

Teaching Guide

Chapter 6 Abnormal psychology

Topic map

Section number and name	Learning outcome	Number of hours (suggested)	Relevant material
6.1 Introduction to abnormal psychology	Abnormal psychology considers cognitive and behavioural conditions that impair interpersonal function and/or create distress for others. Diagnosis procedures seek to maximise reliability and validity.	6	Figures 6.1–6.5 Activity 6.1 Activity 6.2 Self-assessment questions 6.1 Essay response question at the end of the chapter
6.2 Abnormal psychological conditions	Aetiologies of abnormal conditions are typically complex, with the relative importance of contributing factors being debated by psychologists. These are likely to be biologically, cognitively and/or socio-culturally rooted.	7	Figures 6.6–6.11 Self-assessment questions 6.2
6.3 Approaches to treatment of disorders	The main purpose of research into the description and aetiology of psychological disorders is to develop the most suitable treatment to improve and maintain people's mental health.	7	Figures 6.12–6.14 Self-assessment questions 6.3 Activity 6.3

6.1 Introduction to abnormal psychology

Overview

Students should be aware that definitions of abnormality change over time and may vary according to culture and prevalence of biases in diagnosis.

The IB syllabus recognises that abnormal psychology is a huge field and therefore allows a wide choice of study: anxiety disorders, depressive disorders, trauma and stress disorders, and eating disorders. The coursebook chooses major depression and anorexia nervosa due to prevalence and likely interest to the students, but other disorders such as obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) are suitable and frequently taught.

You may choose to focus on a range of disorders or just a single one, as long as they provide suitable scope for use of the framework of diagnosis, aetiologies and treatments, and also give scope for the application of the biological, cognitive and socio-cultural approaches to behaviour.

Students may already be familiar with some of the concepts from the genetic studies of Caspi et al. (2003) and Scott-Van Zeeland et al. (2014) from Chapter 3. Some teachers choose research studies in abnormality within the core syllabus with an eye to covering the chosen options at the same time.

Suggested activities

Possible starter

You can introduce this topic using a ranking exercise where students compare normal behaviours with abnormal behaviours through a range of different scenarios – you can find one on the IB Psychology InThinking website [here](#). This should help the students to relate personally to this very wide area of study.

Main lesson content

- The well-publicised and ethically controversial Rosenhan (1973) study on professional errors in diagnosis in the coursebook may be supplemented by Langer and Abelson (1974). There is an [easy to read version](#) on the IB Psychology InThinking website. Li-Ripac (1980) is a highly recommended study on cross-cultural bias in diagnosis, with a [simplified version](#) on the IB Psychology InThinking website. The ‘Thinking about research’ worksheet on Li-Ripac on the same site provides critical analysis opportunities.
- There is a good range of TED lessons on the TEDEd website, with ‘Dig Deeper’ follow-ups relevant to the diagnosis of various abnormal conditions, including [depression](#), [bipolar disorder](#), [OCD](#) and [autism](#).
- Does claiming to hear ‘voices’ indicate a diagnosis for abnormality, for example schizophrenia? Show the class the TED presentation, [The voices in my head](#) by Eleanor Longden. Ask the students whether her behaviour appears to be abnormal, and whether she was suitably treated despite her own claims.
- Does the widely used expression ‘he/she just doesn’t fit in’ imply an abnormal condition? View Lidia Yuknavitch’s TED talk, [The beauty of being a misfit](#) and discuss whether her story indicates (a) abnormal behaviour, and (b) if so, what the diagnosis of that type of abnormal behaviour is likely to be. Access to DSM-5 or ICD-11 criteria would help.
- The extremely sensitive ethical dimensions involved in diagnosis of abnormality in *Section 6.1.3 Ethical considerations in diagnosis: the issues of stigmatisation and culture differences* (supplementing the more general ones in Chapter 2) should be constantly incorporated and discussed.

Common misunderstandings and misconceptions

It is easy to undervalue the contribution of abnormal psychology in helping patients on the basis of Rosenhan (1973) and similar studies. Fake patients are the exception rather than rule.

The difference between validity and reliability in research has to be constantly reinforced, as it can often confuse students.

Supporting your students

Those finding this topic rather vague should confine themselves to studying the diagnosis of one disorder only. Major depression is recommended for this purpose.

Challenging your students

Students could review Eleanor Longden's [TED talk](#), where she claims that the 'voices' she was hearing were 'a sane reaction to insane circumstances'. They could then debate whether they would support her claim, or argue that she had been suitably diagnosed as suffering from an abnormal condition. Questions to consider: what does her story indicate about the methods of professional diagnosis? How could they be improved?

Students might need access to the relevant pages of DSM-5 or ICD-11 for the diagnosis criteria of schizophrenia.

Homework suggestions

- The Theory of Knowledge activity in the coursebook, about an Italian girl called Giana, should help to reinforce fundamental issues in diagnosis and at the same time support the 'ways of knowing' dimension of the theory of knowledge.
- The [Thinking about research worksheet](#) (Li-Ripac, 1980) is designed to develop skills in critical analysis.

Cross-references with other topics

2.5 Ethical considerations

3.4 Genetics and human behaviour

6.2 Abnormal psychological conditions

Overview

Though the main focus of this section is on the aetiologies of abnormal conditions as exemplified by major depression and anorexia nervosa, the syllabus also requires a basic knowledge of the symptoms and prevalence of the teacher-selected abnormal conditions. Both aspects may vary according to age, gender, culture and socio-economic background.

