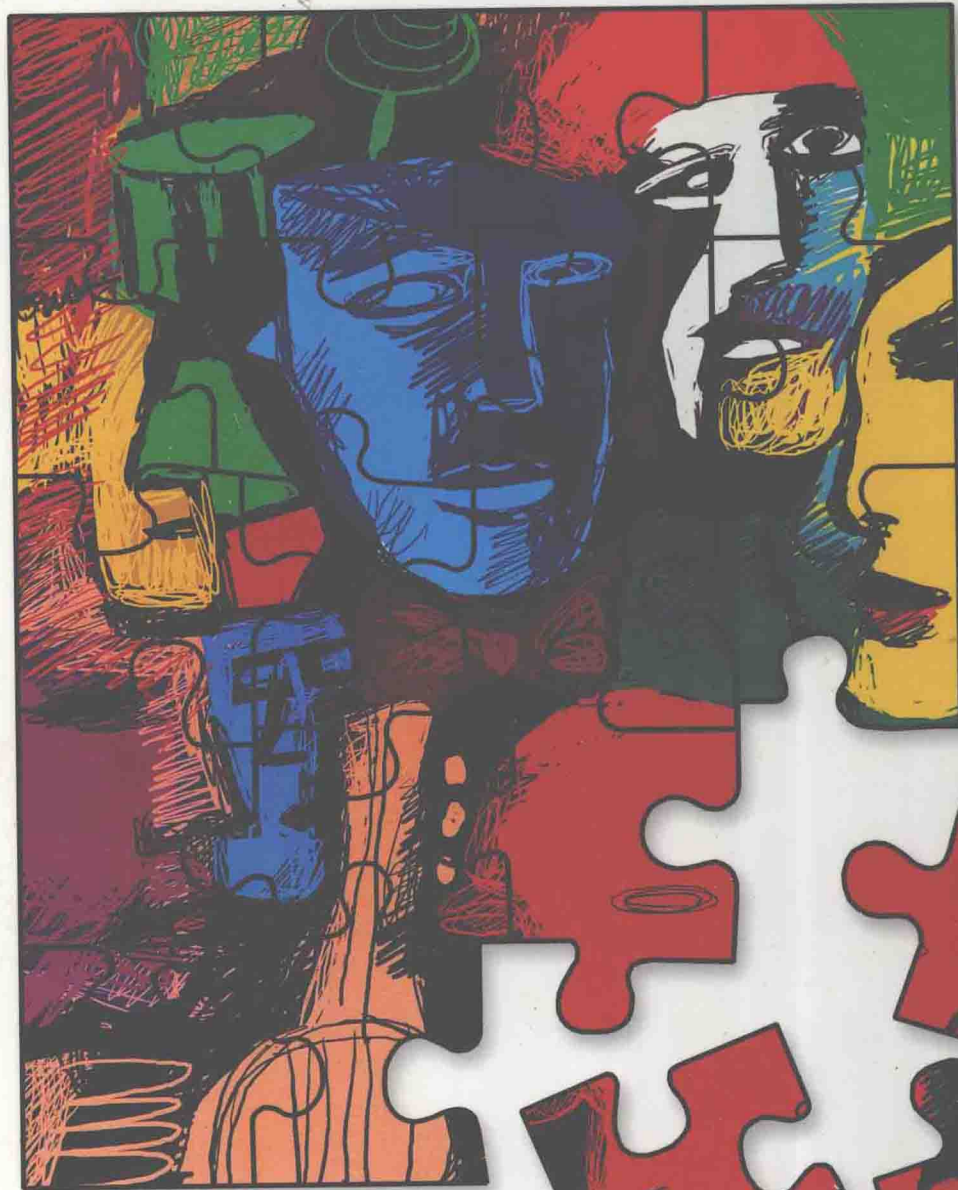


abnormal
PSYCHOLOGY

CLINICAL PERSPECTIVES ON PSYCHOLOGICAL DISORDERS



THIRD EDITION

HALGIN
WHITBOURNE

Abnormal Psychology

Clinical Perspectives on Psychological Disorders, Third Edition

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University of Massachusetts at Amherst




Boston Burr Ridge, IL Dubuque, IA Madison, WI New York San Francisco St. Louis
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McGraw-Hill Higher Education

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ABNORMAL PSYCHOLOGY: CLINICAL PERSPECTIVES ON PSYCHOLOGICAL
DISORDERS, THIRD EDITION

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2 3 4 5 6 7 8 9 0 QPH/QPH 0 9 8 7 6 5 4 3 2 1 0

ISBN 0-07-228982-1

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Typeface: *10/12 Times Roman*
Printer: *Quebecor Printing Book Group/Hawkins, TN*

Freelance cover/interior designer: *Jamie A. O'Neal*
Cover image: © *Diana Ong/SuperStock*
Photo research: *Rose Deluhery*

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Library of Congress Cataloging-in-Publication Data

Halgin, Richard P.

Abnormal psychology : clinical perspectives on psychological disorders/Richard P. Halgin, Susan Krauss Whitbourne.—3rd ed.

p. cm.

Includes bibliographical references and index.

ISBN 0-07-228982-1

1. Psychology, Pathological. 2. Social psychology.

I. Whitbourne, Susan Krauss. II. Title.

RC454.H334 2000

616.89—dc21

Preface

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick." Susan Sontag, from *Illness as Metaphor*.

All human beings experience the duality of illness and wellness. Those who suffer from mental illnesses experience the "night-side" of life more intimately. Our hope is that the study of abnormal psychology will serve as the first step toward understanding, coping, and recovering from mental illness. Our goal in writing this text is to share our understanding with students who come to this course from a variety of socioeconomic and cultural backgrounds, as well as academic pursuits. In revising this edition of *Abnormal Psychology*, we have focused our efforts on transcending those boundaries to reach our readers on a purely human level. We begin by sharing with you the following stories.

