CHAPTER 2: Historical and Contemporary Views of Abnormal Behavior

Chapter Overview/Summary

Progress in understanding abnormal behavior over the centuries has not been smooth or uniform. The steps have been uneven, with great gaps in between. Unusual, even bizarre, views or beliefs have often sidetracked researchers and theorists. The dominant social, economic, and religious views of the times have had a profound influence over how people view abnormal behavior.

In the ancient world, superstitions were followed by the emergence of medical concepts in places such as Egypt and Greece; many of these concepts were developed and refined by Roman physicians. With the fall of Rome near the end of the fifth century (AD), superstitious views dominated popular thinking about mental disorders in Europe for more than a thousand years. The more scientific aspects of Greek medicine survived only in the Islamic counties of the Middle East. As late as the 15th and 16th centuries it was still widely believed, even by scholars, that some mentally disturbed people were possessed by a devil, and the primary treatment for demonic possession was for an exorcism to be conducted.

Great strides have been made in our understanding of abnormal behavior. For example, during the latter stages of the Middle Ages and early Renaissance, a spirit of scientific questioning reappeared in Europe, and several noted physicians spoke out against inhumane treatments. There was a general movement away from superstitions and “magic” toward reasoned, scientific studies. During the times of the Greek and Romans, the Greek physician known as Hippocrates (460–377 B.C.) (now referred to as the father of modern medicine) was one of the first to state that the brain can also be diseased. He classified all mental disorders into three basic categories of mania, melancholia, and phrenitis. He further espoused that illness was also due to an imbalance of four essential fluids (blood, phlegm, bile, and black bile). During the Middle Ages, some of the ancient views and treatment methods were still present and scientific thinking was not as important.

With the recognition of a need for the special treatment of disturbed people came the founding of various “asylums” toward the end of the 16th century. However, with institutionalization came the isolation and maltreatment of mental patients. Although these asylums had good intentions initially, they later became warehouses for mental patients. Slowly this situation was recognized, and in the 18th century, further efforts were made to help afflicted individuals by providing them with better living conditions and humane treatments, though these were likely the exception rather than the rule. The development of the mental hospital movement continued into the 20th century. However, over the last four decades of the century, there was a strong movement to close mental hospitals and release people into the community. This movement remains controversial.

The 19th and early 20th centuries witnessed a number of scientific and humanitarian advances. The work of Philippe Pinel in France, William Tuke in England, and Benjamin Rush and Dorothea Dix in the United States prepared the way for several important developments in contemporary abnormal psychology. Among these were the gradual acceptance of mental patients as afflicted individuals who needed and deserved professional attention; the success of biomedical methods as applied to disorders; and the growth of scientific research into the biological, psychological, and sociocultural roots of abnormal behavior. In the 19th century, great technological discoveries and scientific advancements were made in the biological sciences that aided in the understanding and treatment of disturbed individuals. A major biomedical breakthrough, for example, came with the discovery of the organic factors underlying general paresis—syphilis of the brain—that had been one of the most serious illnesses of the day.

Our modern scientific views of abnormal behavior have several historical branches. Four main themes were highlighted in this chapter: (1) the biological, (2) the development of a classification system, (3) the psychodynamic, and (4) the psychological research viewpoints. These viewpoints will be addressed further in chapter three.

In the early part of the 18th century, knowledge of anatomy, physiology, neurology, chemistry, and general medicine increased rapidly. These advances led to the identification of the biological, or organic, pathology underlying many physical ailments. The development of a psychiatric classification system by Kraepelin played a dominant role in the early development of the biological viewpoint. Kraepelin’s work (a forerunner to the DSM system) helped to establish the importance of brain pathology in mental disorders and made several related
contributions that helped establish this viewpoint.

The first major steps toward understanding psychological factors in mental disorders were taken by Sigmund Freud. During five decades of observation, treatment, and writing, he developed a theory of psychopathology, known as psychoanalysis, which emphasized the inner dynamics of unconscious motives. Over the last half-century, other clinicians have modified and revised Freud’s theory, evolving new psychodynamic perspectives. Scientific investigation into psychological factors and human behavior also began to make progress in the latter part of the 19th century. The end of the 19th and early 20th centuries saw experimental psychology evolve into clinical psychology with the development of clinics to study, as well as intervene in, abnormal behavior.

