

Chapter 2

Causes of Abnormal Behavior

Chapter-at-a-Glance

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CHAPTER OUTLINE

I. Overview

- A. The cause or etiology of abnormal behavior remains a mystery
- B. Psychologists have argued for biological, psychodynamic, cognitive behavioral, and humanistic paradigms as best explaining normal and abnormal psychology
- C. The **biopsychosocial model** is an approach that integrates evidence from across biological, psychological, and social dimensions of behavior
- D. **Paradigm** is a set of shared assumptions that includes both the substance of a theory and beliefs about how scientists should collect data and test the theory

II. Brief Historical Perspective

- A. Early cultures explained abnormal behavior through reference to demonology, witchcraft, and some less-than-scientific descriptive accounts
- B. Scientific approach to understanding causes of abnormal behavior was aided by three breakthroughs of the nineteenth and early twentieth century:
 - 1. The discovery that **general paresis** followed syphilis infection showed that apparently psychological symptoms (e.g., delusions of grandeur) could be caused by a **physical** disease
 - 2. Freud's development of psychoanalytic theory
 - a. Importance of early childhood experiences and unconscious influences
 - b. Structures of the psyche (id, ego, superego) and defense mechanisms
 - 3. Scientific psychology emerges with the work of Wundt, Pavlov, Skinner, and Watson

- a. Classical and operant conditioning (Pavlov, Skinner)
 - b. Scientific focus on observable behavior (Skinner)
 - c. Wilhelm Wundt introduced the scientific study of psychological phenomena: learning
- C. Humanistic psychology opposes the biological, psychoanalytic, and behavioral explanations: emphasizes free will, views human nature as inherently good, and posits a natural movement towards self-actualization

III. Systems Theory

- A. **Systems theory** is an integrative approach to science that embraces multiple influences on behavior, including the best elements of the four paradigms. Think of systems as a synonym for biopsychosocial model.
- B. **Systems approach to etiology**
- 1. **Holism** assumes that whole is more than the sum of the parts
 - 2. **Reductionism** (the opposite of holism) assumes the whole is the sum of its parts and can be understood by examining its smaller components

3. **Levels of analysis:** a focus on different **subsystems** leads to differing perceptions of causality such as the biological, psychological, and social views of abnormal behavior use a different “lens”, one is a microscope, another a magnifying glass, and the third a telescope, but remember no specific lens is the only way to view abnormality
4. **Causality:** when you evaluate the cause of mental disorders according to a combination of factors, not by a single, manageable problem.
5. **Equifinality:** a psychological disorder may have multiple causes; there are many routes to the same destination; multiple pathways=equifinality
6. **Multifinality:** the same event can lead to different outcomes (e.g. abuse can lead to very different outcomes in different children)
7. **Diathesis-stress model**
 - a. **Diathesis** is a predisposition to develop a disorder (usually, but not necessarily, a heredity factor)
 - b. **Stress** is a difficult life experience (usually, but not necessarily, a psychologically-based experience)
 - c. **Risk factors** are circumstances that are correlated with an increased likelihood of a disorder and may contribute to causing it.
8. **Reciprocal causality:** the direction of causality can be in both directions simultaneously (e.g., children affect parents just as parents influence children)
9. **Developmental psychopathology**—emphasizes the importance of understanding developmental norms for a particular behavior in order to consider whether that behavior is abnormal (age-dependent judgments are necessary)

IV. The basic approaches

A. Biological factors

1. The neuron and neurotransmitters
 - a. **Soma**—the cell body
 - b. **Neurons**—billions of tiny nerve cells that form the basic building blocks of the brain
 - b. **Dendrites** are branches that receive messages from other neurons
 - c. **Axon**—trunk of the neuron; messages are sent through the axon to other neurons
 - d. **Axon terminals** are buds on the end of the axon from which messages are sent to other neurons

