LESSON ASSIGNMENT

LESSON 1  Normal/Abnormal Behavior.

LESSON ASSIGNMENT  Paragraphs 1-1 through 1-7.

LESSON OBJECTIVES  After completing this lesson, you should be able to:

1-1. Define normal behavior.

1-2. Identify the characteristics of normal behavior.

1-3. Identify normal defense mechanisms.

1-4. Define abnormal behavior.

1-5. Identify the characteristics of abnormal behavior.

1-6. Identify therapeutic interventions to treat abnormal behavior.

SUGGESTION  After completing the assignment, complete the exercises of this lesson. These exercises will help you to achieve the lesson objectives.
LESSON 1
NORMAL/ABNORMAL BEHAVIOR

1-1. INTRODUCTION

Intense physiological processes are continually taking place in the human body. Any disturbance or change from the delicate homeostatic balances in the body will result in severe consequences for the individual. Correct diagnosis and correct treatment are both necessary to remedy the situation. Just as a physical problem must be corrected, so a psychological problem also must be corrected. It is important to understand and distinguish between physiologically normal processes and those processes which are abnormal. Of just as great importance is the necessity to distinguish between psychologically normal processes and those that are abnormal.

1-2. NORMAL BEHAVIOR

a. Definition. The word behavior can be defined as the manner in which an individual acts or functions. The term normal behavior is a little more difficult to define. The society in which a person lives defines normal behavior for that individual. Additionally, behavior considered normal in one society may be considered totally abnormal in another society. For example, men who sit most of the day staring at the sun are considered to be exhibiting normal behavior in India where such men are believed to be holy. In the United States, the same men would probably be thought to be deranged, perhaps locked up, and/or referred to a psychiatrist. Normal behavior, therefore, can be defined as behavior which is socially acceptable in the individual's society. Another example of normal behavior involves driving an automobile. A driver in the United States automatically drives on the right side of the road (unless otherwise directed)—normal behavior. Driving a car on the right side of the road in England would not be normal behavior since that group of people drive on the left side of the road.

b. Characteristics of Normal Behavior. Although it is very difficult to define normal behavior, it is possible to list some characteristics of normal behavior. An individual who behaves normally has the following attributes:

(1) He is capable of changing his actions as the situation requires.
(2) He has insight into cause and effect. He is able to understand that the cause of his dented car fender was running the red light and, consequently, being hit by another car.
(3) He is oriented to time, place, and person. He may not know the exact date without looking at a calendar, but he does know the month, year, and where he is. His perception of reality is such that he knows who he is (not Napoleon, but Bob Jones, for example).
(4) He may or may not know why he behaves as he does at all times (usually he knows why).

(5) His motivations are purposeful. He does not wander aimlessly through life but is in control of himself and his environment. Major plans may include renting an apartment and then buying a house in the future. More immediate plans may be to go to a movie this weekend with friends for entertainment and relaxation.

1-3. DEFENSE MECHANISMS

a. Definition. Defense mechanisms are mental maneuvers, conscious or subconscious, performed by the ego (one’s self) in order to decrease feelings of anxiety or stress. We live in a complicated world full of many pleasurable events but also full of strains and hassles. Life strains include chronic conditions of living that are unsatisfactory such as boredom, continuing family tension, job dissatisfaction, and loneliness. Hassles include irritating, frustrating, or distressing incidents that occur in everyday life such as disagreements with fellow workers, unpleasant surprises such as traffic tickets, and losing a wallet with all your credit cards. Defense mechanisms are man's way of dealing with the stress--good or bad--of living.

b. Specific Defense Mechanisms.

(1) Denial of reality. This is the simplest and most basic of all defense mechanisms. It is the attempt to blank out any disagreeable reality by ignoring it or refusing to acknowledge it. Example: A smoker concludes that the evidence linking cigarette use to health problems is not scientifically accurate.

