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21世纪心理学经典原版教材

詹姆斯·布彻 (James N. Butcher)

[美] 苏珊·米内卡 (Susan Mineka) 著

吉尔·霍利 (Jill M. Hooley)

变态心理学 核心概念

Abnormal Psychology: Core Concepts
Second Edition

第2版

清华大学心理学系指定教材

清华大学心理学系系主任彭凯平教授作序并推荐

清华大学出版社

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丛书总序

——清华大学心理学系系主任彭凯平教授寄语

国际学术届常用的社会发展指标中,对人的心理健康和对心理学的关注一直是衡量一个社会是否真正成为了一个以人为本、尚善关心的现代化社会的标志之一。中国社会最近这些年对心理学的关注和支持,实际上标志了我们中国社会已经迈入了现代化国家的门槛,已经不再是一个以衣食温饱为第一奋斗目标的发展中国家。毫无疑问,当今的中国已经进入了关注心理学、学习心理学、应用心理学的时代。

放眼我们的周围,家长们在看儿童心理学,企业家们在听管理心理学,搞教育的在学教育心理学,做市场的在研究消费心理学。中央电视台还推出了“幸福访谈”,国家领导人提出了“中国梦”的美好愿景。人们在日常生活中最常用的词汇不仅仅是“房子”、“股票”,也增加了“心态”和“幸福”。在网上广为播放的“哈佛幸福课”掀起了全国人们讨论“幸福是什么?”的热潮,并且由此催生了诸多的讨论幸福和积极的书籍、讲座、课程。心理学不仅仅走入了寻常百姓的生活,在学校里面的欢迎程度也呈现了指数型的增长。我可以肯定的说,这些热情的心理学爱好者中只有很少一部分人已经或者计划在未来从事临床心理的治疗工作或者其他的与心理学有关的工作,他们中的大多数是感受到了心理学知识的魅力和作用,它会让人在工作和生活的各个方面获益匪浅,因而心理学是和数学、语言一样,属于现代有知识群体的人基本必修的课程和不可或缺的工具。学习心理学不是为了获得一纸文凭,而是为了获得职场的竞争力和生活的幸福力。

然而,心理学是一门严谨的科学。就像学习数学、物理、金融、信息工程一样,希望真正理解和运用心理学,就需要经过系统严谨的科学训练。当今的心理学已经不再是大家心中那种坐而论道,成天讨论“是什么动机让人们这么做?”的心理学;现在的心理学家们也不再是叼着雪茄,坐在沙发后面轻柔地问出“你能回忆起5岁的时候父母的那场争执中,你是什么感受么?”的精神分析师了;历时一百多年,一代代的心学家们充分吸收了其他学科领域的发展所带来的工具。今天的心学家们,不仅仅从象牙塔里面走出来进入了日常生活,更拥有了前人不可想象的有力工具:大数据分析、云计算应用、正电子脑部扫描、功能核磁共振成像、电生理分析仪等待。今天的心学家们可以对诸多离奇古怪的心理和精神问题定位到人脑中比针尖还小的位置,也能够预测出大事件之后社会群体的生活和经济行为。心理学少了几分神秘的哲学色彩,成为了方法论科学、工具强大、理论严谨的实证科学。

而流行的话题和爆发的心理学市场会带来很多真伪难辨的信息,以及不严谨的书籍、刊物,而高度复杂的心理学又很容易被人断章取义以致形成误导。正因为这样,我迫切需要经得起科学和生活检验的心理学书籍,来带给我们真正的心理学知识和工具。我非常欣喜地看到清华大学出版社的工作人员们引进了这一套原汁原味的英文心理学经典影印教材。这些教材都由欧美大学任教并且在学术领域里声名卓著的心理学家们创作,并且结合心理学研究前沿的发展和社会文化的演变而不断地融入最新的内容,并且多次进行改版更新的大学教材。其严谨性和实用性毋庸置疑,并且作者们的写作风格也贴近生活、幽默风趣。

