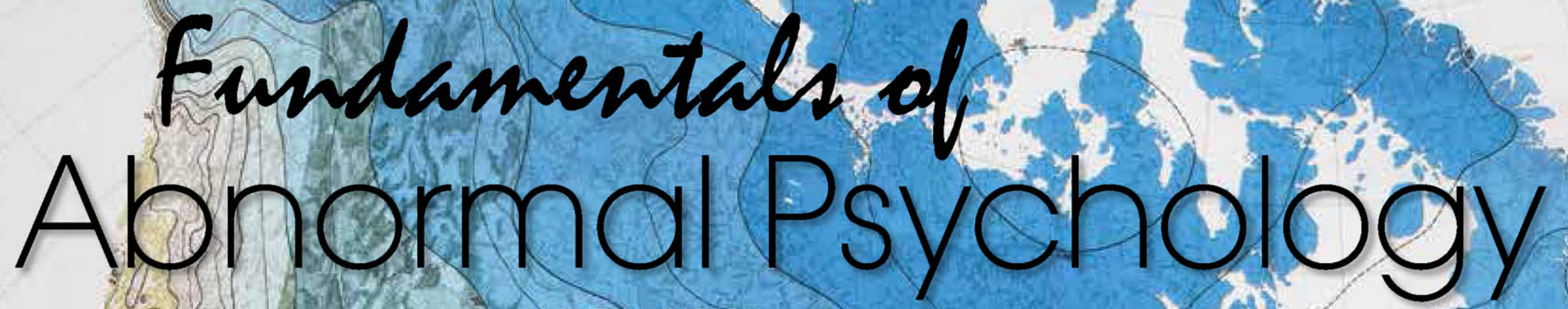


Fundamentals of Abnormal Psychology

EIGHTH EDITION

Ronald J. Comer

WHAT'S NEW IN DSM-5?

DSM-5 features a number of changes, new categories, and eliminations. Many of the changes have been controversial.

New Categories

- Hoarding disorder **(page 143)**
- Excoriation disorder **(page 143)**
- Persistent depressive disorder **(page 187)**
- Premenstrual dysphoric disorder **(page 209)**
- Disruptive mood dysregulation disorder **(page 472)**
- Somatic symptom disorder **(page 255)**
- Binge eating disorder **(page 288)**
- Mild neurocognitive disorder **(page 511)**

Name Changes

OLD	NEW
Mental Retardation	Intellectual Disability **(page 489)**
Dementia	Major Neurocognitive Disorder **(page 511)**
Hypochondriasis	Illness Anxiety Disorder **(page 261)**
Male Orgasmic Disorder	Delayed Ejaculation **(page 355)**
Gender Identity Disorder	Gender Dysphoria **(page 376)**

Dropped Categories

- Dissociative fugue **(page 168)**
- Asperger's disorder **(page 486)**
- Sexual aversion disorder **(page 348)**
- Substance abuse **(page 314)**
- Substance dependence **(page 314)**

WHO DEVELOPED DSM-5?

Field Testing DSM-5

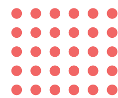
From 2010 to 2012, DSM-5 researchers conducted **field studies** to see how well clinicians could apply the new criteria.

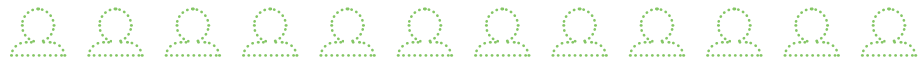
Disorders tested: **23**

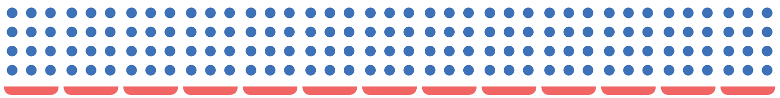
Clinical participants: **3,646**

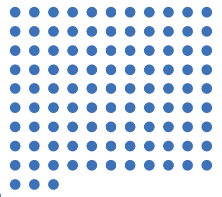
Clinicians: **879**

(APA, 2013; Clarke et al., 2013; Regier et al., 2013)







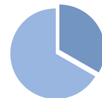


Task force (oversight committee) 30 persons

Work groups (pathology groups) 13

160 persons

12 persons per group



Two-thirds of the DSM-5 work group members were psychiatrists and **one-third** were psychologists. (APA, 2013)

TOP DSM-5 DEBATES

Many of the DSM-5 changes have provoked debate. Several have been particularly controversial in some clinical circles.

Diagnosis of **somatic symptom disorder** may be given to people who are overly anxious about their medical problems (page 257).

PRO Clinicians no longer need to distinguish hysterical symptoms from medical symptoms.

CON People with a serious medical disease, such as cancer, may receive a psychiatric diagnosis.

Diagnosis of **major depressive disorder** may be given to recently bereaved people (page 196).

PRO Clinicians can more quickly spot and treat clinical depression among grieving people.

CON People experiencing normal grief reactions may receive a psychiatric diagnosis.

Previous category of **Asperger's disorder** has been eliminated (page 486).

PRO Better alternative diagnoses may now be assigned to people with severe social impairments.

CON Individuals may no longer qualify for special educational services if they lose the Asperger's label.

The new category **substance use disorder** combines *substance abuse* and *substance dependence* into one disorder (page 314).

PRO Patterns of substance abuse and substance dependence were often indistinguishable.

CON Substance abuse and substance dependence may require different treatments.

COMPETITORS

Both within North America and around the world, the **DSM** faces competition from 2 other diagnostic systems—the **International Classification of Disorders** (ICD) and **Research Domain Criteria (RDoC)**.

	Producer	Disorders	Criteria
DSM	APA	Psychological	Detailed
ICD	WHO*	Psychological/ medical	Brief
RDoC	NIMH**	Psychological	Neuro/scanning

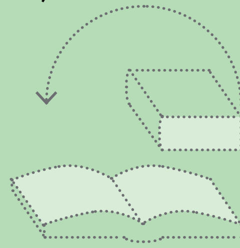
* World Health Organization ** National Institute of Mental Health

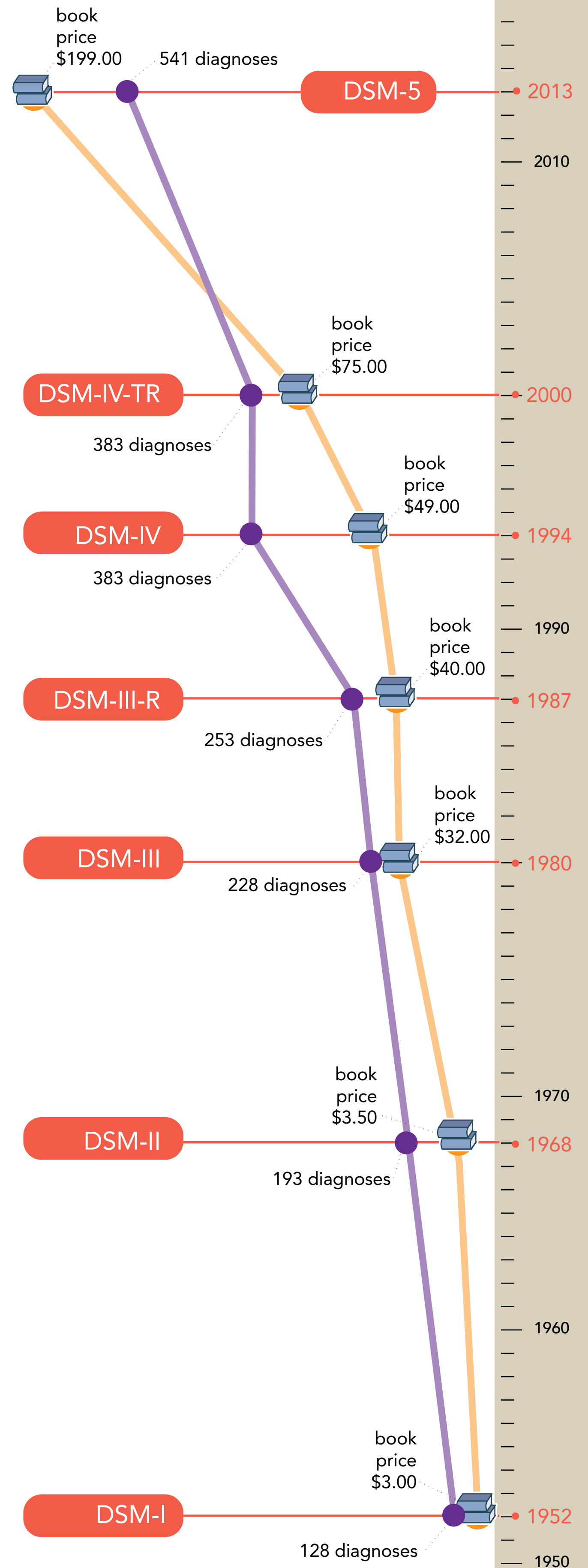
DSM-5 VS. ITS PREDECESSORS

The new edition of DSM is bigger and more expensive than all previous editions. It cost the APA $25 million to produce, an amount that was immediately recouped by presales of 150,000 copies (Gorenstein, 2013).

