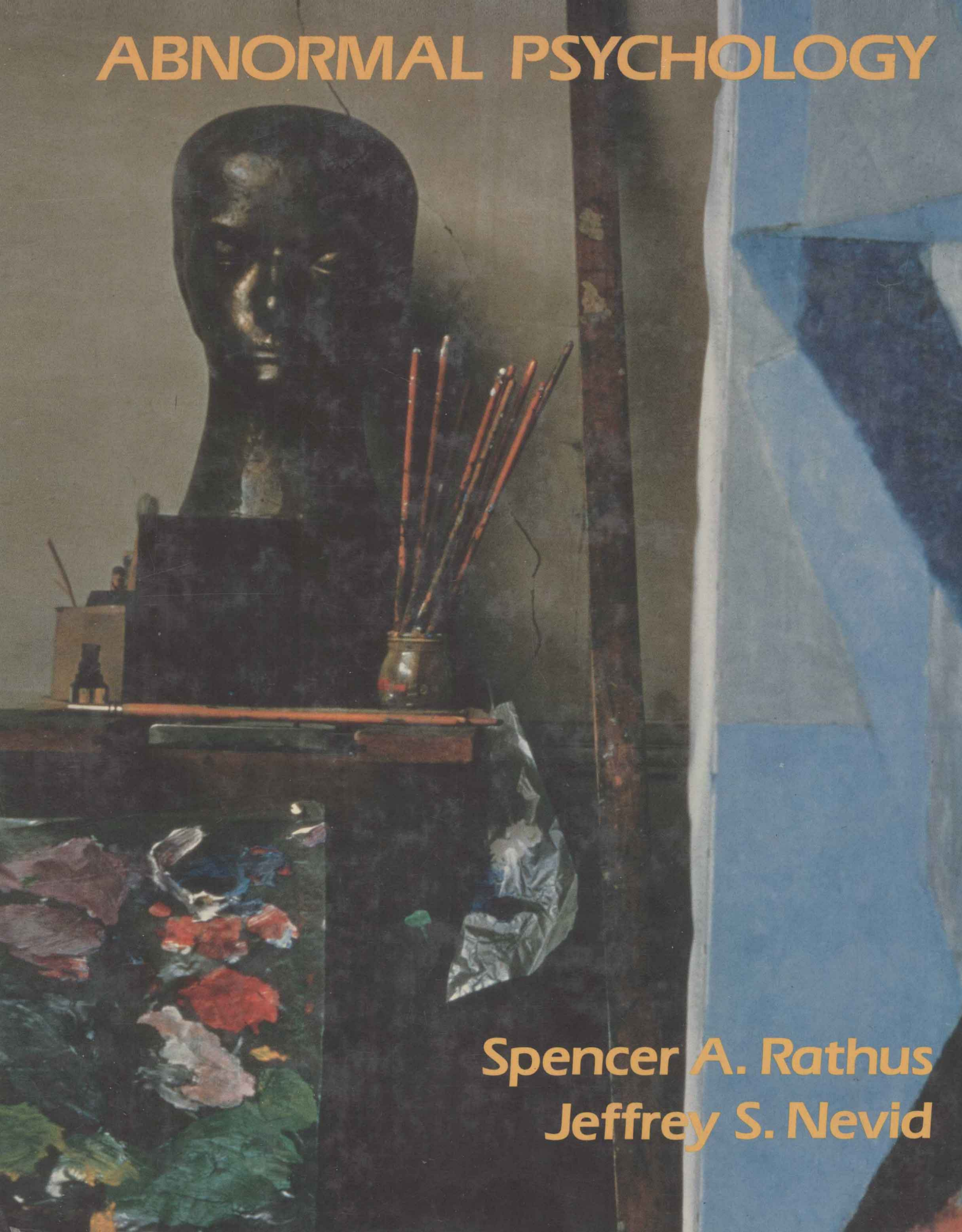
ABNORMAL PSYCHOLOGY



Spencer A. Rathus
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This book is dedicated to
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&
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Preface

The field of abnormal psychology is a moving target. At any moment, new scientific findings are being reported, new assessment techniques are being devised, and innovative methods of treatment are emerging. Just in recent years, for example,

