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Benjamin J. Sallock; M.D.

COMPREHENSIVE TEXTBOOK OF PSYCHIATRY/IV

VOLUME 1 FOURTH EDITION

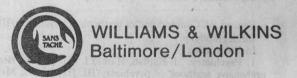
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FOREWORD

It is difficult to write a foreword to a textbook of such exceptional excellence and deserved renown as this one. In many ways, the book serves as its own introduction and its own best statement. Nevertheless, for every project that even fools will not dare to undertake, there is usually an academic who will attempt the endeavor if there is a chance it will get into print.

The unique feature that distinguishes Homo sapiens from the other creatures who inhabit the planet is the degree of development of those higher nervous system functions that humans subsume under the construct of mind. The human mind has fascinated countless observers throughout recorded history. For many centuries, the formal study of the functions of the mind was assumed by theologians and philosophers. It was inevitable that the concept of disorders of the mind would ultimately emerge. That which functions, can malfunction. This insight was obvious to both the theologians and the philosophers, although they differed as to their explanations for causes of the malfunctioning. This historical tradition of observation, inference, and conclusion without either an empirical base or hypothesis testing is an important one in psychiatry. Similarly, the search for causality as the explanation of phenomena also has played a critical role in Western thought.

It was not until the late 18th and early 19th centuries that physicians began to become increasingly involved in the study of mental abnormalities. The traditions of causal explanation and observation, inference, and conclusion also continued with the medical observers. It was only with the flowering of scientific medicine in the middle to the late 19th century that psychiatry began to move away from its philosophical roots and toward an empirical and experimental approach to disorders of the mind.

The late 19th century was a time of great activity in scientific matters, and psychiatry was not excluded. The work of Kraepelin toward the development of a systematic nosology of psychiatric illness was going on simultaneously with Bleuler's efforts to recognize the essential heterogeneity and syndrome nature of mental illness. Freud undertook the task of making comprehensible that which had been considered incomprehensible. He showed that the content of symptoms and psychotic thought had meaning and, in fact, did behave lawfully and communicate information to the properly attuned observer. Kraepelin represented the most organic end of the spectrum, with Freud being closest to the philosophical and spiritual tradition. Freud often used the term "soul" to refer to the human mind. This reminder of the use of "soul" is in no way to denigrate Freud's scientific contributions but, rather, to recognize that he saw the constructs of psychological observation to be things that did not lend themselves merely to biological reductionism.

Clearly, there can be no mental function nor human behavior without an underlying neural substrate. The recognition that there is no mentation without a nervous system has led some colleagues to believe that understanding neural activity and organization is all that is necessary to comprehend the mind. Unfortunately, the alphabet and grammar of mo-

lecular biology is not isomorphic with the alphabet and grammar of self-observation and consciousness. There can be no Rosetta stone to translate the hieroglyphs of one into the Latin letters of the other.

During World War I and to a far greater degree during World War II, psychiatry became recognized as a legitimate medical specialty that, in fact, could be useful in swiftly returning troops to combat duty and in preventing long-term morbidity. The successes of psychiatry during World War II led to an inordinately exciting period of psychiatric expansionism. Perhaps even the term "colonialism" would be appropriate to describe this expansion, as psychiatry acquired ever-increasing areas of human activity as part of its "natural" territory. The manifest destiny of psychiatry threatened to spread to all the products of human mentation.

By the mid-1960s, psychiatry had fulfilled the ultimate liberal fantasy of promising everything to everyone forever and for free. This pathetic overselling of psychiatry resulted in many unfortunate consequences, not the least of which was profound disillusionment in both the public and the profession. It seemed to some cynical observers that the only group toward whom psychiatrists showed no particular interest was that of chronic psychotic patients.

In 1967, the first edition of the Comprehensive Textbook of Psychiatry appeared. In this writer's judgment, it had an extraordinarily salutary effect on the field. It was not only a comprehensive textbook, but it was one that was based on the behavioral sciences. There were chapters ranging from genetics and physiology to epidemiology and sociology. The textbook said very clearly that there was a scientific base that served as the foundation for clinical psychiatry and, more importantly, that there were boundaries that defined its outer limits. The book also had an important subliminal message in its emphasis on clinical syndromes, as well as basic science. Many of the social concerns that dominated psychiatry at that time were touched upon in the textbook, but they were presented as peripheral concerns, not central ones. It is difficult to assess the historical importance of any book, be it Uncle Tom's Cabin or the Comprehensive Textbook of Psychiatry. This writer deeply believes that the direction of American psychiatry was changed, and for the better, by the appearance of the first edition of this textbook.

