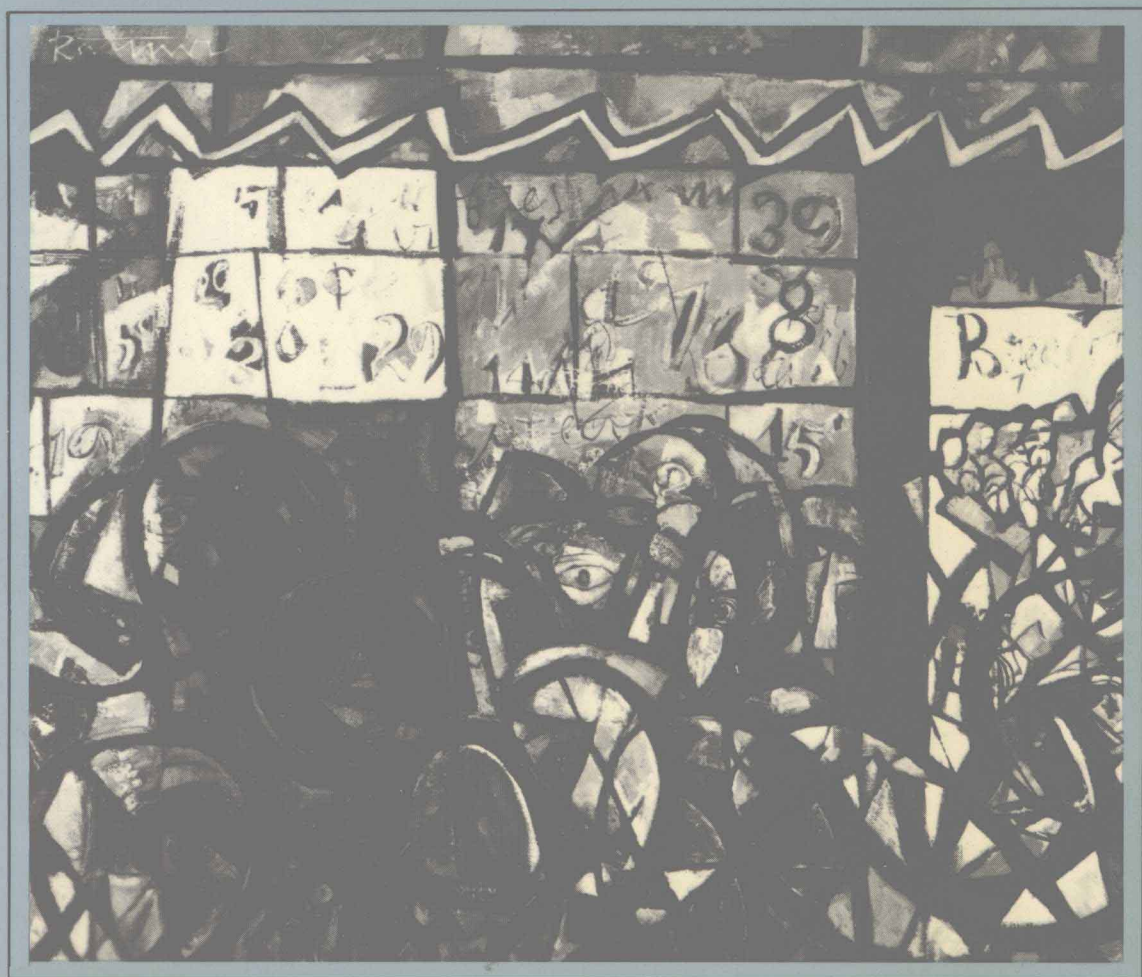


CASEBOOK AND STUDY GUIDE *ABNORMAL PSYCHOLOGY*

Rosenhan / Seligman
Second Edition



by Christopher Peterson

Casebook and Study Guide

Abnormal Psychology

Second Edition

Rosenhan and Seligman

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with Lisa M. Bossio



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TO THE STUDENT

This casebook and study guide is intended to help you understand the material presented in the second 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 cases and 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*.

Casebook

The casebook was prepared with the assistance of Lisa M. Bossio. We greatly appreciated the suggestions of Donald Fusting, David Rosenhan, and Martin Seligman.

