

*Second Edition*



# *ABNORMAL PSYCHOLOGY*

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# ABNORMAL PSYCHOLOGY

Second Edition

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W. W. NORTON AND COMPANY  
New York London

## *For Mollie and Mandy*

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Published simultaneously in Canada by Penguin Books Canada Ltd, 2801 John Street,  
Markham, Ontario L3R 1B4  
Printed in the United States of America.

Library of Congress Cataloging-in-Publication Data

Rosenhan, David L.

Abnormal psychology/David L. Rosenhan, Martin E. P. Seligman.—2nd ed.

p. cm.

Includes index.

1. Psychology, Pathological. 2. Psychotherapy—Case studies.

I. Seligman, Martin E. P. II. Title.

RC454.R578 1989 616.89—dc 19 88-28908

**ISBN 0-393-95696-2**

The text of this book is composed in Times Roman, with display type set in Times Roman.  
Composition by New England Typographic Service, Inc.  
Manufacturing by Hawkins/Arcata

Cover illustration: *Composition: "City People"* by Abraham Rattner. Collection of Charles E. Curry. Photograph courtesy of Kennedy Galleries, Inc., New York.

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W. W. Norton & Company, Inc., 500 Fifth Avenue, New York, N.Y. 10110  
W. W. Norton & Company Ltd., 37 Great Russell Street, London WC1B 3NU

1 2 3 4 5 6 7 8 9 0

# Preface

Although it was written for courses in abnormal psychology, this book was conceived in, of all places, a mental hospital. One of us, David Rosenhan, was engaged in a study in which a diverse group of “normal” people went into mental hospitals pretending to have a single symptom: they heard voices that said “empty,” “meaningless,” and “thud.” From the start, these “pseudopatients” acted the way “normal” people did. But they were labeled as “crazy” and treated as such, for reasons that will become clear when you read this book. Martin Seligman heard about the study and wrote Rosenhan a fan letter expressing his admiration for the courage it involved. To his surprise, Seligman received a phone call several days later inviting him to enter a hospital with Rosenhan. So it came about that in October 1973 both of us assumed false names—you figure out why—and wound up in the locked men’s ward of a state mental hospital.

One can hardly think of better places for two psychologists to become fast friends than in such trenches. In the hours and days that followed, discussions ranged over an enormous variety of topics: how we and our fellow patients were being treated; our personal and academic lives; and to such issues as the legal rights of mental patients, how to choose a therapist, the dehumanizing effects of labeling, the diagnosis of schizophrenia (more often, its misdiagnosis), depression and suicide, and finally teaching itself—how the experience of psychopathology, of hospitalization, of therapy, of diagnosis, and the range of psychological miseries, could be communicated to students. We left the hospital good friends, and with the hope that we might some day attempt to do something to improve the teaching of abnormal psychology.

This book, now in its second edition, is the result of more than fifteen years of collaboration, research, clinical experience, delving into a vast literature, writing and rewriting, and teaching abnormal psychology to undergraduates.

The work, though occasionally overwhelming, has been simply exhilarating. We have no regrets. During the last quarter century, the progress that

has been made in understanding and treating psychological disorders has been extraordinary. Disorders that were once wholly mysterious and untreatable, like the schizophrenias, depression, the anxiety disorders, and the sexual dysfunctions, can now be treated, often with considerable success. They are not yet fully understood, but neither are they completely shrouded in mystery. Indeed, we not only understand them better than ever before, but we are enormously optimistic about the immediate future. If the last twenty-five years were highly informative, the next twenty-five promise exciting discovery.

THE EXCITEMENT OF THE PAST HALF DECADE

Just consider the new advances and emphases in abnormal psychology since the first edition of this book was published—barely half a decade ago. The latest diagnostic technology in medicine—the PET and CAT scans, as well as regional cerebral blood flow (rCBF)—has been used successfully in the study of schizophrenia, a disorder that was once held to be *hopelessly* complicated. The roles of cognitive therapy and of interpersonal therapy in the treatment of depression have been greatly elucidated. Remarkable advances have been achieved in psychoneuroimmunology, and they have changed our understandings about the development of cancer. A psychological treatment has been implemented that cures panic disorder in virtually 100 percent of the cases. Our knowledge about the action of neurotransmitters in depression and schizophrenia has deepened. Our understanding of the genetics of bipolar (manic) depression has grown immeasurably as the result of a classic study of that disorder among the Amish.