Inside DSM-5

In 2013, the American Psychiatric Association (APA) published **DSM-5**, its new edition of the **Diagnostic and Statistical Manual of Mental Disorders** — the most widely used classification system in North America. DSM-5 is a **947-page** manual that lists **541 diagnoses** (Blashfield et al., 2014). The production of DSM-5 was a monumental 12-year undertaking, marked by long delays, controversies, and protests **(page 95).**





Outside advisors
300 persons

Gambling disorder is considered an *addiction* (page 342).

PRO Excessive gambling and substance addictions often share similar brain dysfunctioning.

CON Many other behaviors pursued excessively, such as sex, Internet use, and shopping, could eventually be considered behavioral addictions.

Mild neurocognitive disorder is added as a category (page 515).

PRO This diagnosis may help clinicians identify early symptoms of Alzheimer's disease.

CON People with normal age-related forgetfulness may receive a psychiatric diagnosis.

Application	Area of Use
Practice/research	North America
Practice/research	Worldwide
Research	United States

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Fundamentals of Abnormal Psychology

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Fundamentals of Abnormal Psychology

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To Delia and Emmett Comer,
The World Awaits

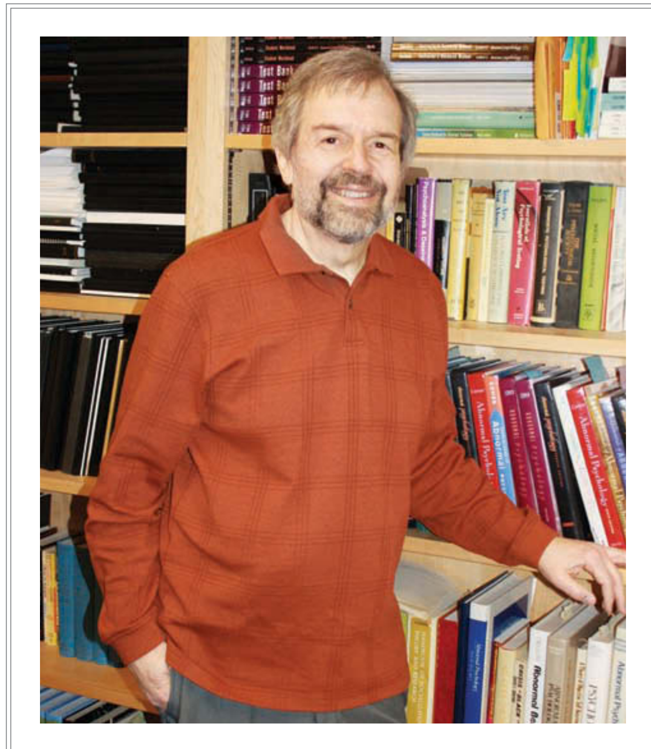
ABOUT THE AUTHOR

RON COMER has taught in Princeton University's Department of Psychology for the past 41 years, serving also as Director of Clinical Psychology Studies and as chair of the university's Institutional Review Board. His courses—Abnormal Psychology, Theories of Psychotherapy, Childhood Psychopathology, Experimental Psychopathology, and Controversies in Clinical Psychology—have been among the university's most popular offerings.

Professor Comer has received the President's Award for Distinguished Teaching at the university. He is also a practicing clinical psychologist and a consultant to Eden Autism Services and to hospitals and family practice residency programs throughout New Jersey.

In addition to writing *Fundamentals of Abnormal Psychology,* Eighth Edition, Professor Comer is the author of the textbook *Abnormal Psychology*, now in its ninth edition; coauthor of the introductory psychology textbook *Psychology Around Us*, Second Edition; and coauthor of *Case Studies in Abnormal Psychology,* Second Edition. He is the producer of numerous videos for courses in psychology and other fields of education, including The Higher Education Video Library Series, Video Anthology for Abnormal Psychology, Video Segments in Neuroscience, Introduction to Psychology Video Clipboard, and Developmental Psychology Video Clipboard. He also has published journal articles in clinical psychology, social psychology, and family medicine.

Professor Comer completed his undergraduate studies at the University of Pennsylvania and his graduate work at Clark University. He lives in Lawrenceville, New Jersey, with his wife, Marlene. From there he can keep a close eye on the Philadelphia sports teams with which he grew up.



Paul L. Bree

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PREFACE

It was the spring of 1981. Over the previous eight months, the Philadelphia Phillies had won the World Series, and the Eagles, Sixers, and Flyers had made it to the Super Bowl, NBA Finals, and Stanley Cup Finals, respectively. I had two adorable children ages 5 and 3. I had been granted tenure at Princeton. My life was full—or so I thought.

Then, Linda Chaput, at that time an editor at W. H. Freeman and Company and Worth Publishers, walked into my office. During a lively discussion, she and I discovered that we had similar ideas about how abnormal psychology should be presented in a textbook. By the time Linda departed two hours later, we had outlined the principles that should underlie the "ideal" abnormal psychology textbook. We had, in effect, a deal. All that was left was for me to write the book. A decade later, the first edition of *Abnormal Psychology* ("the BOOK," as my family and I had come to call it) was published, followed a few years later by the first edition of *Fundamentals of Abnormal Psychology*.

As I look back to that fateful day in 1981, I cannot help but note that several things have changed. With a few exceptions, my Philadelphia sports teams have returned to form and have struggled year in, year out. My sons have become accomplished middle-aged men, and their previous "adorable" tag is now worn by my 2-year-old and 4-year-old grandchildren, Emmett and Delia. I am older, humbler, and a bit more fatigued than the person who met with Linda Chaput 35 years ago.

At the same time, several wonderful things remain the same. I am still at Princeton University. I am still married to the same near-perfect person—Marlene Comer. And I still have the privilege of writing abnormal psychology textbooks—*Fundamentals of Abnormal Psychology* and *Abnormal Psychology.* The current version, *Fundamentals of Abnormal Psychology,* Eighth Edition, represents my eighteenth edition of one or the other of the textbooks.

My textbook journey has been a labor of love, but I also must admit that each edition requires enormous effort, ridiculous pressure, and too many sleepless nights to count. I mention these labors not only because I am a world-class whiner but also to emphasize that I approach each edition as a totally new undertaking rather than as a cut-and-paste update of past editions. I work feverishly to make each edition fresh and to include innovative and enlightening pedagogical techniques.

With this in mind, I have added an enormous amount of new material and many exciting new features for this edition of *Fundamentals of Abnormal Psychology*—while at the same time retaining the successful themes, material, and techniques that have been embraced enthusiastically by past readers. The result is, I believe, a book that will excite readers and speak to them and their times. I have again tried to convey my passion for the field of abnormal psychology, and I have built on the generous feedback of my colleagues in this undertaking—the students and professors who have used this textbook over the years.

New and Expanded Features

In line with the many changes that have occurred over the past several years in the fields of abnormal psychology, education, and publishing, and in the world, I have brought the following new features and changes to the current edition.

