

SECOND EDITION
**ABNORMAL
PSYCHOLOGY**

Changing

Conceptions



Melvin Zax · Emory L. Cowen

ABNORMAL PSYCHOLOGY

CHANGING CONCEPTIONS

Second Edition

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ABNORMAL PSYCHOLOGY

CHANGING CONCEPTIONS

*To the memory of
Joseph and Sadie Zax
and
Philip and Rose Cowen
who would have been proud*

Preface

This text is a revision of a book published in 1972. A major purpose of the earlier version was to bring to the student's attention some of the profound changes that were taking place in the mental health fields. These changes were considered important enough by Nicholas Hobbs to be called a "third mental health revolution." In so doing he accorded them the same status as Pinel's sweeping reforms in hospital care during the late eighteenth century and Freud's psychodynamic revolution of the late nineteenth and early twentieth century. Bringing the student of abnormal psychology a feeling for this third mental health revolution remains as a major purpose in this edition.

Another purpose of the first edition, retained here, was to provide a historical framework to use in understanding current changes and anticipating future developments. Major upheavals within a discipline call cherished beliefs into question and alter perspectives on phenomena that have long been taken for granted. Current happenings in abnormal psychology are no exception. New abnormal psychology texts tend to follow the basic structure of earlier ones, doing little more than updating references to the literature within a fixed formal and substantive framework. Changes in the field have carried us to a point where this is no longer valid.

To demonstrate most clearly what is now happening we continue to use the historical approach, which places evolving approaches and ideas within a context that makes these developments understandable. Further, we attempt to stress the evolutionary nature of the field of abnormal psychology itself. The sense of unfolding and development is easily lost in periods of stability. When changes begin to occur rapidly, we are reminded that in the long view, change is more characteristic of any discipline than is stasis. That notion was forgotten for a long time in psychology, as the mental health professions worked to assimilate

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and evaluate the contributions of Freud and others stimulated by him. Recent developments have changed that equilibrium. This text attempts to describe how and why these changes have come about.

In the process of presenting an all-encompassing view, a fair amount of the traditional material of the abnormal psychology text remains. Hopefully, however, the context within which it is embedded lends perspective to its overall significance. For example, when most of an abnormal psychology text is devoted to describing and discussing syndromes, or clusters of symptoms thought to occur together, the student inevitably comes away thinking that the process of classifying illness is the prime business of the field. We hope to show that although classification is important under some circumstances, it is entirely irrelevant under others. The same is true for many other activities long regarded as fundamental to abnormal psychology. Though some may see this as a bold, presumptuous position to take, we justify it on the basis of the rapidly changing, challenging, and exciting nature of the field, which encourages questioning the old order and virtually demands the testing of new theories and practices.

The organization of the edition differs somewhat from the earlier one. Also, some material has been eliminated, much has been added, and all has been updated to keep up with a rapidly moving field. Case materials have been added to bring life to abstract descriptions, and the format has been enlivened through the use of photographs, illustrations, and various study aids.

The authors acknowledge a considerable intellectual debt to the many students and professionals who have participated with them in developing concepts and programs that challenge the old order. Many of the ideas that shape this book have emerged from such mutual effort. Finally, we are grateful for the editorial assistance provided by Johnna Barto of Holt, Rinehart and Winston, who has proven to be much more than a copy editor.

Rochester, N.Y.
January 1976

M.Z.
E.L.C.

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Introduction

*The Process of Scientific
Advance
Conceptual Change in
Abnormal Psychology
The Changing Scope of
Abnormal Psychology
The Definition of Abnormality
The Classification of Abnormal
Behavior
The Troubles with Classification
Internal versus External Causes
of Behavior Disorder*

"She's a witch! We must burn her to death," sixteenth-century town fathers pronounced of a woman whose behavior did not conform to their standards. It was a rather drastic therapy to follow.

In the early part of this century, a person who sometimes acted irrationally was assigned to psychoanalysis. Today, a senior citizen who feels lonely and isolated in an urban apartment may be cheered by some special program providing college student companions on a regular basis.

The mental health field has been changing for the past several hundred years. Today is a period of great change, if not advance, for the mental health professions. It is a change that is being felt pervasively. New theories are being proposed to explain the development of behavior disorders, suggesting treatment approaches that are different from those most commonly used during the past thirty or forty years. Many new notions are also being introduced about who can render direct service, with a consequent reevaluation of the role of the highly skilled professional.

