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Chapter 1 : History of Mental Illness | Noba

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Identify what the criteria used to distinguish normality from abnormality are. Understand the difference among the three main etiological theories of mental illness. Describe specific beliefs or events in history that exemplify each of these etiological theories e. Explain the differences in treatment facilities for the mentally ill e. Describe the reform efforts of Dix and Beers and the outcomes of their work. History of Mental Illness References to mental illness can be found throughout history. The evolution of mental illness, however, has not been linear or progressive but rather cyclical. Whether a behavior is considered normal or abnormal depends on the context surrounding the behavior and thus changes as a function of a particular time and culture. In the past, uncommon behavior or behavior that deviated from the sociocultural norms and expectations of a specific culture and period has been used as a way to silence or control certain individuals or groups. Engravings from showing trephination. It was believed that drilling holes in the skull could cure mental disorders. Supernatural theories attribute mental illness to possession by evil or demonic spirits, displeasure of gods, eclipses, planetary gravitation, curses, and sin. Somatogenic theories identify disturbances in physical functioning resulting from either illness, genetic inheritance, or brain damage or imbalance. Psychogenic theories focus on traumatic or stressful experiences, maladaptive learned associations and cognitions, or distorted perceptions. Etiological theories of mental illness determine the care and treatment mentally ill individuals receive. As we will see below, an individual believed to be possessed by the devil will be viewed and treated differently from an individual believed to be suffering from an excess of yellow bile. Their treatments will also differ, from exorcism to blood-letting. The theories, however, remain the same. They coexist as well as recycle over time. Trephination is an example of the earliest supernatural explanation for mental illness. Examination of prehistoric skulls and cave art from as early as BC has identified surgical drilling of holes in skulls to treat head injuries and epilepsy as well as to allow evil spirits trapped within the skull to be released Restak, As such, a harmonious life that allowed for the proper balance of yin and yang and movement of vital air was essential Tseng, Mesopotamian and Egyptian papyri from BC describe women suffering from mental illness resulting from a wandering uterus later named hysteria by the Greeks: The uterus could become dislodged and attached to parts of the body like the liver or chest cavity, preventing their proper functioning or producing varied and sometimes painful symptoms. As a result, the Egyptians, and later the Greeks, also employed a somatogenic treatment of strong smelling substances to guide the uterus back to its proper location pleasant odors to lure and unpleasant ones to dispel. Temple attendance with religious healing ceremonies and incantations to the gods were employed to assist in the healing process. Hebrews saw madness as punishment from God, so treatment consisted of confessing sins and repenting. Physicians were also believed to be able to comfort and cure madness, however. Greek physicians rejected supernatural explanations of mental disorders. It was around BC that Hippocrates â€” BC attempted to separate superstition and religion from medicine by systematizing the belief that a deficiency in or especially an excess of one of the four essential bodily fluids i. For example, someone who was too temperamental suffered from too much blood and thus blood-letting would be the necessary treatment. Hippocrates classified mental illness into one of four categoriesâ€”epilepsy, mania, melancholia, and brain feverâ€”and like other prominent physicians and philosophers of his time, he did not believe mental illness was shameful or that mentally ill individuals should be held accountable for their behavior. Mentally ill individuals were cared for at home by family members and the state shared no responsibility for their care. Humorism remained a recurrent somatogenic theory up until the 19th century. He also opened the door for psychogenic explanations for mental illness, however, by allowing for the experience of psychological stress as a potential cause of abnormality. By the late Middle

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Ages, economic and political turmoil threatened the power of the Roman Catholic church. Between the 11th and 15th centuries, supernatural theories of mental disorders again dominated Europe, fueled by natural disasters like plagues and famines that lay people interpreted as brought about by the devil. Superstition, astrology, and alchemy took hold, and common treatments included prayer rites, relic touching, confessions, and atonement. Beginning in the 13th century the mentally ill, especially women, began to be persecuted as witches who were possessed. At the height of the witch hunts during the 15th through 17th centuries, with the Protestant Reformation having plunged Europe into religious strife, two Dominican monks wrote the *Malleus Maleficarum* as the ultimate manual to guide witch hunts. Modern treatments of mental illness are most associated with the establishment of hospitals and asylums beginning in the 16th century. War and economic depression produced vast numbers of undesirables and these were separated from society and sent to these institutions. Two of the most well-known institutions, St. As confinement laws focused on protecting the public from the mentally ill, governments became responsible for housing and feeding undesirables in exchange for their personal liberty. Most inmates were institutionalized against their will, lived in filth and chained to walls, and were commonly exhibited to the public for a fee. Mental illness was nonetheless viewed somatogenically, so treatments were similar to those for physical illnesses: As such, instilling fear was believed to be the best way to restore a disordered mind to reason. By the 18th century, protests rose over the conditions under which the mentally ill lived, and the 18th and 19th centuries saw the growth of a more humanitarian view of mental illness. In Italian physician Vincenzo Chiarugi “ removed the chains of patients at his St. Boniface hospital in Florence, Italy, and encouraged good hygiene and recreational and occupational training. In England, humanitarian reforms rose from religious concerns. William Tuke “ urged the Yorkshire Society of Quaker Friends to establish the York Retreat in , where patients were guests, not prisoners, and where the standard of care depended on dignity and courtesy as well as the therapeutic and moral value of physical work Bell, Dorothea Dix worked to change the negative perceptions of people with mental illness and helped create institutions where they could receive compassionate care. State Archives of North Carolina, <https://www.ncsars.gov/ncsars/ncsars.nsf/00000000-0000-0000-0000-000000000000?open>: Moral treatment had to be abandoned in America in the second half of the 19th century, however, when these asylums became overcrowded and custodial in nature and could no longer provide the space nor attention necessary. When retired school teacher Dorothea Dix discovered the negligence that resulted from such conditions, she advocated for the establishment of state hospitals. By the late 19th century, moral treatment had given way to the mental hygiene movement, founded by former patient Clifford Beers with the publication of his memoir *A Mind That Found Itself*. European psychiatry in the late 18th century and throughout the 19th century, however, struggled between somatogenic and psychogenic explanations of mental illness, particularly hysteria, which caused physical symptoms such as blindness or paralysis with no apparent physiological explanation. Franz Anton Mesmer “ , influenced by contemporary discoveries in electricity, attributed hysterical symptoms to imbalances in a universal magnetic fluid found in individuals, rather than to a wandering uterus Forrest, James Braid “ shifted this belief in mesmerism to one in hypnosis, thereby proposing a psychogenic treatment for the removal of symptoms. Josef Breuer “ and Sigmund Freud “ would resolve this dispute in favor of a psychogenic explanation for mental illness by treating hysteria through hypnosis, which eventually led to the cathartic method that became the precursor for psychoanalysis during the first half of the 20th century. Psychoanalysis was the dominant psychogenic treatment for mental illness during the first half of the 20th century, providing the launching pad for the more than different schools of psychotherapy found today Magnavita, Most of these schools cluster around broader behavioral, cognitive, cognitive-behavioral, psychodynamic, and client-centered approaches to psychotherapy applied in individual, marital, family, or group formats. Negligible differences have been found among all these approaches, however; their efficacy in treating mental illness is due to factors shared among all of the approaches not particular elements specific to each approach: In contrast, the leading somatogenic treatment for mental illness can be found in the establishment of the first psychotropic medications in the mid-20th century. Restraints, electro-convulsive shock therapy, and lobotomies continued to be employed in American state