Katya developed a deep interest in abnormal psychology after hearing about her friends' and family's immigrant experiences. An immigrant herself, Katya firmly believes that migration can adversely affect human behavior. For example, how does geographical displacement contribute to the onset of major depression? How crucial a factor is "culture shock" in the manifestation of psychological disorders? These are the issues Katya seeks to explore.

Chung, an English major and aspiring writer appreciates the fluctuations in human behavior. He is especially fascinated by and sensitive to its vast range, because he knows that characters cannot be written solely from the imagination. A credible character should reflect an individual one would meet on the street, at the local bar, or in the workplace. Thus, it is important to Chung to be as informed as possible about both ends of the spectrum of human behavior.

Jason's reason for taking a course in abnormal psychology is far more personal. A young man whose mother has long suffered from schizophrenia, Jason seeks to

learn more about the disorder, so that he can better understand what his mother must endure daily and to assure that she is receiving treatment most suitable for her case. He also realizes that his genetic disposition makes him susceptible to developing the disorder, thus furthering his interest in the course.

Like Katya, Chung, and Jason, many students find themselves studying abnormal psychology either to deepen their own understanding or to satisfy a personal curiosity, or both. Whatever the specific reason, our goal as instructors and authors continues to be to engage students in the study of abnormal psychology from a clinical and human perspective.

Themes

Clinical Perspectives on Psychological Disorders

The study of abnormal psychology is strongly founded on clinical research. The subtitle of this third edition reflects our efforts to respond to the need for greater and clearer representation and articulation of disorders and their diagnostic features. We have expanded the wide presentation of case studies. Each disorder comes to life through a mini-case, accompanied by a listing of the *DSM-IV* diagnostic features associated with that disorder. Rather than merely list the features, we have paraphrased them into language that is easily understood.

The Human Experience of Psychological Disorders

Above all, the study of abnormal psychology is the study of profoundly human experiences. The varieties of disorders are as diverse as the students who take this course. We have written this text with that thought in mind and address the issue of diversity in such features as "How People Differ." This feature, woven throughout the text, highlights the range of human behavior and the experience of psychological disorders, spanning culture, gender, age, and ethnicity. In addition, the MIND M.A.P. CD-

ROM that accompanies this text contains seven clips of real people living with a disorder. Students who view these clips will see firsthand how people live with and suffer from disorders. We hope that students will take from this course the understanding that abnormal behavior is a very real part of our society, our humanity, and our world and that it needs to be addressed with compassion and understanding.

The Scientist-Practitioner Framework

We have developed this text using a scientist-practitioner framework. While emphasizing empirically supported research, we share with the student stories of real people who are suffering from compelling personal problems and serious psychological disorders. As students take this course and long after they have moved on to their respective careers, our hope is that they will have learned to approach the study of abnormal psychology with the dispassionate eye of a scientist and the compassionate heart of a practitioner.

Organization

The Basics

The table of contents reflects a building block approach. The first four chapters provide the fundamentals of history and research methods (Chapter 1); diagnosis, classification, and treatment planning (Chapter 2); assessment (Chapter 3); and theories (Chapter 4). These chapters provide a foundation for subsequent discussions regarding the understanding and treatment of psychological disorders.

The Disorders

From the basics, we move on to a consideration of the disorders, beginning with those that we believe students will find most familiar, such as personality disorders (Chapter 5) and anxiety disorders (Chapter 6). Progressing through the major categories of psychological disorders, we end with eating disorders and impulse-control disorders. Using a biopsychosocial

approach, theory and treatment are both discussed in each chapter. For example, we examine anxiety disorders in terms of biological, psychological, and sociocultural influences that cause and maintain these conditions. We also discuss intervention in terms of the relative contributions offered by each perspective.

Conclusion

In the final chapter of the text (Chapter 15), we cover legal, ethical, and professional issues. This new chapter provides expanded coverage of legal and forensic issues previously discussed in chapter 2.

Changes

This textbook fully incorporates diagnostic material from the *Diagnostics and Statistical Manual of Mental Disorders*, fourth edition (*DSM-IV*). For each disorder, *DSM-IV* diagnostic features are paraphrased rather than listed, in order to translate the features into language and concepts that are more easily understood by undergraduate students.

The burgeoning of research in psychopathology in the past several years has prompted us to draw from rich new empirical sources that document the scientific basis for the diagnosis and treatment of disorders. References that are no longer relevant have been deleted, while the classic sources in literature have been retained. Expanded epidemiological databases now accessible via the Internet have also helped improve this edition. Ultimately, our goal is to offer a contemporary and concise approach to the field.

A number of changes in the text reflect new research directions, feedback from reviewers and student readers, and experience from our teaching of abnormal psychology. Each chapter contains two feature boxes that focus on a particular research topic, a critical issue, or a discussion of diversity. Approximately 25 percent of the third edition consists of new material, including discussions that incorporate current, empirically supported approaches. Dated and discarded viewpoints and citations have been deleted. Following is a brief summary of the most significant changes that are specific to each chapter.

Chapter 1 History and Research Methods

- Clarified the biopsychosocial model and its applicability to understanding “abnormality.” Increased the interest value of historical material. Enhanced the presentation of research methods in the second part of the chapter.

Chapter 2 Classification, Diagnosis, and Treatment Plans

- Removed the legal and forensic issues, which are now in Chapter 15. Presented a summary of all major disorders on Axis I of the *DSM-IV*.

Chapter 3 Assessment

- Added the WAIS-III and updated the information on biological assessment measures.

Chapter 4 Theories

- Combined the former Chapters 4 and 5 into one theories chapter, which emphasizes the biopsychosocial approach. Expanded the discussion of genetic theories of psychological disorders.

Chapter 5 Personality Disorders

- Condensed the sections on antisocial and borderline personality disorders. Added new biopsychosocial perspective sections. Added diagnostic features corresponding to mini-cases. Updated references.

Chapter 6 Anxiety Disorders

- Significantly tightened the sections dealing with post-traumatic stress disorder and obsessive-compulsive disorder and incorporated the biopsychosocial perspective. Added diagnostic features corresponding to mini-cases. Updated references on all disorders.