•NEW• DSM-5 With the publication of DSM-5, abnormal psychology is clearly a field in transition. To help students appreciate the field's current status and new

directions, I present, integrate, and analyze DSM-5 material throughout the textbook. Controversy aside, this is now the field's classification and diagnostic system, and it is important that readers understand and master its categories and criteria, appreciate its strengths and weaknesses, and recognize its assumptions and implications, just as past readers learned about previous DSM editions.

DSM-5, as well as discussions of its implications and controversial nature, is presented in various ways throughout my textbook. First, its new categories, criteria, and information are woven smoothly into the narrative of each and every chapter. Second, reader-friendly pedagogical tools throughout the textbook, including a two-page infographic on the inside front cover and regular short features called *Dx Checklist* and *DSM-5 Controversy,* help students fully grasp the DSM-5 material. Third, special topic boxes highlight DSM-5 issues and controversies, such as *Premenstrual Dysphoric Disorder: Déjà Vu All Over Again* (page 209) and *Mass Murders: Where Does Such Violence Come From?* (page 434).

•NEW• TECHNOLOGY AND THE "MINDTECH" FEATURE The breathtaking rate of technological change that characterizes today's world has had significant effects on the mental health field. In this edition I cover this impact extensively, including many discussions in the book's narrative, boxes, photographs, and figures. The book examines, for example, how the Internet, texting, and social networks have become convenient tools for those who wish to bully others or pursue pedophilic desires (pages 373, 465, 466); how social networking may provide a new source for social anxiety (page 129); and how today's technology has helped create new psychological disorders such as Internet addiction (page 343). It also looks at dangerous new trends such as the posting of self-cutting videos on the Internet (page 225), and it informs the reader about *cybertherapy* in its ever-expanding forms—from Skype therapy and avatar therapy to virtual reality treatments (pages 57, 67, 163, 410).

In addition, I have added a new feature throughout the book called ***MindTech***—sections in each chapter that give special attention to particularly provocative technological trends in engaging and enlightening ways. The ***MindTech*** features examine the following cutting-edge topics:

- Mental Health Apps Explode in the Marketplace (page 21)
- Social Networking Sites: A Researcher's Paradise? (page 24)
- Have Your Avatar Call My Avatar (page 67)
- Rorschach on Wikipedia: Psychology's Wiki Leaks? (page 83)
- Social Media Jitters (page 129)
- Virtual Reality Therapy: Better Than the Real Thing? (page 163)
- Texting: A Relationship Buster? (page 207)
- Crisis Texting (page 243)
- Can Social Media Spread "Mass Hysteria"? (page 255)
- Dark Sites of the Internet (page 294)
- Neknomination Goes Viral (page 315)
- "Sexting": Healthy or Pathological? (page 368)
- Can Computers Develop Schizophrenia? (page 396)
- Putting a Face on Auditory Hallucinations (page 410)
- Selfies: Narcissistic or Not? (page 446)
- Children Online: Parent Worries on the Rise (page 470)

- Remember to Tweet: Tweet to Remember (page 510)
- New Ethics for a Digital Age (page 549)

•NEW• **"INFOCENTRALS"** It is impossible to surf the Internet, watch TV, or flip through a magazine without coming across *infographics*, those graphic representations that present complex data in quick, stimulating, and visually appealing ways. Infographics present information in a way that allows us to easily recognize trends and patterns and make connections between related concepts. With the development of new digital tools over the past decade, the popularity of infographics has exploded. Readers and viewers like them and learn from them.

Thus *Fundamentals of Abnormal Psychology,* Eighth Edition, introduces a new feature called ***InfoCentral***—numerous, lively infographics on important topics in the field. The infographics provide visual representations of data related to key topics and concepts in each chapter, repeatedly offering fascinating snippets of information to spur readers' interest. I am certain that readers will greatly enjoy these special offerings, while also learning from them.

Every chapter features a full-page *InfoCentral*, including the following ones:

- Happiness (page 19)
- Dietary Supplements: An Alternative Treatment (page 43)
- Common Factors in Therapy (page 101)
- Mindfulness (page 115)
- Sexual Assault (page 156)
- Sadness (page 185)
- The Right to Commit Suicide (page 240)
- Sleep and Sleep Disorders (page 264)
- Body Dissatisfaction (page 287)
- Smoking and Tobacco Use (page 320)
- Sex Throughout the Life Cycle (page 350)
- Hallucinations (page 390)
- Lying (page 457)
- Bullying (page 466)
- The Aging Population (page 506)
- Personal and Professional Issues (page 551)

•NEW• **ADDITIONAL CUTTING-EDGE BOXES** I have grouped the book's other boxes into two categories: *PsychWatch* boxes examine text topics in more depth, emphasize the effect of culture on mental disorders and treatment, and explore examples of abnormal psychology in movies, the news, and the real world. *MediaSpeak* boxes offer provocative pieces by news, magazine, and Web writers and bloggers on current issues in abnormal psychology. In addition to updating the *PsychWatch* and *MediaSpeak* boxes that have been retained from the previous edition, I have added many new ones. For example, new *MediaSpeak* boxes include the following:

- Flawed Study, Gigantic Impact (Chapter 1)
- Saving Minds Along with Souls (Chapter 2)
- The Fear Business (Chapter 4)

- Immigration and Depression in the 21st Century (Chapter 6)
- When Doctors Discriminate (Chapter 8)

•NEW• "CLINICAL CHOICES" INTERACTIVE CASE STUDIES This eighth edition of *Fundamentals of Abnormal Psychology* includes 11 new interactive case studies (one for each of the disorders chapters), available online through LaunchPad, our online course management system. Through an immersive mix of video, audio, and assessment, each interactive case allows the student to simulate the thought process of a clinician by identifying and evaluating a virtual "client's" symptoms, gathering information about the client's life situation and family history, determining a diagnosis, and formulating a treatment plan. The student will also answer various questions about each case to help reinforce the chapter material. Each answer will trigger feedback, guidance, and critical thinking in an active learning environment.

•NEW• ADDITIONAL AND EXPANDED TEXT SECTIONS Over the past few years, a number of topics in abnormal psychology have received special attention. In this edition, I have provided new sections on such topics, including *the psychology of mass killings* (pages 434), *the impact of the Affordable Care Act* (pages 17, 547), *the growing role of IRBs* (pages 32–33), *dimensional diagnoses* (pages 94, 456–459), *new treatments in the field* (pages 30, 57, 410), *spirituality and mental health* (pages 61, 62), *overuse of certain diagnoses* (pages 471, 492), *the psychological price of celebrity* (pages 200, 231), *transgender issues* (pages 376, 381), *alternative views of personality disorders* (pages 455–459), *self-injury* (pages 224, 437), *the pro-Ana movement* (page 294), *poor medical treatment for people with psychological disorders* (page 270), *ethics and psychology* (pages 544–546), *culture and abnormality* (pages 71, 454), *race and the clinical field* (pages 107–108), and *sexism in the clinical field* (pages 209, 365).

•NEW• ADDITIONAL CASE MATERIAL One of the hallmarks of my textbooks is the inclusion of numerous and culturally diverse clinical examples that bring theoretical and clinical issues to life. In my continuing quest for relevance to the reader and to today's world, I have replaced or revised more than one-third of the clinical material in this edition. The new clinical material includes the cases of Franco, major depressive disorder (pages 77, 79); Tonya, Munchausen syndrome by proxy (page 252); Meri, major depressive disorder (page 183); Eduardo, paranoid personality disorder (page 425); Luisa, dissociative personality disorder (page 170); Kay, bipolar disorder (page 216); Shani, anorexia nervosa (page 279); Ricky, ADHD (page 463); Lucinda, histrionic personality disorder (pages 441–442); Jonah, separation anxiety disorder (pages 467–468); and many others.

•NEW• CRITICAL THOUGHT QUESTIONS A very stimulating and popular feature of my previous edition of *Fundamentals of Abnormal Psychology* was the "critical thought questions"—questions that pop up within the text narrative, asking students to pause at precisely the right moment and think critically about the material they have just read. Given the enthusiastic response to this feature by professors and readers alike, I have added many new critical thought questions throughout the textbook, including ones in the *MindTech* and *MediaSpeak* features.

