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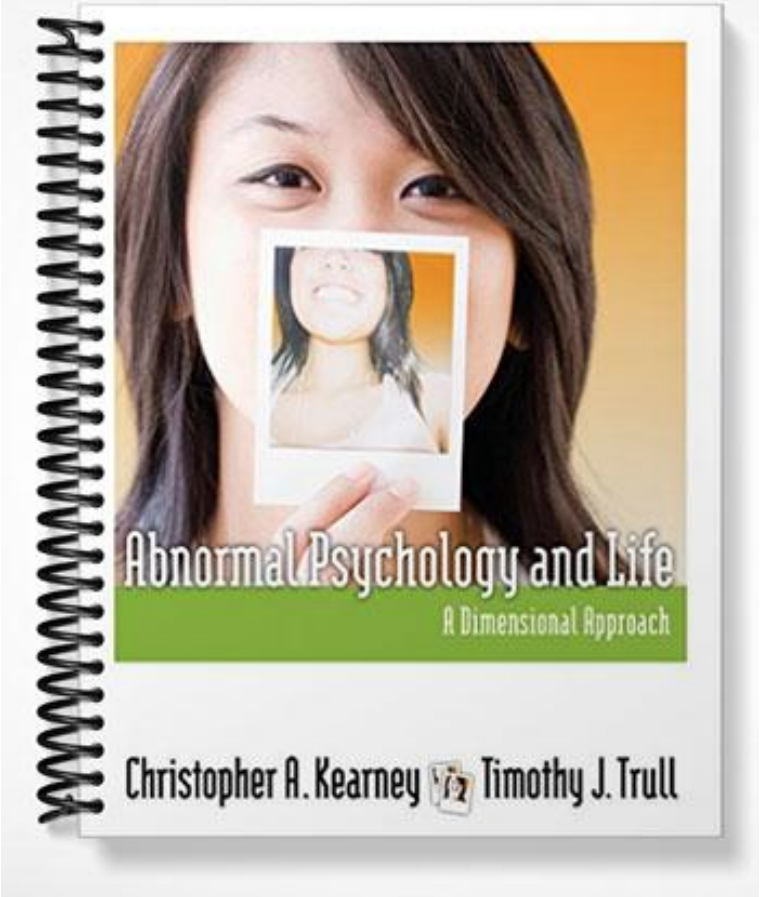

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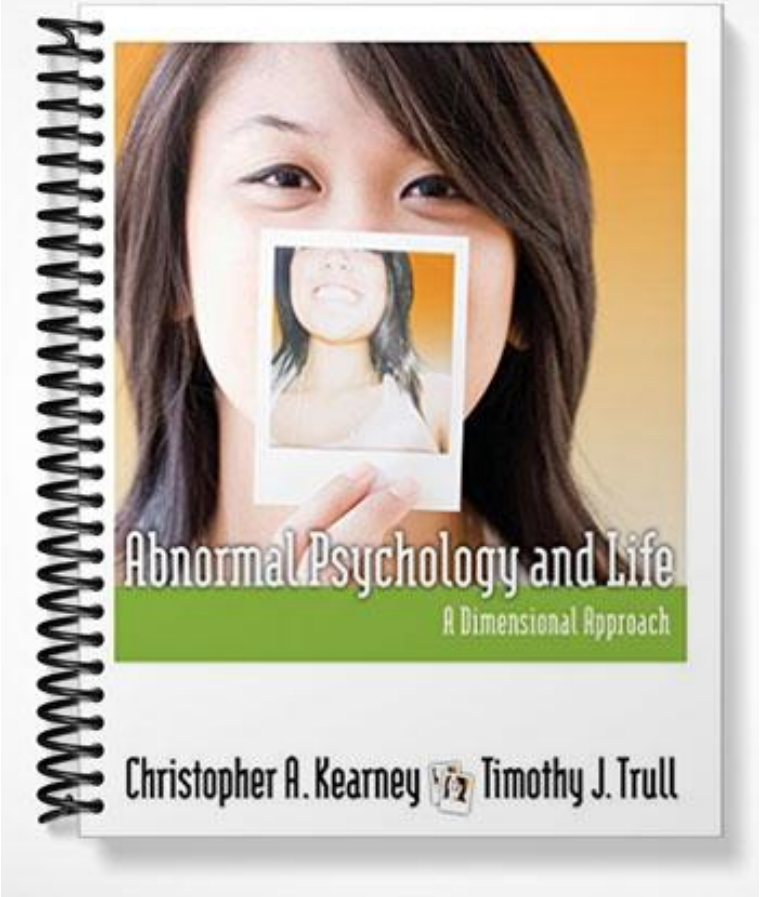

