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TEXTBOOK
of
ABNORMAL PSYCHOLOGY

BY

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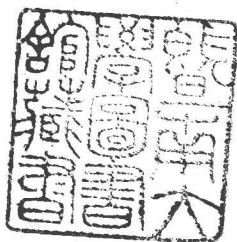
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FOREWORD

Without reflecting any discredit on the pioneer treatises on this topic, it can fairly be said that the present volume marks the beginning of an epoch. In fact, I am strongly inclined to believe that the volume signalizes the beginning of the scientific era in abnormal psychology. The authors, it would appear, have produced a work which is in line with the foundations laid by Pierre Janet, and infused with the spirit of the great French pathologist. While the work of Janet has necessarily been restricted to the clinical aspects, the present authors have coördinated therewith the contributions of general and experimental psychology; thus producing a structure worthy of its foundation.

I am impressed, in the first place, with the vast amount of materials collected in this volume. No other book has attempted such a task. Obviously, this is a sharp departure from the conventional type of psychology text, in which "easy steps for little feet" has become more and more the rule. In conjunction with the literature-references, which are of extraordinary definiteness, the book furnishes a starting point from which the really industrious student may branch out into any sub-topic in this complicated field.

In the second place, I am impressed with the critical balance of the book. Giving the various *isms* and theories their places, the authors avoid imposing on the reader either *isms* or emotional *anti-isms* (which is more than I can say for my own writings). Without being subjected to the stress of violent iconoclasm, the reader is prepared for immunity to both pseudo-psychological novelties and ancient superstitions.

There are various points of interpretation, of course, on which I should take issue with the authors; and on some of these points I should possibly be right. These features of the presentation, however, increase my appreciation of, and respect for, the whole. The authors, and the psychological profession are to be congratulated on this *magnum opus*, which demonstrates, among other things, that scientifically minded psychiatrists and psychologists can work together in harmony and fruitfulness: for, it should be said, this book has a history which is not superficially obvious; and in that history, Dr. Chapman has played a part of no small importance.

KNIGHT DUNLAP.

FOREWORD

This admirable book is written by two psychologists for students of psychology. It is a splendid work and to my mind the outstanding treatise on the subject today. It is obvious that to its preparation there must have been given long study and painstaking effort, yet one may easily forget this in the readability of the book. The authors have written simply and their presentation of theory and of fact is clear. There is in this volume a remarkable amount of information of great value to the student.

I am not in agreement with the authors in some of their conclusions, but I do agree that the psychologist is not qualified to treat "functional" mental illnesses without the coöperation of the physician, either within or without the hospital. No worthy psychologist or psychiatrist would undertake the treatment of what might seem to be the mildest neurosis without thorough physical examination, the effort to define the possible organic factor. Such an examination having been made and negative findings recorded, the fact remains that one of the most common and swift recourses of the neurotic is to physical symptomatology. The psychologist cannot ignore or adequately weigh such symptoms. He is at a disadvantage.

Granted that the psychiatrist has to act today too frequently on insufficient information both historical and clinical; granted that the psychologist may in many instances bring to patient and physician very great assistance, we pass into dangerous territory when we take mental disease out of the hands of the medical profession. The physician needs all the help he can get in this field. The professions which may contribute to his assistance are many. Nevertheless the directing force must be his. It must not be forgotten that mental illness presents the greatest of all problems in the fields of preventive medicine and the public health.

I look upon these years of association with Dr. Dorcus and Dr. Shaffer with the greatest pleasure. If in some measure the opportunities afforded by the hospital have contributed to the success which is their due in producing this book I am glad. They have also contributed much to our clinical work generally and to the treatment of our patients.

ROSS McC. CHAPMAN.

PREFACE TO FIRST EDITION

The text books in Abnormal Psychology which have appeared in the last ten years are, on the whole, either restricted to a discussion of the purely functional disorders in which the organic aspects are ignored or else they tend to explain all mental abnormalities as having an organic origin. Although previous authors have recognized the inadequacy of either of these methods alone, the attempts at combining the two have not been highly successful. When attempts have been made, the textual material has been too elementary to allow for anything other than a very cursory and brief statement concerning a given topic. This procedure has been necessitated in many instances by the lack of preparation of the students who enter the courses and by the wide range of purposes for which the texts have been intended.

The present writers have purposely ignored the problem of adapting the text to those students whose preparation in psychology and the related sciences is inadequate. On the contrary, this text has been written to fill the needs of advanced students in Psychology, Pre-medical students and Medical students who desire more psychological information. The latter group should find that the material dovetails with their information on Physiology, Neurology and Psychiatry. We have also purposely introduced, wherever possible, scientific terminology rather than popular terminology, since we feel that the scientific terms will be encountered by the individual from time to time in daily life and that a course in Abnormal Psychology should familiarize students with these terms.