> Advances in brain imaging techniques have enabled researchers to probe the structures and functioning of the brain with greater precision than ever before, revealing new evidence of brain abnormalities in schizophrenia (see Chapter 12).
>
> Developments in the use of cognitive techniques of assessment have allowed researchers to more clearly distinguish the thinking patterns of depressed and nondepressed groups and differentiate between the automatic thought patterns of depressed and anxious people (see Chapters 3 and 8).
>
> Research findings have sparked new controversies, including whether or not post-partum depression is a distinct form of depression (see Chapter 8) and whether or not Type A behavior pattern increases CHD risk (see Chapter 5).
>
> The importance of psychological factors in physical health has given impetus to the development of psychoneuroimmunology, with exciting advances being reported almost daily in the relationships between stress and immunological functioning (see Chapter 5).

All in all, the authors of textbooks in abnormal psychology face an enormous challenge in keeping up with the literature and integrating the many important research findings that shape our present understandings of abnormal behavior patterns and their treatment. When we undertook the task of writing this text, it was with the recognition that users of the book would expect us to present material that reflects the "state of the art" and not a rehashing of material gleaned from our earlier teaching experiences. Toward this end, we have incorporated more than 1000 references to scientific findings from the literature since 1985. But a textbook is more than a compendium of recent developments in a field of study. It is a repository of accumulated knowledge and thinking that has defined and shaped the field of study over the years.

Perhaps more than anything else, a textbook is a teaching device—a means of presenting material to students in a way that best encourages understanding and critical thinking. We approach this task by adopting a style of writing that speaks to the reader in a clear expository style, explaining complex material in understandable terms and providing ample examples that assist comprehension. We also go further toward encouraging interest and student involvement in the material by incorporating certain pedagogical features (such as a listing of learning objectives and "Truth-or-Fiction" statements in each chapter) and student-oriented features, such as questionnaires, thought-provoking boxed inserts, and resource materials that highlight special concerns and applications (e.g., "Rape Prevention," "How to Handle Menstrual Discomfort," "Suicide Prevention," "Ways of Decreasing Type A Behavior," and "Coping with a Panic Attack").

Because the publication of articles and books lags behind their completion, a textbook on abnormal psychology chances being out of date the moment it is published. Yet our motives for writing a new textbook in this already overcrowded field were compelling:

1. **The significance of the field.** The problems discussed in this book are of immense importance. They address personal, social, financial, and political crises and challenges, many of which are painful, frightening, and confusing. They include problems that are all-too pervasive, such as headaches, sexual dysfunctions, obesity, and alcohol and substance abuse; problems that are relatively infrequent but have profound impact, such as schizophrenia and bipolar disorder; and problems that are exotic and challenge present understandings, such as multiple personality disorder and Münchausen syndrome. Embarking upon this project we felt that many contemporary issues were left largely unexplored in existing texts, such as the outcomes of deinstitutionalization, the related issue of the plight of the psychiatric homeless population, and the psychological aspects of AIDS and the role of psychologists in meeting the challenge of the AIDS epidemic. We also include special attention to the problem of post-traumatic stress disorder and the Vietnam veteran.
2. **The pervasiveness of abnormal behaviors.** Abnormal behaviors are not the problem of a few.

They affect all of us, or nearly all of us, each day of our lives. The majority of us will experience one or more of the problems discussed in this book at some time or another, or will have a friend or loved one who will. And even if these problems were to lie completely outside our personal ken, we would still be touched by society's response—or lack of response—to them.

3. **The need for a fresh look at the boundaries between normal and abnormal behaviors.** We wished to take a critical look at standard views on the demarcations between normal and abnormal behaviors. As with hyperactivity and adjustment problems, the borders are sometimes blurry. As pointed out in Chapter 4, if students are having difficulty concentrating on schoolwork because of the break-up of a recent romance, they may be diagnosed as suffering from a "mental disorder," according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) of the American Psychiatric Association. We address questions of boundaries between normal and abnormal behavior by helping students recognize the criteria and judgments that are involved in determining abnormality, and the controversies that have ensued concerning the labeling of certain behavioral patterns (like "Late Luteal Phase Dysphoric Disorder") as mental disorders.

