

Abnormal Psychology

third edition



RONALD J. COMER



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third edition



Ronald J. Comer

Princeton University



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*To Hadaso and David Slotkin,
Always loving, always supportive,
always there*



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Preface

Writing a preface is actually the final stage of a long process. As I reach this point, I experience great exhilaration and, at the same time, a sense of barely making it—like a marathon runner crawling to the finish line. But most of all, I feel great satisfaction. This book, I believe, can truly open the doors of abnormal psychology for students. I think it will help them experience my own excitement and fascination with the field, my respect for its practitioners and researchers, and my deep regard for individuals faced with psychological problems.



Continuing Strengths

In writing each new edition, I have introduced new features, topics, and insights, and I have updated the book completely. My goal has also been to maintain the strengths of early editions:

■ **Breadth and balance** The many theories, studies, disorders, and treatments are presented completely and accurately. *All* major models—psychological, biological, and sociocultural—receive objective, balanced, up-to-date coverage, without bias toward any single approach.

■ **Humanity** The subject of abnormal psychology is people—very often people in great pain. I have therefore tried to write always with humanity and to affect students. The book speaks with a single voice, in clear and straightforward language—the main advantage of a single-author book.

Of course, I am slightly biased, but I believe that the new edition achieves these goals, and reviewers of draft manuscript, who have themselves been so very helpful, echo this belief. Let me therefore briefly highlight the features continued from previous editions:

Community Therapy: The Sociocultural Model in Action

Persons who are traumatized by disasters, victimization, or accidents may profit from many of the treatments applied to survivors of combat stress. In addition, because their traumas occur in their own community, where mental health resources are close at hand, these individuals may respond well to immediate, active community interventions. Compelling examples are the rapidly mobilized community care programs now offered by mental health professionals across the United States to victims of large-scale disasters.

For years the American Red Cross has provided food, shelter, and clothing needed by survivors of disasters such as hurricanes and earthquakes, and the federal

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■ **Integrated treatment** Treatment is an essential part of the field—and the part that often interests readers most—and I therefore carefully integrate it throughout the book. I again give a complete overview of treatment in the opening chapters. Students then learn about treatment in the context of each mental disorder.

■ **Cross-cultural and gender coverage**

The text examines cross-cultural and gender issues in diagnosis, treatment, and research, as well as legal and economic influ-

ences on clinical practice. For that reason, I integrate sociocultural models on an equal footing with the other major models of psychological abnormality, beginning in Chapter 4.

1993, 1987). In the following statement a woman who survived her leap from a tall building describes her dichotomous thinking at the time. She saw death as the only alternative to her pain:

I was so desperate. I felt, my God, I couldn't face this thing. Everything was like a terrible whirlpool of confusion. And I thought to myself: There's only one thing to do. I just have to lose consciousness. That's the only way to get away from it. The only way to lose consciousness, I thought, was to jump off something good and high. . . .

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■ **Chapters of special interest** I devote full chapters to eating disorders and suicide. Both are of enormous importance to college-age readers.

■ **Rich case material** I integrate numerous clinical examples, to bring theoretical and clinical issues to life.

■ **Adaptability** Chapters are self-contained, so that they can be assigned in whatever order makes sense to the professor. They can also be made optional without affecting a student's grasp of basic concepts.

■ **Consistent pedagogical aids** Each chapter begins with a topical outline and an overview, contains summary tables, and concludes with a detailed summary. For this edition I have rewritten concluding summaries in outline form, to help students sort out the key questions.

TABLE 7-1 Anxiety Disorders Profile

	One-year prevalence	Female: male ratio	Typical age at onset	Prevalence among close relatives
Panic disorder	2.3%	5:2	15–35 years	Elevated
Obsessive compulsive disorder	2.0%	1:1	4–25 years	Elevated
Acute and posttraumatic stress disorders	0.5%	1:1	Variable	Unknown

Source: APA, 1994; Kessler et al., 1994; Regier et al., 1993; Blazer et al., 1991; Davidson et al., 1991; Eaton et al., 1991.