- e. **Synapses** are small gaps that separate neurons
 - f. **Neurotransmitters** are substances released by the terminal buttons into the synapse; some reach other receptors, some are taken up by the neuron itself in the process called **reuptake**
 - g. **Receptors**—receive the neurotransmitters once they are released into the synapse
 - h. **Neuromodulators** are chemicals that may be released from neurons or from endocrine glands (e.g., endorphins) that affect neurotransmitter function
 - i. Mental disorders have been linked to neurotransmitters; having more or less of various neurotransmitters is hypothesized to be related to several syndromes
2. Neurotransmitters and psychopathology
- a. Scientists have reported that dysfunction related to the neurotransmitters is common in some individuals with mental disorders whether it be an oversupply or undersupply
 - b. Additionally, the density and sensitivity of the receptors also play a role in the development of abnormal behavior
 - c. Schizophrenia treatment targets the neurotransmitter dopamine by blocking these receptors
 - d. Depression specifically targets the reuptake of serotonin and links a depletion of serotonin, which is responsible for mood, as a cause of this disorder
 - e. However, keep in mind that a biochemical difference does not mean that these problems are caused by a chemical imbalance in the brain
3. Major brain structures
- a. **Hindbrain** consists of medulla, pons, and cerebellum, which regulate basic bodily functions—generally not related to abnormal behavior
 - 1.) **Medulla**—regulates heart rate, blood pressure, and respiration, thus those bodily functions involved in sustaining life
 - 2.) **Pons**—regulates sleep stages
 - 3.) **Cerebellum**—involved in physical coordination
 - b. **Midbrain**—involved in control of some motor activities, especially those related to fighting and sex
 - 1.) **Reticular activating system** regulates sleeping and waking
 - 2.) Damage here can result in disturbances in sexual behavior, aggressiveness, and sleep—usually due to brain traumas or tumors

- c. **Forebrain**—more recently evolved—location of most sensory, emotional, and cognitive processes; largest brain region
 - 1.) **Limbic system**—central to the regulation of emotion and learning as well as responsible for linking the midbrain with the hindbrain
 - a.) **Thalamus**—receives and integrates sensory information from sense organs and higher brain structures
 - b.) **Hypothalamus**—controls basic biological urges such as eating, drinking, and sexual activity, much of what we do related to the autonomic nervous system is controlled by this part
- d. Cerebral Hemispheres: Most of forebrain composed of the two cerebral hemispheres; many brain functions are lateralized
 - a.) Left hemisphere regulates language function; right hemisphere regulates spatial organization and analysis
 - b.) **Corpus callosum** separates the two hemispheres and is involved in coordinating the functions of each side
 - c.) **Ventricles** are chambers in the forebrain that are filled with cerebrospinal fluid
 - d.) **Cortex** consists of frontal, occipital, parietal, and temporal lobes
 - e.) **Amygdala** is part of the limbic system and is vital to emotion response, specifically fear
 - f.) **Cerebral cortex** is the uneven surface of the forebrain that lies underneath the skull, it controls sophisticated memory, sensory, and motor functions, which is divided into four lobes (i.e., frontal, parietal, temporal, and occipital)
 - 1) Frontal lobe is located behind the forehead and is responsible for higher mental processes, such as reasoning, planning, emotion, speech, and movement
 - 2) Parietal lobe is located on the top back portion of the head which receives and integrates sensory information and is related to spatial reasoning
 - 3) Temporal lobe is located beneath the frontal and parietal lobes which processes smell and sounds, regulates emotions, and is involved in learning, memory, and language
 - 4) Occipital lobe is located behind the temporal lobe at the back lower portion of the head and is responsible for vision and visual processing

4. Major brain structures and psychopathology
 - a. Only the most severe mental disorders have been associated with extensive brain damage.
 - b. Stroke causes the blood vessels in the brain to rupture which cuts off the oxygen supply to the brain and kills the brain tissue in the surrounding areas.
 - c. Alzheimer's disease causes tangles of neurons in the brain which are usually found during autopsies.
 - d. Schizophrenia impacts the ventricles of the brain which are enlarged.
5. **Psychophysiology**—study of changes in the functioning of the body resulting from psychological experiences
 - a. **Endocrine system**—collection of glands that produce psychophysiological responses by the release of hormones into the bloodstream; activated by stress
 - b. **Hormones**—are chemical substances that are released by the glands into the bloodstream that impact functioning
 - c. **Nervous system**—central and peripheral
 - 1.) **Central**—brain and spinal cord
 - 2.) **Peripheral**—connections leading from the brain to the muscles, sensory systems, bodily organs, including **voluntary nervous system** and involuntary or **autonomic nervous system**
 - 3.) **Autonomic nervous system** made up of sympathetic and parasympathetic systems
 - d. Psychopathology and psychophysiology
 - 1.) **Autonomic overactivity** hypothesized to be responsible for excessive anxiety
 - 2.) Chronic underarousal may be related to antisocial personality disorder
6. Behavior genetics—the study of genetic influences on normal and abnormal behavior
 - a. **Genotype**—individual's actual genetic structure
 - b. **Phenotype**—expression of a given genotype; influenced by *experience*
 - c. Dominant/recessive inheritance is when a trait is caused by a single gene that has only two alleles.