Each case amplifies or exemplifies a major idea in the text. We envision the cases sparking discussion, in and out of class. Cases are deliberately brief, so they can best serve as starting points. We tried to choose cases that raise central issues, and in each instance, we follow the case with questions that direct you to some of these issues. But don't be constrained by our questions.

Study Guide

Each chapter in the study guide has several sections: "Chapter Overview," "Essential Terms," "Sample Exam," (multiple-choice questions), "Self-Test (fill-in 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 of 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 defini-

tions. 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.

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.

Again, correct answers are provided at the end of each self-test.

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 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! In the last twelve years, I have read and graded thousands of

student 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!

Christopher Peterson
Ann Arbor, MI
July 1988

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The Damm Family: Homeless in America

What is abnormal? Rosenhan and Seligman argue that abnormality involves a social judgment based on fuzzy criteria. There is no line, rigidly drawn, that separates the normal from the abnormal. If we try to draw such a line, many of us would be straddling it. A good example of the fuzziness of abnormality has to do with the homeless in America—a growing problem.

You may have seen homeless individuals in cities large and small: people carrying around their possessions in bags and satchels, people who look tired and dirty, people without anything to do except stay alive. Your reaction might be curiosity. It might be repulsion. And it might be the judgment that these people are crazy. Why would someone live like that unless they were abnormal? The purpose of this case is to examine this last reaction to the homeless in light of Rosenhan and Seligman's criteria of abnormality.

First, let us give you some background about homelessness. Accurate estimates of its prevalence are difficult to nail down, but there might be as many as 2 to 3 million individuals in our country without homes. (The total population in the United States is about 300 million.) One-third of the homeless are families with children.

These numbers may seem too vast to comprehend. So, we'll reduce the scope and concentrate just on the city of New York. Contemplate these more specific statistics provided by Kozol (1988):

- In 1978, on any given night, 900 homeless families were provided shelter by city authorities; by 1987, this figure had grown to 5,000 families.
- By 1990, more than 400,000 people in New York will be homeless, out of a total population of 7 million.
- In 1983, there were 500,000 legal actions for eviction; half of these were against people on welfare.
- In 1987, the city spent \$274 million to provide emergency shelter for the homeless, yet this figure doesn't begin to come close to providing the needs of everyone without a home.

It's difficult to understand homelessness just by reading statistics. Let's take an even closer look, and focus on a particular case of a homeless family. We take the details from a picture essay in *Life* magazine (Fadiman, 1987). You may want to read the essay itself, because it is accompanied by a series of gripping photographs.

Keep several things in mind when you read about this homeless family. First, why might one be tempted to regard these people as abnormal? Second, why might this be a hasty conclusion? Taken together, your answers to these two questions illustrate the important idea that judgments of abnormality are complex and reflect a host of social biases.

THE DAMM FAMILY

Any homeless family has one overriding complaint: no home. But other problems entwine themselves with this central complaint. They may be causes or consequences of homelessness. Regardless, homeless people experience difficulties in bunches.

Indeed. The Damm family as described in *Life* has their share of problems. To introduce the family, there is mother Linda (age twenty-seven), father Dean (age thirty-three), daughter Crissy (age six), and son Jesse (age four). And then there is the family dog Runtley (who bears an ironic resemblance to Spuds McKenzie of beer advertisement fame), as well as their 1971 Buick Skylark, which provides them not only with transportation but with shelter. Don't read past this phrase without understanding what it means: the Damm family lives in their car.

Originally from Colorado Springs, the family moved to the Los Angeles area after Linda and Dean were unsuccessful in finding jobs for two years. Linda had worked as a nursing-home aide, and Dean as a truck driver. They heard that work was more plentiful in California than Colorado. Further, California welfare allotments are the highest in the nation.

Once in California, they did not find work. And since the family arrived with an empty gas tank and less than ten cents, their life became a constant struggle to find money to buy necessities. They sold parts of their car. They pawned their wedding rings. Dean regularly sold blood plasma. Not only was he given \$10 for each visit, but a meal as well. He remarked that the blood center is one of the few clean places he ever visited.

