ESSENTIALS OF UNDERSTANDING ABNORMAL BEHAVIOR 3e

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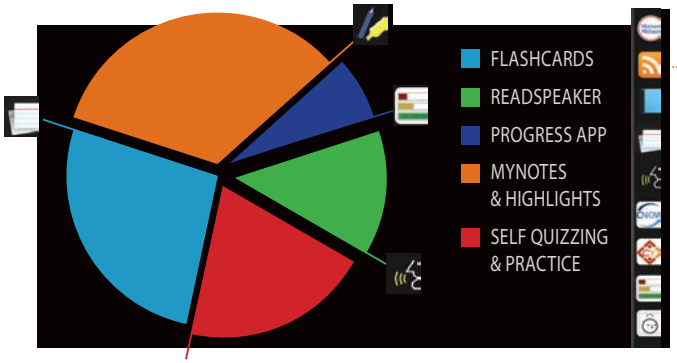

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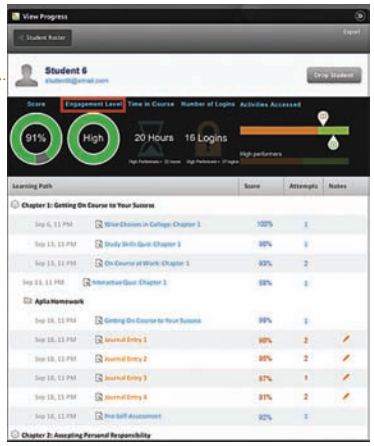

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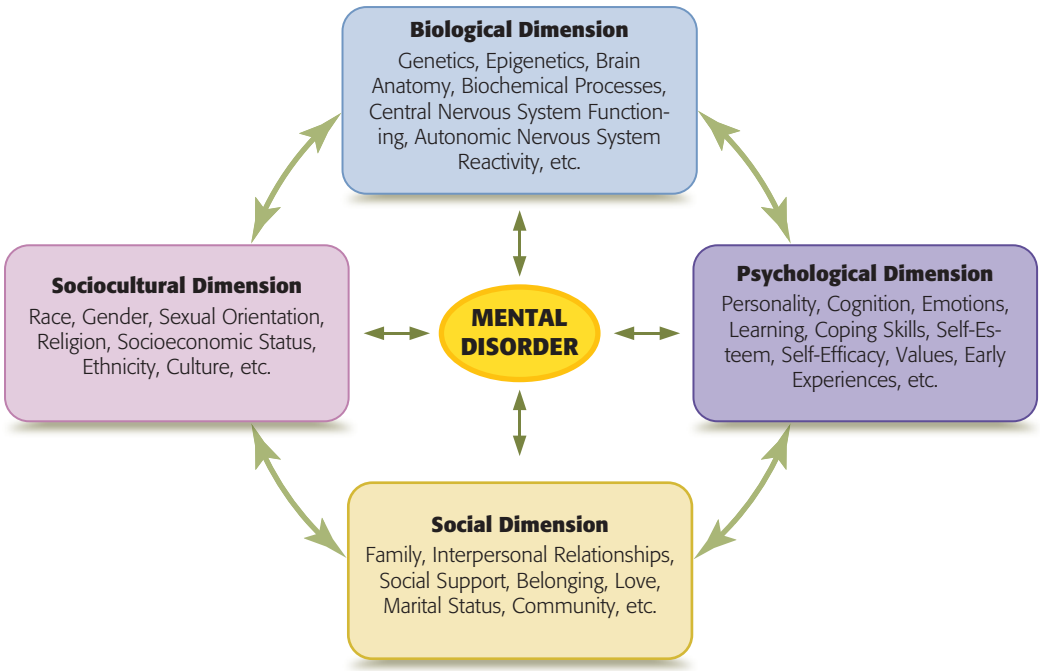
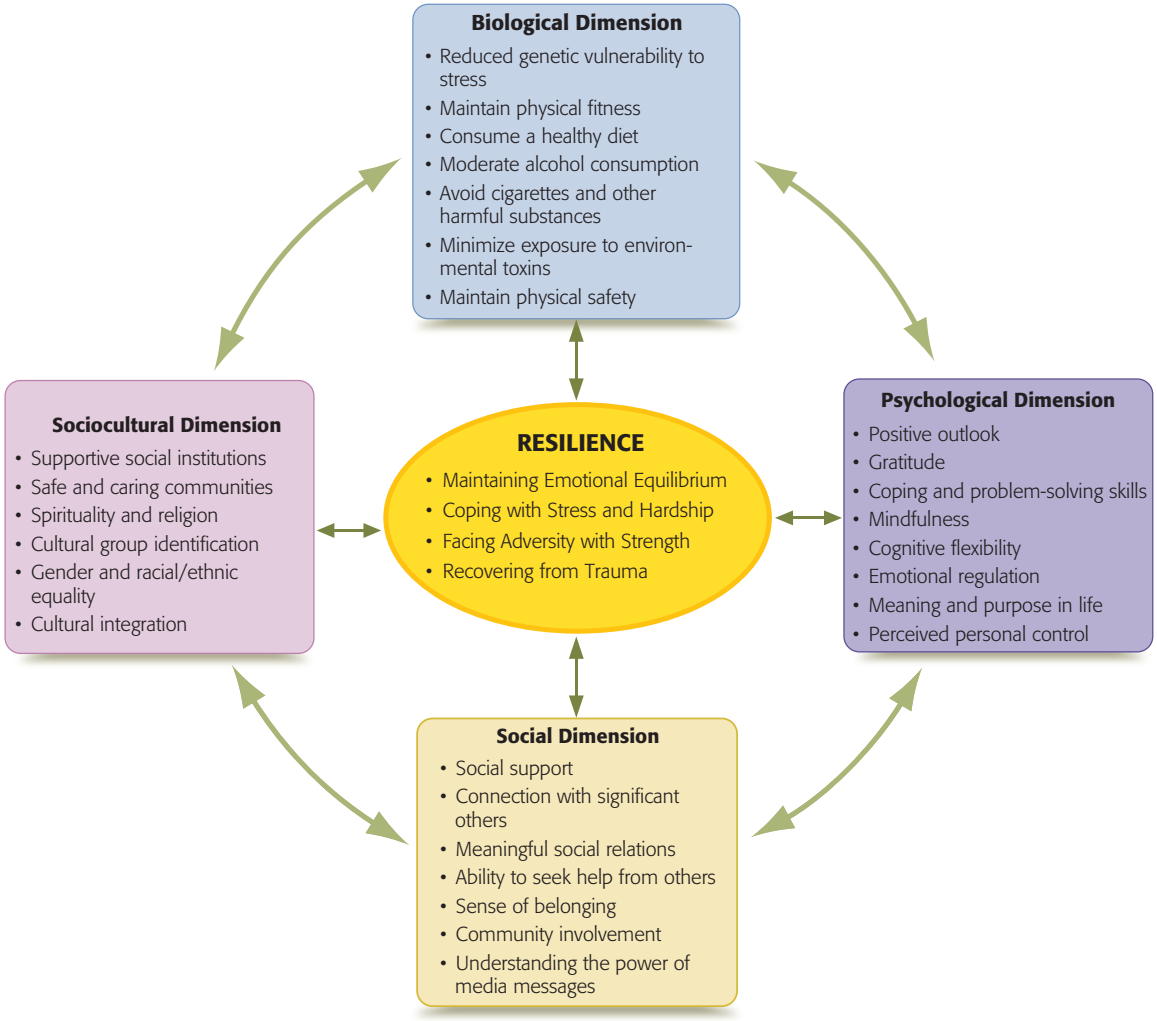