(2) Repression. In this defense mechanism, the individual uses "selected forgetting." Threatening or painful thoughts and desires are excluded from his consciousness. Example: A subordinate "forgets" to tell his supervisor the circumstances of an embarrassing situation.

(3) Rationalization. An individual justifies his inconsistent or undesirable behavior by thinking up "explanations" which on the surface seem logical but, when examined, are illogical. Example: An account executive pads his expense account because "everybody does it."

(4) Fantasy. Daydreaming or other forms of imaginative activity allow an escape from the real world. Example: An employee dreams of the day in the staff meeting when he corrects his boss's mistakes and is publicly acknowledged as the real leader of the unit. Or, a student does poorly on a test and blames the instructor rather than his lack of studying.
(5) **Projection.** A person protects himself from the awareness of his own undesirable traits or unacceptable feelings by charging these traits or feelings are characteristic of someone else. **Example:** An expansionist-minded dictator of a totalitarian country (absolute control by this dictator) believes neighboring countries are planning to invade his country.

(6) **Overcompensation.** A person covers up a weakness by overemphasizing some desirable characteristic or making up for frustration in one area by over gratification in another area. **Example:** A dangerously overweight person goes on eating binges when something disappoints him or makes him unhappy. He gets a "Dear John" letter; he eats. The weather is bad, and he can't go to the coast; he eats.

(7) **Conversion.** An individual has emotional conflicts which are expressed in muscular, sensory, or bodily symptoms of disability, malfunctioning, or pain. **Example:** An individual puts in many hours of hard work on a project. The boss rejects the project, and the individual develops a major headache which forces him to leave work and go home.

(8) **Identification.** A person tries to raise his own self-esteem by patterning his behavior after the behavior of another person, often his boss. The person may accept his boss's values and beliefs and even vicariously share his boss's victories and defeats. **Example:** The "assistant" takes on the vocabulary, mannerisms, or even pomposity of his boss.

(9) **Regression.** A person returns to reaction patterns he has long since outgrown. **Example:** A manager, blocked from some highly visible project, busies himself with clerical duties or technical detail, work which someone he supervises should do.

(10) **Emotional insulation.** Characteristics of this defense mechanism include resignation, apathy, and boredom. The individual breaks emotional involvement with the environment; he draws back from any emotional or personal involvement. **Example:** An employee, receiving no reward, praise, or encouragement, no longer cares whether or not he does a good job.

(11) **Reaction formation.** The individual suppresses his real thoughts and attitudes (the ones which are unacceptable in his group) and vigorously supports the opposite attitudes (ones which are acceptable in his group). **Example:** An employee who has not been promoted overdoes the defense of his boss, vigorously upholding the company's policies.

(12) **Displacement.** An individual can't direct impulses at the appropriate target; therefore, he directs his impulses at a substitute target. **Example:** A person has many frustrations at work and really feels angry with his co-workers. He is in no position to tell them how furious he is, so he comes home and launches a verbal tirade at his wife and children.
(13) **Ritualistic behavior.** Some little act performed by the individual will magically, he thinks, make everything turn out all right. **Example:** A teenager who feels guilty about something he continually does but which he knows is wrong may touch door knobs a certain number of times each time after he commits the action. Or, a baseball player may cross himself each time he comes up to bat.

(14) **Negativism.** An individual actively or passively resists ideas without consciously realizing he is doing so. **Example:** A manager has been unsuccessful in being excused from a committee assignment. At the committee meeting, he picks apart every suggestion that anyone makes.

**NOTE:** Defense mechanisms begin to operate spontaneously and unconsciously when the self is threatened. If there are too many emergencies for the self, the self may overuse defense mechanisms with the result that the person does not really see reality. We all rationalize occasionally, and that is a good thing because rationalization can reduce stress. It is not a good thing to base all our judgments consistently on rationalizations; that would be overuse.