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institutions until the 1950s, but they quickly made way for a burgeoning pharmaceutical industry that has viewed and treated mental illness as a chemical imbalance in the brain. Both etiological theories coexist today in what the psychological discipline holds as the biopsychosocial model of explaining human behavior. While individuals may be born with a genetic predisposition for a certain psychological disorder, certain psychological stressors need to be present for them to develop the disorder. Sociocultural factors such as sociopolitical or economic unrest, poor living conditions, or problematic interpersonal relationships are also viewed as contributing factors. However much we want to believe that we are above the treatments described above, or that the present is always the most enlightened time, let us not forget that our thinking today continues to reflect the same underlying somatogenic and psychogenic theories of mental illness discussed throughout this cursory 9-year history. A standardized diagnostic classification system with agreed-upon definitions of psychological disorders creates a shared language among mental-health providers and aids in clinical research. The DSM has undergone various revisions in 1952, 1968, 1980, 1987, and it is the DSM-III version that began a multi-axial classification system that took into account the entire individual rather than just the specific problem behavior. Axes I and II contain the clinical diagnoses, including mental retardation and personality disorders. Axes III and IV list any relevant medical conditions or psychosocial or environmental stressors, respectively. The most recent version -- the DSM-5 has combined the first three axes and removed the last two. These revisions reflect an attempt to help clinicians streamline diagnosis and work better with other diagnostic systems such as health diagnoses outlined by the World Health Organization. While the DSM has provided a necessary shared language for clinicians, aided in clinical research, and allowed clinicians to be reimbursed by insurance companies for their services, it is not without criticism. It is also a medicalized categorical classification system that assumes disordered behavior does not differ in degree but in kind, as opposed to a dimensional classification system that would plot disordered behavior along a continuum. Finally, the number of diagnosable disorders has tripled since it was first published in 1952, so that almost half of Americans will have a diagnosable disorder in their lifetime, contributing to the continued concern of labeling and stigmatizing mentally ill individuals. These concerns appear to be relevant even in the DSM-5 version that came out in May of 2013.

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Chapter 2 : A Guide to Abnormal Psychology | Masters In Psychology Guide

Mental Illness in Perspective: History and Schools of Thought, by Robert A. Clark starting at \$ Mental Illness in Perspective: History and Schools of Thought, has 1 available editions to buy at Alibris.

Throughout history, there have been attempts to understand unusual behavior and abnormal psychology seeks to identify the causes of these behaviors. There are various illnesses that are studied in the branch of abnormal psychology including but not limited to schizophrenia and antisocial personality disorder. Depending on the abnormal behavior, there are different treatment options available. There are two different theories as to what causes abnormal behavior. There is the psychogenetic theory, in which it is thought that the abnormality results from psychological problems. On the other hand, there is the somatogenic theory, in which it is believed that the abnormal behavior is caused by either an illness or biological disorder. For instance, someone that cannot control themselves may be suffering from brain damage. The somatogenic theory seeks to explain abnormalities in terms of their physical causes rather than psychological causes. Generally, psychologists do not believe in one theory over the other but instead believe that both theories play a role in the abnormal behavior. Treatments under the somatogenic theory include the use of surgery, drugs, or different types of psychical therapies. Treatment under the psychogenic theory includes things such as hypnosis and talk therapy.

Common Disorders Within Abnormal Psychology

While the field of abnormal psychology deals with all types of abnormal behavior, there are three common disorders that abnormal psychology covers. These three disorders include depression, antisocial personality disorder, and schizophrenia.

Antisocial Personality Disorder – Sufferers of antisocial personality disorder have little conscience. They will often harm or manipulate other people and often have a history of run-ins with the law. Antisocial personality disorder is often incredibly difficult to diagnose and treat as sufferers can often manipulate and charm the therapists that are seeking to help them. People with schizophrenia generally suffer from vivid hallucinations and will hear voices. While schizophrenia can be treated with medication, it is often difficult to get patients to keep regularly taking their medication. For this reason, therapy tends to play a very important role along with the medication to treat schizophrenia.

Depression – Depression is a fairly general term that can cover a range of conditions. Often, it refers to major depressive disorder, in which people suffer from a loss of interest in normal activities. They will also experience periods of sadness and a generally low mood. There are several treatments for depression, which will often be determined based on the severity of the condition. Both therapy and medication can be used in the treatment of depression, and a combination of the two has proven to be most effective. There is ongoing research into the causes and treatments for those suffering from abnormal behaviors. Anyone that believes they or a loved one may be suffering from a mental illness or abnormal behavior should seek the help of a medical professional as soon as possible. To learn more about abnormal psychology and mental illness, consult the following resources.

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Chapter 3 : History of mental disorders - Wikipedia

The first school of thought, structuralism, was advocated by the founder of the first psychology lab, Wilhelm Wundt. Immediately, other theories began to emerge and vie for dominance in psychology.

This perspective of psychoanalysis was dominant in America for approximately a year span until the s. Meanwhile, in Europe, various theoretical approaches had been developed. Current Psychoanalytic Treatment Approaches Today, the ego psychology that was dominant in American psychoanalytic thought for so many years has been significantly modified and is also currently strongly influenced by the developing relational point of view. The diverse schools of therapeutic approach currently operative in America include influences from British object relationists, "modern Freudians", the theories of Klein and Bion, self-psychology, the Lacanians, and more. Truly, a kaleidoscope of approaches is now available at psychoanalytic institutions in the United States. Many psychoanalysts believe that the human experience can be best accounted for by an integration of these perspectives. Whatever theoretical perspective a psychoanalyst employs, the fundamentals of psychoanalysis are always present— an understanding of transference, an interest in the unconscious, and the centrality of the psychoanalyst-patient relationship in the healing process. Attachment Theory The term "attachment" is used to describe the affective feeling-based bond that develops between an infant and a primary caregiver. The father of attachment theory, John Bowlby, M. It is important to note that attachment is not a one-way street. As the caregiver affects the child, the child also affects the caregiver. Transference Transference is a concept that refers to our natural tendency to respond to certain situations in unique, predetermined ways--predetermined by much earlier, formative experiences usually within the context of the primary attachment relationship. Transference is what is transferred to new situations from previous situations. Freud coined the word "transference" to refer to this ubiquitous psychological phenomenon, and it remains one of the most powerful explanatory tools in psychoanalysis today—both in the clinical setting and when psychoanalysts use their theory to explain human behavior. Transference describes the tendency for a person to base some perceptions and expectations in present day relationships on his or her earlier attachments, especially to parents, siblings, and significant others. Because of transference, we do not see others entirely objectively but rather "transfer" onto them qualities of other important figures from our earlier life. Thus transference leads to distortions in interpersonal relationships, as well as nuances of intensity and fantasy. The psychoanalytic treatment setting is designed to magnify transference phenomena so that they can be examined and untangled from present day relationships. These experiences can range from a fear of abandonment to anger at not being given to fear of being smothered and feelings of One common type of transference is the idealizing transference. We have the tendency to look towards doctors, priests, rabbis, and politicians in a particular way—we elevate them but expect more of them than mere humans. Psychoanalysts have a theory to explain why we become so enraged when admired figures let us down. The concept of transference has become as ubiquitous in our culture as it is in our psyches. But this explanatory concept is constantly in use. For example, in season three of the television series Madmen, one of the female leads is romantically drawn to a significantly older man just after her father dies. She sees him as extraordinarily competent and steady. Some types of coaching and self-help techniques use transference in a manipulative way, though not necessarily negatively. Essentially, this person accepts the transference as omnipotent parent and uses this power to tell the client what to do. Often the results obtained are short lived. Resistance Along with transference, resistance is one of the two cornerstones of psychoanalysis. As uncomfortable thoughts and feelings begin to get close to the surface—that is, become conscious—a patient will automatically resist the self-exploration that would bring them fully into the open, because of the discomfort associated with these powerful emotional states that are not registered as memories, but experienced as fully contemporary—transferences. The patient is thus experiencing life at too great an intensity because he or she is burdened by transferences or painful emotions derived from another source, and must use various defenses resistances to avoid their full emotional intensity.

