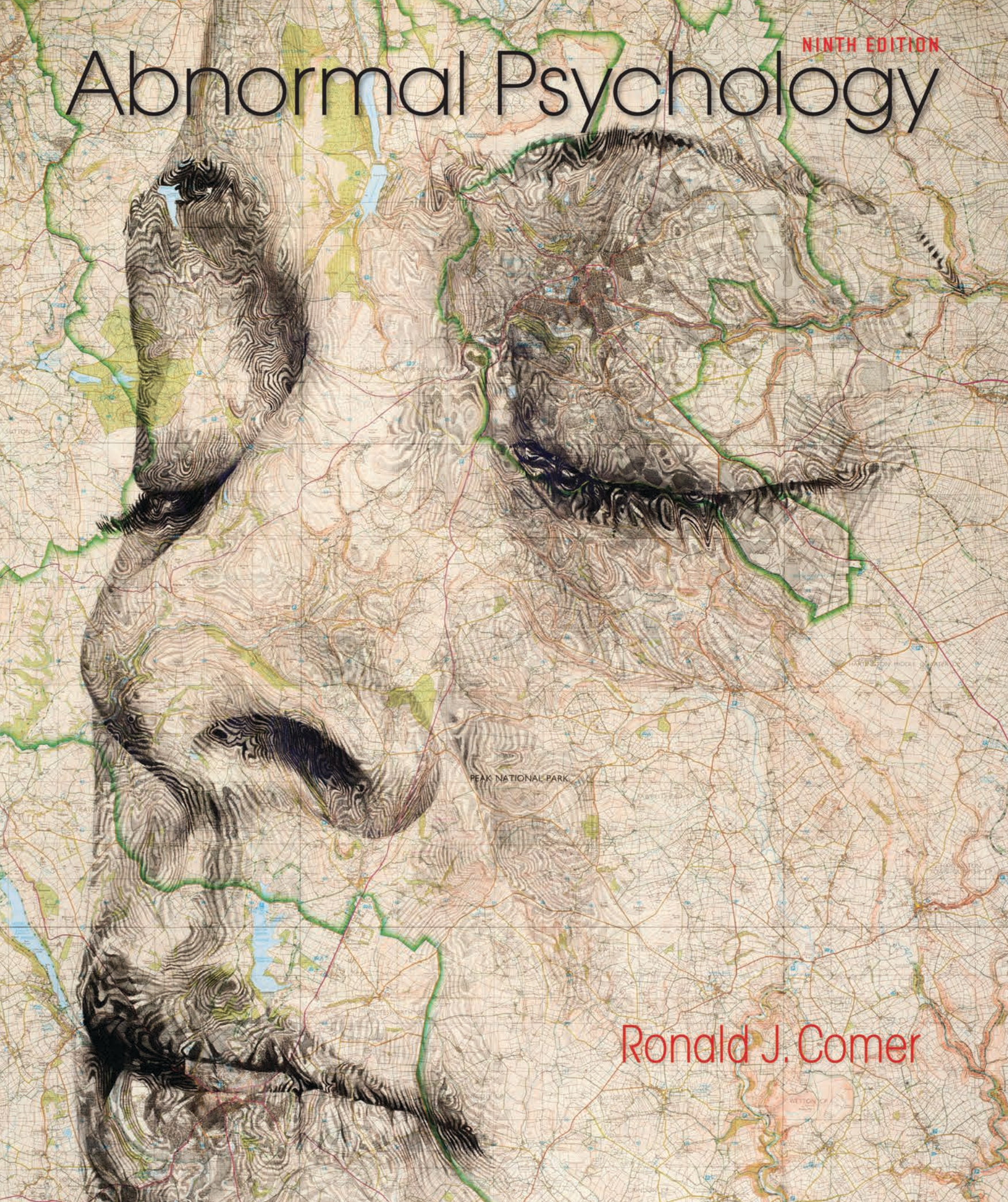
NINTH EDITION

Abnormal Psychology



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 170)**
- Excoriation disorder **(page 170)**
- Persistent depressive disorder **(page 220)**
- Premenstrual dysphoric disorder **(page 238)**
- Disruptive mood dysregulation disorder **(page 573)**
- Somatic symptom disorder **(page 324)**
- Binge eating disorder **(page 358)**
- Mild neurocognitive disorder **(page 617)**