社会学家和语言学家们已经证明,由于文化传承和进化环境导致的思维结构差异的原因,不同的语言,尤其是中文和英文这样差异巨大的语言,很难做到完全的转译。对于心理学、哲学这样的复杂学科的著作几乎更是不可能的。因此,阅读几部原汁原味的专业心理学教材,对于大学生们和严肃的心理学爱好者们来说都不仅仅是吸收心理学知识和提升外语水平的良好机会,更是了解西方特别是美国文化和社

会的一个有效方式。书中列举的很多生活实例都是直接取自于人们的日常生活,看起来不仅生动有趣,而且回味无穷,“于我心有戚戚焉”。

“纸上得来终觉浅,绝知此事要躬行”。我在2013年清华大学社科学院新生的迎新会上曾经做了“知识是什么?”的演讲。其中我提到“知识不仅仅是教科书,知识也不仅仅是信息的堆积、考试的成绩,或者拿到的学位。大量心理学研究表明,知识就存在于行为中、表现在身体上、蕴蓄在体验里。身心体验便是人类知识的贮存方式。书本是知识的积累、是经验的积累、也是身心体验的积累。密歇根大学的心理学家理查德·尼斯贝特(Richard Nisbett)教授做过一个经典研究,告诉了我们学习社会科学的人与学习物理、化学、生物学等自然科学的人有什么不同。尼斯贝特告诉我们,学习社会科学的人在某种程度上要更加有智慧,他们能看出人生、人心、人性中的美好,也能了解其不足。学习社会科学,就知道了样本的概念,知道了样本不能代替总体,知道了一个细胞不能代替全人类,知道了任何事情、任何案例、任何例子、任何故事都是有偏差的。这是社会科学的境界与思维方式,这也是知识。”心理学的知识要求思想,体会,沟通,积累,升华,创造,看原文就是一个心要领,神要会的机遇与媒介。

清华大学作为国内最顶尖的高等学府,曾经是中国心理学的发源地。中国的第一个心理学系,第一本心理学专业杂志,第一个心理学专业学会,都在一百年前的清华园内成立。现在的清华大学心理学系的特色是要彻底改变中国人心目的心理学的印象,使之成为科技的心理学和积极的心理学。自从清华大学心理学系2008年恢复以来,我们开始将清华大学原有的自然科学和工业科技知识体系与当代国际心理学的发展相结合,并且引进了高端的海内外学者来讲授最前沿的心理学知识,并为学生们提供了和新兴心理学一起发展的体验。清华大学心理学系在两个心理学最前沿的分支——研究幸福和成就的积极心理学和结合现代信息技术的应用认知科学技术——走在中国的前沿,两次中国积极心理学大会在清华园召开和中国积极心理学协会即将在清华园成立,以及为中国的海洋战略和信息战略的贡献,都展示着清华大学心理系紧跟时代的步伐,领先中国的责任和境界。

清华大学是中国历史悠久、人才辈出的大学,它又有着中国历史文化丰富的沉淀,来清华大学学习心理学,看清华大学出的心理学,你会有一种与清华人同行的感受。百年清华和百岁的心理学结合在一起,会让我们中国社会真正成为一个以人为本的社会。因为人的本质在于我们有心理活动:人者心之器也。没有心理学指导的社会建设很难说是真正意义上的以人为本,而没有我们中国人参与而贡献的心理学,也很难说是真正意义上的人类心理学。让我们共同努力,共创人类心理学的新天地!

彭凯平

2013年10月21日,北京清华园

Preface

The abundance of research discoveries surfacing in abnormal psychology today has broadened our understanding of psychopathology, improving upon theories and treatments practiced just a decade ago. The goal of the second edition of *Abnormal Psychology: Core Concepts* is to present to students the fundamentals of abnormal psychology and to offer the most thoroughly researched and up-to-date explanation of psychopathology today. The Butcher-Mineka-Hooley team is unique. The depth and breadth of their research in the field of psychopathology provide students a learning experience that can provoke thought, increase awareness, and take them to new levels of understanding that other books do not offer. The authors' work in the international arena provides a balance of multicultural studies and phenomena, which offer an integrative view of psychopathology.

