

ABNORMAL PSYCHOLOGY



Spencer A. Rathus
Jeffrey S. Nevid

ABNORMAL PSYCHOLOGY

Spencer A. Rathus
Jeffrey S. Nevid

St. John's University



Prentice Hall, Englewood Cliffs, New Jersey 07632

Library of Congress Cataloging-in-Publication Data

Rathus, Spencer A.
Abnormal psychology / Spencer A. Rathus, Jeffrey S. Nevid.
p. cm.
Includes bibliographical references and index.
ISBN 0-13-005216-7 (student text) —ISBN 0-13-005224-8
(instructor's edition)
1. Psychology, Pathological. 2. Psychiatry. I. Nevid, Jeffrey
S. II. Title.
[DNLM: 1. Mental Disorders. 2. Psychopathology. WM 100 R235]
RC454.R35 1991
616.89—dc20
DNLM/DLC
for Library of Congress

90-7909
CIP

Editorial/production supervision: Virginia L. McCarthy
Interior and cover design: Meryl Poweski
Page layout: Meryl Poweski
Acquisition editor: Susan Finnemore
Photo editor: Lorinda Morris-Nantz
Photo researcher: June Whitworth
Cover photo researcher: Lois Fichner-Rathus
Cover art: Photograph of French sculptor
Jacques Villon's studio by Alexander
Lieberman, 1954. © Alexander Lieberman.
Prepress buyer: Debbie Kesar
Manufacturing buyer: Mary Ann Gloriande

This book is dedicated to
Judith Wolf-Nevid
♠
Lois Fichner-Rathus



© 1991 by Prentice-Hall, Inc.
A Division of Simon & Schuster
Englewood Cliffs, New Jersey 07632

All rights reserved. No part of this book may be
reproduced, in any form or by any means,
without permission in writing from the publisher.

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

ISBN 0-13-005216-7 (Student Text)
ISBN 0-13-005224-8 (Instructor's Edition)

Prentice-Hall International (UK) Limited, *London*
Prentice-Hall of Australia Pty. Limited, *Sydney*
Prentice-Hall Canada Inc., *Toronto*
Prentice-Hall Hispanoamericana, S.A., *Mexico*
Prentice-Hall of India Private Limited, *New Delhi*
Prentice-Hall of Japan, Inc., *Tokyo*
Simon & Schuster Asia Pte. Ltd., *Singapore*
Editora Prentice-Hall do Brasil, Ltda., *Rio de Janeiro*

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.

Prentice Hall DataManager—Unmatched by any other computerized testing software, Prentice Hall DataManager is a state-of-the-art classroom management system. It contains three key components that will help you efficiently organize vital information: Test Manager, Grade Manager, and Study Manager. All components are easy to learn and use.

Telephone Test Preparation Service—Select up to 200 questions from the Test Item File and call us toll free at (800) 842-2958. Prentice Hall prepares the test (and an alternate version if requested) on bond paper or a ditto master within 48 hours and mails it together with a separate answer key directly to the instructor.

MicroTest III, Macintosh Version—MicroTest III is designed to streamline the test design process and offer greater flexibility in the actual test generation. Incorporating questions taken directly from the text or from your own files, MicroTest III enables you to create, refine, update, store, and print a variety of tests.

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.

First, our professional colleagues, who reviewed our manuscript at various stages in its development and made invaluable suggestions that helped us further refine and strengthen the material:

Bernard S. Gorman, Ph.D.
Nassau Community College
and Hofstra University Doctoral Programs
William G. Iacono
University of Minnesota
Robert Lavalley, Ph.D.
St. Michael’s College
Robin J. Lewis, Ph.D.
Old Dominion University
Robert J. McMahon, Ph.D.
University of Washington
Caton F. Roberts, Ph.D.
State University of New York, Buffalo
Jerome Small, Ph.D.
Youngstown State University
Robert M. Tipton, Ph.D.
Virginia Commonwealth University