Suggested activities

Possible starter

You can introduce the prevalence of abnormality in a global context with the TED talk by Vikram Patel called [Mental health for all by involving all](#). It can be followed by a class discussion on whether well-meaning but untrained people can assist with mental health, given the high financial and social costs of obtaining professional treatment in some countries. This can be revisited in the final topic on approaches to treatment of disorders.

Main lesson content

- The coursebook aims to cover the prevalence, symptoms and aetiologies in suitable depth for examination requirements. It is important to stress that a patient does not need to show all the symptoms of a particular condition for a diagnosis. DSM-5 and ICD-11 guidelines specify the number required for a professional diagnosis for each condition.
- On YouTube you can find the video [Uncovering the real causes of depression](#) by Johann Hari, which would support socio-cultural aetiologies. This is a long presentation and discussion, where Hari uses his social science training to investigate the causes of depression and anxiety, challenging biologists' emphasis on chemical imbalances in the brains.
- Explanations of anorexia nervosa are presented through an attractively produced series of slides by Richard Ebbage on the Resourcd website – giving both the [biological dimensions](#) and the [socio-cultural dimensions](#). The last part on psychodynamic causes is outside the scope of the syllabus.
- Self-assessment questions 6.2 should help the students maintain the framework necessary to view the contribution of the biological, cognitive and socio-cultural approaches all together, and proceed to assess their respective contributions.

Common misunderstandings and misconceptions

It is vital to bear in mind that affective conditions such as major depression, and eating disorders such as anorexia nervosa, have extremely complex aetiologies. The causes of those disorders are constantly debated among psychiatrists and other mental health professionals. The coursebook includes a selection of elements which are supported by recent research.

Supporting your students

Ensure that students understand the difference between prevalence, diagnosis, aetiology and treatment. In terms of the syllabus, a clear basic understanding of biological, cognitive and socio-cultural-based aetiologies of one abnormal condition will fulfil syllabus requirements, as well as reduce the workload of the student struggling to master the extensive material on this topic.

Challenging your students

As a development of the homework suggestion below, the opportunity provided by the worksheet [Unipolar depression: Neurochemical explanations](#) should enable a deeper approach to the biological causes of depression, continuing to the follow-up research exercise in that document.

Homework suggestion

- On the Psychlotron website, you could extend the worksheet [Depression – A case study](#) on biological explanations of abnormality to include cognitive and socio-cultural explanations.

Cross-references with other topics

3.4 Genetics and human behaviour

5.3 Cultural origins of behaviour and cognition

6.3 Approaches to treatment of disorders

Overview

This topic considers the strengths and limitations of a sample of treatments designed to improve and maintain people's mental health. These treatments may be based on one or more biological, cognitive or socio-cultural principles.

Suggested activities

Possible starter

You can introduce the treatment of disorders from the patient's viewpoint by considering the range of mental health services for depression available in different European countries: use the article [How depression treatment differs throughout Europe](#) from *The Guardian* (UK). This can be followed up with a short research task where students find out the range of health services in two other contrasting countries of their choice for depression or any other mental health abnormality.

Main lesson content

The coursebook presents and evaluates biological and cognitive therapies for depression, with associated cultural elements. You can use the book's framework of depression for presenting any other disorder that you choose. Use the resources below as possible supplementary material to the book.

- The worldwide concern for depression in the video, [Depression treatment is focus of world health day](#) from the *Wall Street Journal* (USA), contains an interesting model for treatment.
- For Aaron Beck's development of cognitive behavioural therapy, which is used for a variety of disorders as well as depression (though less successful with anorexia nervosa), the detailed worksheet, [Beck's Cognitive theory of depression](#), has a follow-up exercise which applies the study to a hypothetical patient. This worksheet is suitable for both class discussion and a homework item.
- The use of positive psychology, as seen in the TEDEd video [On positive psychology – Martin Seligman](#), is a modern, non-invasive approach. Its effects on preventing as well as treating abnormalities should encourage good class discussion.

The ethical issues of all the treatments should be considered. This particularly applies to electroconvulsive therapy and transcranial magnetic stimulation, which the students might know of from non-professional sources, such as in novels and movies. The critical thinking exercise in Section 6.3.1 of the coursebook should help students to develop an informed understanding of a treatment that continues to be used today.

Common misunderstandings and misconceptions

Eclectic treatments such as combined medication and counselling are not necessarily effective for all patients. There are individuals for whom commonly prescribed drugs do not work, or who do not respond to counselling.

Supporting your students

The fill-in summary sheet [Anorexia and models of abnormality](#) can help students to clarify the links between aetiologies and treatments. It may also be adapted for other abnormal conditions, including depression. Delete the psychodynamic column, as this approach is not on the syllabus.

Challenging your students

Activity 6.3 in the coursebook should provide suitable scope for more advanced students. However, consider whether it is suitable for your class, since suicide is a very sensitive topic.

Homework suggestions

- The Research Idea in Section 6.3.1 of the coursebook should give a topical and practical dimension to the treatments available for abnormalities. Additional homework ideas may also be found in the starter and main lesson content, above.

Cross-references with other topics

1.6 Practical value of psychology

2.5 Ethical considerations

4.2 Cognitive processing: memory, schema theory, and thinking and decision-making processes

5.3 Cultural origins of behaviour and cognition

References

Caspi, A., Sugden, K., Moffitt, T. E., Taylor, A., Craig, I. W., Harrington, H., McClay, J., Mill, J., Martin, J., Braithwaite, A., & Poulton, R. (2003). Influence of life stress on depression: Moderation by a polymorphism in the 5-HTT gene. *Science, New Series*; 301(5631): 386–9.

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Rosenhan, D. L. (1973). On being sane in insane places. *Science*; 179: 250–8.

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