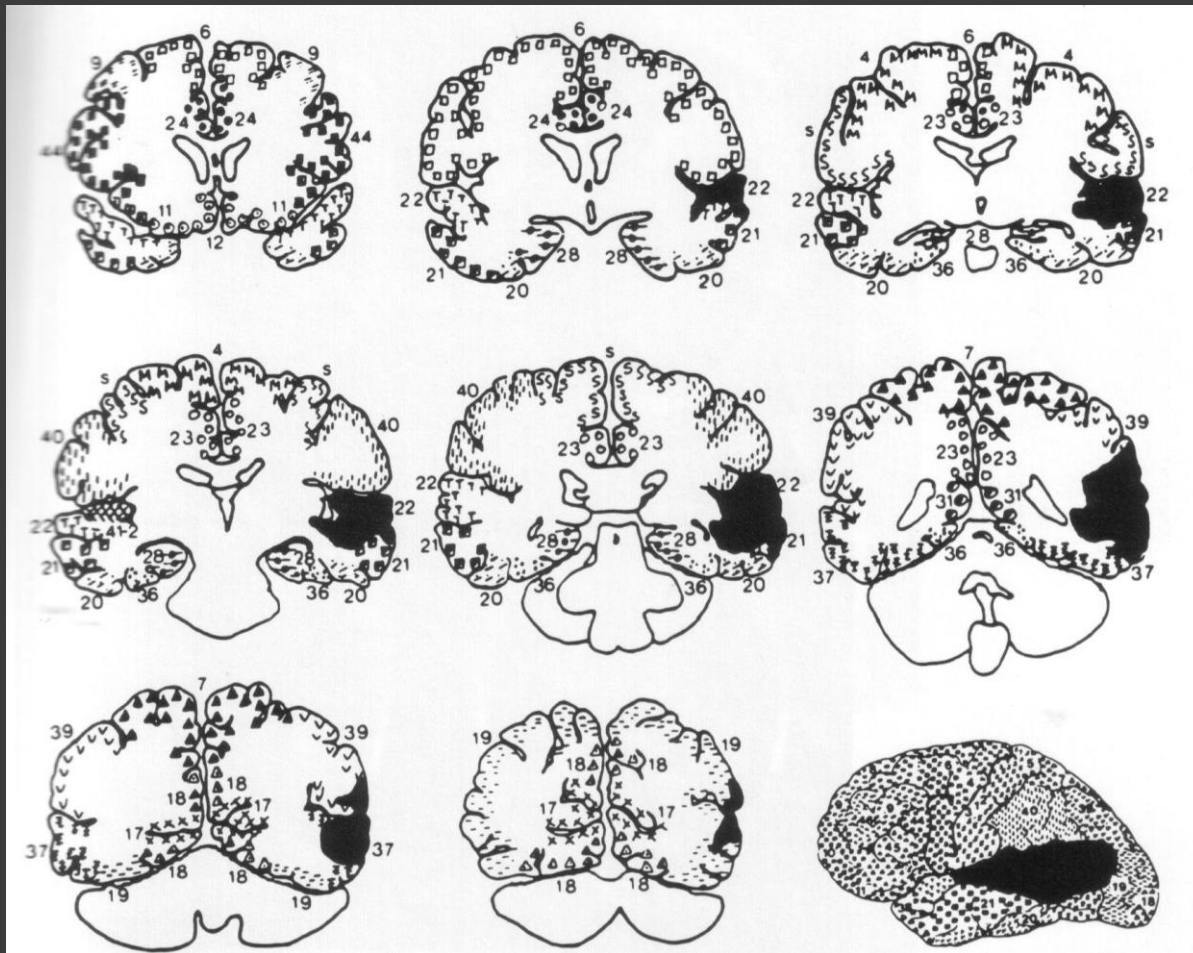
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## ◎ Norman Geshwind and the Boston V.A.

- Draw a clock with the hands showing the time 10 minutes to 5.



# let the research begin...



# Clinical Neuropsychology is Born

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# The Biological Approach Gains More Momentum

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# Psychopharmacology

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- With the introduction of psychopharmacology, many patients were deinstitutionalized....



# Video Clips

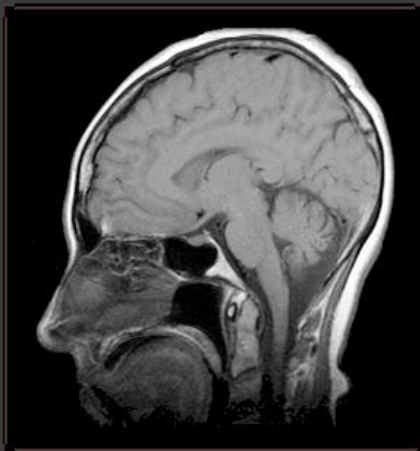
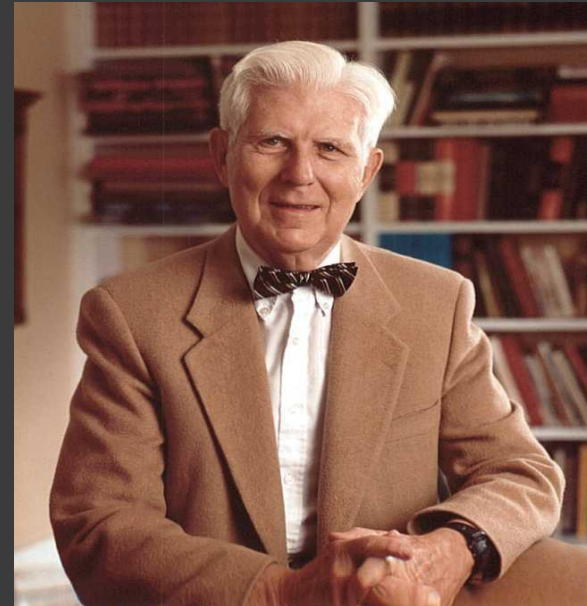
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- ◎ [History of Treatment](#)

# But it did not explain behavior

fully...and as such, abnormal psychology is understood best by a multidisciplinary approach

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# Lesson of History

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1. Cycles of persecution, neglect and humanitarianism in the treatment of the mentally ill have occurred irrespective of the helping agency.
2. Periods in which people who exhibited psychologically disordered behaviour were persecuted and treated cruelly have often alternated with periods of humanitarian reform and care for suffering people.

# Lesson of History

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3. Just as we now look back on what were once accepted treatments with revulsion, future generations may regard some of our more recent and current practices as cruel and inhumane.
4. Recent reforms may easily be reversed during adverse economic, political, and social conditions.
5. The pendulum of understanding is always swinging...We best understand abnormal psychology from all perspectives