THE FOCUS OF THIS BOOK

When we discuss disorders throughout *Abnormal Psychology: Core Concepts*, we will focus on three significant aspects: (1) the clinical picture, in which we will describe the disorder; (2) the possible causal factors; and (3) treatments. In each case, we will examine the evidence for biological, psychosocial (i.e., psychological and interpersonal), and sociocultural (the broader social environment of culture and subculture) influences. In short, we will strive to give you a sophisticated appreciation of the total context in which abnormalities of behavior occur.

All the authors of this book are both researchers and practicing clinicians with differing research backgrounds and preferred treatment strategies. One of our main purposes with this book is to educate you in an approach to abnormal behavior that is respectful both of scientific principles and of patients and clients who suffer from psychopathological conditions. At a more specific level, we hope to provide you with a thoughtful examination of abnormal behavior and its place in contemporary society. We will focus on all the major types of mental disorders and acquaint you with the current state of scientific knowledge for each. Because we wish never to lose sight of the person, however, we also provide as much case material as we can in each chapter. Behind each disorder, and in each scientific study, there are people first—people who have much in common with all of us.

Throughout this text we assume that a sound and comprehensive study of abnormal behavior should be based on the following principles:

1. A SCIENTIFIC APPROACH TO ABNORMAL BEHAVIOR. Any comprehensive view of human behavior must draw on concepts and research findings from a variety of scientific fields. Of particular relevance are genetics, neuroanatomy, neurochemistry, sociology, anthropology, and, of course, psychology. Because we believe an understanding of the scientific approach to acquiring knowledge in abnormal psychology rests on an understanding of research principles, we hope this book will help you develop your ability to think like a research scientist. It is our belief that the benefits of acquiring such skills will persist long after your course in abnormal psychology has ended and will make it possible for you to understand and have a sophisticated appreciation of the research the field generates in the future.

2. OPENNESS TO NEW IDEAS. Science is progressive and cumulative. Knowledge builds upon knowledge. But science is also creative. And as scientists, we owe it to ourselves and to the field to be willing to consider new ideas—even if they contradict our favorite theories. This does not mean that we should ever blindly accept something just because it is different and new. But we believe that if something that is different and new is supported by credible scientific data, all of us should be willing to consider developing a fresh perspective. Scientists who are closed-minded and dogmatic are not true scientists at all.

3. RESPECT FOR THE DIGNITY, INTEGRITY, AND GROWTH POTENTIAL OF ALL PERSONS. In attempting to provide a broad perspective on abnormal behavior, we will focus not only on how maladaptive patterns are perceived by clinical psychologists and other mental health personnel but also on how such disorders are perceived by those experiencing them, as well as by their families and friends. Historically, many of the disorders described in this book were conceptualized in extremely pessimistic terms. This is not an attitude we share. As our understanding of abnormal psychology grows, we become better able to help patients previously considered to be hopeless cases. New developments will only provide us with more of what we need to help our patients. In short, we are optimistic about the current state of the field and about what the future holds.

●●● WHAT'S NEW

The second edition of *Abnormal Psychology: Core Concepts* provides a current and fresh perspective on the topic. The book has been redesigned to be more visually engaging to a new generation of students. New photographs and illustrations have been added. This edition also contains updated Case Studies, Unresolved Issues, and Feature Boxes. Reflecting the ever-changing field of abnormal psychology, hundreds of new references have been added. Outdated material has been replaced, current findings have been included, and new developments have been identified. The second edition also includes is the most up-to-date and in-depth information about biological influences on the entire spectrum of behavioral abnormalities, while still maintaining a comprehensive bio-psycho-social approach to abnormal behavior.

