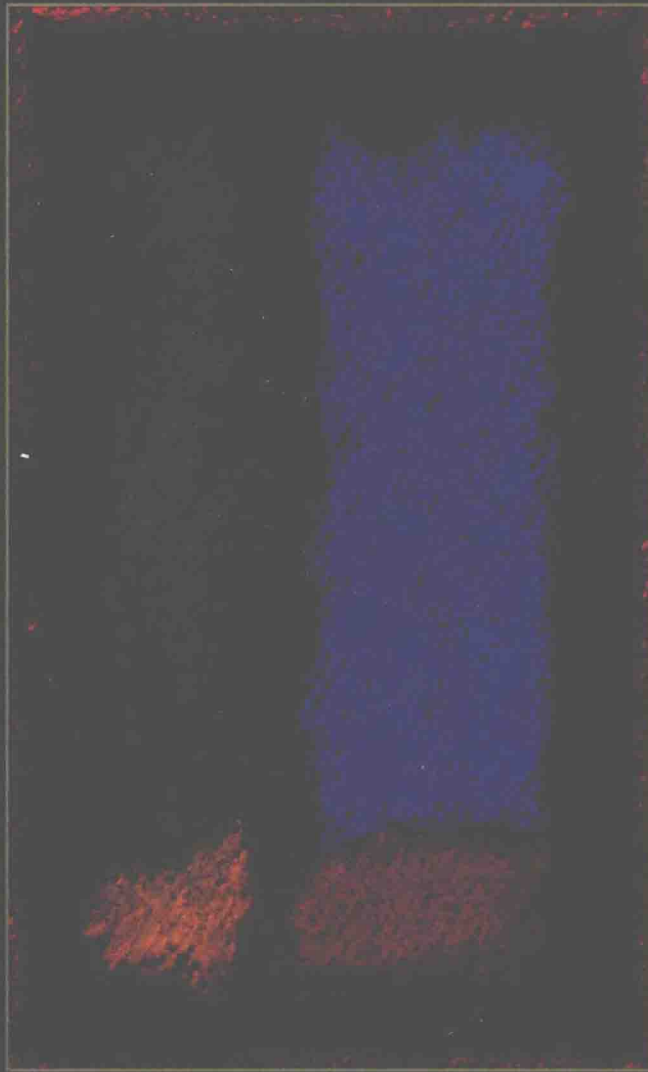


# Abnormal Psychology

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SECOND EDITION

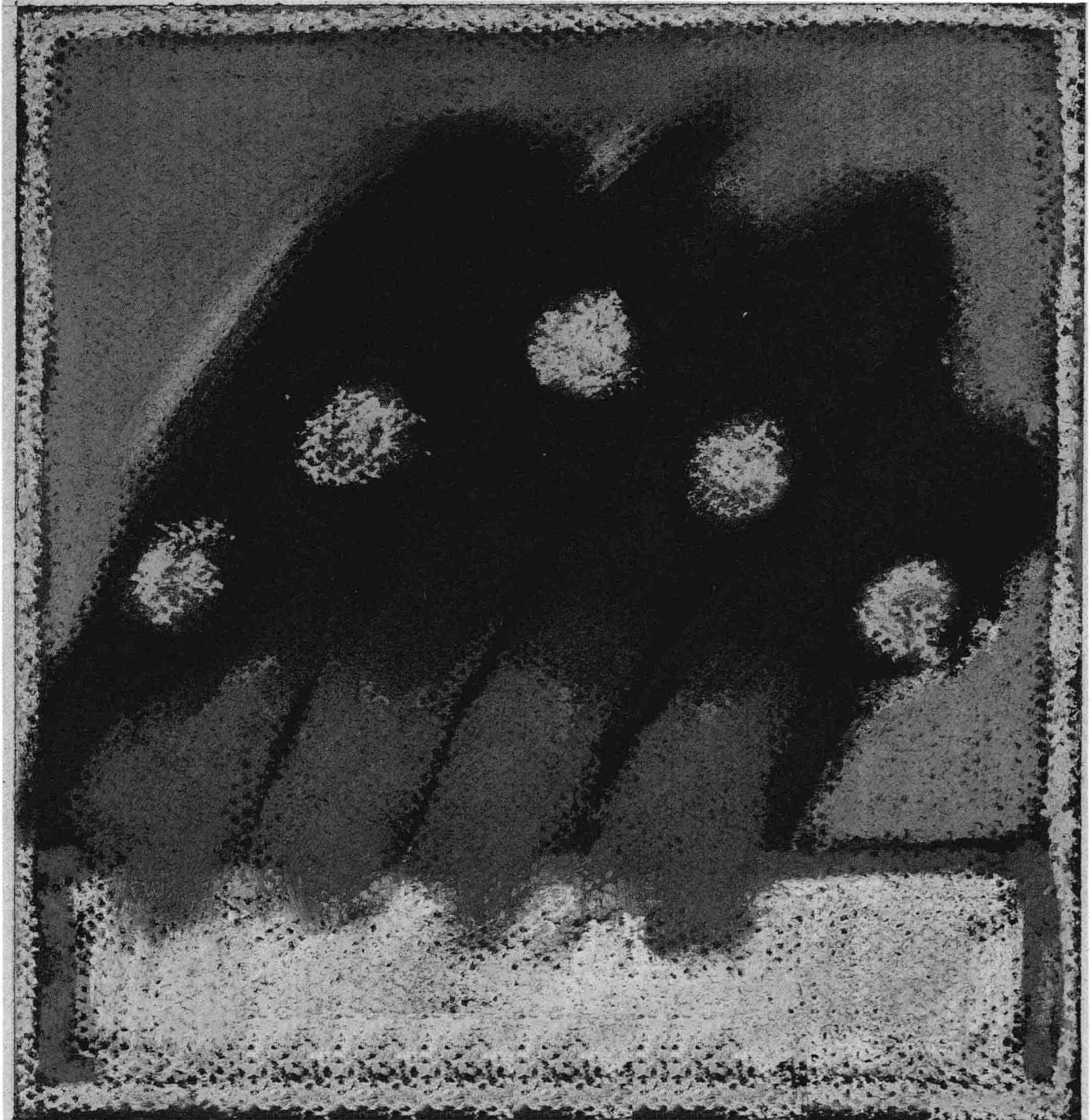


DAVID S. HOLMES

# Abnormal Psychology

SECOND EDITION

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 HarperCollins College Publishers

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# Preface

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It is with genuine excitement that I sit down to write the preface for *Abnormal Psychology*, Second Edition. A lot has happened in the three years since the first edition appeared, and many more of the pieces of the puzzle of abnormal behavior have been found. The addition and integration of those pieces have resulted in what I sincerely believe is a book that reflects a modern understanding of abnormal behavior. Before discussing the specifics of what is new in this edition, I will take a few paragraphs to describe the general features of the book for those instructors who did not use the first edition.

## GENERAL GOALS

---

My first goal in writing this book was to develop a book that would *teach* and *involve* students. Regardless of how “up-to-date” or sophisticated a book may be, if it cannot teach, it is virtually useless. To achieve that goal, I organized the material carefully (I’m a nut about organization), and I arranged it so ideas built systematically on one another. I also tried to convey a sense of excitement about the problems and progress in this area, and I used numerous case studies to illustrate symptoms, causes, and treatments.

My second goal was to present the *new and intriguing findings in the area of abnormal psychology that are not found in most of the other books in the area*. The “core” findings are here, but there is much more. This book is *not* what in the publishing industry is called a “me too” book.