Biological Dimension
Genetics, Epigenetics, Brain Anatomy, Biochemical Processes, Central Nervous System Functioning, Autonomic Nervous System Reactivity, etc.
Sociocultural Dimension
Race, Gender, Sexual Orientation, Religion, Socioeconomic Status, Ethnicity, Culture, etc.
MENTAL DISORDER
Psychological Dimension
Personality, Cognition, Emotions, Learning, Coping Skills, Self-Esteem, Self-Efficacy, Values, Early Experiences, etc.
Social Dimension
Family, Interpersonal Relationships, Social Support, Belonging, Love, Marital Status, Community, etc.


Biological Dimension
• Reduced genetic vulnerability to stress
• Maintain physical fitness
• Consume a healthy diet
• Moderate alcohol consumption
• Avoid cigarettes and other harmful substances
• Minimize exposure to environmental toxins
• Maintain physical safety
Sociocultural Dimension
• Supportive social institutions
• Safe and caring communities
• Spirituality and religion
• Cultural group identification
• Gender and racial/ethnic equality
• Cultural integration
RESILIENCE
• Maintaining Emotional Equilibrium
• Coping with Stress and Hardship
• Facing Adversity with Strength
• Recovering from Trauma
Psychological Dimension
• Positive outlook
• Gratitude
• Coping and problem-solving skills
• Mindfulness
• Cognitive flexibility
• Emotional regulation
• Meaning and purpose in life
• Perceived personal control
Social Dimension
• Social support
• Connection with significant others
• Meaningful social relations
• Ability to seek help from others
• Sense of belonging
• Community involvement
• Understanding the power of media messages

Essentials of Understanding

Abnormal Behavior

3e

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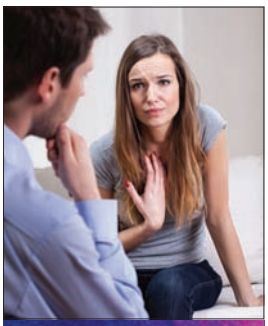
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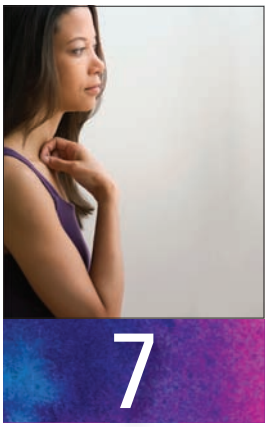
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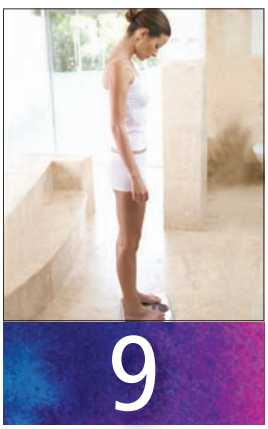
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Preface

We are all touched in one way or another by mental health issues, either directly through our own emotional struggles or indirectly through friends or family. Thus, knowledge about symptoms, causes, and treatments associated with mental disorders and about methods for maintaining optimal mental health is a highly relevant topic for students. It is our hope that this textbook will be personally meaningful to all who read it.

In writing and revising *Essentials of Understanding Abnormal Behavior*, we once again seek to engage students in the exciting process of understanding abnormal behavior and the techniques that mental health professionals employ when assessing and treating mental disorders. Four major objectives have guided our pursuit of this goal:

- to provide students with scholarship of the highest quality;
- to offer balanced coverage of abnormal psychology as both a scientific and a clinical endeavor, giving students the opportunity to explore topics thoroughly and responsibly;
- to focus on the human face of mental illness, including an emphasis on both resilience and recovery; and
- to write a text that is inviting and stimulating for a wide range of students and that highlights meaningful topics encountered by college populations.

Essentials of Understanding Abnormal Behavior continues to retain the approach, style, and hallmark multicultural emphasis of our comprehensive text, *Understanding Abnormal Behavior*, while providing concise yet thorough coverage in a convenient 16-chapter format. The text is, therefore, manageable for a one-semester or one-quarter class. It presents complex material in a dynamic, highly readable format that challenges students, encourages them to think critically, and provides them with a solid background in the field of abnormal psychology.

The 3rd edition of *Essentials of Understanding Abnormal Behavior* has been extensively revised to accommodate the newest scientific, psychological, multicultural, and psychiatric research and is completely up-to-date with respect to the many changes and controversies surrounding the classification and diagnosis of mental disorders included in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). Because the 2nd edition of *Essentials of Understanding Abnormal Behavior* covered anticipated DSM-5 changes, you will find that most chapters in the 3rd edition did not require extensive reorganization. However, we have included additional discussion of DSM-5 changes, as well as other key topics in the field of abnormal psychology.

Although we have relied on the DSM-5 for much of our organizational framework and for the specific diagnostic characteristics of mental disorders, you will find that we do not follow the DSM in a mechanistic fashion. Instead, we remain committed to providing our readers with information from a variety of key organizations and from the multitude of medical and psychological publications that address mental health issues. Thus, you will find that our discussions of disorders, contemporary issues, controversies, and trends in the field rely on numerous sources of information from a variety of disciplines.

As authors of an abnormal psychology textbook, we feel a keen responsibility to keep our book fresh and to incorporate the burgeoning and immensely important research from the fields of neuroscience, psychology, and psychiatry. In recent years,

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researchers from a variety of disciplines have made unprecedented contributions to our understanding of the causes of and most effective treatments for mental disorders. In addition to biological breakthroughs in treatment, there is excitement regarding the potential for psychological forms of intervention to create lasting changes in brain functioning and improve the distressing emotional and behavioral symptoms associated with mental illness. In keeping with our commitment to currency of information presented, you will find that we have included hundreds of new references in this edition of the text. Most important, consistent with our goal of a balanced presentation, the references come from a wide variety of journals and other resources. Further, we have made every attempt to determine which research is most critical to a comprehensive understanding of each mental disorder and to present that information in an understandable, nontechnical manner. Although we strive to avoid overwhelming students with extensive data or too much theory, we are strong believers in sharing research-based information and evidence-based mental health practices. As with previous editions of *Essentials of Understanding Abnormal Behavior*, our goal is to include recent and cutting-edge research from a variety of resources in a manner that engages the reader.