Chapter 7 Somatoform, Psychological Factors Affecting Medical Conditions, and Dissociative Disorders

- Condensed the section on dissociative disorders and presented the theories in terms of the biopsychosocial perspective. Added new material on the immune system to the “Psychological Factors Affecting Medical Conditions” section. Added diagnostic features corresponding to mini-cases. Updated references.

Chapter 8 Sexual Disorders

- Presented additional biological information on sexual dysfunctions. Added diagnostic features corresponding to mini-cases. Updated references, particularly with regard to treatment of male sexual dysfunction (included current material on Viagra).

Chapter 9 Mood Disorders

- Substantially revised section on major depressive disorder and clarified material relating to course and prevalence of the disorder, as well as genetic contributions. Added diagnostic features corresponding to mini-cases. Updated references.

Chapter 10 Schizophrenia

- Provided expanded coverage of Type I and Type II schizophrenia. Added diagnostic features corresponding to mini-cases. Updated references, particularly in the biological area.

Chapter 11 Development-Related Disorders

- Improved the coverage of ADHD and mental retardation with more complete explanations. Expanded the biopsychosocial approach to ADHD. Added diagnostic features corresponding to mini-cases.

Chapter 12 Cognitive Disorders

- Significantly updated the section on biological approaches to Alzheimer's disease and provided new material on diagnosis and treatment. Added diagnostic features corresponding to mini-cases.

Chapter 13 Substance-Related Disorders

- Revised the section on theoretical approaches to substance disorders and updated the information on substance abuse statistics. Added diagnostic features corresponding to mini-cases.

Chapter 14 Eating Disorders and Impulse-Control Disorders

- Reorganized chapter to give more emphasis to eating disorders. Added diagnostic features corresponding to mini-cases. Updated references and incorporated the biopsychosocial perspective.

Chapter 15 Legal, Ethical, and Professional Issues

- Moved material from Chapter 2 into this chapter and expanded the coverage of all topics. Included new examples of forensic issues in clinical psychology.

Ancillaries

Following is a list of available ancillaries to accompany *Abnormal Psychology*, 3e. Please contact your McGraw-Hill sales representative for details concerning policies, prices, and availability as some restrictions may apply.

Study Guide: 0-07-232387-6
 Instructor's Manual: 0-07-229063-3
 Test Bank: 0-07-229064-1
 CTB, MAC: 0-07-229066-8
 CTB, IBM: 0-07-229065-X
 Overhead Transparencies: 0-07-229069-2
 Faces of Abnormal Psychology Video:
 NEW! McGraw-Hill's new 85-minute video presents a compassionate portrait of real people suffering from disorders. This video is free to adopters.

0-07-232388-4

Halgin/Whitbourne web site:

<http://www.mhhe.com/halgin>

NEW! MIND M.A.P. (Multimedia for Abnormal Psychology) CD-ROM:

0-07-236233-2 This new study aid contains a variety of interactive games, questions, and study material for *Abnormal Psychology*. Also included are seven video clips of people with seven different disorders from McGraw-Hill's new video *Faces of Abnormal Psychology*. A short narrative introduces each of the disorders, and is accompanied by a series of 10 essay questions that students can type responses to, then print out to hand in.

Pedagogy

Recognizing that many students find scientific research daunting, we have done our best to present this material in a way that is easily understood yet strongly founded in scholarship. The pedagogy in this text is carefully designed and set up to assist students in learning. Each element is tailored to provide an insight into the clinical and human aspects of abnormal psychology.

To the Instructor

Like us, most instructors have students like Katya, Chung, and Jason and are aware of the challenge that this heterogeneity of students presents. We want to

excite aspiring researchers like Katya to pursue their goals and become immersed in this fascinating and rapidly changing field of abnormal psychology. However, even those of you who are extremely research-oriented realize the importance of including ample clinical material in order to make the scientific material understandable. For students like Chung, who come to the course with broader interests, we want to capture for them the fascinating and multifarious aspects of abnormal behavior. This includes highlighting interesting clinical phenomena and incorporating them with ideas derived from empirically supported research. Our goal is to infuse teaching with credible and validated scholarship. Students like Jason present the greatest teaching challenge, because their concerns are of such a personal nature. As instructors, we need to keep in mind the importance of not creating a therapy context in the classroom. We must recognize that emotionally provocative information can be discussed in a way that is informative and sensitively responsive to individual needs.

In this textbook, we speak to these various types of students in a manner that is informative, scholarly, and engaging. The scientist-practitioner framework is geared toward emphasizing current empirically supported research while conveying the compelling personal problems and serious psychological disorders of real people through case studies. The pedagogy is developed to communicate this framework as well. With this effective blending of science and clinical material, this textbook serves the needs of a diverse student body, while satisfying the preferences of a variety of instructors.

Acknowledgments

The following instructors were instrumental in the development of this text, offering their feedback and advice as reviewers: **Carol M. Baldwin**, University of Arizona Health Sciences Center; **Donald L. Bliwise**, Emory Sleep Disorders Center; **Barbara Brown**, Dekalb College, North Campus; **James F. Calhoun**, University of Georgia; **Ellen Cash**, Washington State; **Michele Catone-Maitino**, Hudson Valley Community College; **Kit Carman**, Golden Gate University; **Elaine Cassel**, Lord Fairfax Community College; **Sammie L. Cratch**, Mount Olive College; **Scott J. Dickman**, University of Massachusetts, Dartmouth; **Robert Emmons**, University of California; **Marc Henley**, Delaware County Community College; **Jacqueline Horn**, University of California, Davis; **Gayle Iwamasa**, Ball State University; **Jennifer Langhinrichsen-Rolling**, University of South Alabama; **Travis Langle**, Henderson State University; **Russell Lee**, Bemidji State University; **Mark Lenzenweger**, Harvard University; **Joseph Lowman**, University of North Carolina, Chapel Hill; **Jodi Mindell**, St. Joseph's University; **Leslie Morey**, Vanderbilt University; **Kim Mueser**, Dartmouth School of Medicine; **Jubemi O. Ogisi**, Brescia College; **Joseph J. Palladino**, University of Southern Indiana; **Judith**

Reade, Central Wyoming College; **Lynn Rehm**, University of Houston; **Anita Rosenfeld**, Chaffey College; **Bruce M. Sliney**, North Central Technical College; **Michael D. Spiegler**, Providence College; **Timothy P. Tomczak**, Genesee Community College; **Tova Vitiello**, Kirkwood Community College; and **Fred Whitford**, Montana State University.