•NEW• "BETWEEN THE LINES" The textbook not only retains but also expands a fun and thought-provoking feature from past editions that has been very popular among students and professors—reader-friendly elements called "Between the Lines," consisting of text-relevant tidbits, surprising facts, current events, historical notes, interesting trends, enjoyable lists, and stimulating quotes.

•NEW• THOROUGH UPDATE In this edition I present the most current theories, research, and events, including more than 2,000 new references from the years 2013–2015, as well as hundreds of new photos, tables, and figures.

•EXPANDED COVERAGE• PREVENTION AND MENTAL HEALTH PROMOTION In accord with the clinical field's growing emphasis on prevention, positive psychology, and psychological wellness, I have increased the textbook's attention to these important approaches (for example, pages 16–17, 19, 524).

•EXPANDED COVERAGE• MULTICULTURAL ISSUES Over the past 30 years, clinical theorists and researchers increasingly have become interested in ethnic, racial, gender, and other cultural factors, and my previous editions of *Fundamentals of Abnormal Psychology* certainly have included these important factors. The study of such factors has, appropriately, been elevated to a broad perspective in recent years—the *multicultural perspective.* Consistent with this clinical movement, the current edition includes yet additional multicultural material and research throughout the text. Even a quick look through the pages of this textbook will reveal that it truly reflects the diversity of our society and of the field of abnormal psychology.

•EXPANDED COVERAGE• "NEW-WAVE" COGNITIVE AND COGNITIVE-BEHAVIORAL THEORIES AND TREATMENTS The current edition of *Abnormal Psychology* has expanded its coverage of the "new-wave" cognitive and cognitive-behavioral theories and therapies, including *mindfulness-based cognitive therapy* and *Acceptance and Commitment Therapy* (ACT), presenting their propositions, techniques, and research in chapters throughout the text (for example, pages 56, 114, 115, 410).

•EXPANDED COVERAGE• NEUROSCIENCE The clinical field continues to witness the growth and impact of remarkable brain-imaging techniques, genetic mapping strategies, and other neuroscience approaches, all of which are expanding our understanding of the brain. Correspondingly, the new edition of *Fundamentals of Abnormal Psychology* has further expanded its coverage of how biochemical factors, brain structure, brain function, and genetic factors contribute to abnormal behavior (for example, pages 39, 116, 118, 393).

Continuing Strengths

As I noted earlier, in this edition I have also retained the themes, material, and techniques that have worked successfully and have been embraced enthusiastically by past readers.

BREADTH AND BALANCE The field's 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.

INTEGRATION OF MODELS Discussions throughout the text, particularly those headed "Putting It Together," help students better understand where and how the various models work together and how they differ.

EMPATHY The subject of abnormal psychology is people—very often people in great pain. I have tried therefore to write always with empathy and to impart this awareness to students.

INTEGRATED COVERAGE OF TREATMENT Discussions of treatment are presented throughout the book. In addition to a complete overview of treatment in the opening chapters, each of the pathology chapters includes a full discussion of relevant treatment approaches.

RICH CASE MATERIAL As I mentioned earlier, the textbook features hundreds of culturally diverse clinical examples to bring theoretical and clinical issues to life.

More than 25 percent of the clinical material in this edition is new or revised significantly.

MARGIN GLOSSARY Hundreds of key words are defined in the margins of pages on which the words appear. In addition, a traditional glossary is available at the back of the book.

ROLLING SUMMARIES Instead of waiting until the end of a chapter for a summary, *SUMMING UP* sections appear throughout each chapter, at the completion of each major section, helping students to better retain the material under discussion.

"PUTTING IT TOGETHER" A section toward the end of each chapter, "Putting It Together," asks whether competing models can work together in a more integrated approach and also summarizes where the field now stands and where it may be going.

FOCUS ON CRITICAL THINKING The textbook provides tools for thinking critically about abnormal psychology. As I mentioned earlier, in this edition, "critical thought" questions appear at carefully selected locations within the text discussions. The questions ask readers to stop and think critically about the material they have just read.

CHAPTER-ENDING KEY TERMS AND QUICK QUIZ SECTIONS These sections, keyed to appropriate pages in the chapter for easy reference, allow students to review and test their knowledge of chapter materials.

STRIKING PHOTOS AND STIMULATING ILLUSTRATIONS Concepts, disorders, treatments, and applications are brought to life for the reader with stunning photographs, diagrams, graphs, and anatomical figures—all reflecting the most up-to-date data available. The photos range from historical to today's world to pop culture. They do more than just illustrate topics: they touch and move readers.

ADAPTABILITY Chapters are self-contained, so they can be assigned in any order that makes sense to the professor.

MEDIA and Other Supplements

I have been delighted by the enthusiastic responses of both professors and students to the supplements that accompany my textbooks. This edition offers those supplements once again, revised and enhanced, and adds a number of exciting new ones.

FOR PROFESSORS

WORTH VIDEO COLLECTION FOR ABNORMAL PSYCHOLOGY *Produced and edited by Ronald J. Comer, Princeton University, and Gregory Comer, Princeton Academic Resources. Faculty Guide included*. This incomparable video series offers 128 clips that depict disorders, show historical footage, and illustrate clinical topics, pathologies, treatments, experiments, and dilemmas. Videos are available in LaunchPad and on the *Video Collection for Abnormal Psychology* Flash Drive. I also have written an accompanying guide that fully describes and discusses each video clip, so that professors can make informed decisions about the use of the segments in lectures.

INSTRUCTOR'S RESOURCE MANUAL *by Charlie Harris, Clayton State University and Danielle Gunraj, SUNY Binghamton*. This comprehensive guide ties together the ancillary package for professors and teaching assistants. The manual includes detailed chapter summaries, lists of principal learning objectives, topic overviews, ideas for lectures, lecture outlines, discussion launchers, classroom activities, extra credit

projects, and DSM criteria for each of the disorders discussed in the text. It also offers strategies for using the accompanying media, including the video collection. Finally, it includes a comprehensive set of valuable materials that can be obtained from outside sources—items such as relevant feature films, documentaries, teaching references, and Internet sites related to abnormal psychology.

- **Lecture Slides** *available at http://www.macmillanhighered.com/Catalog/product/fundamentalsofabnormalpsychology-eighthedition-comer.* These slides focus on key concepts and themes from the text and can be used as-is or customized to fit a professor's needs.
- **Illustration Slides** *available at http://www.macmillanhighered.com/Catalog/product/fundamentalsofabnormalpsychology-eighthedition-comer.* These slides featuring all chapter photos and illustrations can be used as is or customized to fit a professor's needs.
- **Chapter Figures, Photos, and Tables** *available at http://www.macmillanhighered.com/Catalog/product/fundamentalsofabnormalpsychology-eighthedition-comer.* This collection gives professors access to all of the photographs, illustrations, and tables from *Fundamentals of Abnormal Psychology,* Eighth Edition.

ASSESSMENT TOOLS

TEST BANK *by Chrysalis Wright, University of Central Florida.* A comprehensive test bank offers more than 2,200 multiple-choice, fill-in-the-blank, and essay questions. Each question is graded according to difficulty, the Bloom's level is identified, and keyed to the topic and page in the text where the source information appears.

DIPLOMA ONLINE COMPUTERIZED TEST BANK Available for both *Windows and Macintosh* at *http://www.macmillanhighered.com/Catalog/product/fundamentalsofabnormalpsychology-eighthedition-comer.* This downloadable Test Bank guides professors step-by-step through the process of creating a test and allows them to add an unlimited number of questions, edit or scramble questions, format a test, and include pictures and multimedia links. The accompanying grade book enables them to record students' grades throughout the course and includes the capacity to sort student records and view detailed analyses of test items, curve tests, generate reports, add weights to grades, and more. These Test Bank files also provide tools for converting the Test Bank into a variety of useful formats as well as Blackboard- and WebCT-formatted versions of the Test Bank for *Fundamentals of Abnormal Psychology,* Eighth Edition.

