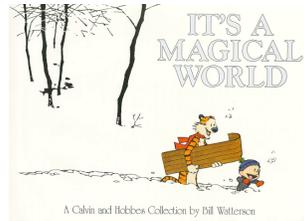


**PSYCHOLOGY 503**  
**ADVANCED ABNORMAL PSYCHOLOGY AND DEVELOPMENTAL PSYCHOPATHOLOGY**  
(REVISED AUGUST 2013)

© STEVEN E. BALL, ALL RIGHTS RESERVED



 *Note: This syllabus is subject to small changes once the semester begins. These will include corrections and slight refinements in the assignment(s) – nothing major.*

**Description of the Course from the Current Graduate Catalogue:**

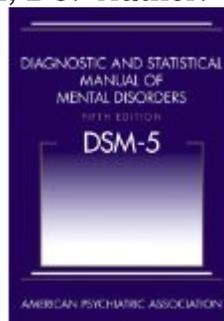
PSY 503 - Abnormal Psychology and Developmental Psychopathology  
Hours: Three. The course is oriented to the social-biological origins and dynamics of psychopathology in adults and children including developmental disorders. [Okay, let's just say that I did not write this. It's vague and needs to be developed, concretized, and punctuated.]

**Description of the Course from the Instructor's Perspective (Folksy Version):**

We will look at psychopathology: descriptively, etiologically, developmentally, comparatively, theoretically, legally (sort of), and in relation to effective (and often but not always) evidence-based treatment modalities. We will play and we will work. I will have a good time, and you may assume the responsibility of doing so as well.

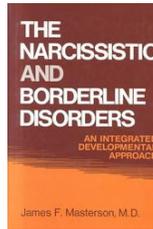
*Textbook:*

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*. (5th ed.) Washington, DC: Author. [DSM-5]

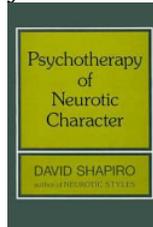


*Recommended Additional Reading:*

Masterson, J. F. (1981). *The narcissistic and borderline disorders: An integrated developmental approach*. New York: Brunner/Mazel.



Shapiro, D. (1985). *The psychotherapy of neurotic character*. New York: Basic Books.



*Use this guide to write your assignments for this course:*

American Psychological Association. (2009). *Publication manual* (6th ed., second printing or later). Washington, DC: Author.



And remember: Buy  online and save (a lot!)

### **Web Enhancement:**

We will manage this course in part using online “web enhancement.” This fact has a number of implications for your conduct and success:

1. As soon as available you should go to the online web site for this course, complete the tutorial (if you like), and familiarize yourself with what is there (which will be added to as the semester progresses). You may access eCollege by going to your My Leo account and clicking on eCollege.
2. You will turn in most (if not all) written assignments in assigned “dropboxes.”
3. Use this formula to name the files you turn in this way: YOURLASTNAME.YOURFIRSTNAME.AssignmentName.Date. If I were going to turn in a “503 project” assignment on December 4, 2014, the file name would be BALL.STEVE.503Project.12-4-14. Check the Dropbox Protocol link on eCollege for more details. Right now you will need to turn in only one project this way. I will ignore misnamed submissions.

4. You will receive written feedback for most (if not all) of your written assignments by way of eCollege.
5. You will take exams online.
6. You will retrieve documents to read from me by way of the Doc Sharing tab, and web sites to read on the "Webliography" tab. Some of the latter will be accessible by way of links placed strategically within each week's overview and assignments.
7. You will need to check the Announcements section on the course home page daily.
8. You will need to check your university e-mail (\_\_\_\_\_@leomail.tamuc.edu) daily.
9. Do not send me an e-mail about this class except through eCollege. I will not respond to other e-mails about this class.
10. If you have a question of general concern to the class (not just a possibly personal or private concern of your own, go to the **virtual office** and ask it there. That way everybody has access to the answer and I don't have to answer it more than once. I will ignore your e-mails if you are ignoring this requirement.

### ***Our Contractual Agreement:***

Through the university I am offering this course to you (and a grade in it) in exchange for your doing the work specified in this syllabus, and otherwise complying with university regulations and requirements. If you choose to continue your enrollment in the course (whether you attend or not), I will assume that this agreement is consummated. You and I will thus be responsible for the content of this syllabus and complying with its specifics. Each of us is further acknowledging that we will abide by and accept the outcomes generated in this course through the appropriate application of the guidelines of its syllabus.

