

CASEBOOK AND STUDY GUIDE

STEPHEN L. DUBOVSKY and LISA D. BUTLER

Third Edition



ABNORMAL PSYCHOLOGY

DAVID L. ROSENHAN / MARTIN E.P. SELIGMAN

Casebook and Study Guide

Abnormal Psychology

Third Edition

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Introduction to the Casebook

Abnormal psychology is one of the most interesting, but also one of the most challenging, courses offered in an undergraduate curriculum. The field deals with everyday concepts, but it uses a unique jargon. We are supposed to learn how to differentiate the pathological from the normal, but at first glance it seems as if the line between the two is very thin and most of us are not always on the safe side of that line. We read about problems that seem dramatic, but we cannot imagine what they would look like in real life. Without actually seeing people who have the conditions describe in the course, it is even more difficult to imagine how they are helped. Yet abnormal psychology provides a foundation for treatment as well as description.

The third edition of *Abnormal Psychology* by David Rosenhan and Martin Seligman is a comprehensive description of the field. To help you to master the material in the textbook, this casebook provides more detailed descriptions of some of the ways the conditions described in the textbook translate into clinical psychopathology. The cases correspond to each of the chapters in *Abnormal Psychology* and are designed to amplify the concepts presented in those chapters. Each case is accompanied by questions that are designed to stimulate further thought on the topic presented, but better questions undoubtedly will occur to you as you proceed through the course. The cases presented here are not theoretical. Each one is drawn from actual clinical practice or from the published literature on clinical practice. In a few instances, biographies of public figures are used to illustrate clinical points. There is also a description of the treatment that was utilized in each case. Much of the time, the outcome of treatment was positive, but sometimes it was not. At times, a global cure was achieved, and at other times the goals were more circumscribed. You may find yourself satisfied with the results in some cases and not in others. This is just what happens in real life, and discussing how you feel about the way the case turned out may help to further amplify your understanding of the topic. Your instructor will be in a good position to help you with this task.

The last edition of this casebook was written by Christopher Peterson of the University of Michigan. I have revised Cases 1, 2, 4, 6, 7, 9, 10, 11, 16, 18, 19, 20, 22, 27, 28, and 30 from Professor Peterson's work. These cases, which are drawn from writings in the field and in one case from a description of psychological test findings, contain classic descriptions of pathological states and their therapies. While they are timeless, I have updated most of them and added my own perspective, so that readers of a previous edition may not recognize them. Cases 22, 29, and 34 in the last edition of this casebook have been omitted because circumstances have rendered them somewhat less timely.

Cases 3, 5, 8, 12, 13, 14, 15, 17, 21, 23, 24, 25, 26, 29, 31, 32, and 33 are entirely new to this edition. One of these cases is based on the writ-

ings and a brief autobiography of the poet Sylvia Plath. The rest of the cases come from my own practice. I have disguised them sufficiently to prevent anyone from recognizing them as individuals, but the problems, the treatments, and the outcomes, all reflect what actually happened. You will therefore have an opportunity to see just how theory translates into practice. Toward the end of the casebook, I have included a few cases that illustrate social, economic, and political pressures, in addition to clinical complexities, that make the real-life practice of treating psychological ills so challenging. I hope that your enjoyment, as well as your understanding, of the field of abnormal psychology will be enriched by your experience with my patients.

I am grateful to Don Fusting for his encouragement and help with this and other projects, and to my family for putting up with me as I added this casebook to my labors. I would also like to acknowledge the influence of Jack Wasinger, D.D.S., M.A., Ph.D., a psychologist for all seasons.

Steven L. Dubovsky
Denver, CO
January 1995

Introduction to the Study Guide

This study guide is intended to help you understand the material presented in the third edition of *Abnormal Psychology* by David Rosenhan and Martin Seligman. The material here is a substitute neither for the textbook nor for your time and energy. However, it should help make *Abnormal Psychology* familiar and comfortable. The study guide sections correspond to chapters in the textbook, and you should read and study them in conjunction with the relevant material in *Abnormal Psychology*. The bulk of this third edition was adapted from the excellent second edition *Study Guide* developed by Chris Peterson. I wish to thank David Rosenhan for offering me this wonderful opportunity, Donald Fusting for his encouragement and patience, and Robert W. Garlan for his considerable help in preparing the “Central Concepts” sections as well as his creative suggestions for, and assistance with, other sections.

Each chapter in the study guide has several sections: “Chapter Overview,” “Essential Terms,” “Central Concepts,” “Sample Exam,” (multiple-choice questions), “Self-Test (fill-in questions),” “Matching Items,” “Short Answer Questions,” “Tying It Together,” “Further Readings,” “Term-Paper Topics,” and “Exercises.” These sections serve several purposes: (a) aiding you in acquiring the important ideas in each chapter; (b) preparing you for course examinations; (c) helping you to see the big picture presented in *Abnormal Psychology*; and (d) directing you toward further activity: reading, writing, and doing. Let me comment briefly on the sections contained in each chapter of this study guide.

