

Third Edition



ABNORMAL PSYCHOLOGY

DAVID L. ROSENHAN / MARTIN E.P. SELIGMAN

ABNORMAL **PSYCHOLOGY**

T H I R D E D I T I O N

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ABNORMAL **PSYCHOLOGY**

THIRD EDITION

For Irene Brown Seligman (b. 1905)
and Nuna Lurie Rosenhan (1900–1959)

PREFACE

When one of us, David Rosenhan, was an undergraduate, he took a course in abnormal psychology. The textbook was the classic text in the area, Robert White's *Abnormal Psychology*. More than a decade later, now as a young instructor, he taught the course in abnormal psychology using the same edition of the same classic textbook. Over the years, nothing had really changed in abnormal psychology. So there was no need to produce a new edition.

That's hardly the case today. Rather, there is hardly a field that is so vital and changing as this one. The revealed truths and tired dogmas of only a decade ago are being replaced by vital new directions and insights. Genuine eclecticism and genuine hope abound more today than ever before. Each month, and sometimes more frequently, brings new and important discoveries. Indeed, we found ourselves writing new material for this edition right down to the wire.

The first edition of this book was conceived in, of all places, a psychiatric hospital. 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 moment they were admitted, these pseudopatients abandoned that symptom and acted the way "normal" people do. But they were labeled as crazy and treated that way for reasons that will become clear as 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 on the locked men's ward of a state mental hospital.

One can hardly think of a better place for two psychologists to become fast friends than in such a fascinating trench. In the hours and days that followed, discussion ranged over an enormous variety of topics: how we and our fellow patients were being treated, and why we were treated that way; our personal and academic lives; the legal rights of mental patients; how to choose a therapist; the dehumanizing effects of labeling; the diagnosis (and frequent misdiagnosis) of schizophrenia and depression; the causes of suicide; and finally, teaching itself—how the experience of hospitalization, of psychopathology, of the richness of psychotherapy, the importance of diagnosis, and the panoramic range of psychological misery, 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 third edition, is the result of more than twenty years of collaboration, research, clinical experience, delving into a vast and burgeoning literature, writing, rewriting and rewriting yet again, and teaching abnormal psychology to thousands of undergraduates.

Though occasionally overwhelming, the work has been simply exhilarating, the revisions equally so. We have no regrets. During the lifetime of this book, the progress that has been made in understanding and treating

psychological disorders has been extraordinary. Disorders that were wholly mysterious and untreatable in the past, 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 entirely shrouded. Indeed, we not only understand them better than ever before, but we are now enormously optimistic about the prospects of the immediate future. If the last twenty-five years were highly informative, the next twenty-five promise extraordinary discoveries.

The Excitement of the Past Quarter Century

Consider the new advances and emphases in abnormal psychology since the first edition of this book was published more than a decade ago:

- The latest diagnostic techniques in medicine—the PET and CAT scans as well as magnetic resonance imaging (MRIs)—have been used successfully in the study of schizophrenia and obsessive-compulsive disorder.
- Modern discoveries in genetics have led to better understanding of disorders like schizophrenia, depression, and substance abuse.
- The roles of cognitive and interpersonal therapy, as well as of psychopharmacology, in treating depression have been greatly elucidated.
- Remarkable advances have been achieved in psychoneuroimmunology, advances of such depth that they have altogether changed our understanding of the impact of psychological states on physical illness.
- A new psychological treatment has been implemented that cures panic disorder in almost 90 percent of the cases.
- Our knowledge of the action of neurotransmitters in anxiety, depression, and schizophrenia has been deepened.
- And most important, perhaps as the result of increasing concern with effective health care, there has been a sea change in people's insistence on *determining efficacious treatments* for all sorts of psychological disorders.

The third edition of *Abnormal Psychology* incorporates these new findings and attitudes, as well as new research on the outcome of specific psychotherapies for certain disorders, the epidemiology of psychological disorder, the lasting effects of post-traumatic stress and rape, the psychobiology of panic and obsessive-compulsive disorder. Further, this edition includes discussions of the new understandings about agoraphobia, generalized anxiety disorder, the neuroanatomy of the brains of schizophrenics, interpersonal therapy, further refinements on Type A behavior and hostility, recovered memories, multiple personality, preventing depressive symptoms in children, and the effects of Prozac, clomipramine, and Ritalin. And of course, all of these findings have been informed by the latest revision of the increasingly controversial *Diagnostic and Statistical Manual of Mental Disorders*, DSM-IV.

Psychological Theory and Efficacious Treatment

This revision continues the strong emphasis on theory that marked the book in its earlier editions. Rather than viewing psychopathology through a single theoretical lens, we discuss all of the theories and then say which one we feel

best illuminates a particular disorder. But the applicability of theory to treatment and disorder 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.

The Intrinsic Interest of Abnormal Psychology

Abnormal psychology is inherently interesting to anyone who is concerned with understanding people and 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 jargon. The book is written for the intelligent reader, likely but not invariably, an undergraduate who has a quarter or semester to give to this effort.

For that effort, we expect the reader will gain an intelligent grasp of, and sympathy for, the issues in abnormal psychology. We also hope that the reader will now be able to evaluate and appreciate the significance of new research that will emerge after the course is completed.

People and Science

One final point: The book emphasizes the science of abnormal psychology and, equally, the human suffering that abnormality spawns and its enormous social costs. We want to be clear about that joint emphasis. As we take up each disorder, the scientific theories that explain them and the therapies that best 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 kind of reliability. But the “science” of abnormality has no meaning unless human suffering is kept centrally in mind.