### ***General Objectives (Learning Outcomes) of the Course:***

As a student taking this course, and probably aiming for a career in the "helping professions," you should be able to do the following at its successful conclusion:

1. Understand and use the nosology articulated in DSM-5, recognizing and articulating both the advantages and the limits of such a system.
2. Describe and compare the principal theoretical perspectives involved in the contemporary understanding of psychopathology, coming to some at least provisional view of your own.
3. Identify, define, and describe the basic forms of psychopathology as they are currently understood, addressing etiology, biology, phenomenology, behavior, cognition, affect, relevant defenses, intrapsychic organization, and diagnostic criteria, as each is pertinent to a given condition. Do this for each of the major diagnostic groups in the DSM-5, even those that escape the purview of a lecture moment.
4. Describe a fundamental psychological approach to the assessment of psychopathological conditions, with biosocial qualifications as needed.

5. Describe the basic models currently involved in treatment of persons manifesting the several forms of psychopathology discussed in the course.

**Topical Outline:**

 *Note:* I expect you to know where we are in this outline, relating it available readings, and pursuing your reading as thus indicated.

- I. The concept of abnormal behavior
  - A. Historical perspective
    1. Prehistory
      - a. Trephining, demons, and ghosts
      - b. In illum tempus: Overview of a model, with a caution
    2. Classical period - medicine and science
    3. Dark and middle ages
    4. Renaissance
    5. The modern era
  - B. Current approaches to abnormal behavior
    1. The popular view
    2. Nosology and DSM-5
      - a. Need and nature of nosologies
      - b. The retirement of the multiaxial system
    3. Theoretical perspectives: An overview
- II. Etiology and a general model of psychopathology
  - A. Intrapsychic determinants: Deep structure
  - B. Behavioral elements: Surface structure
  - C. Systemic elements: Families and other contexts
  - D. Predisposing factors: "diathesis"
    1. Genetic predisposition
    2. Psychic predisposition
  - E. Trigger events and stressors
  - F. Circularity of the model and "complementary series"
  - G. Steve's picture of the mind: A synthesis
    1. Biobehavioral elements: Surface structure
      - a. *Das Es*
      - b. Conditioning: affect and action
    2. Representation and the generalized reality orientation
      - a. Consciousness
        - i. Perceptual: Sensation and imagery
        - ii. Representative action (is it anything other than imagery?)
        - iii. Linguistic action
      - b. The ego and the self
        - i. *Das Ich*: Freud's model of the ego; agency
        - ii. Representation and the "I"
        - iii. The self
          - A. Jung's model of the self
          - B. The self and false self in object relations theory
      - iv. Some conventions for talking about such matters
    3. Intrapsychic determinants: Deep structure and the "unconscious mind"

- a. What does it mean to say a thing is unconscious?
  - b. Freud's early ideas
  - c. A funny source for ideas on the topic: Dollard and Miller
  - d. Modern psychodynamic approaches
  - e. A note on the memory controversy
- 4. Biology and the war for reality: A reprise and a clarion call
- III. Assessment
  - A. Interviewing and the mental status exam
  - B. Testing
    - 1. Cognitive measures
    - 2. Neuropsychological measures
    - 3. Personality measures
      - a. "Paper-and-pencil" format
      - b. Projective format
      - c. Exner's Rorschach (the "comprehensive system")
  - C. Special measures
    - 1. Physiological assessment
    - 2. Behavioral assessment
    - 3. Cognitive assessment
    - 4. The special place of executive functioning
    - 5. Assessment the DSM-5 way
- IV. Principal mental disorders
  - A. The classical neuroses (a term now out of favor; Shapiro)
    - 1. Anxiety disorders
      - a. Panic disorder
      - b. Agoraphobia
      - c. Separation anxiety disorder
      - d. Selective mutism
      - e. Panic disorder
      - f. Specific phobias
      - g. Social anxiety disorder (social phobias)
      - h. Generalized anxiety disorder
      - i. Other anxiety disorders
      - j. Treatment of anxiety disorders
      - k. Substance, medication, and medical condition as sources of
        - l. Other specified
      - m. Unspecified
    - 2. Obsessive-compulsive and related disorders
      - a. Obsessive-compulsive disorder
      - b. Body dysmorphic disorder
      - c. Trichotillomania
      - d. Excoriation disorder
      - e. Hoarding disorder
      - f. Substance, medication, and medical condition as sources of
 obsessive-compulsive and related behavior
      - g. Other specified obsessive-compulsive disorder
      - h. Unspecified obsessive-compulsive disorder
    - 3. Somatic symptom and related disorders
      - a. Somatic symptom disorder
      - b. Illness anxiety disorder
      - c. Conversion disorder