In its second and third edition, the book grew in size, partially to reflect new gains in knowledge and partially to reflect the increased quality of scholarship that was going on in the field. The fourth edition also carries a subliminal message. The field is now strong enough scientifically to prune itself of excessive details that are more defensive than enlightening. Psychiatry no longer has to prove that it is scientific. It no longer has to prove that it has boundaries and that its major emphasis is on the care of the severely ill. It no longer has to claim its medical roots and origins. The reduced size of the fourth edition makes that statement with clarity and dignity.

It is curious how an idea in the mind of a colleague that subsequently gave rise to the *Comprehensive Textbook of Psychiatry* has had such an important influence on close to a

generation of psychiatrists, as well as on the field in general. It is the standard textbook and is recognized as such by virtually everyone. Contributors are proud and eager to participate and persons who are not invited to do so are frequently more than merely disgruntled. This reaction, too, speaks profoundly of the farsightedness of the editors.

Behavior is at the core of clinical psychiatry. Behavior can be studied physiologically, psychologically, or socially. Ideally, it should be studied in every way possible, so that the efforts of professionals to understand human behavior may capture something of the complexity and richness of the phenomena they observe. If anything differentiates the training of the psychiatrist from other mental health professionals, it is the ability to live in several of these domains simultaneously. It is always tempting to lean toward biological reductionism; the words sound so scientific and are so seductive. Unfortunately, they are also wrong. For those people who are tempted to fall into this heresy, the fourth edition of the *Comprehensive Textbook of Psychiatry* will be an excellent support in the task of maintaining equanimity in the face of complexity.

Many of the chapters on the basic sciences are truly outstanding; they are presented with clarity and would be of value to a variety of nonpsychiatric disciplines. The clinical chapters again emphasize disorders and disturbances of mental functioning. The editors have selected leaders in the field to write these chapters. Emphasis has also been placed on the ability of the contributor to write prose that is not stultifying. There is no reason for the reader to be obtunded by scholarship; boredom is not a prerequisite for learning.

There has been considerable reorganization of many sections of the fourth edition. A number of new contributors

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have been recruited, and the reader must decide individually how successful these changes have been. The intent was to strengthen areas that seemed weak to the editors and to emphasize that which is clinically relevant.

In this writer's judgment, the fourth edition is the strongest of all the editions to date. The pruning that has been done will strengthen the plant and thereby will enhance the impact of this edition on the practice and teaching of psychiatry. All psychiatrists are indebted to the editors for what they have done and continue to do at so much personal cost.

It is awkward for this writer to acknowledge his debt to Harold Kaplan and Benjamin Sadock because, in addition to being colleagues, they are personal friends and members of the same medical school faculty. It is an irony of Western culture that one can acknowledge indebtedness to a stranger more easily than to those who are near and dear. Despite that convention, this writer would like to acknowledge publicly the debt he has to these two men for their continued dedication and commitment to scholarship in its finest form.

An old English aphorism has it that the proof of the pudding is in the eating. Clearly, the proof of a textbook is in its utilization and acceptance by the field. Time will tell if the fourth edition is as successful as its predecessors. It is difficult for this writer to conceive that it will not be. This edition leaves little doubt that, as long as the editorship of the textbook remains with Harold Kaplan and Benjamin Sadock, the field of psychiatry will continue to be well served.

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ROBERT CANCRO, M.D., MED.D.SC.

New York University Medical Center, 1984

PREFACE

This is the fourth edition of the Comprehensive Textbook of Psychiatry to be published in the brief period of 17 years. As in previous editions, the editors have included the newest advances in the diagnosis and treatment of psychiatric disorders and have integrated those subjects with the behavioral sciences and other topics related to psychiatry. An eclectic and multidisciplinary approach has become the hallmark of this textbook.

This edition contains 201 sections written by 186 contributors and constitutes a thorough and complete introduction to clinical psychiatry, with the prescribed aim of fostering professional competence. The material is sufficiently comprehensive in scope to prepare the reader thoroughly to meet the standards of the National Board of Medical Examiners and the American Board of Psychiatry and Neurology.

This book forms part of a tripartite effort by the editors to provide a thorough educational system for both student and practitioner to facilitate the learning of psychiatry.

At the head of this system is the Comprehensive Textbook of Psychiatry, which is global in depth and scope, designed for and used by psychiatrists, behavioral scientists, and all workers in the mental health field. Next is the Modern Synopsis of the Comprehensive Textbook of Psychiatry, a shortened and highly modified version, especially helpful to medical students, psychiatric residents, and, for quick reference purposes, to the practicing psychiatrist. The Study Guide and Self-Examination Review of the Modern Synopsis of the Comprehensive Textbook of Psychiatry, consisting of multiple choice questions and answers and derived from the Modern Synopsis, forms the last part of the triad. That book is designed for students of psychiatry who require a brief review of the behavioral sciences and general psychiatry in preparation for a variety of examination situations.