Our most heartfelt appreciation goes to our families, whose encouragement and patience gave both of us the energy to follow through on a task that consumed thousands more hours than either of us had ever imagined. The loving support of our spouses, Lucille Halgin and Richard O'Brien, made it possible for us to maintain a reasonable degree of emotional stability. The perspectives of our children, Daniel and Kerry Halgin, and Stacey Whitbourne and Jennifer O'Brien, helped keep before us the goal of writing in a way that would answer the questions of the inquisitive undergraduate.

A great book can't come together without a great publishing team. We'd like to thank our editorial team, all of whom worked with us through various stages of the publishing process. Our editor, Joe Terry, brought together the vision of this book while Megan Rundel, freelance development editor, worked with us to develop and refine this text. Susan Kunchandy, Lai Moy, Frederick Speers, and Barbara Santoro took care of all the odds and ends behind the

scenes that polish a book to perfection. We'd also like to thank our project manager, Peggy Selle who has patiently worked with us through the production process.

We would especially like to acknowledge the contributions of the thousands of students who positively influence our teaching and keep us conscious of the need to communicate clearly in our writing. Many of our students have also given us specific ideas and feedback that are incorporated into this edition. It has also been our good fortune to have the creative input of three talented research assistants, Robert Murphy, Paige Fisher, and Alyssa Turkewitz, who worked with us on this project.

On a final note, we want to thank each other for a working relationship characterized by good humor, nondefensiveness, and mutual respect. We can honestly say that no part of this book is owned exclusively by either of us. In a most collaborative writing process, we created the wording of each phrase through discussion, debate, and occasional good-natured sarcasm. While working on this third edition, we managed to keep our sense of humor despite the pressures of many competing demands and a fast-paced revision schedule. We debated the order of authorship, each of us insisting that the other deserved to be first author, and ultimately we yielded to the tradition of alphabetical listing.

32 Chapter One
Understanding Abnormality 33

Summary

- Abnormality can be defined according to five criteria: distress, impairment, rare to self or others, and behavior that is outside the norms of the social and cultural context within which it takes place.
- In trying to understand the reasons that people act and feel in ways that are regarded as abnormal, social scientists look at three dimensions—biological, psychological, and sociocultural—and use the term *biopsychosocial* to characterize the interaction among these three dimensions. Related to the biopsychosocial approach is the *diathesis-stress* model, a perspective that people are born with a predisposition (or “diathesis”) that allows them to fall for developing a psychological disorder.
- The history of understanding and treating people with psychological disorders can be considered in terms of three recurring themes: the medical, the scientific, and the humanistic. The medical theme regards abnormality as due to disease or brain dysfunction. This theme was prevalent during prehistoric times and the Middle Ages. The scientific theme regards abnormalities as due to psychological or physical dysfunction within the person. This theme had its origins in ancient Greece and Rome, and it was predominant since the nineteenth century. The humanistic theme regards abnormality as due to improper treatment by society. This theme predominated during the latter movements of the eighteenth century and is still evident in contemporary society.
- Researchers use various methods to study the causes and treatment of psychological disorders. The scientific method involves acquiring an objective set of methods for observing behavior, making an hypothesis about the causes of behavior, setting up proper conditions for studying the hypothesis, and drawing conclusions about its validity. In the experimental method, the researcher manipulates the independent variable and measures its effects on the dependent variable. The quasi-experimental method is a variant of the procedure and is used to compare groups that differ in a predetermined or co-occurring characteristic. The correlational method involves research to explore the existence and consistency of relationships between variables. The survey method involves research to explore the existence and consistency of psychological disorders. In the case study method, one individual is studied in-depth, and a detailed and careful analysis of that individual is conducted. In the single-subject design, one person at a time is studied in both the experimental and control conditions, as treatment is applied and removed in alternating phases.

Key Terms

See Glossary for definitions.

Abandonment 25	Diagnosis 25	Observation process 19
Adaptation 11	Double-blind technique 22	Placebo condition 21
Aggression 25	Experimental group 21	Population 20
Biological maturation 25	Experimental method 21	Prevalence 24
Biopsychosocial 7	Genetic mapping 25	Probability 19
Case study method 25	Hypothesis formation process 19	Psychiatrist 18
Conduct disorder 25	Hypothesis 19	Psychophysics 18
Control group 21	Induction 21	Quasi-experimental design 22
Correlational 22	Independent variable 21	Randomness 21
Cross-sectional study 25	Medical model 11	Sample 20
Deinstitutionalization movement 17	Mendelian 18	Single-subject design 22
Dependent variable 21	Misdiagnosis 25	Survey method 25
Diathesis-stress model 8	Moral treatment 12	Teaching 8
	Multiple baseline approach 15	Validity 21

Internet Resource

To get more information on the material covered in this chapter, visit our web site at <http://www.mhhe.com/halgan>. There you will find news, information, resources, and more to topics of interest!

List of Key Terms

The key terms that are boldface in the chapter are listed alphabetically at the end of the chapter and defined in an alphabetical, page-referenced glossary at the end of the book.

Web Address

Access the Internet through this address for further reading on any topic in the chapter that contains this icon.

Chapter Summary

Each chapter ends with a comprehensive summary of the major points in the chapter, corresponding back to the chapter-opening outline.