My third goal was to present material in a context that encouraged *critical evaluation*. Understanding what we know is important, but it is equally important for students to understand what we do not know. Furthermore, fostering critical evaluation is essential because throughout their lives the students will be bombarded by reports of “new breakthroughs” in the area of mental health, and it is crucial that they be able to evaluate those findings effectively. We all hope that what we teach will last beyond the end of the semester, and the critical evaluation fostered here should help achieve that goal.

## PERSPECTIVES

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All the major disorders discussed in this book are systematically examined from four perspectives: *psychodynamic*, *learning*, *cognitive*, and *physiological*. Where it is

applicable, attention is also given to the *humanistic-existential* explanation for abnormal behavior. This approach provides balance, and it enables students to compare and evaluate the various explanations for a specific disorder. In presenting each explanation I have taken the position of an advocate of that position. However, the various explanations are not presented as mutually exclusive or necessarily competing. On the contrary, in many instances they are presented as complementing one another so that, when taken together, the four perspectives provide a more complete understanding of a disorder than any single perspective could. The perspectives work together, and the whole is better than the sum of the parts.

The physiological perspective gets more coverage in this book than it does in most other books. This reflects the fact that there are many new findings concerning the physiological factors that influence abnormal behavior and its treatment. Because most undergraduate students have relatively little background in physiology, this material is approached in a very careful, step-by-step fashion so as to be comprehensible, nonthreatening, and meaningful.

