People have explored the interdependent relationship of the mind, body and behaviour since the evolution of human consciousness. History has followed a sometimes unusual pathway in understanding these relationships, with the development of many theories along the way. Over time, a common theme emerged: a causal link between biological processes, thoughts and behaviour.

Classical and contemporary theories have contributed to the development of psychology from its philosophical beginnings to becoming an empirical science. They have also contributed to the relationship between psychology and psychiatry.

**KEY KNOWLEDGE**

Classical and contemporary theories that have contributed to the development of psychology from philosophical beginnings to an empirical science, including the relationship between psychology and psychiatry.

[VCE Study Design 2013]
CHAPTER OVERVIEW

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The evolution of psychology

Psychology is a science that overlaps with many other traditional and social sciences, such as biology, physiology, anthropology and sociology. It is considered a science because it uses a systematic approach that involves gathering factual information, forming theories to explain that factual information, and testing those theories (see Chapter 1).

Yet, when did the fascination with the workings of the mind and body begin? How far back in human history does this desire to understand and find alternative explanations to mental health and illness go?

The focus of this chapter will be to explore the evolution of psychology and, in particular, its beginnings in ancient Greek philosophy. But first, let’s look at the history of treatments for mental disorders and the beliefs underlying those treatments.
The history of treatments for mental disorders

Have you ever experienced a really bad headache? In prehistoric times, you might have been held down and had a hole drilled into your skull! Over the centuries, medical conditions and mental illness have often been attributed to spirit or demon possession, sorcery or angry gods. Consequently, humans’ fascination with the mind and body led to some very interesting methods in the investigation and treatment of normal and abnormal mental processes and behaviours.

Early treatments and the beliefs behind them

Trephination

The first archaeological evidence of treating mental illness dates back to prehistoric times, approximately 6000 BCE, with a procedure known as trephination. Trephination involved making a surgical hole in the skull, while the patient was awake, to allow a healing spirit in or an evil spirit out. Cave paintings show that this method was used to manage a range of conditions, such as headaches, epilepsy and psychosis. This procedure is still in use today – although for very different reasons and using far more sophisticated surgical instruments than the implements shown in Figure 3.1.

In ancient Mesopotamia, priest-doctors used exorcisms, prayer and rituals to banish the evil spirit. However, when that didn’t work, they tried to bribe the unwanted entity out, or used physical punishment such as stoning and whipping as a cure.

The ancient Egyptians also believed that mental illness had a supernatural origin. Yet they took a more modern approach to treatment, and recommended exercise, attending concerts and dances, and painting to help improve the person’s physical and mental state. The Egyptians were also one of the first civilisations to produce documented evidence of surgical procedures and a detailed knowledge of the human body (Foerschner, 2010).

What about the ‘wandering uterus’? The ancient Greeks believed that ‘hysteria’ in women – essentially any form of mental disturbance, including epilepsy, anxiety, schizophrenia or depression – was caused by a ‘wandering uterus’, or displaced womb. This diagnosis was used from ancient Greek times through to the 1800s to explain not only mental disturbances and anxiety, but also a woman’s inability to have children.
The four humours

The ancient Greek physician Hippocrates (460–370 BCE) was the first to challenge the belief that illnesses were caused by supernatural sources, and to treat physical and mental ailments as physiological disturbances.

Hippocrates believed that the human body consisted of four types of fluid or ‘humours’ – blood, phlegm, yellow bile and black bile – and that these four substances needed to be in balance for a person to enjoy good mental and physical health. Too much or too little of any of the four humours could lead to illness. For example, if a person was diagnosed with melancholia (depression), it was believed that they had too much black bile that needed to be released. ‘Blood-letting’ was a common treatment for this, where the physician would either use a small, sharp knife to release bad blood through multiple small cuts, or strategically place hungry leeches on particular areas of the body to suck out the excess black bile.

Aristotle (384–370 BCE) adopted the theory of the four humours and developed the first biologically based explanation of personality types.

The belief that physical and mental health was governed by the four humours or fluids lasted well into the eighteenth century. Mental disturbances were treated on that basis with laxatives, leeches and emetics (substances and potions that cause vomiting). Those who were identified as ‘mad’ were instructed to follow a ‘cooling and diluting’ diet that included salad greens, water and milk. They were banned from eating red meat or drinking wine, as these were thought to have a heating effect on their condition. Another method of treatment was tapping the forehead and various veins to move the bad humours away from the brain.

Inducing seizures

As early as the sixteenth century, camphor and other substances were used to induce brain seizures as a treatment for a variety of medical conditions.