Name Changes

OLD	NEW
Mental Retardation	Intellectual Disability **(page 595)**
Dementia	Major Neurocognitive Disorder **(page 617)**
Hypochondriasis	Illness Anxiety Disorder **(page 330)**
Male Orgasmic Disorder	Delayed Ejaculation **(page 434)**
Gender Identity Disorder	Gender Dysphoria **(page 456)**

Dropped Categories

- Dissociative fugue **(page 119)**
- Asperger's disorder **(page 589)**
- Sexual aversion disorder **(page 430)**
- Substance abuse **(page 421)**
- Substance dependence **(page 421)**

WHO DEVELOPED DSM-5?

Field Testing DSM-5

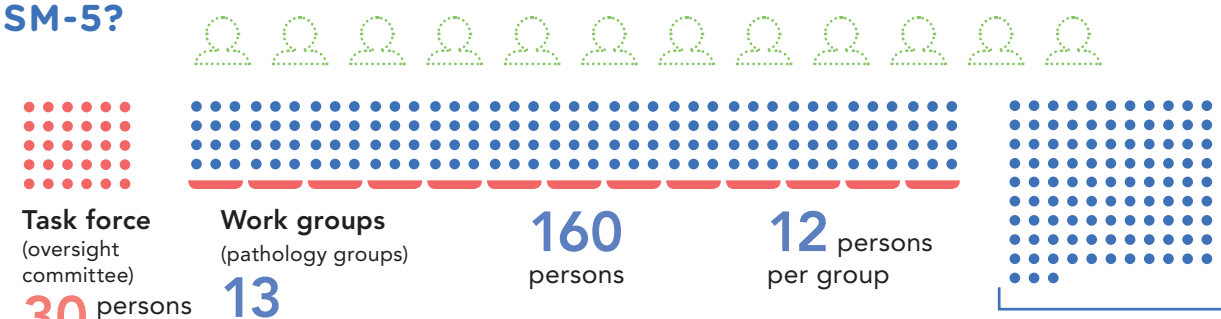
From 2010 to 2012, DSM-5 researchers conducted **field studies** to see how well clinicians could apply the new criteria.

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 328).

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 250).

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 589).

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 (pages 382, 421).

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

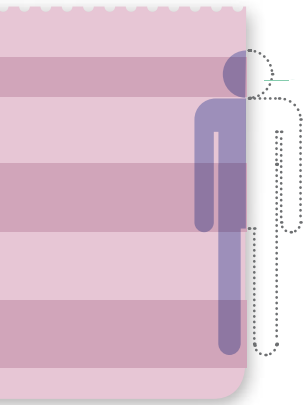
CON Substance abuse and substance dependence may require different treatments.

