Instructor’s Resource Manual

for

Abnormal Psychology

Sixth Edition

prepared by

Gordon D. Atlas
Alfred University

Prentice Hall

Boston  Columbus  Indianapolis  New York  San Francisco  Upper Saddle River
Amsterdam  Cape Town  Dubai  London  Madrid  Milan  Munich  Paris  Montreal  Toronto
Delhi  Mexico City  Sao Paulo  Sydney  Hong Kong  Seoul  Singapore  Taipei  Tokyo

### INSTRUCTOR’S RESOURCE MANUAL CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td></td>
<td>iv</td>
</tr>
<tr>
<td>Sample Syllabus</td>
<td></td>
<td>vi</td>
</tr>
<tr>
<td>Chapter 1</td>
<td>Examples and Definitions of Abnormal Behavior</td>
<td>1</td>
</tr>
<tr>
<td>Chapter 2</td>
<td>Causes of Abnormal Behavior</td>
<td>9</td>
</tr>
<tr>
<td>Chapter 3</td>
<td>Treatment of Psychological Disorders</td>
<td>23</td>
</tr>
<tr>
<td>Chapter 4</td>
<td>Classification and Assessment of Abnormal Behavior</td>
<td>39</td>
</tr>
<tr>
<td>Chapter 5</td>
<td>Mood Disorders and Suicide</td>
<td>51</td>
</tr>
<tr>
<td>Chapter 6</td>
<td>Anxiety Disorders</td>
<td>69</td>
</tr>
<tr>
<td>Chapter 7</td>
<td>Acute and Posttraumatic Stress Disorders, Dissociative</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>Disorders, and Somatoform Disorders</td>
<td></td>
</tr>
<tr>
<td>Chapter 8</td>
<td>Stress and Physical Health</td>
<td>99</td>
</tr>
<tr>
<td>Chapter 9</td>
<td>Personality Disorders</td>
<td>111</td>
</tr>
<tr>
<td>Chapter 10</td>
<td>Eating Disorders</td>
<td>125</td>
</tr>
<tr>
<td>Chapter 11</td>
<td>Substance Use Disorders</td>
<td>140</td>
</tr>
<tr>
<td>Chapter 12</td>
<td>Sexual and Gender Identity Disorders</td>
<td>158</td>
</tr>
<tr>
<td>Chapter 13</td>
<td>Schizophrenic Disorders</td>
<td>174</td>
</tr>
<tr>
<td>Chapter 14</td>
<td>Dementia, Delirium, and Amnestic Disorders</td>
<td>190</td>
</tr>
<tr>
<td>Chapter 15</td>
<td>Mental Retardation and Pervasive Developmental Disorders</td>
<td>203</td>
</tr>
<tr>
<td>Chapter 16</td>
<td>Psychological Disorders of Childhood</td>
<td>218</td>
</tr>
<tr>
<td>Chapter 17</td>
<td>Adjustment Disorders and Life-Cycle Transitions</td>
<td>233</td>
</tr>
<tr>
<td>Chapter 18</td>
<td>Mental Health and the Law</td>
<td>246</td>
</tr>
</tbody>
</table>

PREFACE

This *Instructor’s Resource Manual* is designed for use with the sixth edition of Thomas Oltmanns and Robert Emery’s *Abnormal Psychology*. Each chapter of the *Instructor’s Resource Manual* contains the following sections: CHAPTER-AT-A-GLANCE, LEARNING OBJECTIVES, LECTURE SUGGESTIONS, DISCUSSION IDEAS, CLASSROOM ACTIVITIES, PEARSON VIDEOS, and VIDEO RESOURCES.

The CHAPTER-AT-A-GLANCE provides a grid which acts as a ‘table of contents’ for the chapter. Instructors can quickly identify the material that may be useful for them for a particular section of the chapter.

The CHAPTER OUTLINE presents an overview of the main contents of each chapter. The outline can be used as a lecture guide and provides information that can be easily developed into lecture notes. The outline can also facilitate selection of specific topic areas for lecture focus depending on instructor and student interests, the level of students, and time constraints.

The LEARNING OBJECTIVES section provides information regarding main points and core aspects of the material from each chapter that students should understand and be able to articulate if they have mastered the material. This section may be used in a number of ways. It may serve to provide summation points or questions following lectures, and it may also be helpful in developing quiz or test questions or study guides.