Second, but by no means second-rate, are the publishing professionals at Prentice Hall. Susan Finne-
more, psychology editor, acquired the project for Prentice Hall (and for us) and was a source of inspiration, encouragement, and support since its conception. Leslie Carr, developmental editor, helped organize and distill the suggestions of our colleagues into a well-organized and cohesive structure. Betty Gatewood is also to be credited for her role in the developmental process. She did an admirable job of placing herself in the roles of instructor and student in helping us examine our coverage more critically and fine-tune our wording to meet the needs of both instructors and students. Virginia McCarthy, the project manager, carried out all the tasks necessary to transform typed pages into a bound book and she did so within an extraordinarily collapsed time frame. Meryl Poweski designed the book and is thus responsible for the physical appearance of the work

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.

Third, we wish to thank Dr. Rafael Javier of St. John's University for his review of several passages relating to psychodynamic theory.

Fourth, we wish to thank Vincent Tsushima, Pat Adams, and Barrie Franklin for their assistance with the library research that helped make this book as comprehensive in its coverage of recent scientific findings as possible.

Finally, we especially wish to thank the two people without whose inspiration and support this effort would never have materialized or been carried through to completion, Judith Wolf-Nevid and Lois Fichner-Rathus.

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

J.S.N.
New York, New York

S.A.R.
Summit, New Jersey

ABOUT THE AUTHORS

Spencer A. Rathus received his Ph.D. from the State University of New York at Albany in 1972. He is on the psychology faculty at St. John's University. His areas of interest include psychological assessment, cognitive behavior therapy, and deviant behavior. Dr. Rathus is the author of the Rathus Assertiveness Schedule as

well as several books, including *PSYCHOLOGY, BEHAVIOR THERAPY*, and *PSYCHOLOGY AND THE CHALLENGES OF LIFE*. The latter two titles were co-authored by Dr. Jeffrey Nevid.

Jeffrey S. Nevid is a professor of psychology at St. John's University, where he directs the Doctoral Program in Clinical Psychology. He received his Ph.D. in clinical psychology from the State University of New York at Albany, and he has published numerous articles in the areas of clinical and community psychology and health psychology, as well as training models in clinical psychology and methodological issues in clinical research. He has earned a Diplomate in Clinical Psychology from the American Board of Professional Psychology and has served on the editorial board of the *Journal of Consulting and Clinical Psychology*.