Chapter Overview

The chapter overviews describe the purpose of the chapter and its major topics so that you will know what to expect as you read the textbook. You may find it useful to read the chapter overview before you read the chapter itself. The study guide’s overviews have been written independently of the textbook’s summaries, so that you will have two points of view about each chapter’s important ideas.

Essential Terms

Students are often overwhelmed by the vocabulary of psychology. Some of these terms seem familiar; we use them in everyday conversation. Other terms seem esoteric; we must write them down to remember their meanings and even how to spell them. And yet other terms may seem downright contrary. But the terminology of abnormal psychology is not just jargon. It is the way in which the understanding provided by psychology is expressed; in a sense, it *is* the understanding. Imagine watching a baseball game and not knowing what strikes or balls are, or what an

infield fly, a balk, or a designated hitter is. You are not watching the same game as an individual who has mastered baseball terminology. The same is true of psychology. When its terminology is mastered, psychology looks different—richer, more coherent, and more interesting.

For this reason I have extracted from each chapter the important terms and provided a brief definition and page reference for each. In most cases, I have tried to use the phrasing of the textbook in explaining a term. However, the best way for you to learn terms is to express them, in your own words. As you read the textbook, you may wish to compile your own list of definitions. Another good way to master terms is to think of your own example for each one. If you think of *positive reinforcement* as an environmental event that increases the frequency of an operant, you understand this term on an abstract level. If you also think of *positive reinforcement* as exemplified by the Hershey bar (with almonds) you buy after studying in the library for three hours, you will have an additional understanding of this term.

Central Concepts

This section expands upon and clarifies some of the central conceptual issues and difficult material raised in each chapter. Students usually study text material with a very narrow focus, rarely taking the time (they rarely have the time!) to step back and think deeply about the issues at hand, and how they may relate to larger real world concerns and their own experience. However, many of the issues raised in abnormal psychology, especially those covered in the historical, theoretical, and legal chapters of the text, are philosophical in nature, complex in meaning, and significant in their implications. The Central Concept sections examine a number of these issues and, hopefully, facilitate your understanding and appreciation of them.

Sample Exam (Multiple-Choice Questions)

For each chapter there are multiple-choice questions that cover the textbook material. They follow the order of the textbook chapter. In almost all cases there is one best answer, but for a handful of questions there are several “best” answers.

Multiple-choice questions like these are often used in examinations because they employ a common format with which to assess several different aspects of what you have learned: (a) factual information; (b) distinction among concepts; (c) similarity among concepts; (d) application of concepts; and (e) integration of concepts. Most of the questions cover material presented in the textbook, but some of the questions deal with material that was not presented. Abnormal psychology is a growing and changing field, and in some areas, knowledge is incomplete. The textbook authors have been careful to distinguish what is known from what is not known, and I have tried to help you make the same distinction by asking you in some questions about what is *not* the case.

How should you make use of these multiple-choice questions? Read the chapter carefully. Then answer the questions. They touch upon most of

the important concepts in a chapter, so you should try to see the point of each. If possible, try to answer a question before you look at the alternatives. When you do look at the choices, do more than select the best answer. Reflect on why your answer strikes you as being the best, and, just as important, reflect on why the other alternatives do not seem as good. When you take a multiple-choice examination in a course, you will probably employ strategies of answering, such as eliminating obviously wrong alternatives and making educated “guesses” from among those left. You can practice such strategies here, but I urge you also to understand why any given strategy does or does not work.

Correct answers and the page numbers on which the answer can be found in the text are provided at the end of each sample exam. Don’t peek!

Self-Test (Fill-In Questions)

There are fill-in questions for each chapter. Like multiple-choice questions, they are also frequently used in examinations, where they do a good job of assessing your knowledge of terminology and your understanding of concepts. Unlike multiple-choice questions, fill-ins ask you to produce answers rather than just recognize them. The questions, which follow the order of the textbook chapter, ask you to provide the missing word or phrase. Use these questions as you use the multiple-choice questions: answer them correctly, but also know why your answers are good ones.

Correct answers are provided at the end of each self-test.

Matching Items

The Matching Items section offers another opportunity to test your memory and understanding of the text material. For each chapter there are 10–22 key terms which must be matched with equivalent terms, definitions, or related information such as the name of the associated researcher or theory. Each term has one best match among the choices offered, although others may look right on your first pass. Again, an answer key is provided for this section.

Short-Answer Questions

Clearly constructed answers convey organized thinking and understanding, and they help instructors to grade your answers. They are also more time and space efficient. Short-answer questions are often used in examinations, and so learning the discipline of answering them in a succinct heading and point form format, rather than rambling sentences, is an *extremely* important skill to develop and practice. This skill can also be applied to structuring study notes and generating outlines for constructing longer essay answers. Even if your instructor requires answers in full sentences, you can use the heading and point-form structure as your outline for these. This format should be the backbone of your studying and answer-writing. The questions in this section are amenable to either short

answer or essay answer format; I encourage you to try answering them in either or both styles depending on the type of test questions your instructor favors, or the kind of practice you desire. Answers are not provided for these questions.