LECTURE SUGGESTIONS, DISCUSSION IDEAS, and CLASSROOM ACTIVITIES provide material for use in the classroom aside from straight lecture. Particularly in a survey course, students will benefit from opportunities to delve more deeply into specific topics than text-based lecture alone will allow. Material presented in these sections provides suggestions for additional related topics that may be of interest to students and starting points for interactive activities that will allow students to grapple with controversial issues and further explore important aspects of abnormal psychology.

THE PEARSON VIDEOS that are provided by Pearson in the Speaking Out and Patients as Educators series are briefly summarized in this manual as they appear in the text. The textbook authors were thoroughly involved in the making of the Speaking Out series and each video was carefully chosen and edited for use in this edition of the text. They are an extremely valuable reference for instructors to use for each chapter of Abnormal Psychology. This Speaking Out series is, by far, the best video series I have encountered for Abnormal Psychology! Students will also have access to these videos through the new, MYPSYCHLAB feature of the textbook. Discussion questions are provided for use with these video resources. Contact your Pearson representative to order copies of these videos. The VIDEO RESOURCES section provides additional suggestions for video materials that may be useful tools to further bring to life the topics covered in the course.

Two editions of CURRENT DIRECTIONS IN ABNORMAL PSYCHOLOGY (2004, 2009) are utilized for some of the lecture suggestions in this manual. These books are comprised of original source articles by researchers in the field of Abnormal Psychology. It is designed as a supplement to this Abnormal Psychology text. Articles from the "reader" are integrated into the Instructor’s Manual within the appropriate chapter for that article. Instructors may choose to require that students purchase and read these original articles or utilize them as supplementary material for the lectures.
In addition to the ideas presented in the manual itself, I recommend that you give strong consideration to actively presenting clinical case material on a regular basis. This may be done by discussing your own professional experiences (if you are also a clinician), asking colleagues to present interesting cases to the class, or through use of video or other resources. Students are fascinated by the manifestations of abnormal psychology, and they will retain information much more successfully (and derive greater enjoyment from the class) if the material is brought to life for them.

If at all possible, I would suggest helping students find ways to get direct clinical experience within the field of mental health. This can be done through internship or practicum. Nearly every hospital in the U.S. accepts volunteer help—and if the student requests to work with the mentally ill, he/she may find themselves in the advantageous position of viewing people who suffer from these syndromes they are reading about, in a more direct manner. If the student experience can then be incorporated into the class through presentations or summary write-ups of their experience, this enhances the learning of the student as well as that of other students in the class.

A final recommendation for consideration: Many survey courses suffer from too much material to cover, not enough time, and too many multiple choice examinations without other opportunities for students to demonstrate and consolidate learning. I have found that, when possible, requiring several short papers enhances students’ learning and level of interest in the class and allows them to delve more deeply into material that they might otherwise simply attempt to memorize or “learn for an exam.” The example I have provided of a recent syllabus that I utilized may be helpful in this regard.

I do hope that this manual provides suggestions for specific activities and ideas for development that improve instructors’ and students’ experiences in courses making use of the Oltmanns & Emery text. Of course, please remember that the ideas presented in the manual can be used as is, or modified to meet the needs of a particular instructor or class. I welcome any comments or questions regarding this manual, and can be contacted at:

Gordon D. Atlas
Professor of Psychology
Science Center
Alfred University
Alfred, N.Y. 14802
A SAMPLE SYLLABUS

Psychology 342: Abnormal Psychology
Professor: Gordon D. Atlas

COURSE GOALS:
To develop an understanding of psychopathology. We will address the following critical questions:

(1) What do psychologists mean by abnormal behavior?
(2) What are the defining features of the primary disorders recognized by clinical psychology?
(3) What are the causes of and treatments for abnormal functioning?
(4) What are the societal and legal ramifications of abnormal behavior?

Tolstoy, L., The Kreutzer Sonata.
Plath, S., The Bell Jar.

REACTION PAPERS:
Students will write four (4) reaction papers during the course of the term. They will be focused on key issues related to the readings that involve controversies in the field of Abnormal Psychology. Reaction papers will be about 2 pages each, chosen from designated topics, and due on dates specified on the syllabus. Seven paper topics will be assigned, and students can choose any four to write on. Papers must be typewritten, double-spaced with 1 inch margins and must address the readings they are concerned with. Late papers will not be accepted. 32% of grade.

EXAMS:
Four exams will be used to: a) help the student organize and integrate theories and content of the course, and b) allow the professor to evaluate the progress of the student in the course. Questions will be mainly objective (multiple choice), with the following breakdown of material: 1/3 from text that is covered in class, 1/3 from lecture that is not in the text, and 1/3 from text that is not covered in lecture. 52% of grade.