Two major schools of learning paralleled this development, and behaviorism emerged as an explanatory model in abnormal psychology. The behavioral perspective is organized around a central theme—that learning plays an important role in human behavior. Although this perspective was initially developed through research in the laboratory, unlike psychoanalysis, which emerged out of clinical practice with disturbed individuals, it has been shown to have important implications for explaining and treating maladaptive behavior. Understanding the history of viewpoints on psychopathology, with its forward steps and its reverses, helps us understand the emergence of modern concepts of abnormal behavior.

Detailed Outline

I. Historical Views of Abnormal Behavior
   A. Demonology, Gods, and Magic
      1. Abnormal behavior attributed to demonic possession
         a. Differentiated good vs. bad spirits based on the individual’s symptoms
         b. Religious significance of possession
      2. Treatment for possession through exorcism
   B. Hippocrates’ Early Medical Concepts
      1. Hippocrates insisted mental disorders due to natural causes—believed brain was the central organ of intellectual activity and that mental disorders were due to brain pathology
      2. Hippocrates also emphasized the importance of heredity and predisposition; pointed out that head injuries could lead to sensory and motor disorders
      3. Classified all mental disorders into three categories based on detailed clinical observations:
         a. Mania
         b. Melancholia
         c. Phrenitis (brain fever)
      4. Doctrine of the four essential fluids (Hippocrates and, later, Galen)
         a. Blood (sanguis)
         b. Phlegm
         c. Bile (choler)
         d. Black bile (melancholer)
         e. Treatments were designed for the specific classifications and recognized the importance of the environment
         f. Some treatments during this time were regular and tranquil life, sobriety from all excesses, a vegetable diet, celibacy, exercise, and bleeding
      5. Many misconceptions were perpetuated
         a. Hysteria caused by a wandering uterus, pinning for a child where marriage was the cure
         b. Four bodily fluids out of balance
         c. Delirium was used to describe symptoms of mental disorders that result from fever or physical injury
C. Early Philosophical Conceptions of Consciousness
1. Plato (429–347 B.C.)
2. Greek philosopher who studied individuals with mental illness who has committed criminal acts
   a. Claimed diminished criminal responsibility for mentally ill
   b. Emphasized in *The Republic* the role of sociocultural factors in etiology and treatment
   c. Despite this, believed that mental disorders were partly divinely caused
3. Aristotle
   a. Largely Hippocratic in views
   b. Rejected importance of frustration and conflict in causing mental disorders
   c. Described role of consciousness
   d. Greek philosopher (384–322 B.C.)
   e. Student of Plato

D. Later Greek and Roman Thought
1. Greek and Roman thought influenced medical thought in Alexandria, Egypt
   a. Environmental factors considered important
   b. Wide range of treatments provided
   c. Ascleplades (c. 124–40 B.C.) was a Greek physician born in Asia Minor who practiced medicine and developed a theory of disease based on the flow of atoms through the pores in the body
2. The Greek physician Galen (A.D. 130–200)
   a. Elaborated upon anatomy of the nervous system based on animal dissection
   b. Divided causes of psychological disorders into physical and mental categories
3. Roman medicine
   a. Pragmatic approaches
   b. Treatment via *contrariis contrarius* (opposite by opposite)—for instance, giving chilled wine while patient was in warm tub

E. Early Views of Mental Disorders in China
1. Early Chinese medicine based on the belief that illness was naturally based; for example, yin and yang, a division of positive and negative forces—when balanced, overall health; when imbalanced, illness results
2. Treatments here focus on restoring balance
3. Chung Ching in AD 200 argued like Hippocrates that organ pathologies were the primary reason for illness but added that stressors could lead to organ pathologies