Those familiar with the book will notice a major change in this edition. A revised Chapter 4 now highlights the role of stress in physical and psychological disorders. This chapter integrates material that was previously in two quite distinct chapters of the book. The focus of the revised Chapter 4 is on stress and how stress affects the body *and* the mind. This change reflects the growing recognition that the body and the mind cannot be considered in isolation. As research progresses and understanding increases, so, too must textbooks change. We believe that the material presented in Chapter 4 will engage anyone who has ever experienced mild or extreme stress. We also hope that focusing on the physical and psychological consequences of stress will allow readers to better understand the ways in which research in this area is yielding new insights into the links between physical and emotional well-being.

●●● FEATURES AND PEDAGOGY

The extensive research base and accessible organization of this book are supported by high-interest features and helpful pedagogy to further engage students and support learning.

Features

- **FEATURE BOXES**

Special sections, called Developments in Research, Developments in Thinking, Developments in Practice, and The World Around Us, highlight topics of particular interest, focusing on applications of research to everyday life, current events, and the latest research

2.2 DEVELOPMENTS IN THINKING

Nature, Nurture, and Psychopathology: A New Look at an Old Topic

Progress has abundant implications for understanding the complex interplay of nature and nurture in the etiology of mental illness. For example, the discovery that monozygotic twins reared apart have similar rates of mental illness, even when raised in different environments, suggests that genetic factors play a significant role in the etiology of mental illness. This finding has important implications for the development of prevention and treatment programs for mental illness.

3. **Misconception Corrects** Although it is often assumed that the discovery of the human genome project (HGP) has opened the door to a new era of genetic research, the HGP has not lived up to the hopes of many. The HGP has not provided the answers to many of the most important questions about the etiology of mental illness. For example, the HGP has not provided the answers to the most important questions about the etiology of mental illness.

4. **Misconception Corrects** Many people believe that genes are the only factors that influence behavior. However, research has shown that environmental factors also play a significant role in the etiology of mental illness. For example, the discovery that monozygotic twins reared apart have similar rates of mental illness, even when raised in different environments, suggests that genetic factors play a significant role in the etiology of mental illness.

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methodologies, technologies, and findings. Several new topics are introduced in this edition. For example, a new Developments in Thinking highlight box in Chapter 2 describes the misconceptions people have about the concept of “nature vs. nurture.”

A new The World Around Us highlight box in Chapter 10 discusses the widespread problem of binge drinking in college.

• UNRESOLVED ISSUES

Selected chapters include end-of-chapter sections that demonstrate how far we have come and how far we have yet to go in our understanding of psychological disorders. The topics covered here provide insight into the future of the field. New to this edition is a discussion of the problems associated with the diagnostic criteria for eating disorders.

In another chapter we highlight the current controversy surrounding the definition of traumatic events and the diagnostic criteria for PTSD.

Pedagogy

• CHAPTER OUTLINE

Each chapter begins with a detailed outline that introduces the content and provides an overview of what is to come. In addition, along with the extensive chapter summary found at the end of each chapter, is an excellent tool for study and review. In this edition sections of many chapters have been reorganized. These changes have been made to improve the flow of the writing and enhance pedagogy.

• CASE STUDIES

Extensive case studies of individuals with various disorders are integrated in the text throughout the book. Some are brief excerpts; others are detailed analyses. These cases bring important aspects of the disorders to life. They also remind readers that the problems of abnormal psychology affect the lives of people—people from diverse backgrounds who have much in common with all of us.

10.1 THE WORLD AROUND US

Binge Drinking in College

Two studies indicate student deaths due to binge drinking in college. The first study, by the University of Colorado, found that 10% of college students who binge drink die each year. The second study, by the University of Michigan, found that 10% of college students who binge drink die each year.