PARTICIPATION:
Students are held responsible at the same level that an employee is held responsible for their assignments. This means that attendance, preparation, and positive participation in class activities will be expected. Also, students will be required to participate on a discussion board—an average of once/week—which focuses on key issues/questions in abnormal psychology. (In class participation—6%; discussion board, 5%; total of 11%)

GRADING:
Exams 4 x 13. . . . . . . . . . . . . . . . . . . . . . . . . . = 52%
Reaction Papers 4 x 8. . . . . . . . . . . . . . . . . . = 32%
Participation: in class (6%) & on disc board (5%) = 11%
Write-up of field trip/experiential component. . . = 5%
Extra credit possibilities.......up to. . . . . . . . . . . . . . . . = 5%


COURSE OUTLINE

I. INTRODUCING THE COURSE
1/18 What to expect from an abnormal course

II. DEFINING ABNORMAL
1/23 What is abnormality? Can it be defined?
reading: Text, chapter 1
1/25 Is this man abnormal or just strange? reaction paper #1
reading: Tolstoy, The Kreutzer Sonata

III. THEORETICAL MODELS USED TO UNDERSTAND ABNORMALITY
1/30 Can causes of abnormal behavior be identified?
reading: Text, chapter 2

IV. THE FRIGHTENING SYNDROMES: ANXIETY DISORDERS
2/1 Fears, phobias, anxiety, panic
reading: Text, chapter 6
2/6 Causes and treatments of anxiety disorders
2/8 EXAM #1

V. SUBSTANCE USE DISORDERS
2/13 Alcoholism
reading: Text, chapter 11
2/15 From partying to addiction reaction paper #2

VI. MOOD DISORDERS
2/20 The life of a depressive
reading: The Bell Jar
2/22 The downward spiral in depression reaction paper #3
reading: Text, chapter 5
2/27 Breaking the spiral: treatments for mood disorders
3/1 EXAM #2
VII. SPECIAL PROBLEMS

3/13 Disorders of sexual function/gender identity
   reading: Text, chapter 12

3/15 Eating disorders reaction paper #4
   reading: Text, chapter 10

3/20 Eating disorders continued

3/22 Acute and posttraumatic stress
   reading: Text, chapter 7: (pgs. 212–226 and 232–233 only)

3/27 Other special issues in abnormal psych

VIII. PERSONALITY DISORDERS

3/29 The therapist's nightmare
   reading: Text, chapter 9

4/3 Soap opera characters, Disney characters, and Weirdo’s

4/5 Continue discussion of Personality Disorders reaction paper #5

4/10 EXAM #3

IX. SCHIZOPHRENIA

4/12 Schizophrenia from the inside out
   reading: Text, chapter 13

4/17 The Schreber Case: the most famous schizophrenic reaction paper #6
   reading: The Schreber Case...(Atlas)

4/19 Hard to spell—harder to understand; causes and treatments

X. SOCIETAL, PERSONAL SOLUTIONS

4/24 Mental health and the law reaction paper #7
   reading: Text, chapter 18

4/26 Serial killers: Explanations and treatments...

5/1 Psychotherapy: the solution?
   reading: Text, chapter 3

5/3, 8-10 AM EXAM #4
# Chapter 1

*Examples and Definitions of Abnormal Behavior*

## Chapter-at-a-Glance

<table>
<thead>
<tr>
<th>Detailed Outline</th>
<th>Instructor Resources</th>
<th>Professor Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizing the Presence of a Disorder: p. 4</td>
<td>Lectures: Thomas Szsaz’s approach, p. 5</td>
<td></td>
</tr>
<tr>
<td>Defining Abnormal Behavior: p. 6</td>
<td>Lectures: Causality, p. 5</td>
<td></td>
</tr>
<tr>
<td>Harmful Dysfunction</td>
<td><strong>Discussion Ideas:</strong> Diagnostic criteria, p. 5</td>
<td></td>
</tr>
<tr>
<td>Mental Health vs. Absence of Disorder</td>
<td>Classroom: Effects of labeling, p. 6</td>
<td></td>
</tr>
<tr>
<td>Culture and Diagnostic Practice</td>
<td><strong>Speaking Out Videos:</strong> Video Case: Bipolar Disorder, Feliziano, p. 7</td>
<td></td>
</tr>
<tr>
<td>Who Experiences Abnormal Behavior? p. 10</td>
<td><strong>Discussion Ideas:</strong> Sex differences p. 6</td>
<td></td>
</tr>
<tr>
<td>Frequency in and Impact on Community Populations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross-Cultural Comparisons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Mental Health Professions: p. 15</td>
<td><strong>Discussion Ideas:</strong> Graduate school in psychology myths p. 6</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Psychology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychopathology in Historical Context: p. 17</td>
<td><strong>Discussion Ideas:</strong> Personality disorders p. 6</td>
<td></td>
</tr>
<tr>
<td>The Greek Tradition in Medicine</td>
<td>Classroom: Historical approaches p. 7</td>
<td></td>
</tr>
<tr>
<td>The Creation of the Asylum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worcester Lunatic Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lessons from the History of Psychopathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methods for the Scientific Study of Mental Disorders: p. 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use and Limitations of Case Studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Research Methods</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---