In 1927, a Viennese psychiatrist named Manfred Sakel developed insulin shock therapy. Patients would be strapped to a bed and injected with very large doses of insulin to artificially induce a coma and brain seizures. This method was used until the 1950s, with patients experiencing the temporary relief of symptoms from conditions such as schizophrenia and depression.

During the early twentieth century, abattoirs began using a strong electrical shock to stun pigs prior to their slaughter. The pigs experienced brain seizures and were rendered unconscious. As this method was effective in...
stimulating grand mal seizures, medical practitioners were inspired to apply this procedure to their patients. Consequently, electric shock therapy was developed during the 1930s and was the precursor to today’s convulsive shock therapy which continues to use an electrical current to induce brain seizures.

Apart from the improvement in symptoms for some patients, the treatment also caused retrograde amnesia of the event. During the actual shock treatment, the patient was unable to form a permanent memory of the events leading up to the procedure, or the procedure itself. Consequently, patients were not fearful of repeat treatments as they had no memory of them.

Lobotomy

In 1937, neurosurgeon Walter Freeman developed a controversial surgical treatment called the lobotomy. This procedure involved surgically cutting nerves in the frontal lobe of the brain to deal with the ‘excessive emotions’ thought to cause mental illness.

Initially, lobotomies were conducted under anaesthetic in an operating theatre, with access to the frontal lobe obtained through a hole drilled in the side of the skull. However, as a less expensive option was needed to deal with the thousands of institutionalised individuals, Freeman developed the ‘ice-pick’ version, also known as the ‘quickie-lobotomy’, where a miniature ice-pick was pushed through the inner eye socket and then moved from side to side to lesion the prefrontal part of the brain.

Freeman performed approximately 2500 lobotomies for symptoms such as tension, anxiety, depression, delusions, hallucinations, obsessions, nervous indigestion and suicidal ideas. His youngest patient was aged 12, and was brought in by his stepmother because he was ‘difficult’. Thousands of people suffered significant lifelong impairments from these procedures.

**FIGURE 3.6** Tools that were used for the ‘quickie-lobotomy’: the sharp end of the instrument was placed into the inner socket of the eye, and then the other end was hit until the sharp end penetrated the bone.

**EARLY TREATMENTS FOR MENTAL ILLNESS**

1. Investigate whether any of the treatments discussed in this section are still used today. Present your work in a document, PowerPoint presentation or video (or you may discuss other options with your teacher).

2. Howard Dully was one of the youngest patients lobotomised by Walter Freeman. Using the internet, discover Dully’s story and answer the following questions.
   
   a. How old was Dully when he was lobotomised?
   
   b. Why was he lobotomised?
   
   c. How did this affect his life?
   
   d. How effective was the procedure?
   
   e. What were the long-term side-effects?
   
   f. When did lobotomies stop being used?
   
   g. Why are lobotomies no longer used as a procedure to treat mental illness?

3. Create a timeline for the treatment for mental illness. This can be in the form of a poster, string line or document.
Medication

Medication as a treatment for mental illness became a serious option during the 1900s. Before then, although drugs were often used to sedate and calm patients, these did not provide relief from symptoms. In 1949, Australian psychiatrist John Cade began to use lithium as a treatment for psychosis with some success. By the 1960s, lithium was commonly used to treat patients with manic depression (bipolar disorder).

Today, there is a range of anti-psychotic and neuroleptic drugs that effectively manage patients’ symptoms. However, treatment is not isolated to the use of medication. Instead, mental illness is approached from a biopsychosocial perspective, where the patient is viewed as an individual. The medical practitioner/psychiatrist/psychologist considers the combined effect of biological, psychological and social influences, so that that management of the patient’s treatment is tailored to their particular needs.

Who looked after the mentally ill?

Historically, how has mental illness been perceived? Were people with mental disorders shunned or supported?

The care of the mentally ill was for a long time the responsibility of their families. Unfortunately, there was shame and stigma associated with having a family member with a mental illness. Consequently, the mentally ill were usually hidden in cellars, placed in locked enclosures, or abandoned to life on the streets.

The earliest known mental institutions date back to the eighth century CE, established by the Moslem Arabs. During the Middle Ages, as long as a person wasn’t violent, they could live without restriction within their community. However, by the fifteenth and sixteenth centuries, the mentally ill were progressively isolated and were often housed with the disabled and homeless. The more disturbed and violent were often locked up, chained to walls, beaten, starved and treated like animals.