**1-4. NEUROTIC BEHAVIOR**

**a. Definition.** The word neurosis can be defined as emotional maladjustments which damage the individual's ability to think and make proper judgments but which cause minimal loss of contact with reality. The behavior of such a person is termed neurotic behavior. For a person exhibiting neurotic behavior, the usual ways of coping with daily living are proving inadequate, and the person is relying more and more on extreme defensive reactions. These defense reactions may help temporarily, but in the long run they are unsatisfactory. Types of neuroses covered in this lesson include the following: anxiety neurosis, hysterical neurosis, phobic neurosis, and depressive neurosis.

**b. Anxiety Neurosis.** An individual suffering from anxiety neurosis has exaggerated uncontrollable anxiety and apprehension. Anxiety disorders are fairly common in our society. Roughly two to four percent of the population has been diagnosed, at one time or another, as having some type of anxiety disorder. Signs and symptoms include a rather constant state of tension, worry, and general uneasiness. Such individuals are often oversensitive in people-to-people relationships and frequently have feelings of inadequacy and depression. Emotional tension frequently leads to physical tensions which cause neck and upper shoulder muscular pain and sleep disturbances of insomnia and nightmares. Decision making is difficult, and after the decision is made, the individual may worry excessively over possible disasters that may occur. Obsessive-compulsive disorders are examples of anxiety neuroses. An obsessive-compulsive person feels he must do something even though he does not want to do the thing. For example, a compulsion to wash his hands, though there is no logical reason to do so, is typical of a person exhibiting obsessive-compulsive behavior.
c. **Hysterical Neurosis.** In this type of neurosis, the individual loses emotional control, or develops some physical symptoms, when there seems to be no underlying cause for either. For example, student aviators have been found to develop vision problems and hearing problems as well as partial numbness of the tongue although there was no physical reason for such symptoms. The symptoms, examples of hysterical neurosis, were unwittingly developed by the students as a defense mechanism to a stressful situation. Physical illness gave the students an acceptable way to stop flying. Just leaving the flight training program was obviously not acceptable to these students.

d. **Phobic Neurosis.** A *phobic neurosis* is a persistent fear of some object or situation that is no real danger to the person or a situation in which the person magnifies a danger out of all proportion to reality. Phobic neuroses should not be confused with normal fears. Most people have minor, irrational fears from time to time, but phobic fears are intense and interfere with everyday activities. For example, people with phobic fears may go to great lengths to avoid going into a small room or passageway even when it is necessary for them to do so. Phobia sufferers often admit they have no real reason to be afraid of an object or situation, but they say they cannot help themselves. There are a wide range of symptoms of phobic fears. Included are the following: tension headaches, back pains, stomach upsets, and dizzy spells. Acute feelings of panic and feelings of unreality or strangeness often occur. Here is a list of common phobic neuroses:

1. Acrophobia--fear of high places.
2. Agoraphobia--fear of open places.
3. Algophobia--fear of pain.
4. Astraphobia--fear of storms, thunder, and lighting.
5. Claustrophobia--fear of closed places.
6. Hematophobia--fear of blood.
7. Mysophobia--fear of contamination or germs.
8. Monophobia--fear of being alone.
10. Ochlophobia--fear of crowds.
12. Syphilophobia--fear of syphilis.
e. **Depressive Neurosis.** It is difficult to distinguish between "normal depression" and "abnormal depression" which could be termed depressive neurosis. From time to time, very well adjusted people feel sad, discouraged, pessimistic, and a sense of hopelessness. When these feelings all come together, we say we have the "blues." Such feelings usually go away on their own and we get on with our lives. A state of neurotic depression is different in that this type of depression is more severe and lasts longer. Additionally, a person suffering from a depressive neurosis does not bounce back to normal after a reasonable period of time. Usually, a traumatic event led to the depression, an event the person can relate. A patient may exhibit the following signs and symptoms:

1. A high level of anxiety.
2. Apprehensiveness.
3. Much less activity.
5. Fewer interests.

1-5. **PSYCHOTIC BEHAVIOR**

a. **Definition.** Just as there is no real line between "normal" and "neurotic" behavior, there is no definite line between "neurotic" and "psychotic" behavior. A person suffering from psychosis has a severe mental illness marked by loss of contact with reality. On the other hand, the person suffering from a neurosis has only a minimal loss of contact with reality but has emotional problems that may impair his thinking and judgment.

b. **Characteristics.** Among typical characteristics of psychotic behavior shown by the psychotic person are the following:

1. Inability to relate to reality.
2. Inability to differentiate between the real and the unreal.
3. Usually, complete loss of insight.

c. **Cause of Psychoses.** Four types of psychoses are associated with physical conditions: alcoholic psychosis; drug or poison intoxicification; fever or infection; and cerebral conditions.
(1) **Alcoholic psychosis.** There are several alcoholic psychoses. They are pathological intoxication, delirium tremens, and acute alcoholic hallucinosis. These conditions are classified as psychoses because there is a temporary loss of contact with reality. Individuals who experience these conditions may have reactions which last only a short period of time. During such time, these individuals are confused, excited, and delirious.

(a) **Pathological intoxication.** This condition, an acute reaction, occurs in people with a low alcohol tolerance. The condition can also occur in someone whose alcohol tolerance is low at the moment from such causes as exhaustion, emotional stress, or other conditions. For these individuals, consuming even moderate amounts of alcohol can cause the person to suddenly become disoriented and go into a homicidal rage. Following the confused, disoriented state, the person usually falls into a deep sleep after which he may not remember anything that happened during the time he was confused.

(b) **Delirium tremens.** Otherwise known as the DTs, delirium tremens is an acute mental illness, a psychotic reaction sometimes caused by withdrawal from alcohol. A prolonged alcoholic binge, a head injury, or an infection may also trigger delirium tremens. Today, complications from delirium tremens can be treated with drugs, but half a century ago the death rate from DTs was approximately 10%. Signs and symptoms of this condition include the following:

1. **Feeling of disorientation of time and place.** Patient may believe he is in a church or jail, will not recognize old friends, but will believe hospital attendants are old friends.

2. **Vivid hallucinations.** An individual may think he sees small, fast-moving animals like snakes, rats, and roaches.

3. **Acute fear.** A person may see these small animals change in form, size, or color in terrifying ways.

4. **Tremors.** Marked tremors of hands, tongue, and lips. Hands, tongue, and lips shake uncontrollably and strongly.

(c) **Acute alcoholic hallucinosis.** In this condition, the patient appears normal, but he hears a voice. Initially, there is one voice making simple statements. Eventually, there are several voices issuing statements which are criticizing or reproaching the person. These voices attack the person’s most private thoughts, list and discuss the thoughts, and propose punishments. This condition may last several days or several weeks during which time the patient is depressed but otherwise relatively normal. The psychotic symptoms experienced by the person seem to be triggered by alcohol, but he may have a broad range of inappropriate behavior not part of the acute alcoholic hallucinosis.
(2) **Drug or poison intoxication.** Both drugs and poison can act as intoxicating agents (intoxicants) causing psychosis (loss of contact with reality). For example, bromides were introduced in the 1850s, quickly became popular as sedatives, and were used (sometimes abused) by millions of people. It was discovered that those who used bromides too much reacted psychotically. These users had delusions, hallucinations, and a wide variety of neurological disturbances. Users of a modern day drug, LSD, behave psychotically. LSD users have set themselves on fire, jumped from high places, and one person drilled a hole in his head with a dental drill—all psychotic acts. Cocaine laced with rat poison has been reported to intoxicate psychotically and sometimes fatally.