Instructor's Manual

Abnormal Psychology and Life: A Dimensional Perspective (1e)

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Introduction

This manual is designed to provide instructors with the basic background of the textbook as well as helpful ancillary material that can be used to supplement or embellish material presented in the textbook. The manual covers each chapter and provides a set of learning objectives, chapter outline/lecture topics, chapter summary, sample classroom activities and demonstrations, handouts, and suggested readings, videos, and websites. Instructors should note that this manual is just one part of a complete ancillary package that also includes test bank questions, pre-post tests, PowerPoint lectures, study guide, videos of people with various mental disorders, and a book companion website.

Several themes comprise this textbook and should be conveyed to students throughout the course. A main theme is our emphasis on a *dimensional perspective* to abnormal behavior and our desire to appeal to students by helping them understand that symptoms of psychological problems occur in many people in different ways. We wanted to avoid characterizing mental disorders from a "yes-no" or "us-them" perspective and focus instead on how such problems affect many people to varying degrees in their everyday lives. We wanted to illustrate how abnormal psychology was about the struggles that all of us face in our lives to some extent. We represent this approach in our title: *Abnormal Psychology and Life: A Dimensional Perspective*.

Our dimensional perspective is represented in different ways throughout the textbook. First, we present mental disorder along a continuum of emotions, thoughts, and behaviors that range from normal to mild to moderate to less severe disorder to more severe disorder. We also provide examples along this continuum that parallel common scenarios people face such as interactions with others and job interviews. Second, our dimensional perspective is discussed within the context of an integrative perspective that includes an extensive discussion of risk and

protective factors for various mental disorders. Such factors include biological (e.g., genetic, neurochemical, brain changes), personality, psychological (e.g., cognitive, learning, trauma), interpersonal, family, cultural, personality, evolutionary, and other domains. We emphasize a diathesis-stress model and provide sections that integrate risk factors to present comprehensive models of various mental disorders. We also provide an appendix of medical conditions with contributing psychological factors that includes a biopsychosocial perspective to explain the interplay of physical symptoms with stress and other key contributing variables.

Our focus on a dimensional approach to mental disorder helps us advance another key theme of this book, which is to *reduce stigma*. Stigma refers to socially discrediting someone because of a certain behavior or attribute and which may lead to being seen as undesirable in some way. People with schizophrenia, for example, are often stigmatized as people who cannot function or who may even be dangerous. Adopting a dimensional perspective to mental disorder helps reduce inaccurate stereotypes and the stigma associated with many of these problems. You will also see throughout this book that we emphasize people first and a mental disorder second to reduce stigma. You will not see words such as “schizophrenics” or “bulimics” or “the mentally retarded.” Instead, you will see phrases such as “people with schizophrenia,” “those with bulimia,” or “children with mental retardation.” We also provide special sections and boxes that contain information to dispel common myths about people with mental disorder that likely lead to negative stereotyping.

Our dimensional perspective and our drive to reduce stigma is enhanced as well by extensive use of clinical cases and personal narratives throughout the book. Clinical cases are presented in chapters that describe a particular mental disorder and are often geared toward cases to which most college students can relate. These cases then reappear throughout that chapter as

we discuss features of that disorder as well as assessment and treatment strategies. We also include personal narratives from people who have an actual mental disorder and who can discuss its symptoms and other features from direct experience. All of these cases reinforce the idea that symptoms of mental disorder are present to some degree in many people, perhaps including those easily recognized by a student as someone in their life.

Another main theme of the textbook is a *consumer-oriented perspective*. Students expect textbooks to be relevant to their own lives and to deliver information such as DSM criteria, epidemiological data, brain changes, and assessment instruments in visually appealing and technologically sophisticated ways. This textbook adopts a consumer approach in several ways. The chapters in this book contain suggestions for those who are concerned they or someone they know may have symptoms of a specific mental disorder. These suggestions also come with key questions one could ask to determine if a problem may be evident. In addition, much of our material is geared toward a consumer approach. In our discussion of cognitive disorders such as Alzheimer's disease, for example, we outline questions one could ask when considering placing a parent in a nursing home.

The consumer orientation of this book is also prominent in the last chapter when we discuss topics such as becoming a mental health professional, becoming a client in therapy, treatments available at the community level such as self-help groups, and how to judge a research article, among other topics. Throughout our chapters, we also focus special attention on issues of gender, ethnicity, ethics, and violence in separate boxes. We offer visually appealing examples of a dimensional model for each major mental disorder, brain figures, and engaging tables and charts to more easily convey important information. The book is also linked to many

technological resources and contains 15 chapters, which fits nicely into a typical 15-week semester.