The Damms were homeless, broke, and unemployed. Even more problems followed. They found a federally subsidized shelter in which to stay, but they were evicted because they had children. The federal grant for homeless families has expired. If they were childless, they could have continued to stay. Then they applied for welfare, and faced a number of bureaucratic hassles. A check was mysteriously delayed. An-

other check was made out for too much money, and the family had to return it instantly or risk further problems. In one incident, Dean lost his temper at the guard in the welfare office. "I'm sick of your goddamn system . . . you're jerking my family around! You're treating us like garbage! *We are not garbage!*"

Naturally, homelessness took a toll on the children. The little girl became hyperactive whenever she saw her parents pack up their belongings to move, which of course was frequently. She was enrolled in a school, and Linda and Dean worried about how she would be treated by classmates and teachers. Crissy's clothes, from charitable organizations, didn't fit. She had no food to bring for lunch. In one poignant scene, the Damm family dropped her off at school in the morning, along with other parents doing the same. The car behind them was a Porsche.

Jesse reacted to the stress of homelessness by becoming timid and overly obedient. He was too young for school, and the family was unable to find subsidized child-care for him. So he accompanied Linda and Dean on their rounds: to the welfare office, to look for inexpensive apartments, to the trade schools that his parents attended.

They constantly searched for a place to live. Although it is illegal to discriminate against individuals on welfare, this was apparently a common practice among landlords. Even if someone was willing to rent to such individuals, the typical demand for a damage deposit, plus first month's rent, and last month's rent, was simply too much for the family to provide up front. Another problem resulted because they had no telephone: no landlord could ever call them back about an apartment. The little money they did have went into pay telephones, twenty-five cents at a time.

Are you surprised that Dean and Linda sometimes fought? Are you surprised that they had feuds with their relatives in the Los Angeles area? We could detail other problems that the Damm family encountered, but we think by now you have a sense of their lot in life.

ABNORMALITY AND NORMALITY

Remember the elements of abnormality that Rosenhan and Seligman present. How many of these apply to the Damm family? First there is *suffering*. Certainly, on this score, the family qualifies as abnormal. Their situation is difficult, physically and mentally. They must go without food. They must suffer the scorn of others, perhaps even their own scorn at times.

Second there is *maladaptiveness*. Again, aspects of the Damms' existence strike us as maladaptive. They are unable to find work. They have trouble providing a roof over their heads. They cannot raise their children in the way we suspect would be optimal.

At the same time, Linda and Dean do things that show intelligence

and industry. Each is enrolled in technical classes, Linda to learn emergency medical care and Dean to learn telephone installation. Each is the best student in their respective class. If they complete a twenty-six-week program, they quite possibly will find skilled work. Here Linda and Dean are acting in an extremely adaptive fashion, and don't seem at all abnormal.

Next there are *irrationality and incomprehensibility*. These are more difficult criteria to apply. On the face of it, the existence of the Damm family is irrational. Why would anyone live in a car? But when we learn something about their history, it is not difficult to understand them. We can make sense of what they are all about. If anything, society as a whole may strike us as irrational and incomprehensible. Consider all of the Catch-22s inherent in the welfare system, in the shelter system, and in the work force.

What about *unpredictability and loss of control*? By the account we've presented, the Damm family does not exemplify this criterion of abnormality. Dean loses his temper, but only occasionally. The rest of the family is extremely disciplined in their behavior.

Are these people *vivid and unconventional*? Yes, certainly, at least to those of us with middle-class sensibilities. The pictures in *Life* magazine that accompany the story of the Damms are haunting. Their car is missing the hood and windows on the driver's side. The upholstery is torn. They have ninth-hand clothing. It is difficult for them to keep themselves clean. Linda owns no underwear.

The Damms elicit *observer discomfort* in those who are in contact with them. The whole concept of homelessness in America makes us uncomfortable, for various reasons. It contradicts what we have been taught to believe, that the United States is the land of hope and plenty. It makes us feel just a trifle guilty, doesn't it, that people can live such a barren existence while we worry about the details of our material worlds? Oh dear, what brand of CD player should we buy this week? What color telephone? Which pair of pants?

Indeed, one worrisome sign of observer discomfort is the growing outrage people feel about the homeless. Here we mean not outrage against the social and political situation that makes homelessness possible but against the homeless individuals themselves. Kozol (1988) details striking instances of backlash, including random violence against homeless individuals. Sleeping individuals have been set afire, or stabbed to death, or chased with dogs. He quotes an internal memo from a train station that denies the homeless shelter within. "Can't we get rid of this trash?" When grocers or restaurant owners put waste food in their dumpsters, they may adulterate it—i.e., poison it—so that the homeless will not forage through it. Is observer discomfort behind this? We would think so.