One writer observed that two decades ago the study of abnormal behavior was “brainless” and now it is “mindless.” In this text I have attempted to integrate the brain with the mind in a way that is understandable to students.

## ORGANIZATION

---

The overall organization of the book is fairly traditional in that the major sections are devoted to the following:

1. *Introductory material* (definitions, history, stress, introductions to the perspectives, diagnostic techniques, research methods)
2. *Anxiety, somatoform, and dissociative disorders*
3. *Mood disorders*
4. *Schizophrenic disorders*
5. *Other disorders* (personality, infancy and childhood, physical health, substance abuse, sexual disorders, organic disorders, and retardation)
6. *Issues of law, patient care, and prevention*

For the most part these are freestanding sections and they can be reordered to fit the variety of course plans used by different instructors.

This book has a larger number of chapters than some other books. That is because I discuss the treatments for different types of abnormal behavior

(anxiety, mood, schizophrenia) in separate chapters. There are also more chapters because I broke particularly large topics down into several chapters. Students who used the book preferred and did better with the somewhat smaller and consistently sized units, and instructors appreciated the fact that if they wanted to re-order or eliminate topics, they could be more selective in doing so.

I used a consistent outline for discussing each disorder:

- A. Symptoms
  - 1. Mood
  - 2. Cognitive
  - 3. Somatic
  - 4. Motor
- B. Issues
  - 1. History
  - 2. Prevalence
  - 3. Demographic factors
  - 4. Diagnostic problems
- C. Explanations
  - 1. Psychodynamic
  - 2. Learning
  - 3. Cognitive
  - 4. Physiological
- D. Treatment

Students and instructors have liked the consistency and clarity of the organization. The outline provided them with a consistent, cognitive template with which to organize material. That facilitated teaching, aided recall, and enhanced the ability to compare ideas and disorders.

## CASE MATERIAL

Case material is of crucial importance in a book on abnormal psychology, and I have used three types. First, there are 60 case studies that are set off from the explanatory material. A unique feature of many of these is that they are *first-person accounts* written by people who had experienced (or are experiencing) a particular disorder. For example, an undergraduate student describes the panic attack she had in class; a man suffering from a severe obsessive-compulsive disorder explains how his life is disrupted because he must do everything seven times; a mother discusses her postpartum depression; a student reviews his roller coaster life while suffering from a bipolar disorder; and a young professional woman describes the problems of living posed by her serious delusional disorder. These cases make the disorders more real and more personal.

Other cases include well-known or particularly interesting persons such as John Madden, the CBS football announcer who suffers from phobias; Kenneth Bianchi, the “Hillside Strangler,” who attempted to feign a multiple personality; the “three Christs of Ypsilanti,” who tried to resolve the conflicts in their delusional identities; John Hinckley, Jr., who tried to assassinate President Reagan; and Billy Boggs, the woman who lived on the streets of New York and burned money. There are, of course, traditional case studies as well.

In addition to these case studies, each chapter is preceded by three or four brief vignettes that reflect the type of disorder or intervention that will be discussed in that chapter. These vignettes are used to catch the students’ interest and alert them to relevant issues. Finally, there are many brief examples scattered throughout the text that are used to illustrate particular symptoms, concepts, issues, and problems. This mix of case studies, vignettes, and examples provides a rich foundation of clinical case material on which to build an academic understanding of causes and treatments.

## TREATMENT

I have done two things differently with regard to the treatment of abnormal behavior. First, rather than lumping all treatments into one section, the treatment of a disorder is discussed immediately after the disorder is described and explained. I did this because in most cases the treatment of a disorder should be directly related to the cause of the disorder, and thus learning about treatments can be another way to learn about disorders. Furthermore, discussing treatment in the context of the disorder also establishes a meaningful link between a disorder and its treatment, and that helps students understand why different treatments are used for different disorders. I have tried to conceptualize each disorder and its treatment as a *package*.

The second thing I have done differently is to devote somewhat more space to treatment than have most other authors. I did that because for my students treatment is an intriguing and often controversial aspect of abnormal behavior. Their questions stem from academic curiosity but also from practical concerns (e.g., “They gave my mom shock treatment when she was in the hospital. Will that cause brain damage?”). I have tried to present up-to-date information regarding a wide variety of treatments along with realistic comments about their limitations and problems.