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CHAPTER 13

Cognitive Disorders

DEVELOPMENTAL DISORDERS

Autism Spectrum Disorder

ADHD

Specific Learning Disorder

Intellectual Disability

MENTAL DISORDERS

Major Depressive Disorder

Bipolar Disorder

Generalized Anxiety Disorder

Obsessive Compulsive Disorder

PTSD

CASE STUDY

A Cyclothymic Car Salesman

A 29-year-old car salesman was referred by his current girlfriend, a psychiatric nurse, who suspected he had a mood disorder even though the patient was reluctant to admit that he might be a “moody” person. According to him, since the age of 14 he has experienced repeated alternating cycles that he terms “good times and bad times.” During a “bad” period, usually lasting 4 to 7 days, he sleeps 10 to 14 hours daily [and] lacks energy, confidence, and motivation—“just vegetating,” as he puts it. Often he abruptly shifts, characteristically upon waking up in the morning, to a 3-to-4-day stretch of overconfidence, heightened social awareness, promiscuity, and sharpened thinking—“things would flash in my mind.” At such times he indulges in alcohol to enhance the experience, but also to help him sleep. Occasionally the “good” periods last 7 to 10 days but culminate in irritable and hostile outbursts, which often herald the transition back to another period of “bad” days....

• IN REVIEW QUESTIONS

Questions appear at the end of each major section within the chapter, providing regular opportunities for self-assessment as students read and further reinforce their learning.

• DSM-IV-TR BOXES

Throughout the book these boxes summarize the essential criteria from the Diagnostic and Statistical Manual of Mental Disorders for the disorders discussed. In a convenient and visually accessible form, they provide a helpful study tool that reflects current diagnostic practice. They also help students understand disorders in a real-world context.

CHAPTER 4 Mood Disorders and Mania

DSM-IV-TR

Criteria for Cyclothymic Disorder

1. For at least 2 years, the presence of numerous periods of hypomanic symptoms and numerous periods of depressive symptoms that do not meet criteria for Major Depressive Disorder.
2. During the 2-year period, the person has not been continuously depressed for longer than 2 months at a time.
3. No full-blown manic episode, hypomanic episode, or major depressive episode has been present during the 2-year period.
4. The symptoms in Criterion 1 do not meet criteria for Bipolar I or Bipolar II.
5. The symptoms are not attributable to substance use or medication.

DSM-IV-TR

Criteria for Bipolar I Disorder

1. Presence of at least one of one Manic or Mixed Episode (see description in Manual).
2. Presence of at least one Major Depressive Episode (see description in Manual).
3. The two episodes are not necessarily consecutive.
4. The symptoms cause clinically significant distress or impairment in functioning.
5. The episode is not better explained by another disorder.
6. The symptoms have not been caused by substance use or medication.
7. The episode is not better explained by another disorder.
8. The episode is not better explained by another disorder.
9. The episode is not better explained by another disorder.
10. The episode is not better explained by another disorder.

summary

- **Subthreshold** is the most common form of mood disorder. It is characterized by symptoms in the manic or depressive phase that are less severe than those of a full episode.
- **Manic-depressive** bipolar disorder is characterized by alternating periods of mania and depression. The manic phase is characterized by elevated mood, increased energy, and decreased need for sleep. The depressive phase is characterized by depressed mood, decreased energy, and increased need for sleep.
- **Unipolar** depression is characterized by periods of depression without manic episodes. It is characterized by depressed mood, decreased energy, and increased need for sleep.
- **Major depressive disorder** is characterized by a single episode of depression. It is characterized by depressed mood, decreased energy, and increased need for sleep.
- **Minor depressive disorder** is characterized by a single episode of depression that is less severe than that of a major depressive episode.
- **Seasonal affective disorder** is characterized by recurrent episodes of depression that occur at a particular time of year.
- **Atypical features** of depression include mood reactivity, increased sleep, increased appetite, and weight gain.
- **Postpartum depression** is a form of depression that occurs within 4 weeks after childbirth.
- **Postpartum psychosis** is a form of psychosis that occurs within 4 weeks after childbirth.
- **Postpartum depression** is a form of depression that occurs within 4 weeks after childbirth.
- **Postpartum psychosis** is a form of psychosis that occurs within 4 weeks after childbirth.