We continue to receive very positive feedback about our use of the Multipath Model of Mental Disorders; the model is considered a highly effective visual and conceptual framework that helps students understand the multitude of factors that influence the development of various mental health conditions. In keeping with this model, we once again emphasize the importance of considering biological, psychological, social, and sociocultural factors and their interactions in the etiology of mental disorders. Our four-dimensional model ensures that instructors consistently consider sociocultural influences that are associated with specific disorders—an aspect often neglected by contemporary models of psychopathology. Although we continue to emphasize the importance of multicultural issues in abnormal psychology, readers will find that we take a very balanced approach when discussing the etiology of mental disorders—emphasizing multicultural issues within the context of interactions between these cultural factors and biological, psychological, and social factors. In other words, we strive to provide an evenhanded approach to the topics we address throughout the text.

Readers will find that another signature feature of our text, Mental Disorders Charts, concisely describe symptoms and diagnostic criteria, prevalence, and gender data, as well as data on course and outcome for many of the disorders we cover. Students can easily compare and contrast the various disorders presented throughout the book by referring to these charts and the Multipath Model figures.

We are pleased to continue our Focus on Resilience feature, introduced in the 2nd edition. This feature encompasses contributions from the field of positive psychology and highlights key information relevant to both prevention and recovery from the symptoms associated with various disorders. This emphasis is particularly important given all of the recent data on neuroplasticity and the changes that are possible with prevention efforts or with evidence-based therapy targeted toward ameliorating the distressing symptoms of many disorders.

Overall, we believe readers will find the text more engaging and captivating than ever before. We have made a consistent effort to align the information presented from chapter to chapter in order to enhance students' understanding of more complex topics. We also connect our discussions with current events whenever possible and with issues of particular importance to college-age populations. We have concentrated on providing students with information that relates not only to the field of abnormal psychology but also to their day-to-day lives—material students will find valuable both now and in the future. In fact, we view this text as a meaningful tool that students can refer to when they encounter questions regarding mental health issues in their personal lives or with co-workers or clientele within the workforce.

We have also prioritized putting a human face on the various disorders and issues we discuss throughout the text. When writing, we have considered the fact

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that many students have direct experience with mental disorders, either because they are personally affected or because their friends or family members have experienced the distressing symptoms of a mental disorder. Further, many of the case studies we present highlight the perspective of individuals coping with the disorders discussed; this allows students to gain greater insight into the struggles involved in coping with mental illness.

As illustrated by the new information added to each chapter, this edition of our book provides current and relevant information on a wide variety of topics in the field of abnormal psychology.

New and Updated Coverage of the Third Edition

Our foremost objective in preparing this edition was to thoroughly update the contents of the text and present the latest trends in research and clinical thinking, with a particular emphasis on the DSM-5. This has led to updated coverage of many topics throughout the text, including the following:

Chapter 1—Abnormal Behavior

- Updated discussion of the DSM-5 definition of mental disorders.
- New statistics on the prevalence of mental disorders.
- Discussion of new topics, including the recovery movement; overcoming stigma and stereotypes (including the difference between public stigma and self-stigma); the importance of considering each person's strengths and assets; and technological advances that affect mental health research and treatment.

Chapter 2—Understanding and Treating Mental Disorders

- Expanded multipath model coverage, including a significantly expanded discussion of biological factors with a focus on key concepts that underlie later biological discussions throughout the text.
- New discussion of genetics and epigenetics.
- Updated discussion of the social and sociocultural etiological dimensions, including a focus on stress associated with immigration (acculturative stress).
- Updated discussion of treatment techniques associated with the various theoretical models.

Chapter 3—Clinical Research, Assessment, and Classification of Mental Disorders

- Updated material on assessment, neuropsychological assessment, differential diagnosis, and classification of mental disorders.
- Expanded discussion of the DSM-5 and controversies regarding the new classification system.
- Expanded coverage on cultural considerations in assessment and diagnosis.
- Updated sections on scientific evidence, the scientific method, and research design.
- New discussions about trends in research, including evidence-based practice and reducing research bias.

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Chapter 4—Anxiety and Obsessive-Compulsive and Related Disorders

- New case studies.
- Expanded discussion of hoarding disorder.
- Expanded discussion of treatment for anxiety and obsessive-compulsive disorders, including research involving cognitive-behavioral therapies.

Chapter 5—Trauma- and Stressor-Related Disorders

- New case studies.
- Expanded discussion about the physiological and psychological effects of trauma.
- New discussion of adjustment disorders.
- Expanded discussion of biological factors contributing to stress disorders.
- Expanded discussion regarding treatment for trauma disorders.

Chapter 6—Somatic Symptom and Dissociative Disorders

- New disorders chart reflecting reorganization of somatic disorders in DSM-5.
- New discussion of self-reported medically self-sabotaging behaviors.
- New discussion regarding possible ramifications of the changes in the DSM-5 diagnostic criteria involving somatic symptoms.

Chapter 7—Depressive and Bipolar Disorders

- New tables outlining symptoms of depressive, hypomanic, or manic episodes and new figure regarding the range of mood symptoms.
- New case studies and expanded discussion of depressive and hypomanic/manic symptoms.
- New discussion of seasonal patterns, maladaptive thinking patterns, and memory bias in depression.
- Reorganized and updated discussion of biological factors influencing depression.

Chapter 8—Suicide

- New figures with data on the frequency of suicidal thoughts and suicide attempts and ethnic and gender differences in completed suicide.
- New discussions regarding preventing suicide, coping with a suicidal crisis, suicide in the military, suicide among baby boomers, suicide in men, psychotherapy for clients with suicidal ideation, and the effects of suicide on friends and family.

Chapter 9—Eating Disorders

- Updated research on the etiology and treatment of eating disorders and obesity, including a discussion of the influence of hormones and intestinal bacteria.
- New discussions on prevention of eating disorder.

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Chapter 10—Substance-Related and Other Addictive Disorders

- Updated statistics and figures illustrating the prevalence of substance use and abuse, with a particular focus on alcohol.
- Expanded discussion regarding the abuse of illicit and prescription drugs.
- New topics, including the marijuana debate, e-cigarettes, and designer drugs.
- New discussion of other addictions, including gambling and Internet gaming disorders.

Chapter 11—Schizophrenia Spectrum Disorders

- Updated research on schizophrenia and explanations of the DSM-5 diagnostic categories.
- Expanded discussion of symptoms associated with schizophrenia spectrum disorders and cultural issues associated with schizophrenia.
- New discussion about the recovery model and early intervention for individuals at risk for psychotic disorders.

Chapter 12—Neurocognitive Disorders

- Presentation of new research on various neurocognitive disorders, particularly Alzheimer's disease.
- Continued focus on neurocognitive disorders across the life span, with a strong emphasis on lifestyle changes that can help prevent the development of degenerative disorders such as dementia.
- Expanded discussion of traumatic brain injury and chronic traumatic encephalopathy.