All of this seems to have come about because, once again, the mental health profession is redefining the orbit within which it is equipped and willing to operate. More specifically, many of the traditional helping professionals in psychology, psychiatry, and social work are beginning to agree that the large numbers of culturally deprived, impoverished individuals who have rarely been "patients" in the usual sense of the word are legitimate objects of the attention and concern of the specialist in human behavior. The obvious social need for instituting preventive measures aimed

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The Bettmann Archive

In earlier times unusual behavior was responded to with drastic measures.

at heading off disorders before they become serious enough to require the traditional treatment approaches is also contributing to the present upheaval.

It is the purpose of this book to bring these movements to the attention of the student of abnormal psychology within a framework that can accommodate what is happening as a logical event in an ongoing process. The more popular texts of recent years have been organized around the syndromes as the central concern. They characteristically contain a chapter dealing with the question "What is abnormality?", a chapter tracing the history of significant ideas and events in the field of abnormal psychology, and one or more chapters set-

ting forth a personality theory or theories. Then the heart of the book follows: a series of chapters detailing syndromes and using the personality theory to offer—with varying degrees of certitude—explanations that result in a neatly, if unrealistically, tied package. It is often a package so well tied that it is difficult to squeeze into it ideas and research which are divergent from the theory being emphasized in the book. Furthermore, such a format hardly accommodates differing therapeutic approaches, much less preventive approaches. Often, in deference to recent thinking, authors tack chapters on to the end of the traditional text entitled "The Problem for Society," or "Action for Mental Health," but these seem foreign in a context which has not only been emphasizing a different way of looking at problems of human behavior but has also been focusing on entirely different kinds of problems.

Traditional ideas about psychopathology largely determine what to look for, what to emphasize, what techniques of information-gathering to use, and which therapeutic measures to invoke. Some valiant efforts have been made to broaden psychodynamic models and theory. However, the nature of these models or, more specifically, the personal commitment of their adherents to them often sets limits to the field of vision, interpretation, and hypothesis. On the other hand, as attempts are made to extend psychodynamic models and approaches to more and more areas of human behavior, it is almost inevitable that the feedback from such attempts should raise questions and problems for both theory and practice. When "tried and true" methods fail or fall short, innovations are sometimes attempted that must themselves be accounted for and explained. Since "classical" theories and approaches can be found wanting, other bodies of knowledge and

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ways of looking at problems may offer an answer, as well as provide the possibility of revisions in the main body of theory. It is our contention that the format which characterizes the currently popular text on abnormal psychology is not flexible enough to incorporate ideas and movements which no longer focus on the patient who comes to the clinic to be diagnosed and treated.

This text will attempt an approach which sees the process of change in man's ideas about abnormal behavior as in large measure a natural consequence of the fact that the specialist in behavior disorder has been willing to accept more and different kinds of problems as falling within his sphere of competence. Beginning with primitive times when only the very dramatically deviant individual was regarded as abnormal and demons were thought to have invaded his being, we hope to demonstrate that the advance in ideas about problems in human behavior has been entwined with our changing view of what constitutes an abnormality which is worthy of scientific attention. In a sense, as problems were confronted which always existed but were simply not seen as being within the province of the mental health worker, theories and clinical practices were altered. Thus, Freud's revolutionary impact in part resulted from his viewing hysteria as a psychological rather than a physical disorder, so that a completely new realm of behavior had to be understood and dealt with. Within such a framework, the significance of the very recent emphasis upon community health and prevention of behavior disorder can be seen as a further broadening of the scope of the mental health worker, to embrace the individual, neither neurotic nor psychotic, whose antisocial or excessively dependent behavior, seemingly growing out of a particular subcultural milieu, poses a serious problem for society.

Preventive emphases, of course, cast an even wider net in that they go beyond the boundaries of subcultures and attempt to deal with vast numbers of individuals struggling to adapt to stressful situations, be they children starting school, mothers having their first child, or adults who are bereaved.

This text is, therefore, historically oriented. It stresses the development of ideas as a function of changes in the way we define the problems we are concerned with. It will attempt to avoid conveying the impression that we have reached the point where all agree on what behavior disorder consists of, much less on what causes it. Rather, it focuses on the development of ideas, and its concluding chapters simply represent the most recent point reached in this process. The syndromes that are traditionally the "guts" of an abnormal psychology text are included but without the emphasis and detailed description they usually receive. The perspective provided by this general approach will, hopefully, allow the reader to distinguish contexts in which syndromes have great relevance from those in which they are insignificant. The remainder of this chapter will elaborate the changes in ideas that are taking place in the mental health field.