The facts and principles of abnormal psychology have been presented by other texts almost entirely apart from the principles of normal psychology. In the present text, the authors have attempted to approach the discussion of abnormal phenomena through consideration of the normal. The symptoms and behavior of the abnormal individuals are not seen as completely new or mysterious ways of reacting but are recognized as exaggerated manifestations of normal functioning. Thus, dissociations of the personality are viewed in the light of the various conceptions of normal integration; and the abnormalities in the attempts at satisfaction of desires are considered through an understanding of the normal functioning of desires.

Our approach has followed along the lines of what has come to be known as reaction psychology. However, eclecticism has been utilized wherever it seemed helpful in the understanding of the phenomena under discussion. This procedure, however, has not involved the adoption of the variant systems of psychology from which particular viewpoints and terms have been drawn for expository purposes.

In most texts, the obvious question as to what is to be done about the abnormalities discussed, seems to be left unanswered. Consequently we have attempted to set forth the major principles of psychotherapy as they are practiced today. It is hoped that this material will not only be helpful to the Premedical and Medical students but will also indicate to the general student the principles which are applicable to the treatment of these conditions and enable them to adjust themselves better to their environment.

ROY M. DORCUS
G. WILSON SHAFFER

Baltimore, Maryland

PREFACE TO THE SECOND EDITION

Since the first edition of this book appeared in print, psychologists have become more and more influential in determining the trend of research and theory in behavior deviations. This influence has been exerted in the past by the application of facts carried over from research in Adult Normal, Child, Social, and Animal Psychology. Advances in Medicine, Neurology, Endocrinology and Psychiatry have continued at a rapid rate and have contributed to a better understanding of the psychological principles involved. We have incorporated this new material in the present revision and included certain important materials that were omitted from the first edition. The scope of the new materials required the addition of about 150 new references which should increase the value of the text as a source of bibliographical material. These additional sources have been utilized in expanding the material throughout the book. A number of these added references were the basis for the discussion of the new chapters on memory and association and on chemical therapy. In addition to the use of new materials, considerable change in organization has been effected. Practically all of the chapters have been rewritten in part, and many have been rearranged to avoid certain difficulties that have been encountered in teaching. We have continued the presentation of factual material but have made a greater effort to coordinate these facts with the theories and therapies outlined. Certain materials which have been found to be sources of trouble to the student have been eliminated, and other materials that we felt were not clearly enough presented have been reorganized. In some instances, materials have been moved into other chapters, where they could be more logically treated.

While the basic features of the original edition have been retained, we feel that the new materials added, the great number of changes made in organization and presentation, and the elimination of earlier unavoidable errors make the new edition almost an entirely new book. In fact, the publishers have been unable to retain any of the original type for the text in the printing of this revision.

ROY M. DORCUS
G. WILSON SHAFFER

Baltimore, Maryland
August, 1939

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Through the cooperation of St. Elizabeth's Hospital, The Training School of Vineland, and The Rosewood Training School, the photographs of epileptic, athetotic and feeble-minded patients have been made available.

To the following publishers who have given us permission to use and reproduce material from their books and journals, we owe our gratitude and take this means of expressing it.

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CHAPTER I

THE FIELD AND SCOPE OF ABNORMAL PSYCHOLOGY

SELF REFERENCE AS A CRITERION OF ABNORMALITY

In all of the treatises on abnormal psychology, there arises the problem of determining what activities are normal and what activities are abnormal. The solution of the problem becomes imperative if abnormal psychologists hope to offer aid in the treatment of mental difficulties. The fact that no solution has been reached is due in a large measure to our lack of knowledge of the normal individual.

One conception of the norm of life is that often adopted by the physician or psychologist, who takes his own life or some feature of his life as the norm or standard. If this norm is adopted, then that which agrees with it is normal; that which differs in any way is abnormal. That this procedure is fallacious and even dangerous is almost obvious to anyone possessing an elementary knowledge of individual psychology.

The physician or psychologist is likely to have occasional attacks of indigestion, to forget from time to time many important engagements, to dream after eating a heavy dinner, to feel at some time that people are talking about him, or that he is a failure in life. These are experiences common to the abnormal individual and are often regarded as symptoms of abnormality. The physician or psychologist may admit these symptoms in his own case but will interpret them as perfectly normal events, or he may not even think of them. It is only when one of these symptoms becomes exaggerated that the others begin to assume an important rôle in determining a norm. All that this method of approach accomplishes is the establishment of a multiplicity of norms.