This leads us to the next criterion: *violation of moral and ideal standards*. The homeless are at odds with what we think is right. People ought not to behave as they do. They ought not to make us feel guilty. They ought to have a home, a career, and a well-scrubbed family.

Philosophers use the term "naturalistic fallacy" to refer to the confusion between what is and what ought to be. The naturalistic fallacy is often implicit in rationalizations of the status quo: we have always lived this way, and therefore it is natural and good that we continue to live this way. A variant of the naturalistic fallacy may come into play with our reactions to the Damm family and others in their situation. They live this way, therefore they ought to live this way, and they must—indeed—be condemned if they do. Psychologists call this "blaming the victim."

So, the Damm family qualifies as abnormal by several of the criteria specified by Rosenhan and Seligman. But they don't qualify as abnormal by other criteria. And even the criteria that stamp them as abnormal are not all that clear-cut.

The magazine story ended on an upbeat note. The Damms found an apartment they could afford, and they moved in. Linda walked by a barrel that day, with a sign saying "Help the Homeless." She dropped in a handful of pennies.

DISCUSSION QUESTIONS

1. In cases of unambiguous abnormality, many of which you will read in this casebook, psychologists are interested in *etiology*: the causes of a problem. Even in ambiguous cases like that of the Damm family we can wonder about the factors that lead to homelessness. What might some of these be? Are your explanations consistent with the fact that homelessness is greatly increasing in our country?
2. Psychologists are also interested in the *prognosis* of a case: what will happen to someone's problem as time passes. How do you think the Damm family will be doing in five years or ten years? What can their children expect? More generally, what is the prognosis for the general problem of homelessness in America?
3. Often, an important part of a case is the description of a *preferred treatment* for a particular problem. So, what concretely could be done to help the Damm family? What concretely could be done to "treat" the problem of homelessness? What concretely could be done to prevent homelessness in the first place?
4. Consider the plight of the homeless mentally ill, people without a home who are unambiguously abnormal. The Damm family is most definitely not in this group, although there are large numbers of homeless individuals who have profound problems: anxiety, depression, substance abuse, schizophrenia, and so on. How are your answers to questions 1, 2, and 3 changed when we focus on the homeless who are mentally ill?

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Wolf Madness

The text observes that abnormality is recognized in all times and places, although the particular thoughts, feelings, and actions that are judged abnormal may show considerable variation. This is an important idea at several levels. One reading of the relativity of abnormality conjures up a host of possible worlds. In each world, people act much the same. In some worlds, a particular behavior is considered abnormal, and in other worlds, the same behavior is considered normal.

An example here comes from the realm of delinquency. When an adolescent from the lower class steals a hubcap, this is a crime (i.e., abnormal). But if the thief is from the upper class, then the theft of a hubcap is a prank (i.e., normal). Another example is the so-called double standard of sexual conduct. Females and males who engage in the identical style of sexual behavior are regarded quite differently.

There is another level, however, to the relativity of abnormality. Consider possible worlds in which people act very differently. It is not just the judgments of abnormality versus normality that change as we move from one world to another, but the behaviors to which these judgments apply as well. Striking examples of this second level of the relativity of abnormality come from historical and cultural studies that reveal problems elsewhere that have no clear counterpart in our own world.

One instance of this is mentioned briefly by Rosenhan and Seligman: *lycanthropy*, or wolf madness, the topic of this case. This form of abnormality, present in Europe from about 300 A.D. to 1700 A.D. involved a person's belief that he or she was indeed a wolf. Someone who was so afflicted acted out this belief:

He will goe out of the house in the night like a wolfe, hunting about the graves of the dead with great howling, and plucke the dead mens bones out of the sepulchers, carrying them about the streetes, to the great feare and astonishment of all them that meete him . . . Melancholike persons of this kinde, have pale faces, soaked and hollow eies, with a weake sight, never shedding one teare to the view of the worlde, a drie toong, extreme thirst, and they want spittle and moisture exceedingly . . . (Tommaso Garzoni, 1600, quoted by Jackson, 1986, pp. 346–347).