Together, the three books create a multiple approach to the teaching, study, and learning of psychiatry.

NEW CHANGES IN THIS EDITION

New format The major change is the reduction in size from three volumes in the last edition to one volume in this edition, which is also being published in a two-volume set for the convenience of those readers who prefer that format. To achieve this goal, the editors eliminated the glossary and certain other subjects that were deemed to be of less clinical relevance.

Following the style of other major medical textbooks, internal citations of the literature have been eliminated and the number of references at the end of each section have been reduced. Contributors were asked to limit themselves to 10 to 15 major books, monographs, or articles in their fields and to include very current references where possible.

Sections rewritten by new contributors Completely rewritten sections have been contributed for this edition. They include sections on the life cycle; Jean Piaget; ethology; sociology; epidemiology; experimental disorders; statistics; Sullivan; Jung; other psychodynamic schools; the psychiatric interview, history, and mental status examination; hospitalization and milieu therapy; antisocial behavior and criminality; community psychiatry; malingering; gastrointestinal disorders; cardiovascular disorders; convulsive therapy; miscellaneous organic therapies; headache; consultation-liaison psychiatry; and prevention in psychiatry.

The sections on various organic mental disorders have been rewritten and combined into a single chapter for this edition. Other sections rewritten by new contributors include ego-dystonic homosexuality; contraception; abortion; psychosexual dysfunction; grief, mourning, and bereavement; suicide; psychiatry and medicine; psychiatry and surgery; psychiatry and the primary care physician; opioid dependence; alcoholism; family therapy; marital therapy; clinical psychology; clinical social work; and geriatric psychiatry.

Childhood disorders The chapters on child and adolescent psychiatry have been heavily rewritten. There are new discussions on the following subjects: psychiatric evaluation of the infant and child; mental retardation; pervasive developmental disorders of childhood; psychological factors affecting physical conditions; attachment disorders of infancy and early childhood; conduct disorders and juvenile deliquency; psychiatric treatment of the adolescent; adoption; organic therapy of childhood disorders; college mental health services; children's reactions to illness, hospitalization, and surgery; and affective disorders.

New sections Many new sections that did not appear previously have been added to this edition. In the chapter on schizophrenia, new sections include somatic treatment and psychosocial treatment. A rewritten section on the individual psychotherapy of schizophrenic disorders has been added, and the entire chapter has been updated.

The area of affective disorders has been totally reorganized to provide the most comprehensive coverage to be found in any general textbook. New sections in that chapter include epidemiology, biochemistry, genetics, psychosocial treatment, and pharmacotherapy.

Other new sections in this edition include the evaluation of DSM-III; science and psychiatry; the role of/laboratory tests in psychiatry; pain; stress and psychiatry; psychiatry and ophthalmology; psychiatry and rehabilitation medicine; short-term dynamic psychotherapy; cognitive therapy; biofeedback and behavioral medicine; and other pharmacological agents in psychiatry.

Updated sections In addition to the sections rewritten by new contributors and the new subjects added, every fourth edition contribution that was written by a previous contributor has been thoroughly updated. Each section represents the most current exposition on the subject.

DSM-III The psychiatric disorders discussed in this textbook are in accord with the nosology of the third edition of the

American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III) published in 1980.

Many of our contributors had, and still do have, distinct reservations about DSM-III nosology, and in several sections of this book, the reader will find those objections clearly stated. The contributors used such terms as "neurosis," "psychosis," and "psychosomatic," even though those terms are not a part of the official nosology.

Work on a revision of DSM-III commenced in 1983 and will be published as DSM-IIIR within a few years. A new edition of the *Manual*, DSM-IV, will probably not appear until the 1990s. The editors have tried to anticipate as many of the changes as possible; for example, DSM-IIIR and DSM-IV will be more consistent with the World Health Organization's *International Classification of Diseases* (ICD). Much of the current revision of this *Classification* (ICD-9) is described in this textbook. In addition, the editors have included a new section on the evaluation of DSM-III.

The editors firmly believe that a major textbook such as the Comprehensive Textbook of Psychiatry must provide a forum for discussion, evaluation, criticism, and disagreement, while giving due acknowledgment to the official nomenclature. As stated in the last edition, a manual on nomenclature is just that: It is not a textbook.

