CHAPTER CONTENTS

Case Study: The Madness of King George

1.1 What is Abnormal Psychology? 2
1.2 Historical Views of Abnormality 7
1.3 Modern Mental Health Care 16
1.4 The Science of Psychopathology Research 22
1.5 Chapter Review 27
Overview of Psychopathology and Psychological Disorders

CASE STUDY: The Madness of King George

The nearly 60-year reign of Britain’s King George III (Figure 1.1), from 1760 to 1820, was considered to be mostly a success, including as it did the start of the industrial revolution, the British agricultural revolution, and years of notable advances in the sciences. The king himself was fascinated by magnetism and electricity and even had his own collection of scientific instruments, including a gilded microscope. In 1781, a new planet was discovered and named Georgium Sidus or “George’s Star” in his honor (it’s now called Uranus). Yet despite his successes, King George is usually remembered for just two things: the loss of the North American colonies and his precarious mental state.

Although Great Britain was a dominant power in Europe, the American Revolutionary War (1775–1783) left some in Parliament saying that King George could have been more flexible in responding to the colonists’ demands. Many blamed him for the war, which ended with the colonies gaining their independence from Britain.

As for his mental state, by late October 1788 something seemed off about the king. He had trouble sleeping, spoke incessantly for long periods, and was once caught shaking hands with a tree that he claimed was the King of Prussia. The first few times this happened people shrugged it off and said nothing (he was the king, after all), and by early winter, everything was back to normal. But only for a while. George had relapses over the next few years, and each time his condition got worse. During these times, George would race...
around the grounds in his nightclothes, walking and talking at great speed, or he would get out of bed after only four hours of sleep and make sure everyone else was awake too. He’d forget the names of people he had known all his life. Even the king knew something wasn’t right.

Officials halted all his public appearances, and the most famous doctors of the time hedged their bets on a diagnosis. They examined what they could—physical signs and symptoms including persistent abdominal pain and discolored urine. But because it violated convention to look the king in the eye, much less examine him closely, and because the king wasn’t the best patient, a real physical exam wasn’t possible. The king’s emotional, behavioral, and physical symptoms provided the only clues to an underlying cause. Doctors treated him with state-of-the-art medicine, often against his will. Among other efforts, they heated glass cups with candles to sear his skin and create blisters, intended to increase blood circulation on his back and legs. Nothing helped.

The king’s mental and physical health perplexed his doctors. Had he been poisoned? Was he possessed? Did he have a brain tumor? Were his mental faculties slipping under the stress he was facing in his old age? What was wrong with their king?

More information about King George’s symptoms and treatment appears later in the chapter.

1.1 WHAT IS ABNORMAL PSYCHOLOGY?

Most people would likely consider behaviors like the ones King George III exhibited to be out of the ordinary, even unusual or unhealthy. Over the years, medical professionals and even laypeople have labeled such behaviors madness, lunacy, mental illness, abnormal, or psychopathology.

If you look up the word abnormal, you will find something like “deviating from what is normal, usual, or typical in a way that is undesirable or wrong.” When something is abnormal, it’s different from the usual. Psychology is the science of behavior and mental processes. Abnormal psychology is the scientific study of psychological disorders, meaning psychological conditions that depart from the norm, are usually maladaptive, and may cause personal distress. Often these psychological disorders are identified through the abnormal or unusual behaviors the person exhibits.

Abnormal behavior is conduct that differs from typical developmental, cultural, or societal norms and creates distress or impairment in functioning.
More accurately, it is psychopathology – the science of diagnosing and understanding all psychological disorders, including their causes, descriptions, and treatments.

Let’s think back to one of King George’s symptoms – abdominal pain. What might cause someone’s stomach to hurt? A typical stomach has a certain shape and functions in a specific way, and it’s usually not painful. An abnormal stomach, on the other hand, deviates in function or structure, such as by having difficulty digesting certain foods or maybe prompting unexpected pain. But stomachs don’t deviate in an infinite number of ways. There are certain patterns to these differences. A physician might ask you to describe the kind of abdominal pain you are experiencing (dull, stabbing, throbbing) and what other types of symptoms accompany your stomach pain, such as discolored urine. Scientists will categorize and describe these differences, what might lead to them, and ultimately how to correct and help with those differences that could lead to problems.

The same process occurs in the behavioral and emotional world of psychology and psychological disorders. While some psychologists study typical processes in terms of how we think, feel, and behave, those who study psychopathology categorize other variations in behavior that can cause problems in the way people function at work and home and in how well they get along with others or even themselves.