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



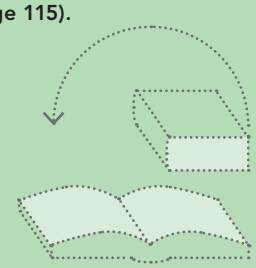
Inside DSM-5

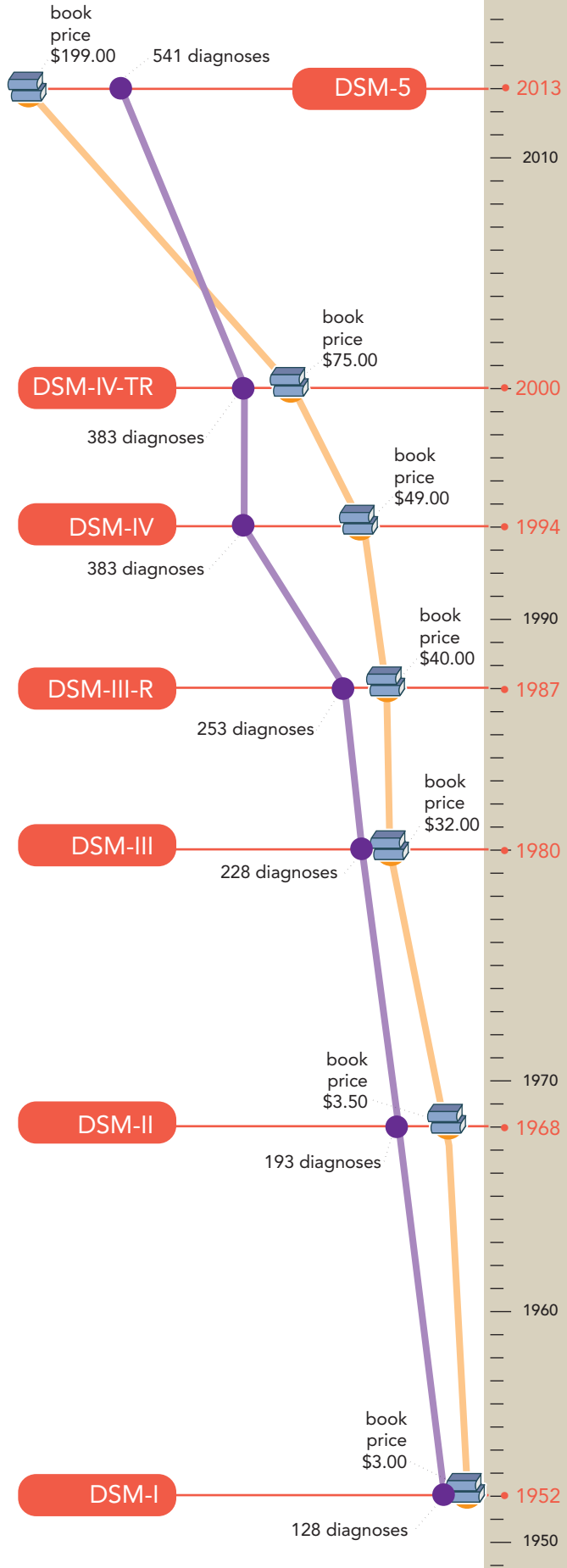
Outside advisors
300 persons

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).

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 115)**.





Gambling disorder is considered an *addiction* (page 419).

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 623).

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

DSM-5

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Abnormal Psychology

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NINTH EDITION

Abnormal Psychology

Ronald J. Comer
Princeton University

WORTH PUBLISHERS
A Macmillan Education Imprint
New York

Publisher: Rachel Losh
Executive Acquisitions Editor: Daniel McDonough
Senior Development Editor: Mimi Melek
Editorial Assistant: Kimberly Morgan
Senior Marketing Manager: Lindsay Johnson
Marketing Assistant: Allison Greco
Media Editor: Lauren Samuelson
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Art Director: Diana Blume
Cover and Interior Designer: Babs Reingold
Layout Designer: Paul Lacy
Infographics Artist: Charles Yuen
Production Manager: Sarah Segal
Composition: Northeastern Graphic, Inc.
Printing and Binding: RR Donnelley
Cover Image: Ed Fairburn

Credits to use previously published material can be found in the Credits section, starting on page C-1.

Library of Congress Preassigned Control Number: 2015930042

ISBN-13: 978-1-4641-7170-3
ISBN-10: 1-4641-7170-X

Printed in the United States of America

First printing

Worth Publishers
41 Madison Avenue
New York, NY 10010
www.macmillanhighered.com

To Mimi Melek,
Development editor extraordinaire

ABOUT THE AUTHOR

RONALD J. COMER has been a professor in Princeton University's Department of Psychology for the past 40 years, serving also as director of Clinical Psychology Studies and, currently, 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 consultant to Eden Autism Services and to hospitals and family practice residency programs throughout New Jersey.

In addition to writing *Abnormal Psychology,* Professor Comer is the author of the textbook *Fundamentals of Abnormal Psychology,* now in its seventh 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.

Paul L. Bree

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.

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CHAPTER 7

Depressive and Bipolar Disorders 215

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 aged 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 2 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.