4. **The need for a psychological perspective.** We felt strongly that a textbook with an unbiased and empirical *psychological* perspective was needed—one that embraced the broad spectrum of "abnormal behaviors" and their "features" or "characteristics," not with "mental illnesses" and their "symptoms." While we do not wish to war with conventional medical terminology, neither do we use it pervasively and uncritically. (If we wish to encourage students to separate descriptions from inferences, as we suggest in Chapter 1, it seems unsuitable to automatically use terms like "illness" and "symptom" to refer to abnormal behavior patterns). While we highlight the importance of research findings concerning possible roles of biological factors in many patterns of abnormal behavior, we do not wish to suggest uncritical acceptance of the medical model by adopting its terminology. Moreover, we recognize that understandings of phenomena as complex as abnormal behavior patterns must take into account interactive, multiple causes that involve psychological, social, and biological factors.

5. **The need for a textbook whose coverage extends beyond the DSM.** We believe that the issues that concern the psychology of abnormal behaviors are much broader than those touched upon by the DSM-III-R. Although our coverage of the diagnostic categories described in the DSM-III-R is comprehensive, we are not contained by them. We also focus on the psychological factors that are involved in personal and social issues such as AIDS, rape, premenstrual syndrome, pornography, obesity, incest, and battered women, although these pressing human concerns find little or no representation in the DSM-III-R.

6. **Need for coverage of types of research methods and ways of appraising the validity of research.** We felt that students should not only be exposed to the different methods of research, but should also be provided with a way of appraising the validity of experimental studies. In Chapter 1, we introduce students to the concepts of internal, external, and construct validity with illustrations that suggest how an uncritical reading of research findings can lead to spurious conclusions. In Chapter 3, we cover issues relating to the reliability and validity of techniques of assessment. Later in the text (Chapter 15), we highlight issues involved in conducting research on psychotherapy effectiveness and expose students to the findings that derive from several of the major meta-analyses in the field.

FEATURES OF THE TEXTBOOK

Textbooks walk balance beams, as it were, and they can fall off in three directions, not just two. Textbooks, that is, must do justice to their subject matter while they also meet the needs of instructors and students. In subject matter, this textbook is comprehensive, providing depth and breadth. It contains full coverage of the history of societal responses to abnormal behaviors, historic and contemporary models of abnormal behaviors, methods of assessment, psychological and biological models of treatment, contemporary issues, the comprehensive range of problem behaviors set forth in the DSM-III-R, and a number of other behavioral problems that entail psychological factors—most notably in the interfaces between psychology and health.

This book also contains a number of features that are intended to keep it "on the beam" as a vehicle for instruction and learning:

The Sixteen-Chapter Format

Although the coverage is comprehensive, the material is organized into a sixteen-chapter format so that instructors will be able to teach approximately a chapter a week.

Truth-or-Fiction? Items

Each chapter begins with a number of "Truth-or-Fiction?" items that are intended to whet students' appetites for the subject matter within the chapter. We have used such items in our other textbooks for many years, and instructors and students have repeatedly reported that they are effective ways of stimulating and challenging students. Some of the items are intended to be generally motivating ("Innocent people were drowned in medieval times as a way of certifying that they were not possessed by the Devil") or to highlight interesting research findings ("Cycles of dieting and regaining lost weight make it progressively more difficult to take off extra pounds"). Others are specifically written to encourage students to take a scientific look at the subject matter by questioning folklore and preconceptions ("People can recognize when their blood pressure is high," and "There is a thin line between creativity and insanity.").

Learning Objectives

Following the "Truth-or-Fiction?" items is a double-duty list of learning objectives. Why "double-duty"? First, these objectives are organized according to the major headings within the chapter, so they provide a means of organizing the chapter according to major headings. Second, they provide students with concrete educational goals for each chapter.

Truth-or-Fiction-Revisited Sections

The "Truth-or-Fiction?" items are revisited in these sections at the points in the text where the topics are discussed. Students are thus given rapid feedback concerning the accuracy of their preconceptions in the light of the material being addressed.