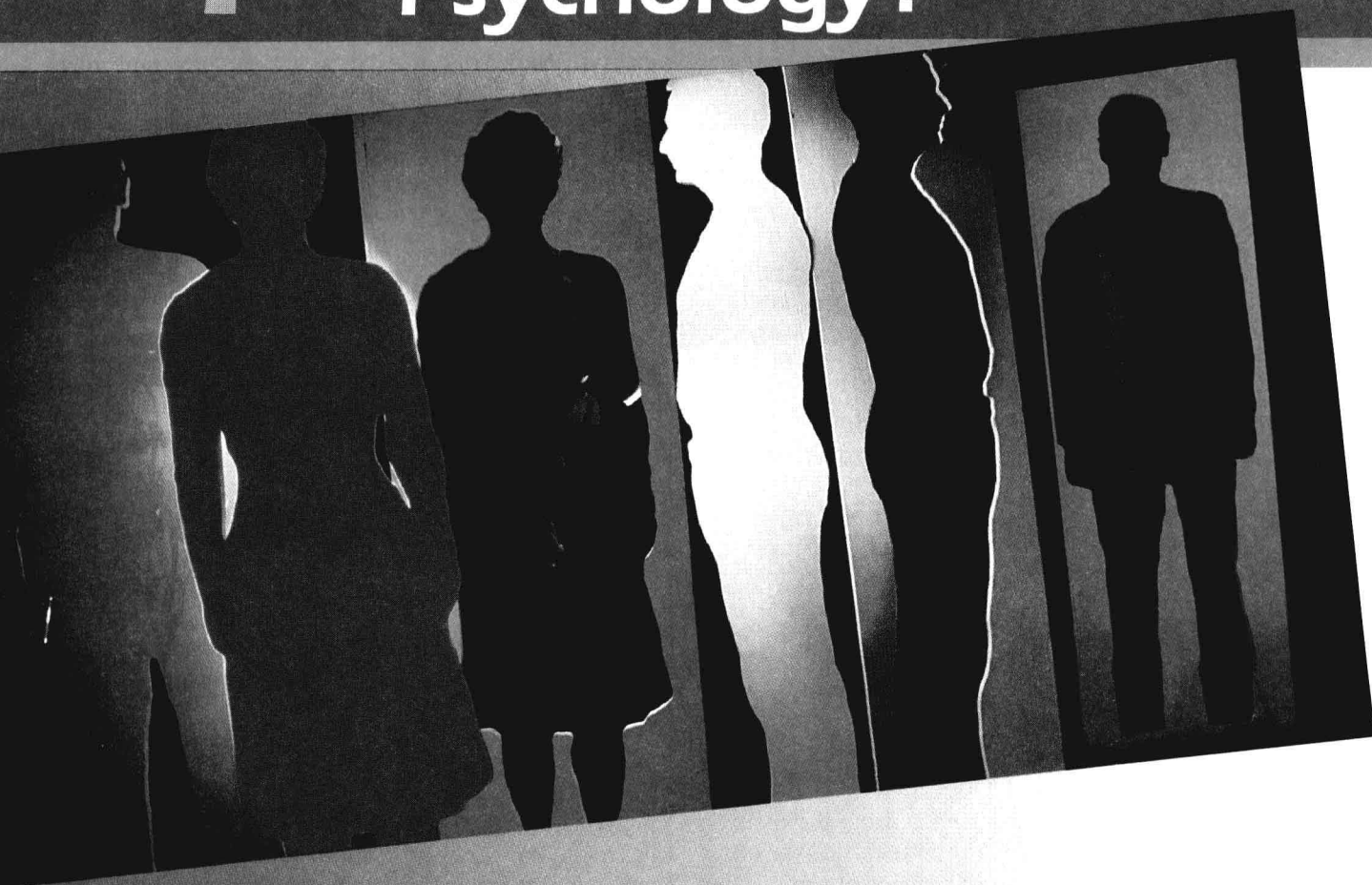
THE NEW YORK TIMES and PRENTICE HALL are sponsoring A CONTEMPORARY VIEW: ABNORMAL PSYCHOLOGY, a program designed to enhance student access to current information of relevance in the classroom.

Through this program, the core subject matter provided in the text is supplemented by a collection of time-sensitive articles from one of the world's most distinguished newspapers, THE NEW YORK TIMES. These articles demonstrate the vital, ongoing connection between what is learned in the classroom and what is happening in the world around us. To enjoy the wealth of information in THE NEW YORK TIMES daily, a reduced subscription rate is available. For information, call toll-free: 1-800-631-1222.

PRENTICE HALL and THE NEW YORK TIMES are proud to co-sponsor A CONTEMPORARY VIEW. We hope it will make the reading of both textbooks and newspapers a more dynamic, involving process.

1

What Is Abnormal Psychology?



- — 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.

Contents

Preface ix

Features of the Textbook x

Ancillaries xi

Acknowledgments xii

About the Authors xiii



1

What Is Abnormal Psychology? 1

Truth or Fiction? 1

Learning Objectives 1

What Is Abnormal Behavior? 2

History of Concepts of Abnormal Behavior 5

The Demonological Model 5 • Origins of the Medical Model: In "Ill Humor" 6 • Medieval Times 7 • Witchcraft 8 • The Rise of Modern Thought 10 • The Reform Movement and Moral Therapy 11 • Contemporary Concepts of Abnormal Behavior 12

Research Methods in Abnormal Psychology 18

Description, Explanation, Prediction, and Control: The Objectives of Science 18 • The Scientific Method 19 • The Naturalistic-Observation Method 20 • Correlational Research 21 • The Experimental Method 22 • Quasi-Experimental Methods 25 • Epidemiological Method 26 • The Case-Study Method 27