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 struggled year in, year out. My sons have become accomplished middle-aged men, and their previous "adorable" tag is now worn by my 1-year-old and 3-year-old grandchildren, Emmett and Delia. I am older, humbler, and a bit more fatigued than the person who met with Linda Chaput 34 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—*Abnormal Psychology* and *Fundamentals of Abnormal Psychology.* The current version, *Abnormal Psychology,* Ninth Edition, represents my seventeenth 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 *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 the categories, quality, and implications of 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 238) and *What Happened to Asperger's Disorder?* (page 589).

•NEW• REORGANIZATION OF TWO KEY CHAPTERS Two chapters in this new edition of *Abnormal Psychology* have been restructured, partly to be consistent with certain DSM-5 changes, but more important because this reorganization helps the material to unfold in a more logical way for readers. All psychological disorders in which somatic symptoms are key features are now grouped together in Chapter 10, *Disorders Featuring Somatic Symptoms.* This chapter includes *factitious disorder, conversion disorder, somatic symptom disorder, illness anxiety disorder,* and *psychological factors affecting other medical conditions.* Psychological disorders that are triggered by extraordinary trauma and stress are now grouped together in Chapter 6, *Disorders of Trauma and Stress.* This chapter includes the *trauma- and stressor-related disorders* (*acute stress disorder, posttraumatic stress disorder,* and *adjustment disorders*) and the *dissociative disorders (dissociative amnesia, dissociative identity disorder,* and *depersonalization-derealization disorder).*

•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 in 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 565–566, 576); how social networking may provide a new source for social anxiety (page 155); and how today's technology has helped create new psychological disorders such as Internet addiction (pages 420, 660–662). It also looks at dangerous new trends such as the posting of self-cutting videos on the Internet (page 288). And it informs the reader about *cybertherapy* in its ever-expanding forms—from Skype therapy to avatar therapy to virtual reality treatments (pages 75, 84, 193).

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 24)
- A Researcher's Paradise? (page 35)
- Have Your Avatar Call My Avatar (page 84)
- Psychology's Wiki Leaks? (page 103)
- Social Media Jitters (page 155)
- Virtual Reality Therapy: Better than the Real Thing? (page 193)
- Texting: A Relationship Buster? (page 230)
- Mood Tracking (page 260)
- Crisis Texting (page 310)
- Can Social Media Spread "Mass Hysteria"? (page 323)

- Dark Sites of the Internet (page 361)
- Neknomination Goes Viral (page 388)
- "Sexting": Healthy or Pathological? (page 446)
- Can Computers Develop Schizophrenia? (page 481)
- Putting a Face on Auditory Hallucinations (page 506)
- Selfies: Narcissistic or Not? (page 546)
- Parent Anxiety on the Rise (page 571)
- Remember to Tweet: Tweet to Remember (page 616)
- New Ethics for a Digital Age (page 661)

•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 *Abnormal Psychology,* Ninth 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, offering fascinating snippets of information to spur the 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:

- Inside DSM-5 (inside front cover)
- Happiness (page 21)
- Research Pitfalls (page 45)
- Drug Approval (page 61)
- Common Factors in Therapy (page 124)
- Mindfulness (page 140)
- Sexual Assault (page 186)
- Sadness (page 249)
- Dietary Supplements: An Alternative Treatment (page 264)
- The Right to Commit Suicide (page 308)
- Sleep and Sleep Disorders (page 334)
- Body Dissatisfaction (page 357)
- Smoking, Tobacco, and Nicotine (page 394)
- Sex Throughout the Life Cycle (page 427)
- Hallucinations (page 473)
- Institutions for Psychological Care (page 498)
- Lying (page 557)
- Child and Adolescent Bullying (page 566)
- The Aging Population (page 613)
- Personal and Professional Issues (page 665)

•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:

- Immigration and the Mentally Ill in the 21st Century (Chapter 1)
- Flawed Study, Gigantic Impact (Chapter 2)
- Saving Minds Along with Souls (Chapter 3)
- The Fear Business (Chapter 5)
- When Doctors Discriminate (Chapter 10)
- Putting Delusions to Use (Chapter 14)