• CHAPTER SUMMARY

Each chapter ends with a summary of the essential points of the chapter. These summaries use bulleted lists rather than formal paragraphs. This makes the information more accessible for students and easier to scan.

• KEY TERMS

Key terms are identified in each chapter. Key terms are also listed at the end of every chapter with page numbers referencing where they can be found in the body of the text. Key terms are also defined in the Glossary at the end of the book.

CHAPTER 15 Schizophrenia and Other Psychotic Disorders

KEY TERMS

- **schizophrenia** (page 507)
- **positive symptoms** (p. 507)
- **negative symptoms** (p. 507)
- **disorganized symptoms** (p. 507)
- **delusions** (p. 507)
- **hallucinations** (p. 507)
- **thought disorder** (p. 507)
- **catatonia** (p. 507)
- **depression** (p. 507)
- **mania** (p. 507)
- **schizoaffective disorder** (p. 507)
- **schizophreniform disorder** (p. 507)
- **delusional disorder** (p. 507)
- **brief psychotic disorder** (p. 507)
- **substance-induced psychotic disorder** (p. 507)
- **schizophrenia** (p. 507)
- **positive symptoms** (p. 507)
- **negative symptoms** (p. 507)
- **disorganized symptoms** (p. 507)
- **delusions** (p. 507)
- **hallucinations** (p. 507)
- **thought disorder** (p. 507)
- **catatonia** (p. 507)
- **depression** (p. 507)
- **mania** (p. 507)
- **schizoaffective disorder** (p. 507)
- **schizophreniform disorder** (p. 507)
- **delusional disorder** (p. 507)
- **brief psychotic disorder** (p. 507)
- **substance-induced psychotic disorder** (p. 507)

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简明目录

第 1 章	变态心理学的发展	1
第 2 章	关于变态行为历史和现代的评述	34
第 3 章	构成要素和观点	74
第 4 章	临床界定和诊治	115
第 5 章	恐惧、焦虑及其障碍	141
第 6 章	情绪障碍和自杀	180
第 7 章	躯体形式障碍与分离障碍	224
第 8 章	饮食障碍和肥胖症	253
第 9 章	人格障碍	281
第 10 章	药滥用障碍	315
第 11 章	性变态、性虐待与机能失调	349
第 12 章	精神分裂和其他精神紊乱现象	382
第 13 章	认知障碍	417
第 14 章	儿童与青少年障碍	439
第 15 章	变态心理学中的现代问题和法律问题	473

BRIEF CONTENTS



- 1 Abnormal Psychology over Time 1
- 2 Causal Factors and Viewpoints 34
- 3 Clinical Assessment, Diagnosis, and Treatment Approaches 74
- 4 Stress and Physical and Mental Health 115
- 5 Panic, Anxiety, and Their Disorders 141
- 6 Mood Disorders and Suicide 180
- 7 Somatoform and Dissociative Disorders 224
- 8 Eating Disorders and Obesity 253
- 9 Personality Disorders 281
- 10 Substance-Related Disorders 315
- 11 Sexual Variants, Abuse, and Dysfunctions 349
- 12 Schizophrenia and Other Psychotic Disorders 382
- 13 Cognitive Disorders 417
- 14 Disorders of Childhood and Adolescence 439
- 15 Contemporary and Legal Issues in Abnormal Psychology 473

CONTENTS



CHAPTER 1

Abnormal Psychology over Time

WHAT DO WE MEAN BY ABNORMALITY? 3

- The DSM-IV Definition of Mental Disorder 5
- Why Do We Need to Classify Mental Disorders? 6
- What Are the Disadvantages of Classification? 6
- How Does Culture Affect What Is Considered Abnormal? 7
- Culture-Specific Disorders 8

HOW COMMON ARE MENTAL DISORDERS? 8

- Prevalence and Incidence 9
- Prevalence Estimates for Mental Disorders 9

HISTORICAL VIEWS OF ABNORMAL BEHAVIOR 10

- Demonology, Gods, and Magic 11
- Hippocrates' Early Medical Concepts 11
- Later Greek and Roman Thought 12
- Views of Abnormality During the Middle Ages 12
- The Resurgence of Scientific Questioning in Europe 13
- The Establishment of Early Asylums 13
- Humanitarian Reform 13
- Mental Hospital Care in the Twenty-First Century 15