Let us assume then that abnormal psychology is concerned with the development of concepts and principles of unusual mental activity, with special emphasis placed upon the relation of these principles and concepts to general, child, and adult psychology. If this definition is accepted and if a separate field is postulated, let us now examine it and see what the field comprises.

It has just been said that abnormal psychology is a study of unusual mental activity, and therefore, any psychological process or response

that differs from the usual must be abnormal. How do we determine what is an unusual activity?

STATISTICAL DETERMINATION AS A CRITERION OF ABNORMALITY

One method involves a statistical determination for each form of mental activity or for each type of response, resulting in the establishment of norms or averages. Then, whenever a particular response fails to come within a definite range on either side of the average or mode for its type, it is to be rated as abnormal. The range selected must by necessity be arbitrary; consequently any interpretation based upon this method of determination must be arbitrary. In common parlance we speak of abnormally tall and abnormally short individuals. In either case the meaning of the term "abnormal" is the same, and the basis for our statement depends upon our judgment of height. Height lends itself accurately to measurement; and if a sufficiently great number of measurements are made, a reliable average can be obtained. That is, the prediction may be made that if another group of individuals of the same race, sex and age are measured, approximately the same range of heights will be obtained and approximately the same average. The distribution of heights presented in figure 1 will be useful for our discussion. The average height is approximately five feet, seven inches. At what point on the scale must an individual fall in order that he may be called "unusually" tall or "abnormally" tall? At what point may he be said to be "abnormally" short? If we arbitrarily select five feet, three inches as unusually short and six feet as unusually tall, then our determination of abnormality becomes quite simple. Stature serves as a convenient illustration of our point, but is in itself of importance in determining the mental activity of the individual in so far as it may or may not indicate a dysfunction of one of the endocrine glands, which produces acromegaly, cretinism, and other diseases. Stature may also influence mental activity if the individual is socially sensitive concerning it.

An examination of a distribution of intelligence tests scores (fig. 2) will be equally illuminating. An average score is obtained for the group; and individuals are classified as geniuses or feeble-minded in accordance with the position that their scores indicate. The distribution of intelligence scores in figure 2 does not in itself in any way indicate where the demarcation between normality and abnormality should be drawn. This must be done arbitrarily.

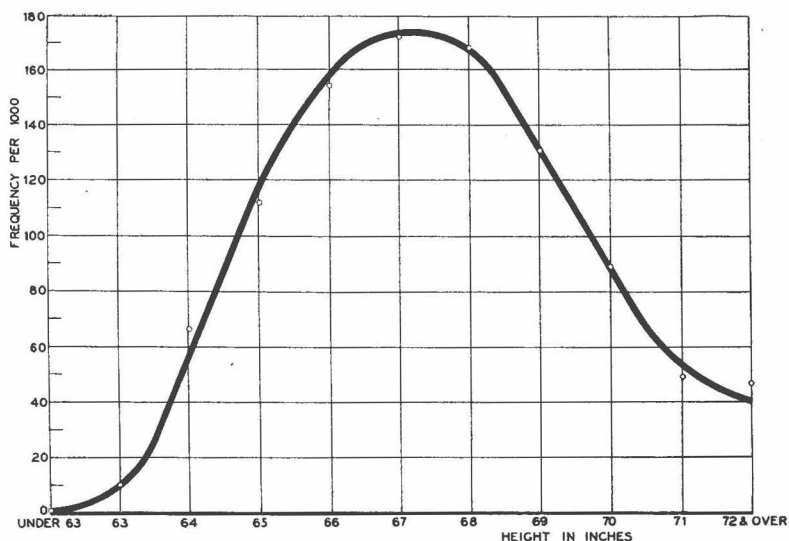


FIG. 1. Height of 304,113 accepted white recruits to the United States Army, 1906-1915. Army Anthropometry and Medical Statistics. F. L. Hoffman. Report to National Academy of Science, Philadelphia, November 21, 1917.