**Deviance, Distress, Dysfunction, and Danger**

How do you set about deciding which kinds of behaviors are normal and which are abnormal? Mental health professionals train intensively to observe and record symptoms before they make a formal diagnosis (more on that in Chapter 3). In general, psychologists focus on a few constructs to guide their reasoning: deviance, distress, dysfunction, and danger. These four D’s help them to establish whether the observed behaviors might be problematic. Most are present to some degree in all of us and can lie on a continuum, which means that abnormality can exist in mild everyday ways at one end of the continuum, or it can be disruptive and severe or even harmful at the other end. Abnormality is a variation of functional behaviors, thoughts, or feelings (Wakefield 2009). Thus deviance, distress, dysfunction, and danger are most helpfully examined on a scale, instead of being considered as either present or absent (Aftab & Rashed 2021).

**DEVIANCE**

To deviate means to depart from typical or accepted standards. Sometimes this departure can be helpful, as when we are thinking divergently and creatively, “outside the box.” Other times deviance can impair someone’s ability to live their best life, as when a person becomes terrified of going outside the home. Deviance can also be a departure from commonly accepted cultural standards.
For example, not wearing shoes is perfectly normal or even expected in many cultures (it might be strange to wear shoes to walk into the ocean). On the other hand, you will be expected to wear shoes next time you go to your chemistry laboratory. People’s explanation of deviance can correlate with the way they see the world. For example, for cultures that emphasize individualism, going away to college and separating from your parents is an important aspect of development. If you decided to pick a college just because your sibling was also going there, some people might suggest you are deviating from the norm of going off on your own, but for cultures that prioritize family connections, going off on your own would be a deviation. Some deviations from norms might be easy to overlook, such as when King George III forgot the names of some of his subjects. But forgetting where you are when you are at home is a completely different matter. Deviations exist on a continuum; some are minor, others major.

By itself, the statistical frequency or infrequency of an unusual behavior isn’t a foolproof way to establish whether it is a psychological disorder. Nonconformity in itself is not a disorder. Besides, sometimes we behave outside the norm on purpose, like when we order breakfast for dinner just to mix things up. But there are times when the deviations are beyond our control, such as when King George felt a pressure or compulsion to talk and talk and talk.

**DISTRESS**

Being unusual doesn’t make a behavior or symptom problematic. It’s important to consider whether the behavior is also causing the person distress, a feeling of anxiety or pain. Sometimes people behave in ways that cause them stress or even make them miserable. Or they take actions or focus on thoughts that make them feel unhappy, such as when someone consistently feels that others are out to harm them despite evidence to the contrary.

The world is full of distressing things like mass shootings, troubled relationships, and stressful work environments, and we do our best to avoid them. Sometimes even small matters like running out of coffee or being in an unfamiliar environment will cause overwhelming and debilitating distress. But that alone doesn’t mean that a person has a psychological condition. In fact, many psychological disorders aren’t associated with distress at all, like some of the personality disorders we’ll discuss in Chapter 13.

**DYSFUNCTION**

Dysfunction refers to behaviors, emotions, or thoughts that are outside the ordinary and that result in a person’s being impaired or distressed.

King George experienced dysfunction in controlling his emotions. He saw and believed things that weren’t objectively there, and this caused problems with his
family and concerns about his ability to be king. Consequently, much of his power
was eventually transferred to his son.

DANGER

Sometimes our thoughts, feelings, or behavior can be dangerous or be associated
with discomfort to ourselves or others. This is the fourth D: danger, a tendency
toward violence. Although danger is extremely rare (Honberg 2020), abnormal
behavior will sometimes put a person at risk of harming themselves or others.

Cultural Norms and Cultural Relativism

It’s not unusual to think that the way you or your family does something is the
norm – the way everyone does it. Sometimes you don’t realize you’ve made this
assumption until you bump up against someone who does things completely
differently. Imagine traveling out of the country for the first time. It’s easy to be
amazed by the differences in food, traditions, and clothing. What might be unusual
for one person will be quite normal for others.

Sometimes norms are explicit, such as the way you order your lunch at a fast-
casual restaurant (there’s often a sign that will tell you what to do). At other times
norms are much less explicit, such as the proper way to act during a religious
ceremony. When you violate or deviate from norms, you stand out – and that is
usually awkward for you and for others and draws attention to you. But norms
aren’t universal, especially when it comes to culture.

Culture refers to the shared customs, institutions, values, and habits that
distinguish a group. Cultural relativism is the idea that our understanding of
abnormality should be based on a person’s culture rather than on one universal
definition of the term. So whether it’s common to eat with your fingers or use
utensils, for instance, or whether an intersex person is considered deviant or holy,
is a matter of culture rather than of rules and definitions. Cultural relativism
suggests that the norms can vary by place or even time. How does this relate to
abnormal psychology and psychopathology? Cultural norms help us to understand
which behaviors are acceptable. We apply specific cultural expectations and norms
to a behavior or emotional reaction that is culturally based.