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These resistances can take the form of suddenly changing the topic, falling into silence, or trying to discontinue the treatment altogether. As the analysis progresses, patients may begin to feel less threatened and more capable of facing the painful things that first led them to analysis. In other words, they may begin to overcome their resistance. Psychoanalysts consider resistance to be one of their most powerful tools, as it acts like a metal detector, signaling the presence of buried material. Trauma Trauma is a severe shock to the system. Sometimes the system is psychical; the trauma is a deep emotional blow or wound which itself might be connected to a physical trauma. While many emotional wounds take a while to resolve, a psychic trauma may continue to linger. Often this lack of resolution can foster a repetition compulsion--a chronic re-visiting of the trauma through rumination or dreams, or an impulse to place oneself in other traumatic situations. Psychoanalysis can help the victim to develop emotional and behavioral strategies to deal with the trauma. Fortunately, the need for trauma survivors to have treatment is now well understood in the broader mental health community. Certain medications are helpful in the treatment of trauma, but there should always be a psychological component to the treatment, and it must be understood that treatment can be needed years after the trauma is experienced. Treatment of PTSD still contains elements that harken back to psychoanalysisâ€”trauma patients need a witness to their pain, who helps them, bit by bit, incorporate the traumatic experience with the rest of the story of their lives in some way that can make sense. Facing unbearable feelings with another human being, and supporting and employing the ego--the part of the mind responsible for decision making, understanding cause and effect, and discriminationâ€”all these techniques owe their roots to psychoanalysis.

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Chapter 4 : Popular Mental Illness Books

Keywords: Mental Illness History Of Mental Illness Mental Health History Of Science Human History Psychology The limitlessly varied personalities of human beings have fascinated both scientists and fellow members of society throughout the existence of humankind.

This definition enjoyed widespread currency for decades. However, this meaning was contested, notably by radical behaviorists such as John B. Watson, who in his manifesto defined the discipline of psychology as the acquisition of information useful to the control of behavior. Also since James defined it, the term more strongly connotes techniques of scientific experimentation. History of psychology The ancient civilizations of Egypt, Greece, China, India, and Persia all engaged in the philosophical study of psychology. Historians note that Greek philosophers, including Thales, Plato, and Aristotle especially in his *De Anima* treatise, [14] addressed the workings of the mind. This body of knowledge involves insights drawn from introspection and observation, as well as techniques for focused thinking and acting. It frames the universe as a division of, and interaction between, physical reality and mental reality, with an emphasis on purifying the mind in order to increase virtue and power. Chinese scholarship focused on the brain advanced in the Qing Dynasty with the work of Western-educated Fang Yizhi, Liu Zhi, and Wang Qingren. Wang Qingren emphasized the importance of the brain as the center of the nervous system, linked mental disorder with brain diseases, investigated the causes of dreams and insomnia, and advanced a theory of hemispheric lateralization in brain function. Divergent Hindu doctrines, and Buddhism, have challenged this hierarchy of selves, but have all emphasized the importance of reaching higher awareness. Yoga is a range of techniques used in pursuit of this goal. However, Indian doctrines influenced Western thinking via the Theosophical Society, a New Age group which became popular among Euro-American intellectuals. In Germany, Gottfried Wilhelm Leibniz applied his principles of calculus to the mind, arguing that mental activity took place on an indivisible continuum—most notably, that among an infinity of human perceptions and desires, the difference between conscious and unconscious awareness is only a matter of degree. Christian Wolff identified psychology as its own science, writing *Psychologia empirica* in and *Psychologia rationalis* in . This notion advanced further under Immanuel Kant, who established the idea of anthropology, with psychology as an important subdivision. However, Kant explicitly and notoriously rejected the idea of experimental psychology, writing that "the empirical doctrine of the soul can also never approach chemistry even as a systematic art of analysis or experimental doctrine, for in it the manifold of inner observation can be separated only by mere division in thought, and cannot then be held separate and recombined at will but still less does another thinking subject suffer himself to be experimented upon to suit our purpose, and even observation by itself already changes and displaces the state of the observed object. However, this discipline did not yet embrace experimentation. Gustav Fechner began conducting psychophysics research in Leipzig in the 1800s, articulating the principle that human perception of a stimulus varies logarithmically according to its intensity. Wundt, in turn, came to Leipzig University, establishing the psychological laboratory which brought experimental psychology to the world. Wundt focused on breaking down mental processes into the most basic components, motivated in part by an analogy to recent advances in chemistry, and its successful investigation of the elements and structure of material. Stanley Hall who studied with Wundt, formed a psychology lab at Johns Hopkins University in Maryland, which became internationally influential. Hall, in turn, trained Yujiro Motora, who brought experimental psychology, emphasizing psychophysics, to the Imperial University of Tokyo. Cattell, who also studied with eugenicist Francis Galton, went on to found the Psychological Corporation. Wittmer focused on mental testing of children; Scott, on selection of employees. Structuralism sought to analyze and classify different aspects of the mind, primarily through the method of introspection. In 1890, James wrote an influential book, *The Principles of Psychology*, which expanded on the realm of structuralism, memorably described the human "stream of consciousness", and interested many American students in the emerging discipline. This