F. Views of Abnormality During the Middle Ages
1. Islamic countries preserved some scientific aspects of Greek medicine
   a. First mental hospital established in Baghdad in AD 792
   b. Avicenna, the “prince of physicians,” wrote the *Canon of Medicine*, which may be the most widely studied medical work ever written
2. European attitudes toward mental disorder were marked by superstition
   a. Mental disorders were prevalent in this period
   b. Supernatural explanations of abnormality grew in popularity
   c. Sin was seen as a cause of only a minority of cases
3. Mass madness—widespread occurrence of group behaviors disorders that were cases of hysteria
   a. Tarantism—uncontrollable impulse to dance often attributed to the bite of the southern European tarantula or wolf spider, related to episodes in Italy; *Saint Vitus’s Dance* elsewhere in Europe
   b. Lycanthropy—belief in possession by wolves, affected many rural residents
   c. Oppression, disease, and famine maintained the mass hysterias
   d. Plague (Black Death) seen as engendering mysticism, killed 50 percent of the population in Europe
   e. Occasionally mass madness is seen even today
      (1) April 1983 West Bank Palestinian girls
      (2) 1992 in Nigeria—Koro
4. Exorcism and witchcraft
   a. **Exorcisms** were performed by the gentle laying on of hands
      (1) Management of mentally disturbed left largely to clergy
      (2) Treatment occurred mainly in monasteries and was relatively kind
      (3) Although we used to think that a connection between witchcraft and mental illness was common during the Middle Ages, it now appears substantially overestimated
      (4) Recently, there has been a resurgence of belief in supernatural forces as the cause of psychological problems and exorcism as the appropriate treatment

I. Toward Humanitarian Approaches (late Middle Ages and early Renaissance)
   A. The Resurgence of Scientific Questioning in Europe
      1. Paracelsus (1490–1541), Swiss physician, was an early critic of mental illness as possession
         a. Formulated the idea of psychic causes for mental illness
         b. Advocated treatment by “bodily magnetism,” later called hypnotism
         c. Believed in astral influences on behavior
      2. Johann Weyer (1515–1588), German physician, is considered a founder of modern psychopathology
         a. Rebutted *Malleus Maleficarum*
         b. First physician to specialize in mental disorders
         c. Scorned by his peers and his works were banned by the church until the 20th century
      3. St. Vincent de Paul declared mental disease no different than physical

   B. The Establishment of Early Asylums
      1. Early asylums were simply places to warehouse troublesome people
      2. First hospital in Europe was probably the Valencia mental hospital in Spain in 1409
      3. 1547—monastery of St. Mary of Bethlehem in London was officially made into an asylum by Henry VIII
         a. “Bedlam” and its deplorable conditions
         b. More violent patients were exhibited to the public for one penny a look
         c. More harmless inmates forced to seek charity on the streets
      4. Proliferation of asylums across Europe and the Americas
      5. Harsh tactics used to control unruly or excited patients
      6. Asylums—sanctuaries or places of refuge meant solely for the care of individuals with mental illness
      7. In the U.S., the Pennsylvania Hospital in Philadelphia completed under the guidance of Benjamin Franklin in 1756

   C. Humanitarian Reform (late 18th century)
      1. Pinel’s experiment (1792 at La Bicetre in Paris)
         a. Removed chains from mental patients as an experiment
         b. Patients treated with kindness, as sick people would be
         c. Fortunately, the experiment was a success with increased peace and order
         d. Recent evidence suggests that Pinel’s predecessor at La Bicetre, Jean-Baptiste Pussin, may have begun the process of removing the chains and treating the patients with more kindness
         e. Philippe Pinel (1745–1826)
      2. Tuke’s work in England—the York Retreat
         a. Based on Quaker principles
         b. Sparked the growth of more humane mental health treatment
         c. Hitch introduced trained nurses and trained supervisors
         d. Not only improved care for patients but changed public attitudes
         e. William Tuke (1732–1822)
      3. Rush and moral management in America
         a. Benjamin Rush founded American psychiatry
         (1) Encouraged more humane treatment
Wrote first systematic treatise on psychiatry in America
First American to organize a course in psychiatry
Despite these advances, he believed in astrology, bloodletting, and purgatives
Rush invented the “tranquilizing chair”
Benjamin Rush (1745–1813)

b. **Moral Management**—wide-ranging method of treatment that focuses on social, individual, and occupational needs

1. Achieved a high degree of effectiveness
2. Nearly abandoned by the late nineteenth century
   a. Ethnic prejudice that came with rising immigrant population
   b. Failure to train replacements
   c. Overextension of hospital facilities
   d. Rise of Mental Hygiene movement condemned patients to dependency
   e. An emphasis on physical basis of mental illness countered moral treatment