ACKNOWLEDGMENTS

The production of this book was a major undertaking that involved the efforts of many persons. Peter Kaplan, M.D. and James Sadock provided important aid and assistance. Nancy Barrett Kaplan helped throughout the project. Linda Didner Platt was in charge of our secretarial and office staff and handled her responsibilities with great diligence. Others who

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helped were Brian Shaw, Phillip Kaplan, Stephen Caminiti, Victoria Sadock, and Gail Brenner, M.D.

At Williams & Wilkins, we especially want to thank Anne Craig and her colleagues for their excellent skills and superb performance in the editing and coordination of this book. Others who helped in production were Victoria Vaughn and Norvell Miller. Sara Finnegan, President of the Book Division at Williams & Wilkins, played a key role at every stage in the production of this book. Over the years she has become a valued friend and advisor. William M. Passano, Jr., Chairman of the Board of Williams & Wilkins and President of Waverly Press, was also most helpful and offered us every assistance during this project.

Virginia A. Sadock, M.D. deserves particular mention for her outstanding help as assistant to the editors. In addition to writing a number of sections for this book, she participated fully in the many editorial discussions and decisions that were made.

Robert Cancro, M.D., Professor and Chairman of the Department of Psychiatry at New York University School of Medicine, joined us as consulting editor in this edition, and we wish to thank him for his outstanding help. He gave us his full support and was constantly encouraging throughout the project.

Finally, we wish to express our deep appreciation to our 186 contributors, who worked with enthusiasm and who were cooperative in every aspect of this textbook.

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CONTENTS

VOLUME ONE

Forewo ROBERT	CANCRO M.D. MED. D.SC.		0 - 1919	vii	
Preface			Processing and transfer of the contract of the	ix	
List of	Contributors		zlog	xi	
		144	0.) Melanie Stein		
	TRIBOROUS LINGMANNES MO ROBLET		SUM STREET A OTTO		
011	Los diagramations and contraction	10	G. Other Psychodynumic Schools	170	
Chapter 1 Theoretical Trends in Psychiatry			Jean Piaget HERBERT P. GINSBURG, PH.D.		
1.1	The Life Cycle	4.3	ARTHUR J. BACHRACH, PH.D.		
1.2	GOODEN, PH.D. General Living Systems Theory		Motivation and Affective Arousal ROBERT B. MALMO, PH.D., LL.D.	198	
	JAMES GRIER MILLER, M.D., PH.D. AND JESSIE L. MILLER, M.A.	4.5	Aggression	213	
Chapter	a) migato	4.6	Ethology: Animal Models	226	
	utions of the Biological Sciences 25	4.7	Ethology of Communicative Behavior	237	
2.1	Genetics and Psychiatry		PETER R. MARLER, PH.D.	P	
2.2	Basic Science of Psychopharmacology 42	Chapter	5		
	SOLOMON H. SNYDER, M.D.		utions of the Sociocultural Sciences	247	
2.3	Sleep		Anthropology and Psychiatry	247	
2.4	Biological Rhythms in Psychiatry	5.2	Sociology and Psychiatry WILLIAM C. COCKERHAM, PH.D.	265	
2.5	DAVID P. BARASH, PH.D. AND JUDITH E.	5.3	The Family and Psychiatry	273	
	MOZNA, M. WEZSMAN, ERLD AND REFREY	Chapte	a wixbanz		
Chapter 3					
	gy	777	Quantitative and Experimental Methods in Psychiatry		
	Anatomy and Physiology of the Central Nervous System	6.1		295	
	SEYMOUR SOLOMON, M.D.		D. BURKE, JR., M.D., M.P.H.		
3.2	Neurological Evaluation	6.2	Experimental Disorders	312	
3.3	Clinical Neurology and Neuropathology 104 SEYMOUR SOLOMON, M.D.	6.3	Sensory Deprivation	321	
3.4	Clinical Neurology and Pathophysiology 131 SEYMOUR SOLOMON, M.D.		KLEEMAN, M.D.		
3.5	Application of Neurology to Psychiatry 146	Chapter	col Manufacture of Psychiatric Dischiles 7		
823	SEYMOUR SOLOMON, M.D.	Applica	Application of Statistics to Psychiatry		
Observe 4			EUGENE LASKA, PH.D., CAROLE SIEGEL, PH.D., AND MORRIS MEISNER, PH.D.		
Chapter	utions of the Psychological Sciences 157		und interest in Payerhields	teld	
			8 Confidence to the state of th		
4.1	Perception, Cognition, and Information Processing	Theorie	s of Personality and Psychopathology: Clas-	337	
	SPRING, PH.D. AND JOSEPH ZUBIN, PH.D.	WILLIAN	W. MEISSNER, S.J., M.D.	4	