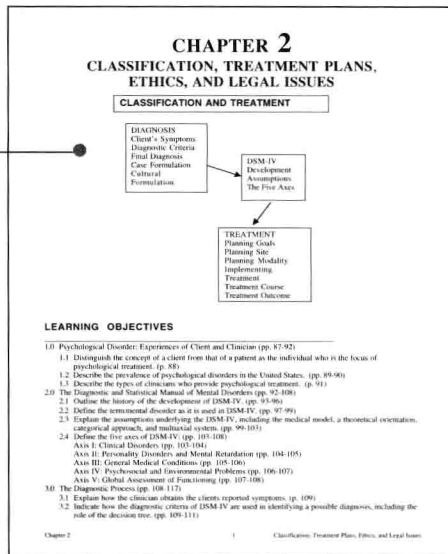
Student Study Guide

Special Feature

All the key terms in the text are alphabetically organized by chapter and bound in the back of the text as glossary cards for the student.

Concept Map

This visual guide presents a quick, "at-a-glance" view of the chapter followed by the learning objectives.



REVIEW AT A GLANCE

Nearly 11% of the population is afflicted with a diagnosable psychological disorder at some time in life. Approximately 42% percent of these people seek professional help from clinicians, 13% percent from other professional sources. The remainder turn to informal sources of support or go without help. Clinicians are found within several professions such as (1) _____, (2) _____, (3) _____, (4) _____, and (5) _____, counseling. Clinicians and researchers use the _____, which contains descriptions of all psychological disorders. In recent editions the authors have tried to meet the criterion of (1) _____ so that a given diagnosis will be consistently applied to anyone showing a particular set of symptoms. Researchers have also worked to ensure the (2) _____ of the classificatory system that the various diagnoses represent real and distinct clinical phenomena. The DSM-IV is based on a (3) _____ model orientation in which disorders are viewed as (4) _____. Disorders are categorized in terms of relevant areas of functioning called (5) _____. Axis I includes (6) _____. Axis II, (7) _____. Axis III, (8) _____. Axis IV, (9) _____. Axis V contains the (10) _____. The diagnostic process involves using all relevant information to arrive at a label that characterizes a client's disorder. After attending to a client's reported and observable symptoms, the clinician uses the DSM-IV criteria and a strategy known as a (11) _____. The clinician rules out (12) _____ and tries to assign a (13) _____. After the diagnostic process, clinicians develop a (14) _____ in an effort to understand the processes and factors that might have influenced the client's current psychological status. Once diagnosis is determined, a (15) _____ plan is developed, which includes issues pertaining to (16) _____, (17) _____, and (18) _____. A (19) _____, (20) _____, (21) _____, or other appropriate notations. The treatment (22) _____ is specified, and may involve (23) _____ or (24) _____ therapy. After a plan is developed, clinicians implement treatment with particular attention to the fact that the (25) _____ is a crucial determinant of whether therapy will succeed.

Chapter 2 2 Classification, Treatment Plans, Ethics, and Legal Issues

Review at a Glance

This is a fill-in-the-blank summarizing exercise that appears in each chapter.

Exercises

In addition to matching, identifications, and applicable games, each chapter contains critical thinking questions that relate back to the Dr. Sarah Tobin case reports, Research Focus, and How People Differ features in each chapter.

Practice Tests

Each chapter contains 20 multiple-choice questions, 10 true/false items and 8-10 fill-in-the-blanks per chapter.

FOCUSING ON RESEARCH

Answer the following questions concerning the Research Focus entitled "How Do Experts Determine Which Treatments Really Work?"

1. Compare and contrast the goals and research methods of efficacy research and effectiveness research in terms of analyzing psychotherapy.
2. Briefly summarize Seligman's argument that efficacy studies don't tell the whole story about the value of psychotherapy.
3. As a potential consumer of psychotherapy, which types of study would you pay most attention to and why?

FROM THE CASE FILES OF DR. SARAH TOBIN: THINKING ABOUT PETER'S CASE

Answer the following questions about the case of Peter Dickinson.

1. Briefly list Peter's symptoms reported by Peter and his mother, Don.
2. What symptoms did Dr. Tobin observe in Peter?
3. What was Dr. Tobin's diagnosis of Peter?
4. Describe the course of Peter's treatment, both in the hospital and after discharge.
5. Concerning the outcome of Peter's treatment, would you characterize his treatment as effective? Why or why not?

HOW ARE WE DIFFERENT?

Answer these questions about "How People Differ: Are Minorities Really More Vulnerable to Psychological Disorders?"

1. What evidence is there to suggest that persons of AFRICAN-AMERICAN heritage might be more likely to suffer from certain psychological disorders?

What particular disorders might have a higher prevalence in this population?

Chapter 2 2 Classification, Treatment Plans, Ethics, and Legal Issues

ANSWERS

MATCHING

1. a	4. f	7. b	10. c	13. a
2. a	5. e	8. a	11. d	14. b
3. c	6. b	9. a	12. e	15. c

Assumption about "mental disorders"	Explanation
The disorder is clinically significant	Systems must be proved to a classified degree and for a significant period of time.
The disorder is reflected in a syndrome	Individual, symptoms or problematic behaviors must be sufficient for diagnosis as a mental disorder.
The disorder is associated with present distress, impairment, or risk	The behavior or symptoms must involve some type of personal or social cost.
The disorder is not culturally sanctioned	The disorder is not explicable for one society or culture.

FOCUSING ON RESEARCH

1. Efficacy research takes place under experimental conditions, usually in university-based clinics where therapists are carefully selected, trained, and monitored. Patients with multiple symptoms are usually excluded. Effectiveness studies are conducted in the "real" or real world therapy settings, where clients are not assigned to random groups, for fixed durations, and treated according to a predetermined script.
2. Efficacy studies do not take into account real world situations. Client's diagnoses often do not fit neatly into one clearly delineated category, which can be treated with a predetermined script. Efficacy studies don't take into account one of the main reasons why therapy is successful (what is it) the client-therapist relationship.
3. Probably both. Efficacy studies have a place because they are conducted under experimental conditions. But I would also want to know about real-life experiences from effectiveness studies.

HOW DO WE DIFFER?