Have you ever heard of the term bedlam? This word – which means confusion, uproar and chaos – is derived from the name of a famous mental asylum: Bethlem Hospital in England, which came to symbolise some of the worst features of asylums.
Bethlem Hospital began as a church during the 1200s, but by 1470, it was well known as an institution for housing the insane. Its inmates were deliberately malnourished on a plain diet (based on the four humours) that was meant to calm them. Men and women were kept separately and were often chained to the walls. Many were barely clothed and slept on straw like animals. During the 1700s, the citizens of London would flock to ‘Bedlam’, as it became known, and pay to view the inmates as a source of entertainment – a bit like visiting a human zoo.

Most of the inmates were diagnosed with either ‘mania’ or ‘melancholia’. The ‘treatments’ included periodically placing them in cold baths and submerging their heads till they almost drowned, beatings, scarring and blood-letting. Sadly, most did not survive the more extreme treatments.

Today, there are tight regulations imposed on the running of mental facilities. Patients are treated with respect and consideration. Their unique medical, psychological and socio/cultural needs are considered together to establish and maintain an individual treatment management plan. Gone are the days of wacky treatments and starvation. With significant advances in the treatment of mental disorders, there are many individuals who can now live relatively normal lives outside institutions and still access the support structures they need.

1. Describe the following techniques used on people with mental illness and explain what each technique was supposedly trying to achieve.
   a. trephination
   b. blood-letting
   c. convulsive shock therapy
   d. lobotomy.

WHAT HAPPENED IN MENTAL ASYLUMS FROM THE 1700S ONWARDS?

1. Research the French physician Phillippe Pinel.
   a. How were Pinel’s views different to those of other physicians of his time?
   b. What steps did Pinel take to improve the life of the mentally ill?

2. Research the American reformer Dorothea Dix.
   a. What did Dix discover when she visited mental asylums in Massachusetts?
   b. Outline her contribution to mental asylums.

3. Research the journalist Nellie Bly. How did Bly discover what actually happened in mental institutions in the late 1800s?

4. Research Clifford Beers. How did his Beers’ experience in a mental institution eventually lead to a reform in mental health?
The birth of psychology from philosophy

Now that we have explored the history of mental illness and the range of treatments used over the centuries, we turn to examine two key questions: what were the origins of psychology, and when (and how) did it emerge as an empirical science? Psychology began as philosophy: a discipline that tries to understand behaviour by using logic and reason, rather than observation and systematic experimental research methods.

Classical theories

The ancient Greek philosophers of the sixth to the fourth centuries BCE contributed significantly to our understanding of many areas of knowledge, including physics, metaphysics, mathematics, biology, zoology, government and ethics, although some of their theories are considered strange today. For example, Aristotle (384–322 BCE) believed that ‘reasoning and thinking’ took place in the heart, and that the brain was a large gland, situated in the head immediately behind the nose, that helped to cool down the ‘forces of life that descended from heaven and entered the body’ (McMahon, MacMahom & Romano, 1990).

At around the same time, Hippocrates (460–370 BCE) was the first to separate the discipline of medicine from philosophy and to establish a more scientific approach to physiology. As mentioned earlier in this chapter, he proposed that humans consisted of four fluids or ‘humours’ – blood, phlegm, yellow bile and black bile – that needed to be in balance for a person to enjoy good health.

Today we know that mental processes occur in our brain, but Aristotle is still considered one of the first classical philosophers to explore psychological concepts of personality, perception, thinking and ethics, and to examine the relationship between the body and the mind: a concept referred to as dualism.

The notion of dualism viewed the mind and brain as separate entities. According to Aristotle, the mind, which in ancient times was referred to as the ‘soul’, described the non-physical aspect of being human. It was a word used to represent our consciousness, our thinking, our imagination and our emotions – essentially, any mental process that could not be seen. In contrast, the body was the visible, human form.

Seventeenth- to nineteenth-century theories

During the seventeenth century, René Descartes (1595–1650), a French mathematician, philosopher and physiologist, was one of the first thinkers to offer a systematic description of the relationship between the mind and brain. He linked the mind (soul) with the concepts of consciousness and self-awareness, and realised that the brain is the location of intelligence.

Descartes was also a pioneering mathematician. He discovered the Cartesian coordinates, which ultimately led to the development of the statistical scientific methods that are used today in experiments to examine how one event can influence another.
In 1831, the naturalist and biologist Charles Darwin (1809–92) developed the theory of evolution. He proposed that animals and humans evolved and changed from common ancestors through a process of natural selection. At first, his idea – that our ancestors were similar to apes and monkeys – was met with resistance. His book On the Origin of Species aroused a great deal of argument throughout both the scientific and the religious communities. According to Darwin’s theory, both animals and humans are programmed by nature (through genetic inheritance) to behave in ways that help their species survive.