We also include several pedagogical aids to assist students during their learning process. The chapters are organized in similar fashion throughout, beginning with initial sections on normal and unusual behavior and followed by discussions of features and epidemiology, causes and prevention, assessment, treatment, and prognosis. The chapters contain interim summaries and review questions at periodic intervals to help students check their understanding of what they just learned. Bold key terms are placed throughout the chapters and corresponding definitions are placed in the margin. What Do You Think questions appear after the chapter opening case study, which helps students focus on important aspects of the case. Final comments are also provided at the end of each chapter to link material to previous and future chapters. Broad-based thought questions are also at the end of each chapter to challenge students to apply what they have learned to their daily lives. The writing style of the book is designed to be easy to follow and to succinctly convey key information.

Another main theme of the textbook is *prevention*. Most college students function well in their environment, but everyone has some level of risk for psychological dysfunction or distress. We thus emphasize research-based ways to prevent the onset of psychological problems throughout this textbook. We offer specific sections on prevention and provide a detailed discussion of risk factors for mental disorder and how these risk factors could be minimized. We also provide a discussion of protective factors and strategies that could be nurtured during one's life to prevent psychological problems. Examples include anxiety and stress management, emotional regulation, appropriate coping, healthy diet, and adaptive parenting.

Much of our discussion in this area focuses on primary and secondary prevention, which has great appeal for students. Many prevention programs target those who have not developed a mental disorder or who may be at risk due to individual or environmental factors. A focus on prevention helps students understand what they could do to avert problematic symptoms or to seek help before such symptoms become more severe. Prevention material in the book also focuses on tertiary prevention and relapse prevention so students can understand what steps people can take to continue healthy functioning even after the occurrence of a potentially devastating mental disorder. The prevention material in this book thus has broad appeal, relevance, and utility for students.

Another main theme of the textbook is *cultural diversity*. Mental health professionals have made a more concerted effort to achieve greater cultural diversity in their research, to apply findings in laboratory settings to greater numbers of people, and to shine a spotlight on those who are traditionally underserved. We emphasize these greater efforts in this textbook. In addition to the special boxes on culture, we provide detailed information about culture-bound syndromes, how symptoms and epidemiology may differ across cultural groups, how certain cultural factors may serve as risk and protective factors for various disorders, how diagnostic and assessment and treatment strategies may need to be modified for different cultural groups, and how cultural groups may seek treatment or cope differently with symptoms of mental disorder.

Our discussion of cultural diversity applies to various ethnic and racial groups, but diversity across individuals is represented in many other ways as well. We focus heavily on gender differences, sexual orientation, sociocultural factors, migrant populations, and changes in symptoms as people age from childhood to adolescence to adulthood to late adulthood. Our emphasis on cultural and other types of diversity is consistent with our life-based approach for

the book: that symptoms of mental disorder can occur in many people in many different ways in many life stages.

This instructor's manual continues with a chapter-by-chapter presentation of learning objectives, chapter outline/lecture topics, chapter summary, sample classroom activities and demonstrations, handouts, and suggested readings, videos, and websites. Chapters 1-4 contain foundational material that provides a basis of knowledge for the various mental disorders discussed in Chapters 5-14. Chapter 15 addresses in more detail the consumer perspective by focusing on becoming a mental health professional or client, treatments at different levels, and ethics.

Chapter 1: Abnormal Psychology and Life

Chapter 1: Learning Objectives

Learning objectives of Chapter 1 include the following:

- Understand key terms related to abnormal psychology, including mental disorder.
- Understand key criteria used to determine if an emotion, thought, or behavior is abnormal.
- Understand the concept of a dimensional approach to mental disorder.
- Receive an introduction to the history of abnormal psychology from early perspectives to contemporary thought.
- Receive an introduction to the key themes of the textbook to be discussed in subsequent chapters: dimensional perspective, prevention perspective, consumer perspective, and stigma.

Chapter 1: Outline

Abnormal Psychology and Life: An Overview

Introduction to Abnormal Psychology

What is a Mental Disorder?