Tying It Together

In this section I briefly describe some of the ways in which the chapter pertains to other chapters—those already read as well as those yet to be read. Abnormal psychology is a coherent discipline, but students encountering the field for the first time may see it as more fragmented than it really is. The textbook covers topics ranging from brain chemistry to historical change, from unconscious desires to political persecution. In particular, the disorders described in the textbook are extremely varied, representing the range of human experience.

What I have tried to do is to direct you toward the forest that may be hidden by the trees of abnormal psychology. The “big picture” that emerges will be your own, but I hope that this aspect of the study guide starts you on your way toward seeing it.

It may be a good idea to read “Tying It Together” before as well as after studying each chapter. There is nothing in these sections to memorize. Rather, they contain food for thought. Psychologists have long investigated learning and memory, and what has emerged from this research is that individuals usually do not learn material verbatim. Rather, they learn the gist of material; they abstract its major points. Details are not “stored” in memory so much as they are “reconstructed” from the structure created by the individual when material is learned. To the degree that you are successful in creating your own “big picture” to serve as this structure, the material in *Abnormal Psychology* will be yours long after your psychology course is completed.

Further Readings

Almost all topics in abnormal psychology are interesting, but the textbook cannot go into as much detail as you may like for all topics. What I have tried to do in this section of the study guide is to suggest some readings pertinent to the textbook chapter. Some of these are from classical and technical sources, while others are from popular sources. You should be able to find most of them in your college library or in your campus bookstore.

Term-Paper Topics

Your instructor may ask you to write a paper as part of the course. This section contains possible topics for such papers. Each suggestion asks you to take a stance on some issue and then to defend it as best you can. In my opinion the key to a good paper is knowing, before you start, just what you are trying to convey to the reader. Once you have this knowledge, you also have answers to question that may otherwise seem quite

puzzling to you: “How should it start?” “How should it end?” “How many pages should it be?” “How many references should it have?”

P.S. Type your papers! Please believe me, typed papers are better for all concerned.

Exercises

Abnormal psychology is not a discipline that lends itself to an undergraduate laboratory course. Unlike the classic studies in physics, chemistry, or general psychology, the classic investigations of abnormal psychology are not easily replicated. Considerations of time, money, and ethics preclude replication attempts. However, learning is well served by active doing, and for this reason I have tried to come up with exercises that take off from the chapter material. These are not the same thing as laboratory experiments, but they serve the same purpose: providing you with hands-on experience with concepts important to the field.

In each case the exercises bring important ideas down to earth. Some pose thought problems for you to solve. Others ask you to see a movie or read a book. And still others ask you to talk to people. These latter exercises must be approached carefully because they may infringe on people's right not to be talked to about certain matters. It would be wise to follow the ethical guidelines employed by psychologists in their research. Prior to the exercise, (a) tell the persons what you will require of them and obtain their permission to conduct the exercise (informed consent); (b) inform the persons that they can cease their interaction with you at any time (right to withdraw); and (c) let them know that you will answer any questions about the exercise to the best of your ability when it is finished (debriefing). If you have any doubts or questions about the appropriateness of an exercise, please consult with your instructor!

Lisa D. Butler
Stanford, CA
January 1995

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The Damm Family: Homeless in America

What is abnormal? Rosenhan and Seligman argue that there is no unalterable line separating the normal from the abnormal. If we tried to draw such a line, many of us would be straddling it. As arbitrary as they may be in everyday life, however, decisions about abnormality are the bread and butter of clinical psychology.

There are two obvious reasons why such judgments must be made. First, it is necessary to minimize the number of people who receive psychological treatments but do not have a psychological illness (i.e., “false positives”). In addition to wasting a good deal of time, effort, and money in an era of cost containment in health care, data about treatment efficacy would not be reliable if subjects who did not need treatment were included in outcome studies. In some studies people who were already well might seem not to benefit from therapy, whereas in others normal fluctuations in mood might seem like either dramatic improvements in response to treatment or placebo responses that no active treatments could beat.

Another issue, which is addressed in Chapter 18 of the text, is that it is more important, at least in the United States, to protect individual liberty than to make everyone conform to the norms of the majority, norms that change over time anyway. Wearing a beard, for example, was a sign of a professional during the last century, the hallmark of a hippie during the 1960s, and something that we hardly notice these days. We force people to conform to certain standards only when their actions involve the safety of society of the individual or when their abilities to make rational choices about how to behave are severely impaired: We can allow someone to be uncommunicative or eccentric, but not to burn down the house next door. If they do not break the law, people are free to live on the street, to join cults, or to act in any manner they chose, so long as the choice is based on free will and not psychotic reasoning. It is our interest in protecting personal liberty that makes us not want to label something as pathological just because it is different.

Does this mean that it is impossible to say when psychological functioning is abnormal, as opposed to unpopular? Not under many circum-