Summary 31



2

Theoretical Perspectives 34

Truth or Fiction? 34

Learning Objectives 35

Psychodynamic Perspectives 36

Sigmund Freud's Theory of Psychosexual Development 36 • Other Psychodynamic Theorists 42 • Psychodynamic Perspectives on Normality and Abnormality 44 • Evaluating Psychodynamic Perspectives 45

Learning Perspectives 46

Behaviorism 46 • Social-Learning Theory 50 • Learning Perspectives on Abnormal Behavior 53 • Evaluating the Learning Perspectives 54

Cognitive Perspectives 55

Information Processing 55 • George Kelly 55 • Albert Ellis 56 • Aaron Beck 57 • Evaluating the Cognitive Perspectives 57

Humanistic-Existential Perspectives 58

Viktor Frankl 59 • Abraham Maslow and the Challenge of Self-Actualization 60 • Carl Rogers' Self-Theory 61 • Evaluating Humanistic-Existential Perspectives 63

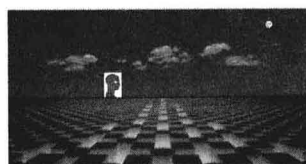
Sociocultural Perspectives 63

Evaluating Sociocultural Perspectives 64

Biological Perspectives 65

The Nervous System 65 • The Endocrine System 69 • Genetics and Behavior Genetics 71 • Evaluating Biological Perspectives 73

Summary 74



3

Classification and Assessment of Abnormal Behavior 78

Truth or Fiction? 78

Learning Objectives 79

The DSM System 80

The DSM-III-R and Models of Abnormal Behavior 80 • Features of the DSM-III-R 81 • Evaluation of the DSM-III-R System 83 • Advantages and Disadvantages of the DSM-III-R System 85

Characteristics of Methods of

Assessment 86

Reliability 86 • Validity 86

The Clinical Interview 88

Mental Status Examination 89 • Aspects of Effective Interviewing 91 • Standardized Interview Techniques 92

Psychological Tests 93

Intelligence Tests 94

The Stanford-Binet Intelligence Scale 94 • The Wechsler Scales 96 • Social-Class, Racial, and Ethnic Differences in Intelligence 96

Personality Tests 97

Self-Report Personality Inventories 97 • Self-Report Symptom Questionnaires 101 • Projective Personality Tests 102

Neuropsychological Assessment 104

The Bender Visual Motor Gestalt Test 105 • The Halstead-Reitan Neuropsychological Battery 105 • The Luria Nebraska Test Battery 106

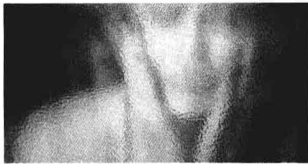
Behavioral Assessment 106

The Behavioral Interview 107 • Self-Monitoring 107 • Analogue or Contrived Measures 108 • Direct Observation 109 • Behavioral Rating Scales • 110

Cognitive Assessment 110

Physiological Measurement 111

Summary 114



4

Stress-Related Disorders 118

Truth or Fiction? 118

Learning Objectives 119

Stress 120

Sources of Stress

Daily Hassles 120 • Life Changes 121 • Pain and Discomfort 125 • Frustration and Conflict 126 • Disasters 128

Responses to Stress 129

Physiological Responses 129 • Emotional Responses 131

Psychological Moderators of the Impact of Stress 131

Self-Efficacy Expectancies 131 • Psychological Hardiness 134 • Humor: Does "A Merry Heart Doeth Good Like a Medicine?" 134 • Goal-Directedness versus Playfulness 135 • Predictability 135 • Social Support 138