- d. Psychological factors affecting other medical conditions (note the message in the word “other”)
- e. Factitious disorder (on self or other)
- f. Other specified somatic symptom and related disorder
- g. Unspecified somatic symptom and related disorder
- 4. Dissociative disorders
  - a. Dissociative amnesia
  - b. Depersonalization/derealization disorder
  - c. Dissociative identity disorder
  - d. Other specified dissociative disorder
  - e. Unspecified dissociative disorder
- B. Trauma- and stressor-related disorders
  - 1. Stress
    - a. A model of stress and its effects
    - b. The role of stress in physical illness
    - c. The role of stress in cognitive development and dysfunction
  - 2. Reactive attachment disorder
  - 3. Disinhibited social engagement disorder (“I don’t know; let me check my engagement book.”)
  - 4. Posttraumatic stress disorder
  - 5. Acute stress disorder
  - 6. Adjustment disorders
  - 7. Other specified trauma- and stressor-related disorders
  - 8. Unspecified trauma- and stressor-related disorders
- C. Depressive disorders
  - 1. The many faces of depression
  - 2. Disruptive mood dysregulation disorder
  - 3. Major depressive disorder
  - 4. Persistent depressive disorder (dysthymia)
  - 5. Substance, medication, and medical condition as sources of depressive behavior
  - 6. Other specified depressive disorder
  - 7. Unspecified depressive disorder
- D. Bipolar and related disorders
  - 1. Bipolar I disorder
  - 2. Bipolar II disorder
  - 3. Cyclothymic disorder
  - 4. Substance, medication, and medical condition as sources of bipolar behavior
  - 5. Other specified bipolar disorder
  - 6. Unspecified bipolar disorder
- E. Personality disorders (still a platform)
  - 1. Sources of personality disorders
  - 2. Personality disorders as diatheses
  - 3. Alternative diagnostic criteria in the DSM-5
  - 4. Cluster A personality disorders
    - a. Paranoid personality disorder
    - b. Schizoid personality disorder
    - c. Schizotypal personality disorder
  - 5. Cluster B personality disorders
    - a. Antisocial personality disorder

- b. Borderline personality disorder
    - c. Narcissistic personality disorder
    - d. Histrionic personality disorder
  - 6. Cluster C personality disorders
    - a. Avoidant personality disorder
    - b. Dependent
    - c. Obsessive-compulsive
  - 7. Other personality disorders
    - a. Personality change due to “another” medical condition
    - b. Other specified personality disorder
    - c. Unspecified personality disorder
- F. Neurodevelopmental disorders
  - 1. Intellectual disabilities
  - 2. Attention-deficit/hyperactivity disorder (ADHD)
  - 3. Autism spectrum disorders
  - 4. Specific learning disorders
  - 5. Communication disorders
  - 6. Motor disorders
  - 7. Other neurodevelopmental disorders
- G. Disruptive, impulse-control, and conduct disorders
  - 1. Oppositional defiant disorder
  - 2. Intermittent explosive disorder
  - 3. Conduct disorder
  - 4. Antisocial personality disorder
  - 5. Pyromania
  - 6. Kleptomania
  - 7. Other specified disruptive, impulse-control, and conduct disorders
  - 8. Unspecified disruptive, impulse-control, and conduct disorders
- H. Schizophrenia spectrum and other psychotic disorders
  - 1. Schizotypal (personality) disorder
  - 2. Delusional disorder
  - 3. Brief psychotic disorder
  - 4. Schizophreniform disorder
  - 5. Schizophrenia
  - 6. Schizoaffective disorder
  - 7. Substance/medication induced psychotic disorder
  - 8. Psychotic disorder due to another medical condition
  - 9. Catatonia associated with another medical disorder
  - 10. Catatonic disorder due to another medical condition
  - 11. Other specified schizophrenia spectrum and other psychotic disorders
  - 12. Unspecified schizophrenia spectrum and other psychotic disorders
- I. Feeding and eating disorders
  - 1. Pica
  - 2. Rumination disorder
  - 3. Avoidant/restrictive food intake disorder
  - 4. Anorexia nervosa
  - 5. Bulimia nervosa
  - 6. Binge-eating disorder
  - 7. Other specified feeding and eating disorders
  - 8. Unspecified feeding and eating disorders
- J. Sexual dysfunctions