- d. Most forms of behavioral abnormality, if related to genetics, are **polygenic**—caused by more than one gene; multiple genes are probably responsible for nearly all disorders and behavioral disorders should be viewed as on a continuum
- e. Family incidence studies
 - 1.) Identify normal and ill **probands** and review the incidence of a disorder within the same family
 - 2.) Higher incidence of a disorder in families of ill probands may indicate the influence of a genetic factor; however, since family members share the same environment, it may also indicate an environmental etiology
- e. Twin studies
 - 1.) **Monozygotic twins** produced from a single egg—share 100% of genetic make-up
 - 2.) **Dizygotic twins** produced from separate eggs—share 50% of genetic make-up
 - 3.) Key question: are MZs more similar than DZs for a particular disorder? Concordance rates for MZs vs. DZs are compared; if MZ rate is greater, there is a genetic component for that trait or disorder, assuming equal environmental effects
 - 4.) High concordance for both suggests influence of shared environment
 - 5.) Low concordance rates for both MZ and DZ points to the influence of the nonshared environment—experiences that are unique to one twin, for example
- f. Adoption studies
 - 1.) Basic design is to compare those who were adopted as infants with their biological vs. adoptive relatives
 - 2.) If concordance rate with biological parents is higher than concordance rate with adoptive parents, a biological factor is assumed; if more similar to adoptive parents, then an environmental factor is assumed
- g. Potential misinterpretations of behavior genetics findings:
 - 1.) If there is a genetic influence, a disorder is inevitable
 - 2.) If a characteristic is genetically influenced, it cannot be modified
 - 3.) If there is a genetic influence, a particular gene must be directly responsible for behavior
- h. **Gene-environment interaction** means a kind of diathesis-stress model in which

both the genetic make-up and environmental influences affect the development of a disorder

- i. **Gene-environment correlation** refers to the connection between the genetic make-up of the person and their experiences; experience is not random

B. Psychological factors

1. Basic motivations and temperamental styles

- a. Basic psychological functions are hypothesized by **evolutionary psychologists** to have their origins in natural selection and to have adaptive or evolutionary value
- b. **Natural selection** is the process in which successful, inherited adaptations to environmental problems become more common over successive generations.
- c. **Inclusive fitness** the reproductive success of those who have the adaptation to their offspring
- d. **Sexual selection** improves inclusive fitness through increased access to mates and mating
- e. **Bowlby's attachment theory** states that the critical factor in development is the quality of attachment formed between infant and parent; attachment theory has strong empirical support
- f. **Dominance relations** have been proposed to be crucial in human as well as animal groups
- g. **Temperament**—characteristic styles of relating to the world; five basic temperaments have been identified—extraversion, agreeableness, neuroticism, conscientiousness, and openness to experience; temperament is particularly important in personality disorders
- h. **Emotions** may be the motivating factor behind social behavior and may be more basic than cognition
 - 1.) The six basic emotions are: love, joy, surprise, anger, sadness, fear
 - 2.) It is useful to think of **emotional systems**, which are physiologically and psychologically linked

2. Learning and cognition

- a. **Modeling**—learning by observing/imitating others
- b. Motivations, temperament, and emotions can be changed through learning
- c. **Social cognition**—how humans process information about themselves and others;

including how attributions are made

- d. **Attributions**-are related to the perceived causes or people's beliefs about the cause and effect relationship
 - e. Causes of psychopathology
 - 1.) Fears and anxieties can be classically or operantly conditioned
 - 2.) Depression may be caused by **learned helplessness** (attribution of negative events to internal, global, stable causes) or **cognitive distortions**
3. Sense of self
- a. **Identity** may be unitary or people may have multiple identities/roles, also known as integrated view of self
 - b. Lack of positive self-esteem, self-concept, self-efficacy may play a role in development of psychopathology
 - c. Relational self is the unique actions and identities associated with significant relationships one may have with others
 - d. **Self-control** is a process of intrinsic things within an individual that provide rules for appropriate behaviors
 - e. **Self-esteem** is often the controversial aspect of our sense of self that values one's abilities in life
4. Stage theories of development imply qualitative developmental changes
- a. Freud's psychosexual model emphasizes sexuality in development through adolescence
 - b. Erikson's psychosocial model emphasizes social interactional tasks through the life span
 - c. Psychopathology can occur during stressful developmental transitions
 - d. **Developmental stages**—periods of time marked by age and/or social tasks during which children or adults face common social and emotional challenges
 - e. Developmental transitions—mark the accomplishment of one developmental stage and the beginning of the next stage of development