FOR STUDENTS

***CASE STUDIES IN ABNORMAL PSYCHOLOGY,* SECOND EDITION,** *by Ethan E. Gorenstein, Behavioral Medicine Program, New York–Presbyterian Hospital, and Ronald J. Comer, Princeton University.* This new edition of our popular case study book provides 20 case histories—all of them updated and several of them brand new—each going beyond DSM diagnoses to describe the individual's history and symptoms, a theoretical discussion of treatment, a specific treatment plan, and the actual treatment conducted. The casebook also provides three cases without diagnoses or treatment, so that students can identify disorders and suggest appropriate therapies. Wonderful case material, particularly for somatic symptom disorder, hoarding disorder, and gender dysphoria, has been added for this edition by Danae Hudson and Brooke Whisenhunt, professors at Missouri State University.

LAUNCHPAD with LearningCurve Quizzing—Multimedia to Support Teaching and Learning *Available at www.launchpadworks.com.*

A comprehensive Web resource for teaching and learning psychology, *LaunchPad* combines Worth Publishers' award-winning media with an innovative platform

for easy navigation. For students, it is the ultimate online study guide with rich interactive tutorials, videos, e-Book, and the LearningCurve adaptive quizzing system. For instructors, LaunchPad is a full-course space where class documents can be posted, quizzes are easily assigned and graded, and students' progress can be assessed and recorded. Whether you are looking for the most effective study tools or a robust platform for an online course, LaunchPad is a powerful way to enhance your class.

LaunchPad to Accompany *Fundamentals of Abnormal Psychology,* Eighth Edition, can be previewed at www.launchpadworks.com.

Fundamentals of Abnormal Psychology, Eighth Edition, and LaunchPad can be ordered together with:

ISBN-10: 1-319-06179-6
ISBN-13: 978-1-319-06179-1

LaunchPad for *Fundamentals of Abnormal Psychology,* Eighth Edition, includes the following resources:

- The **LearningCurve** quizzing system was designed based on the latest findings from learning and memory research. It combines adaptive question selection, immediate and valuable feedback, and a gamelike interface to engage students in a learning experience that is unique to them. Each LearningCurve quiz is fully integrated with other resources in LaunchPad through the Personalized Study Plan, so students will be able to review with Worth's extensive library of videos and activities. And state-of-the-art question analysis reports allow instructors to track the progress of individual students as well as their class as a whole.
- **An interactive e-Book** allows students to highlight, bookmark, and make their own notes, just as they would with a printed textbook.
- **Clinical Choices**, *authored by Taryn Myers, of Virginia Wesleyan College*. In these 11 interactive case studies in LaunchPad, students simulate the role of clinical psychologist, engaging with virtual clients to identify psychological disorders (based on DSM-5 criteria) and think critically about diagnosis and treatment options.
- ***Abnormal Psychology Video Activities***, *produced and edited by Ronald J. Comer, Princeton University, and Gregory Comer, Princeton Academic Resources.* These intriguing video cases run three to seven minutes each and focus on persons affected by disorders discussed in the text. Students first view a video case and then answer a series of thought-provoking questions about it.
- **Deep integration** is available between LaunchPad products and Blackboard, Brightspace by D2Learn, Canvas, and Moodle. These deep integrations offer educators single sign-on and gradebook sync, now with auto-refresh. Also, these best-in-class integrations offer deep linking to all Macmillan digital content at the chapter and asset level, giving professors ultimate flexibility and customization capability within their learning management system.

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Ron Comer
Princeton University
January 2016

Fundamentals of Abnormal Psychology

Ed Fairburn

Abnormal Psychology: Past and Present

CHAPTER

1

Johanne cries herself to sleep every night. She is certain that the future holds nothing but misery. Indeed, this is the only thing she does feel certain about. "I'm going to suffer and suffer and suffer, and my daughters will suffer as well. We're doomed. The world is ugly. I hate every moment of my life." She has great trouble sleeping. She is afraid to close her eyes. When she does, the hopelessness of her life—and the ugly future that awaits her daughters—becomes all the clearer to her. When she drifts off to sleep, her dreams are nightmares filled with terrible images—bodies, decay, death, destruction.

Some mornings Johanne even has trouble getting out of bed. The thought of facing another day overwhelms her. She wishes that she and her daughters were dead. "Get it over with. We'd all be better off." She feels paralyzed by her depression and anxiety, overwhelmed by her sense of hopelessness, and filled with fears of becoming ill, too tired to move, too negative to try anymore. On such mornings, she huddles her daughters close to her and sits away the day in the cramped tent she shares with them. She feels she has been deserted by the world and left to rot. She is both furious at life and afraid of it at the same time.

During the past year Alberto has been hearing mysterious voices that tell him to quit his job, leave his family, and prepare for the coming invasion. These voices have brought tremendous confusion and emotional turmoil to Alberto's life. He believes that they come from beings in distant parts of the universe who are somehow wired to him. Although it gives him a sense of purpose and specialness to be the chosen target of their communications, the voices also make him tense and anxious. He does all he can to warn others of the coming apocalypse. In accordance with instructions from the voices, he identifies online articles that seem to be filled with foreboding signs, and he posts comments that plead with other readers to recognize the articles' underlying messages. Similarly, he posts long, rambling YouTube videos that describe the invasion to come. The online comments and feedback that he receives typically ridicule and mock him. If he rejects the voices' instructions and stops his online commentary and videos, then the voices insult and threaten him and turn his days into a waking nightmare.

Alberto has put himself on a sparse diet as protection against the possibility that his enemies may be contaminating his food. He has found a quiet apartment far from his old haunts, where he has laid in a good stock of arms and ammunition. After witnessing the abrupt and troubling changes in his behavior and watching his ranting and rambling videos, his family and friends have tried to reach out to Alberto, to understand his problems, and to dissuade him from the disturbing course he is taking. Every day, however, he retreats further into his world of mysterious voices and imagined dangers.

Most of us would probably consider Johanne's and Alberto's emotions, thoughts, and behaviors psychologically abnormal. They are the result of a state sometimes called *psychopathology, maladjustment, emotional disturbance,* or *mental illness* (see *PsychWatch* on the next page). These terms have been applied to the many problems that seem closely tied to the human brain or mind. Psychological abnormality affects the famous and the unknown, the rich and the poor. Celebrities, writers, politicians, and other public figures of the present and the past have struggled with it. Psychological problems can bring great suffering, but they can also be the source of inspiration and energy.

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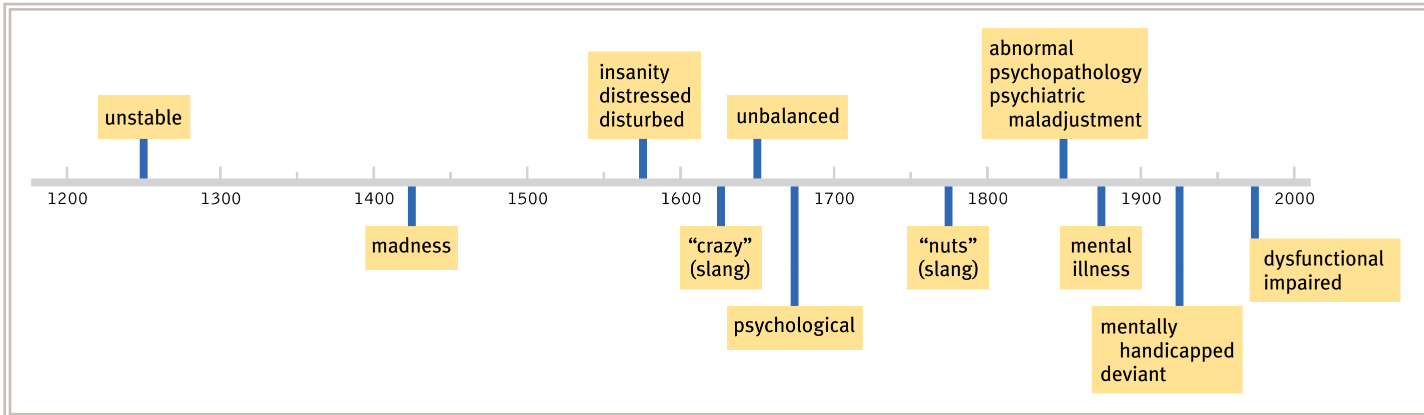
Putting It Together: A Work in Progress

PsychWatch

Verbal Debuts

We use words like "abnormal" and "mental disorder" so often that it is easy to forget that there was a time not that long ago when these terms did not exist. When did these and similar words (including slang terms) make their debut in print as expressions of psychological dysfunctioning? The *Oxford English Dictionary* offers the following dates.