I recognize that instructors have widely differing views with regard to teaching about treatment (e.g.,



some like to deal with it at the end of the course, others skip it because of insufficient time). The organization of this book permits a number of approaches. You can deal with treatment as part of the discussion of each disorder, lump the sections on treatment together at the end of the course, have the students read about treatment but not lecture on it in class, or ignore treatment completely. Information and flexibility are built in; the choice of what to do is yours.

## LEVEL OF DIFFICULTY AND WRITING STYLE

In the publishing industry, books are traditionally labeled “upper-” or “lower-”level books as a function of whether they are used most at major research institutions or small colleges. We were pleased when the first edition was adopted at well over 500 colleges and universities *across the entire range of schools*. The reason for the wide range of adoptions was that the book contained the *substance demanded by scholars*, but was written in a style that made the material *accessible to a wide variety of students*.

I have done a number of things to make the book easier to read. For example, the material in each chapter follows a careful outline that is delineated with headings and subheadings. These headings correspond to the points in the outline that precedes the chapter. I also have been careful to use thesis sentences, simple declarative statements, boldface type to identify new terms, and italics to highlight important points. Furthermore, in discussing experiments I have not included details that are not essential to understanding the what, why, or potential criticisms of the experiment. This makes reading easier without sacrificing sophistication.

Understanding was also facilitated by using *over 140 full-color graphs*—more than five times as many as are found in most other textbooks. These graphic aids were designed to be easily readable, and each is topped with a *headline* that summarizes the findings. The concept is discussed in the text, summarized in the headline, and displayed graphically in color, thus bringing the point home in three ways.

Readability was also enhanced by eliminating nonessential names. For example, rather than saying, “In a recent experiment by Archer, Boring, Carter, and Dorg (1988), it was found that . . .,” I have said, “It was recently reported that . . . (Archer et al., 1988).” The emphasis is on the *ideas* and *findings*, not individual investigators. This is a subtle change, but it greatly reduces “noise” and makes reading easier.

Finally, this book does not contain “boxes.” Boxes serve to break up pages of text visually, but they also

break up the flow and development of ideas. It is my view that if material is relevant, it should be integrated into the text; if it is irrelevant, it should not be included. The elimination of boxes also eliminates the questions, “Is the stuff in the boxes important? Are we responsible for it?”

## NEW IN THE SECOND EDITION

With the preceding as background, we can go on to consider what is new in the second edition. New material can be placed in four categories. The first of those involves the *changes brought about by the publication of DSM-IV*. The changes in DSM-IV are not as great as the prepublication speculation led many to believe they would be. Instead, for the most part this version is more of a fine-tuning of DSM-III-R than a major revision. For example, there are a few label changes (simple phobias was changed to specific phobias), anorexia and bulimia were moved out of childhood disorders and given their own category, “seasonal pattern” and “postpartum onset” were introduced as subtypes of mood disorders, an acute stress disorder was added, the passive-aggressive personality disorder was dropped, the brief reactive psychosis was changed to the brief psychotic disorder and the notion of a precipitating stress was dropped, the minimum time for symptom duration for a diagnosis for schizophrenia was increased from one week to one month, all of the disorders except personality disorders were moved from Axis II to Axis I, Axis IV is used to record psychosocial and environmental stressors rather than to rate severity of stressors, and in many cases diagnostic criteria were streamlined. The one controversial late change was the addition of premenstrual dysphoria as a mood disorder. These and other changes were incorporated into the second edition where relevant.

Second, extensive new coverage is given to the *important advances in the cognitive and physiological areas of abnormal psychology*. With regard to cognitive factors, I have described the new findings linking cognitions to anxiety and mood disorders, but I have also introduced a *human information-processing* approach to understanding the role of cognitions. That is, rather than simply saying that erroneous thoughts can lead to abnormal behavior, I have employed what we know about things such as *stages of memory, selective attention and recall, neural networks*, and *priming* to explain the *processes* by which cognitions become distorted and then distort behaviors. This brings modern cognitive psychology to bear on clinical issues, an approach that is unique to this book.

Numerous advances in our understanding of the

physiological basis of abnormal behavior are also described in the second edition. Among the most exciting are those linking low levels of serotonin and diffuse brain damage to the obsessive-compulsive disorder, and the findings concerning the role of serotonin and prenatal factors in schizophrenia. (Move over, dopamine hypothesis!)

These new findings in the area of cognition and physiology have had two important effects. First, previously unaccountable cases of some disorders can now be explained. In other words, some missing pieces have been found. Second, there is more specificity in our understanding of causes, which in turn influences treatments. For example, it is now clear that different disorders within the class of anxiety disorders (e.g., phobias, panic, obsessive-compulsive, general anxiety) probably stem from radically different causes, and thus require different treatments.