"A Closer Look" Inserts

These sections include applications, focused discussions on controversial issues (e.g., "AIDS and the Duty to Warn," "Why Do Women Stay in Abusive Relationships?," "Late-Luteal Phase Disorder?"), and information on "state of the art" techniques of assessment (e.g., advances in brain imaging techniques, biological markers for depression, and measurement of sexual arousal).

Self-Scoring Questionnaires

Self-scoring questionnaires ranging from the "Locus of Control Scale" to the "Fear of Fat Scale" involve students in the discussion at hand and permit them to evaluate their own behavior. We have not included questionnaires whose results might be particularly upsetting to students. We have screened the questionnaires to ensure that they will provide students with useful information to reflect upon as well as serve as a springboard for class discussion.

Chapter Summaries

Chapter summaries are organized according to the major headings within the chapters. Students who use the SQ3R method may be advised by their instructors to read them before the chapters as a way of surveying the material and helping form questions to guide their reading.

Glossary

Key terms are boldfaced in the text and defined in a comprehensive glossary. Note that the origins of key terms are often discussed. By learning to attend to commonly found Greek and Latin word origins, students can acquire skills that will help them decipher the meanings of new words. These decoding skills are a valuable objective for general education as well as a specific asset for the study of abnormal psychology.

ANCILLARIES

No matter how comprehensive a textbook is, today's instructors and students require a complete teaching package to advance teaching and comprehension. *Abnormal Psychology* is accompanied by the following ancillaries:

Instructor's Edition—Designed to provide you with maximal assistance in preparing your class, each chapter of the Instructor's Edition includes: film and video descriptions, a research list of film and video distributors, abstracts of recent research articles to keep your lectures on the cutting edge of the field, activities and discussion topics, suggested further readings, chapter summary, and key terms.

Test Item File—The Test Item File contains over 1600 questions—both conceptual and applied—with page references to the text. Our multiple

choice, true-false, and essay questions range in level of difficulty, so you have a wide variety to choose from.

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Study Guide and Workbook—Each chapter includes a chapter review, learning objectives, key concepts/terms with definitions, self-tests including multiple choice and true-false questions, and activities to aid the student.

Handouts and Transparency Masters—Involve your students and stimulate classroom discussion! These versatile questionnaires and activities can be handed out in class or turned into overhead transparencies.

Prentice Hall Transparencies for Abnormal Psychology, Series I—To support material covered in the book and augment in-class discussions, we offer 30 full color transparencies exploring topics such as "Symptoms of Depression," "Reactions to Stress," "Sex Differences in Personality Disorders," "Varying Degrees of Paranoid Thinking," and many more.

Video Offer—We are pleased to offer a wide selection of videos on psychology for dynamic classroom viewing. The videocassettes, which are free to keep, are available to any school which orders over 100 copies or more of Rathus and Nevid's **Abnormal Psychology.**

Film and Video Guide—Here in one compact source are valuable suggestions for films and videos appropriate for classroom viewing. This guide provides summaries, discussion questions, and rental sources for each film recommended.

A Contemporary View: Abnormal Psychology—A collection of recent articles from *The New York Times*, provided directly to your students. See the end of this preface for details.

ACKNOWLEDGMENTS

We noted that the field of abnormal psychology is a moving target. We are deeply indebted to a number of talented individuals who helped us hold our camera steady, focus in on the salient features of our subject matter, and develop our snapshots through prose.

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you are now holding in your hands. Lori Morris-Nantz researched the photos within the textbook, but Lois Fichner-Rathus researched the cover photograph. We also wish to thank our editor in chief, Charlyce Jones Owen, for her support in this project. Charlyce was involved with our first textbook, so it seems fitting that she is playing a role in the production and marketing of this—our finest collaborative effort.

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Both authors made major primary contributions to this project. The order of their names was decided at random.

