

Clashing Views  
on  
**Abnormal Psychology**



Susan Nolen-Hoeksema



A **Taking Sides**® Custom Reader

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on  
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*A Taking Sides® Custom Reader*

Susan Nolen-Hoeksema

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# Editors

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*The material presented in this volume is a compilation of the works of leading psychologists, sociologists, educators, and health care professionals whose works have been reviewed for content, level, and appropriateness for this volume and edited for length and level when necessary. The following academics all played a part in selecting the readings and pairing them into a pro/con format to represent the controversies that exist in the current issues of the day.*

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# PREFACE

The study of psychological disorders is fascinating and often troubling. Researchers must grapple with questions such as, How do we decide when someone has a mental disorder? Why are some people vulnerable to psychological problems when other people are not? What is the best way to help people who have psychological disorders? Most people would like to think that science has provided clear answers to these questions. Otherwise, people might be wrongly labeled (or not labeled) as having a mental disorder, experts might not understand the underpinnings of psychological disorders, or a clinician might prescribe the wrong treatment for a person with psychological disorders. In other words, people's lives are affected by the answers to these questions. Unfortunately, however, we do not yet have definitive answers to questions such as these.

The 12 issues debated in this book reflect some of the hottest scientific and philosophical debates in abnormal psychology. Students who wish to know the "right" answers to questions they have about psychological disorders may be frustrated by these debates. Yet a critical part of education is learning how to weigh conflicting arguments and evidence to come to your own opinions about the best answers to important questions. The debates presented in this book will challenge students to apply what they are learning in class and their own analytical skills to evaluate the arguments presented by each side of the debates. These skills will help students in class and in evaluating new information on psychological disorders that they hear about in the future.

**Plan of the book** *Clashing Views on Abnormal Psychology: A Taking Sides® Custom Reader* is designed to be used for courses in abnormal psychology or clinical psychology that use the textbook *Abnormal Psychology* by Susan Nolen-Hoeksema. The issues chosen for this custom reader are intended to complement issues raised in the textbook. They are organized into four parts that parallel the four parts of *Abnormal Psychology*. Part 1 focuses on defining and treating abnormality. Part 2 focuses on anxiety and mood disorders, schizophrenia, dissociative and somatoform disorders, and personality disorders. Part 3 focuses on childhood disorders, eating disorders, sexual disorders, substance use disorders, and disorders involving physical health and cognitive impairment. And Part 4 focuses on researching abnormality and current legal controversies in abnormal psychology. Several issues are concerned explicitly with gender.

Each issue begins with an *introduction* that provides some background about the controversy, briefly describes the authors, and gives a brief summary of the positions reflected in the issue. Each issue concludes with a set of *challenge questions* that encourage students to think deeply about the

arguments made on both sides of the issue. These issues can be studied consecutively or in any order, and each is designed to be independent of the others.

**A word to the instructor** Multiple-choice and essay questions for this volume can be found in the Instructor's Course Planner that accompanies *Abnormal Psychology*, by Susan Nolen-Hoeksema, which is available through the publisher. A general guidebook, called *Using Taking Sides in the Classroom*, which discusses methods and techniques for integrating the pro/con approach into any classroom setting, is also available.

Psychology titles that are available through Dushkin/McGraw-Hill are listed on the back cover. If you are interested in seeing the table of contents for any of these titles, please visit the Dushkin/McGraw-Hill Web site at <http://www.dushkin.com/>.

**Acknowledgments** I thank Meera Dash and David Dean for inspiring this custom reader and assisting in the selection of the issues. I look forward to receiving feedback on *Clashing Views on Abnormal Psychology: A Taking Sides® Custom Reader* from both faculty and students. I can be reached via email at [nolen@umich.edu](mailto:nolen@umich.edu).

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# INTRODUCTION

## Controversy in Abnormal Psychology

Susan Nolen-Hoeksema

When a person is suffering, he or she will often seek a label for that suffering, an explanation for the suffering, and a proven treatment to stop the suffering. In medicine, great strides have been made in identifying and labeling diseases, understanding their causes, and developing reliable treatments, although there is much work yet to be done.

Great strides are also being made in classifying, understanding, and treating psychological suffering. There are many unresolved issues in clinical or abnormal psychology, however. Psychological problems pose many challenges that make them more difficult to study and treat than many medical problems. First, the very definition of psychological problems is rooted in cultural and gendered norms for acceptable and healthy behavior. Several of the essays in this book address the biases and subjective judgments involved in labeling certain behaviors as abnormal. For example, Issue 1, "Do Diagnostic Labels Hinder Treatment?" presents a classic debate over a study apparently showing that once a person is labeled as having a psychological disorder, all of his or her subsequent behaviors are interpreted in line with that label. Issue 10, "Is Sex Addiction a Myth?" addresses the impact of societal norms on determining when a person is *too* interested in sex.