EXPLANATIONS OF WOLF MADNESS

Since wolf madness occurred during the animistic era, you might think that people afflicted with this disorder were thought to be werewolves; that is, people who turn into wolves when there was a full moon. This is a reasonable guess, but it's an oversimplification. Although people in the Middle Ages indeed believed in werewolves, those with wolf madness were carefully distinguished from those who were werewolves. So, a werewolf was someone who became a literal wolf, whereas a person with wolf madness became a wolf only in his or her own mind. The first instance was obvious enchantment, and the latter instance was obvious madness.

Animistic explanations were nonetheless applied to wolf madness. Let us give you some background. Thousands of years ago, people used elaborate classification systems to explain the world. Specifically, they used the same number of pigeonholes, over and over. (Nowadays we call these approaches numerology, and classify them with astrology and the like.) Great significance was placed on these particular numbers, and to this day some of them survive as "lucky" numbers, for example, seven, or eleven, etc.

At any rate, one popular system emphasized the number four. Groupings of four mapped onto each other, with any single explanation also being many explanations, because groupings were nested. There were four elements of the universe: earth, fire, water, and air. There were four seasons. There were four ages of man. There were also four humours or bodily fluids: blood, yellow bile, black bile, and phlegm. Hippocrates, the Greek physician who gave us the Hippocratic Oath that physicians still swear, based much of his system of medicine on the notion of the four humours. Good health was marked by a balance among the fluids. Indeed, the expression "to be in good humor" still refers to happiness and health. Poor health followed an imbalance among the humours. Depending on which humour predominated, illness took various forms. Thus, too much black bile created melancholy, a state usually marked by excessive sadness. Today we call such states depression, and we explain them in various scientific ways. But in the Middle Ages, explanations were phrased in terms of the four humours, with wolf madness considered by most as a variation of melancholia.

Is this an animistic explanation? It certainly is not what we would call a scientific account. The way in which black bile produced melancholia was by wandering about the body, finding no exit, and lodging itself in the soul. The soul then took on the character of black bile, causing distress for the person and reflecting all other parts of the universe with which this humour was aligned.

So, wolf madness was understood as a metaphor for excess black bile, which in turn was a metaphor for many other notions. Remember from the descriptions we quoted that individuals with wolf madness were always thirsty. This makes perfect sense because black bile corre-

sponds with the element of earth. As the earth absorbs water, so too does the person with wolf madness.

One of the interesting things about melancholia in bygone times is that it was characterized by gastric symptoms, as befitting a problem produced by excess black bile. Diagnosis of melancholia could be made by looking at the color of someone's vomit. Black vomit meant melancholia. Today, however, gastric upset and vomiting have little or nothing to do with depression, as you can see by reading Chapter 11 of the textbook. Thus, not only do explanations of disorders change, but so too does the complex of symptoms that make up the disorder. In many ways, melancholia of the Middle Ages and depression of the twentieth century are continuous, but in other ways they are not. This suggests to us that our explanations play some role in shaping the phenomena to which they are applied.

So what puts the humours out of balance? There were various possibilities, including improper diet and excessive indulgence. Wolf madness was thought to be more likely in February, implying the influence of the stars. Rabies was another possible cause, one very much consistent with an animistic view of the world. Rabies is transmitted through the bite of a mad animal. Once bitten, you were thought to take on the character of that animal. Direct intervention by divine powers could also be responsible. Do you remember King Nebuchadnezzar as described in the Bible? Because of his sins, he went mad. His symptoms seem like wolf madness: "He was driven from among men, and ate grass like an ox, and his body was wet with the dew of heaven till his hair grew as long as eagles' feathers, and his nails were like birds' claws" (Daniel 4:33).

Nebuchadnezzar was rescued from his madness when he learned to praise and honor God. What happened to other individuals with wolf madness? According to available accounts, some got better by themselves, others wasted away, and still others suffered a violent death. When treatment was possible, it followed two strategies. First, the amount of black bile was decreased through moistening with broths, syrups, and baths. Second, the other humours were strengthened through purging and bloodletting. Also thought to be helpful in restoring one's humours to good balance were soothing music and poetry!

DISCUSSION QUESTIONS

1. Lycanthropy is not the only disorder to pass in and out of history. Consider hysteria or catatonic schizophrenia on the one hand as instances of abnormality that are rarely encountered today, and depression or anorexia on the other hand as instances of abnormality that are much more common now than ever before. What factors are responsible for the waxing and waning of disorders across history?