•NEW• *CLINICAL CHOICES* INTERACTIVE CASE STUDIES This ninth edition 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* (page 534); *the impact of the Affordable Care Act* (pages 22, 659); *the growing role of IRBs* (pages 49–51); *dimensional diagnoses* (pages 520–522); *new treatments in the field* (pages 44, 260, 506); *spirituality and mental health* (page 79); *overuse or misuse of certain diagnoses* (pages 212, 522); *the psychological price of celebrity* (pages 229, 295–296); *transgender issues* (pages 456–457); *alternative views of personality disorders* (pages 555–559); *imprisonment and psychological functioning* (page 644); *self-injury* (page 288); *the pro-Ana movement* (page 361); *poor medical treatment for people with psychological disorders* (page 340); *culture and abnormality* (pages 116, 554–555); *race and the clinical field* (page 132); and *sexism in the clinical field* (pages 238, 443).

•NEW• NEW 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 97, 100, 113, 120); Tonya, Munchausen syndrome by proxy (page 320); Meri, major depressive disorder (page 217); Eduardo, paranoid personality disorder (pages 522–523), Luisa, dissociative personality disorder (page 200); Kay, bipolar disorder (page 278); Shani, anorexia nervosa (page 352); Ricky, ADHD (pages 563–564); Lucinda, histrionic personality disorder (pages 541–542); Jonah, separation anxiety disorder (pages 567–568); Sam, voyeuristic disorder (page 451); and many others.

•NEW• CRITICAL THOUGHT QUESTIONS The "critical thought questions" were a very stimulating feature of my previous edition of *Abnormal Psychology.* These

questions 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 in every *MindTech* and *MediaSpeak* feature.

•NEW• "BETWEEN THE LINES" The textbook not only retains but expands a fun and thought-provoking feature from past editions that has been very popular among students and professors—the reader-friendly elements called Between the Lines, which consist of text-relevant tidbits, surprising facts, current events, historical notes, interesting trends, and enjoyable lists and 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 2012–2014, 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 significantly the textbook's attention to these important approaches (for example, pages 19–21).

•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 *Abnormal Psychology* certainly have included these important factors. In the twenty-first century, however, the study of such factors has, appropriately, been elevated to a broad perspective—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 74, 139, 261, 343).

•EXPANDED COVERAGE• NEUROSCIENCE The twenty-first century has witnessed the continued 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 *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 57–60, 143, 222–226).

Continuing Strengths

As I noted earlier, in this edition I have also retained the themes, material, and techniques that have worked successfully and 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.

"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.

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 of the figures, graphs, and tables, many new to this edition, reflect 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.

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 132 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 Danielle Gunraj, SUNY Binghamton.* This comprehensive guide ties together the ancillary package for professors and teaching assistants. The manual includes detailed chapter outlines, lists of principal learning objectives, ideas for lectures, 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/abnormalpsychology-ninthedition-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/abnormalpsychology-ninthedition-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/abnormalpsychology-ninthedition-comer.* This collection gives professors access to all of the photographs, illustrations, and tables from *Abnormal Psychology,* Ninth Edition.

ASSESSMENT TOOLS

TEST BANK *by Julie Gurner.* 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/abnormalpsychology-ninthedition-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, to curve tests, to generate reports, to 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 *Abnormal Psychology,* Ninth 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, an e-Book, and the LearningCurve adaptive quizzing system. For instructors, LaunchPad is a full-course space where class documents can be posted, quizzes can be 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 *Abnormal Psychology,* Ninth Edition, can be previewed at www.launchpadworks.com. *Abnormal Psychology,* Ninth Edition, and LaunchPad can be ordered together with:

ISBN-10: 1-319-01711-8
ISBN-13: 978-1-319-01711-8

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Acknowledgments

I am very grateful to the many people who have contributed to writing and producing this book. I particularly thank Marlene Comer for her usual outstanding work on the manuscript. In addition, I am indebted to Marlene Glissmann for her fast, furious, and fantastic work on the references. And I sincerely appreciate the superb work of the book's assistants—actually collaborators—Greg Comer and Jon Comer.