C. Social factors

- 1. The broadest perspective with numerous potential sources of influence

2. Social roles and expectations are seen as causes of abnormal behavior
3. Labeling theory states that people's actions conform to the labels or "self-fulfilling prophecy"
4. Social influences on abnormal behavior include interpersonal relationships, social institutions, and cultural values
5. Close relationships and psychopathology: strong correlations are found between troubled relationships and psychopathology; question is direction of causality
 - a. Marital difficulties and psychopathology are correlated
 - b. Social support from peers or others outside the family can buffer the impact of troubled family relationships
6. Gender and gender roles
 - a. Women seem to have more depression and men are diagnosed more with substance abuse
 - b. Gender roles influence the development, expression, or consequences of psychopathology
 - c. Social expectations may foster women to become depressed when faced with adversity versus men's roles dictate to "carry on"
 - d. **Androgyny**—the possession of both male and female gender role characteristics with being overly "feminine" or overly "masculine"
 - e. It is important to address the impact of gender roles when assessing the prevalence of various disorders
7. Race and poverty—difficult to entangle the separate effects of each since they are so highly correlated with each other (and with marital status)
 - a. In 2000, 10.3% of White families were living in poverty compared to 24.9% of Black families, and 22.9% of Latino families
 - b. 41% of single Black mothers are living in poverty compared to 27.5% of single White mothers to 41.4% of single Hispanic mothers
 - c. Poverty impacts more African Americans than Whites, but the experience of poverty is different
 - d. Prejudice and poverty is associated with an increased risk for mental disorders
 - e. Poverty increases the exposure to toxins which can damage the central nervous system

8. Abnormal behavior must be considered in the context of a society's values, which may influence its development and expression

LEARNING OBJECTIVES

Students should be able to:

1. Discuss the integration of paradigms into the biopsychosocial approach.
2. Identify the major breakthroughs that led to modern scientific abnormal psychology: a) the discovery of the biological origins of general paresis, b) Freud's "talking cure," and c) the emergence of scientific academic psychology (Wundt, Pavlov, Skinner, Watson, etc.).
3. Discuss the biopsychosocial model, identifying its advantages as a model for understanding abnormal behavior.
4. Elaborate on the following: pathology can be caused by multiple factors/pathways; correlation does not mean cause; the diathesis-stress model states both a predisposition and a stressful event contribute to a disorder.
5. Describe the basic functions of the hindbrain, midbrain, and forebrain.
6. Distinguish between the central and peripheral nervous systems, the voluntary and autonomic nervous systems, and the sympathetic and parasympathetic nervous systems.
7. Describe the basic functions of the endocrine system.
8. Describe the basic research methodology used for family, twin, and adoption studies.
9. Describe some ways in which motivation, emotion, and temperament may contribute to abnormal behavior.
10. Describe some ways in which modeling, social cognition, and sense of self may contribute to abnormal behavior.
11. Discuss how the following social factors are generally correlated with (but not necessarily causative of) psychopathology: relationship difficulties, gender, race, and poverty.

LECTURE SUGGESTIONS

Challenging reductionism: Miller and Keller's model—Current Directions APS Reader (2E, p.5)

Miller and Keller offer an insightful look at the issue of biological reductionism and the broader

question of how neurobiological theories relate to psychological ones. After the “decade of the brain” (1990s), it has become common to describe a psychopathology as simply a “chemical imbalance,” for example. But Miller and Keller warn against viewing the biological level as primary: “Biological data provides valuable information that may not be obtainable with self-report or overt behavior measures, but biological information is not inherently more fundamental, more accurate, more representative, or even more objective.” They also criticize the attempt to view psychological and biological data as “interactive,” preferring the concept of “implementation” when viewing the way in which biological reality impacts upon the psychological—and vice-versa. This language allows for the concept that, “A given neural circuit might implement different psychological functions at different times or in different individuals.”

The import of the Miller/Keller article is that syndromes should not be looked at as caused by underlying biological mechanisms, such as depression caused by a lack of available serotonin in the brain. Rather, the psychological and biological are more like simultaneous systems that impact upon each other; psychological phenomena alter the brain and existing biological conditions implement or play a role in how the psychological will manifest itself. The systems approach advocated in this text can easily be reconciled with the Miller/Keller hypothesis; biological, social, and psychological systems can be viewed as interacting in both causal directions.