Deviance from the Norm

Difficulties Adapting to Life Demands

Experience of Personal Distress

Defining Abnormality

Dimensions Underlying Mental Disorders are Relevant to Everyone

History of Abnormal Psychology

Early Perspectives

Early Greek and Roman Thought

Middle Ages

Renaissance

Reform Movement

Modern Era

Abnormal Psychology and Life: Themes

Dimensional Perspective

Prevention Perspective

Types of Prevention

Consumer Perspective

Stigma

Effects of Stigma

Fighting Stigma

Box 1-1: Focus on Diversity: Emotion and Culture

Box 1-2: Focus on Ethics: Heal Thyself: What the Self-Help Gurus Don't Tell You

Chapter 1: Summary

This chapter begins with several brief cases followed by questions to the students about how these examples are similar, what emotional or behavioral problems they have encountered in themselves and others in the past year, and whether they are surprised when people they know experience emotional or behavioral problems. The chapter then proceeds with definitions of foundational terms that underlie the textbook and its focus on abnormal psychology:

- A **mental disorder** is defined as a group of emotional (feelings), cognitive (thinking), or behavioral symptoms that cause distress or significant problems. Students are informed that about 1/4 American adults has a mental disorder and that nearly all students (97%) know at

least one person with a mental disorder; 63% said they or a close family member had the disorder, especially depression.

- **Abnormal psychology** is defined as the scientific study of troublesome feelings, thoughts, and behaviors associated with mental disorders. This area of science is designed to evaluate, understand, predict, and prevent mental disorder and help those in distress.

The chapter then progresses to how we define abnormal behavior. The case of Treva Throneberry, an adult woman who insisted she was a teenager named Brianna Stewart, is used to illustrate three key themes about defining abnormal behavior:

- We may define abnormal behavior based on its difference or **deviance from the norm**, which may include doing so statistically or using a bell curve. Deviance from the norm has advantages such as use of our own judgment and easy to apply statistical scores. Disadvantages include the fact that different cultures have different ideas about what abnormal behavior is, that some statistically deviant behaviors such as high intelligence are actually valued, and that statistical cutoffs can be arbitrary.
- We may also define abnormal behavior as **difficulty adapting to life's demands**, or whether a behavior interferes with one's ability to function effectively. This theme includes *dangerous behavior* toward oneself or others, which clearly interferes with an ability to function effectively. A **maladaptive behavior** is described in the textbook as one that interferes with a person's life, including ability to care for oneself, have good relationships with others, and function well at school or at work. Difficulty adapting to life demands is often easy to observe and often prompts people to seek psychological treatment. Downsides include the fact that it is sometimes unclear who determines impairment and what the thresholds are for impairment.

- We may also define abnormal behavior as **experience of personal distress**, which can spur referrals for treatment by oneself or others such as family members. Experience of personal distress is a hallmark of many forms of mental disorder and many people can accurately report their level of distress. Downsides of this theme include the fact that some psychological problems or highly unusual behaviors are not associated with much distress and thresholds or cutoffs for severe distress are not always clear.

Because of the advantages and disadvantages of each criterion related to abnormal behavior, students are informed that defining abnormality successfully combines these themes. We thus refer to emotions, thoughts, or behaviors as abnormal when they:

- violate social norms or are statistically deviant (like Treva's unusual behavior, insisting she was another person),
- interfere with functioning (like worries that kept a student from performing well at school), or
- cause great personal distress (like irrational fears of tunnels and bridges).

Students are informed that definitions of abnormal behavior or mental disorder are important to **psychopathologists** who study mental problems to see how disorders develop and continue and how they can be prevented or alleviated. Failure to agree on abnormal behavior such as partner abuse can have adverse consequences. Varying definitions of a problem can impede our understanding of abnormal psychology.

Dimensions Underlying Mental Disorders

The chapter then proceeds to an emphasis on a dimensional model of abnormal behavior, focusing on the point that abnormality of emotions, thoughts, or behaviors is a matter of degree, not of kind, and that emotions, thoughts, and behaviors associated with mental disorders are

present, to some degree, in all of us. Behaviors that appear on a continuum are provided as examples (e.g., sex drive motor coordination, anxiety, sadness) to emphasize the point that each characteristic is present to some degree in everyone and that these characteristics may change over time.

A dimensional model may apply as well to the themes of abnormal behavior mentioned earlier. For example, deciding whether a behavior such as children's activity level is different or deviant from the norm is a matter of degree. Deciding whether a behavior is maladaptive is also a matter of degree, as is personal distress. A figure is provided to exemplify the full range of feelings, thoughts, and behaviors that might follow from academic problems in college.