Because they are so common and so personal, these problems capture the interest of us all. Hundreds of novels, plays, films, and television programs have explored what many people see as the dark side of human nature, and self-help books flood the market. Mental health experts are popular guests on both television and radio, and some even have their own shows, Web sites, and blogs.

Why do actors who portray characters with psychological disorders tend to receive more awards for their performances?

The field devoted to the scientific study of the problems we find so fascinating is usually called **abnormal psychology.** As in any science, workers in this field, called *clinical scientists,* gather information systematically so that they can describe, predict, and explain the phenomena they study. The knowledge that they acquire is then used by *clinical practitioners,* whose role is to detect, assess, and treat abnormal patterns of functioning.

What Is Psychological Abnormality?

Although their general goals are similar to those of other scientific professionals, clinical scientists and practitioners face problems that make their work especially difficult. One of the most troubling is that psychological abnormality is very hard to define. Consider once again Johanne and Alberto. Why are we so ready to call their responses abnormal?

While many definitions of abnormality have been proposed over the years, none has won total acceptance (Bergner & Bunford, 2014). Still, most of the definitions have certain features in common, often called "the four Ds": deviance, distress, dysfunction, and danger. That is, patterns of psychological abnormality are typically *deviant* (different, extreme, unusual, perhaps even bizarre), *distressing* (unpleasant and upsetting to the person), *dysfunctional* (interfering with the person's ability to conduct daily activities in a constructive way), and possibly *dangerous.* This definition offers a useful starting point from which to explore the phenomena of psychological abnormality. As you will see, however, it has limitations.

BETWEEN THE LINES

In Their Words

"I became insane, with long intervals of horrible sanity."

Edgar Allen Poe

Deviance

Abnormal psychological functioning is *deviant,* but deviant from what? Johanne's and Alberto's behaviors, thoughts, and emotions are different from those that are considered normal in our place and time. We do not expect people to cry themselves to sleep each night, hate the world, wish themselves dead, or obey voices that no one else hears.

In short, abnormal behavior, thoughts, and emotions are those that differ markedly from a society's ideas about proper functioning. Each society establishes **norms**—stated and unstated rules for proper conduct. Behavior that breaks legal norms is considered to be criminal. Behavior, thoughts, and emotions that break norms of psychological functioning are called abnormal.

Judgments of abnormality vary from society to society. A society's norms grow from its particular **culture**—its history, values, institutions, habits, skills, technology, and arts. A society that values competition and assertiveness may accept aggressive behavior, whereas one that emphasizes cooperation and gentleness may consider aggressive behavior unacceptable and even abnormal. A society's values may also change over time, causing its views of what is psychologically abnormal to change as well. In Western society, for example, a woman seeking the power of running a major corporation or indeed of leading the country would have been considered inappropriate and even delusional a hundred years ago. Today the same behavior is valued.

Judgments of abnormality depend on *specific circumstances* as well as on cultural norms. What if, for example, we were to learn that Johanne is a citizen of Haiti and that her desperate unhappiness began in the days, weeks, and months following the massive earthquake that struck her country, already the poorest country in the Western hemisphere, on January 12, 2010? The quake, one of the worst natural disasters in history, killed 250,000 Haitians and left 1.5 million homeless. Half of Haiti's homes and buildings were immediately turned into rubble, and its electricity and other forms of power disappeared. Tent cities replaced homes for most people (Granitz, 2014; Wilkinson, 2011).

In the weeks and months that followed the earthquake, Johanne came to accept that she wouldn't get all of the help she needed and that she might never again see the friends and neighbors who had once given her life so much meaning. As she and her daughters moved from one temporary tent or hut to another throughout the country, always at risk of developing serious diseases, she gradually gave up all hope that her life would ever return to normal. In this light, Johanne's reactions do not seem quite so inappropriate. If anything is abnormal here, it is her situation. Many human experiences produce intense reactions—financial ruin, large-scale catastrophes and disasters, rape, child abuse, war, terminal illness, chronic pain (Janssen et al., 2015). Is there an "appropriate" way to react to such things? Should we ever call reactions to such experiences abnormal?

Chaideer Mahyuddin/AFP/Getty Images

Dealing with deviance
Each culture identifies and deals with deviant behavior in its own way. For example, uncomfortable with the deviant appearance of young punk rockers—mohawks, tattoos, nose piercings, tight jeans, and chains—shari'a police in Aceh province on Sumatra Island in Indonesia arrested 60 such youth in 2011 and made them undergo a 10-day "moral rehabilitation" camp. There the rockers were forced to have their heads shaved, bathe in a lake, wear traditional clothes, remove their piercings, and pray.

Distress

Even functioning that is considered unusual does not necessarily qualify as abnormal. According to many clinical theorists, behavior, ideas, or emotions usually have to cause *distress* before they can be labeled abnormal. Consider the Ice Breakers, a group of people in Michigan who go swimming in lakes throughout the state every weekend from November through February. The colder the weather, the better they like it. One man, a member of the group for 17 years, says he loves the challenge of human against nature. A 37-year-old lawyer believes that the weekly shock is good for her health. "It cleanses me," she says. "It perks me up and gives me strength."

▸ **abnormal psychology** The scientific study of abnormal behavior undertaken to describe, predict, explain, and change abnormal patterns of functioning.

▸ **norms** A society's stated and unstated rules for proper conduct.

▸ **culture** A people's common history, values, institutions, habits, skills, technology, and arts.

AP Photo/David Guttenfelder

Context is key On the morning after Japan's devastating earthquake and tsunami in 2011, Reiko Kikuta (right) and her husband Takeshi watch workers try to attach ropes to their home and pull it ashore. Anxiety and depression were common and seemingly normal reactions in the wake of this extraordinary disaster, rather than being clear symptoms of psychopathology.

Certainly these people are different from most of us, but is their behavior abnormal? Far from experiencing distress, they feel energized and challenged. Their positive feelings must cause us to hesitate before we decide that they are functioning abnormally.

Should we conclude, then, that feelings of distress must always be present before a person's functioning can be considered abnormal? Not necessarily. Some people who function abnormally maintain a positive frame of mind. Consider once again Alberto, the young man who hears mysterious voices. What if he enjoyed listening to the voices, felt honored to be chosen, loved sending out warnings on the Internet, and looked forward to saving the world? Shouldn't we still regard his functioning as abnormal?

Dysfunction

Abnormal behavior tends to be *dysfunctional;* that is, it interferes with daily functioning (Bergner & Bunford, 2014). It so upsets, distracts, or confuses people that they cannot care for themselves properly, participate in ordinary social interactions, or work productively. Alberto, for example, has quit his job, left his family, and prepared to withdraw from the productive life he once led. Because our society holds that it is important to carry out daily activities in an effective manner, Alberto's behavior is likely to be regarded as abnormal and undesirable. In contrast, the Ice Breakers, who continue to perform well in their jobs and enjoy fulfilling relationships, would probably be considered simply unusual.

Danger

Perhaps the ultimate in psychological dysfunctioning is behavior that becomes *dangerous* to oneself or others. Individuals whose behavior is consistently careless, hostile, or confused may be placing themselves or those around them at risk. Alberto, for example, seems to be endangering both himself, with his diet, and others, with his buildup of arms and ammunition.

Although danger is often cited as a feature of abnormal psychological functioning, research suggests that it is actually the exception rather than the rule (Stuber et al., 2014). Most people struggling with anxiety, depression, and even bizarre thinking pose no immediate danger to themselves or to anyone else.

The Elusive Nature of Abnormality

What behaviors fit the criteria of deviant, distressful, dysfunctional, or dangerous but would not be considered abnormal by most people?