An interesting trend in current clinical practice is also challenged by the authors of this article, which is to treat “biological disorders” with “biological treatments” and psychological disorders with psychologically-based treatments. They provide compelling arguments to dispute this trend; often an apparently psychological disorder can be effectively treated with medication, and the reverse is also true. Cases of so-called “biological depression” can be treated with psychological (e.g., cognitive) treatments effectively in some cases.

Oliver Sacks:

Use any of Oliver Sacks' cases from *The Man Who Mistook His Wife for a Hat* to illustrate the way in which brain injuries can affect the psychological functioning of an individual. The title chapter is a good one; the patient actually could not distinguish his wife from his hat!

Sacks, O. (1985). *The man who mistook his wife for a hat and other clinical tales*. New York: Summit Books.

Evolutionary psychology: Current Directions APS Reader (1E, p.10):

Frans de Waal, a noted primate researcher, argues that, in 50 years, a picture of Darwin will be hung in every psychology department. The evolutionary model is here to stay and becoming more widely accepted every day, especially in psychology. In order to embrace this model, however, de Waal contends that we must first accept the connection between other animals and humans. He offers some compelling evidence in both this chapter and in his other writings of chimpanzee behavior that resembles that of humans. For example, chimps develop political alliances, display a great deal of “empathy” for those in distress, and reconcile with opponents after battling, often with a kiss and embrace.

The Evolutionary model, however, has been weakened by exaggerations, misperceptions, and poor theoretical conceptualization. One example given by de Waal is the recent emphasis on “rape as adaptive” in which Thornhill and Palmer argue that rape is favored by natural selection in that it furthers male reproduction. De Waal asks the question why, if rape were **adaptive**, it is practiced by such a small

minority of the population? Another example of weak evolutionary research is the emphasis on violence and abuse of step-children, presumably because of the lack of genetic connection between step-father and step-child. Again, de Waal challenges this by pointing to the large number of step-fathers who are loving and caring.

What evolutionary theory provides that other psychological theories fall short of offering is *ultimate* explanations. For example, rather than focusing only on immediate, proximate reasons for particular tendencies, the evolutionary approach attempts to provide deeper reasons for why we choose certain types of mates, tend to avoid incest, and favor our own kin. A more complex model of evolutionary behavior will allow more insight into these larger human tendencies, but only if we can overcome the human/other animal dualism which has been pervasive in the field of psychology thus far.

Object relations and attachment theories:

Give a brief summary of object relations theory (Mahler, Kohut), and discuss its similarity to Attachment Theory. The basic assumptions of this model are:

- (a) Human beings are inherently relational by nature
- (b) The course of development is determined by the nature of early relationships with primary caregivers
- (c) Healthy identity and sense of self is possible only through supportive relationships
- (d) Psychotherapy consists of developing constructive client-therapist relations, allowing the client to reconstruct (or even construct) a healthy sense of self

You may also wish to describe the concept of **splitting**, in which the person is unable to maintain a coherent internal concept of an important other. This ego splitting is thought to be a determining factor in narcissistic and borderline personality disorders.

Mahler, M., Pine, F., & Bergman, A. (1975). *The Psychological Birth of the Human Infant*. New York; Basic Books.

Kohut, H. (1971). *The analysis of self: A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality*. New York: International Universities Press.

Jerome Kagan:

Describe Kagan's research on temperament. Kagan is a particularly interesting researcher as his early career was spent as an advocate for a social-learning perspective, whereas he subsequently argued that genetics play a more powerful role in personality/temperament. Kagan's research suggests that about 20% of the population from birth will be overly sensitive, difficult, and irritable. About half of these infants will become shy adults who have difficulty with social relations.

Kagan, J. (1994). *Galen's prophesy: Temperament in human nature*. New York: Basic Books.

Thought of the Day:

As a way to stimulate some discussion related to the lecture material, begin the class with a question (e.g., What do you believe causes abnormal behavior, or mental disorders?). Give the students three to five minutes to write down their answers. Answers can come from a combination of the chapter

readings, media, personal experience, opinions, etc. This can be a perfect time to discuss the “labels” and “stigma” associated with mental illness, as well as the different paradigms to consider.

Quick Summary:

Before beginning the lecture of the day, ask students to select one concept, such as a key term, important figure/theorist, a specific disorder, treatment method, etc., outlined in the chapter (e.g., The Diathesis-Stress Model). After the students have selected the topic of their choice, they can either draw a logo, symbol, or bumper sticker, write a poem or a song lyric, or come up with a toast or eulogy to capture the essence of the term selected.