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S.A.R.
Summit, New Jersey

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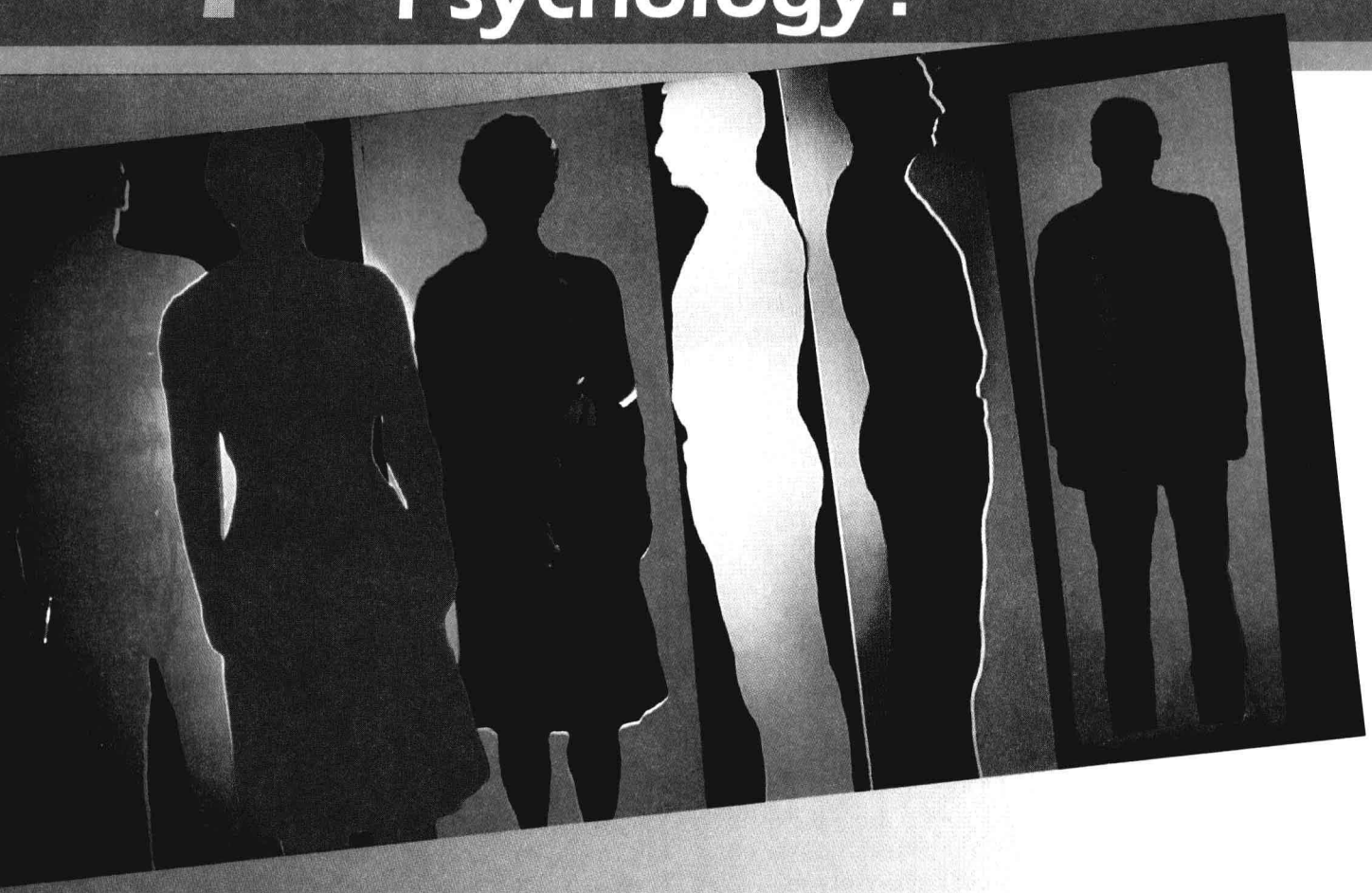
1 What Is Abnormal Psychology?



TRUTH OR FICTION

- ___ Abnormal behavior affects virtually everyone.
- ___ Unusual behavior is abnormal.
- ___ Behavior that is normal in one culture may be regarded as abnormal in another.
- ___ Innocent people were drowned in medieval times as a way of certifying that they were not possessed by the Devil.
- ___ Many of the nation's homeless people are discharged mental patients.
- ___ In order to carry out valid research, it may be necessary at times to keep people unaware of the treatments they receive.
- ___ Surveys of several million Americans may not represent the general population.
- ___ Case studies have been conducted on people who have been dead for hundreds of years.