1. Delayed ejaculation
2. Erectile disorder
3. Female orgasmic disorder
4. Female sexual interest/arousal disorder
5. Genito-pelvic pain/penetration disorder
6. Male hypoactive sexual desire disorder
7. Premature (early) ejaculation
8. Other specified sexual dysfunction
9. Unspecified sexual dysfunction
- K. Gender dysphoria
  1. Gender dysphoria in children
  2. Gender dysphoria in adults and adolescents
  3. Other specified gender dysphoria
  4. Unspecified gender dysphoria
- L. Paraphilic disorders
  1. Voyeuristic disorder
  2. Exhibitionist disorder
  3. Frotteuristic disorder
  4. Sexual masochism disorder
  5. Sexual sadism disorder
  6. Pedophilic disorder
  7. Fetishistic disorder
  8. Transvestic disorder
  9. Other specified paraphilic disorder
  10. Unspecified paraphilic disorder
- M. Elimination disorders
  1. Enuresis
  2. Encopresis
  3. Other specified elimination disorder
  4. Unspecified elimination disorder
- N. Neurocognitive disorders
  1. Delirium
  2. Major and mild neurocognitive disorders
  3. The role of the psychologist and specialist in school psychology in diagnosing and planning for intervention with neurocognitive disorders
- O. Substance-related and addictive disorders
  1. The physiological and psychological nature of abuse and addiction
  2. Use disorders
  3. Intoxication
  4. Withdrawal
- P. Sleep-wake disorders
  1. Insomnia disorder
  2. Hypersomnolence disorder
  3. Narcolepsy
  4. Breathing-related sleep disorders
    - a. Obstructive sleep apnea hypopnea
    - b. Central sleep apnea
    - c. Sleep-related hypoventilation
    - d. Circadian rhythm sleep-wake disorders
  5. Parasomnias
    - a. Non-rapid eye movement sleep arousal disorders

- i. Sleepwalking type
    - ii. Sleep terror type
    - iii. Nightmare disorder
  - b. Rapid eye movement sleep behavior disorder
  - c. Restless legs syndrome
  - d. Other specified insomnia disorder
  - e. Unspecified insomnia disorder
  - f. Other specified hypersomnolence disorder
  - g. Unspecified hypersomnolence disorder
  - h. Other specified sleep-wake disorder
  - i. Unspecified sleep-wake disorder
- Q. Other stuff that might be a focus of treatment
- R. Relationships
- S. Abuse and neglect
- T. Circumstances and history
- U. Nonadherence to medical treatment
  - 1. Nonadherence to medical treatment
  - 2. Overweight or obesity
  - 3. Malingering
  - 4. Wandering associated with a mental disorder
  - 5. Borderline intellectual functioning

### **Course Assignments and Requirements:**

1. You will take two cumulatively comprehensive exams, one near mid-term and the other at the time of the scheduled final. These will be of the redoubtable multiple-choice format and will be based on both readings and the classroom experiences. I will give you a *small* sample of my questions in advance through eCollege.
2. Do **one** of the following:
  - a. Write an individual psychopathological assessment of some prominent public figure, selected from the list below. You should write your assessment, basing it on your understanding of the principles addressed in this course, as well as a thoroughly researched and documented dossier of the public figure's life and actions (perhaps requiring library search techniques with which you may be unfamiliar – consult one of the local crack reference librarians if you need help). Turn it in the drop box for week 15 (eCollege). You should type it, using APA or a similar format, producing ten (10) *or more* double-spaced pages.
  - b. Working in a team of three to five students, produce (writing, directing, acting in, securing investors for, etc.) a small play (a "playlette") illustrating a particular form of psychopathology that is addressed as a part of this course. Running time should be at least 20 minutes. The playlette, which you must record on DVD, will include elements from before, during, and after diagnosis and treatment. You may be required to present the playlette to the class. Using grading criteria related to accuracy, completeness and detail, realism, and creativity (see rubric), I will give each group a single grade in which all members will share. Do *NOT* provide handouts or other didactic materials with your presentation. Just present it; the work should stand on its own

merits and represent a complete view of the disorder. You will not get the tape back.