Psychoneuroimmunology: The Mind-Body Connection:

Lorentz (2006) reported that stress is an “unconscious response to a demand,” and stress becomes problematic when the “demand exceeds an individual’s ability to respond or cope effectively” (p. 5). So we can see that stress has both benefits and consequences with repeated exposure. Some researchers would state that most of all disorders, from the common cold to major depression, have emotional roots as the underlying cause. Even Freud claimed that anxiety was the root of all pathology. At what point do you believe the demand of the stressor would overcome an individual’s ability to cope? This can be a starter for the lecture on mind-body dualism and the contributions of the ancient philosopher, Descartes. In addition, you can ask for students to brainstorm ways that their own thoughts, emotions, and behaviors have impacted either their physical or psychological well-being. Another lecture starter would be to ask students to write down either individually or in a small group a list of positive and negative coping mechanisms, as well as stressors for each letter of the alphabet. For example, for the letter A some examples of coping mechanisms would be alcoholism and archery with academics being a stressor. You may also select specific letters of the alphabet as a different modification of this activity.

Lorentz, M. (2006). Stress and psychoneuroimmunology revisited: Using mind-body interventions to reduce stress. *Alternative Journal of Nursing*, (11), 1-11. Retrieved from <http://www.altjn.com/perspectives/stress.pdf> on May 24, 2011.

DISCUSSION IDEAS

Correlation vs. causality:

Present an example of two correlated variables that appear to be causally connected but are explained by a third variable and ask the students to explain the relationship. Then ask students what the connection is between smoking cigarettes and cancer. Is this just a correlation or is there a “causal” connection? How does one establish causality? Three factors should eventually emerge in the discussion: (1) **temporal succession** between smoking and the onset of cancer, (2) a **mechanism** that explains how cigarettes affect the lungs should be described, and (3) a linear relationship (the more one smokes, the greater the chances for developing cancer) should exist between the two. In this case, all of these are present, thus leading to a justified “causal model.” Then ask students about other supposed “causal connections”—use of marijuana and use of harder drugs; lowered levels of serotonin and norepinephrine and depression; depression and suicidal ideation. Are causal models justified in those cases? Apply the criteria and discuss. This will help students clarify the difference between correlation and causality.

Behavior genetics and the nonshared environment: Current Directions APS Reader (1E, p.17):

The Turkheimer article provides a brief background in behavior genetics, nicely condensed in the three laws expressed on pg. 17: (1) All human behavioral traits are inheritable, (2) The effect of being raised in the same family is smaller than the effect of genes, and (3) A substantial portion of the variation in complex human behavioral traits is not accounted for by the effects of genes or families. The "gloomy prospect" referred to repeatedly in this article appears to focus on the rather mysterious **nonshared environmental factor** which behavioral geneticists have been attempting to understand for the last several years.

Ask the class about this nonshared environmental factor, which appears to account for a large percentage of the variance in individual differences. Begin by focusing on the question raised by Turkheimer: why are siblings so unlike one another when they share both genetics and environment? Then ask students to consider which aspects of the environment are shared and which are unshared by siblings. Probe them to think about an even larger question of whether we can confidently state that, when we experience the "same event" it really is the "same event"? To what extent do individual differences in readiness, perception, and personality lead to each of us experiencing a great deal of "uniqueness" in our daily life?

Gender differences:

Introduce Carol Gilligan's theory that women are more relationship-focused and men are more achievement-oriented. Then ask what factors might cause these differences. This provides a good opportunity to illustrate the systems approach in that biological, psychological, and social factors probably all contribute to these differences (if, indeed, they do exist). Excerpts from Gilligan's *In a Different Voice* (1982) or Deborah Tannen's *You Just Don't Understand* (1991) could provide a good starting point.

Gender and Gender Roles:

The *Housekeeping Monthly* (1955) article defined what stipulates a "good wife." You can access this article from the link below and either display on an overhead projector or you can make copies of the article to distribute to your students. Ask the students to read the article and assess some of the social factors, such as relationships, marriage, gender roles, and societal norms, as it relates to abnormal behavior. Students can write down which of the statements they think are more relevant to the information discussed in the chapter as well as discuss their reactions to the article. Some key questions you may want to ask can include: Did you ever witness any of these norms in your home growing up? How have things changed since the 50s? What would it have been like to live during these years with these gender roles? Would you look for any of these traits in a potential partner, why or why not? What if the gender roles were reversed in the article, what would this look like?