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■ **Boxes** Students should have the chance to think critically about concepts and issues as they apply in ordinary life. For that reason, I again include many boxes, often on controversial topics making the news.

■ **Stimulating illustrations** Chapters illustrate concepts, disorders, treatment, and applications with many photographs, diagrams, and graphs. I supply detailed captions, to make the point of illustrations clear, interesting, and self-contained. All graphs and tables, many new to this edition, reflect the most up-to-date data available.

Features New to This Edition

“If it ain’t broke, don’t fix it.” That bit of wisdom also applies to psychology textbooks, but only up to a point. When a book is so well received, it is tempting to approach changes cautiously. Yet new pedagogical insights emerge almost daily. I have tried to listen carefully to professors and students using previous editions. I have reworked chapters sentence by sentence so that students can more easily follow important points. I have also introduced fresh strategies to help them find their way through their study of abnormal psychology and to assess its beliefs and practices critically.

■ “Thought and Afterthought”

At the end of each chapter, a full page presents a fresh look at events in the world around us. This feature challenges readers to *think critically* about what they have learned and *apply it* in their own world. Each chapter’s “Thought and Afterthought” opens with stories from today’s headlines. Among them are the suicides by the Heaven’s Gate cult, the epidemic of Mad Cow Disease, and charges of sexual harassment against a six-year-old. After each story, an “afterthought” poses critical questions, in an exciting context that helps students to understand, use, and retain what they have learned.

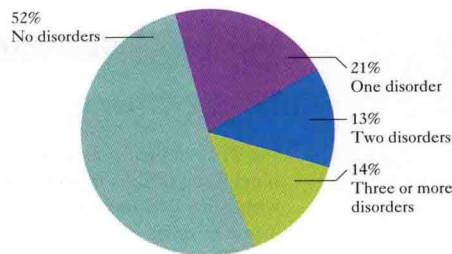
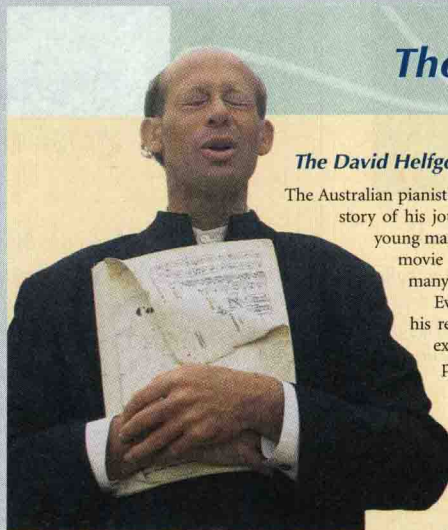


Figure 5-7 How many people in the United States qualify for a DSM diagnosis during their lives? Almost half, according to one survey. In fact, 27 percent meet the criteria for two or more different disorders. In some cases these individuals even experience their disorders simultaneously, an occurrence known as “comorbidity.” (Adapted from Kessler et al., 1994.)

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Thought and Afterthought



The David Helfgott Story: When Labels Fail

The Australian pianist David Helfgott burst onto the world stage during the winter of 1997. The story of his journey from a boy piano prodigy to a deeply troubled and dysfunctional young man and finally to an inspirational concert performer was told in the popular movie *Shine*. People everywhere were moved and fascinated by his plight, and many attended his sold-out concerts in cities throughout the world.

Everyone who has seen *Shine* is familiar with Helfgott’s symptoms, including his repeated hugs, hyperspeed commentary, and self-addressed pep talk—for example, “It’s awesome it’s awesome it’s awesome,” (Chang & Gates, 1997, p. 62).

Less clear to everyone is what these symptoms add up to. Stories about Helfgott speak vaguely of a “mental, or nervous, breakdown.” His wife, Gillian, describes him as “delightfully eccentric.” His psychiatrist notes, “He’s not autistic, not schizophrenic, and may be manic only in the colloquial rather than the clinical sense,” (Chang & Gates, 1997, p. 63). The absence of a clear diagnostic label does not seem to trouble anyone, however. If anything, it adds to Helfgott’s charm and to the public’s fascination with him.