I am indebted greatly to those outstanding academicians and clinicians who have provided feedback on this new edition of *Abnormal Psychology,* along with that of its partner, *Fundamentals of Abnormal Psychology,* and have commented with great insight and wisdom on its clarity, accuracy, and completeness. Their collective knowledge has in large part shaped the current edition: David Alfano, Community College of Rhode Island; Jeffrey Armstrong, Northampton Community College; Wendy Bartkus, Albright College; Jennifer Bennett, University of New Mexico; Christine Browning, Victory University; Megan Davies, NOVA, Woodbridge Campus; Pernella Deams, Grambling State University; Frederick Ernst, University of Texas, Pan American; Jessica Goodwin Jolly, Gloucester County College; Abby Hill, Trinity International University; Tony Hoffman, University of California, Santa Cruz; Craig Knapp, College of St. Joseph; Sally Kuhlenschmidt, Western Kentucky University; Paul Lewis, Bethel College; Gregory Mallis, University of Indianapolis; Taryn Myers, Virginia Wesleyan College; Edward O'Brien, Marywood University; Mary Pelton-Cooper, Northern Michigan University; Ginger Pope, South Piedmont Community College; Lisa Riley, Southwest Wisconsin Technical College; Ty Schepis, Texas State University; and Elizabeth Seebach, Saint Mary's University of Minnesota.

Earlier I also received valuable feedback from academicians and clinicians who reviewed portions of the previous editions of *Abnormal Psychology* and *Fundamentals of Abnormal Psychology.* Certainly their collective knowledge has also helped shape this new edition, and I gratefully acknowledge their important contributions: Christopher Adams, Fitchburg State University; Dave W. Alfano, Community College of Rhode Island; Alisa Aston, University of North Florida; Kent G. Bailey, Virginia Commonwealth University; Stephanie Baralecki, Chestnut Hill College; Sonja Barcus, Rochester College; Marna S. Barnett, Indiana University of Pennsylvania; Jillian Bennett, University of Massachusetts Boston; Otto A. Berliner, Alfred State College; Allan Berman, University of Rhode Island; Douglas Bernstein, University of Toronto, Mississauga; Sarah Bing, University of Maryland Eastern Shore; Greg Bolich, Cleveland Community College; Stephen Brasel, Moody Bible Institute; Conrad Brombach, Christian Brothers University; Barbara Brown, Georgia Perimeter College; Jeffrey A. Buchanan, Minnesota State University, Mankato; Gregory M. Buchanan, Beloit College; Laura Burlingame-Lee, Colorado State University; Loretta Butehorn, Boston College; Glenn M. Callaghan, San José State University; E. Allen Campbell, University of St. Francis; Julie Carboni, San Jose Christian College and National University; David N. Carpenter, Southwest Texas University; Marc Celentana, The College of New Jersey; Edward Chang, University of Michigan; Daniel Chazin, Rutgers University; Sarah Cirese, College of Marin; June Madsen Clausen, University of San Francisco; Victor B. Cline, University of Utah; E. M. Coles, Simon Fraser University; Michael Connor, California State University, Long Beach; Frederick L. Coolidge, University of Colorado, Colorado Springs; Patrick J. Courtney, Central Ohio Technical College; Charles Cummings, Asheville Buncombe Technical Community College; Dennis Curtis, Metropolitan Community College; Timothy K. Daugherty, Missouri State University; Lauren Doninger, Gateway Community College; Mary Dosier, University of Delaware; S. Wayne Duncan, University of Washington, Seattle; Anne Duran, California State University, Bakersfield; Morris N. Eagle, York University; Miriam Ehrenberg, John