4. Dix and the mental hygiene movement (1841–1881)
   a. Aroused worldwide awareness of inhumane treatment for the mentally ill
   b. Established 32 mental hospitals in the United States, Canada, Scotland, and other countries
   c. Movement can be criticized as leading to the warehousing of the mentally ill in overcrowded facilities
   d. **Mental hygiene movement**—advocated for a method of treatment that focused almost exclusively on the physical well-being of mental health patients
   e. Benjamin Franklin’s early work with electricity accidently lead to the exploration to use electricity to treat mental illness

5. The military and the mentally ill—alcohol was viewed as a key cause of psychological problems among soldiers

**D. Nineteenth-Century Views of the Causes and Treatment of Mental Disorders**

1. In the early part of the 19th century:
   a. Mental hospitals essentially controlled by lay persons for the treatment of “lunatics”
   b. Psychiatrists, known as “alienists,” played little to no role in caring for the mentally ill
   c. Effective treatments not available

2. By latter part of 19th century, alienists were in control of insane asylums and incorporated the traditional moral management therapy

3. Emotional problems came to be viewed as a result of expenditure of energy, depletion of bodily energies, or shattered nerves—this came to be known as neurasthenia”

**E. Changing Attitudes Toward Mental Health in the Early 20th Century**

1. Asylums viewed by public as eerie, strange, and frightening

2. Attitudes toward mental health began changing at the beginning of the 20th century with the publication of Clifford Beer’s book, *A Mind That Found Itself*

**F. Mental Hospital Care in the 21st Century**

1. Substantial growth in numbers of hospitals in first half of century
   a. Lengthy hospital stays
   b. Little effective treatment

2. 1946—Changing views of mental health services
   a. Mary Jane Ward published *The Snake Pit*
   b. The National Institute of Mental Health is organized
   c. The Hill-Burton Act is passed funding community mental health agencies

3. 1961—Goffman published *Asylums*, which provided a detailed account of the neglect and maltreatment of patients in mental hospitals

4. Community Health Services Act of 1963 helped to create outpatient psychiatric clinics to treat individuals with mental illness
5. Development of effective medications, such as lithium and phenothiazines
6. **Deinstitutionalization**
   a. Replacement of inpatient hospitals by community-based care, day treatment hospitals, and outreach programs
   b. Impetus for this movement was that it was considered more humane, and cost effective, to treat mental disorders outside of hospitals, thereby preventing the learning of negative behaviors acquired as people adapted to institutionalization
   c. International movement
   d. Failure of deinstitutionalization illustrated by homeless mentally ill may be due, in part, to the failure of society to develop ways to fill the gaps in mental health care

II. **The Emergence of Contemporary Views of Abnormal Behavior**

A. **Biological Discoveries: Establishing the Link Between the Brain and Mental Disorder**
   1. General paresis and syphilis
      a. General paresis produced paralysis and insanity; typically causing death within two to five years
      b. 1917—von Wagner-Jauregg introduced the malarial fever treatment of syphilis; the high fever associated with the malaria killed off the bacteria
      c. Early malarial treatment represented the first clear-cut conquest of a mental disorder by medical science
      d. Raised hopes that medical science would uncover organic bases for all mental disorders
   2. Brain pathology as a causal factor
      b. Griesinger, *The Pathology and Therapy of Psychic Disorders* (1845)
      c. Alzheimer established the brain pathology in cerebral arteriosclerosis and in the senile mental disorders
      d. Identified organic pathologies underlying the toxic mental disorders, certain types of mental retardation, and other mental illnesses
      e. Important to note that although this has led us to understanding “how” these disorders are caused, we don’t always know “why” disorders afflict one person and not another

B. **The Development of a Classification System**
   1. Emil Kraepelin
   3. Recognizing symptom patterns was a forerunner of the modern DSM-5