Third, there is a *general updating* that involves hundreds of new references over many areas. For example, there is new information on stress, comorbidity, fads in diagnoses, PTSD in urban settings, the panic disorder, antidepressants and anxiety, seasonal affective disorder, diathesis-stress and depression, daily hassles and depression, rates and causes of suicide, the controversies over Clozaril and Prozac, malignant neuroleptic syndrome, hyper- and hypofrontality in schizophrenia, neurological basis of hallucinations, positive and negative symptoms, gender and drug effects, the borderline disorder, serotonin and cognitive factors in bulimia, treatment of autism, aversive treatment procedures, genetics of alcoholism, problems with voluntary admission to hospitals, the "duty to warn," and the reversal of the ALI rule on insanity. With regard to references, I should mention that I have not added references simply for the sake of adding references, and I prefer to cite the classic breakthrough investigations rather than more recent follow-ups that only tweak the design.

The fourth group of changes in this edition can best be labeled *pedagogical changes*. Numerous new figures have been introduced to illustrate theoretical relationships, describe processes, and clarify research findings. Also, a variety of new case studies have been included. Notable in this group is a series of three that are focused on a friend of mine who suffers from schizophrenia. In one she describes her symptoms; in a second she talks about her treatment; and the third is devoted to the cost of her mental illness. (This woman is also featured in the videotape that is available to accompany the book.) In another case study, an individual with the borderline personality disorder describes the feelings associated with self-mutilation. Other cases revolve around problems such as the attention-deficit disorder in adulthood and the treat-

ment of depression. In field trials, students found the new cases to be both dramatic and helpful to their understanding.

Overall, the successful features of the first edition, in combination with the additions and refinements of the second edition, have resulted in a text that will challenge, intrigue, excite, and teach a wide variety of students while meeting the high academic standards of their instructors.

## SUPPLEMENTS

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### Test Bank

After students have worked hard in a course, there is nothing more disappointing and frustrating for them than having to take poor examinations that do not measure what they have learned. Similar frustrations are experienced by conscientious instructors who worry about whether their tests accurately reflect what the students learned. Unfortunately, in many cases the preparation of a test item file for a book is an afterthought, and the task is relegated to a person who was neither involved in writing the text nor skilled in writing test items. Because of my concern with this problem, I worked very closely with David J. Lutz (a former student and teaching assistant of mine) in preparing the test bank for the first edition. That test bank was widely regarded as one of the best in the industry. For the second edition, I took responsibility for the test bank. In refining it, I relied on item analyses of many items, as well as comments by colleagues and students, and only the best items were retained or added. I think that you will find it to be an effective tool. The test bank is available in printed form and on floppy disks for most popular desktop computers.

### Practice Tests

These are a collection of tests with answers provided that I have used in my classes in the past. They are shrinkwrapped with the text and afford the students more opportunities to test their skills in the course material and relieve the anxiety of test-taking.

### Study Guide

Written by David J. Lutz of Southwest Missouri State University, this guide will help students master the material they are learning. It includes learning objectives, annotated chapter outlines, a glossary of key terms, and reviews and self-tests with answers. If the Study Guide is not available at your bookstore, ask the book-

store manager if he or she can order copies, or call HarperCollins directly at 1-800-638-3030.

## Supershell Computerized Tutorial

Also written by David Lutz, this interactive tutorial program for IBM and IBM-compatible computers is keyed specifically to my text. It provides immediate correct answers to drills, practice-test questions, and glossary terms. It contains material not found in the Study Guide and provides a running score for students.

## Instructor's Manual

Written by Frank J. Prerost of Western Illinois University, this manual contains teaching aids for each chapter: chapter overviews, key terms, and learning objectives, all keyed to chapter outlines. In addition, the manual includes discussion and lecture ideas and suggestions for activities and projects.

## ACKNOWLEDGMENTS

Writing and revising this book was a huge task, and its completion was made possible by the help of many individuals. First, recognition should go to the thousands of researchers whose work provided the basis for this book. Without their efforts, we would still think that abnormal behavior was caused by demons.