The article can be retrieved from the following link:

<http://www.j-walk.com/other/goodwife/images/goodwifeguide.gif>

CLASSROOM ACTIVITIES

Systems approach to causation:

Divide the class into three groups: (a) psychological, (b) social, and (c) biological. Present the class with the following situation:

"A college freshman, in his first month of school, is experiencing a very disturbing repetitive nightmare. In the nightmare, he is constantly being chased. He runs and runs and then asks a very official-looking person for directions home, but the person does not seem to speak his language. The student is so anxious about this repetitive nightmare that he seeks counseling at the Student Counseling Center (he had been in psychotherapy for anxiety in high school before, after he switched high schools when his father was transferred)."

Ask the students to provide a causal explanation and treatment plan based on their given approach. Then discuss their explanations, and address how the systems approach would treat these seemingly different explanations. This allows you to demonstrate the way in which psychological, social, and biological approaches do not necessarily contradict each other.

Creating your own theory:

Ask students, either individually or in groups, to generate their own theories to explain the development of psychopathology. You may wish to ask students to do this exercise before reading this chapter and again afterward. This is also a nice exercise to repeat at the end of the semester to see how their explanations change as a function of completing the course. You can read some of them or ask for volunteers to present them.

Use of Social Media:

Use a popular medium such as YouTube, Facebook, MySpace, Twitter, etc., to portray a course concept (e.g., Bowlby's Attachment theory related to the bond between a mother and child or Bandura's concept of modeling). Ask the students to then describe the concept portrayed or to discuss with peers in a small group.

Debate: Which Paradigm is the "Fairest of them All":

Divide the class into four sections: biological paradigm, psychodynamic paradigm, cognitive-behavioral paradigm, and biopsychosocial paradigm. Tell the students it is up to them using their textbooks, notes, personal knowledge, Internet, and the assistance of their peers to support why their selected paradigm is the "fairest" when assessing the causes, symptoms, and treatment of psychiatric disorders. Ask for each of the groups to share the information gathered with the class to spark a discussion about the pros and cons of each paradigm.

Caught in the act of a "Defense Mechanism":

Using *Table 2.1 Some Freudian Defense Mechanism* in the textbook, write these on strips of paper and hand these out to students or ask the students to turn to page 27 to review the defense mechanisms in the textbook. Then you can either show short clips from popular movies, YouTube videos, or ask the students to think of a time when they witnessed a celebrity or famous individual engaging in one of these defense mechanisms.

Evaluation of the Id, Ego, and Superego:

The id is ruled by the pleasure principle which could be viewed as the “demanding child.” The id involves the desire for instant gratification of one’s desires. The ego is based out of the reality principle the more adult part of the personality that focuses on stability to deal with reality; this could be viewed as the “traffic cop.” The ego weighs out the pros and cons of situations before making a decision. Lastly, we have the superego which is one’s sense of right or wrong; also known as the conscience, this could be defined as the “judge.” The superego focuses on the rules and the sense of accomplishment if you follow them versus the negative consequences such as punishment if one does not follow these standards for behavior.

This activity can be done several different ways. You can break the classroom into small groups and ask the students to evaluate popular cartoon characters based on what part of the mind, according to Freud, the character primarily functions from. Another way this can be done is to use newspaper clippings of cartoons or display some images of popular cartoon characters on an overhead projector. For example, Tigger from Winnie the Pooh would be an example of the id, Jiminy Cricket would illustrate the superego, and Rabbit from Winnie the Pooh would be an example of the ego. Additionally, you could ask students to create using their own creativity a cartoon character that would function primarily from one of the parts of the mind based on the Psychoanalytic theory.

Fact or Fiction:

At the end of lecture, this is a way that as the professor you can incorporate some critical thinking related to the chapter material. On small sheets of paper, write down two facts that were discussed in the lecture material or readings and one piece of information that is fiction. For example, (a) In Freud’s Psychoanalytic theory, the mind is comprised of three parts: the id, subego, and ego, (b) The cognitive-behavioral paradigm focuses on learning when evaluating abnormal behavior, and (c) If you are a child or an adult of a divorced or never-married family, there tends to be more psychological problems. The ‘facts’ are letters (b) and (c). Then ask the students to identify the two facts and the fiction. Another way that this can be done is to ask the students to recap the information discussed in lecture by writing down two facts and one fiction on a piece of paper. After each student has completed this, ask them to share with peers sitting next to them to see if their partner can guess the facts. This could also be used as a potential study guide or test or quiz questions if you decide to take these up after the lecture.