THE PROCESS OF SCIENTIFIC ADVANCE

Scientific disciplines proceed through complicated evolutionary processes. At various periods in the development of such disciplines, theories become entrenched, techniques become rigidified, and the role of the scientist becomes stereotyped. Often, such static periods persist until some dramatic breakthrough results in what can be called a scientific revolution. Kuhn

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(1962), an historian of science, points out that a "revolution" takes place in the natural sciences when the scientific community rejects a time-honored (and highly influential) theory in favor of a new one which is incompatible with it. This, essentially, has been the significance of the work of men such as Copernicus, Newton, Lavoisier, and Einstein in the physical sciences. Each, within his respective discipline, produced basic changes in the standards for deciding which scientific problems ought to be studied and in the technology for studying them.

This process of change is found in the social sciences as well as in the natural sciences. One essential difference, however, between the way scientific revolutions come about in the natural and the social sciences should be discussed. Kuhn sees the normal activity of a natural science as being very much like solving puzzles. Scientific problems are tests of "ingenuity or skill in solution" in much the same way that puzzles are. Furthermore, both puzzle-solving and normal scientific activity proceed according to rules that limit the nature of acceptable solutions and the means by which one arrives at them. This kind of scientific activity, particularly in the mature natural science, grows out of what may be termed a shared paradigm: essentially, a set of rules and standards of practice based on certain accepted theoretical considerations. Scientific revolutions involve the introduction of theoretical changes that alter the rules of the old paradigm and open up inquiry into a new set of problems through a new type of paradigm. Such alterations are most likely to take place when experiments on natural phenomena fail to turn out the way theories derived from the old paradigm would have predicted.

It is not always accurate to describe

scientists in the medical or social sciences as these kinds of puzzle-solvers. They are less likely than natural scientists to engage in research primarily because they feel a need to pit their skill and ingenuity against the intricacies of nature. More often, their work tends to be set in motion by some specific social need. Their *raison d'être* is not that there is a mystery out there which it would be fun to solve, but that there is a practical problem concerned with human kind's physical or social or emotional vulnerability about which something must be done. Zilboorg and Henry (1941, p. 21) make this point very clearly:

It may be said with considerable certainty that it was not the doctor who by some miracle of spontaneous generation appeared first on the scene and, inspired by a lofty love for suffering humanity, sought to alleviate pain and began to make medical discoveries. Guided from the very beginning by the demands of the patients, the doctor had to respond and to serve; it was his business at all times and at all costs to supply what the patient wanted. This particular type of relationship between patient and doctor was and still is the most potent stimulus to the progress of medicine and surgery.

Jaynes (1966) has compared physics and psychology as scientific pursuits, using a metaphor that highlights differences between the two fields and that supports the distinction we have made. Scientific progress in physics is compared to mountain climbing; its workers are roped together by a common method and push constantly in the same direction. Many paths lead upward but each new generation faces a similar problem: "rope on, test the pitons, follow the leader, look for better lay-backs and footholds to the heights." Thus, one proceeds upward from ledge to ledge. Con-

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fusion or uncertainty may arise "on the ledges," but the final goal is always clear. Psychology, on the other hand, is less like a mountain than a dense forest. Some of it is easy to walk through on certain levels, but the directions out of this forest are often unknown, and perhaps nonexistent. At times the student is not even certain that he is meant to find his way out. Here, all manner of wanderers are to be found crossing each other's paths in "happy chaos." This description conforms well to Kuhn's thesis that the medical or social researcher, in attempting to cure cancer or to develop a plan for world peace, may not be dealing with the sorts of puzzles that engage the natural scientist. The challenges of the social scientist may be made up of pieces selected randomly from two different puzzles; in that case they are insoluble in their stated form. Identification of the two separate puzzles may be as near to a solution as the social or medical scientist can come. Only rarely is someone able to point out how the separate puzzles are really only parts of a larger one whose total complex can often only be guessed.