Chapter 13—Sexual Dysfunctions, Gender Dysphoria, and Paraphilic Disorders

- Updated DSM-5 terminology related to sexual dysfunctions and paraphilic disorders.
- Updated application of the multipath model to sexual disorders.
- Discussion of new research on treatment for sexual dysfunctions and paraphilic disorders.

Chapter 14—Personality Psychopathology

- Chapter substantially reorganized to incorporate the 10 traditional personality disorders and a discussion of dimensional and categorical assessment, including the DSM-5 alternative model for diagnosing personality psychopathology.
- Expanded discussion of the 10 traditional personality categories, including updated research on etiology and treatment.
- Critical discussion of the DSM-5 inclusion of two methods for diagnosing personality disorders and dimensional methods of personality assessment.

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Chapter 15—Disorders of Childhood and Adolescence

- Updated and expanded discussion of neurodevelopmental disorders, childhood anxiety, childhood post-traumatic stress disorder, reactive attachment disorder, tics and Tourette's syndrome.
- Updated discussion of new diagnostic categories, including nonsuicidal self-injury (a category undergoing further study), disruptive mood dysregulation disorder, and disinhibited social engagement disorder.

Chapter 16—Law and Ethics in Abnormal Psychology

- New cases illustrating dilemmas posed by the interaction of psychology and the law.
- Expanded discussion of the therapeutic and legal implications of disclosure by clients in regard to violent behaviors.

Our Approach

We take an eclectic, evidence- and research-based, multicultural approach to understanding abnormal behavior, drawing on important contributions from various disciplines and theoretical perspectives. The text covers the major categories of disorders in the updated *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), but it is not a mechanistic reiteration of the DSM. We believe that different combinations of life experiences and constitutional factors influence mental disorders, and we project this view throughout the text. This combination of factors is demonstrated in our multipath model. There are several elements to our multipath model. First, possible contributors to mental disorders are divided into four dimensions: biological, psychological, social, and sociocultural. Second, factors in the four dimensions can interact and influence each other in any direction. Third, different combinations and interactions within the four dimensions can result in mental illness. Fourth, many disorders appear to be heterogeneous in nature; therefore, there may be different versions of a disorder or a spectrum of the disorder. Finally, distinctly different disorders (such as anxiety and depression) can be caused by similar factors.

Sociocultural factors, including cultural norms, values, and expectations, are given special attention in our multipath model. We are convinced that cross-cultural comparisons of abnormal behavior and treatment methods can greatly enhance our understanding of disorders; cultural and gender influences are emphasized throughout the text. We were the first authors writing a textbook on abnormal psychology to integrate and emphasize the role of multicultural factors. Although many texts have since followed our lead, our book continues to provide the most extensive coverage and integration of multicultural models, explanations, and concepts available. Not only do we discuss how changing demographics increase the importance of multicultural psychology, we also introduce multicultural models of psychopathology in the opening chapters and address multicultural issues throughout the text whenever research findings and theoretical formulations allow. Such an approach adds richness to students' understanding of mental disorders. As psychologists (and professors), we know that learning is enhanced whenever material is presented in a lively and engaging manner. We therefore provide case vignettes and clients' descriptions of their experiences to complement and illustrate symptoms of various disorders and research-based explanations. Our goal is to encourage students to think critically rather than to merely assimilate a collection of facts and theories. As a result, we hope that students will develop an appreciation of the study of abnormal behavior.

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Special Features

The 3rd edition of *Essentials of Understanding Abnormal Behavior* includes a number of features that were popular in earlier editions and that, in some cases, have been revised and enhanced. These features are aimed at helping students to organize and integrate the material in each chapter.

As previously noted, our *Multipath Model of Mental Disorders* provides a framework through which students can understand the origins of mental disorders. The model is introduced in Chapter 2 and applied throughout the book, with multiple figures highlighting how biological, psychological, social, and sociocultural factors contribute to the development of various disorders.

- **Critical Thinking** boxes provide factual evidence and thought-provoking questions that raise key issues in research, examine widely held assumptions about abnormal behavior, or challenge the student's own understanding of the text material.
- **Controversy** boxes deal with controversial issues, particularly those with wide implications for our society. These boxes stimulate critical thinking, evoke alternative views, provoke discussion, and allow students to better explore the wider meaning of abnormal behavior in our society.
- **Myth versus Reality** discussions challenge the many myths and false beliefs that have surrounded the field of abnormal behavior and help students realize that beliefs, some of which may appear to be "common sense," must be checked against scientific facts and knowledge.
- **Did You Know?** boxes found throughout the book provide fascinating, at-a-glance research-based tidbits that are linked to material covered in the main body of the text.
- **Chapter Outlines** and **Focus Questions**, appearing in the first pages of every chapter, provide a framework and stimulate active learning.
- **Chapter Summaries** provide students with a concise recap of the chapter's most important concepts via brief answers to the chapter's opening Focus Questions.
- **Checkpoint Reviews** at the end of each major section provide students with questions they can use to review and check their understanding of the central concepts and key terms covered up to that point. These reviews enable students to digest the material more easily and efficiently, helping them to form an integrated understanding of the chapter content.
- **Case Studies** allow issues of mental health and mental disorders to "come to life" for students and instructors. Many cases are taken from journal articles and actual clinical files.
- **Disorder Charts** provide snapshots of disorders in an easy-to-read format.
- **Key Terms** are highlighted in the text and appear in the margins.

MindTap for Sue's *Essentials of Understanding Abnormal Behavior*

MindTap is a personalized teaching experience with relevant assignments that guide students to analyze, apply, and improve thinking, allowing you to measure skills and outcomes with ease.

- Personalized Teaching: Becomes yours with a Learning Path that is built with key student objectives. Control what students see and when they see it. Use it as-is or match to your syllabus exactly—hide, rearrange, add and create your own content.

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- Guide Students: A unique learning path of relevant readings, multimedia and activities that move students up the learning taxonomy from basic knowledge and comprehension to analysis and application.
- Promote Better Outcomes: Empower instructors and motivate students with analytics and reports that provide a snapshot of class progress, time in course, engagement and completion rates.

In addition to the benefits of the platform, MindTap for Sue's *Essentials of Understanding Abnormal Behavior* features access to:

- *Profiles in Psychopathology*, an exciting new product that guides users through the symptoms, causes, and treatments of individuals who live with mental disorders.
- Videos and interactives from the *Continuum Video Project*.
- Case studies to help students humanize psychological disorders and connect content to the real world.

Supplements

Profiles in Psychopathology

In Profiles of Psychopathology, students explore the lives of individuals with mental disorders to better understand the etiology, symptoms and treatment. Each of the ten modules focuses on one type of disorder. Students learn about six individuals—historical and popular culture figures—and then match the individual to the disorder that best explains their symptoms and causes. The experiences of a real-life person from the population-at-large is also featured, with video footage of that individual discussing their experience with psychopathology.