Second, whereas many medical problems are identifiable through objective tests, the assessment of psychological problems often requires information that is subjective and available only to the person who is suffering—information about feelings, thoughts, memories, and self-evaluations. This absence of "hard" pathology that can be quantified or viewed under a microscope makes it much more difficult to say definitively that a person does or does not have a disorder. It also contributes to the ambivalence that we as a society still have toward people with psychological problems. Sometimes we view them with compassion just as we would regard someone with an identifiable medical disease. At other times we view them with contempt or fear, as if they are faking their suffering or bringing it upon themselves. Issue 6, "Is the Gulf War Syndrome Real?" highlights these tensions in a discussion of a modern phenomenon that some people say is real and represents a biological disease and that other people say is not real, in the biological sense, but represents some people's way of manifesting psychological distress.

Third, most psychological problems probably have multiple biological, psychological, and social causes, and specifying the relative contribution

of any one cause can be nearly impossible. Still, our belief about whether or not a given factor contributes to psychological problems influences our social policies. Issue 7, "Do Physically Punished Children Become Violent Adults?" focuses on a social factor that some researchers argue contributes to later psychological problems in children. If we believe that physical punishment does contribute to later violence in children, then we may be willing to make social policies to reduce physical punishment—for example, arresting and prosecuting parents who physically punish their children—even though these policies may contradict other beliefs in our society, such as the belief that parents should be able to raise their children as they wish. If we do not believe that physical punishment contributes to later violence in children, then we will be much less willing to make social policies that intrude on parents' freedom to raise their children as they wish.

Some of the unresolved issues in abnormal psychology eventually may be resolved through scientific observation and experimentation. As our technologies for investigating the human brain improve, and our databases on the social and psychological characteristics of people who develop psychological disorders expand, we may be better able to identify, understand, and treat psychological disorders.

Many of the unresolved issues in abnormal psychology cannot be resolved through science, however, because these issues involve fundamental philosophical questions. Many of these questions have to do with how we interpret the role of biology in psychological disorders. There is increasing evidence that biology plays a role in most psychological disorders. In most cases, biological factors seem to increase certain people's risk for psychological disorders, but they are not absolutely determinate. When we find that biology influences people's vulnerability to a psychological disorder, does that mean that the psychological disorder is basically a biological disorder? If the answer is yes, then how do we explain why psychological treatments can be as effective as biological treatments for many psychological disorders? If we accept that biology can affect psychology, then should people be allowed to change their psychology through biological interventions even if they do not have a disorder? For example, should people be able to take pills to make them more self-confident, less shy, or more outgoing (see Issue 3)?

Another philosophical question at the heart of several unresolved issues in abnormal psychology concerns society's attitudes toward women's bodies and psychology. The ongoing debate reflected in Issue 4, "Is Premenstrual Syndrome a Medical Disorder?" is flanked on one side by people who argue that society has long dismissed women's reports of premenstrual distress as some form of female hysterics and on the other side by people who argue that society always finds ways to pathologize women's natural reproductive functioning. Issue 9, "Should Drug Use by Pregnant Women Be Considered Child Abuse?" raises questions about women's rights to rule their own bodies and society's obligations to fetuses.

## A DIALECTICAL APPROACH

Much of education today involves memorization of information presented as facts. There are some facts in abnormal psychology, scientifically derived pieces of information, that students need to learn. Many of these facts are presented in the textbook *Abnormal Psychology*. But, as I have just discussed, there are many unresolved issues and philosophical questions in abnormal psychology as well. Several of these issues and questions are raised in *Abnormal Psychology*, in descriptions of the research on specific disorders and in the critical thinking questions throughout the textbook.

*Clashing Views on Abnormal Psychology: A Taking Sides® Custom Reader* presents the unresolved issues in abnormal psychology through a different approach—a dialectical approach. The unresolved issues are presented with two distinct, opposing sides. Students are asked to familiarize themselves with both sides of an issue, look at the supporting evidence on both sides, and engage in constructive conversation about possible resolutions. This approach to education requires students to take an active role in making sense of the issues. In so doing, students benefit in several ways.

First, students come to a richer understanding of the subject matter of abnormal psychology. By realizing that there can be two (or more) firmly held, well-argued viewpoints on important issues in abnormal psychology, students can appreciate the complexity and subjectivity inherent in most of the phenomena studied in abnormal psychology.