C. **Development of the Psychological Basis of Mental Disorder**
   1. Sigmund Freud (1856–1939)
   2. Psychoanalytic perspective—emphasizes the inner dynamics of unconscious motives
   3. Psychoanalysis—the methods used to study and treat patients from a psychodynamic point of view
   4. Mesmerism
      a. Mesmer believed that the planets affected a universal magnetic fluid in the body—the distribution of this fluid determined health or disease
      b. Paris, 1778: Mesmer opened a clinic where he treated all kinds of diseases through “animal magnetism”
      c. Branded a charlatan by medical colleagues and an appointed body of noted scholars including Benjamin Franklin
   5. The Nancy School—viewed hysteria as self-hypnosis
      a. Ambrose August Liebeault (1823–1904) used hypnosis successfully in his practice
      b. Jean Charcot clashed with the Nancy School
         (1) Believed that degenerative brain changes led to hysteria
         (2) Eventually was proven wrong and the Nancy School triumphed
         (3) First recognition of a psychologically cased mental disorder
   6. The Beginnings of Psychoanalysis
a. Nancy School believed in hysteria and that those symptoms could be removed through hypnosis
b. Discovery of the unconscious
   (1) Breuer—unlike others using hypnotism, Freud and Breuer allowed their patients to talk freely about their problems while under hypnosis
   (2) Catharsis—this emotional release not only helped patients but revealed to the therapists the nature of the problems that had brought about the symptoms
   (3) Unconscious—the portion of the mind that contains experiences of which a person is unaware
   (4) Free association—involving having patients talk freely about themselves providing information about their feelings, motives, etc.
   (5) Dream analysis—involving having patients record and describe their dreams
   (6) Patients, however, did not see any connection, upon awakening from the hypnosis, between their problems and their symptoms
   (7) Led to formation of the notion of the unconscious
   (8) Free association and dream analysis

D. The Evolution of the Psychological Research Tradition: Experimental Psychology
   1. The early psychology laboratories
      a. 1879 Wilhelm Wundt at University of Leipzig
      b. J. McKeen Cattell brought Wundt’s methods to the U.S.
      c. 1896 Witmer’s psychological clinic at University of Pennsylvania
         (1) Clinic focused on the problems of mentally deficient children
         (2) Witmer seen as the founder of clinical psychology
      d. Other clinics soon established
         (1) Chicago Juvenile Psychopathic Institute in 1909 by William Healy
         (2) Healy was the first to view juvenile deviancy as a symptom of urbanization; first to recognize environmental, or sociocultural, factors
      e. Rapid and objective communication of scientific findings with the publication of journals
         (1) 1906—Prince—Journal of Abnormal Psychology
         (2) 1907—Witmer—The Psychological Clinic
   2. The behavioral perspective—organized around a central theme role of learning in human behavior
      a. Classical conditioning—antecedent stimulus conditions and their relation to behavioral responses
         (1) Pavlov, conditioned reflex
         (2) Watson, psychology should study overt behavior
      b. Operant conditioning—consequences of behavior influence future behavior
         (1) Thorndike
         (2) Skinner
         (3) Pavlov
         (4) Watson
         (5) Behaviorism—study of overt behavior

III. Unresolved Issues: Interpreting Historical Events
A. “Tenacity of Historical Information”
   1. Case of Little Albert
   2. Psychological theorizing can be advanced by greater use of historical data
   3. Collective memory and negative reaction
   4. There is an absence of direct observation, so we must rely on written accounts
   5. Written accounts may be incomplete
      a. Historical articles are from the context of the times
      b. We do not know the author’s purpose in writing the document
      c. A propaganda element may be present in them
B. Current Viewpoints Color Our Interpretation of Past Events
1. Conclusions are only working hypotheses
2. Need to search for “new” historical documents

C. Witchcraft and Mental Illness: Fact or Fiction?
1. Witch hunts during the 15th and 16th centuries
2. Controversies concerning extent of the witch hunts
3. Schoeneman’s contention that mental disorder was not viewed as witchcraft
4. Problems in the historical record confused the issue

Key Terms

- asylums
- behavioral perspective
- behaviorism
- catharsis
- classical conditioning
- deinstitutionalization
- dream analysis
- exorcisms
- free association
- insanity
- lycanthropy

- mass madness
- mental hygiene movement
- mesmerism
- moral management
- Nancy School
- operant conditioning
- psychoanalysis
- psychoanalytic perspective
- Saint Vitus’s dance
- tarantism
- unconscious