1. African-Americans suffer more from the effects of stressors accompanying poverty and social disadvantage.
2. Acculturation, dependence, phobias, and generalized anxiety disorder.
3. Racial discrimination, lack of economic resources to pay for mental health care, and different attitudes toward consulting mental health professionals.

Chapter 2 2 Classification, Treatment Plans, Ethics, and Legal Issues

Answer Keys

At the end of each chapter are provided full explanations for each of the multiple-choice items, explanations for the false items in the true/false, and possible answers for the case-thought, essay, and short-answer items. The answers to the matching, identification, and games are also provided.

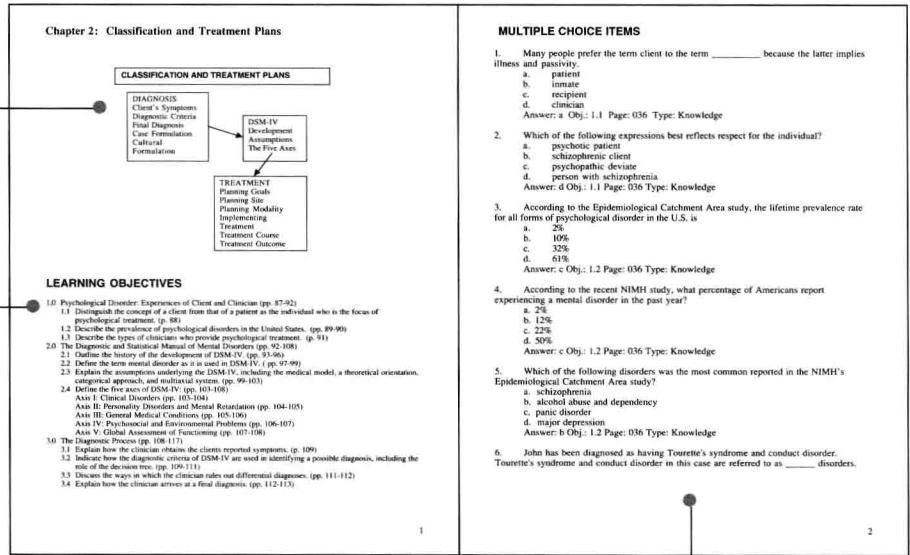
To the Instructor Test Bank

Chapter Overview

This visual guide presents the chapter outline as a concept map. Each section is self-contained and includes a topic summary and related learning objective.

Learning Objectives

Identical to the learning objectives that appear in the student study guide, these objectives are meant to guide instructors' chapter syllabus.



MULTIPLE CHOICE ITEMS

1. Many people prefer the term client to the term _____ because the latter implies illness and passivity.
 - a. patient
 - b. inmate
 - c. recipient
 - d. clinician
 Answer: a Obj.: 1.1 Page: 036 Type: Knowledge
2. Which of the following expressions best reflects respect for the individual?
 - a. psychotic patient
 - b. schizophrenic client
 - c. psychopathic deviate
 - d. person with schizophrenia
 Answer: d Obj.: 1.1 Page: 036 Type: Knowledge
3. According to the Epidemiological Catchment Area study, the lifetime prevalence rate for all forms of psychological disorder in the U.S. is _____.
 - a. 2%
 - b. 10%
 - c. 33%
 - d. 61%
 Answer: c Obj.: 1.2 Page: 036 Type: Knowledge
4. According to the recent NIMH study, what percentage of Americans report experiencing a mental disorder in the past year?
 - a. 2%
 - b. 12%
 - c. 22%
 - d. 50%
 Answer: c Obj.: 1.2 Page: 036 Type: Knowledge
5. Which of the following disorders was the most common reported in the NIMH's Epidemiological Catchment Area study?
 - a. schizophrenia
 - b. alcohol abuse and dependency
 - c. panic disorder
 - d. major depression
 Answer: b Obj.: 1.2 Page: 036 Type: Knowledge
6. John has been diagnosed as having Tourette's syndrome and conduct disorder. Tourette's syndrome and conduct disorder in this case are referred to as _____ disorders.
 - a. comorbid
 - b. comorbidity
 - c. comorbidity
 - d. comorbidity

True/False—No fewer than 15 per chapter

Matching—No fewer than 10 per chapter

Fill-in-the-Blanks—No fewer than 5 per chapter

Multiple-Choice Questions

Each chapter contains an average of 140 questions, with more coverage of race, gender, and ethnicity. Select questions are included from the *Student Study Guide*.

Essay Items

No fewer than 5 per chapter, including questions based on Dr. Sarah Tobin Case Report, Research Focus, and How People Differ features.

TRUE/FALSE ITEMS

1. The most common disorder reported among those involved in the NIMH Epidemiological Catchment Area study was depression.
Answer: f Obj.: 1.2 Page: 000
2. NIMH statistics provide strong indications that seeking help for problems is not a common experience for most people.
Answer: f Obj.: 1.2 Page: 000
3. The term neurosis is not used by mental health professionals any more.
Answer: f Obj.: 2.3 Page: 000
4. DSM utilizes a categorical approach to define mental disorders.
Answer: f Obj.: 2.3 Page: 000
5. V code conditions are would be listed on axis I in a DSM diagnosis.
Answer: f Obj.: 2.4 Page: 000

MATCHING ITEMS

1. reliability	a. A collection of symptoms that together form a definable pattern.
2. base rate	b. Reserved for global assessment of functioning rating.
3. syndrome	c. The likelihood of a client recovering from a disorder.
4. psychosis	d. The process of ruling out possible alternative diagnoses.
5. Axis I	e. An analysis of the client's development and the factors that might have influenced his or her current status.