Adjustment Disorders 140

Post-Traumatic Stress Disorder 141

Combat-Induced Disorders 142 • A Conditioning Model 145

Treatment of Stress-Related

Disorders 145

Summary 147



5

Psychological Factors and Health 150

Truth or Fiction? 150

Learning Objectives 151

Psychological Factors Affecting Physical Condition 152

The Immune System 153

Effects of Stress on the Immune System 154

Headaches 156

Theoretical Perspectives 156 • Treatment 156

Menstrual Problems 157

Theoretical Perspectives 158

Hypertension 160

Theoretical Perspectives 160 • Treatment 161

Cardiovascular Disorders 161

Risk Factors 162

Gastrointestinal Disorders 169

Ulcers 169

Asthma 172

Theoretical Perspectives 172

Cancer 173

Risk Factors 173

Acquired Immune Deficiency Syndrome (AIDS) 175

Obesity 178

Theoretical Perspectives 179 • Methods of Weight Control 182

Summary 186



6

Anxiety Disorders 190

Truth or Fiction? 190

Learning Objectives 191

Historical Perspectives on Anxiety Disorders	192
Panic Disorder	194
Generalized Anxiety Disorder	195
Phobias	197
<i>Simple Phobias</i>	198 • <i>Social Phobia</i>
<i>Agoraphobia</i>	201
Obsessive-Compulsive Disorder	202
Theoretical Perspectives	203
<i>Psychodynamic Perspectives</i>	203 • <i>Learning Perspectives</i>
<i>Cognitive Perspectives</i>	207 • <i>Biological Perspectives</i>
211	
Treatment of Anxiety Disorders	214
<i>Psychodynamic Approaches</i>	214 • <i>Humanistic-Existential Approaches</i>
<i>Biological Approaches</i>	214 • <i>Learning Approaches</i>
215 • <i>Cognitive Approaches</i>	218
Summary	220



7

Dissociative and Somatoform Disorders 224

Truth or Fiction?	224
Learning Objectives	225
Dissociative Disorders	226
<i>Multiple Personality Disorder</i>	226 • <i>Psychogenic Amnesia</i>
229 • <i>Psychogenic Fugue</i>	230 • <i>Depersonalization Disorder</i>
231 • <i>Theoretical Perspectives</i>	233 • <i>Treatment of Dissociative Disorders</i>
235	
Somatoform Disorders	238
<i>Conversion Disorder</i>	238 • <i>Hypochondriasis</i>
239 • <i>Somatization Disorder</i>	240 • <i>Theoretical Perspectives</i>
241 • <i>Treatment of Somatoform Disorders</i>	243
Summary	244



8

Mood Disorders and Suicide 248

Truth or Fiction?	248
Learning Objectives	249

Mood Disorders	250
Major Depression	250
<i>Who Gets Depressed?</i>	253 • <i>Stress and Depression</i>
253 • <i>Reactive vs. Endogenous Depression</i>	254
Dysthymia	257
Bipolar Disorder	257
<i>Manic Episode</i>	258
Cyclothymia	259
Theoretical Perspectives	260
<i>Psychodynamic Perspectives</i>	260 • <i>Humanistic-Existential Perspectives</i>
261 • <i>Learning Perspectives</i>	262 • <i>Cognitive Perspectives</i>
263 • <i>Biological Perspectives</i>	271
Treatment	274
<i>Psychodynamic Approaches</i>	274 • <i>Humanistic-Existential Approaches</i>
274 • <i>Behavioral Approaches</i>	275 • <i>Cognitive Approaches</i>
276 • <i>Biological Approaches</i>	277
Suicide	281
<i>Why Do People Commit Suicide?</i>	283 • <i>Theoretical Perspectives on Suicide</i>
283 • <i>Predicting Suicide</i>	284
Summary	286



9

Disorders of Personality and Impulse Control 290

Truth or Fiction?	290
Learning Objectives	291
Types of Personality Disorders	292
Personality Disorders Characterized by Odd or Eccentric Behavior	293
<i>Paranoid Personality Disorder</i>	292 • <i>Schizoid Personality Disorder</i>
293 • <i>Schizotypal Personality Disorder</i>	293
Personality Disorders Characterized by Dramatic, Emotional, or Erratic Behavior	294
<i>Antisocial Personality Disorder</i>	294 • <i>Borderline Personality Disorder</i>
298 • <i>Histrionic Personality Disorder</i>	299 • <i>Narcissistic Personality Disorder</i>
300	
Personality Disorders Characterized by Anxious or Fearful Behavior	302
<i>Avoidant Personality Disorder</i>	302 • <i>Dependent Personality Disorder</i>
303 • <i>Obsessive-Compulsive Personality Disorder</i>	304 • <i>Passive-Aggressive Personality Disorder</i>
305	