Afterthoughts: Why is a clear diagnostic label of Helfgott’s problem so elusive? . . . How may the lack of a diagnostic label be helping people to see Helfgott as a person rather than a disorder? . . . Does the public’s fascination with Helfgott and attendance at his concerts reflect their empathy and admiration, or, as some claim, simple curiosity?

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Crossroads

The tendency to combine concepts and interventions from various models has been even more apparent with regard to the remaining anxiety disorders—panic disorder, obsessive-compulsive disorder, and stress disorders. Over the past fifteen years truly enormous progress has been made in the understanding and treatment of these disorders. We shall turn to this very promising work in Chapter 7.

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what every chapter already implies—that competing models can often complement each other to produce deeper insights and more effective treatment. It helps students sort out critically the strengths and limitations of apparently conflicting ideas. Finally, it conveys a sense of where the field stands and where it may well be going.

■ **“Crossroads”** A concluding section in each chapter also brings together the principles and findings of the various models of abnormality. A “Crossroads” is a place where roads come together. It is also where we stand on the brink of a new journey. The new section, which falls just before the chapter summary, will serve as both. It asks whether the competing models can work together, in a more integrated approach. It clarifies

Personal Pathways



Albert Ellis: Clinician Heal Thyself

Rational-emotive therapy teaches clients to challenge and change their irrational assumptions. And who was the first client treated by Albert Ellis, the founder of the approach? Why, none other than Albert Ellis (Warga, 1988, p. 56):

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■ **“Personal Pathways”** This feature offers a first-hand look at personal events that have shaped the lives and careers of some of the field’s most distinguished figures. “Personal Pathways” discuss Albert Ellis and his self-treatment for social anxiety, Kay Jamison and her triumph over bipolar disorder, E. Fuller Torrey and his compassion for his sister with schizophrenia, and other practitioners.

Changes in Coverage and Organization

The clinical field itself is not content with modest change. It grows by leaps and bounds with each year, and readers need to learn about the exciting new directions right along with the old. I have therefore made significant changes to help readers better appreciate abnormal psychology:

■ **A fully updated text** I have thoroughly updated and, where appropriate, rewritten the third edition. Data, studies, theories, topics, and trends that have emerged during the last three years are added throughout. New topics in text and boxes include college binge drinking, the rise in Ritalin use, “treatment” on the Internet, Munchausen’s syndrome by proxy, the melatonin craze, and the psychology of serial murderers. This is, without question, a textbook that accompanies the field into the twenty-first century.



■ **Expanded socio-cultural coverage**

I have further emphasized the text's special attention to sociocultural issues. Chapters now designate sociocultural explanations and treatments more explicitly. Additional coverage and boxes focus on the historical use of labeling to suppress groups of individuals (Chapters 5 and 20), gender and depression (Chapter 8), race differences in body image and eating behavior (Chapter 12), and other issues.

■ **Earlier integration of treatment**

Treatment is now integrated into the text from the outset, rather than occupying a separate introductory chapter that some classes might have to omit. Chapter 1 defines treatment along with psychological abnormality and discusses past views of treatment. Chapters 3 and 4 then discuss the different approaches to treatment along with the models of abnormality. Chapter 5 concludes with an extensive overview of how (and whether) treatment works. The new arrangement is more efficient for the classroom and clearer for students. It prepares them fully for coverage of treatment in chapters on particular disorders.

■ **More coverage of stress disorders**

I have separated coverage of anxiety disorders into two chapters. The new division recognizes the growing importance of stress and the stress disorders, as well as sociocultural and gender issues increasingly relevant to both. Chapter 6 takes up generalized anxiety disorder and phobias, and Chapter 7 considers panic, obsessive-compulsive, and stress disorders, including stress caused by victimization and abuse. Treatment is now integrated into each of these chapters, rather than separated as in previous editions.