Answers: 1-a, 2-j, 3-a, 4-b, 5-c

FILL-IN-THE-BLANK ITEMS

1. Psychiatric disorders are said to be _____ when a client has two or more at the same time.
Answer: comorbid Obj.: 1.2 Page: 000
2. When diagnoses represent real and distinct clinical phenomena they are said to have _____.
Answer: validity Obj.: 2.0 Page: 000
3. Describing psychological disorders in terms of observable phenomena rather than in terms of possible causes is referred to as the _____ approach.
Answer: atheoretical Obj.: 2.3 Page: 000

ESSAY ITEMS

1. What are some of the differences in training between psychiatrists and clinical psychologists? What do clinical psychologists do that psychiatrists don't typically do and vice versa?
Answer: Psychiatrists are medical doctors who specialize in the treatment of mental disorders and receive their training in medical school. Clinical psychologists, on the other hand, receive graduate training in clinical psychology and earn either a Ph.D. or a Psy.D. Psychiatrists can prescribe medications, whereas clinical psychologists administer psychological tests.
2. Discuss the skills that a clinician needs to develop in order to effectively treat a client's condition.
Answer: In addition to being able to apply various therapeutic techniques, clinicians also need to be able to scan the interaction between clients and themselves. The relationship that develops between the client and clinician can provide clues to dysfunctional ways in which the client interacts with other people in his/her life.
3. Briefly describe the steps taken by the APA to improve the most recent edition of the DSM.
Answer: Work groups were established to investigate specific disorders using a 3-stage process. Stage 1 involved comprehensive literature reviews. Stage 2 involved analysis of the research data and application of DSM-III-R's criteria to determine which criteria were still suitable. Stage 3 involved clinical field trials to establish the reliability and validity of the new criteria.
4. Distinguish between the categorical approach utilized by DSM-IV and the proposed dimensional approach. Which approach is implied by the medical model?
Answer: The categorical approach is based on the notion that disorders fit into distinct and separate categories. Dimensional approaches or models are based on the thinking that the symptoms of disorders can be quantified and individuals can be rated according to the level of severity of symptoms on a continuum. The categorical approach is more directly related to the medical model.
5. Briefly identify and describe the types of information which appear on each of the axes of a DSM-IV diagnosis.
Answer: Axis I provides information on the presence of clinical disorders like schizophrenia and depression; Axis II is reserved for information regarding personality disorders and mental retardation—disorders that pervade the fabric of an individual's being; Axis III is reserved to list information regarding any general medical conditions that may be directly or indirectly related to an Axis I or Axis II disorder; Axis IV is reserved for describing any psychosocial stressors that may be directly or indirectly related to the individual's condition; and Axis V is reserved for rating the individual's GAF score(s).

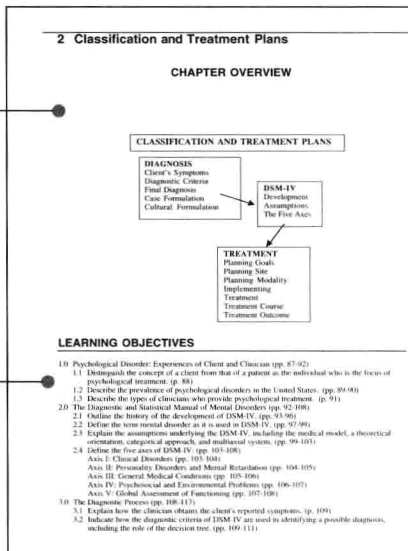
For the Instructor Instructor's Manual

Chapter Overview

This visual guide presents the chapter outline as a concept map. Each section is self-contained and includes a topic summary and related learning objective.

Learning Objectives

Identical to the learning objectives that appear in the student study guide, these objectives are meant to guide instructors' chapter syllabus.



Demonstrations & Classroom Exercises

Divide students into groups and give each group a brief case description, highlighting a hypothetical client's symptoms. Then have students prepare a group report on how they might arrive at a diagnosis and how they might plan a treatment for the client. The steps highlighted in the text can serve as guidelines for the students.

Videos & Films

Abnormal Behavior: A Mental Hospital, provides students with a glimpse inside the walls of a mental hospital. The film shows several therapy sessions as well as an ECT treatment. This film provides a good overview of the medical model. (McGraw-Hill/CRM; 28 min., color)

Interrupted Lives demonstrates the plight of clients with long-term mental illnesses and how they struggle to reestablish themselves in the community. (Boston University Center for Rehabilitation Research and Training in Mental Health, 1019 Commonwealth Ave., Boston, MA 02215; 66 min., color)

Larry is the dramatization of an actual case of a man mistakenly institutionalized who struggles to conquer the effects of years of harsh treatment. (Learning Corporation of America; 78 min., color)

Madness and Medicine is a two-part film, which shows a mental institution and deals with the issues of drug therapy, ECT and psychotherapy from both the patients' and the doctors' perspectives. (CRM; 49 min., color)

Titicut Follows is a documentary filmed at a state hospital in Massachusetts. It illustrates many of the difficult conditions that characterized mental hospitals in the sixties. (Zipporah; 90 min., b/w)

One Flew Over the Cuckoo's Nest is a feature film which tells the story of McMurphy, a rebellious patient in a mental institution that is subjected to nearly ever treatment in the book. It is an interesting Hollywood look at life in a mental hospital. This movie can be rented at most video rental stores like Blockbuster Video. (129 min., color)

Demonstrations and Classroom Exercises Videos and Films

Includes various demonstrations and exercises to be used in class as well as a list of videos related to chapter content.

Supplementary Lecture/Discussion Topics and Controversies

Includes additional lecture topics and discussion questions linked to learning objectives. These also reflect back to the main text case features.

Supplementary Lecture/Discussion Topics and Controversies

Linked to Objective 3.6
Since many forms of psychological disorders are intimately tied with the culture in which they occur, it should not be surprising that diagnostic systems developed in the west, like the DSM are culturally based. There are several reports of a disorder characterized by confusion and dramatic excitement that is often tied to situations that has been observed in West Africa, the Caribbean and New Guinea and has been referred to by researchers as transient psychosis, acute confusional state, or *hounfite delirante aigue*. Some researchers argue that this particular syndrome does not fit neatly into any of the standard psychiatric diagnoses established by the American Psychiatric Association (Diagrams, 1980, p. 138). In some instances, other cultures do not have diagnostic labels for syndromes that we recognize as our culture. The first of Alaska have no word or label to conveniently describe anxiety (Murphy, 1976, p. 1024). These facts lead many to criticize the reliability, validity and the basic utility of the DSM.