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approach is based upon the idea that individuals experience things as unified wholes. Rather than breaking down thoughts and behavior into smaller elements, as in structuralism, the Gestaltists maintained that whole of experience is important, and differs from the sum of its parts. Other 19th-century contributors to the field include the German psychologist Hermann Ebbinghaus, a pioneer in the experimental study of memory, who developed quantitative models of learning and forgetting at the University of Berlin, [32] and the Russian-Soviet physiologist Ivan Pavlov, who discovered in dogs a learning process that was later termed "classical conditioning" and applied to human beings. William James was one of three Americans among the four hundred attendees. The American Psychological Association was founded soon after, in 1906. The International Congress continued to be held, at different locations in Europe, with wider international participation. In 1908, the Congress took place at Yale University in New Haven, Connecticut, attended by hundreds of members of the American Psychological Association [23]. Tokyo Imperial University led the way in bringing the new psychology to the East, and from Japan these ideas diffused into China. University of Michigan psychologist Dorwin Cartwright reported that university researchers began large-scale propaganda research in 1941, and "the last few months of the war saw a social psychologist become chiefly responsible for determining the week-by-week-propaganda policy for the United States Government. In the 1950s, the Rockefeller Foundation and Ford Foundation collaborated with the Central Intelligence Agency to fund research on psychological warfare. Freudian psychoanalysts were expelled and persecuted under the anti-Jewish policies of the Nazi Party, and all psychologists had to distance themselves from Freud and Adler. This psychotherapy aimed to align suitable Germans with the overall goals of the Reich; as described by one physician: Alexander Mitscherlich founded a prominent applied psychoanalysis journal called *Psyche* and with funding from the Rockefeller Foundation established the first clinical psychosomatic medicine division at Heidelberg University. In 1933, psychology was integrated into the required studies of medical students. Thus, university psychology departments trained large numbers of students, for whom positions were made available at schools, workplaces, cultural institutions, and in the military. An especial focus was pedology, the study of child development, regarding which Lev Vygotsky became a prominent writer. Luria, and Aron Zalkind were denounced; Ivan Pavlov posthumously and Stalin himself were aggrandized as heroes of Soviet psychology. There emerged a new field called "engineering psychology" which studied mental aspects of complex jobs such as pilot and cosmonaut. Interdisciplinary studies became popular and scholars such as Georgy Shchedrovitsky developed systems theory approaches to human behavior. Chinese psychologists were encouraged to focus on education and language learning, with the aspiration that education would enable modernization and nationalization. John Dewey, who lectured to Chinese audiences in 1919, had a significant influence on this doctrine. They developed a concept of "recognition" *jen-shih* which referred the interface between individual perceptions and the socially accepted worldview. Failure to correspond with party doctrine was "incorrect recognition". Most leading psychologists were educated in the United States, and the first concern of the Academy was re-education of these psychologists in the Soviet doctrines. Child psychology and pedagogy for nationally cohesive education remained a central goal of the discipline. Several associations including the Association of Black Psychologists and the Asian American Psychological Association have arisen to promote non-European racial groups in the profession. It holds the Interamerican Congress of Psychology and had members in year 1952. The European Federation of Professional Psychology Associations, founded in 1954, represents 30 national associations with a total of 10,000 individual members. At least 30 other international groups organize psychologists in different regions. Parapsychology, hypnotism, and psychism were major topics of the early International Congresses. But students of these fields were eventually ostracized, and more or less banished from the Congress in 1954. Skeptics have suggested that personality, thinking, and emotion, cannot be directly measured and are often inferred from subjective self-reports, which may be problematic. Experimental psychologists have devised a variety of ways to indirectly measure these elusive phenomenological entities. Critics inside and outside the field have argued that mainstream psychology has become increasingly dominated by a "cult of empiricism" which limits the scope of its study

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by using only methods derived from the physical sciences. Jean Grimshaw, for example, argues that mainstream psychological research has advanced a patriarchal agenda through its efforts to control behavior. The arrow indicates the position of the hypothalamus. Psychologists generally consider the organism the basis of the mind, and therefore a vitally related area of study. Psychiatrists and neuropsychologists work at the interface of mind and body. Key research topics in this field include comparative psychology, which studies humans in relation to other animals, and perception which involves the physical mechanics of sensation as well as neural and mental processing. From Phineas Gage to H. Soon after, Carl Wernicke identified a related area necessary for the understanding of speech. For example, physiological psychologists use animal models, typically rats, to study the neural, genetic, and cellular mechanisms that underlie specific behaviors such as learning and memory and fear responses. The biopsychosocial model is an integrated perspective toward understanding consciousness, behavior, and social interaction. It assumes that any given behavior or mental process affects and is affected by dynamically interrelated biological, psychological, and social factors. This perspective suggests that psychological adaptations evolved to solve recurrent problems in human ancestral environments. Evolutionary psychology offers complementary explanations for the mostly proximate or developmental explanations developed by other areas of psychology: The idea of white supremacy and indeed the modern concept of race itself arose during the process of world conquest by Europeans. Race was also used to justify the construction of socially specific mental disorders such as drapetomania and dysaesthesia aethiopica – the behavior of uncooperative African slaves. Much of the research in this area began with tests on mammals, based on the idea that humans exhibit similar fundamental tendencies. Behavioral research ever aspires to improve the effectiveness of techniques for behavior modification. Play media The film of the Little Albert experiment Early behavioral researchers studied stimulus–response pairings, now known as classical conditioning. They demonstrated that behaviors could be linked through repeated association with stimuli eliciting pain or pleasure. Ivan Pavlov – known best for inducing dogs to salivate in the presence of a stimulus previously linked with food – became a leading figure in the Soviet Union and inspired followers to use his methods on humans. Thorndike wrote in Watson coined the term behaviorism for this school of thought. Hull, Edwin Guthrie, and others, behaviorism became a widely used research paradigm. Radical behaviorists avoided discussing the inner workings of the mind, especially the unconscious mind, which they considered impossible to assess scientifically. Skinner, who emerged as a leading intellectual of the behaviorist movement. Tolman advanced a hybrid "cognitive behavioral" model, most notably with his publication discussing the cognitive maps used by rats to guess at the location of food at the end of a modified maze.

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Chapter 5 : Types of Therapies: Theoretical Orientations and Practices of Therapists

Psychological Perspectives Psychologists today do not believe there is one "right" way to study the way people think or behave. There are, however, various schools of thought that evolved throughout the development of psychology that continue to shape the way psychologists investigate human behavior.