Continuum Video Project

The Continuum Video Project provides holistic, three-dimensional portraits of individuals dealing with psychopathologies. Videos show clients living their daily lives, interacting with family and friends, and displaying—rather than just describing—their symptoms. Before each video segment, students are asked to make observations about the individual's symptoms, emotions, and behaviors, and then rate them on the spectrum from normal to severe. The Continuum Video Project allows students to "see" the disorder and the person, humanly; the videos also illuminate student understanding that abnormal behavior can be viewed along a continuum.

Instructor's Manual

The *Online Instructor's Manual* contains chapter overviews, learning objectives, lecture outlines with discussion points, key terms, classroom activities, demonstrations, lecture topics, suggested supplemental reading material, handouts, video resources, and Internet resources. ISBN: 978-1-305-86445-0

Cognero

Cengage Learning Testing Powered by Cognero is a flexible, online system that allows you to author, edit, and manage test bank content from multiple Cengage Learning solutions, create multiple test versions in an instant, and deliver tests from your Learning Management System (LMS), your classroom, or wherever you want. ISBN: 978-1-305-94513-5

PowerPoint

The Online PowerPoint features lecture outlines and key images from the text. ISBN: 978-1-305-94515-9

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D. S.
D. W. S.
D. M. S.
S. S.

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Abnormal Behavior

1

Focus Questions

1. What is abnormal psychology?
2. What are mental disorders and how common are they?
3. What societal factors affect definitions of abnormality?
4. Why is it important to confront the stigmatization associated with mental illness?
5. How have explanations of abnormal behavior changed over time?
6. What were early explanations regarding the causes of mental disorders?
7. What are some contemporary trends in abnormal psychology?

IN THE EARLY MORNING HOURS of January 8, 2011, 23-year-old Jared Lee Loughner posted a message on social media, prefaced with the word "Goodbye." The post continued: "Dear friends... Please don't be mad at me. The literacy rate is below 5%. I haven't talked to one person who is literate. I want to make it out alive. The longest war in the history of the United States. Goodbye. I'm saddened with the current currency and job employment. I had a bully at school. Thank you."

Hours later, Loughner took a taxi to a supermarket in Tucson, Arizona, where U.S. Rep. Gabrielle Giffords, D-AZ, was meeting with her constituents. Loughner approached the gathering and, using a semi-automatic handgun, opened fire on Giffords and bystanders, killing six people and injuring thirteen others. Giffords, believed to have been Loughner's target, was shot in the head and left in critical condition (Cloud, 2011). After his arrest, Loughner was declared incompetent to stand trial due to his extensive mental confusion. However, 19 months after the shooting, his mental condition improved enough for him to participate in court proceedings. He

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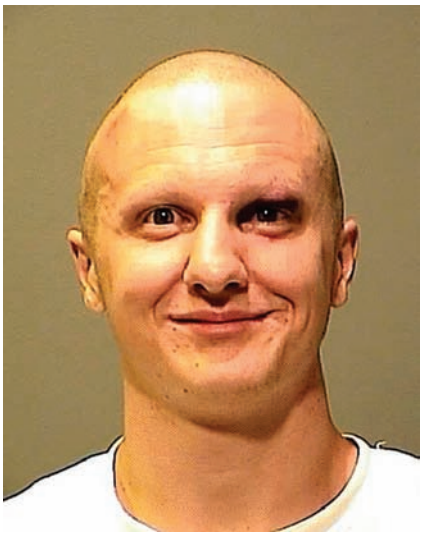

AP Images/Pima County Sheriff's Dept. via *The Arizona Republic*, File/Anonymous

Untreated Mental Illness

This picture of Jared Lee Loughner was taken after his arrest for shooting U.S. Rep. Gabrielle Giffords and killing numerous bystanders. It was not until after his arrest that he received a mental health evaluation and was diagnosed with paranoid schizophrenia.

pleaded guilty to all charges related to the shooting and received a life sentence without the possibility of parole.

As with other mass shootings, many of us attempted to make sense out of this irrational act, asking questions such as: What could have motivated Loughner to take so many innocent lives? Did he have a **mental disorder**? Was he a political extremist? Was he suicidal? Was he high on drugs? What was Loughner like before the shooting? Were there warning signs that he was so dangerous? Could therapy or medication have helped Loughner? Could *anything* have prevented this tragedy?

These questions are extremely difficult to answer for a number of reasons. First, understanding what might cause behavior and mental disturbance like Loughner's is not an easy task. We still do not know enough about the specific causes of abnormal behavior and mental disorders to arrive at a definitive answer. We do know, however, that **mental illness** does not generally result from a single cause but instead arises from an interaction of many factors, a fact that we discuss in the next chapter.

Second, trying to assess someone's state of mind can be extremely difficult. In the case of Loughner, his thinking and reasoning were so confused that he was unable to assist in his own defense for over 18 months. Given such mental confusion, any attempt to construct a portrait of Loughner's state of mind around the time of the shooting requires the use of secondary sources such as observations by family and acquaintances, school records, and other data such as Internet postings.

As you can see, understanding mental disorders is a complex topic. The purpose of this book is to help you understand the signs, symptoms, and causes of mental illness. We also focus on research related to preventing mental disorders and successfully coping with and overcoming mental illness. Before exploring mental health and mental illness, however, we discuss the study of abnormal behavior, including some of its history and emerging changes in the field. During our discussion, we will periodically refer to the Loughner case to illustrate issues in the mental health field.

The Field of Abnormal Psychology

mental disorder psychological symptoms or behavioral patterns that reflect an underlying psychobiological dysfunction, are associated with distress or disability, and are not merely an expectable response to common stressors or losses

mental illness a mental health condition that negatively affects a person's emotions, thinking, behavior, relationships with others, or overall functioning

abnormal psychology the scientific study whose objectives are to describe, explain, predict, and modify behaviors associated with mental disorders

psychopathology the study of the symptoms, causes, and treatments of mental disorders

Abnormal psychology focuses on **psychopathology**, the study of the symptoms and causes of mental distress and the various treatments for behavioral and mental disorders. Those who study psychopathology attempt to describe, explain, predict, and modify the behaviors, emotions, or thoughts associated with various mental conditions. This includes behavior that ranges from highly unusual to fairly common—from the violent homicides, suicides, and mental breakdowns that are widely reported by the news media to unsensational (but more prevalent) concerns such as depression, anxiety, eating disturbances, and substance abuse. People who work in the field of psychopathology strive to alleviate the distress and life disruption experienced by those with mental disorders and the concerns of their friends and family members.

Describing Behavior

If you were experiencing emotional distress, you might decide to seek help from a **mental health professional**. If so, the therapist might begin by asking you some questions and observing your behavior and reactions. The therapist would then use these observations, paired with information you share about your

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background and symptoms, to formulate a **psychodiagnosis**, an attempt to describe, assess, and understand your particular situation and the possibility that you might be experiencing a mental disorder. After gaining a better understanding of your situation, you and the professional would work together to develop a **treatment plan**, beginning with a focus on your most distressing symptoms.