(Diagrams, J. G. (1980). Psychological disorders of clinical severity. In H.C. Triandis, & J. Diogenes (Eds.), *Handbook of cross-cultural psychology* (Vol. 6). Boston: Allyn & Bacon)

Murphy, J.M. (1976). Psychiatric labeling in cross-cultural perspective. *Science*, 191, 1019-1028.

Linked to Objective 3.6
It is now well recognized that culture has an impact on the way in which certain psychological disorders are manifested in individuals. Yet culture itself is a very broad construct that encompasses a wide range of factors. Researchers have recently turned their interest to the specific cultural factors that may lead to differences in disorders that are observed between different ethnic and racial groups. Okazaki (1997) hypothesized that one potential factor that might lead to some well-documented differences in social anxiety and depression between Asian-Americans and White Americans is the ethnic differences in self-construals. Okazaki notes that Asian-Americans typically have more *interdependent* self-construals, that is, their self-definition is based more on their relationships with significant others. White Americans typically have *independent* self-construals—their self-definition is based more on individual and personal factors. By using multidivariate techniques, Okazaki correlated Asian-American and White American students' scores on measures of self-construal, depression and fear of negative evaluation. Although no differences were found on measures of depression, ethnic differences were found on measures of social anxiety. The author suggests that ethnic differences in self-construal might predispose Asian-Americans to certain types of disorders that have social anxiety (e.g., social phobia). Okazaki also points out that the current findings shed light on a culture-based syndrome observed in Japan called *Taijin Kyofusho* characterized by avoidance of social situations due to a fear of offending or embarrassing others. More researchers will need to focus on the specific cultural factors that may lead to ethnic differences in psychopathology.

(Okazaki, S. (1997). Sources of ethnic differences between Asian-American and white American college students on measures of depression and social anxiety. *Journal of Abnormal Psychology*, 106, 52-60.

Supplementary Topics/Lecture Launcher Discussion Questions

Case Report
In the case of Peter Dickinson, why do you think Peter was so resistant to the idea that he might need help? In Peter's own view, do you think he felt he had been helped? What aspect of Peter's case most clearly indicates that Peter has a problem?

Research Focus
From a research standpoint, what advantages are there to conducting what Seligman calls efficacy studies as opposed to effectiveness studies? What are some of the disadvantages?

Literature Guide/Suggested Readings

Kirk, S. A. & Kutchnin, H. (1992). *The selling of the DSM: The rhetoric of science in psychiatry*. Hawthorne, NY: Aldine De Gruyter.

Kirk, S. A. & Kutchnin, H. (1997). *Making us crazy: DSM: The psychiatric bible and the creation of mental disorders*. New York: The Free Press

Seligman, 1995

Ratey, J. & Johnson, C. (1997, May/June). Out of the shadows. *Psychology Today*, pp. 47-48, 50, 78, 80.

Seligman, M. E. P. (1995). The effectiveness of psychotherapy: The Consumer Reports study. *American Psychologist*, 50, 965-974.

Paper Topics

Using Seligman (1995, see above) as a starting point, students may want to look at several current studies on the effectiveness of therapy and analyze them in terms of Seligman's criteria.

Students may wish to read either of Kirk and Kutchnin books (1992 or 1997) and report on their contents.

It may be interesting for students to look at the previous DSMs, compare and contrast them with the current DSM and report their findings.

Literature Guide/Suggested Readings Paper Topics

Includes a list of suggested readings and up to five paper topics based on suggested readings, Case Reports, and Research Focus features found in the main text.

Online Learning Center

ABOUT THE BOOK

- **Overview**

Provides a quick synopsis of the edition and the material covered.

- **Table of Contents**

Lists the entire TOC.

- **What's New**

Introduces the new features of the textbook.

- **Supplements**

Includes title and ISBN information for all accompanying student and instructors' supplements.

- **NEW! Faces of Abnormal Psychology Video**

Links to a downloadable demo of McGraw-Hill's new 85 minute abnormal psychology video, containing 7 segments of real people with real disorders. *FACES* is free to adopters.

ABOUT THE AUTHOR

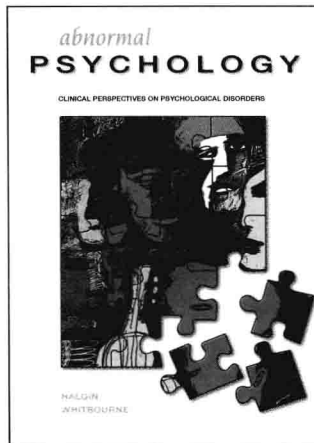
- **Meet the Authors**

Have questions or comments concerning the text? E-mail the authors!

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Welcome to the
Halgin/Whitbourne
Abnormal Psychology 3e
Web site!



STUDENT RESOURCES

- **Online Learning Center**

Links to every text chapter containing learning objectives, quizzes, crossword puzzles, and more!

- **Internet Primer**

Links to the McGraw-Hill Internet Guide providing students with valuable information on internet navigation.

- **Careers In Psychology**

Links to a list of resources for students interested in a career in psychology.

- **Statistics Primer**

Provides a quick overview of statistics.

- **Web Resources**

Links to interesting and useful psychology sites.

INSTRUCTOR'S RESOURCES

- **Online Learning Center**

- **CLICK HERE** to see a web version of the Instructor's Manual. This area is password protected. Please contact your McGraw-Hill representative for the password.

- **PageOut**

- **FREE** to adopters, PageOut is designed for the professor just beginning to explore web site options. In just a few minutes, even the novice computer user can have a course web site.

- **Movies & Mental Illness**

This text, by Danny Wedding and Mary Ann Boyd, utilizes the viewing and discussion of popular films to illuminate and enhance student understanding of abnormal behavior.

- **Psych In The News**

Links to issues of the Psychwatch: Newsletter

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