■ **A life-span chapter**

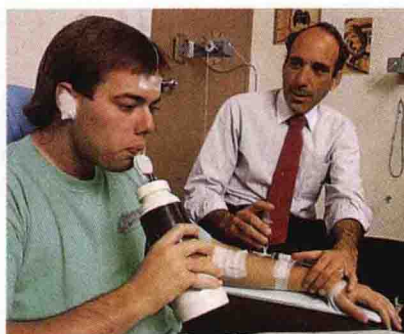
I have streamlined coverage of life-span problems, perhaps most obviously by combining childhood disorders and problems of old age into a single chapter.

■ **Sole authorship**

I have written the coverage of sexual disorders, previously contributed by Joseph LoPiccolo of the University of Missouri, Columbia, and the coverage of the problems of aging, previously contributed by Dolores Gallagher-Thompson and Larry Wolford Thompson, both of Stanford University and the Palo Alto Veteran Affairs Medical Center. However, I have continued to rely on them for guidance, and am most especially grateful to Joe for his careful review.

BOX 2-2 Gender, Race, and Age Bias in Research

Sometimes mistakes are committed by an entire community of researchers. Blinded by their own social biases, investigators may consistently err in their efforts to design appropriate studies. For example, for many years scientists in Western society have favored the use of young white men as subjects for research on human functioning (Blumenthal, 1996; Gannon et al., 1992; Stark-Adamek, 1992). Only recently have researchers come to appreciate the extent to which some of



Over the years, most medical and psychological studies have used young white men as subjects. Findings from these studies may not, however, always apply to women, elderly persons, or

and foreign-born Asians metabolize the antipsychotic drug haloperidol (Haldol), prescribed for many people with schizophrenia, much faster than white Americans do (Goodman, 1992). This finding suggests that Asian American patients require lower doses of this drug in order to achieve the same effect, yet until recent years they have been started on the same dosage as white Americans.

The need to correct this kind of research bias is much more than a mere academic

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Supplements

The response to supplements accompanying previous editions has been gratifying. This edition is able to retain them, and also to add new ones—including two innovative multimedia supplements. Like the textbook, the entire package can therefore look to the coming century:

■ Our unique new **Student CD-ROM** adds depth to the students' understanding of abnormal psychology. The CD offers intriguing "video investigations" running three to five minutes each. Videos usually center on a person with a disorder that is discussed in the text. The students first view the video and then answer a series of thought-provoking questions about it. Their answers can be entered directly on screen and then saved to a disk or printed out to be handed in. Additionally, the CD contains a multiple-choice self-quiz for every chapter. Quizzes have built-in instructional feedback for every option and a page reference for each question. Another useful CD feature is a comprehensive set of web links relating to the content of each chapter of the text. With the user's web browser, the links launch the user directly to these web sites. The link feature ties the CD to the book's *Web Site* (please see below). It will offer updates to the web links as well as many other features for the lifetime of the text's Third Edition.

■ The inspiration for our *Student CD* was our remarkably popular **Video Segments for Abnormal Psychology** created for instructors using the Second Edition of the text. The warm response has made it a pleasure to add a third cassette of *Video Segments* for the new edition, bringing our total number of offerings to over 70 video segments. I selected the new clips in response to instructors' suggestions for topics they would like to see added to the series. Like the original clips, the new segments are designed to introduce an added dimension to lectures in one- to eight-minute bursts. They illustrate key aspects of abnormal psychology that are sometimes difficult to describe with words and static visual materials alone—including clinical topics, pathologies, current and historical treatments, laboratory experiments, clinical dilemmas, and the client/therapist relationship. A special *Video Guide* to using the segments is included in the *Instructor's Manual* (please see below).

■ A comprehensive printed **Test Bank**, by Melvyn B. King of the State University of New York at Cortland, Debra E. Clark of the New Medico Rehabilitation Center of Cortland, and me, offers roughly 2000 multiple-choice and 400 fill-in questions. We have graded each question according to difficulty, identified it as factual or applied, and keyed it to the page in the text where the source information appears.