CHAPTER OUTLINE

I. An overview of abnormal psychology
   A. Psychopathology (pathology of the mind): the symptoms and signs of mental disorders
   B. Abnormal psychology is defined as the application of psychological science to the study of mental disorders
   C. Mental disorders are defined by a set of features (symptoms)
   D. Terms: psychosis, delusion, insanity, nervous breakdown, syndrome

II. Defining abnormal behavior
   A. Personal distress—subjective experience of suffering; misses cases in which individual does not identify own thoughts/behaviors as problematic
   B. Statistical rarity—statistically unusual behavior
      1. How rare must it be (some disorders are quite common, e.g., depression)?
      2. Does not consider whether behavior is harmful or adaptive (some unusual behaviors are advantageous)
   C. Maladaptiveness—Wakefield’s harmful dysfunction concept
      1. The condition results from inability of some internal mechanism on the part of the person
      2. The condition causes harm to the person
   D. DSM-IV-TR defines mental disorders associated with: (any or all)
      1. Present distress
      2. Disability (impairment in one or more areas of functioning)
      3. Significant risk of suffering death, pain, disability, or an important loss of freedom
   E. Mental health means more than the absence of mental illness
      1. Healthy people can be described as ‘flourishing’
      2. Flourishing people have more positive emotions, are calm and peaceful, have positive attitudes, and possess a sense of meaning and purpose
   F. DSM-IV-TR defines pathologies in terms of our particular culture and cultural values

III. Epidemiology

A. The study of the frequency and distribution of disorders within a population

B. Incidence—number of new cases of a disorder that appear in a population during a specific period of time

C. Prevalence—total number of active cases that are present in a population during a specific period of time (lifetime prevalence—proportion of people in a given population affected by the disorder at some point during their lives)

D. Gender differences are found in many but not all mental disorders; most prominent differences include: anxiety disorders and depression (more common in women), and substance abuse and antisocial personality disorder (more common in men)

E. Comorbidity—the presence of more than one condition at one time in an individual

F. Global Burden of Disease and Injury—assessed impact of conditions; mental disorders are responsible for 1% of death but 47% of disability in the U.S. and developed nations

IV. Mental health professions

A. Psychiatrists are physicians (medical doctors) who specialize in treating mental disorders (often prescribe medication)

B. Clinical psychologists complete a Ph.D. or a Psy.D. (about 4 years plus internship) and are trained in assessment, psychotherapy, and applying scientific principles to the study of abnormal psychology

C. Social workers generally hold an M.S.W. and are committed to action that may be socially based or individually based

D. Masters-level professional counselors, marriage and family therapists, and psychiatric nurses also provide individual and family psychotherapy; non-graduate trained staff often provide psychosocial rehabilitation

E. Currently, dramatic changes in the provision of mental health care services are being driven by managed care companies, which place emphasis on cost containment

V. Historical perspective on psychopathology

A. The Greek tradition: Hippocrates

1. Assumed mental disorders had natural causes, not demonological sources

2. Believed health depended on maintaining a balance of four bodily fluids: blood, phlegm, black bile, and yellow bile

B. The Asylum: Middle Ages

1. Established to house the mentally disturbed
2. Moral treatment emphasized support and respect for human dignity

3. Dorothea Dix was a prominent and effective advocate for humane treatment of the mentally ill in hospitals

4. Profession of psychiatry emerged from the development of large institutions

5. Woodward’s Worcester Hospital (mid-1800s in U.S.) as a “model institution” employing moral and physical treatment approaches—based on protestant values; reported recovery rates from 82 to 91 percent between 1833 and 1845