The second edition of *Abnormal Psychology* incorporates these findings, as well as new research on the psychodynamics of cognition, the outcome of specific psychotherapies for certain disorders, the epidemiology of psychological disorder, the lasting effects of loss and of post-traumatic stress, the psychobiology of panic, and the effects of seasonal changes on depression. New understandings about the relationship between sleep and depression, Type A behavior, teenage suicide, depression in children, psychological aspects of AIDS, and sexual apathy have been assimilated into the revision. And of course, all of these findings have been informed by the latest revision of the increasingly controversial *Diagnostic and Statistical Manual of the Mental Disorders*, DSM-III-R.

PSYCHOLOGICAL THEORY AND TREATMENT THAT BEST FITS THE DISORDER

The revision continues the strong emphasis on theory that marked the book in its first edition. Rather than viewing all of psychopathology through a single theoretical lens, we continue to choose the theory that best illuminates a particular disorder. But the applicability of theories to disorders and treatments itself changes over time. New theories, particularly those that emphasize the role of *self* and the nature of *systems*, are introduced for their utility in understanding the personality disorders, as well as forming the basis of couple and family therapies.

*Abnormal Psychology*, in text and in substance, is inherently interesting to anyone who is concerned with people and with what makes them “tick.” We have tried to augment that interest by using richly described case histories that convey the immediacy and drama of psychopathology. We hope, too, that we have sustained the reader’s interest by writing clearly and directly, by treating research findings in a coherent manner, by avoiding shotgun citations and by avoiding technical jargon. The book is written for the intelligent reader, most likely, but not invariably, an undergraduate who has a quarter or a semester to give to this effort. For that effort, we expect the reader not only to have gained an intelligent grasp of, and sympathy for, the issues in abnormal psychology but also to be able to evaluate and appreciate the significance of new research that will have emerged after the course was completed.

#### TWIN EMPHASES: PEOPLE AND SCIENCE

One final point: This book emphasizes the science of abnormal psychology, and it stresses equally the human suffering that abnormality spawns and its social costs. We want to be clear about that joint emphasis. As we take up each disorder and the scientific theories and therapies used to explain and treat them, we have spared little effort to convey the human side of this ongoing endeavor. Scientific explorations into diagnosis and treatment promise wholesale amelioration of human misery. Nothing else does with any degree of reliability. But the “science” of abnormality has no meaning unless human suffering is kept centrally in mind.

#### THE PLAN OF THE BOOK

This book is designed to be used in one-semester or one-quarter courses in abnormal psychology. The definitions, history, and major schools of thought and treatment of abnormality are presented first. Then, each of the major disorders—their description, their causes, and their treatments—is laid out in light of the competing schools of thought.

The book opens with two chapters on abnormality across time and place (Part 1). In Chapter 1, the notion of abnormality is defined. We argue that there is no one element that all cases of abnormality have; rather several important elements combine to yield the judgment of abnormality. Chapter 2 examines how the view of madness had changed across history. It emphasizes a notion that is now considered “common sense”—that the origins of madness may be either physical or psychological—a view that was not accepted until the twentieth century.

Part 2 describes the prominent schools of thought and their approaches to and treatments of abnormality. Chapter 3, the biomedical model, looks at abnormality as a disease of the body. It examines the role of germs, of genes, and of biochemistry in the production of abnormality. Chapter 4 takes up both the psychodynamic model of abnormality, from the towering work of Sigmund Freud to more modern views and the existential approach to abnormality. Chapter 5 presents the environmentalist model, incorporating



the behavioral school of thought, which emphasizes the role of classical conditioning and of instrumental learning as potential causes and treatments of abnormality, and the cognitive school, which holds that psychological abnormality is produced by disordered thinking, and that changing disordered thinking produces cure.

Having outlined the major schools of thought of abnormality, Part 3 turns to how abnormality is investigated and how it is diagnosed. Chapter 6 investigates the role of different methods of assessment for illuminating the cause and cure of abnormality. Case histories, laboratory experiments, correlational studies, experiments of nature, and experimental models are all examined and compared. We conclude that each method contributes to our knowledge of abnormality, and we describe how they do so. This section ends with Chapter 7, which discusses the diagnosis and assessment of abnormality. DSM-III-R is fully described and evaluated, and part of it is reprinted as an appendix at the end of the book. Varieties of psychological tests, which help to diagnose abnormality, are examined.