Second, it is important to acknowledge the contributions of the reviewers who carefully read the manuscript and offered helpful suggestions. Until now they have been an anonymous group, but now I would like to thank them all: Thomas Bradbury, University of California Los Angeles; Linda Bosmajian, Hood College; James F. Calhoun, University of Georgia; Michael Cline, J. Sargeant Reynolds Community College; Eric Cooley, Western Oregon State University; Robert D. Coursey, University of Maryland at College Park; William Curtis, Camden County College; Linda K. Davis, Mt. Hood Community College; Richard Downs, Boise State University; Stan Friedman, Southwest Texas State University; William Rick Fry, Youngstown State University; Steve Funk, Northern Arizona University at Flagstaff; Bernard S. Gorman, Nassau Community College; Stephen Hinshaw, University of California at Berkeley; William G. Iacono, University of Minnesota; Rick Ingram, San Diego State University; Carolin Keutzer, University of Oregon; Alan King,

University of North Dakota; Herbert H. Krauss, Hunter College; David Lowy, Oakland University; Janet R. Matthews, Loyola University; Gary McClure, Georgia Southern University; Joseph Newman, University of Wisconsin at Madison; and Carol Thompson, Muskegon Community College.

Third, this revision would still be a pile of manuscript pages if it had not been for the outstanding staff at HarperCollins. Most notable in that group are Catherine Woods, psychology editor; Marcus Boggs, editor-in-chief; Art Pomponio, director of development; Evelyn Owens, supplements editor; Rebecca Kohn, development editor; Karen Trost, project editor; Mark Paluch, marketing manager; Lucy Krikorian, design manager; Roberta Knauf, photo editor; and Bruce Emmer, copy editor. Also, Diane Kappen did a splendid job on the test bank.

Fourth, and very important, is the large number of colleagues, students, friends, and family members (especially MRH) who provided information, advice, and support throughout this exciting but sometimes difficult period of revision. These people were invaluable.

Finally, thanks are due to my students, who kept asking tough questions, and to the clients who shared their painful experiences. Insofar as this book is dedicated to anyone, it is dedicated to them. I hope that this book will take us one step further in the process of understanding abnormal behavior.

## CONTINUING SUPPORT AND FEEDBACK

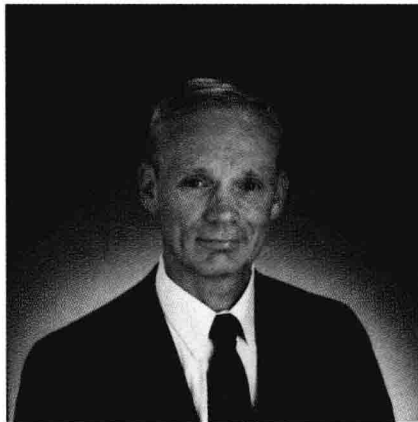
Unfortunately, no book on a topic as broad and complex as abnormal behavior can be completely satisfactory to everyone. If I have not been clear on some point, if you want more information, or if you disagree with something I have said and think a change is in order, *let me know*. Many faculty members and students wrote in response to the first edition, and I hope you will write in connection with this edition. I will do what I can to get back to you—I *promise*! Teaching and learning about abnormal psychology is a difficult and exceptionally important task for both academic and personal reasons, and it can be helped by good ongoing relationships among author, instructor, and student. I'd be delighted if we can work together, and any help you might offer that would improve this book would be very much appreciated. Good luck with your course—I'll look forward to hearing from you.

DAVID S. HOLMES



# About the Author

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David S. Holmes received his Ph.D. in clinical psychology from Northwestern University and did his internship at the Massachusetts Mental Health Center, Harvard University. He has been on the faculty at Northwestern University, the University of Texas at Austin, the New School for Social Research, and the University of Kansas. He was also a Visiting Research Scholar at the Educational Testing Service, Princeton.

Professor Holmes focuses most of his attention on the areas of psychopathology, personality, and health psychology. He has published more than 120 articles in leading scientific journals. Professor Holmes was named the "Outstanding Teacher in a Four-Year College or University" by the Division of Teaching of the American Psychological Association, received the "Standard Oil Foundation Award for Excellence in Teaching," and was named one of the "Outstanding Educators in America." Most recently, Professor Holmes received the "Award for Distinguished Teaching in Psychology" from the American Psychological Foundation. Among other things, the citation for that award called attention to his "writing accessible textbooks with impeccable scholarship."

Within the American Psychological Association, Professor Holmes has served on the Board of Scientific Affairs, the Board of Convention Affairs, the Committee on Membership and Fellowship, and the Board of Educational Affairs. He has been elected a fellow of the divisions of Clinical Psychology, Personality and Social Psychology, Health Psychology, Teaching of Psychology, and General Psychology. He was also elected a fellow of the American Psychopathological Association.

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