Take grief, for example. While grief is a perfectly normal reaction to the death
of a loved one, the way people grieve can vary dramatically depending on religion
or culture (Figure 1.2). In some cultures, it’s perfectly acceptable to laugh and
celebrate a deceased person’s life, while in other cultures mourning is more somber
and focuses on the family’s loss. Wearing black clothes is typical in some cultures,
while white was a traditional color of mourning for medieval European queens. In
some times and places, a widow was expected to wear black for an entire year
following her husband’s death (Queen Victoria took this to an extreme, wearing
black for the rest of her life – nearly 40 years – after her spouse, Prince Albert,
died). In other times and places, most family members and friends at least wear
black to the funeral.
Because the expression of grief can be so variable, it would be harmful to try to establish a best (or conventional, or appropriate) way to grieve based on a single perspective. Cultural relativism reminds us there are multiple right ways in which to think, behave, or feel. Cultural relativism can also give us empathy, the willingness to understand another person’s inner world.

Culture can have a strong impact on the ways in which psychological conditions are expressed. In fact, some psychological disorders, called culture-bound syndromes, are specific to certain populations and recognized within those cultures. See Table 1.1 for a few examples.

Culture influences not only how abnormal behavior is expressed through symptoms but also how willing people are to admit or talk about their symptoms (Dow & Siniscarco 2021). For example, in cultures where anger isn’t normally expressed, people might be reluctant even to talk about their feelings of anger.

Table 1.1 Some culture-bound syndromes

<table>
<thead>
<tr>
<th>Name</th>
<th>Location/Population</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ataque de nervios</td>
<td>People of Latino descent</td>
<td>Loss of control and intense emotional upset. Often related to stressful family-related events.</td>
</tr>
<tr>
<td>Kafungisisa</td>
<td>Zimbabwe</td>
<td>Anxiety, depression, or bodily sensation. Complaints related to persistent and upsetting thoughts caused by social difficulties.</td>
</tr>
<tr>
<td>Maladi moun</td>
<td>Haiti</td>
<td>Illness caused by the hatred of others.</td>
</tr>
<tr>
<td>Uamairineq</td>
<td>Inuit people</td>
<td>An out-of-body experience and paralysis often described as spirit possession.</td>
</tr>
<tr>
<td>Pa-leng</td>
<td>Taiwan</td>
<td>Anxiety, fear, and fatigue related to being too cold.</td>
</tr>
</tbody>
</table>

Source: Richey et al. (2019).
Thomas Szasz (1920–2012) suggested that societies often label and marginalize people in order to control or silence them. In the American South, for example, enslaved people who attempted to escape were often diagnosed as having a mental disorder that caused them to desire to be free (Cartwright 1851; Szasz 1971). The treatment? Hard labor and beatings. This idea of using labels to control others might seem familiar even today. Until recently many who were sexual and gender minorities were thought to be somehow deviant, and it was wrongly believed they could be “converted.” Szasz regarded mental illness as a myth and held the controversial view that mental health professionals like psychologists and psychiatrists were pathologizing and attempting to treat what was essentially everyday behavior. Szasz’s impact on psychopathology has remained, and it’s important to consider how some psychological conditions may not be disorders at all.

**CONCEPT CHECK 1.1**

Match each construct of abnormality with the appropriate example.

A. Deviance  
B. Distress  
C. Dysfunction  
D. Danger

1. Kenzo is concerned about how his friends will judge him. Although they have tried to reassure him whenever he tells them this, he still worries so much that his stomach hurts.
2. Briar is a huge fan of vampire movies, so much so that she is considering filing her own teeth into points to resemble vampire fangs.
3. Layton prefers to be alone. Although he checks in with his parents occasionally, he has been missing class and failed to present his final project in chemistry because it meant he would have to stand in front of the entire class to speak. He received a zero on the assignment.
4. Chad often has trouble controlling his temper. He was frustrated about a flight delay of 45 minutes and as a result he threw his water bottle at the gate agent and slammed his fist on the counter. The other passengers were so nervous that the gate agent decided to call security.

**1.2 HISTORICAL VIEWS OF ABNORMALITY**

It’s likely that humans have noticed variations in personality, emotions, or behavior ever since they noticed the behaviors themselves. In fact, the more deviant, distressing, dysfunctional, or dangerous the behavior, the more humans have
generally tried to explain or attempt to change it. Their explanations often correlate with the way they see the world.