The dimensional model is explored more thoroughly by conveying that this approach is used by mental health professionals to evaluate people for symptoms of mental disorder. In addition, the model is explicated by comparing two sample cases of Ricardo and Yoko, both of whom have anxious and worrisome. Emotional state, cognitive style, and avoidant behavior are explored along a continuum. Ricardo's combination of psychological symptoms characterizes social anxiety disorder because his behaviors are statistically deviant, associated with maladaptiveness, and cause great distress. Yoko, however, has less distress and dysfunction, so her situation does not warrant an anxiety diagnosis because her symptoms are not associated with significant impairment in daily functioning.

Following these examples, the textbook underscores the idea that abnormal psychology is a part of life. However, students are cautioned that understanding symptoms and disorders does not mean that they or someone they know has a mental disorder. Students are informed that the textbook is designed to make them more aware of who is vulnerable for a mental disorder and

what can be done to maximize mental health. In doing so, **prevention** of mental disorder will also be emphasized, or how people can lower the probability of developing mental disorders.

History of Abnormal Psychology

A brief history of abnormal psychology is presented next to help students understand some of the ideas and forces that have shaped how mental disorders are viewed and treated. Historically, not much emphasis was placed on research and the scientific method to understand mental health or well-being. In addition, ideas about mental health and disorder were often shaped by social, political, and economic forces. During times of political conservatism and economic hardship, for example, people tend to emphasize individual and physical causes of abnormal behavior as well as biological treatments such as psychosurgery and medication. During times of political liberalism and economic strength, people tend to emphasize environmental causes of abnormal behavior as well as psychological treatments and sociocultural change.

Early Perspectives

Early writings of the Egyptians, Chinese, Greeks, and Hebrews identify patterns of, and concerns about treating, abnormal behavior. Early theoreticians frequently attributed abnormal behavior to supernatural causes such as possession by demons or evil spirits. The behavior was viewed spiritually, so the primary form of treatment was *exorcism*, or an attempt to cast out a spirit possessing an individual. Various exorcism techniques were used, including magic, noisemaking, incantations, prayer, flogging, starvation, and medicinal techniques or potions. These techniques were designed to make a person an unpleasant, uncomfortable, or painful host for the spirit or demon. Another ancient technique, called *trephination*, involved cutting a hole in a person's skull to help release a harmful spirit.

Early Greek and Roman Thought

The development of medicine and medical concepts among Egyptians and Greeks helped replace ancient supernatural theories with natural ones. Natural theories reject supernatural forces and instead look to things that can be observed, known, and measured as potential causes of events. Particularly influential in moving forward the field of abnormal psychology was *Hippocrates* (460-377 B.C.), a Greek physician known as the father of modern medicine. Hippocrates rejected demons and evil spirits as causes of abnormal behavior. He believed the brain was the central organ of the body and that abnormal behavior resulted from brain disorders or dysfunctions. Hippocrates recommended treatments for abnormal behavior that would restore brain functioning, including special diets, rest, abstinence from alcohol, regular exercise, and celibacy.

Middle Ages

The fall of the Roman Empire brought a return to supernatural theories in Europe. Demon possession again became a prominent explanation of abnormal behavior, and treatment focused on prayer, holy objects or relics, pilgrimages to holy places, confinement, and exorcism. A dramatic emergence of *mass madness* in Europe also appeared during the last half of the Middle Ages. Groups of individuals would be afflicted at the same time with the same disorder or abnormal behaviors. An example of mass madness is *tarantism*, where individuals became victims of a tarantula's "spirit" after being bitten. The possession led to raving, jumping, dancing, and convulsions. *Lycanthropy* also developed in some groups, which is a belief one is transformed into a demonic animal such as a werewolf. Another form of mass madness, *St. Vitus's dance*, spread to Germany and other parts of Europe. Instances of mass hysteria may have been caused by high levels of fear, panic, and suggestibility, leading people to believe they had been overwhelmed by an outside force or spirit and that these odd behaviors were contagious. Another possibility is that people inadvertently ate substances such as fungi on food that led to odd beliefs and visions.

Renaissance

A rebirth of natural and scientific approaches to health and human behavior occurred at the end of the Middle Ages and beginning of the Renaissance. Once again, physicians focused on bodily functioning and medical treatments. *Paracelsus* (1490-1541), a Swiss physician, introduced the notion of psychic or mental causes for abnormal behavior and proposed a treatment initially referred to as bodily magnetism and later called hypnosis. Another new approach to treating mental disorders during the Renaissance involved special institutions known as **asylums**. Asylums were places reserved to exclusively treat people with mental disorder.

Unfortunately, asylums did not provide much treatment, and living conditions for residents were usually poor.