Proposed Personality Disorders "Needing Further Study" 306

Sadistic Personality Disorder 306 • *Self-Defeating Personality Disorder* 306 • *Problems with the Classification of Personality Disorders* 306

Theoretical Perspectives 310

Psychodynamic Perspectives 310 • *Learning Perspectives* 311 • *Family Perspectives* 313 • *Cognitive Perspectives* 313 • *Biological Perspectives* 314 • *Sociocultural Views* 317

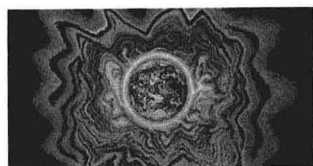
Treatment 317

Psychodynamic Approaches 317 • *Behavioral Approaches* 318 • *Biological Approaches* 318

Impulse Disorders 320

Pathological Gambling 320 • *Kleptomania* 324

Summary 325



10

Substance Abuse and Dependence 328

Truth or Fiction? 328

Learning Objectives 329

Patterns of Substance Abuse and Dependence 331

Psychological vs. Physiological Dependence 332 • *Pathways to Drug Dependence* 333

Substance Abuse and Organic Mental Disorders 335

Alcohol 335

Risk Factors for Alcoholism 336 • *Effects of Alcohol* 337 • *Alcohol and Health* 338

Barbiturates (Sedatives) and Minor Tranquilizers 341

Opiates 341

Morphine 342 • *Heroin* 342

Stimulants 343

Amphetamines 343 • *Cocaine* 343 • *Nicotine* 346

Psychedelics 350

LSD 350 • *Phencyclidine (PCP)* 351 • *Marijuana* 351

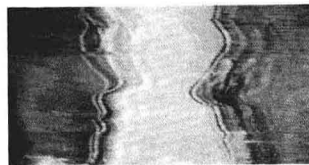
Theoretical Perspectives 352

Biological Perspectives 353 • *Learning Perspectives* 356 • *Cognitive Perspectives* 359 • *Sociocultural Perspectives* 360 • *Psychodynamic Perspectives* 361

Treatment 361

Biological Approaches 362 • *Nonprofessional Support Groups* 363 • *Residential Approaches* 364 • *Psychodynamic Approaches* 365 • *Behavioral*

Approaches 365 • *Relapse Prevention Training* 366
Summary 368



11

Sexual Disorders and Variations in Sexual Behavior 372

Truth or Fiction? 372

Learning Objectives 373

Normal and Abnormal in American Sexual Behavior 374

Patterns of Sexual Behavior 375

Homosexuality 377

Defining Homosexuality 378 • *Adjustment of Homosexuals* 379 • *Theoretical Perspectives* 379 • *Treatment of Homosexuality* 381

Gender Identity Disorders 381

Gender Identity Disorder of Childhood 382 • *Transsexualism* 382

Pornography 384

The Effects of Pornography 384

Rape 385

Theoretical Perspectives 386 • *Myths about Rape* 387 • *Victims of Rape* 387 • *Treatment of Rapists* 389

Paraphilias 390

Exhibitionism 390 • *Fetishism* 391 • *Transvestic Fetishism* 392 • *Voyeurism* 393 • *Frotteurism* 393 • *Pedophilia* 393 • *Sexual Masochism* 396 • *Sexual Sadism* 397 • *Other Paraphilias* 397 • *Theoretical Perspectives* 397 • *Treatment of Paraphilias* 398

Sexual Dysfunctions 398

The Sexual Response Cycle 399 • *Types of Sexual Dysfunctions* 400 • *Theoretical Perspectives* 401 • *Sex Therapy* 405