1

THE EMERGENCE OF CONTEMPORARY VIEWS OF ABNORMAL BEHAVIOR 16

- Biological Discoveries: Establishing the Link Between the Brain and Mental Disorder 17
- The Development of a Classification System 17
- The Development of the Psychological Basis of Mental Disorder 18
- The Evolution of the Psychological Research Tradition: Experimental Psychology 20

RESEARCH APPROACHES IN ABNORMAL PSYCHOLOGY 22

- Sources of Information 22

FORMING AND TESTING HYPOTHESES 23

- Research Designs 25
- Manipulating Variables: The Experimental Method in Abnormal Psychology 26

- DEVELOPMENTS IN RESEARCH 1.1
Do Magnets Help with Repetitive-Stress Injury? 28

- UNRESOLVED ISSUES
Are We All Becoming Mentally Ill? The Expanding Horizons of Mental Disorder 31

summary 31

KEY TERMS 33

CHAPTER **2****Causal Factors and Viewpoints 34****CAUSES AND RISK FACTORS FOR ABNORMAL BEHAVIOR 35**

- Necessary, Sufficient, and Contributory Causes 35
- Diathesis-Stress Models 36

VIEWPOINTS FOR UNDERSTANDING THE CAUSES OF ABNORMAL BEHAVIOR 38**THE BIOLOGICAL VIEWPOINT AND CAUSAL FACTORS 38**

- Neurotransmitter and Hormonal Abnormalities 39

- DEVELOPMENTS IN RESEARCH 2.1
 - Neurotransmission and Abnormal Behavior* 40

- Genetic Vulnerabilities 42

- DEVELOPMENTS IN THINKING 2.2
 - Nature, Nurture, and Psychopathology: A New Look at an Old Topic* 44

- Temperament 45

- Brain Dysfunction and Neural Plasticity 46
- The Impact of the Biological Viewpoint 47

THE PSYCHOLOGICAL VIEWPOINTS 47

- The Psychodynamic Perspectives 48
- The Behavioral Perspective 52

- DEVELOPMENTS IN THINKING 2.3
 - The Humanistic and Existential Perspectives* 53

- The Cognitive-Behavioral Perspective 56

PSYCHOLOGICAL CAUSAL FACTORS 58

- Early Deprivation or Trauma 54
- Inadequate Parenting Styles 61
- Marital Discord and Divorce 63
- Maladaptive Peer Relationships 64

THE SOCIOCULTURAL VIEWPOINT AND CAUSAL FACTORS 65

- Uncovering Sociocultural Factors Through Cross-Cultural Studies 66
- Harmful Societal Influences 67
- The Impact of the Sociocultural Viewpoint 69

- UNRESOLVED ISSUES
 - Theoretical Viewpoints and the Causes of Abnormal Behavior* 70

- summary 71

- KEYTERMS 72

CHAPTER **3****Clinical Assessment, Diagnosis, and Treatment Approaches 74****THE BASIC ELEMENTS IN ASSESSMENT 75**

- The Relationship Between Assessment and Diagnosis 75
- Taking a Social or Behavioral History 75
- Ensuring Culturally Sensitive Assessment Procedures 76

ASSESSMENT OF THE PHYSICAL ORGANISM 77

- The General Physical Examination 77
- The Neurological Examination 77
- The Neuropsychological Examination 79

PSYCHOSOCIAL ASSESSMENT 79

- Assessment Interviews 79
- The Clinical Observation of Behavior 80
- Psychological Tests 81
- Advantages and Limitations of Objective Personality Tests 86

THE INTEGRATION OF ASSESSMENT DATA 86**CLASSIFYING ABNORMAL BEHAVIOR 87**

- Reliability and Validity 88