You, as a consumer of mental health services, want an overview, however, of these types of approaches to therapy and practice. In this document, I will review the main schools of theory and the techniques they utilize in practice. Granted, such an overview is going to miss a lot and generalize even more something my professors back in graduate school would kill me for! I will, therefore, try and be mildly objective and unbiased in my presentation, when possible. Four schools of theory and therapy will be examined here: Psychodynamic and psychoanalytic ; Cognitive-behavioral and behavioral ; Humanistic and existential ; and Eclectic. The parentheses indicate theories that are also covered in the same section, but only in passing or in conjunction with the other school; most are somewhat interchangeable. Before we begin this journey together through education, let me warn you that this article is not a scholarly, objective, dry, journal piece. This psychodynamic way of thinking is generally a watered-down offshoot of the more conservative and rigid psychoanalytic school of thought. Few therapists can afford to practice strict psychoanalysis anymore and it is typically found nowadays only in the hands of psychiatrists, who have spent extraordinary amounts of personal time being analyzed themselves and attending a psychoanalytic institute. Therapists who subscribe to this theory tend to look at individuals as the composite of their parental upbringing and how particular conflicts between themselves and their parents and within themselves get worked out. These constructs go to make up your personality and the role of the unconscious is emphasized. And more often than not, it does. Mental illness is a result of an unsuccessful progression through childhood development e. The unconscious motives for most human behavior are sex and aggression. You get the picture. But remember, this is all unconscious, as are all the unresolved childhood conflicts, so the person is not readily aware of why they are the way they are. The frame is the therapeutic setting and boundaries, such as the meeting time, length of time of each session almost all therapy sessions are 50 minutes long , how payment is handled, how much self-disclosure the therapist makes, etc. If you cancel an appointment, it means something greater than your car broke down. Since the basis of psychodynamic therapy is transference where the patient projects his or her feelings about another person in their lives, typically one of their parents, onto the therapist , the frame is more important here. It means that the patient might be engaging in some sort of transference that needs to be examined by the therapist and interpreted, if necessary. Interpretations are what psychodynamic and psychoanalytic therapists do best next to listening. Other therapists make interpretations as well, but psychodynamic therapists do this best. That is their main weapon in their arsenal of therapeutic techniques, and the most powerful in almost all of therapy. This is why it would be important to see an experienced and long-practicing psychodynamic therapist if you were to seriously consider this modality of treatment. While historically, psychodynamic therapy would typically be lengthy and in psychoanalytic therapy of days-since-past, you would meet with the therapist three or four days every week! The research backing for this modality of treatment is still a little sparse and leaves much to be desired. Cognitive-behavioral theory emphasizes the cognitions or thoughts a person has as an explanation as to how people develop and how they sometimes get a mental disorder. Cognitive-behaviorists generally believe in the role of social learning in childhood development, and the ideas of modeling and reinforcement. So, in other words, if your parents act like snooty, uptight individuals all their lives, and treat other people with little dignity or respect, you, as a child, would learn to do much of the same thing. Children learn by observing and imitating. This is social learning theory. Save to say that there is such a belief that it is these innate drives which underlie the motivation of human behavior. Despite the negative-soundingness of this, the fact is that in this theory, humans are viewed as basically neutral. It is the environment and the other people they grow up with which

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shapes a person into a healthy or unhealthy human being. For instance, a person who might get depressed over the way their life is going right now may begin a downward spiral into thinking negativistic and irrational thoughts, as taught or not taught to that person in his or her upbringing. This only reinforces the depressive feelings and lethargic behaviors. Many people expect that therapy would try and attack feelings, to change them. Well, some cognitive-behavioral therapies do. So cognitive-behavioral therapists will work on helping the patient identify irrational thoughts, refute them, and help the patient change useless or frustrating and unproductive behaviors through techniques such as modeling, role play, and reinforcement strategies. Therapists working with this type of therapy are generally more directive than psychodynamic therapists, and act as much as teachers, sometimes, as therapists. Therapy is generally short-term which, in our field, means anywhere from months, or roughly sessions. For instance, such a therapist would not use the same exact techniques to help someone who is suffering from a fear of heights than someone who is suffering from depression. The underlying theory is likely similar, though. Cognitive-behavioral therapy has had some of the greatest success in research with a wide variety of disorders, from phobias to anxiety to depression. For instance, see my article on depression for some of this information. This therapy is one of the few empirically validated therapies on the market today. Does that mean it will work for you? Because an individual can be conscious of his or her own existence under this theory, that person is also fully responsible for the choices they make to further or diminish that existence. Responsibility is a key ingredient of this theory, for all humans are responsible for the choices they make in their lives, with regards to their emotions, thoughts, and behaviors. Pretty tough stuff, eh? Yes, it is, because it says, in effect, that no matter what kind of childhood you suffered through, no matter what your life experiences, you are ultimately in charge of how you react to those experiences and how you will feel. No blaming it on the parents here! There are a number of major conflicts that also tend to need attention, according to this theory. This theory tends to emphasize these epic but philosophical struggles within oneself. Therapy tends to emphasize these struggles and the individual that comes into therapy as being a unique person who views life in such an idiosyncratic way that it would be nearly impossible to try and fit them into any one specific developmental or other theory. The therapist is there more as a guide, than as a teacher or authority figure, to help the patient learn more about themselves and what it means to be on this planet for such a very short time. Therapy can last anywhere from a few weeks to a few years, although it tends toward the longer end, since its focus is much broader than most other therapies here. There are many forms of eclecticism, but for you, the gentle reader, it is not really important to know or understand the differences between them all. Unfortunately, since it is based upon individualism and pragmatism, many people confuse it with confusion itself. Good eclecticism is neither messy nor confused. For example, a typical eclectic approach in therapy is to view an individual from a psychodynamic perspective, but to use more active interventions, such as you might find in a cognitive-behavioral approach. That is, believe it or not, eclecticism. Most forms of this therapy are much more subtle and less distinct than that. I look at things not only from what might be reinforcing unhealthy behaviors behaviorism, but also unhealthy thoughts cognitive, and how these all relate together to go and make up the individual human being sitting in front of me humanistic. In eclecticism, there is no one right or guaranteed way of approaching any given problem. Therapists are flexible, working as a teacher for one patient, as a guide for another, or as a combination of all of the above for yet another. Eclectics use techniques, as mentioned above, from all schools of therapy. They may have a favorite theory or therapeutic technique that they tend to use more often or fall back on, but they are willing and often use all that are available to them. After all, the key here is to help the patient as quickly and as effectively as possible. Not to pigeonhole them into some set way of looking at all people, whether it works for them or not. If I only practiced in that one vein or, arguably in any one vein, I would automatically be excluding helping a lot of people. Well, there it is. That was not the point of this article. It was, instead, to give you a broad overview and basic understanding of these major schools of thought in psychology. Most therapists in the field today subscribe to some version of eclectic therapy; ask your therapist what theoretical orientation they subscribe to. It could lead to an interesting discussion. You

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need to find what works best for you. He is an author, researcher and expert in mental health online, and has been writing about online behavior, mental health and psychology issues -- as well as the intersection of technology and human behavior -- since Grohol sits on the editorial board of the journal *Computers in Human Behavior* and is a founding board member and treasurer of the Society for Participatory Medicine. You can learn more about Dr. Theoretical Orientations and Practices of Therapists. Retrieved on November 9, , from <https://>

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Chapter 6 : Psychoanalytic Theory & Approaches | APsaA

Wundt's ideas formed the basis of the first school of thought (or perspective) in psychology, known as structuralism. In reality, though, it was one of Wundt's students, Edward B. Titchener, who formally established this psychological school of thought.