### **Grading Procedures:**

The two examinations, and the paper/playette (100 points apiece) total to 300 points. To earn an A, you must accumulate 280 points, while a B will require 250 points. If you need to ask about other cutoffs, you can't afford it

All other things being equal, you will perform better in this course if you come to class regularly. We are all adults and I understand that you may have many priorities, planned and unplanned, which exceed those of this course. Go, therefore, when you must, but note: Things happen in college classrooms which are crucial to becoming educated and for which it is difficult (perhaps impossible) to test. Sometimes these things are serendipitous and represent the most significant of our learnings; and of course in some class periods they may not happen at all. They usually are unpredictable and rely on spontaneous exchanges involving students and the professor. They may also occur before the instructor arrives, or at a break. They are worth the wait and the intervening tedium. When you are absent -- even if someone takes notes for you -- you will miss them. To ensure that this vital part of your education is there for you, I will enforce the university's absence policy in the following way:

As required by the university, I will call the roll at each class meeting, and I will hold you accountable on tests for the stuff we do in class. I won't re-present materials that you miss because of an absence, excused or not. I will let you make up work (like tests) if your absence is excused. How's that?

As noted elsewhere, some (but not all) work in this course may be made up if it was missed due to an excused absence. University policy permits the instructor of a class to define valid excuses for an absence. I include, in general the following things as valid reasons for missing a class:

- (1) participation in an authorized university activity;
- (2) illness of the student or a first-degree relative who cannot be provided *necessary* care without the student's missing class;
- (3) death (or imminent death) in a student's immediate family; and
- (4) fulfilling one's legal responsibilities (jury duty, court hearings) as a citizen.
- (5) documented alien abduction of the student or first degree relative living in the same household (as the student).

Such excuses must be documented to my satisfaction, including support for the notion that you had no choices (e.g., alternative university activities, legal continuance, alien organ implants/impregnation documented by a physician, etc.). Your job (i.e., whatever you do in exchange for money, or, in kind, for consideration) is *not* an excuse for missing class for which I will let you make up the work. If you miss a classroom experience (viz., lecture, discussion, demonstration), I will not participate in your making up the experience (but I may help you find another way to do so).

**CONDUCT:**

Admission and attendance in a college or university form an honor and a privilege. Where tuition and other expenses are subsidized, either by private or public funds, the person has received an additional trust that inherently entails conducting one's affairs as a student within the constraints of civil society. In this class I will expect you behave in a way that is respectful of others, their right to receive (and deliver) elements of a college education, and their identities as unique persons in the world. I expect us all to act toward others as we would like them to act toward us.

I will also expect you not to plagiarize, steal, or otherwise procure tests or other class materials that are not supposed to be publicly available (including copyright violations), or cheat on examinations. I will give you an F in the course for any of these actions, and I will make an appreciable effort to have you dismissed from the university.

Here are some other *dos* and *don'ts* that will also be a part of our code of conduct in class:

1. Far beyond the particulars of this course, do respect the divine principle of the universe, which seems to be detectable both in ourselves and in other people, and which at the same time goes beyond any created thing. As one deity is said to have put it: "Inasmuch as you have done it to the least of these [e.g., other students and the teacher, other enemies], you have done it also to me."
2. Do remember that this course is about a limited area of empirical content; don't forget that there are bigger realities. This is just a course.
3. Don't talk trash in excess. Occasional right-brain language epithets may be okay for emphasis, but learn to use your language more elegantly than that (or remain silent).
4. Do take some time off from constant work during the semester. Do remember to reflect on things beyond the course. (This is not an injunction to ditch class, but rather a reminder to place your studies in perspective.)
5. Do let those who support and have supported your educational efforts know how much you appreciate them sometime during the term.
6. Don't attack the person of another member of the class.
7. Don't sexually (or otherwise) harass a member of the class.
8. Don't steal others' work.
9. Don't distort the truth, about your data, its sources, or your colleagues.
10. Do be satisfied with where you are in your own professional development. Others may be farther along than you, but don't waste time envying them. Do work to become the person you were meant to be.