Loughner never worked with a mental health professional before the shooting, but he did undergo several psychiatric evaluations while imprisoned after his arrest. In addition to receiving a psychiatric diagnosis, Loughner was evaluated to assess his potential dangerousness, the degree to which he was in contact with reality, and whether he was mentally competent to assist in his own defense. Based on observations of Loughner and a review of available information, the examiners determined that Loughner had symptoms consistent with a diagnosis of schizophrenia (a serious mental disorder we discuss in Chapter 11).

MYTH vs REALITY

MYTH Mental illness causes people to become unstable and potentially dangerous.

REALITY Most individuals who are mentally ill do not commit crimes, do not harm others, and do not get into trouble with the law. However, there is a slightly increased risk of violence among individuals with a dual diagnosis (a mental disorder and substance abuse) and a prior history of violence (Elbogen & Johnson, 2009).

Explaining Behavior

Identifying the **etiology**, or possible causes, for abnormal behavior is a high priority for mental health professionals. In the case of Loughner's actions, one popular explanation was that he was a right-wing political extremist who disagreed with Representative Giffords' political views. However, Loughner's issues were much more complex. His Internet postings and YouTube videos suggested that he was convinced that the U.S. government was brainwashing people. Additionally, when he attended one of Giffords' political events in 2007, he asked the question, "What is government if words have no meaning?" Giffords declined to comment (probably because the question made no sense to her). Loughner apparently felt slighted and angered by her lack of response. This interaction reportedly fueled his rage and obsession with Giffords.

A closer look at Loughner's background reveals many other possible causes for his rampage:

- Friends noted that he seemed to undergo a personality transformation around the time he dropped out of high school. He was later suspended from his community college because of poor academic performance, disruptive behavior, and a YouTube posting in which he described the school as "one of the biggest scams in America." Could this pattern of academic failure have contributed to his downward spiral and resultant anger?
- Others noted that Loughner was devastated following his breakup with a high school girlfriend. The failed relationship reportedly triggered increasing use of marijuana, LSD, and other hallucinogens. When he tried to enlist in the U.S. Army, he was deemed unqualified because of his drug use. Did the breakup, his drug use, or being rejected from military service play a role in his actions?
- Others have noted that biological factors may account for Loughner's mental breakdown. While incarcerated, he was diagnosed with schizophrenia. Research points to a biological basis for this disorder, particularly among those who use marijuana at an early age. Interestingly, the downward spiral of Loughner in his early twenties is very consistent with the onset of schizophrenia, as are his paranoid beliefs and nonsensical communication. What role did biological factors play in his deteriorating mental condition?

These snippets from Loughner's life suggest many possible explanations for his actions, such as: a biological problem, perhaps made worse by his use of

mental health professional health care practitioners (such as psychologists, psychiatrists, and social workers) whose services focus on improving mental health or treating mental illness

psychodiagnosis an assessment and description of an individual's psychological symptoms, including inferences about what might be causing the psychological distress

treatment plan a proposed course of therapy, developed collaboratively by a therapist and client, that addresses the client's most distressing mental health symptoms

etiology the cause or causes for a condition

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DID YOU KNOW?

It is very difficult to predict violent behavior. However, risk factors such as youth, male gender, access to weapons, and a history of fire-setting, violence, substance abuse, impulsivity, cruelty to animals, or lack of compassion are all associated with increased potential for violence.

Source: Buchanan, Binder, Norko, & Swartz, 2012

marijuana; his belief in extremist political rhetoric; his academic and military failures; his anger about the breakup with his girlfriend; and his substance abuse. Some explanations may appear more valid than others. As you will see in the next chapter, no single explanation adequately accounts for complex human behavior. Normal and abnormal behaviors result from interactions among various biological, psychological, social, and sociocultural factors.

Predicting Behavior

Many believe that there was sufficient evidence to predict that Loughner was a seriously disturbed and potentially dangerous young man. When he attended Pima Community College, concerned staff and students contacted campus police regarding Loughner's disruptive conduct on at least five occasions. He posted hate-filled rants about the college on YouTube, and at least one teacher and one classmate expressed concern that he was capable of a school shooting. To protect the campus, college administrators suspended Loughner, stating that he could return if he received a mental health clearance confirming that his presence on campus would not constitute a danger to himself or others. In light of these reports, why was it that Loughner never received any type of psychological help or treatment?

There are several possible explanations for the lack of intervention. First, *civil commitment*, or involuntary confinement, represents an extreme decision that has major implications for an individual's civil liberties. Locking someone up before he or she commits a dangerous act potentially violates that person's civil rights. In Loughner's case, there were concerns but no evidence that he presented an imminent threat. Second, because Loughner apparently never sought mental health treatment, he was not in contact with a mental health professional who would have recognized the potential danger from his deteriorating mental condition. However, even if Loughner had sought treatment, his therapy would have been confidential unless the therapist became aware of a clear and present danger to Loughner or to others.

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Intervening Through Therapy

Group therapy is an evidence-based form of treatment for many problems, especially those involving interpersonal relationships. In this group session, participants are learning to develop adaptive skills for coping with social problems rather than relying on alcohol or drugs to escape the stresses of life.

Modifying Behavior

Distressing symptoms can often be modified through **psychotherapy**, which involves systematic intervention designed to improve a person's behavioral, emotional, or cognitive state. Mental health professionals (see Table 1.1) focus first on understanding the cause of a client's mental distress and then work with the client to plan treatment. If Loughner had received psychotherapy, many believe his intense anger, disturbed thinking, and deteriorating mental condition would have been recognized as a serious concern. Treatment might have included appropriate medications, anger management and social skills training, educating Loughner and his family about schizophrenia, and perhaps even temporary hospitalization to stabilize his mental condition.

psychotherapy a program of systematic intervention with the purpose of improving a client's behavioral, emotional, or cognitive symptoms

Mental Disorders

Understanding and treating the distressing behavior caused by mental illness is the main objective of abnormal psychology. But how do mental health professionals decide if a client is experiencing a mental disorder? How do professionals define a mental disorder? The *Diagnostic and Statistical Manual of Mental Disorders*

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Table 1.1 The Mental Health Professions

Clinical psychologist	• Must hold a Ph.D. or a Psy.D. • Training includes course work in psychopathology, personality, diagnosis, psychological testing, psychotherapy, and human physiology.
Counseling psychologist	• Academic and internship requirements are similar to those for a clinical psychologist, but with a focus on life adjustment problems rather than mental illness.
Mental health counselor; marriage/ family therapist	• Training usually includes a master's degree in counseling or psychology and many hours of supervised clinical experience.
Psychiatrist	• Holds an M.D. degree; can prescribe medication. • Completes the 4 years of medical school required for an M.D., and an additional 3 or 4 years of training in psychiatry.
Psychiatric social worker	• Holds a master's degree from a social work graduate program. • Specializes in assessment, screening, and therapy with high-need clients and outreach to other agencies.
Substance abuse counselor	• Professional training requirements vary; many practitioners have personal experience with addiction. • Works in agencies that specialize in the evaluation and treatment of drug and alcohol addiction.