(3) **Fever and/or infection.** Both a high fever and/or a severe infection can cause behavioral changes which can be psychotic in nature. Syphilis, encephalitis, and meningitis are such diseases. An individual with an untreated case of syphilis undergoes both physical and psychological (personality) changes. These changes range from becoming careless and inattentive in the disease's initial stages to spending money on impossible schemes as well as performing antisocial acts publicly in later stages of the disease.

(4) **Cerebral conditions.** A cerebrovascular accident, brain trauma, brain tumor, or cerebral arteriosclerosis can result in psychotic behavior. Damage or even small pressure in the brain may cause marked pressure and cause impairment of the normal functioning of the brain. Damage may cause hallucinations and a general impairment in the individual's intellectual processes with the result that he loses touch with reality, behaving psychotically.

d. **Schizophrenia.**

(1) **Definition.** This is a term used for a group of psychotic disorders whose chief characteristics include gross distortions of reality; withdrawal from dealing with other people (social interaction); and disorganization of perception, thought, and emotion. In other words, the schizophrenic has disturbances in thinking, mood, and behavior. The word schizophrenia means "split mind" and was initially given to this group of disorders because it was thought that these mental disorders were caused by a conflict between the mind and the emotions. Thinking today is that there may be several kinds of schizophrenias with many different causes. There may be biological causes of schizophrenia, and there may be environmental causes of schizophrenia.

(2) **General symptoms of schizophrenia.** Regardless of the type of schizophrenia, the basic experience is one of disorganization in perception, thought, and emotion. There are specific symptoms which may develop over a period of time and which vary in seriousness from person to person. Such symptoms include the following:
(a) Disorganization in an area of previous functioning. The person has been able to work, carry on social relations, and take care of himself in general. He becomes unable to get organized to do any of these.

(b) Language and communication disturbance. This symptom is sometimes called the "formal thought disorder." The individual does not lack education or ability but seems to put words together in an illogical order. For example, "I'm growing my father's hair." He meant something different obviously.

(c) Sense of self. The individual is usually confused about his identity, even whether he is male or female. He may believe that he is being controlled by "cosmic" or "oceanic" powers.

(d) Perception. The individual seems unable to sort out all the information which comes to him through the senses. Typical reactions are that he feels too alert, everything seems to be pouring in at once, his nerves are supersensitive, objects seem brighter, noises are louder.

(3) Specific symptoms of schizophrenia. These symptoms may vary from individual to individual.

(a) Disturbances of thought, speech, activity. Words may be in the wrong order, and thoughts may be composed of sentence fragments. This reflects the confusion in the person's thought processes.

(b) Inappropriate emotional responses. The person can appear emotionally cold; happy news does not bring forth joy in the schizophrenic person. Sometimes the schizophrenic makes inappropriate responses. For example, the person is told of the death of a loved one and laughs.

(c) Withdrawal. The individual physically and/or psychologically may pull back from interaction with other people and/or from his environment. Withdrawal is a coping mechanism and is an individual's way of coping with the stress he sees in his world.

(d) Regression. Those who cope by regressing revert to an earlier type of behavior in order to deal with the situation at hand. The earlier behavior is characteristic of an earlier level of development. For example, an adult might resort to behavior typical of his teenage years.
(e) Delusions. A delusion may be defined as a fixed false belief. Types of delusions include paranoid delusions, grandiose delusions, somatic delusions, and delusions of poverty. Paranoid delusions are delusions in which the individual believes someone is out to get him (although this is not true). A person with grandiose delusions (delusions of grandeur) may believe he is a sports hero, a famous political leader, or someone all-powerful like God. An individual with somatic delusions focuses on his body and is convinced that he is the victim of a frightening disease. A person with delusions of poverty is convinced that he is penniless and responsible for the downfall of his family (although this is not true).

(f) Hallucinations. The schizophrenic person may hear, taste, see, smell, or feel things that are not there.