Also: "Faculty are required to include in their course syllabi the following statement: 'All students enrolled at the University shall follow the tenets of common decency

and acceptable behavior conducive to a positive learning environment.” (See Student's Guide Handbook, Policies and Procedures, Conduct)

Finally, as Abraham Lincoln said (in *Bill and Ted's Excellent Adventure*; maybe he really didn't say it), “Be excellent to one another!”

***REQUESTS FOR SPECIAL ACCOMMODATIONS:***

Section 11 - Faculty are required to include in their course syllabi the following statement: "All students enrolled at the University shall follow the tenets of common decency and acceptable behavior conducive to a positive learning environment." (See Student's Guide Handbook, Policies and Procedures, Conduct)

Faculty members are encouraged to include in their course syllabi the following statement:

Students with Disabilities:

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you have a disability requiring an accommodation, please contact:

Office of Student Disability Resources and Services  
Texas A&M University-Commerce  
Gee Library  
Room 132  
Phone (903) 886-5150 or (903) 886-5835  
Fax (903) 468-8148  
[StudentDisabilityServices@tamuc.edu](mailto:StudentDisabilityServices@tamuc.edu)

Requests from students with disabilities for reasonable accommodations must go through the Academic Support Committee. An individual instructor cannot decide to make accommodations for you without that Committee's approval.

**Public Figure Assessment**

Steve Ball

As a part of the requirements for this class you are to write a psychopathological assessment of some public figure on the following list. Most of them were born after 1865. This brief model is designed to assist you in complying.

1. Pick someone from the list in whose functioning you are interested (sorry: only one student per famous person), probably first because you care about what he or she has done to become famous, and then because you have a suspicion that the person is a little different than most folks in psychological functioning. The person's notoriety might derive from positive accomplishments (e.g., in the arts or sciences, in heroism, etc.) or from more questionable actions (e.g., crimes, outrageous public behavior, etc.).
2. Explore the person's life through any readily available resources, e.g., responsible periodicals, tabloids (i.e., questionably reliable sources), biographies and autobiographies (another suspect source), histories, etc. As you read, frequently ask yourself the question, "Does this stuff suggest the presence of some form of psychopathology in this person?" Recur to the different sections of the DSM-5 as possible diagnoses suggest themselves to you, especially if you are not yet very familiar with its nosology. At this point you are not necessarily seeking a conclusive answer, but are simply looking for useful hypotheses that might help in explaining the person's conduct.
3. Sooner or later develop a "resolution" which affirms that the person you are studying has one or more mental disorders, or conditions resembling mental disorders, which might be the focus of treatment, and which assist in explaining some aspect of the person's behavior. The resolution may be of a form such as the following:
  - a. "While his accomplishments were great and his public demeanor exemplary, the reported private life of Charles Lindbergh suggests that he had a serious personality disorder marked by narcissistic features." [I don't believe this one either.]
  - b. "Much of Rosie O'Donnell's professional success stems from her efforts to compensate for a chronic state of depression, perhaps complicated by a histrionic personality."
  - c. "Pete Rose's problems off the athletic field derive from a narcissistic personality disorder borne of his early life experiences coupled with his consistent athletic success."
  - d. "Donald Duck's irascibility and frequent callous disregard for the rights of others derive most directly from his long-standing efforts to compensate for an incurable language disorder."

You will note that each of these resolutions identifies specific behaviors to be explained and suggests the possible explanation. Each also hints at contexts in which these explanations will be more needed, or at the etiological roots of the difficulty. You may also arrive at *several* positive diagnoses in your resolution. O. J. Simpson's difficulties, for example,

might derive both from a narcissistic personality disorder and cocaine abuse or dependence.

4. Decide whether you wish to support or refute the resolution you have generated.
5. Write your analysis using something like the following format:
  - I. *Introduction to the life and critical events in the life of the person whom you have selected.*
    - A. *Brief biography.*
    - B. *Introduction to the notorious behavior. (This will vary and, for instance, may include a lifetime of achievement or infamy, one heroic act, or a single incident that mars forever the public perception of the person.)*
  - II. *Introduction of the explanatory resolution which you have developed above. Do not make it plain to the reader that this is a "resolution." Simply introduce the ideas as a possible explanation of the focal events in your paper.*
    - A. *The possible explanation.*
    - B. *Announcement of your support or rejection of the explanation, with an anticipation of why.*
  - III. *Develop the material that supports the resolution.*
  - IV. *Develop the material that is in conflict with the resolution.*
  - V. *Develop a reasoned argument showing the reader your conclusions, i.e., the basis of your acceptance or rejection of the resolution. You will use biographical materials and the DSM-IV-TR in developing this section.*