Efforts to define psychological abnormality typically raise as many questions as they answer. Ultimately, a society selects general criteria for defining abnormality and then uses those criteria to judge particular cases. One clinical theorist, Thomas Szasz (1920–2012), placed such emphasis on society's role that he found the whole concept of mental illness to be invalid, a *myth* of sorts (Szasz, 2011, 1963, 1960). According to Szasz, the deviations that society calls abnormal are simply "problems in living," not signs of something wrong within the person.

Even if we assume that psychological abnormality is a valid concept and that it can indeed be defined, we may be unable to apply our definition consistently. If a behavior—excessive use of alcohol among college students, say—is familiar enough,

▸ **treatment** A systematic procedure designed to change abnormal behavior into more normal behavior. Also called *therapy.*

the society may fail to recognize that it is deviant, distressful, dysfunctional, and dangerous. Thousands of college students throughout the United States are so dependent on alcohol that it interferes with their personal and academic lives, causes them great discomfort, jeopardizes their health, and often endangers them and the people around them (Merrill et al., 2014). Yet their problem often goes unnoticed and undiagnosed. Alcohol is so much a part of the college subculture that it is easy to overlook drinking behavior that has become abnormal.

Conversely, a society may have trouble separating an abnormality that requires intervention from an *eccentricity,* an unusual pattern with which others have no right to interfere. From time to time we see or hear about people who behave in ways we consider strange, such as a man who lives alone with two dozen cats and rarely talks to other people. The behavior of such people is deviant, and it may well be distressful and dysfunctional, yet many professionals think of it as eccentric rather than abnormal (see *PsychWatch* on the next page).

In short, while we may agree to define psychological abnormalities as patterns of functioning that are deviant, distressful, dysfunctional, and sometimes dangerous, we should be clear that these criteria are often vague and subjective. In turn, few of the current categories of abnormality that you will meet in this book are as clear-cut as they may seem, and most continue to be debated by clinicians.

AP Photo/Katsumi Kasahara

Changing times Just decades ago, a woman's love for race car driving would have been considered strange, perhaps even abnormal. Today, Danica Patrick (right) is one of America's finest race car drivers. The size difference between her first-place trophy at the Indy Japan 300 auto race and that of second-place male driver Hélio Castroneves symbolizes just how far women have come in this sport.

Summing Up

WHAT IS PSYCHOLOGICAL ABNORMALITY? The field devoted to the scientific study of abnormal behavior is called abnormal psychology. Abnormal functioning is generally considered to be deviant, distressful, dysfunctional, and dangerous. Behavior must also be considered in the context in which it occurs, however, and the concept of abnormality depends on the norms and values of the society in question.

What Is Treatment?

Once clinicians decide that a person is indeed suffering from some form of psychological abnormality, they seek to treat it. **Treatment,** or **therapy,** is a procedure designed to change abnormal behavior into more normal behavior; it, too, requires careful definition. For clinical scientists, the problem is closely related to defining abnormality. Consider the case of Bill:

February: *He cannot leave the house; Bill knows that for a fact. Home is the only place where he feels safe—safe from humiliation, danger, even ruin. If he were to go to work, his coworkers would somehow reveal their contempt for him. A pointed remark, a quizzical look—that's all it would take for him to get the message. If he were to go shopping at the store, before long everyone would be staring at him. Surely others would see his dark mood and thoughts; he wouldn't be able to hide them. He dare not even go for a walk alone in the woods—his heart would probably start racing again, bringing him to his knees and leaving him breathless, incoherent, and unable to get home. No, he's much better off staying in his room, trying to get*

(*continues on the next page*)

through another evening of this curse called life. Thank goodness for the Internet. Were it not for his reading of news sites and blog posts and online forums, he would, he knows, be cut off from the world altogether.

July: *Bill's life revolves around his circle of friends: Bob and Jack, whom he knows from the office, where he was recently promoted to director of customer relations, and Frank and Tim, his weekend tennis partners. The gang meets for dinner every week at someone's house, and they chat about life, politics, and their jobs. Particularly special in Bill's life is Janice. They go to movies, restaurants, and shows together. She thinks Bill's just terrific, and Bill finds himself beaming whenever she's around. Bill looks forward to work each day and to his one-on-one dealings with customers. He is taking part in many activities and relationships and more fully enjoying life.*

Bill's thoughts, feelings, and behavior interfered with all aspects of his life in February. Yet most of his symptoms had disappeared by July. All sorts of factors may have contributed to Bill's improvement—advice from friends and family members, a new job or vacation, perhaps a big change in his diet or exercise regimen. Any or all of these things may have been useful to Bill, but they could not be considered treatment or therapy. Those terms are usually reserved for special, systematic procedures

PsychWatch

Marching to a Different Drummer: Eccentrics

- Writer **James Joyce** always carried a tiny pair of lady's bloomers, which he waved in the air to show approval.
- **Benjamin Franklin** took "air baths" for his health, sitting naked in front of an open window.
- **Alexander Graham Bell** covered the windows of his house to keep out the rays of the full moon. He also tried to teach his dog how to talk.
- Writer **D. H. Lawrence** enjoyed removing his clothes and climbing mulberry trees.

These famous persons have been called eccentrics. The dictionary defines an *eccentric* as a person who deviates from common behavior patterns or displays odd or whimsical behavior. But how can we separate a psychologically healthy person who has unusual habits from a person whose oddness is a symptom of psychopathology? Little research has been done on eccentrics, but a few studies offer some insights (Stares, 2005; Pickover, 1999; Weeks & James, 1995).

Researcher David Weeks studied 1,000 eccentrics and estimated that as many as 1 in 5,000 persons may be "classic, full-time eccentrics." Weeks pinpointed 15 characteristics common to the eccentrics in his study: *nonconformity, creativity, strong curiosity, idealism, extreme interests and hobbies, lifelong awareness of being different, high intelligence, outspokenness, noncompetitiveness, unusual eating and living habits, disinterest in others' opinions or company, mischievous sense of humor, nonmarriage, eldest or only child,* and *poor spelling skills.*

Weeks suggests that eccentrics do not typically suffer from mental disorders. Whereas the unusual behavior of persons with mental disorders is thrust upon them and usually causes them suffering, eccentricity is chosen freely and provides pleasure. In short, "Eccentrics know they're different and glory in it" (Weeks & James, 1995, p. 14). Similarly, the thought processes of eccentrics are not severely disrupted and do not leave these persons dysfunctional. In fact, Weeks found that eccentrics in his study actually had fewer emotional problems than individuals in the general population. Perhaps being an "original" is good for mental health.

Lance Manion/Retna Ltd./Corbis

Musical eccentric Pop superstar Lady Gaga is known far and wide for her eccentric behavior, outrageous sense of fashion, and unusual performing style. Her millions of fans enjoy her unusual persona every bit as much as the lyrics and music that she writes and sings.

for helping people overcome their psychological difficulties. According to clinical theorist Jerome Frank, all forms of therapy have three key features:

1. A *sufferer* who seeks relief from the healer.
2. A trained, socially accepted *healer,* whose expertise is accepted by the sufferer and his or her social group.
3. A *series of contacts* between the healer and the sufferer, through which the healer . . . tries to produce certain changes in the sufferer's emotional state, attitudes, and behavior.

(Frank, 1973, pp. 2–3)

Despite this straightforward definition, clinical treatment is surrounded by conflict and confusion. Carl Rogers, a pioneer in the modern clinical field (you will meet him in Chapter 2), noted that "therapists are not in agreement as to their goals or aims. . . . They are not in agreement as to what constitutes a successful outcome of their work. They cannot agree as to what constitutes a failure. It seems as though the field is completely chaotic and divided."

Some clinicians view abnormality as an illness and so consider therapy a procedure that helps *cure* the illness. Others see abnormality as a problem in living and therapists as *teachers* of more functional behavior and thought. Clinicians even differ on what to call the person who receives therapy: those who see abnormality as an illness speak of the "patient," while those who view it as a problem in living refer to the "client." Because both terms are so common, this book will use them interchangeably.

Despite their differences, most clinicians do agree that large numbers of people need therapy of one kind or another. Later you will encounter evidence that therapy is indeed often helpful.