1-6. PERSONALITY DISORDERS

Throughout their lives, people continually develop and change as required by the changing demands, opportunities, and limitations which accompany different stages of life. As an individual grows, however, certain broad traits, coping styles, and ways of behaving socially tend to emerge. By the time a person has completed the teen years, he has developed his own unique ways of dealing with life situations. These ways or patterns are his personality. An adult personality is usually able to deal effectively with the society in which he lives. In contrast, there are some individuals whose personality development has been warped. These individuals cannot live comfortably in any society. Such individuals have a personality disorder. Typical personality disorders are not caused by stress or anxiety but rather by immature and distorted personality development.

a. Paranoid Personality. The person who is paranoid feels singled out and taken advantage of, mistreated, plotted against, stolen from, spied upon, ignored, or otherwise mistreated by "enemies." These feelings are delusions. In truth, no one is "out to get" the person. Characteristics of the paranoid personality include the following:

(1) Hypersensitive.
(2) Rigid.
(3) Suspicious.
(4) Jealous.
(5) Envious.
(6) Exaggerated sense of own importance.
(7) Tendency to blame others.
NOTE: Paranoia does not seem to interfere with the rest of the individual's personality. Aside from the area of paranoia, an individual may be able to function very well in a highly organized manner.

b. **Cyclothymic Personality.** This mild personality disorder is characterized by extreme mood swings from elation to depression. The mood swings, however, are not disabling to the individual. The individual may feel exhilarated and outgoing with a high energy level--hypomanic behavior. On the other hand, he may feel melancholy with a mild, depressive-like state. He feels lonely, sympathetic, kind, quiet, and a little sorry for himself.

NOTE: In stressful situations or even for no apparent reason, the cyclothymic personality may develop into manic-depressive psychosis (extreme psychotic disorder characterized by long periods of overexcitement and overactivity and/or long periods of depression and underactivity).

c. **Schizoid Personality.** This is a personality characterized by shyness, oversensitivity, seclusiveness, and eccentricity in communication and behavior. An example of schizoid personality is an adult who has a life pattern of social isolation (little or no interaction with other people). He is distant and somewhat distrustful of other people, rather fearful, and sensitive. Instead of dealing with people, he concentrates on nonpeople details of his life such as the meaning of "Wash before wearing" on a new pair of jeans. Does this mean wash the jeans before wearing the first time or, for some reason, do the jeans need to be washed each time before they are worn? He considers this question for several days. This type of dilemma is comfortable for the individual with a schizoid personality because the problem requires no interaction with any other person.

d. **Explosive Personality.** The distinguishing feature of this personality is frequent, sudden outbursts of aggression. Especially under pressure, an individual with this type of personality becomes overly excitable and overresponsive.

e. **Obsessive-Compulsive Personality.** Obsession can be defined as a persistent preoccupation with something—an idea or a feeling. A compulsion can be defined as an irresistible impulse. An individual with an obsessive-compulsive personality feels compelled to think about something that he does not want to think about, or to carry out some action against his will. People with this type of personality usually realize that their behavior is irrational, but they feel they can't stop the behavior. Characteristics of this type of personality include the following:

1. Rigid.

2. Punctilious (strict observance of formalities or conduct).

3. Fastidious (hard to please; much too critical and demanding).
(4) Very formal.
(5) Overly conscientious.

f. **Hysterical Personality.** An individual with this type of personality exhibits the following characteristics:

(1) Vain.
(2) Self-indulgent.
(3) Overly-dramatic.
(4) Exhibitionistic.

g. **Asthemic Personality.** The following characteristics are typical of this type of personality:

(1) Easily tired.
(2) Low energy level.
(3) Lack of enthusiasm.
(4) Diminished capacity for enjoyment.
(5) Oversensitive to stress.
(6) May develop into the personality disorder neurasthenic neurosis (a neurotic disorder characterized by complaints of chronic weakness, easily tired, and lack of enthusiasm).