■ **Computerized Test Banks** provide the questions in both Windows and Macintosh test-making software.

■ A new full-color **Overhead Transparency Set** makes fifty key diagrams and graphs from the text available for use in lectures. Additionally, there are many black-and-white transparency masters of text tables and DSM-IV criteria listings available in the *Instructor's Manual*.

■ Abnormal psychology is a field in which important new information appears continually. This is why we offer adopters of the text periodic **Update Newsletters** prepared by Greg Neimeyer of the University of Florida. The *Newsletters* provide timely updates in research in the context of the book's coverage.

■ The **Student Workbook**, by Katherine M. Nicolai of Rockhurst College, actively involves students in the text material, using a variety of engaging exercises. Students who complete the exercises can better organize and apply what they have studied.

■ The **Instructor's Manual and Video Guide**, by Fred W. Whitford of Montana State University and me, ties together this wide-ranging supplements package for instructors and their teaching assistants. It offers strategies for using the *Video Segments*, *Student CD-ROM*, *Web Site*, and transparencies. It also includes detailed chapter outlines, lists of principal learning objectives, and ideas for lectures and launching class discussions. In response to many requests, it also lays out precise DSM-IV criteria for each of the disorders discussed in the text and offers most of this material in transparency masters. The *Video Guide* material was specially prepared. It describes each of the *Video Segments* and offers recommendations for their use.

■ Finally, our new **Web Site** offers an ever-expanding set of resources for both students and instructors. In addition to the web links and the coverage updates described above (please see *Student CD* and *Newsletters*), the site offers a variety of other features including another multiple-choice self-quiz for every chapter with



built-in instructional feedback (the *Student CD* has the other self-quizzes) and potential research questions utilizing the web links for each chapter. The Web offers exciting possibilities, and we will take advantage of this by continually updating our *Web Site* and expanding its features. We welcome you to regularly visit it during your use of this book. New and updated material will be specially marked. The address is:

<http://www.whfreeman.com/abnormalpsychology>



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Blake Logan, the book's designer, has made the book beautiful, stimulating, and enriching. Every page reflects her taste and artistic skill. Kathy Bendo, the book's photo researcher, worked with energy, organization, and talent to find just the right photographs to bring the subject to life. I appreciate her tireless efforts and commitment to excellence. Susan Finnemore Brennan, Freeman's psychology editor, managed every aspect of the new edition, once again with her extraordinary skill, enthusiasm, and commitment. Oh, and while doing that she gave birth to another project as well, named Katie.

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Like all previous editions, a project of this magnitude would be impossible in the absence of a loving and supportive family, and I am truly grateful to mine. I



again thank my mother, Claire; sister, Pam; and brother, Steve, whose love and respect have been an enduring and motivating presence in my life; and my very special parents-in-law, Hadaso and David Slotkin. Similarly, I thank my wonderful sons, Greg and Jon, who continue to fill my life with pride, laughter, joy, and love. And, of course, I thank Annie, my dog, who has taught me the virtues of unconditional love, loyalty, and patience.

This is the fourth time I have sat down to write the book's preface, counting three editions and my shorter textbook, *Fundamentals of Abnormal Psychology*. In the first edition, I noted the thrill of watching my children

grow. In the second, I stated my admiration for my father and the life he led. Here I'd like to say briefly to my wife, Marlene Slotkin Comer, how much I love and appreciate her. I know at the age of 50, more than I could ever have recognized at age 21, how fortunate I am that she is my partner in life. My life is always enriched, my joys enhanced, and my sorrows softened by her presence and her gentle, generous spirit.

Ronald J. Comer
Princeton University
September 1997



Topic Overview

Defining Psychological Abnormality

Deviance
Distress
Dysfunction
Danger

Defining Treatment

Past Views and Treatments

Ancient
Greek and Roman
Europe in the Middle Ages
The Renaissance
The Nineteenth Century:
Reform and Moral
Treatment

Current Trends

Severe Disturbances and Their
Treatment
Less Severe Disturbances and
Their Treatment
Today's Perspectives and
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