***(I will create a grading rubric soon.)***

**List of Notorious Figures**  
PSY 503 -- Revised August 2013

Spiro Agnew	Woody Allen	
Muhammad Ali	Garner Ted Armstrong	Norma Jean Baker
Lucille Ball	Drew Barrymore	Beckham
Marlon Brando	William Jennings Bryan	Kobe Bryant
Ted Bundy		
George W. Bush		
Harry Reid	Mama Cass (Elliott)	Wilt Chamberlain
Cesar Chavez		
Winston Churchill	Patsy Cline	
Kurt Cobain	John Coltrane	
Calvin Coolidge	Bing Crosby	Tom Cruise
Mark Cuban		
e. e. cummings	George Custer	Salvador Dali
Charles DeGaulle		
	Bob Dylan	
Eminem		
Zelda Fitzgerald	Pretty Boy Floyd	Steve Forbes
Betty Ford		Michael J. Fox
Kinky Friedman	Anna Freud	John Frusciante
Judy Garland		
Josef Goebbels	Whoopi Goldberg	Albert Gore, Jr.
John Wesley Harding	Warren G. Harding	Woody Harrelson
Ernest Hemingway	Mariel Hemingway	Jimi Hendrix
Anita Hill	Whitney Houston	Sam Houston
Steve Howe		
John Hughes	Lamar Hunt	Uday Hussein
Hugh Jackman		
Andrew Jackson	Samuel L. Jackson	Jesse Jackson
Bruce Jenner	Irwin Johnson	Janice Joplin
Carl G. Jung	Emma Rauschenbach Jung	Kim Kardashian
Maynard James Keenan	Jack Kevorkian	Nicole Kidman
John F. Kennedy	"Ted" Kennedy	
Nicole Kidman	Billie Jean King	Bobby Lane
Timothy Leary	Monica Lewinsky	Jerry Lee Lewis
John Lennon	Rush Limbaugh	Abraham Lincoln
Al Lipscomb	Huey Long	
Joe Don Looney	Jennifer Lopez	Trent Lott
Courtney Love		
Henry Lee Lucas	Douglas MacArthur	Madonna
Marilyn Manson		
Mickey Mantle	Mao Tse Tung	Alfred "Billy" Martin
Paul McCartney	Henry McCarty	Norma McCorvey
Claude Monet		
Keith Moon	Jim Morrison	
Tom Morello	Randy Moss	Audie Murphy
Carrie Nation		
Rick Nelson	Willie Nelson	Richard Nixon
Conor Oberst	Flannery O'Conner	Georgia O'Keefe
Chad Jonson (nee Ochocinco)		
Jacqueline Onassis	Bonnie Parker	
Dorothy Parker	George Patton	
Luciano Pavorotti	Pelé	Laci Peterson

## PSYCHOLOGY 503

## SYLLABUS

Scott Peterson  
Richard Penniman  
Adam Clayton Powell  
Priscilla Presley  
Joey Ramone  
Rainer Maria Rilke  
Theodore Roosevelt  
Axl Rose  
Darlie Routier  
George H. Ruth  
Jessica Simpson  
Deon Sanders  
Nicole Brown Simpson  
Anna Nicole Smith  
Sabina Spielrein  
Oliver Stone  
Clarence Thomas  
Mike Tyson  
Pancho Villa  
Henry Wade  
Meg White  
Oscar Wilde  
Ricky Williams (NFL)  
Toni Wolff

Ross Perot  
Steve Prefontaine  
  
Jonbenét Ramsey  
Oral Roberts  
  
Pete Rose  
  
Donald Rumsfeld  
  
Bud Selig  
Nathan Singleton  
  
Barbra Streisand  
  
Uma Thurman  
Bobby Valentine  
  
Charles, Prince of Wales  
  
Bruce Willis  
Ted Williams  
Virginia Woolf

Pablo Picasso  
Elvis Presley  
  
Trent Reznor  
Eleanor Roosevelt  
  
Diana Ross  
  
Carl Sagan  
  
Tupac Shakur  
Biggie Smalls  
  
Carla F. Tucker  
Sid Vicious  
  
Mary Wells  
  
Woodrow Wilson  
Malcolm X

**General Objectives (Learning Outcomes) of PSY 503 (Detailed)**

Students taking this course, most of whom are aiming for careers in the "helping professions," will be able to do the following at its successful conclusion:

1. Understand and use the multi-axial system of nosology articulated in DSM5, recognizing and articulating both the advantages and the limits of such a system.
  - a. Describe the history of psychopathological diagnosis as articulated in the text(s) and lecture, especially the evolution of the DSM.
  - c. Describe a rationale supporting the use of nosology in mental disorders. Mention and then counter arguments against formal diagnosis.
2. Describe and compare the principal theoretical perspectives involved in the contemporary understanding of psychopathology, coming to some at least provisional view of your own.
  - a. Describe with comparisons the psychodynamic, behavioral, cognitive, and biological approaches to the study of psychopathology.
  - b. Describe the several details of the "bio-behavioral model" developed in class, including, without necessarily limiting yourself to, biological, "conditioning," surface cognitions, three levels of consciousness, deep representations, the "generalized reality orientation," the "ego," the "self" representation, the collective unconscious.
  - c. Describe and use the "diathesis-stress" model of etiology.
3. Identify, define, and describe the basic forms of psychopathology as they are currently understood, addressing etiology, phenomenology, behavior, cognition, affect, relevant defenses, intrapsychic organization, and diagnostic criteria, as each is pertinent to a given condition. Do this for each of the major diagnostic groups in the DSM-IV. Describe also the details of specific models and mechanisms introduced to explain individual diagnostic entities, e.g., the "pattern reflex."
  - a. Describe the "pattern reflex" model of anxiety and other emotions, showing how it is modified by cognition and overt adaptive behavior.
  - b. Describe the mood model developed in class.
  - c. Describe the model for schizophrenia developed in class, making reference to biological diatheses, "portals" to the collective unconscious, and ego strength.
  - d. Describe the Mahler-Masterson[-Ball] model for understanding the underlying intrapsychic/cognitive structure associated with the personality disorders. Emphasize the role of self and object representations.
4. Describe a fundamental psychological approach to the assessment of psychopathological conditions.

- a. Articulate the argument that all psychological assessment, except the most rudimentary of behavioral or physiological evaluations, is fundamentally tied to the assessment of thought (or cognition).
  - b. Describe the major assessment instruments which psychologists use to measure intelligence, as well as procedures for neuropsychological screening, paper-and-pencil personality measurement, "projective" assessment, and the Rorschach technique. Where relevant, compare and contrast the several procedures.
5. Describe the basic models currently involved in treatment of persons manifesting the several forms of psychopathology discussed in the course.
- a. Describe a "general model of psychotherapy" in overview, sort of as it was done in class (if it was done in class).
  - b. Describe the general approach to the use of cognitive, traditional behavioral, biological, and psychodynamic treatment forms as they are relevant to the kinds of psychopathology discussed in the class. Make reference in such discussions to the bio-behavioral model.
  - c. Describe a hierarchical and interdisciplinary strategy for the treatment of anxiety, somatoform, and dissociative disorders.
    - d. Describe a hierarchical and interdisciplinary strategy for the treatment of mood disorders.

The south wind carries a dust mote into the sky: just an ordinary particle, nothing in itself, but with the capacity to be *changed by experience*, affected by contact. The wind touches it first, leaving a permanent trace, but hard to detect. The mote knows the wind, but just while it blows. Later it senses the marks left behind, counting them signs of itself, unique before knowing, intuiting the wind as other and separate . . . .

In the air this dust is touched by other such pieces, those that *happen* to be there, and each leaves its mark, some after clinging awhile, then floating away. Reaching to heaven and cooling, the speck wraps in water, revealing and refracting the true marks it carries, magnifying, 'til the earth and the sky seem part of itself. Joining with others, communion, tied by common reflections and marks that they share, growing heavy together.

Released from its striving the mote falls to earth reenters the whole . . .

***GUY TEACHING COURSE:***



Steve Ball                      As a part of a closed gene pool  
(some of which lies quietly in the background)

Associate Professor of Psychology

Office: Binnion 101/122

Phone (In Developmental Cognition Lab – switches to fax after 7 rings, sometimes fewer): 903-886-5586 – go to Binnion 101 to find me in the lab (Binnion 122)

Community Counseling & Psychology Clinic: Binnion 101 (903-886-5660)

Office hours: TH 930am-noon

Class Schedule:            TBA