Summary 410



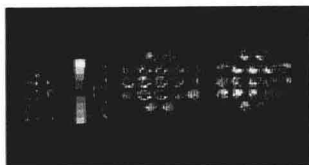
12

Schizophrenia and Delusional (Paranoid) Disorder 412

Truth or Fiction? 412

Learning Objectives 413

History of the Concept of Schizophrenia	414
<i>Eugen Bleuler 415 • Kurt Schneider 416 • Contemporary Diagnostic Practices 416</i>	
Prevalence of Schizophrenia	416
Phases of Schizophrenia	417
Briefer Forms of Psychosis	418
Schizophrenia-Spectrum Disorders	418
Features of Schizophrenia	419
<i>Impaired Level of Functioning 419 • Disturbances in Thought and Speech 419 • Deficits in Attention 420 • Perceptual Disturbances 422 • Emotional Disturbances 424 • Other Disturbances or Impairments 424</i>	
Types of Schizophrenia	424
<i>Disorganized Type 424 • Catatonic Type 425 • Paranoid Type 426</i>	
Dimensions of Schizophrenia	426
<i>The Process-Reactive Dimension 426 • Positive and Negative "Symptoms" 427</i>	
Theoretical Perspectives	427
<i>Psychodynamic Perspectives 428 • Learning Perspectives 429 • Biological Perspectives 430 • Family Theories 440 • Sociocultural Perspectives 442</i>	
Treatment	442
<i>Biological Approaches 443 • Psychodynamic Approaches 445 • Learning-Based Approaches 445 • Psychosocial Rehabilitation 447 • Family Intervention Programs 448</i>	
Delusional (Paranoid) Disorder	450
Summary	452



13

Organic Disorders and Abnormal Behavior 454

Truth or Fiction?	454
Learning Objectives	455
Abnormal Behaviors with Organic Origins	456
<i>Diagnostic Problems 457 • Organic Mental Disorders versus Organic Mental Syndromes 458</i>	
Delirium	459
<i>The DT's 459</i>	
Amnestic Syndrome	460
<i>Alcohol Amnestic Disorder 461</i>	

Dementias	461
<i>Alzheimer's Disease 464 • Multi-Infarct Dementia 469 • Pick's Disease 469</i>	
Diseases of the Basal Ganglia	470
<i>Parkinson's Disease 470 • Huntington's Disease 471</i>	
Infections of the Brain	472
<i>Encephalitis 472 • Meningitis 472 • Neurosyphilis 472 • AIDS Dementia Complex 473</i>	
Brain Traumas	473
<i>Concussion 473 • Contusion 474 • Laceration 474</i>	
Cerebrovascular Disorders	474
<i>Strokes 474 • Cerebral Hemorrhage 475</i>	
Brain Tumors	475
Nutritional Deficiencies: Korsakoff's Syndrome, Pellagra, and Beriberi	475
Endocrine Disorders	476
Epilepsy	476
<i>Types of Epilepsy 477 • Treatment of Epilepsy 479</i>	
Summary	479



14

Developmental Disorders 482

Truth or Fiction?	482
Learning Objectives	483
Risk Factors for Disorders of Childhood and Adolescence	484
<i>Biological Risk Factors 485 • Psychosocial Risk Factors 485</i>	
Autism	485
<i>Autism as a Pervasive Developmental Disorder 486 • Psychological Perspectives 487 • Biological Perspectives 488 • Treatment Approaches 489 • Autism versus Childhood Schizophrenia 490</i>	
Mental Retardation	491
<i>Causes of Retardation • 492 • Intervention 495</i>	
Learning Disabilities	497
<i>Types of Learning Disorders 497 • Theoretical Perspectives 500 • Treatment 500</i>	
Disruptive Behavior	502
<i>Attention-Deficit Hyperactivity Disorder 502 • Conduct Disorder 505</i>	
Anxiety Disorders of Childhood	507
<i>Separation Anxiety Disorder • 508 • Avoidant Disorder 509 • Overanxious Disorder 509</i>	
Depression in Childhood and Adolescence	510
<i>Suicide among Children and Adolescents 512</i>	