Reform Movement

A key leader of change in asylums was *Philippe Pinel* (1745-1826), who was in charge La Bicêtre in Paris. Pinel unchained patients, placed them in sunny rooms, allowed them to exercise, and required staff to treat them with kindness. Pinel later assumed charge of a similar facility, La Salpêtrière, and replicated changes and effects seen at La Bicêtre. Pinel's reforms in France soon spread to other places. *William Tuke* created the York Retreat in England and *Benjamin Rush* encouraged humane treatment of people with mental disorder in the United States. *Dorothea Dix* is credited with making the most significant changes in treating those with mental disorder and in changing public attitudes about these conditions in America. The work accomplished during the reform movement period paved the way for the modern approach to mental disorders.

Modern Era

The modern approach includes accepting those with mental disorder as people who need professional attention and applying scientific, biomedical, and psychological methods to understand and treat mental disorder. Of special note in this regard was the *mental hygiene movement* that emerged from Clifford Beers' 1908 book, *A Mind That Found Itself*. Beers described his own experiences with mental disorder and subsequent treatment in an institution. His description of neglect and abuse while hospitalized sparked a mental health reform movement in the United States and later across the world. Following his recovery, Beers founded the Connecticut Society for Mental Hygiene in 1908 and the National Committee for Mental Hygiene in 1909. These groups were designed to improve quality of care for those with mental

disorder, help prevent mental disorder, and disseminate information to the public about mental disorder.

Several theoretical perspectives were developed during the late 19th century and throughout the 20th century to guide work on understanding and treating mental disorder. These perspectives include biological, psychodynamic, cognitive, behavioral, sociocultural, and other theories of abnormal behavior. These perspectives are *somatogenic*, emphasizing physical, bodily causes of behavior, and *psychogenic*, emphasizing psychological or mind-related causes of behavior. These perspectives are presented in Chapter 2 in more detail.

Abnormal Psychology and Life: Themes

The following sections outline the primary themes for this textbook and surround how abnormal psychology applies to the daily lives of students. One key theme is the **dimensional perspective**, which is re-emphasized here as a continuum of emotions, thoughts, and behaviors that characterize mental disorder. Emotions, thoughts, and behaviors are present along a spectrum of severity but can become frequent or severe and thus indicate that a mental disorder is present. A dimensional perspective thus involves the notion that people differ only in their *degree* of symptoms.

Another key theme of the book is **prevention**, which stems from the concept of **mental hygiene**, or the science of promoting mental health and thwarting mental disorder through education, early treatment, and public health measures. An emphasis on prevention may help the student recognize symptoms of mental disorder, become aware of early warning signs or risks for these problems, and take steps to prevent psychological distress in themselves or others. Risk and protective factors associated with specific mental disorders, as well as strategies to respond to or cope with these risk factors, are identified in later chapters.

A prevention approach is consistent with a **public health model** that focuses on promoting good health and good health practices to avert disease. Different aspects of our lifestyles contribute greatly to poor physical and mental health and even death. Examples include poor diet and exercise, social isolation, and traumatizing interpersonal relationships. In addition, mental disorders discussed in this textbook have been linked to declines in physical health. Public health practitioners and researchers are thus motivated to address *psychological* health and functioning to improve quality of life for people.

The chapter proceeds with a discussion of various types of prevention. **Primary prevention** involves targeting large groups of people, sometimes the entire public, who have not yet developed a mental disorder. Anti-drug commercials to reduce general substance abuse are one example. Other primary prevention examples include programs to reduce job discrimination, enhance school curricula, improve housing, teach parenting skills, and provide educational assistance to children from single-parent homes.

Secondary prevention involves addressing emerging problems while they are still manageable and before they become resistant to intervention. A good example of secondary prevention is early detection and treatment of college students with potentially damaging drinking problems. In this case, people at risk for a particular problem are addressed to prevent a full-blown disorder.

Tertiary prevention involves reducing the severity, duration, and negative effects of a mental disorder after it has occurred. Tertiary prevention differs from primary and secondary prevention in that its aim is more to lessen the effects of a disorder *already* diagnosed in a person. Examples include various medical and psychological treatments for mental disorders.

Another major theme of this book is a **consumer perspective**. We wish to help students become a more informed *consumer* of scientific information on mental health that is often presented in the popular press. We also wish to show students how they can apply research-based information to their own lives. Strategies are thus presented throughout the textbook for improving self-esteem, communication skills, emotional regulation, intimate relationships, and effective coping strategies. Doing so is also consistent with the prevention theme. We also present information on career paths for students and information about seeking a therapist (Chapter 15).

