# History and Perspectives Worksheet

## Timeline of Events

**Complete** a timeline of the historical events that show the progression of the treatment of mental illness, based on the historical perspectives discussed in Chapter 1 of *Abnormal Psychology in a Changing World*. You should have between 5-8 events.

* Event 1: The patient experienced hallucinations as he reported hearing and seeing things that were non-existence. He screamed at night and claimed that there was a man with a gun who was aiming a gun at him.
* Event 2: The man claimed that someone wanted to kill him because he is wealthy. The man is not wealthy which indicates that he is relying on fixed false beliefs.
* Event 3: The man locked himself in the cupboard and complained about hearing gunfire.
* Event 4: The man saw a shadow outside the window and called the police for help. No one was found in the house after search.
* Event 5: The man caused the security agency for hiring security services. He explained that someone is plotting to kill him.
* Event 6: When the servant brought him food he hit him with a vase and accused him of stabbing him in the back.
* Event 7: The man couldn't sleep the whole night and remain seated on a sofa with a wand for catching the murderer.
* Event 8: The family reported that the man was packing his luggage for finding a safe place for living.

## Matching

**Review** the contemporary perspectives of abnormal behavior listed in Ch. 2 of *Abnormal Psychology in a Changing World*.

**Match** the contemporary perspective on the right with the main tenet (idea/proposition) on the left by typing the corresponding letter of the matched perspective in the middle column. Each perspective may be used more than once.

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| Main Tenet (Idea/Proposition) | Answer | Contemporary Perspective of Abnormal Psychology |
| 1. Unconscious conflicts manifest in symptoms of mental illness. |  | 1. Biological Perspective   Unconscious conflict is the result of multi genetic disturbance and structural systems. Autoimmune disturbance in the brain and genetic factors are also responsible for this mental illness. The restitutive mechanism is impacted that limit a patient's ability to maintain mental stability. Disturbance in neurotransmitter substance like dopamine and serotonin causes mental instability (Syvälahti, 1994). Patients who have abnormal parents or grandparents encounter difficulties with accepting id. This undermines the process of intervention. No evidence has confirmed improved behavior of schizophrenic patients who had abnormal parents. |
| q |  | 1. Psychological Perspective   Psychodynamic Models are used for understanding the causes of Schizophrenia.  Freud explains that Schizophrenia is a mental disorder and a form of regression. The psychodynamic model explains that the ego is weak which affect an individual's ability to cope with unacceptable ID. Because there is no separation between ego and id there is no struggle. The ego meditates with self and reality. It is difficult for patients to develop a relationship of trust and bond with others. The analysis of the personality depicts that they lack confidence and are struggling with conflicting thoughts. |
| 3. Manipulation of information may cause cognitive distortions. These errors in thinking produce maladaptive behaviors based on a distorted belief that was produced by an activating event. |  | C. Psychological Perspective – Learning Models  The patient relies on false beliefs and doesn't show any acceptance of reality. Distorted beliefs undermine their ability of learning. Lack of flexibility discourages the patients from learning the reality. Hallucinations and paranoid beliefs discourage these people from accepting reality. They are living in disbelief and fail to adapt to the world. |
| 4. Mental illness is a product of learned behavior that is maladaptive. |  | D. Psychological Perspectives – Humanistic Models  If behavioral are not teated this leads to psychosis. Humanistic interventions are focused on offering patient-centred therapy. This focus on creating positive conditions that promote positive thinking. Conditions of reward are used for improving behavior of the patient. The model is focused on helping patients to work in a certain way that allows them to create conditions of worth. |
| 5. The interactions of biological, psychological, and sociocultural factors contribute to abnormal behavior. |  | E. Psychological Perspectives – Cognitive Models  The focus of cognitive models is changing the behavior of patients. Attempts are made for removing regularities of abnormal behavior. Hallucinations and delusions are common factors. These threaten a sense of personal identity. The patient shows a lack of interest in accepting reality. He is motivated by false belief and self-created stories that are difficult to change. |
| 6. Genetic factors, defects in neurotransmitter functioning, and underlying brain abnormalities contribute to mental illness. |  | F. Sociocultural Perspective  Patients of Schizophrenia don’t respond appropriately to the social environment or situations. Their distinct ego makes it difficult for them to interact with the world. Lack of proper association makes it difficult for there to maintain relationships. Their withdrawal from the social environment is due to lack of attention or support. The patient creates their own social role in protecting them against society or people who they believe will harm them. |
| 7. Our childhood experiences contribute to the development of mental illness. |  | G. Biopsychosocial Perspective  This model is adopted for understanding the causes and treatment for mentally ill patients. The focus on inpatient treatment is on determining the biological, psychological and social aspects. Identification of these factors is crucial for determining the ways of improving thinking. This helps in the creation of a realistic plan. The genetic cause is important to understand for identifying the history of the patient. Any individual who has parents or grandparents with an abnormality is more likely to develop this disease. The patients that are struggling to accept ids also exhibit a high likelihood of schizophrenia. The social rejection or lack of acceptance from people also increase the tendency of this abnormality. |
| 8. Abnormal behavior is caused by societal failures and is a description of behavior that deviates from social norms. |  |  |
| 9. A malfunction in the physiology of the body produces symptoms of mental illness. |  |  |
| 10. Abnormal behavior manifests from a distorted concept of the self. |  |  |

## Short-Answer

**Respond** to the following questions in 50 to 75 words each.

1. How do an assessment, diagnosis, and treatment work together in the field of abnormal psychology? What is the role of each process?

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| The assessment of the Schizophrenic patient relied on examining the biological, psychological and social perspectives. The biological assessment reveals the role of the patient's history, genes and brain functioning. The disturbance in dopamine and serotonin causes a disturbance in the brain. The psychological assessment reveals the psychodynamic aspects such as the application of Freud's model depicts that the struggle between ego and id leads to abnormal behaviors. The social factors exhibit the role of society and the patient's interaction with others. The treatments are focused on the integration of the learning models, cognitive and humanistic approach. These processes work together to understanding the needs of the patient. |

1. How do you know when a behavior is deemed a mental illness?

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| When a person behaves in an unusual manner that is not normal it is deemed as a mental illness. The mental disorder affects the mood and behavior of the patient. The patient exhibit abnormal behavior that helps others in identifying the cause. Schizophrenic patients complain about seeing unreal things or non-existence based on their false beliefs. This reflects the prevalence of abnormality and mental illness. |

Reference

Syvälahti, E. K. (1994). Biological factors in schizophrenia. Structural and functional aspects. *Br J Psychiatry Suppl, 23*, 9-14.