CONCEPTUAL CHANGE IN ABNORMAL PSYCHOLOGY

Looking closely at one realm of social science, the field of abnormal psychology, it is apparent that those who have worked in the area have been motivated to solve certain practical problems confronting society. Most of the major changes within the field of behavioral abnormality have taken place not because new theories have grown out of old paradigms—thus leading to the development of a new paradigm—but, rather, because problems that had not before been accepted as relevant to the discipline came to be redefined as falling

within the scope of the professional community concerned with behavioral abnormality. Work on these new problems often seemed to demand new theories and new practices that have evolved implicitly from the reorientation of the field.

New theories and practices are not, however, readily embraced. Entrenched theories and viewpoints die hard. Particularly where new practices require shifts in the roles played by professionals, they tend to be resisted stubbornly, if subtly. At times professional practices, once initiated, are perpetuated without the benefit of sound theoretical underpinning. Jackson (1962), for example, in his discussion of schizophrenia, points out that the now discredited prefrontal lobotomy, a brain operation in which certain nerve fibers are severed, began to be practiced on schizophrenics because it was noted that lobotomized cats became placid and less excitable following lobotomy. Shock therapy, in which seizures are induced chemically or electrically, was introduced on the strength of the mistaken observation that epileptics do not develop schizophrenia. Seizures were, therefore, thought to have curative effects. Electroconvulsive therapy (the seizure here is induced electrically) is still widely applied to certain types of patients, despite the fact that there are no generally accepted theories to explain its effects. The same has been said of psychedelic therapies in which consciousness-expanding drugs are used (Mogar, 1968; Savage, 1968).

Much of what has been said up to now indicates the complexity of the field of abnormal psychology, especially when compared to the natural sciences. This complexity tends to be compounded by another fact. In the natural sciences, puzzles are solved directly with greater frequency than in the social sciences. Such solutions make for good housekeeping within the science,

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since they can result in the verification of one theory and the possibility of discarding several competing ones. In abnormal psychology solutions are rarer and the problems one confronts are less likely to have direct or simple solutions. One is rarely able to demonstrate convincingly that anything is true or false. Therefore, theories tend not to be discarded readily. Change in the paradigms of abnormal psychology usually results from the identification of new problems. This in itself neither automatically solves existing problems nor necessarily detracts from the interest of many members of the scientific community in such problems. There is thus a proliferation of theories and a tendency to use a theory developed in connection with one problem to explain a different problem. For example, Freud had much to say about human behavior and its etiology, primarily through his contacts with neurotics. However, many of his ideas have been drawn on by those interested in psychotics, and many applications of his theories have been made in that realm.

Even within a given subarea a group of theories may develop that not only fail to build upon each other but, indeed, may have little or no interrelationship. Jackson's discussion of schizophrenia (1962) illustrates this point. He describes genetic, biochemical, psychological, sociocultural, and family-oriented theories, each of which has been developed independently in an attempt to understand schizophrenia; few of these miniature theories are related to the more prominent treatment approaches for schizophrenia.

Thus, while new theories capture the attention and enthusiasm of many who are concerned with behavioral abnormality, theory in this field proliferates in a manner reminiscent of the attic of a very retentive individual who cannot bear to part with

anything because it might prove someday to be worth using. And, as it cannot be proved conclusively that the contents of the attic will *not* be useful, it seems more prudent to put up with the clutter than to be compulsively neat. This condition, however, works a hardship on the student who seeks conclusive answers to fascinating questions about human behavior and, incidentally, on would-be textbook writers who hope to approximate such answers. For the textbook writer the choice is between optimistically providing neat, seemingly conclusive, and informative answers, despite their inaccuracy, or confiding to the student the complexities that preclude pat answers.

THE CHANGING SCOPE OF ABNORMAL PSYCHOLOGY

We have described abnormal psychology as a field within which interest has moved from one problem or class of problems to another. How and why this has come about is part of the history of man's discovery of himself as a psychological being. Einstein once asked, "What does a fish know about the water in which he swims all his life?" In thinking about his own ideas and behavior, man has been in the position of Einstein's fish. Just as the fish is apt to become most aware of the water he swims in when there is not enough of it, so man becomes most sensitive to his behavior when it presents problems. In the absence of serious aberration, we are inclined to believe that we, as individuals, and our fellows develop as human beings according to some predetermined plan which cannot be amended.

Historically, when aberrations appeared the usual tendency was to see them as inspired by evil forces that needed to be curbed. A primitive response has been, and is, to seek a quick and simple remedy to set