Second, students develop a healthy respect for both sides of a debate. There is a natural tendency to underestimate reasonable arguments on one side or the other of a debate. Of course, the side one favors often appears to be the “most reasonable.” The issues in this book have reasonable people and reasonable arguments on both sides. That is, these issues are issues in psychology precisely because they have reasonable arguments and evidence on either side. This is not to say that both sides are correct. It is to say, rather, that a proper appreciation of both sides is necessary to understand what is at issue and thus to begin to find a resolution.

A third benefit of the dialectical approach is that students better understand the nature of psychological knowledge in general. Although contemporary psychologists have taken up the scientific challenge of exploring behavior and mind, many questions are still far from being answered. Psychology’s parent, like that of all sciences, is philosophy. Hence, philosophical (or theoretical) issues always lurk behind the activities of psychologists. Issues such as mind versus body, free will versus determinism, nature versus nurture, and the philosophy of science are both philosophical and psychological questions. Students will necessarily have to entertain and explicate these types of issues as they learn about and advance within the discipline.

Fourth, students become more aware of alternative views on controversial psychological issues. People often do not even realize that there is another point of view to an issue or evidence to the contrary. This realization, however,

can help students to be more cautious in their knowledge. As the dialectician Socrates once noted, this caution is sometimes the first step toward true wisdom—knowing what it is that you do not know.

Finally, the dialectical approach promotes critical thinking skills. Finely honed critical skills give students a better position from which to examine the psychological literature critically and to select or develop their own positions on important psychological issues.

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Rosenhan argues that patients labeled as schizophrenic are seen as such by mental health workers regardless of the true state of the patients' mental health. Spitzer argues that diagnostic labels are necessary and valuable.	
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<b>ISSUE 2. Should Psychologists Be Allowed to Prescribe Drugs?</b>	<b>36</b>
<b>YES: Patrick H. DeLeon et al., from "The Case for Prescription Privileges: A Logical Evolution of Professional Practice," <i>Journal of Clinical Child Psychology</i></b>	<b>38</b>
<b>NO: Garland Y. DeNelsky, from "The Case Against Prescription Privileges for Psychologists," <i>Psychotherapy in Private Practice</i></b>	<b>47</b>
DeLeon and his colleagues argue that the public would benefit greatly from psychologists' obtaining prescription privileges. DeNelsky maintains that prescription privileges for psychologists would harm the discipline's ability to serve the public.	
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<b>NO: James Mauro, from "And Prozac for All . . .," <i>Psychology Today</i></b>	<b>64</b>

Kramer advocates prescribing Prozac to improve people's moods. Mauro argues that Prozac does not get at the root of people's problems—that it is only a temporary fix.

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<b>ISSUE 4. Is Premenstrual Syndrome a Medical Disorder?</b>	<b>72</b>
<b>YES:</b> Nancy Wartik, from "The Truth About PMS," <i>American Health</i>	<b>74</b>
<b>NO:</b> Carol Tavris, from "The Myth of PMS," <i>Redbook</i>	<b>78</b>

Wartik asserts that the combined evidence of biological factors strongly supports the existence of premenstrual syndrome (PMS). Tavris argues that the bodily changes that women experience during their menstrual cycles are normal, not symptoms of an illness requiring treatment.

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<b>ISSUE 5. Is Schizophrenia a Disease?</b>	<b>84</b>
<b>YES:</b> Eve C. Johnstone, from "A Concept of Schizophrenia," <i>Journal of Mental Health</i>	<b>86</b>
<b>NO:</b> Theodore R. Sarbin, from "Toward the Obsolescence of the Schizophrenia Hypothesis," <i>The Journal of Mind and Behavior</i>	<b>95</b>

Johnstone contends that schizophrenia is a biological disease. Sarbin argues that schizophrenia is actually a social construct developed to make sense of a variety of behaviors.

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<b>ISSUE 6. Is the Gulf War Syndrome Real?</b>	<b>106</b>
<b>YES:</b> Dennis Bernstein and Thea Kelley, from "The Gulf War Comes Home: Sickness Spreads, But the Pentagon Denies All," <i>The Progressive</i>	<b>108</b>
<b>NO:</b> Michael Fumento, from "What Gulf War Syndrome?" <i>The American Spectator</i>	<b>117</b>

Bernstein and Kelley claim that medical problems related to environmental and chemical exposure are currently affecting thousands of soldiers who fought in the Persian Gulf War. Fumento argues that medical experts have not found any evidence to support the existence of a syndrome related to the war.