AP Photo/Paul White

Therapy . . . not Recently, a hotel in Spain that was about to undergo major renovations invited members of the public to relieve their stress by destroying the rooms on one floor of the hotel. This activity may indeed have been therapeutic for some, but it was not *therapy.* It lacked, among other things, a "trained healer" and a series of systematic contacts between healer and sufferer.

➤ Summing Up

WHAT IS TREATMENT? Therapy is a systematic process for helping people overcome their psychological difficulties. It typically requires a patient, a therapist, and a series of therapeutic contacts.

How Was Abnormality Viewed and Treated in the Past?

In any given year, as many as 30 percent of the adults and 19 percent of the children and adolescents in the United States display serious psychological disturbances and are in need of clinical treatment (Merikangas et al., 2013; Kessler et al., 2012, 2009). The rates in other countries are similarly high. It is tempting to conclude that something about the modern world is responsible for these many emotional problems—perhaps rapid technological change, the growing threat of terrorism, or a decline in religious, family, or other support systems (Paslakis et al., 2015; Gelkopf et al., 2013). But every society, past and present, has witnessed psychological abnormality. Perhaps, then, the proper place to begin our examination of abnormal behavior and treatment is in the past.

Ancient Views and Treatments

Historians who have examined the unearthed bones, artwork, and other remnants of ancient societies have concluded that these societies probably regarded abnormal behavior as the work of evil spirits. People in prehistoric societies apparently

Professor John Verano

Expelling evil spirits The two holes in this skull recovered from ancient times indicate that the person underwent trephination, possibly for the purpose of releasing evil spirits and curing mental dysfunctioning.

believed that all events around and within them resulted from the actions of magical, sometimes sinister, beings who controlled the world. In particular, they viewed the human body and mind as a battleground between external forces of good and evil. Abnormal behavior was typically interpreted as a victory by evil spirits, and the cure for such behavior was to force the demons from a victim's body.

This supernatural view of abnormality may have begun as far back as the Stone Age, a half-million years ago. Some skulls from that period recovered in Europe and South America show evidence of an operation called **trephination,** in which a stone instrument, or *trephine,* was used to cut away a circular section of the skull (Heeramun-Aubeeluck & Lu, 2013). Some historians have concluded that this early operation was performed as a treatment for severe abnormal behavior—either hallucinations, in which people saw or heard things not actually present, or melancholia, characterized by extreme sadness and immobility. The purpose of opening the skull was to release the evil spirits that were supposedly causing the problem (Selling, 1940).

Later societies also explained abnormal behavior by pointing to possession by demons. Egyptian, Chinese, and Hebrew writings all account for psychological deviance this way, and the Bible describes how an evil spirit from the Lord affected King Saul and how David pretended to be mad to convince his enemies that he was visited by divine forces.

What demonological explanations or treatments, besides exorcism, are still around today, and why do they persist?

The treatment for abnormality in these early societies was often *exorcism*. The idea was to coax the evil spirits to leave or to make the person's body an uncomfortable place in which to live. A *shaman,* or priest, might recite prayers, plead with the evil spirits, insult the spirits, perform magic, make loud noises, or have the person drink bitter potions. If these techniques failed, the shaman performed a more extreme form of exorcism, such as whipping or starving the person.

Greek and Roman Views and Treatments

In the years from roughly 500 B.C. to 500 A.D., when the Greek and Roman civilizations thrived, philosophers and physicians often offered different explanations and treatments for abnormal behaviors. Hippocrates (460–377 B.C.), often called the father of modern medicine, taught that illnesses had *natural* causes. He saw abnormal behavior as a disease arising from internal physical problems. Specifically, he believed that some form of brain pathology was the culprit and that it resulted—like all other forms of disease, in his view—from an imbalance of four fluids, or **humors,** that flowed through the body: *yellow bile, black bile, blood,* and *phlegm* (Wolters, 2013). An excess of yellow bile, for example, caused frenzied activity; an excess of black bile was the source of unshakable sadness.

To treat psychological dysfunctioning, Hippocrates sought to correct the underlying physical pathology. He believed, for instance, that the excess of black bile underlying sadness could be reduced by a quiet life, a diet of vegetables, exercise, celibacy, and even bleeding. Hippocrates' focus on internal causes for abnormal behavior was shared by the great Greek philosophers Plato (427–347 B.C.) and Aristotle (384–322 B.C.) and by influential Greek and Roman physicians.

▸ **trephination** An ancient operation in which a stone instrument was used to cut away a circular section of the skull, perhaps to treat abnormal behavior.

▸ **humors** According to the Greeks and Romans, bodily chemicals that influence mental and physical functioning.

Europe in the Middle Ages: Demonology Returns

The enlightened views of Greek and Roman physicians and scholars were not enough to shake ordinary people's belief in demons. And with the decline of Rome, demonological views and practices became popular once again. A growing distrust of science spread throughout Europe.

From 500 to 1350 A.D., the period known as the Middle Ages, the power of the clergy increased greatly throughout Europe. In those days the church rejected scientific forms of investigation, and it controlled all education. Religious beliefs, which were highly superstitious and demonological, came to dominate all aspects of life. Deviant behavior, particularly psychological dysfunctioning, was seen as evidence of Satan's influence.

How might Twitter, text messaging, Instagram, Facebook, the Internet, or other technologies facilitate current forms of mass madness?

The Middle Ages were a time of great stress and anxiety—of war, urban uprisings, and plagues. People blamed the devil for these troubles and feared being possessed by him (Sluhovsky, 2011). Abnormal behavior apparently increased greatly during this period. In addition, there were outbreaks of *mass madness,* in which large numbers of people apparently shared absurd false beliefs and imagined sights or sounds. In one such disorder, *tarantism* (also known as *Saint Vitus' dance*), groups of people would suddenly start to jump, dance, and go into convulsions (Prochwicz & Sobczyk, 2011; Sigerist, 1943). All were convinced that they had been bitten and possessed by a wolf spider, now called a tarantula, and they sought to cure their disorder by performing a dance called a tarantella. In another form of mass madness, *lycanthropy,* people thought they were possessed by wolves or other animals. They acted wolflike and imagined that fur was growing all over their bodies.

Not surprisingly, some of the earlier demonological treatments for psychological abnormality reemerged during the Middle Ages. Once again the key to the cure was to rid the person's body of the devil that possessed it. Exorcisms were revived, and clergymen, who generally were in charge of treatment during this period, would plead, chant, or pray to the devil or evil spirit (Sluhovsky, 2011, 2007). If these techniques did not work, they had others to try, some amounting to torture.

It was not until the Middle Ages drew to a close that demonology and its methods began to lose favor. Towns throughout Europe grew into cities, and government officials gained more power and took over nonreligious activities. Among their other responsibilities, they began to run hospitals and direct the care of people suffering from mental disorders. Medical views of abnormality gained favor once again, and many people with psychological disturbances received treatment in medical hospitals, such as the Trinity Hospital in England (Allderidge, 1979).

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Bewitched or bewildered? A great fear of witchcraft swept Europe beginning in the 1300s and extending through the "enlightened" Renaissance. Tens of thousands of people, mostly women, were thought to have made a pact with the devil. Some appear to have had mental disorders, which caused them to act strangely (Zilboorg & Henry, 1941). This woman is being "dunked" repeatedly until she confesses to witchery.

The Renaissance and the Rise of Asylums

During the early part of the Renaissance, a period of flourishing cultural and scientific activity from about 1400 to 1700, demonological views of abnormality continued to decline. German physician Johann Weyer (1515–1588), the first physician to specialize in mental illness, believed that the mind was as susceptible to sickness as the body was. He is now considered the founder of the modern study of psychopathology.

The care of people with mental disorders improved in this atmosphere. In England, such individuals might be kept at home while their families were aided financially by the local parish. Across Europe, religious shrines were devoted to the humane and loving treatment of people with mental disorders. Perhaps the best known of these shrines was at Gheel in Belgium. Beginning in the fifteenth century, people came to Gheel from all over the world for psychic healing. Local residents welcomed these pilgrims into their homes, and many stayed on to form the world's first "colony" of mental patients. Gheel was the forerunner of today's *community mental health programs* (Guarnieri, 2009; Aring, 1975, 1974). Many patients still live in foster homes there, interacting with other residents, until they recover.