Psychology becomes a science

WILHELM WUNDT

Psychology was not considered a separate scientific discipline until 1879, when the first psychological laboratories to study humans were established. Wilhelm Wundt (1832–1920) has often been called ‘the father of experimental psychology’ and the ‘founder of modern psychology’, as he was the first to establish such a laboratory (the Institut für Experimentelle Psychologie, in 1879). Wundt situated his laboratory at the University of Leipzig, where he was Professor of Inductive Philosophy from 1875 to 1917. In 1881, he also founded the first journal of psychological research. At that time, sciences such as chemistry and physics were successful in using the structuralist approach: breaking things down into smaller parts, and then investigating how they were related. Wundt thought that the human mind could be approached in the same manner and tried to explore the elements that make up consciousness.

WILLIAM JAMES

Unlike Wundt, who looked at the content of consciousness, William James (1842–1910), an American philosopher and psychologist, was more interested in the function and purpose of consciousness (known as the functional approach). He viewed consciousness as a continuous stream of thought, rather than as independent elements to be examined separately (Rawlings et al. 2005). After the publication of his ideas in The Principles of Psychology (1890), psychology was viewed as an independent science rather than just being a branch of philosophy. James believed that consciousness should be studied outside the laboratory, in the real world. His work led to the development of intelligence tests for humans, and tests to see how quickly animals learned to solve problems. James also studied moral and religious beliefs and behaviour. Based on the Darwinian idea of natural selection, James believed that consciousness or self-awareness must have been important to the survival of humans.
1. When was psychology first considered a separate scientific discipline?

2. Wilhelm Wundt was a well-respected psychologist. What approach did he use in his research? Explain.

3. William James took a different approach in his research. Compare his approach with Wundt’s. Identify one key difference.

4. Who was the major influence on William James?

**WOMEN PSYCHOLOGISTS**

While women played an important role in the history of psychology, we often only hear about the famous men in this field. Using the internet and other resources, research one female psychologist from the nineteenth century and one female psychologist from the twentieth century. Include the following information:

- name
- date of birth and death
- nationality
- what she specialised in
- her major contribution(s) to psychology.

Present your work in a Word document, PowerPoint presentation or as a poster.

**Contemporary theories**

Since the time of Wundt and James, a vast body of empirical research has grown that underpins the contemporary theories of psychology today.

*Empirical research* means that a research question is formed, a hypothesis developed and a method of data collection determined. At the end of the study, the researcher assesses whether or not their prediction was supported or rejected. This is the fundamental basis of scientific research, and many (but not all) contemporary theories have been developed based on this rigorous scientific process – though from quite different perspectives. These perspectives include:

- behavioural
- psychoanalytic/psychodynamic
- humanistic
- cognitive
- biological
- sociocultural.

**Behavioural perspective**

During the early 1900s, John B. Watson (1878–1958) founded a new direction in psychological research known as **behaviourism**. The behavioural perspective focused on the ‘nurture’ aspect of human development and placed greater importance on how environmental influences shaped a person, rather than their genetics ‘nature’. Consequently, only observable behaviours that could be scientifically researched were explored.
Ivan Pavlov (1849–1936) also had a great influence on the behaviourist movement. He was a Russian physiologist who accidentally discovered that dogs could be trained to salivate in response to a bell. This stimulus-response relationship became known as Pavlovian conditioning, and later classical conditioning (see Chapter 5).

Other behaviourists, such as Edward Thorndike (1874–1949) and B.F. Skinner (1904–90), followed in Watson and Pavlov’s footsteps. They not only made significant contributions to our knowledge of the stimulus–response relationship, but also gained a greater understanding of both active and passive learning.

1 How was John B. Watson’s ‘behaviourism’ different from previous approaches in psychology? Explain.

2 What was Watson’s view on the ‘nature versus nurture’ debate? Which did he believe was more important?

RESEARCHING PSYCHOLOGISTS

You will need the internet for this activity. Find out more information on the following psychologists and answer the questions that follow:

→ John B. Watson
→ Edward Thorndike
→ B. F. Skinner.