h. **Antisocial Personality (Psychopath--Sociopath).** The antisocial personality is characterized by a lack of ethical or moral development and an apparent inability of the person to follow approved models of behavior. Psychopath and sociopath are both terms for an antisocial personality. Both may be defined as a personality disorder involving a marked lack of ethical or moral development. A psychopath exhibits characteristics such as a disregard for the rules of society, immaturity, difficulty in postponing gratification, poor control of impulses, and little ability to consider the consequences of his actions. The individual with this type of personality could want a new car; steal a new car, shoot the security guard in the process, and feel no guilt. This type of person would find it intolerable to work at a job, save money, and buy the new car in the future. He wants pleasure now without considering the past or the future.
i. **Passive-Aggressive Personality.** Individuals with this type of personality typically express hostility in indirect and nonviolent ways; in other words, passively. Characteristics of such an individual include procrastinating (why do today what you can put off until tomorrow); “forgetting;” deliberately keeping something from being done; inefficiency. This type of behavior is more often present in work situations but can be present in situations with other people. The passive-aggressive personality never really confronts a problem directly, behavior which results in no problem solving at all.

j. **Inadequate Personality.** Characteristics typical of this type of personality include:

   1. Normal intellectual endowment.
   2. Ineffectual.
   3. Inept.
   4. Unconcerned with reaching set goals.

k. **Passive-Dependent Personality.** This type of personality is extremely dependent on other people and suffers acute discomfort-- almost panic--at having to be alone. Self-confidence is lacking, and such individuals feel helpless working by themselves even though they may be very competent and have good work skills. A listing of characteristics typical of the passive-dependent personality includes:

   2. Immature personality.
   3. Overwhelmed by feelings of helplessness, fear, and indecision.
   4. Clings to others for support.

1-7. **THERAPEUTIC INTERVENTIONS**

Today, mental health professions are concentrating on preventing mental health problems. In the 1960s, individuals with mental health problems were usually seen only after the problem became severe. Typically, the person was sent far away from their home area to recover. If treatment is necessary today, the person is treated in the area in which he lives so that not only will his life be disrupted as little as possible but also he will be able to keep in contact with his support groups--his family and his friends. Additionally, a patient who must be placed in a hospital is returned to the community as soon as possible so that his problem will not become chronic.
a. **Psychotherapy.** The definition of psychotherapy is the treatment of mental disorders by psychological methods. Almost everyone has had the experience of being helped by some advice from a relative or friend. Sometimes an experience has prompted us to make a drastic change in our lives. Psychotherapy is very close to the advice or the experience that caused us to make a change in our lives. A basic assumption in psychotherapy is that the individual with a personality problem can change. He can learn more effective ways of perceiving, evaluating, and behaving so that he will be able to function in society more effectively and happily. General goals of psychotherapy include these steps:

1. Change in patterns of behavior which are maladaptive; that is, behavior which is detrimental to the well-being of the individual and/or group.
2. Improving the individual's ability to deal with other people.
3. Resolving the person's inner conflicts and thus reducing his personal distress.
4. Changing the person's inaccurate assumptions about himself and the world around him.
5. Helping the person achieve a clear sense of who he is.

**NOTE:** All of the above will help the troubled person toward a more meaningful and fulfilling life.

b. **Drugs Commonly Used in Treatment of Mental Illness.** One of the medical profession's long term goals has been to discover drugs that can combat mental disorders effectively. In years past, research centered on medications that would have soothing, calming, or sleep-inducing effects. These drugs would help manage distraught, excited, and the sometimes violent patient. Current research has focused on development of drugs that will allow the troubled person to lead a more normal life rather than just sedate him. Major tranquilizers include chlorpromazine (Thorazine®), thioridazine (Mellaril®), and trifluoperazine (Stelazine®). Other drugs used to treat mental disorders include lithium carbonate (an antimaniac agent) and minor tranquilizers (antianxiety agents) such as Librium®, Valium®, Vistaril®, and Miltown®.
INSTRUCTIONS. The following exercises are to be answered by completing the incomplete statement or by writing the answer in the space provided. After you have completed all the exercises, turn to the solutions located at the end of the exercises and check your answers.