In Part 4, which covers anxiety and the psychosomatic disorders, we provide a detailed examination of psychopathology. The three chapters on anxiety and psychosomatic disorders are organized around the degree to which anxiety is apparent in the disorder itself. Chapter 8 discusses those anxiety disorders in which the sufferer actually feels fear and anxiety: phobia, post-traumatic stress disorder, panic disorder, and generalized anxiety disorder. Chapter 9 turns to those disorders in which the existence of anxiety is inferred rather than apparent: obsessive-compulsive disorders, hysterical conversion (now called a somatoform disorder), dissociative disorders, and multiple personality. Chapter 10 looks at health psychology and psychosomatic disorders, those disorders in which physical illness is influenced, and in the strongest case, caused by psychological factors. We examine in detail psychosomatic principles and illustrate these principles through discussing the disorders of stomach ulcers, coronary heart disease and the Type A personality, and sudden death. We also have a detailed discussion of the new field of psychoneuroimmunology.

Part 5 turns to the major depressive disorders and the schizophrenias. Chapter 11 deals with depression and suicide. It describes the symptoms of depression, the distinguishing features of manic-depressive disorder and bipolar depression, and it provides a description of the three major competing theories and therapies of depression. We propose an integrative theory of depression, and then discuss the most tragic consequence of depression, suicide. Chapter 12 describes schizophrenia and its symptoms, illustrating the disorder with rich case history material. We conclude the section with an evaluation of competing psychological, biochemical, and societal theories of schizophrenia and a discussion of the prospects of treatment and rehabilitation of people with this devastating disorder.

In Part 6, we look at social and interpersonal disorders. Chapter 13, on sexual disorders, begins with an examination of human sexuality. We first examine sexual function and dysfunction. We then look at sexual order and disorder, examining the paraphilias and then transsexuality. Finally, we present an integrative theory of the origin of sexual disorders. In Chapter 14, we examine psychoactive substance abuse disorders. We look at each of the major abused drugs, from alcohol, narcotics, and stimulants, to cigarette

smoking and sedatives, as well as the underlying psychological and biological phenomena. In Chapter 15, we discuss the personality disorders, that is, disorders in which a person's entire character structure presents a problem for the individual or for society. We focus particularly on the antisocial personality disorder.

In Part 7, we take up abnormality through the lifespan. In Chapter 16, we look at the disorders of childhood. In many respects, children and adults suffer similar problems: fears, phobias, eating disorders, and the like. In Chapter 17, we concentrate on disorders of the nervous system. We differentiate here between psychological problems and neurological problems, and we describe assessment techniques by which neurological damage is detected. Finally, we examine the major disorders of the nervous system, including one that afflicts older people, Alzheimer's disease (the disorder of senility).

The final section of the book—Part 8—considers the legal issues related to psychological abnormality, and the issues associated with choosing a psychotherapy. In Chapter 18, we look at society's institutionalized reaction to abnormality and our laws about commitment—voluntary versus involuntary commitment. We then examine the insanity defense and ask: When, if ever, is insanity an excuse for a criminal action? In the final chapter, Chapter 19, we ask, "How can one use the information in this book to best choose an appropriate psychotherapy?" We review the specificity of different schools of thought and their therapies for different disorders. We make suggestions about what therapies are apt to be most effective for what particular disorders. We then examine the general characteristics of psychotherapists and psychotherapy, which enable individuals to grow.

#### ACKNOWLEDGMENTS

Over the years of writing this book, we have accumulated intellectual and personal debts to many colleagues, students, friends, and family. Many people have been more generous with time and criticism than we had a right to anticipate. Chief among these is Paul Rozin of the University of Pennsylvania, our friend and colleague and Norton's editorial adviser. He encouraged us when we flagged. He raised pointed questions in every draft of every chapter of the second edition, as he did with the first.