Another important theme of this textbook is stigma, or a characterization by others of disgrace or reproach based on an individual characteristic. Stigma is often associated with discrimination and social avoidance and a major reason why people do not seek treatment for mental distress. The following sections of the chapter cover what may lead to stigma, effects of stigma on people, and ways to combat stigma associated with mental disorder.

Stigma likely arises from a stereotype that people with a mental disorder are unpredictable, dangerous, violent, incompetent, or responsible for their own fate. These stereotypes are inaccurate and often based on infrequent and isolated events. The vast majority of people with mental disorder are not much different from students, as a dimensional approach to mental disorder suggests. People with mental disorder are not generally violent, unpredictable, incompetent, or to blame for their plight.

Stigma also occurs when government or other institutional policies negatively impact opportunities for people seen as threatening, dangerous, or less deserving of support. This is *structural stigma*, and is present in many state laws that limit insurance coverage for mental health versus physical health problems. Stereotypes and public misperceptions about mental

disorder also come from the media via newspaper stories and editorials, television reports and shows, and movies. The media's focus on negative aspects and consequences of mental disorder, whether accurate or not, promotes prejudice and discrimination. An example is presented of how dangerousness is often associated with mental disorder in media stories.

Stigma affects people in different ways. *Public stigma* refers to the general disgrace the public confers on people with mental disorder that can result in prejudice, stereotyping, and discrimination. People with mental disorder may experience difficulty securing employment, housing, and health care coverage. Public stigma can also hinder treatment of mental disorders by restricting opportunities for care and by limiting insurance benefits. *Self-stigma* refers to disgrace people assign themselves because of public stigma. Some people adopt the public notion that a mental disorder is something to be ashamed of, which can affect a person's self-esteem or cause them to deny a problem exists. Self-stigma can lead as well to damaging behaviors such as reluctance to seek treatment.

Stigma can be fought via *education* and *promoting personal contact*. Educational efforts to combat stigma range from distributing flyers and brochures that present factual information about mental disorder to semester-long courses regarding the truth about mental disorder. Promoting personal contact involves increased contact with someone with a mental disorder to dispel myths and stereotypes. Methods of promoting personal contact include encouraging volunteer activities in mental health settings and providing classroom experiences where individuals whose lives are touched by mental disorder present their stories.

Students are informed that the textbook strives to fight stigma in several ways. First, factual information is provided about mental disorders to dispel myths about them. Second, an emphasis is made that symptoms of mental disorder are present to some degree in all of us.

Third, people are emphasized first and their mental disorder second. We utilize terms such as people with schizophrenia (not “schizophrenics”), children with learning disorder (not “the learning disabled”), and individuals with mental disorder (not “the mentally ill”).

Finally, a unique feature of this textbook is use of **narratives**. These narratives are first-person accounts of people who experience and deal with symptoms of mental disorder in themselves or family members. Common themes throughout these narratives are that stigma directed toward those with mental disorder is inappropriate and that we all have a vested interest in advocating for those with mental disorder.

Boxes

Two separate boxes are presented in the chapter. The first covers how emotional experience and expression are clearly influenced by culture. Pride is promoted in the United States, an individualist culture, through praise and encouragement and awards for personal accomplishments. Americans may thus be more positive and emotionally expressive. In contrast, non-Western collectivist cultures, as in East Asia, prioritize modesty, social obligations, and interpersonal harmony. People are expected to fit in with others and avoid behaviors that bring individual attention or that create group conflict.

In addition, expression of self-critical sadness is more typical of East Asian culture and does not necessarily indicate a mental disorder. Expressions of depression are more likely labeled abnormal by Americans, but anger is more likely labeled abnormal by East Asians. Expressions of anxiety—especially over fitting in with a group—may be more common or normal in East Asians, but expressions of anger—especially when asserting one’s individual rights—may be more common or normal in Americans. If deviance from the norm is used to define abnormal behavior, then cultural identity must be considered.

The second box focuses on ethics and the self-help movement. Students are informed that the self-help industry promotes *victimization* and *empowerment.* Victimization is the idea that one's current state results from factors beyond one's control and that one has no personal responsibility for the problem. Self-help books and programs that capitalize on victimization are successful because they make individuals feel less guilty about their problems. The *empowerment* approach to self-help emphasizes that everything is under one's control and an emphasis is placed on building self-esteem. Students are informed of the potential harm caused by adopting these perspectives: victimization may lead one to accept no personal responsibility, whereas empowerment may lead one to be overly confident in one's abilities. Either perspective is likely to lead to problems and negative feelings.