1. Normal behavior, as defined in this lesson, is ____________________________
   ________________________________________________________________.

2. List three characteristics of normal behavior.
   a. ___________________________________.
   b. ___________________________________.
   c. ___________________________________.

3. Specialist MacDonald is in school being trained in a new MOS. He studied very little for the last examination and received a low score. He complains that he received a low test score because the instructor made the test too hard.
   Specialist MacDonald is using the defense mechanism ___________________.

4. Mr. Jenkins daydreams at work. His favorite daydream is the one in which he corrects his boss's mistakes during a staff meeting and is publicly acclaimed as the leader of the group of people. The defense mechanism he is using is ________________________________.
5. Adam Mills can only be described as obese; he weighs at least 100 pounds more than he should. When he is disappointed or unhappy (despite his overweight condition), he goes on eating binges. The defense mechanism he is using is termed _________________________________.

6. Ross Hunter did not win a promotion which he worked very hard for and which he thought he deserved. Ross constantly defends his new boss, too much. Ross, additionally, now defends the company's policies more vigorously than he ever did before. The defense mechanism he is using is called _________________.

7. Neurosis, as defined in this lesson, is ________________________________
    ________________________________
    ________________________________.

8. Mark Dalton constantly washes his hands although there is no real reason to do so. He is suffering from _______________________ disorder, a type of anxiety neurosis.

9. Studies have found that sometimes students in flight school develop partial numbness of the tongue while other flight school students develop trouble seeing. Physical examinations reveal that there is no physical reason for these afflictions. The students are probably suffering from a condition called ________________________________ neurosis.
10. Cecily Hunter has an abnormal fear of high places. Walking on a footbridge across a river is something she can't do. Her fear of high places is called _______________________; it is one of the ______________ neuroses.

11. Nick Timberlane is abnormally uncomfortable in crowds. Being in a mob of people at a rock concert is beyond him. He suffers from the disorder of _________________________________.

12. List three specific symptoms of schizophrenia.
   a. ________________________________.
   b. ________________________________.
   c. ________________________________.

13. Drugs are commonly used in the treatment of mental illnesses. In past years, drugs have been used to calm and sedate the patient. Research today is focused on discovering drugs that will help the mentally-ill patient lead _________________________________.

14. The definition of psychotherapy, as given in this lesson, is _________________________________.

Check Your Answers on Next Page
SOLUTIONS TO EXERCISES, LESSON 1

1. Behavior which is considered socially acceptable in the individual's society. (para 1-2a)

2. You are correct if you listed any three of the following:
   - Capable of changing actions.
   - Has insight into cause and effect.
   - Oriented to time, place, and person.
   - May or may not know why he behaves as he does at all times.
   - Motivations are purposeful. (para 1-2b)

3. Rationalization. (para 1-3b(3))

4. Fantasy. (para 1-3b(4))

5. Overcompensation. (para 1-3b(6))

6. Reaction formation. (para 1-3b(11))

7. Emotional maladjustment(s) which damage the individual's ability to think and make proper judgements but which cause a minimal loss of contact with reality. (para 1-4a)

8. Obsessive-compulsive. (para 1-4b)

9. Hysterical. (para 1-4c)

10. Acrophobia. Phobic. (para 1-4d)

11. Ochlophobia. (para 1-4d)

12. You are correct if you listed any three of the following:
   - Disturbances of thought, speech, activity.
   - Inappropriate emotional responses.
   - Withdrawal.
   - Regression.
   - Delusions.
   - Hallucinations. (para 1-5d)

13. A more normal life rather than just sedate him. (para 1-7b)

14. The treatment of mental disorders by psychological methods. (para 1-7a)

Return to Table of Contents