New Pedagogy—Nailing the Facts Down and Thinking Critically

For the third edition, we have introduced a three-part pedagogy, which we hope will help students organize their reading assignments, focus on what is important in each chapter, and encourage broad and critical thinking about the issues in abnormal psychology. The first pedagogical element is the “Chapter Organizer,” a combination chapter outline and learning objectives box, which opens each chapter. The second element comprises a series of “Focus Questions” in boxes in the margins throughout each chapter, which should help students to learn and remember the important points in each major section. The third pedagogical element consists of “Questions for Critical Thinking,” which address fundamental and at times controversial issues in the field. Nothing can really substitute for coherent and organized writing, and we have worked hard to offer a “narrative” of abnormal psychology, but we hope that these added pedagogical elements will help students get even more out of the course.

The Plan of This 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, we explore the meanings of abnormality and normality. We argue that there is no one element that cases of abnormality all have. Rather, several significant elements combine to yield the judgment of abnormality. Chapter 2 examines how the view of madness has 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, which deals with the biomedical model, looks at abnormality as a disease of the body. It examines the role of germs, genes, biochemistry, and neuroanatomy in the production of abnormality. It also discusses the major psychotropic medications and their side effects. Chapter 4 takes up both the psychodynamic model of abnormality, the towering work of Sigmund Freud, and more modern views. Chapter 5 presents the learning models, 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 conscious thinking, and that changing disordered thinking produces cure.

Having outlined the major schools of thought about 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. All the methods contribute 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. The recently published DSM-IV is fully described and critically evaluated. (Part of it is reprinted in an appendix at the end of the book.) The varieties of psychological and neurological tests that assist in diagnosing abnormal conditions, are also examined.

Part 4 covers anxiety and psychosomatic disorders. 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, and includes 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, somatoform disorders, and dissociative disorders (including dissociative amnesia 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 peptic ul-

cers and cardiovascular disorders (including Type A personality and sudden death). There is also a detailed discussion 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 unipolar depression, and it provides a description of the three major competing theories of and therapies for 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, genetic, biochemical, and societal theories of schizophrenia, and a discussion of the prospects of treatment and rehabilitation of people with this devastating disorder.

Part 6 examines some special social and interpersonal disorders. Chapter 13, on sexual disorders, begins with an examination of the five layers of human sexuality. We first examine sexual identity and transsexualism. We then turn to sexual orientation. Next we explore sexual interest (the paraphilias). We then go on to a discussion of sex roles. Finally, we examine sexual function and dysfunction. In Chapter 14, we examine psychoactive substance use disorders. We discuss diagnosing and defining drug abuse. We go into the basic effects of drugs and discuss theoretical models of drug dependence. We look at each of the major abused drugs, from alcohol, stimulants, opiates (narcotics), hallucinogens (including LSD, PCP, and MDMA), marijuana, and cigarette smoking, to sedative-hypnotics and tranquilizers, as well as their underlying psychological and biological causes and correlates. We also examine future directions in treatment and prevention of substance abuse. In Chapter 15, we discuss the personality disorders, that is, the 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, but also include such other disorders as paranoid personality disorder, avoidant personality disorder, schizotypal personality disorder, and borderline personality disorder.

Part 7 considers abnormality throughout the lifespan. In Chapter 16, we examine disorders of childhood. In many respects, children and adults suffer similar problems: fears, phobias, eating disorders, and the like. But those problems in youngsters often create experiences and outcomes that adults might not predict or understand. In Chapter 17, we examine psychopathology and disorders of the nervous system, including disorders of language (the aphasias), dyslexia, a disorder of memory (the amnesic syndrome), dementia and especially Alzheimer's disease (which is a disorder that especially afflicts older people), and disorders related to the frontal lobes.

The final section of the book—Part 8—considers legal issues that are associated with psychological abnormality, and issues associated with effective treatment. In Chapter 18, we look at society's institutionalized reaction to abnormality, and our laws about voluntary and involuntary commitment. We then examine the insanity defense and ask: When, if ever, does insanity excuse wrongful actions? We also discuss a particularly difficult problem both for law and for psychology—the problem of repressed memories and their gradual or sudden reemergence. In the final chapter, Chapter 19, we ask: How can one use the information in this book to locate efficacious treatment? We review the panoply of available treatments for various disorders, and we offer suggestions about the most effective treatments for particular problems.

Acknowledgments

In the course of writing three editions of this book, we have accumulated intellectual and personal debts to colleagues, friends, students, and family. Many people have been more generous with time and critique than we had any right to anticipate. Chief among these is Paul Rozin (University of Pennsylvania), our friend and colleague and Norton's editorial adviser. He encouraged us when we flagged, and found merit when we seemed to be losing heart. He raised pointed questions in every draft of every chapter of the first edition, and continued to do so for the second and third editions.

Writing such a text is a challenging undertaking. There were three areas—psychoactive substance use disorders, child psychopathology, and disorders of the nervous system—where we felt that others, more expert in these areas, might best take up authorship. We particularly thank Ann E. Kelley (University of Wisconsin) for writing a completely new Chapter 14, Psychoactive Substance Use Disorders; Susan Nolen-Hoeksema (Stanford University) for thoroughly revising Chapter 16, Childhood Disorders and Mental Retardation; and Morris Moscovitch (University of Toronto) and Paul Rozin (University of Pennsylvania) for writing and revising Chapter 17, Disorders of the Nervous System.

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D.L.R.
M.E.P.S.
August 1994

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