Chapter 1: Classroom Activities and Demonstrations

Suggested classroom activities and demonstrations based on material from Chapter 1 include the following:

- Conduct a classroom discussion about Treva, the young woman presented in the chapter who believed she was a teenager named Brianna Stewart. Ask students to outline normal and abnormal aspects of this case, especially considering Treva's background, and utilize the themes underscoring abnormality in the book to guide the discussion.
- Discuss different behaviors or thought patterns that might be described along a continuum or bell curve. Discuss the validity of whether such behaviors or thoughts are truly abnormal at each end of the spectrum.
- Discuss the case example of Henry, the telemarketer who has not left his home in two years and has strange beliefs but who functions well otherwise. Ask students to describe Henry's normal and abnormal behavior and challenge them as to whether a diagnosis is appropriate or not for his situation.
- Ask students to choose a particular culture and research how emotion and behavior in that culture might be viewed as normal or abnormal.
- Talk about the distinction made in the textbook between Ricardo and Yoko, and ask students what could change in either case to alter their diagnostic status.
- Ask students to choose a particular life difficulty (their own, someone they know, or a hypothetical one) and outline emotions, thoughts, and behaviors associated with this difficulty.
- Discuss different areas of prevention and why a prevention model might be more effective than an intervention model for medical and mental disorders.

- With respect to the consumer perspective, ask students to identify why they took this course and how the textbook might cover some of their questions about becoming a mental health professional.
- Discuss different types of mental health professionals.
- Discuss the concept of stigma by asking students if they have experienced stigma themselves in their life and how they have responded to stigma, personal or public.
- Challenge students to define mental disorder from different historical periods.
- See the questions in the handout and cover them with the class, perhaps assigning one scenario to a small group of students.

Chapter 1: Suggested Readings, Videos, and Websites

Suggested readings, videos, and websites based on material from Chapter 1 include the following:

- Benjafield, J.G. (2005). *A history of psychology*. New York: Oxford.
- Bolles, R.C. (1993). *The story of psychology: A thematic history*. Pacific Grove, CA: Brooks/Cole.
- Brennan, J.F. (1991). *History and systems of psychology*. Englewood Cliffs, NJ: Prentice-Hall.
- Brett, G.S. (2002). *A history of psychology*. London: Routledge.
- Heatherton, T.F., Kleck, R.E., Hebl, M.R., & Hull, J.G. (Eds.) (2000). *The social psychology of stigma*. New York: Guilford.
- Hunt, M.M. (1993). *The story of psychology*. New York: Doubleday.
- Joseph, S., & Wood, A. (2010). Assessment of positive functioning in clinical psychology: Theoretical and practical issues. *Clinical Psychology Review*.

- Krueger, R.F., Watson, D., & Barlow, D.H. (2005). Introduction to the special section: Toward a dimensionally based taxonomy of psychopathology. *Journal of Abnormal Psychology, 114*, 491-493.
- Rappaport, J., & Seidman, E. (2000). *Handbook of community psychology*. New York: Kluwer Academic/Plenum.
- *An ounce of prevention* (video). http://www.waybuilder.net/free-ed/SocialScience/Psych/psych05_vod.asp.
- *Asylum: A history of the mental institution in America* (video). (Insight Media).
- *History of psychology: Mind, self, and soul* (video). (Insight Media).
- *Looking at abnormal behavior* (video). http://www.waybuilder.net/free-ed/SocialScience/Psych/psych05_vod.asp.
- *The world of abnormal psychology* (video). http://www.learner.org/resources/series60.html.

Chapter 1: Handout

Consider the following situations. Some people might consider some aspects of the actions presented as abnormal, but others might see the actions as normal under certain circumstances. What do you think? Think about each one and select a group leader who will present why each scenario may be considered normal or abnormal. Use the themes of abnormality in the textbook to guide your answers.

1. A person drinks approximately three beers and three shots of liquor per day and sometimes has trouble remembering daily events in his life.
2. You see your neighbor trim his hedges with a pair of scissors and scrub his driveway every day.

3. Your grandmother often complaints of vague physical symptoms and always wants to make an appointment with a medical doctor.
4. A woman you know has recently lost her husband of 42 years. She seems to amble about her yard for several hours a day, talking out loud, has lost weight, and sometimes seems confused.
5. A friend of yours has recently lost 30 pounds and everyone tells her she looks great. She starts losing more weight and now seems pretty thin.