Writing such a text is a challenging undertaking, and there were three areas, psychoactive substance use disorders, child psychopathology, and disorders of the nervous system, where we felt others, more expert in these areas, might best take up the role of author. We particularly thank Susan Nolen-Hoeksema of Stanford University, for thoroughly revising Chapter 16, Childhood Disorders and Mental Retardation; Joseph Volpicelli of the Veterans Administration, Philadelphia, for writing a completely new Chapter 14, Psychoactive Substance Use Disorders; and Paul Rozin, again, and Morris Moscovitch of the University of Toronto, for writing Chapter 17, Disorders of the Nervous System and Psychopathology.

From other specialists, we received comments on specific chapters in the book. For their time and thoughtful advice, which we, at times, ran the risk of not taking, we thank the following:



Thomas M. Achenbach  
*The University of Vermont*

Julian Davidson  
*Stanford University*

I.I. Gottesman  
*University of Virginia*

Margo Horn  
*Stanford University*

Mardi J. Horowitz  
*University of California*

Robert Howell  
*Brigham Young University*

Lester Luborsky  
*University of Pennsylvania*

Stephen Matthysse  
*McLean Hospital*

Gary P. Melton  
*University of Nebraska*

Douglas Mook  
*University of Virginia*

Tibor Palfai  
*Syracuse University*

Myrna Schwartz  
*Moss Rehabilitation Center,  
Philadelphia*

Varda Shoham-Salomon  
*University of Arizona*

Richard A. Shweder  
*University of Chicago*

Shepard Siegel  
*McMaster University*

John Teasdale  
*Medical Research Council, UK*

Joseph R. Volpicelli  
*Veterans Administration,  
Philadelphia*

Ingrid Waldron  
*University of Pennsylvania*

Myrna M. Weissman  
*Yale University*

We also thank (and pay tribute to) those teachers of abnormal psychology courses on whom we came to rely for suggestions and changes for the second edition based on their experience in the classroom, among them:

Cole Barton  
*Davidson College*

Sarah A. Burnett  
*Rice University*

Nancy G. Caine  
*Bucknell University*

Nancy Campbell-Goymer  
*Birmingham-Southern College*

James F. Carruth  
*West Virginia University*

Thomas F. Cash  
*Old Dominion University*

Jean E. Dumas  
*The University of Western Ontario*

Joseph D. Eubanks  
*San Antonio College*

Norman Finkel  
*Georgetown University*

Stephen E. Finn  
*The University of Texas at Austin*

Roy Fontaine  
*Williamsport Area Community  
College*

Frederick P. Gault  
*Western Michigan University*

Anne E. Harris  
*Arizona State University*

Laurie Heatherington  
*Williams College*

Rick Ingram  
*San Diego State University*

John B. Knowles  
*Queen's University*

Tim Kochems  
*Boston College*

Gregory J. Neimeyer

James November  
*Jacksonville University*

Philip L. Rice  
*Moorhead State University*

Rosemary A. Robbins  
*Private Practice, Cherry Hill, N.J.*

David G. Sequin  
*James Community College*

Thomas E. Shipley, Jr.  
*Temple University*

Jane Ellen Smith  
*University of New Mexico*

Leonard Solomon

The second edition of this book benefited enormously from the research assistance of Sally Davis, Joseph Firschheim, Bruce Hamilton, Shelli Irwin, Jane Penaz, Pam Schaffer, and Pat Tansey. Administrative and supportive assistance came from Chris Beck, Shannon Temple, and Mary Tye. Our debt to these people is great.

Finally, we thank those at Norton with whom we have worked for better than a decade across two editions of *Abnormal Psychology*. We are especially grateful to Donald Fusting, our editor, who guided both editions. No mere acquiring editor he, Don criticized each and every chapter, offering conceptual, organizational, and editorial suggestions. We learned to ignore those suggestions at the book's peril. Next we thank Sandra Lifland, whose efforts on this book defy brief description. Like Don, she took a collegial role in this revision, raising theoretical questions and pressing relentlessly for answers. She ferreted out many instances—every one of them, we now believe—of awkward and inelegant prose and made handsome remedial suggestions. Much of what is *visually* attractive about the book came about through her hard work. And all of her work was done with the incredible gentleness that evokes admiration, respect and gratitude. We also thank other members of the Norton team, Ruth Dworkin, Ruth Mandel, Ben Gamit, Roberta Flechner, Elizabeth Garrigue, and Rachel Lee, who contributed in many ways to the book and its timely publication.

D.L.R.  
M.E.P.S.  
November, 1988

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