How to cope day-to-day Accept your feelings Despite the different symptoms and types of mental illnesses, many families who have a loved one with mental illness, share similar experiences. You may find yourself denying the warning signs, worrying what other people will think because of the stigma, or wondering what caused your loved one to become ill. Accept that these feelings are normal and common among families going through similar situations. Share what you have learned with others. Handling unusual behavior The outward signs of a mental illness are often behavioral. A person may be extremely quiet or withdrawn. Conversely, he or she may burst into tears, have great anxiety or have outbursts of anger. When in public, these behaviors can be disruptive and difficult to accept. The next time you and your family member visit your doctor or mental health professional, discuss these behaviors and develop a strategy for coping. Ask questions, listen with an open mind and be there to support them. Establishing a support network Whenever possible, seek support from friends and family members. If you feel you cannot discuss your situation with friends or other family members, find a self-help or support group. These groups provide an opportunity for you to talk to other people who are experiencing the same type of problems. They can listen and offer valuable advice. Seeking counseling Therapy can be beneficial for both the individual with mental illness and other family members. When looking for a therapist, be patient and talk to a few professionals so you can choose the person that is right for you and your family. It may take time until you are comfortable, but in the long run you will be glad you sought help. Taking time out It is common for the person with the mental illness to become the focus of family life. When this happens, other members of the family may feel ignored or resentful. Some may find it difficult to pursue their own interests. If you schedule time for yourself it will help you to keep things in perspective and you may have more patience and compassion for coping or helping your loved one. Being physically and emotionally healthy helps you to help others. Other Resources Mental Illness in the Family: Other Mental Health America titles include:

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Chapter 7 : Five things schools can do to help pupils' mental health

History of Mental Illness By Ingrid G. Farreras. Hood College. This module is divided into three parts. The first is a brief introduction to various criteria we use to define or distinguish between normality and abnormality.

Three major models, namely, supernatural model, biological model and psychological model. When confronted with unexplainable, irrational behavior and by suffering and upheaval, people have perceived evil. In fact, in the Great Persian Empire from to B. Important to this tradition are a man, Hippocrates; a disease, syphilis; and the early consequences of believing that psychological disorders are biologically caused. Well known philosophers like Aristotle, Plato, etc. They also advocated humane and responsible care for individuals with psychological disturbances. Somatic treatments included applying bodily fluids while reciting magical spells. Hallucinogens may have been used as a part of the healing rituals. Religious temples may have been used as therapeutic retreats , possibly for the induction of receptive states to facilitate sleep and the interpretation of dreams. Relevant discussion may be found on the talk page. Please help improve this article by introducing citations to additional sources. December Ancient Hindu scriptures- Ramayana and Mahabharata -contain fictional descriptions of depression and anxiety. The Charaka Samhita from circa BC, which is a part of the Hindu Ayurveda "knowledge of life" , saw ill health as resulting from an imbalance among the three body fluids or forces called Tri- Dosha. These also affected the personality types among people. Suggested causes included inappropriate diet, disrespect towards the gods, teachers or others, mental shock due to excessive fear or joy, and faulty bodily activity. Treatments included the use of herbs and ointments, charms and prayers, and moral or emotional persuasion. The Inner Canon of the Yellow Emperor described symptoms, mechanisms and therapies for mental illness, emphasizing connections between bodily organs and emotions. The ancient Chinese believed that demonic possession played a role in mental illness during this time period. They felt that areas of emotional outbursts such as funeral homes could open up the Wei Chi and allow entities to possess an individual. Trauma was also considered to be something that caused high levels of emotion. Thus, trauma is a possible catalyst for mental illness, due to its ability to allow the Wei Chi open to possession. This explains why the ancient Chinese believed that a mental illness was in reality a demonic possession. Mental illness, according to the Chinese perspective is thus considered as an imbalance of the yin and yang because optimum health arises from balance with nature. A return to biological, somatic bodily views and an emphasis on psychosocial factors occurred in the centuries that followed. Mental illness in ancient Greece In ancient Greece and Rome, madness was associated stereotypically with aimless wandering and violence. Pythagoras also heard voices. The Greek physician Asclepiades ca. AD 30â€”90 argued that it is hard to pinpoint from where a mental illness comes. However, Galen AD â€”ca. As well as the triad of which mania was often used as an overarching term for insanity there were a variable and overlapping range of terms for such things as delusion, eccentricity, frenzy, and lunacy. Physician Celsus argued that insanity is really present when a continuous dementia begins due to the mind being at the mercy of imaginings. He suggested that people must heal their own souls through philosophy and personal strength. He described common practices of dietetics , bloodletting, drugs, talking therapy, incubation in temples, exorcism , incantations and amulets , as well as restraints and "tortures" to restore rationality, including starvation, being terrified suddenly, agitation of the spirit, and stoning and beating. Most, however, did not receive medical treatment but stayed with family or wandered the streets, vulnerable to assault and derision. Accounts of delusions from the time included people who thought themselves to be famous actors or speakers, animals, inanimate objects, or one of the gods. Some were arrested for political reasons, such as Jesus ben Ananias who was eventually released as a madman after showing no concern for his own fate during torture. As the Muslim world expanded, Greek concepts were integrated with religious thought and over time, new ideas and concepts were developed. Arab texts from this period contain discussions of melancholia, mania, hallucinations, delusions, and other mental disorders. There were sometimes beatings to exorcise the djin, or alternatively

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over-zealous attempts at cures. In Morocco the traditional Berber people were animists and the concept of sorcery was integral to the understanding of mental disorder; it was mixed with the Islamic concepts of djin and often treated by religious scholars combining the roles of holy man, sage, seer and sorcerer. Some of the bimaristans contained wards dedicated to the care of mentally ill patients, [27] most of whom suffered from debilitating illnesses or exhibited violence. Theories of the four humors black bile, yellow bile, phlegm, and blood were applied, sometimes separately a matter of "physic" and sometimes combined with theories of evil spirits a matter of "faith". Arnaldus de Villanova combined "evil spirit" and Galen-oriented "four humours" theories and promoted trephining as a cure to let demons and excess humours escape. Other bodily remedies in general use included purges, bloodletting and whipping. Madness was often seen as a moral issue, either a punishment for sin or a test of faith and character. Christian theology endorsed various therapies, including fasting and prayer for those estranged from God and exorcism of those possessed by the devil. A semi-official tract called the *Praerogativa regis* distinguished between the "natural born idiot" and the "lunatic". The latter term was applied to those with periods of mental disorder; deriving from either Roman mythology describing people "moonstruck" by the goddess Luna [32] or theories of an influence of the moon. In England, if the family were unable or unwilling, an assessment was made by crown representatives in consultation with a local jury and all interested parties, including the subject himself or herself. The process was confined to those with real estate or personal estate, but it encompassed poor as well as rich and took into account psychological and social issues. Most of those considered lunatics at the time probably had more support and involvement from the community than people diagnosed with mental disorders today. You may improve this article, discuss the issue on the talk page. December Learn how and when to remove this template message