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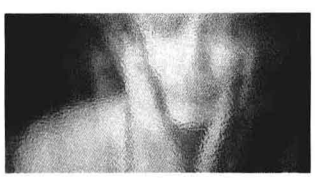

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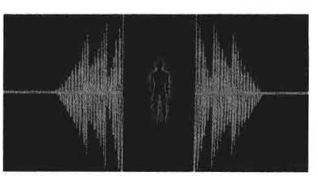

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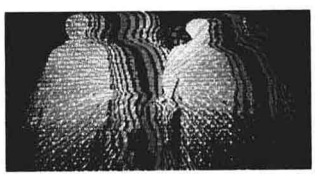

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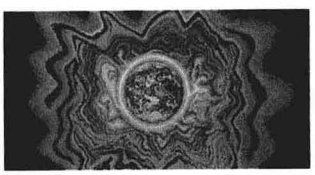

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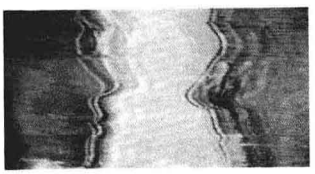

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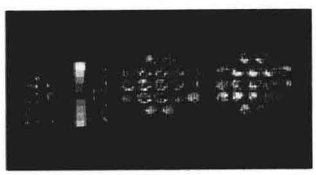

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LEARNING OBJECTIVES

When you have completed your study of Chapter 1, you should be able to:

WHAT IS ABNORMAL BEHAVIOR? (pp. 2–5)

1. Discuss six criteria that are used to define abnormal behavior.

HISTORY OF CONCEPTS OF ABNORMAL BEHAVIOR (pp. 5–18)

2. Recount the history of the demonological approach to abnormal behavior, referring to ancient and medieval times.
3. Describe the contributions of Hippocrates, Galen, Weyer, Pasteur, Griesinger, and Kraepelin to the development of medical science and thinking.
4. Describe the development of treatment centers for abnormal behavior from asylums through the mental hospital.
5. Discuss the reform movement and the use of moral therapy, focusing on the roles of Pussin, Pinel, Rush, and Dix.
6. Discuss the factors associated with the current exodus from mental hospitals in the United States.
7. Discuss various contemporary concepts or models of abnormal behavior.

RESEARCH METHODS IN ABNORMAL PSYCHOLOGY (pp. 18–30)

8. Discuss the objectives of a scientific approach to abnormal behavior.
9. Describe the steps involved in the scientific method.
10. Discuss the value and limitations of the naturalistic-observation method.
11. Discuss the importance of drawing representative samples from target populations.
12. Discuss the value and limitations of correlational research.
13. Discuss longitudinal research.
14. Describe the purpose and features of the experimental method.
15. Explain ways in which experimenters control for subjects' and researchers' expectations.
16. Describe three types of experimental validity.
17. Discuss the value and limitations of quasi-experiments.
18. Discuss the value of, and sources of error in, the epidemiological method.
19. Discuss the value and limitations of the case-study method.
20. Provide examples of single-case experimental designs and explain how they help researchers overcome some of the limitations of the case-study method.

Abnormal behavior might seem the concern of a few. After all, only a minority of the population will ever be admitted to a psychiatric hospital. Most people never seek the help of a **psychologist** or **psychiatrist.** Only a few people plead not guilty to crimes on the grounds of insanity. Many of us have an "eccentric" relative, but few of us have relatives we would consider truly bizarre.

Yet the belief that abnormal behavior is a problem affecting only a few is incorrect. The truth of the matter is that abnormal behavior affects everyone in one way or another. If we confine our definition of abnormal behavior to traditional mental disorders—anxiety, depression, schizophrenia, abuse of alcohol and other drugs, and the like—perhaps one in three of us have been affected at one time or another (Robins et al., 1984). If we include sexual dysfunctions and difficulties adjusting to the demands of adulthood or life stress, many more are added. If we extend our definitions to include maladaptive or self-defeating behavior patterns like compulsive gambling and nicotine dependence in the form of habitual smoking, a clear majority of us are affected. We shall see that contemporary views of mental

disorders include these and other categories that broaden the traditional definitions of abnormal behavior. And if we expand the meaning of "being affected" by these problems to the family members, friends, and fellow workers of those who are afflicted, and to those who foot the bill for mental health services in the form of taxes and health insurance premiums, virtually none of us remain uninvolved.