Sunshine & Cloud:

At the end of the class, have students write down in one to two minutes a recap of what they learned from lecture that day. First, have them write down their “sunshine” (e.g., the concept they most enjoyed learning about that day or an activity that was fun) and then write down the “cloud” (e.g., the concept the student found to be the most unclear or was not as enjoyable). This activity can provide an assessment of the student’s comprehension as well as the presentation of the lecture material if changes should be made.

PEARSON VIDEOS

SPEAKING OUT VIDEOS IN ABNORMAL PSYCHOLOGY:

Xavier—Autism (16:56)

Xavier is a 10-year-old boy whose mother claims he was just recently given a "full-blown" diagnosis of autism. She became aware that there was a problem when Xavier was still not talking at the age of one and a half. Xavier, according to his mother, did not exhibit classic signs of autism because he was not withdrawn and he did not have some of the classic physical symptoms (e.g., flapping his arms). He did have "touch issues" in that he would not allow anyone to touch his hands or feet.

Currently, Xavier is very affectionate, does interact with other kids, but is very immature and has limited language skills. He perseverates, sometimes watching one scene from a video, over and over for several hours; he can also simply repeat a word or phrase consistently for up to three hours. He is ritualistic and also requires pressure to be comfortable (we see him pressing against his mother throughout the interview). He is now enrolled in a school program in which he gets a great deal of individual attention and occupational therapy. He reports that he "loves school" and is very preoccupied with repeating that there is "no school today." His mother states that, since this is a spectrum disorder, you never know what to expect from day to day from Xavier.

Discussion Questions for the case of Xavier:

1. How is it that Xavier was not given a "full-blown" diagnosis of autism until nearly age 10?
2. When asked if he will be seeing his teacher tomorrow, Xavier persistently says, "No. No school today." Why does he focus on today when the question is about tomorrow?
3. Xavier is very affectionate and does interact with other children. Is this a positive sign in terms of his prognosis and diagnosis? Is this unusual for an autistic boy?

VIDEO RESOURCES

B.F. Skinner and Behavior Change: Research, Practice, and Promise, (1975, 45 minutes, RP).

Behavioral interventions in various settings, including fear of dental procedures, learning social skills at a youth center, controlling epilepsy in a hospital, and working with a developmentally disabled child at home (film, video).

Behavior Therapy: An Introduction, (1978, 23 minutes, Harper & Row). Demonstrates three basic behavioral procedures, including contingency management, counter-conditioning, and role playing, as applied to three individuals.

Being Abraham Maslow, (1968, 30 minutes, , black and white, FLMLIB). Excerpts from an interview with Maslow in which he discusses his life and theory.

The Brain, Mind, and Behavior, 8 parts, (2007, 60 minutes, each, color, PBS Video). One part on the "Enlightened Machine" focuses on the mysteries of consciousness and the brain. Another part on "Rhythms and Drives" examines the effects of the brain and hormones on behavior.

Dialogues, Dr. Carl Rogers, Parts I and II, 100 min. UCEMC (1966). Wide-ranging interview with Dr. Rogers.

Discovering Psychology: The Responsive Brain, 30 min., color. Annenberg/CPB Collection (1990). Looks at the interaction of the brain, behavior, and the environment. Also shows how brain structure and function are changed by behavioral and environmental factors.

Freud under Analysis, 58 min. (1987). MINN. Deals with Freud's beliefs and the scientific evidence (video).

Kids and Psychiatric Drugs, (2007, 2.29 minutes, CBS Evening News). This video discusses the controversies surrounding children and the prescribing of psychotropic and antipsychotic medications for mental illness. Retrieved from <http://atlantis2.cbsnews.com/video/watch/?id=25556317n> on July 19, 2011.

Looking at Abnormal Behavior, (1992, 58.34 minutes, Alvin H. Perlmutter, Inc. and Toby Levine Communications). Retrieved from http://www/learner.org/vod/vod_window.html?pid=776 on July 19, 2011. Gives an overview of the field of abnormal psychology with some case vignettes.

The Humanistic Revolution: Pioneers in Perspective, 32 min., black and white. PEF (1971). Interviews with Maslow, Murphy, Rogers, May, Tillich, Perls, Frankl, and Watts (film, video).

Mysteries of the Mind, 58 min. Films for the Humanities and Sciences (1988). Examines the neurochemical and genetic components in various disorders.

Rollo May on Humanistic Psychology, 24 min. PEF (1971). May describes the historical development and general characteristics of humanistic psychology (film, video).

What Makes Them Tick? 42 min. Films for the Humanities and Sciences (1999). Examines the relationship between genes and environment in the formation of personality for adolescents.