1 In which country was each born?

2 In which area of psychology did each conduct most of his research?

3 Research one experiment for each, and describe what he found.

4 Name one significant contribution each made to psychology.

5 What were some of the ethical problems associated with each of their experiments?

6 Would they be able to conduct the same type of research today? Explain your answer, using the ethical terms described in Chapter 1.
Psychoanalytic/psychodynamic perspective

Sigmund Freud (1856–1939) was an Austrian physician who developed a revolutionary new approach to treating patients with psychological disorders, which he called psychoanalysis. He believed that childhood experiences have an important influence on our behaviour as adults and that these behaviours are often not driven by ‘free will’. Instead, he proposed that behaviours were directed by the unconscious mind (see Chapter 20). He formulated the theory that the human mind contains conscious and unconscious levels. Painful memories, wishes and desires of which a person is ashamed are stored and kept repressed in the unconscious. Freud believed that the unconscious level may be unveiled by dream analysis. Eventually, psychoanalytic theory became known as the psychodynamic perspective. Freud, together with other neurologists, established the study of psychiatry as a separate medical discipline.

Some of Freud’s original ideas have been viewed as a pseudo-science (fake science) in more recent times.

1. What was the name of the therapy that Sigmund Freud developed?
2. What did Freud believe about the mind and behaviour?
3. Name one method used by Freud in his discovery of the ‘unconscious’.

Cognitive perspective

Cognitive psychologists wanted to understand the relationship between cognition (thinking processes) and behaviour. The cognitive perspective, which was greatly influenced by the development of information technology, used the computer as a metaphor for the workings of the mind. The information-processing model, based on the structure of a computer, helped to explain how memories and thoughts are ‘encoded’ when the mind receives ‘input’ from the environment. They are in turn changed into a form that can be ‘stored’, and then effectively ‘retrieved’ as required. Cognitive psychologists ‘view organisms as machines that respond to environmental input with predictable output’ (Westen 1996, pp. 18–19).
Humanistic perspective

The humanistic perspective was deliberately less scientific in its approach than the cognitive perspective. The humanist psychologists preferred to explore a person’s ‘individual’ conscious experience. They were interested in a person’s potential for growth and their unique personal qualities.

Carl Rogers (1902–87) and Abraham Maslow (1908–70), who both had a positive view of human nature, believed that human behaviour is governed by a person’s desire for personal growth. They argued that if a person had psychological problems, this was a result of the blockage of a need to develop as a human (see Chapter 20 for more on the humanistic perspective).

Biological perspective

The biological perspective draws its knowledge from medicine and physiology by examining the central nervous system, peripheral nervous system and endocrine system, with a focus on genetics. With regard to the ‘nature versus nurture’ debate, this approach takes the side of nature, placing great importance on explaining thoughts, feelings and behaviours in terms of neural processes and a person’s ‘programming’ at birth.

Mental disorders such as schizophrenia and chronic depression are examined in terms of chemical imbalances in the brain, while diseases such as Alzheimer’s are explored using a range of neuroimaging devices, such as an fMRI, to track levels of mental activity and deterioration over the course of an illness. Schizophrenia is a disease of the brain that causes patients to suffer from deluded thinking, hallucinations and depression. Areas highlighted in red and yellow are active during a verbal task, during which the patient was asked to generate words. The normal brain shows much activity in prefrontal and motor areas, but less in the parietal area on the left side. In the schizophrenic brain, these areas are all active, with the added active area of the middle temporal gyrus (lower centre of brain), not seen in normal subjects.

The biological approach continues to play an important role in our understanding of the physical and genetic processes in psychology.

**FIGURE 3.15** Positron emission tomography (PET) brain scans of a schizophrenic patient speaking compared with a normal patient speaking.
THEORETICAL APPROACHES TO PSYCHOLOGY

1. What is one key difference between the biological and the cognitive approach?
2. In what way is the humanistic approach different from all the other approaches? (You will need to conduct further research to answer this question.)

Sociocultural perspective

Psychologists who adopt the sociocultural perspective understand the importance of social and cultural differences between people. They examine how a person’s beliefs, values and traditions influence their thoughts, feelings and behaviours. For example, in Australia, it is rude to avoid a person’s gaze when they speak to you, whereas in other countries, such as Japan, it is considered disrespectful to look directly at the person talking to you. Sociocultural psychologists do not look merely at the individual, but also at the impact of groups within society, and how social norms – society’s rules and expectations about how group members should behave – influence behaviour (Taylor, Repetti & Seeman 1997). This approach is examined in more detail in Chapter 13.

CULTURAL ETIQUETTE

Use the internet to find out the ‘cultural etiquette’ of different countries. Websites such as eDiplomat area a good starting point or follow the link in your obook.