> ? It is true that virtually everyone is affected by abnormal behavior, even if only a minority display traditional disorders such as anxiety, depression, and schizophrenia.

Abnormal psychology is the branch of the science of psychology that addresses the description, causes, and treatment of patterns of abnormal behavior.

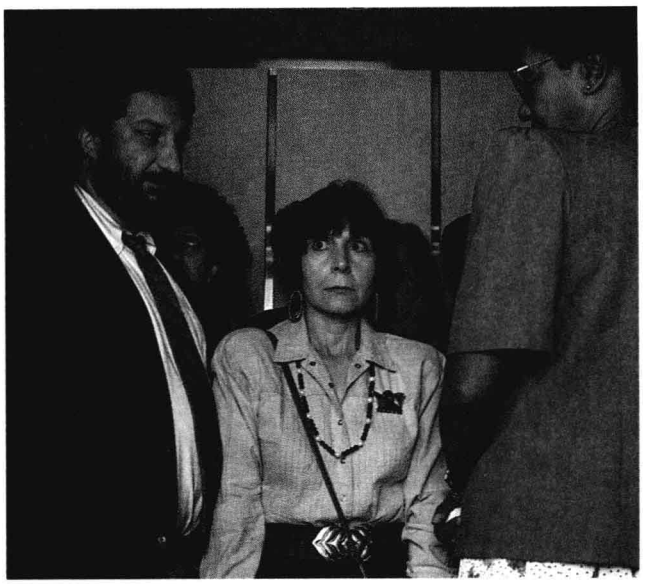
In this chapter we first struggle with the challenging task of delineating just what is meant by abnormal behavior. We see that abnormal behavior is defined by several criteria and that throughout the course of history, and prehistory, abnormal behavior has been viewed from several different perspectives, or models. We follow the historic development of concepts of abnormal behavior and its treatment; we see that "treatment" too often meant what was done *to* people with abnormal behavior rather than *for* them. Finally, we review the ways in which psychologists and other scholars study abnormal behavior today.

WHAT IS ABNORMAL BEHAVIOR?

There are diverse patterns of abnormal behavior. Some are typified by anxiety or depression, but most of us become anxious or depressed from time to time, and our behavior is not deemed abnormal. It is normal to become anxious in anticipation of an important job interview or a final examination. It is appropriate to feel depressed when you've lost someone close to you or when you have failed at a test or on the job.

So when are emotions like anxiety and depression judged abnormal? One answer is that these feelings may be appraised as abnormal when they are not appropriate to the situation. It is normal, as noted, to feel down because of failure on a test, but not when one's grades are good or excellent. It is normal to feel anxious during an interview for graduate or professional school, but not whenever one enters a department store or boards a crowded elevator. Abnormal behavior may also be suggested by the magnitude of the problem. Although some anxiety is normal enough before a job interview, the feeling that one's heart is hammering away so relentlessly that it might leap from one's chest—and consequently cancelling the interview—is not. Nor is it normal to feel so anxious in this situation that your clothing becomes soaked with perspiration.

(a)



(b)

Negative emotions such as anxiety are considered abnormal when they are judged to be inappropriate to the situation. Anxiety is generally considered normal when it is experienced during a job interview (photo a) but abnormal if it is experienced whenever one boards a crowded elevator (photo b).

Psychologists generally concur that behavior may be deemed abnormal when it meets some combination of these criteria:

1. *Behavior is unusual.* Behavior that is unusual is often considered abnormal. Only a few of us report seeing or hearing things that are not really there; "seeing things" and "hearing things" are almost always considered abnormal except, perhaps, in cases of religious experience (see Chapter 12). Becoming overcome with feelings of panic when entering a department store or when standing in a crowded elevator is also uncommon and considered abnormal. But uncommon behavior is not in itself abnormal. Only one person can hold the