C. Lessons from the history of psychopathology

1. Cultural bias often, perhaps always, influences current thinking and treatment approaches

2. Scientific research is crucial to identify and understand effective treatment

VI. The scientific study of mental disorders

A. Basis is the “open-minded skepticism” of the scientific method

1. Formulation of hypotheses

2. Collection and analysis of empirical data

3. Refinement of hypotheses based on findings

B. Case studies can provide a wealth of information about a particular pathology and can help generate research questions and hypotheses, but are limited because they can be interpreted in many ways and may not be reliable or generalizable

LEARNING OBJECTIVES

Students should be able to:

1. Define abnormal psychology and psychopathology.

2. Consider the three primary criteria of abnormality (personal distress, statistical rarity, and maladaptiveness) in terms of their strengths and weaknesses.

3. Understand how the DSM-IV-TR defines mental disorders.

4. Distinguish incidence from prevalence and discuss epidemiology as it relates to psychopathology.

5. Identify and describe the roles of those in the major mental health professions.

6. Know the historical development of institutional treatment of mental disorders.

7. Understand the importance of recognizing cultural bias and using scientific research to establish the validity of approaches to understanding and treating psychopathology.
8. Define the scientific method and understand the rationale for its use in the study of abnormal behavior.

**LECTURE SUGGESTIONS**

*Cultural bias and labeling: Thomas Szasz’s approach:*

Describe Thomas Szasz’s approach to diagnosis. Szasz argues that, since we cannot actually look inside another person, we should not use diagnostic categories to label them. He asserts that abnormal behavior is a social phenomenon and may be a perfectly normal response to an abnormal environment. Thus, involuntary civil commitment should not be allowed since it requires a judgment that we’re not capable of making. Further, if a person commits a crime, we should certainly prosecute and enforce the law against that person, and the fact that s/he may be “abnormal” in the eyes of a “professional” should not mitigate criminal responsibility. Some possible questions for discussion include: “If Szasz is right, how should we define what we now call abnormal psychology?” and “What are the benefits and drawbacks of identifying and labeling mental disorders?”


*Causality:*

Biological reductionism assumes that biological factors cause abnormalities. For example, some mental health professionals and others suggest that “chemical imbalances” are the source of the emotional and behavioral problems. This suggestion assumes that because certain biological states are associated with psychological disorders, the biological state causes the disorder. However, causality can move in the opposite direction. Use the following argument to illustrate this point: If a teacher insults a student, the student is likely to feel some powerful emotion, perhaps anger or embarrassment. If he/she does feel this emotion, some physiological changes will therefore occur. For example, if the student becomes angry, norepinephrine will be released into the bloodstream. Does this mean that the cause of the student’s anger is the flow of norepinephrine? Not at all; we would still say that the cause of the student’s anger (and accompanying physiological changes) is feeling insulted. Similarly, the cause of a person’s depression is probably not simply a chemical imbalance although a chemical imbalance may occur when a person is depressed. This does not mean that the biological approach is not important or valuable. Balance the lecture with an emphasis on the value of the biological approach to psychopathology.

**DISCUSSION IDEAS**

*Diagnostic criteria:*

Use the following case study to illustrate the weaknesses involved in using the statistical rarity criteria for abnormality:

A resident in a dormitory is the only one of 80 students in the dorm to not attend the first home college football game. When asked to explain this, he states simply, “I don’t particularly like football; I’d rather play this computer game.”
Ask the class whether this student is therefore abnormal. Most will agree that the student is statistically rare, but not deviant. Then explain how utilizing the DSM-IV-TR defining characteristics—(1) present distress, (2) disability, and (3) increased risk of suffering death, pain, disability, or a loss of freedom—provide a more suitable definition of mental illness. Discussion question: is statistical rarity a useful criterion to utilize for the detection of mental illness? One can argue that noticing unusual behavior is an important "beginning point" in detecting and, eventually, treating mental illness but not in labeling one as abnormal.

**Sex differences:**

As will be discussed later, there are wide prevalence differences for males and females for many disorders, including those who develop the disorder and those who seek treatment. These differences are found in numerous domains, including depression, anxiety, substance abuse, autism spectrum disorders, certain personality disorders, and hyperactivity. Although specific mechanisms will be elucidated later in the term, it may be interesting for students to explore their ideas about why these differences may occur, including biology, social expectations and roles, perceptions of others regarding the meaning of behaviors, or other factors.