Working with a partner, select four countries whose cultural norms and rules are different from those in Australia. Investigate these, and present your findings to the class, using the following dot points as a guide to your presentation:

- meeting and greeting
- body language
- corporate culture
- dining and entertaining
- dress
- gifts
- helpful hints
- ‘especially for women’.

FIGURE 3.16 In Japan it is polite to bow when greeting another person, rather than shaking hands.
### Table 3.1 Contemporary theories in psychology

<table>
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<th>Psychological Perspective</th>
<th>Key Themes and Objectives</th>
<th>Researchers</th>
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<tr>
<td>Psychoanalytic/psychodynamic (1900 to present)</td>
<td>Psychoanalysis – both a theory and a treatment. The unconscious and early childhood experiences determine behaviour. Early childhood experiences could influence and control adult behaviour and emerge as a mental illness. People have little free will as they are controlled by the unconscious mind. This perspective has evolved to become the psychodynamic approach.</td>
<td>Sigmund Freud (1856–1939) (founder) Alfred Adler (1870–1937) Carl Jung (1875–1961)</td>
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<tr>
<td>Cognitive (1950 to present)</td>
<td>Focus on mental processes. Uses the metaphor that the mind is like a computer – the ‘information-processing model’. Cognitive psychologists ‘view organisms as machines that respond to environmental input with predictable output’ (Westen 1996, pp. 18–19).</td>
<td>Ulric Neisser (1928–2012) Hermann Ebbinghaus (1850–1909) Alan Baddeley (1934–)</td>
</tr>
<tr>
<td>Humanistic (1950 to present)</td>
<td>A deliberately less scientific approach. Emphasis on the ‘whole’ person (holism). Explores a person’s ‘individual’ conscious experience and their self-image. Human behaviour is governed by a person’s desire for personal growth. Based on the argument that if a person had psychological problems, this is a result of the blockage of a need to develop as a human.</td>
<td>Carl Rogers (1902–87) Abraham Maslow (1908–70)</td>
</tr>
<tr>
<td>Biological (1950 to present)</td>
<td>Mental processes and behaviour are explained in terms of physical structures and biochemical processes. Focus shifts to genetic influences (nature) rather than environmental (nurture). Uses neuroimaging devices (e.g. PET and fMRI) and medication to treat mental disorders and illnesses that affect the brain. Mental disorders explained in terms of chemical imbalances and addressed with medication.</td>
<td>Roger Sperry (1913–94)</td>
</tr>
<tr>
<td>Socio-cultural (1960 to present)</td>
<td>A holistic approach that considers the importance of cultural differences, shared beliefs, values, traditions and behaviour patterns of particular groups.</td>
<td>Lev Vygotsky (1896–1934) (founder) Robert Lavine (1942–)</td>
</tr>
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Adapted from Westen 1996, p. 11
Psychology today

Today’s psychology is the sum of its parts. A wide variety of theoretical approaches, from classical times to contemporary theorists, has shaped it into the complex discipline that it is today. It has become a science that uses reliable scientific procedures to explain the relationship between mental processes and behaviour.

Fields of psychology

As described in Chapter 2, the profession of psychology is varied, with many specialised areas. Despite the different areas of interest, all psychologists must follow the same initial educational path. They are required to complete a three-year undergraduate degree in psychology and a fourth-year honours or postgraduate diploma of psychology. At this stage, they can apply to their state registration board to become a provisionally registered psychologist. They then spend two years under the supervision of an experienced, fully qualified psychologist, who is registered as a supervisor. If they wish to specialise in a particular field, such as neuropsychology, they will need to complete a master’s degree or doctorate in psychology, specialising in a particular area. Ultimately, a person who wants to work as a specialist psychologist must complete a minimum of six years of formal university study.

**Figure 3.17** Career path options for trained psychologists in Australia
Psychology versus psychiatry

But what about psychiatrists? Or should that be psychologists? Many people confuse the two professions because each works with psychological dysfunction and mental illness. The media and movies add to this confusion.

The 1998 movie *Analyze This*, for example, is about a powerful gangster (played by Robert De Niro) who experiences symptoms of anxiety, difficulty sleeping, withdrawal from family and friends, and impotence. He is taken to see a very reluctant psychiatrist (Billy Crystal) by one of his trusted hit men. This funny movie portrays the psychiatrist as approachable, but also rather strange himself!