16th to 18th centuries[edit] Some mentally disturbed people may have been victims of the witch-hunts that spread in waves in early modern Europe. By the mid-17th century there would be 100 inmates in each. The development of this network of madhouses has been linked to new capitalist social relations and a service economy, that meant families were no longer able or willing to look after disturbed relatives. The mentally ill were typically viewed as insensitive wild animals. Harsh treatment and restraint in chains was seen as therapeutic, helping suppress the animal passions. There was sometimes a focus on the management of the environment of madhouses, from diet to exercise regimes to number of visitors. Severe somatic treatments were used, similar to those in medieval times. Treatment in the few public asylums was also barbaric, often secondary to prisons. The most notorious was Bedlam where at one time spectators could pay a penny to watch the inmates as a form of entertainment. Complex new schemes were developed for the classification of mental disorders, influenced by emerging systems for the biological classification of organisms and medical classification of diseases. The term "crazy" from Middle English meaning cracked and insane from Latin *insanus* meaning unhealthy came to mean mental disorder in this period. The term "lunacy", long used to refer to periodic disturbance or epilepsy, came to be synonymous with insanity. In the 18th century, they began to stake a claim to a monopoly over madhouses and treatments. Madhouses could be a lucrative business, and many made a fortune from them. There were some bourgeois ex-patient reformers who opposed the often brutal regimes, blaming both the madhouse owners and the medics, who in turn resisted the reforms. Notable figures included the medic Vincenzo Chiarugi in Italy under Enlightenment leadership; the ex-patient superintendent Pussin and the psychologically inclined medic Philippe Pinel in revolutionary France; the Quakers in England, led by businessman William Tuke; and later, in the United States, campaigner Dorothea Dix. Laws were introduced to compel authorities to deal with those judged insane by family members and hospital superintendents. Although originally based on the concepts and structures of moral treatment, they became large impersonal institutions overburdened with large numbers of people with a complex mix of mental and social-economic problems. However, it is well documented that very little therapeutic activity occurred in the new asylum system, that medics were little more than administrators who seldom attended to patients, and then mainly for other physical problems. The term "psychiatry" was coined as the medical specialty became more academically established. Asylum superintendents, later to be

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psychiatrists, were generally called "alienists" because they were thought to deal with people alienated from society; they adopted largely isolated and managerial roles in the asylums while milder "neurotic" conditions were dealt with by neurologists and general physicians, although there was overlap for conditions such as neurasthenia. It was then argued in scientific journals that mental disorders were rare under conditions of slavery but became more common following emancipation, and later that mental illness in African Americans was due to evolutionary factors or various negative characteristics, and that they were not suitable for therapeutic intervention. Asylum "inmates" were increasingly referred to as "patients" and asylums renamed as hospitals. Referring to people as having a "mental illness" dates from this period in the early 20th century. Clinical psychology and social work developed as professions alongside psychiatry. Theories of eugenics led to compulsory sterilization movements in many countries around the world for several decades, often encompassing patients in public mental institutions. In Nazi Germany, the institutionalized mentally ill were among the earliest targets of sterilization campaigns and covert "euthanasia" programs. Despite not being formally ordered to take part, psychiatrists and psychiatric institutions were at the center of justifying, planning and carrying out the atrocities at every stage, and "constituted the connection" to the later annihilation of Jews and other "undesirables" such as homosexuals in the Holocaust. Previously restricted to the treatment of severely disturbed people in asylums, psychiatrists cultivated clients with a broader range of problems, and between and the number practicing outside institutions swelled from 8 percent to 66 percent. Lobotomies, Insulin shock therapy, Electroconvulsive therapy, and the "neuroleptic" chlorpromazine came into use mid-century. An antipsychiatry movement came to the fore in the 1960s. Deinstitutionalization gradually occurred in the West, with isolated psychiatric hospitals being closed down in favor of community mental health services. However, inadequate services and continued social exclusion often led to many being homeless or in prison. Other kinds of psychiatric medication gradually came into use, such as "psychic energizers" and lithium. Benzodiazepines gained widespread use in the 1960s for anxiety and depression, until dependency problems curtailed their popularity. Advances in neuroscience and genetics led to new research agendas. Cognitive behavioral therapy was developed. Through the 1980s, new SSRI antidepressants became some of the most widely prescribed drugs in the world. The number of "official" diagnoses saw a large expansion, although homosexuality was gradually downgraded and dropped in the face of human rights protests. Please update this article to reflect recent events or newly available information. December USA[edit] DSM-IV and previous versions of the Diagnostic and Statistical Manual of Mental Disorders presented extremely high comorbidity, diagnostic heterogeneity of the categories, unclear boundaries, that have been interpreted as intrinsic anomalies of the criteria, neopositivistic approach leading the system to a state of scientific crisis.

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Chapter 8 : What Is Mental Illness - What Are The Signs

The early years of psychology were marked by the domination of a succession of different schools of thought. If you have ever taken a psychology course in school, you probably remember learning about these different schools which included structuralism, functionalism, psychoanalysis, behaviorism, and humanism.

Since time immemorial, men and women have pondered over questions that are psychological in nature. From the early Egyptians to the ancient Greek philosophers, there has been no letup in efforts to understand human thought and behavior. Yet, in spite of its long past, the formal history of psychology dates back only years to the year when Wilhelm Wundt opened the doors of the first psychology laboratory in Leipzig, Germany. As a result of this significant move, Wundt is widely regarded as the founder of psychology. He went on to become the first of several spirited speakers to engage in an ongoing debate over what should be the focus of psychology. The history of psychology is indeed short, but it has never been short of drama. Tichener, who formally established this psychological school of thought. Structuralism, as the name suggests, was centered on investigating the structure of the mind. Wundt believed that psychology should focus on breaking down consciousness into its basic elements, in much the same way a child would pull apart a toy to reveal its component parts. The idea of determining the specific structure of something so abstract and dynamic as the mind may seem absurd to many today. Yet, structuralists were confident that not only could they accomplish this goal, but that they could do so scientifically. Introspection involves looking inwards; reflecting on, analyzing and trying to make sense of our own internal experiences as they occur. Reports would then be examined to determine the basic elements of consciousness. For example, if you were presented with a slice of cake, it would not be enough to simply identify the type of food before you. You would also need to explain the basic elements of the cake that you able to sense. For example, you might describe the taste, smell, texture, colour, and shape of the cake in as much detail as possible. Structuralism played a significant role in shaping the field of psychology during its formative years. Wundt and his followers helped to establish psychology as an independent experimental science and their emphasis on scientific methods of inquiry remains a key aspect of the discipline today. Nevertheless, structuralists could not escape criticism. Despite their noble attempt at scientific investigation, introspection was less than ideal because no two persons perceive the same thing in exactly the same way. Some of the fiercest criticisms of structuralism came from the person of William James, one of the leading proponents of the functionalist perspective. Functionalism From the point of view of American scholar William James, structuralists were sorely misguided. The mind is fluid, not stable; consciousness is ongoing, not static. Attempts to study the structure of the mind would therefore be futile at worst and frustrating at best. Function in this sense can mean one of two things – first, how the mind operates – that is, how the elements of the mind work together – and second, how mental processes promote adaptation. Clearly influenced by the teachings of Charles Darwin and the principle of natural selection survival of the fittest , James believed that mental processes serve vital functions that enable us to adapt and survive in a changing world. It extended both the subject matter of psychology as well as the range of methods use to acquire data. Functionalists are also credited with bringing the study of animals, children and abnormal behaviour into psychology, as well as an emphasis on individual differences Hergenhahn, In addition, while the structuralists established psychology as a pure science, the functionalists broadened this narrow focus by also concentrating on the practical application of psychology to real-world problems. Nevertheless, functionalists had their share of flaws. Psychoanalysis Mention the word psychology, and few persons would fail to recall Sigmund Freud. Like the structuralists and functionalists before him, Freud believed in studying covert behavior, but unlike his predecessors, Freud was not content with examining only conscious thought; he dived head-first into the unconscious. Freud compared the human psyche to an iceberg – only a small portion is visible to others with most of it lying below the surface. Freud also believed that many of the factors that influence our thoughts and actions lie outside of conscious awareness and operate