**PART 3      DEVELOPMENTAL AND HEALTH-RELATED DISORDERS** **129**

**ISSUE 7.    Do Physically Punished Children Become Violent Adults?** **130**

**YES:** Murray A. Straus, from "Discipline and Deviance: Physical Punishment of Children and Violence and Other Crime in Adulthood," *Social Problems* **132**

**NO:** Joan McCord, from "Questioning the Value of Punishment," *Social Problems* **144**

Straus finds a relationship between physical punishment in childhood and violent behavior in the teenage and adult years. McCord concludes that neglected children, not those who are physically punished, become the most violent adults.

**ISSUE 8.    Is Yo-Yo Dieting Dangerous?** **156**

**YES:** Frances M. Berg, from *Health Risks of Weight Loss*, 3rd ed. **158**

**NO:** National Task Force on the Prevention and Treatment of Obesity, from "Weight Cycling," *Journal of the American Medical Association* **166**

Berg contends that yo-yo dieting, or weight cycling, is associated with an elevated risk of physical and mental health problems. The National Task Force on the Prevention and Treatment of Obesity maintains that there is no convincing evidence that weight cycling has any major effects on health.

**ISSUE 9.    Should Drug Use by Pregnant Women Be Considered Child Abuse?** **176**

**YES:** Paul A. Logli, from "Drugs in the Womb: The Newest Battlefield in the War on Drugs," *Criminal Justice Ethics* **178**

**NO:** Maureen A. Norton-Hawk, from "How Social Policies Make Matters Worse: The Case of Maternal Substance Abuse," *Journal of Drug Issues* **185**

Logli argues that pregnant women who use drugs should be prosecuted because they may harm the life of their unborn children. Norton-Hawk contends that there is more opportunity to help pregnant addicts and their babies if they can come for prenatal care and drug treatment without fearing prosecution.

<b>ISSUE 10. Is Sex Addiction a Myth?</b>	<b>196</b>
<b>YES: William A. Henkin</b> , from "The Myth of Sexual Addiction," <i>Journal of Gender Studies</i>	<b>198</b>
<b>NO: Patrick J. Carnes</b> , from <i>Don't Call It Love: Recovery from Sexual Addiction</i>	<b>206</b>
Henkin asserts that there is no such thing as an addiction to sex. Carnes argues that a significant number of people have identified themselves as sexual addicts.	
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<b>PART 4 THE METHODS, ETHICS, AND POLICY OF ABNORMAL PSYCHOLOGY</b>	<b>217</b>
<b>ISSUE 11. Does Health Care Delivery and Research Benefit Men at the Expense of Women?</b>	<b>218</b>
<b>YES: Leslie Laurence and Beth Weinhouse</b> , from <i>Outrageous Practices: The Alarming Truth About How Medicine Mistreats Women</i>	<b>220</b>
<b>NO: Andrew G. Kadar</b> , from "The Sex-Bias Myth in Medicine," <i>The Atlantic Monthly</i>	<b>231</b>
Laurence and Weinhouse claim that women have been excluded from most research on new drugs and medical treatments. Kadar argues that women actually receive more medical care and benefit more from medical research than do men.	
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<b>ISSUE 12. Are Memories of Sex Abuse Always Real?</b>	<b>240</b>
<b>YES: Ellen Bass and Laura Davis</b> , from <i>The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse</i>	<b>242</b>
<b>NO: Lee Coleman</b> , from "Creating 'Memories' of Sexual Abuse," <i>Issues in Child Abuse Accusations</i>	<b>253</b>
Bass and Davis assert that even a faint or vague memory of sexual abuse is prime evidence that sexual abuse has occurred. Coleman argues that "memories" of sexual abuse that never occurred can be created in therapy with the encouragement of mental health professionals.	
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# PART 1

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## Understanding Abnormality and Its Treatment

*Who is allowed to label behaviors or people as abnormal? And who is allowed to provide treatment for these behaviors or people? There is tremendous power vested in the hands of the people given authority to label others as abnormal and to treat people with psychological disorders.*

*Labeling individuals as abnormal can result in their losing opportunities and perhaps even personal freedom. On the other hand, refusing to acknowledge individuals' psychological suffering and disabilities may result in their not receiving needed help.*

*People who provide treatment for psychological disorders clearly should have the appropriate training. But how much training is the appropriate amount? And does it matter that the people providing treatment have a professional degree, or just that they know how to provide the treatment?*

■ Classic Dialogue: Do Diagnostic Labels Hinder Treatment?

■ Should Psychologists Be Allowed to Prescribe Drugs?