The 1975 movie *One Flew Over the Cuckoo’s Nest* shows a completely different view of a psychiatrist. The lead character R.P. McMurphy, played by Jack Nicholson, is transferred from a jail to a mental institution to assess his mental state. The movie offers us insight about how patients were treated in mental institutions until the late twentieth century, and the power that some psychiatrists had (and sometimes still have) over patients within institutions.

To control his ‘disruptive’ behaviours, McMurphy is given electroconvulsive (shock) therapy (ECT), the modern version of convulsive shock therapy, and is later forced to undergo a lobotomy, which was described earlier in this chapter. Patients who were difficult to control or violent became quiet and more controllable after having a lobotomy, as the area of the brain targeted was known to regulate emotion and personality. Success was limited, however, because of the lack of precision in the procedure. The damage to the brain was irreversible, and patients were often left with permanent brain damage. As you have discovered, the lobotomy is no longer used. ECT, which involves giving patients an electric shock to induce brain seizures, is still used to treat patients with severe depression, bipolar disorder (previously known as manic depression) and schizophrenia if these disorders do not respond to medication.
What, then, is the difference between a psychologist and a psychiatrist?
- A psychologist is a qualified therapist who can offer non-medical treatments for personality and mental problems.
- A psychiatrist is a qualified medical practitioner who specialises in mental illnesses, and is able to prescribe medication for mental disorders and perform medical procedures such as ECT. A psychiatrist must first complete a medical degree, followed by a minimum of two years as a resident (intern) in a hospital, followed by a five-year supervised specialist program in psychiatry.

**TABLE 3.2** Roles of the psychologist and the psychiatrist: major differences

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<th>PSYCHOLOGIST</th>
<th>PSYCHIATRIST</th>
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<tr>
<td>Completes a four-year undergraduate degree in psychology</td>
<td>Completes a six-year medical degree</td>
</tr>
<tr>
<td>Supervision under a qualified psychologist for two years</td>
<td>Works as a resident doctor (intern) in a hospital setting for two years</td>
</tr>
<tr>
<td>Undertakes a master’s or doctorate in psychology while supervised for two years</td>
<td>Undertakes specialist training in psychiatry, while supervised for five years</td>
</tr>
<tr>
<td>Unable to prescribe medication</td>
<td>Able to prescribe medication</td>
</tr>
<tr>
<td>Engages in prevention, assessment, diagnosis and treatment of mental illness</td>
<td>Can conduct medical procedures on patients</td>
</tr>
<tr>
<td>Assesses developmental progress, and personal and community health</td>
<td>Can perform restricted psychological assessments, such as IQ tests and personality tests</td>
</tr>
<tr>
<td>Can perform restricted psychological assessments, such as IQ tests and personality tests</td>
<td>Can perform certain assessments, such as personality tests</td>
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**FIGURE 3.20** When people think about consulting a psychiatrist, they generally picture the patient lying down on a couch while the psychiatrist takes notes. Is this a true picture?
CHAPTER SUMMARY

Psychology began as philosophy: a discipline that tries to understand behaviour by using logic and reason rather than observation and experimental research methods.

Aristotle was the first to develop a theory to explain personality, based on Hippocrates’ four humours as well as the concepts of perception, thinking and ethics. He also examined the relationship between the body and the mind – a concept referred to as dualism.

René Descartes (1595–1650), a French mathematician, philosopher and physiologist, was considered the first to give us a systematic description of the relationship between the mind and brain. He saw the brain as being the location of intelligence.

During the 1800s, naturalist and biologist Charles Darwin (1809–92) discovered that all species evolved from a common ancestor by a process of ‘natural selection’.
→ Psychology was not considered a separate scientific discipline until 1879. Wilhelm Wundt (‘the father of experimental psychology’) used a structuralist approach. His method broke scientific data into smaller parts, then investigated how they were related.

→ William James (1842–1910), an American philosopher and psychologist, was more interested in the function and purpose of consciousness (functionalism). Many of his ideas were based on the Darwinian idea of natural selection.

→ Psychology moved toward behaviourism during the early 1900s. John B. Watson (1878–1958) is regarded as the ‘father of behaviourism’. He also placed greater emphasis on environmental (nature) influences than on genetics (nurture) and how an environmental stimulus could cause a response in the organism or person.

→ Sigmund Freud (1856–1939) developed psychoanalysis, a revolutionary new approach to treating patients with psychological disorders. It was believed that unconscious and early childhood experiences determined adult behaviour.

→ The cognitive perspective was greatly influenced by the development of information technology, employing the structure of the computer as a metaphor for the workings of the mind.