Chapter	9 s of Personality and Psychopathology: Cul-		14.3	Evaluation of DSM-III	617	
	d Interpersonal Psychoanalytic Schools	419	14.4	Neurosis, Psychosis, and the Borderline		
9.1	Karen Horney	419		States	621	
	SYMONDS, M.D.	100				
9.2	MILTIADES L. ZAPHIROPOULOS, M.D.	426	Chapter Schizop	15 hrenic Disorders	631	
9.3	Carl Jung	433	15.1	History and Overview of Schizophrenia ROBERT CANCRO, M.D., MED.D.SC.	631	
Chapter	10		15.2	Schizophrenia: Epidemiology	643	
Theorie	es of Personality and Psychopathology: Other	441	15.3	Schizophrenia: Etiology HERBERT WEINER, M.D.	650	
	Melanie Klein	441	15.4	Schizophrenia: Clinical Features	680	
10	OTTO F. KERNBERG, M.D. Other Psychodynamic Schools	451		HEINZ E. LEHMANN, M.D. AND ROBERT CANCRO, M.D., MED.D.SC.		
	MYRON F. WEINER, M.D.		15.5	Schizophrenia: Somatic Treatment GEORGE M. SIMPSON, M.D. AND PHILIP R. A.	713	
Chapter			101	MAY, M.D.	724	
	s of Personality and Psychopathology: s Derived from Psychology and Philosophy	459	15.0	Schizophrenia: Psychosocial Treatment ROBERT PAUL LIBERMAN, M.D.	724	
	M N. THETFORD, PH.D. AND ROGER WALSH, M.B., R.A.N.Z.C.P.		15.7	Schizophrenia: Individual Psychotherapy CLARENCE G. SCHULZ, M.D.	734	
ACT.	stabult fembra wastarist A		Chantar	16		
Chapter			Chapter		7/17	
THE RESIDENCE OF THE PARTY OF T	sis and Psychiatry: Examination of the Psy- Patient	482		d Disorders	141	
12.1	Psychiatric Interview	482				
GEORGE L. GINSBERG, M.D.			Chapter 17 Schizoaffective Disorders			
12.2	Psychiatric History and Mental Status Examination	487		B. GUZE, M.D.	730	
123	Psychiatric Report	495		enger it akamann mre		
265	HAROLD I. KAPLAN, M.D. AND BENJAMIN J. SADOCK, M.D.	1,5		e Disorders	760	
12.4	Typical Signs and Symptoms of Psychiatric	499	18.1	Overview of Affective Disorders	760	
	HAROLD I. KAPLAN, M.D. AND BENJAMIN SADOCK, M.D.	499	18.2	Affective Disorders: Epidemiology	764	
12.5	Psychological Assessment of Intelligence JOSEPH D. MATARAZZO, PH.D.	502	18.3	Affective Disorders: Biochemical Aspects	769	
	Psychological Testing of Personality	514		JOSEPH J. SCHILDKRAUT, M.D., ALAN I. GREEN, M.D., AND JOHN J. MOONEY, M.D.		
	Psychological Testing for Brain Damage	535	18.4	Affective Disorders: Genetics	778	
12.8	ARTHUR L. BENTON, PH.D., D.SC. Medical Assessment in Psychiatric Practice.	543		GER, JR., M.D., PH.D., WADE H. BERRETTINI, M.D., PH.D., AND LYNN R. GOLDIN, PH.D.		
HEE	MARC H. HOLLENDER, M.D. AND CHARLES E. WELLS, M.D.		18.5	Affective Disorders: Clinical Features HEINZ E. LEHMANN, M.D.	786	
	SOM MAKELIN		18.6	Affective Disorders: Psychosocial Treatment	811	
Chapter 13 Clinical Manifestations of Psychiatric Disorders		550		ROBERT M. A. HIRSCHFELD, M.D. AND M. TRACIE SHEA, PH.D.		
LOUIS LI	NN, M.D.		18.7	Affective Disorders: Pharmacotherapy	821	
				ANASTASIOS GEORGOTAS, M.D.		
Chapter	14					
Classific	cation in Psychiatry	591	Chapter		100	
14.1	Classification of Mental Disorders	591	Organic	Mental Disorders	834	
	ROBERT L. SPITZER, M.D. AND JANET B. W. WILLIAMS, D.S.W.		19.1	Overview of Organic Mental Disorders CHARLES E. WELLS, M.D.	834	
14.2	Multiaxia Diagnostic Systems in Psychiatry	613	19.2	Organic Syndromes: Delirium	838	