**Graduate school in psychology myths:**

Many students have beliefs about graduate school in psychology that are not based on fact and can cause them to be misdirected in terms of their career goals. Present this list 'beliefs about graduate school' and ask the class to dispel each of them as myth.

1. A Clinical Psychology PhD program is the only graduate training for practicing psychologists.
2. The psychotherapy training of a psychiatrist is more complete than that of a psychologist or social worker.
3. Clinical Psychology programs are devoted to training students for clinical practice.
4. It is easier to get accepted to a Clinical Psychology program than for medical school.
5. Master’s programs—because they are shorter—are less expensive than doctoral programs.
6. Social workers cannot actually conduct psychotherapy—only psychologists and psychiatrists are trained to work directly with clients/patients.
7. School psychologists cannot practice independently in a private practice.
8. Counseling psychologists are ‘guidance counselors’ who work in a school setting only.

**Personality and personality disorders:**

A continuing controversy in the field has been the classification of personality disorders. Should a “difficult person” be classified as having a mental disorder? Ask the students to think of their most “difficult” friend or acquaintance. Then ask them whether they consider whether this person should be diagnosed with a mental disorder. You can then ask them to expand on their impressions and provide an opportunity to discuss the impact of labeling, the meaning of the term psychopathology, and the distinction between conditions that are ego-dystonic and ego-syntonic.
CLASSROOM ACTIVITIES

Effects of labeling:

The effects of labeling can be illustrated in the following demonstration. Ask for six volunteers to participate in a discussion, explaining that each participant will be labeled. Take a roll of masking tape and write the following labels on strips of tape: (1) Abnormal (2) Normal (3) Suffering (4) Deviant (5) Mentally ill, and (6) Psychopath. Place the tape on each volunteer’s forehead and ask them to carry on a conversation about a mundane topic they consider unrelated to mental health. Ask volunteers to not look at their own label and treat the others in terms of their label. After a few conversations (change the topic after about 5 minutes), it will become clear that the negative labels lead to adverse treatment of the students with labels suggesting abnormality or deviance.

Historical approaches:

Present students with a well-known criminal case, such as that of Jeffrey Dahmer. Then assign them to small groups and instruct each group to develop a particular “historical” view of the case. For example, one group would be asked to provide a "demonological" view, another a “Hippocratic” view (blood was equated with cheerfulness and activity, phlegm with apathy and sluggishness, black bile with melancholy, and yellow bile with irritability and excitability), and others with “modern” (biological, psychological, and social) views of the case. Give them about 10 minutes to do this and then ask the class to reconvene and present their views.

PEARSON VIDEOS

SPEAKING OUT VIDEOS IN ABNORMAL PSYCHOLOGY

Feliziano – Bipolar Disorder

Feliziano is a young man who describes having periods of hypomania, depression, and even suicidal thoughts. He says that, “The depression is the worst part.” When things get ‘really bad’ for him, he feels tight and constricted. He sometimes finds himself asking very deep philosophical questions of himself and has no constructive answers. He also admits to some psychotic thoughts of confronting the devil.

Discussion questions:

1. Feliziano is, obviously, a very intelligent man. Why does he have so many irrational thoughts that he simply cannot control?

2. This patient suffers from severe self-hatred during his ‘down periods.’ How does this play a role in his depression?

3. How do psychotic thoughts like those that Feliziano describes interact with bipolar symptoms?
VIDEO RESOURCES

Abnormal Behavior: A Mental Hospital, 28 min. CRM/McGraw-Hill Films, 110 15th Street, Del Mar, CA 92014. Portrays life in a modern mental hospital, including views of schizophrenics and of a patient receiving ECT.

Abnormal Psychology, 29 min. Coast Telecourses. Shows the difficulties distinguishing between normal and abnormal behavior in reference to DSM criteria.

Asylum, 60 min. Direct Cinema Limited. A documentary that focuses on one hospital, St. Elizabeth’s in Washington, and the changes in treatment which have occurred over time.

Is Mental Illness a Myth? 29 min. NMAC-T 2031. Debates whether mental illness is a physical disease or a collection of socially learned behaviors. Panelists are Thomas Szasz, Nathan Kline, and F.C. Redlich.

Keltie’s Beard: A Woman’s Story, 9 min. FL. (1983). About a woman with heavy facial hair she chooses not to cut. Useful in discussing the criteria for abnormal (film, video).

Little People, 58 min. FL. (1985). The discrimination and difficulties of access for people with dwarfism. Good for discussing the definition and meaning of abnormal (film, video).