→ The humanistic perspective explored the individual’s unique conscious experience. Carl Rogers and Abraham Maslow viewed humans as inherently positive in nature and believed that all people had a desire for personal growth. Psychological problems occurred when there was a block to a person’s ability to grow.

→ The biological perspective explained mental processes and behaviour in terms of physical structures and biochemical processes with a shift to genetics (nature) rather than environmental influences (nurture).

→ The socio-cultural perspective in psychology understands the importance of social and cultural differences, and examines how a person’s beliefs, values and traditions influence his or her thoughts, feelings and behaviours.

→ The key differences between a psychiatrist and a psychologist are that a psychiatrist is a qualified medical doctor who specialises in psychiatry and can prescribe medication and conduct medical procedures on patients. In contrast, a psychologist completes both undergraduate and postgraduate qualifications in psychology, but cannot prescribe medication or perform medical procedures.
→ TEST YOUR UNDERSTANDING

MULTIPLE CHOICE

1 Philsophy tries to understand behaviour by using:
   a observational and research methods
   b logic and reason
   c questionnaires and tests
   d dissection of animals and humans.

2 Aristotle was a great ancient Greek philosopher who believed that the brain and heart had particular functions. He taught his students that:
   a reason and thinking takes place in the heart, and the brain is a gland that can be cooled down
   b the brain is the centre of intelligence, and the heart is the organ that tells us we are alive
   c the heart is the centre of all thought, and the brain is the organ that directs the body to function
   d the brain is simply an organ to protect the head, and the heart is important in keeping us alive.

3 Aristotle is known for:
   a linking blood and bile to our health and proposing that if you place blood in a glass it will separate
   b proposing the first personality theory based on Hippocrates ‘four humours’ and for examining the relationship between the body and mind
   c being the first to discover personality, perception, thinking and ethics
   d linking depression to a person’s diet.

4 René Descartes was a:
   a French mathematician, philosopher and physiologist
   b German mathematician, scientist and astronomer
   c French scientist, philosopher and psychologist
   d German doctor, philosopher and mathematician.

5 Descartes believed that the brain is the location of:
   a a large gland
   b depression
   c intelligence
   d survival.

6 Charles Darwin believed that all species were descended from other species. He believed that humans were descended from:
   a reptiles
   b single-cell organisms
   c whales
   d apes and monkeys.

7 Wilhelm Wundt is considered to be the ‘father of experimental psychology’. He adopted a structuralist approach to studying the ‘mind’. This meant that he:
   a examined consciousness by breaking it down into basic elements, as other scientists study chemicals
   b dissected the brain to examine its structures
   c looked at how consciousness can be switched on and off by putting people to sleep
   d gathered information about consciousness, then broke it down into chunks.

8 William James, whose approach was called functionalism, was interested in studying the ___________ of the mind and consciousness.
   a purpose
   b structure
   c function
   d sensation.
9 Behaviourists changed the direction of psychology; they believed that only observable behaviours should be studied – not ‘consciousness’, which was difficult to measure. Behaviourism was founded by:
   a John B. Watson
   b Ivan Pavlov
   c Charles Darwin
   d Edward Thorndike.

10 The therapy that Sigmund Freud developed to treat his patients was known as:
   a psychoanalysis
   b hypnosis
   c sleep therapy
   d unconscious therapy.

11 Carl Rogers and Abraham Maslow focused on a person’s individual conscious experience and desire for personal growth. This approach is known as:
   a humanism
   b humanitarianism
   c psychoanalysis
   d cognitive therapy.

12 The cognitive approach uses ________ as a metaphor for explaining thinking processes.
   a a stream
   b a computer
   c a telephone
   d an iceberg.

13 The biological approach draws its knowledge from:
   a philosophy and medicine
   b biology and philosophy
   c medicine and physiology
   d neuroimaging devices.

14 According to the biological approach, mental disorders (such as bipolar disorder) are explained in terms of:
   a chemical imbalances and physiological processes
   b Darwinian theory about the difference between nature and nurture
   c environmental factors that might have led to a disorder
   d the central nervous system and endocrine system.

15 The socio-cultural approach places great importance on:
   a social and cultural conditions in a community, and emphasising mixing with a variety of cultures
   b people’s beliefs, values and traditions and how they influence behaviour
   c social activities and cultural events that shape a country like Australia
   d social parties and cultural festivals that bring people from all cultures together.

SHORT ANSWER

16 What educational processes must a person undertake to become a psychiatrist? Give a detailed response.

2 marks

17 Outline two key differences between a psychologist and a psychiatrist.

2 marks

18 Explain why ECT is still used as a treatment today.

2 marks