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(5th ed.; DSM-5; American Psychiatric Association [APA], 2013), the most widely used classification system of mental disorders, indicates that a mental disorder has the following components:

(a) involves a significant disturbance in thinking, emotional regulation, or behavior caused by a dysfunction in the basic psychological, biological, or developmental processes involved in normal development;

(b) causes significant distress or difficulty with day-to-day functioning; and

(c) is not merely a culturally expected response to common stressors or losses or a reflection of political or religious beliefs that conflict with societal norms.

This definition is quite broad and raises many questions. First, when are symptoms or patterns of behavior significant enough to have meaning? Second, is it possible to have a mental disorder without any signs of distress or discomfort? Third, what criteria do we use to decide if a behavior pattern is a reflection of an underlying psychological or biological dysfunction and not merely a normal variation or an expectable response to common stressors?

Complex definitions aside, most practitioners agree that mental disorders involve behavior or other distressing symptoms that depart from the norm and that harm affected individuals or others.

Although the criteria for mental disorders remain a subject of debate, certain behaviors are considered abnormal in most situations. These behaviors include refusal to leave your house; depression so severe that you sleep much of the day; starving yourself because you are terrified of gaining weight; experiencing frequent nightmares involving a trauma you experienced; forgetting your own identity; feeling overwhelmed with fear at the sight of a spider; avoiding contact with objects such as doorknobs because of the fear of germs; believing that others can "hear" your thoughts; seeing aliens inside your home; collecting so many items that your health and safety are jeopardized; and intentionally making your own child sick with the purpose of receiving attention. Even considering varying cultural norms, these situations (which will be discussed throughout the book) would be seen as abnormal.

DID YOU KNOW?

Homosexuality was not completely removed as a disorder from the DSM until 1986. The decision was based on the many studies that demonstrate that individuals with a homosexual orientation are as well adjusted as the heterosexual population.

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Determining What Is Abnormal

By most people's standards, full-body tattoos would be considered unusual. Yet these nine men openly and proudly display their body art at the National Tattoo Association Convention. Such individuals may be very "normal" and functional in their work and personal lives. This leads to an important question: What constitutes abnormal behavior, and how do we recognize it?

Larry Downing/Reuters

How Common Are Mental Disorders?

Many of us have direct experiences with mental disorders, either personally or through our involvement with family and friends. You may have wondered, "Just how many people are affected by a mental disorder?" To answer this question and to understand societal trends and factors that contribute to the occurrence of specific mental disorders, we turn to data from surveys focused on the prevalence of mental illness. The **prevalence** of a disorder is the percentage of people in a population who have the disorder during a given interval of time. For example, the results from three large studies from the Department of Health and Human Services revealed that 24.8 percent of adults have experienced a mental disorder (not including a drug or alcohol use disorder) during the last 12 months, with 5.8 percent facing a serious mental disorder such as schizophrenia (Bagalman & Napili, 2013). When looking at prevalence rates, it is important to consider the time interval involved. A **lifetime prevalence** rate refers to existence of the disorder during any part of a person's life, whereas the study just discussed involved a 12-month prevalence rate.

In a comprehensive study investigating the lifetime prevalence of mental disorders in U.S. youth (Merikangas et al., 2010), data from a face-to-face survey involving more than 10,000 teenagers (between the ages of 13 and 18) revealed that nearly half of those interviewed met the criteria for at least one psychological disorder (see Figure 1.1). Additionally, 40 percent of those with a disorder also met the criteria for at least one additional disorder. Among the adolescents surveyed who had a mental disorder, 22.2 percent reported that their symptoms caused severe impairment or distress. As you can see, mental disorders are very common, even among the young.

The cost and distress associated with mental disorders are major societal concerns. The United States spends over $135 billion a year on mental health and substance abuse services (Mark, Levit, Vandivort-Warren, Buck, & Coffey, 2011). In addition to the 25 percent of adults who have a diagnosable mental health condition in a given year, many more people experience "mental health problems" that do not meet the exact criteria for a mental disorder. These problems may be equally distressing and debilitating unless adequately treated. These findings are troubling, to say the least. Clearly, mental disturbances are widespread, and

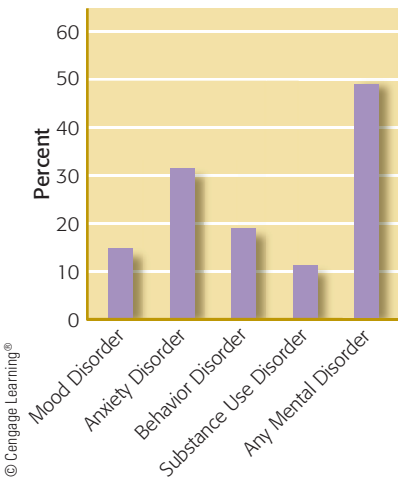

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Figure 1.1

Lifetime Prevalence of Mental Disorders in a Sample of 10,000 U.S. Adolescents

Source: Merikangas et al., 2010

prevalence the percentage of individuals in a targeted population who have a particular disorder during a specific period of time

lifetime prevalence the percentage of people in the population who have had a disorder at some point in their lives

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many people currently are coping with symptoms of mental distress. What is even more troubling is that up to 57 percent of adults with severe mental disorders are not receiving or seeking treatment (Substance Abuse and Mental Health Services Administration, 2012).

Checkpoint Review

1. What clues suggested that Jared Loughner might have a mental disorder?
2. Recount the elements involved in describing, explaining, predicting, and treating abnormal behavior.
3. How does the DSM-5 define a mental disorder?
4. How common are mental disorders?

Cultural and Sociopolitical Influences on Behavior

The criteria for defining abnormal behavior discussed so far are not perfect. Considering the cultural and sociopolitical context is an essential part of determining if someone's behavior is abnormal, according to many professionals.

DID YOU KNOW?

In the past, "mentally healthy" African Americans were described as interested in servitude and faithful to their masters. In 1851, the article "Diseases and Peculiarities of the Negro Race" described two forms of mental disorders found among slaves: (a) Those who had an "unnatural desire for freedom" and ran away were considered to have *drapetomania*, and (b) those who resisted slavery, argued, and created disturbances were diagnosed with *dysaesthesia aethiopica*, also referred to as "rascality."