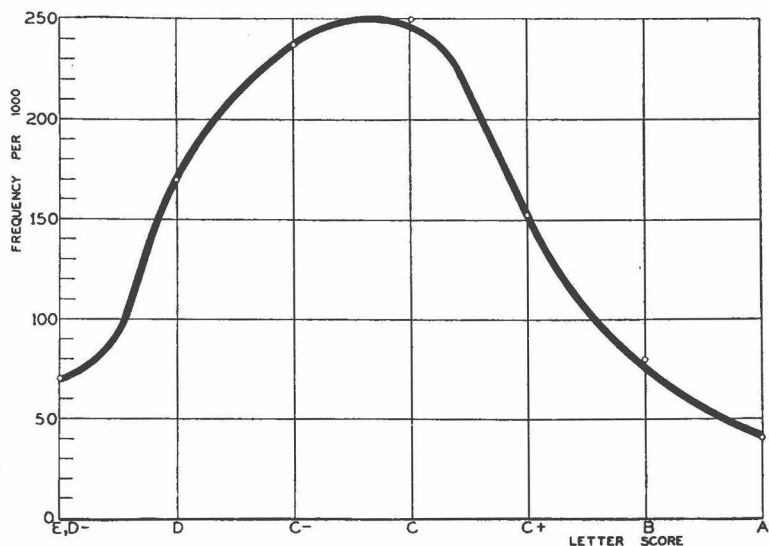


FIG. 2. Letter scores on Army Alpha Test, 94,004 drafted white men. *Memoirs National Academy of Sciences*, Vol. XV, p. 855, table 406.

Intelligence is a psychological concept, whereas stature is a physical concept, but in the case of each the notion of abnormality is a statistical one.

While we have stated that the norm is derived in part mathematically and in part arbitrarily, what we should say is that the average is mathematically derived and serves as a basis for determining the range that is acceptable as normal.

If we accept the average as the norm, then deviation from the average, beyond arbitrarily set limits, constitutes abnormality. A man above the average stature for his group is abnormal. A child above the average for his group in intelligence, is abnormal. The upper limit does not have to be the same as the lower limit. We might, for example, decide that the limits are, for stature in the illustrative group, five inches above the average and seven inches below the average. We might revise this, and set the limits of the normal range at seven inches above and five inches below. If there is no determinant of the norm, other than the average, we can decide upon any range we choose. If there is no good reason for adopting one range rather than any one of a great number possible, then the average would have no value. Obviously, we usually employ some other norm or standard, in addition to the average.) This accessory standard may be described in terms of desirability and undesirability, beneficiality and harmfulness, appropriateness and inappropriateness. We may incorporate these apparently divergent criteria under the terms: advantageous and disadvantageous. We may proceed further and say: that which is advantageous is normal and that which is disadvantageous is abnormal. This conception is adequate within the limits imposed in our subsequent treatment. If all mental functions were adaptable to statistical measurement, then the task of determining abnormal conditions would be somewhat simplified. Unfortunately this is not true.

A few examples of psychological functions that do not lend themselves to statistical interpretation are stammering, sex perversions, functional blindness, and loss of memory (amnesia). Any one of these conditions may be exaggerated to a marked degree or may show only a slight deviation from the norm. How badly does a person have to stammer in order to be classified as a stammerer? The question may appear foolish, but actually there are very few individuals who have never hesitated in their speech at some time or other. Most of these people are not to be classified as abnormal, and no arbitrary scale thus far devised is satisfactory for any of the above conditions. In regard to

loss of memory or failure to recall (amnesia), the situation is almost as troublesome, although it should be possible on the basis of our present psychological knowledge to set up a useful scale for this type of deviation.

DEGREE AND KIND OF RESPONSES AS CRITERIA OF ABNORMALITY

There is another complicating factor in the establishment of suitable working norms; namely, that responses or activities may vary in kind and degree. These two aspects of activity may vary concomitantly or they may vary independently of each other. It is desirable to examine this idea further since it will clarify some of the problems arising in the field of abnormal psychology.

In considering that aspect of response which may be called degree, it may be found that a response is of the correct type for a given situation but that it is inadequate since it is not proportionate to the stimulus. For example, the individual who applauds very boisterously and for a long time each comical situation at the theatre, is giving essentially the right type of response, but his reaction is exaggerated.

The kind of response given in one situation may be inadequate in another. The inebriate in a swallow tail coat standing in the middle of the street directing traffic would not be making an inadequate or abnormal response under the circumstances. If, however, a clergyman or street cleaner, dressed in the garb of his occupation should do the same thing, his response would be abnormal or inadequate. Students celebrating a football game behave in a manner that would be inappropriate for certain other occasions. Some of their other responses seem to need careful scrutiny, especially those connected with fraternity initiations. Their activities appear appropriate for the occasion upon superficial examination, but closer scrutiny reveals the fact that their actions resemble the actions of groups who have been swept by hysteria.

The examples which have been discussed are also useful for illustrating certain other features of abnormal psychology. By definition, it was indicated that any unusual mental activity or response is abnormal. This has been interpreted to mean that only those responses which are undesirable belong in the sphere of our discussion. It is true that only undesirable activities give either the individual or society trouble, but trouble in itself is not an adequate criterion for deciding when a particular mental phenomenon is abnormal. An individual with an exceptionally keen memory, or one with tactual hypersensitivity, or an expert wine taster must be considered as belonging to an abnormal class of individuals. The abnormal psychologist must formulate theories