Eating Disorders 513

Anorexia Nervosa 513 • *Bulimia Nervosa* 515 •
Theoretical Perspectives on Eating Disorders 516 •
Treatment of Anorexia Nervosa and Bulimia
Nervosa 518

Elimination Disorders 520

Functional Enuresis 520 • *Functional Encopresis* 521

Summary 522



15

Methods of Therapy and Treatment 524

Truth or Fiction? 524

Learning Objectives 525

Psychotherapy 526

Kinds of Psychotherapists 527

Psychodynamic Therapies 527

Traditional Psychoanalysis 527 • *Modern Psychodynamic Approaches* 529

Humanistic-Existential Therapies 530

Person-Centered Therapy 530 • *Gestalt Therapy* 532 • *Existential Therapies* 533

Cognitive Therapies 533

Rational-Emotive Therapy 533 • *Beck's Cognitive Therapy* 534

Behavior Therapy 535

Methods of Fear Reduction 536 • *Aversive Conditioning* 537 • *Operant Conditioning* 537 • *Social Skills Training* 538 • *Self-Control Techniques* 538 •
Other Methods 538 • *Cognitive-Behavior Therapy* 539

Eclecticism in Psychotherapy 540

Group Therapy 540

Family Therapy 542

Evaluating the Effectiveness of Psychotherapy 543

Specifying the Conditions of Treatment 543 •
Measuring Therapy Outcomes 544 • *Analyses of Psychotherapy Effectiveness* 545 • *Comparing the Effectiveness of Different Forms of Psychotherapy* 546

Biological Therapies 547

Chemotherapy 548 • *Electroconvulsive Therapy* 550 •

Psychosurgery 551 • *Evaluation of Biological Approaches* 552

Hospitalization and Community-Based Care 552

Roles for Hospitalization 552 • *The Movement Toward Deinstitutionalization* 553 • *Evaluation of Deinstitutionalization* 556 • *The Community Mental Health Center* 557

Summary 558



16

Contemporary and Legal Issues 560

Truth or Fiction? 560

Learning Objectives 561

Psychiatric Commitment 563

Predicting Dangerousness 564

Patients' Rights 567

Right to Treatment 568 • *Right to Refuse Treatment* 570

The Insanity Defense 571

Legal Bases of the Insanity Defense 573 • *Perspectives on the Insanity Defense* 575

Competency to Stand Trial 576

The Duty to Warn 576

The Tarasoff Case 577

Facing the Challenges of Homelessness and Prevention 578

The Challenge of Homelessness and Abnormal Behavior 580 • *The Challenge of Prevention* 581 • *A Final Word on Prevention* 587

Summary 588

Glossary 590

References 610

Photo Acknowledgments 648

Index 649

Author 649

Subject 661

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.

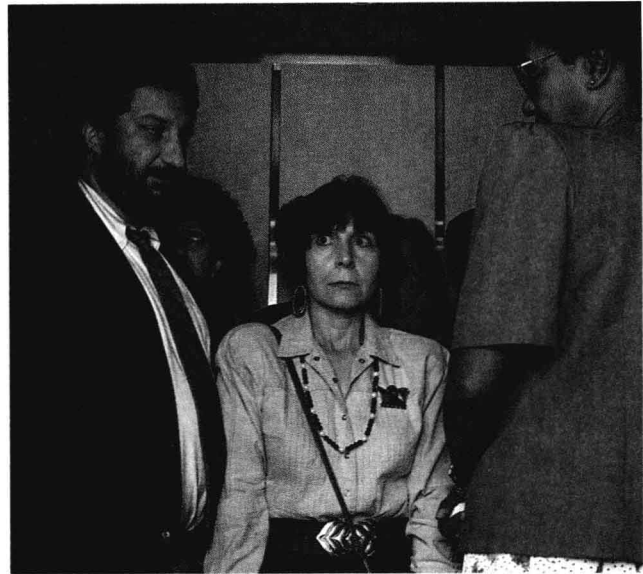
WHAT IS ABNORMAL BEHAVIOR?

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



(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).

is it normal to feel so anxious in this situation that your clothing becomes soaked with perspiration.

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