Source: Cartwright, 1851

Cultural Considerations

Psychologists now recognize that all behaviors, whether normal or abnormal, originate from a cultural context. Our cultural background can significantly influence not only our behaviors, but also our definitions or views of mental illness. Some researchers believe that lifestyles, cultural values, and worldviews affect the expression and determination of abnormal behavior (Becker & Kleiman, 2013). Cultures vary in what they define as normal or abnormal behavior. In some cultural groups, for example, hallucinating (having false sensory impressions) is considered normal in some situations, particularly religious ceremonies. Yet in the United States, hallucinating is typically viewed as a symptom of a psychological disorder.

In contrast to this focus on cultural context, some researchers see mental illness as a universal phenomenon and emphasize that symptoms of mental disorders are the same in all cultures and societies (Eshun & Gurung, 2009). In other words, they contend that specific mental disorders have the same causes and symptoms throughout the world. Which point of view is correct?

Few mental health professionals embrace the extreme of either position, although most gravitate toward one or the other. Some practitioners focus on specific disorders and minimize cultural factors, while others focus on the cultural context within which symptoms are manifested. Both views are valid. Many disorders have symptoms that are very similar across cultures. In some cases, however, there are cultural differences in the definitions, descriptions, and understandings of mental illness.

Sociopolitical Considerations

Some scholars believe that we need to consider behavior from a sociopolitical perspective—the social and political context within which the behavior occurs. The importance of considering the sociopolitical implications of defining mental illness was well articulated by Thomas Szasz (1987). In a radical departure from

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Cultural Differences

Cultural differences often lead to misunderstandings and misinterpretations. In a society that values technological conveniences and modern fashion, the lifestyles and cultural values of some groups may be perceived as strange. The Amish, for example, continue to rely on the horse and buggy for transportation. Women in both Amish and Islamic cultures wear simple, concealing clothing; according to the cultural norms of these communities, dressing in any other way would be considered deviant.

conventional beliefs, he asserted that mental illness is a myth, a fictional creation that society uses to control and change people.

According to Szasz, people may have "problems in living," but not "mental illness." His argument stems from three beliefs: (a) that abnormal behavior is so labeled by society because it is different, not necessarily because it reflects illness; (b) that unusual belief systems are not necessarily wrong; and (c) that abnormal behavior is frequently a reflection of something wrong with society rather than with the individual. Few mental health professionals would take the extreme position advocated by Szasz, but his arguments highlight an important area of concern.

Checkpoint Review

1. Why is it important to consider cultural and sociopolitical factors in determining abnormal behavior?

Overcoming Social Stigma and Stereotypes

Case Study It frustrates me more than anything else to hear other people show their absolute ignorance about mental illness. They turn it into a joke or a prejudice remark. Such as, "the weather has been very bipolar lately!" or, "we should lock up all these crazy people before they shoot up another restaurant."... When you stop to think about it, many people in today's society hold a stigma over mental illness. (Schwerdtfeger, 2011).

stereotype an oversimplified, often inaccurate, image or idea about a group of people

social stigma a negative societal belief about a group, including the view that the group is somehow different from other members of society

Amy Schwerdtfeger, who has been diagnosed with bipolar disorder, has personally experienced the distressing **stereotypes** and **social stigma** associated with mental illness. As Schwerdtfeger points out, despite the prevalence of mental disorders in families and communities across the country, many U.S. Americans hold negative stereotypes, such as beliefs that people with mental disorders are dangerous, unpredictable, incompetent, or responsible for their condition.

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Research findings support her perceptions—that those with mental illness are often strongly disapproved of, devalued, and set apart from others (Kvaale, Haslam, & Gottdiener, 2013).

Individuals with mental illness often need to contend with two forms of stigma. First, they often must cope with the public stigma that is expressed through **prejudice** (belief in negative stereotypes) and **discrimination** (actions based on this prejudice). Prejudice and discrimination are sometimes more devastating than the illness itself (Stuart, 2012). Second, **self-stigma** can also be very destructive to those coping with mental illness. Self-stigma occurs when individuals internalize negative beliefs or stereotypes regarding their group and accept the prejudice and discrimination directed against them. In doing so, they come to accept negative societal stereotypes of being different, dangerous, unpredictable, or incompetent and then incorporate these negative beliefs into their self-image (Rusch, Corrigan, Todd, & Bodenhausen, 2013).

As you might imagine, this negative self-image can lead to further distress and maladaptive reactions such as not socializing or not seeking work because of feelings of uselessness or incompetence (Corrigan & Rao, 2012). Unfortunately, self-stigma based on societal prejudices not only undermines feelings of self-worth and **self-efficacy** (belief in one's ability to succeed), but also can hinder recovery. Mental health advocates continue to work to counter inaccurate perceptions about those with mental illness. Overcoming the stigma of mental illness can be particularly challenging for those who contend with dual stigma such as lesbian, gay, transgendered, or bisexual individuals, or those subjected to societal stigma based on their religion, race, or ethnicity.

To combat this social stigma, there have been concerted efforts to increase public awareness and provide accurate information about mental illness via media messages such as those seen in the "You Are Not Alone" campaign launched by the National Alliance on Mental Illness (NAMI). NAMI and other organizations such as Mental Health America are strongly committed to the goal of educating the public about mental health issues and reducing the unfair stigma associated with mental illness (Corrigan, Sokol, & Rusch, 2013). Additionally, organizations are recognizing and commending those in the entertainment industry who produce movies and television shows that humanize and present a more accurate portrayal of mental disorders. Many hope that public educational efforts will reduce both public stigma and self-stigma and improve the recovery chances for those coping with mental illness.

MIRAGE ENTERPRISES/Album/Newscom

Mental Illness in the Media

Many people learn about mental disorders from watching movies and television. This scene, from the film *Silver Linings Playbook*, shows the main character, who struggles with bipolar disorder, interacting with his parents. Do media portrayals of mental illness add to our understanding of mental illness or simply perpetuate stereotypes?

Stigmatization is also reduced when well-known public personalities come forward to acknowledge and even openly discuss their own personal struggles with stress and various mental health symptoms. Such public disclosure and openness have come from well-known people, including Oprah; performers Catherine Zeta-Jones, Brooke Shields, Vinny Guadagnino, Emma Stone, Janet Jackson, Richard Dreyfus, Heather Locklear, and Demi Lovato; authors Patricia Cornwell, Terrie Williams, and Sherman Alexie; and sports figures, including NFL wide receiver Brandon Marshall and professional basketball player Royce White. Such public disclosure can also help open the topic for discussion among family and friends. There is no doubt that the social stigma surrounding mental illness is reduced when the public is able to see how talented people cope with and recover from distressing mental symptoms, rather than just hearing stories of untreated mental disturbance that end in violence or tragedy.

A question we have asked ourselves as we write this book is: If so many individuals are affected by mental illness in today's society, is it really "abnormal"

prejudice an unfair, preconceived judgment about a person or group based on supposed characteristics

discrimination unjust or prejudicial treatment toward a person based on the person's actual or perceived membership in a certain group

self-stigma acceptance of prejudice and discrimination based on internalized negative societal beliefs or stereotypes

self-efficacy a belief in one's ability to succeed in a specific situation

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