Several big ideas have influenced the way we think about problematic variations in behaviors. One big question (that we still have) is whether abnormal behavior is prompted by what is going on within or outside the person. In general, three types of theories are used to explain abnormal behavior: biological theories explain abnormal behavior as evidence of a disease or some kind of biological imbalance; supernatural theories explain it as caused by demons or sin; and psychological theories explain abnormal behavior as influenced by environmental factors such as stress, trauma, or family situations.

The treatments for abnormal behavior are linked to the etiology or presumed cause of the disorder. Biological treatments focus on changing the body, for example through medicine or diet. Supernatural treatments focus on boosting a person’s morals, for example by using faith healers or herbs, or by expelling demons from the person (Exline et al. 2021). And psychological treatments focus on changing the environmental factors or their impact on the person, such as the way a person thinks or feels about their family life. The predominance of each of these three treatment types has shifted over the course of history.

Abnormality as Seen in Ancient Times

For early humans, it was probably easy to believe that supernatural forces were everywhere. Rain, sun, wind, lightning, and trees all seemed somehow magical (they still do to me), and people understood their appearance or disappearance to be influenced by unseen forces, whether Mother Nature, the god Thor, the Christian God, or the sun god Ra, for example. Perhaps they believed that helpful events were caused by powerful positive forces and harmful ones by powerful evil ones. It’s likely that prehistoric humans thought abnormal behavior too was caused by supernatural forces like gods and demons.

Treatments attempted to reduce the influence of those supernatural forces or even cast them out. There was no lack of creative (and sometimes dreadful) ways in which to do this: coax the forces out through prayers, pleading, insults, or potions, or make them uncomfortable by starving or beating the person they afflicted. Another technique (which some religious groups use to this day) was exorcism, a religious ritual that treated abnormality by coaxing spirits such as demons from the body. If all else failed, the community might even kill the person, often in dramatic and public ways like burning at the stake or drowning.

From the Stone Age to the Middle Ages, another treatment for demon removal was trephination (Figure 1.3), which entailed drilling holes in the skull, presumably to release demons or evil spirits from within. Other researchers have a different idea. They think the holes found in the skulls of Stone Age humans were made not to facilitate the release of demons but to treat blood clots (Newman et al. 2016).
In ancient China, some people thought abnormality was caused by an imbalance between the forces of yin (negative) and yang (positive) (Tseng & Hsu 1970). Others believed that emotions were influenced by bodily organs. The heart was associated with joy, lungs sorrow, liver anger, spleen worry, kidneys fear. Later writings moved away from this biological interpretation to a more religious view of abnormality (we’ll come back to this in a bit).

Abnormality as Seen in the Greek Era

The Greek physician Hippocrates of Kos lived from 460 to 377 BCE and is often described as the founder of Western medicine (hence, the Hippocratic oath). Like other ancient Greek and Roman physicians, Hippocrates suggested that psychological disorders should be treated just as physical diseases were (Wallace & Gach 2010).

Hippocrates considered the brain the organ that contained wisdom, intelligence, and emotion, so he thought psychological disorders might be a disease of the brain. This was in stark contrast to the ideas of others who thought of the heart as the center of consciousness. (As a vestige of such thinking, we sometimes still point to our chests as our “me” spot.) Hippocrates put abnormal behaviors into several categories: epilepsy, mania, melancholia, and brain fever.

Hippocrates thought normal brain function was connected to four bodily fluids or humors that influenced mental functioning: blood (from the heart), black bile (from the spleen), phlegm (from the brain), and choler or yellow bile (from the liver). Too much or too little of one of these fluids would throw the whole system out of balance. For example, too much black bile could lead to melancholia. The four humors were also linked to the Greek concepts of the Four Basic Qualities. These qualities (or aspects) described the nature of the things around us. Was something hot or dry, wet or cold? Aspects of these four humors were linked to personality traits as well (Maher & Maher 1994).

Since Hippocrates believed that abnormal behavior was due to imbalances in the four humors, the solution was clear – balance them. Too much of any humor was treated by increasing heat, prescribing rest, changing the climate or the diet, or applying moisture or cold, depending on which humor was off-kilter. Bloodletting, for example, removes excess blood through cuts or leeches, while blowing your nose was a great way to reduce excess phlegm. These remedies endured for a long time. In King George’s case, the deliberate heat blistering on his back and legs was an attempt to move blood to different parts of his body and balance the amount of blood in his system. Environment was also important. Hippocrates acknowledged that removing a person from a stressful or difficult family could restore mental health.

Abnormality as Seen in Europe in the Middle Ages and the Renaissance

The Middle Ages are the time from the fall of the Roman Empire in the fourth century to the beginning of the Renaissance in the fourteenth century. As Roman