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entirely in our unconscious. Psychology therefore needed to study these unconscious drives, motives and impulses to arrive at a more complete understanding of the individual. He opened up whole new frontiers in psychology and proposed one of the most comprehensive theories of personality ever written, complete with explanations of how the unconscious mind works and how personality develops in the early years of life. One of the biggest criticisms is that his theory falls short of being scientific as many of his concepts are not testable. Freud also failed to recognize how experiences after childhood contribute to personality development and focused mainly on psychological disorders rather than more positive, adaptive behaviours.

Behaviourism Despite their differences, structuralism, functionalism and psychoanalysis all shared an emphasis on mental processes – events that are unseen to the naked eye. Watson, a staunch supporter of behaviourism, strongly objected to this approach and prompted a revolution in psychology. Watson was an advocate of scientific scrutiny but for him, covert behavior, including mental processes, could not be studied scientifically. The emphasis, from his perspective, should only be on overt or observable behavior. Behaviourists believed that human behavior can be understood by examining the relationship between stimuli events in the environment and responses observable behavior. They saw no need to employ subjective techniques such as introspection to infer mental processes over which even trained subjects and researchers could not agree. What was once the study of the mind thus became the study of observable behaviour. Later behaviourists adopted a more balanced view of matters, embracing the study of both overt and covert behavior. These became known as cognitive behaviourists. Many of the learning theories used by psychologists today were also born out of the behaviourist school of thought and are frequently applied in behavior modification and the treatment of some psychological disorders.

e. Nevertheless, the strict behaviourist view of Watson, was in no way superior to the narrow emphasis of structuralists and functionalists on mental life alone. These too must be studied in order to gain a more complete understanding of the individual. This was one of the key arguments of another emerging school of thought known as gestalt psychology. To use an example, imagine breaking apart the words you are now reading into individual letters and scattering them as you wish across the page. Would you be able to discern anything meaningful from them? Only when the letters are properly combined to form words and then structured into sentences do you grasp any true meaning. Additionally, their insistence on studying individuals and experiences as wholes is still preserved in psychology today. Their work also led to the emergence of a form of psychotherapy widely practiced by modern psychologists. Humanistic Psychology

With the rise of each school of thought mentioned previously, the face of psychology was gradually taking shape. Yet, not all were satisfied with the way things were progressing. Foremost among these were the humanistic psychologists, such as Carl Rogers, who were uncomfortable with the highly deterministic view of two of the major forces in psychology – psychoanalysis and behaviourism. Determinism is the idea that our actions are controlled by forces beyond our control. For the psychoanalysts, these forces are unconscious; for the behaviourists, they exist in our environment. Humanistic psychologists, however, viewed humans as free agents capable of controlling their own lives as opposed to being controlled, making their own choices, setting goals and working to achieve them. Humanism asserted a positive view of human nature, stressing that humans are inherently good. A unique form of therapy also emerged out of this school of thought, with emphasis on helping people to achieve their full potential. This differed greatly from psychoanalysis which only focused on reducing maladaptive behavior.

Conclusion In the few years since psychology emerged as a distinct science, it has grown and changed in innumerable ways. Each major school of thought fought for dominance but in the end, none emerged as clear winners. At the same time, none were losers. Well each school of thought left an indelible mark on psychology, helping to mold it into the respected discipline that it now is. In addition, many psychologists today adopt an eclectic approach – instead of clinging to one particular perspective, they carefully choose from each school of thought those ideas and methods they believe are most appropriate for achieving their objectives. Psychology has never been nor will it ever be a static field of study. Even now, there are new theories being written, new topics being studied and new ideas yet to be explored. Gateways to

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Chapter 9 : Psychology - Wikipedia

A Short History of Mental Health Looking backward to move forward Matthew Smith, Ph.D. is a lecturer and Wellcome Trust Research Fellow at the University of Strathclyde in Glasgow.

The Origins of Caesarian Section Asylums. Throughout history, there have been radical changes in how the mentally ill are treated and cared for; most of these occurred because of changing societal views and knowledge of mental illness. These changes have brought psychiatrics out of a negative light and have given psychiatric studies a brighter, more positive outlook. The history of treating mental illnesses dates as far back as B. Foerschner During the 5th and 3rd centuries B. As Hippocrates was studying mental illness, he stepped away from the superstitious beliefs and towards the medical aspect of it. He studied the pathology of the brain and suggested that mental illness stemmed from imbalances in the body. Eve Leeman of the New York-Presbyterian Hospital, the social views on the sexes also affected the treatment of patients, particularly women. Throughout the novel, Nurse Ratched abuses her position and uses her power to submit her patients to cruel treatment as punishment for misbehavior. In the early 15th century many of those afflicted with psychological disorders were placed in workhouses, madhouses, or asylums because it was too burdensome for the families to care for them. The state of these institutions was abhorable. Those that were admitted to madhouses were abused and often abandoned by their caregivers who were not trained in the treatment of mental disorders. Private madhouses, however, were often run by clergy men and were significantly more humane. The treatments instituted by the clergymen included regular church attendance, pilgrimages, as well as priests solacing individuals to confess their sins and repent. Asylums, on the other hand, were incredibly inhumane in the treatment of their patients. Many of those admitted were abused, abandoned, treated like animals, restrained with shackles and iron collars, cared for by untrained staff, and even put on display. An infamous example of the horrors of early asylums would be La Bicetre. In this French asylum, patients were shackled to walls with very little room to move, were not adequately fed, only visited when brought food, their rooms were not cleaned, and they were therefore forced to sit in their own wastes. Patients who were allowed to be visited by family often begged their families to be released, however, since the current stigma of mental handicaps was so negative, their pleas would be ignored. Due to the obviously horrific treatment of patients in asylums, many reforms began to take place starting in the mid-to-late s. After Tuke and Pinel, came Dorothea Dix who advocated the hospital movement and in 40 years, got the U. The Hospital movement started in the 18th century and was justified by reasons such as: With the reforms came the increase in psychoanalysis. Sigmund Freud, who is referred to as the father of psychology, was, basically, the creator of psychoanalysis. Lastly, Somatic treatment was introduced in asylums which included psycho-pharmacology, psychosurgery, electroconvulsive therapy, and electric shock therapy, among others. As the social perspectives and knowledge have changed, so has the treatment of those afflicted with mental pathologies. These treatments will continue to change as the world expands on its knowledge of brain pathology.