Jay College of Criminal Justice; Jon Elhai, University of Toledo; Daniella K. C. Errett, Pennsylvania Highlands Community College; Carlos A. Escoto, Eastern Connecticut State University; William Everist, Pima Community College; Jennifer Fiebig, Loyola University Chicago; David M. Fresco, Kent State University; Anne Fisher, University of Southern Florida; William E. Flack Jr., Bucknell University; John Forsyth, State University of New York, Albany; Alan Fridlund, University of California, Santa Barbara; Stan Friedman, Southwest Texas State University; Dale Fryxell, Chaminade University; Lawrence L. Galant, Gaston College; Kathryn E. Gallagher, Georgia State University; Rosemarie B. Gilbert, Brevard Community College; Karla Gingerich, Colorado State University; Nicholas Greco, College of Lake County; Jane Halonen, James Madison University; James Hansell, University of Michigan; Hansjörg Neth, Rensselaer Polytechnic Institute; David Harder, Tufts University; Morton G. Harmatz, University of Massachusetts; Jinni A. Harrigan, California State University, Fullerton; Jumi Hayaki, College of the Holy Cross; RaNae Healy, GateWay Community College; Anthony Hermann, Kalamazoo College; Paul Hewitt, University of British Columbia; David A. Hoffinan, University of California, Santa Cruz; Art Hohmuth, The College of New Jersey; Art Houser, Fort Scott Community College; Danae Hudson, Missouri State University; William G. Iacono, University of Minnesota; Ashleigh E. Jones, University of Illinois at Urbana-Champaign; Ricki E. Kantrowitz, Westfield State University; Barbara Kennedy, Brevard Community College; Lynn M. Kernen, Hunter College; Audrey Kim, University of California, Santa Cruz; Guadalupe Vasquez King, Milwaukee Area Technical College; Tricia Z. King, Georgia State University; Bernard Kleinman, University of Missouri, Kansas City; Futoshi Kobayashi, Northern State University; Alan G. Krasnoff, University of Missouri, St. Louis; Robert D. Langston, University of Texas, Austin; Kimberlyn Leary, University of Michigan; Harvey R. Lerner, Kaiser-Permanente Medical Group; Arnold D. LeUnes, Texas A&M University; Michael P. Levin, Kenyon College; Barbara Lewis, University of West Florida; Mary Margaret Livingston, Louisiana Technical University; Karsten Look, Columbus State Community College; Joseph LoPiccolo, University of Missouri, Columbia; L. E. Lowenstein, Southern England Psychological Services; Jerald J. Marshall, University of Central Florida; Toby Marx, Union County College; Janet R. Matthews, Loyola University; Robert J. McCaffrey, State University of New York, Albany; Rosemary McCullough, Ave Maria University; F. Dudley McGlynn, Auburn University; Tara McKee, Hamilton College; Lily D. McNair, University of Georgia; Mary W Meagher, Texas A&M University; Dorothy Mercer, Eastern Kentucky University; Michele Metcalf, Coconino Community College; Joni L. Mihura, University of Toledo; Andrea Miller, Georgia Southwestern State University; Antoinette Miller, Clayton State University; Regina Miranda, Hunter College; John Mitchell, Lycoming College; Robin Mogul, Queens University; Linda M. Montgomery, University of Texas, Permian Basin; Jeri Morris, Roosevelt University; Karen Mottarella, University of Central Florida; Maria Moya, College of Southern Nevada; Karla Klein Murdock, University of Massachusetts, Boston; Sandy Naumann, Delaware Technical Community College; David Nelson, Sam Houston State University; Paul Neunuebel, Sam Houston State University; Ryan Newell, Oklahoma Christian University; Katherine M. Nicolai, Rockhurst University; Susan A. Nolan, Seton Hall University; Fabian Novello, Purdue University; Ryan O'Loughlin, Nazareth College; Mary Ann M. Pagaduan, American Osteopathic Association; Crystal Park, University of Connecticut; Dominic J. Parrott, Georgia State University; Daniel Paulson, Carthage College; Paul A. Payne, University of Cincinnati; David V. Perkins, Ball State University; Julie C. Piercy, Central Virginia Community College; Lloyd R. Pilkington, Midlands Technical College; Harold A. Pincus, chair, DSM-IV, University of Pittsburgh, Western Psychiatric Institute and Clinic; Chris Piotrowski, University of West Florida; Debbie Podwika, Kankakee Community College; Norman Poppel, Middlesex County College; David E. Powley, University of Mobile; Laura A. Rabin, Brooklyn College; Max W. Rardin, University of Wyoming, Laramie;

Lynn P. Rehm, University of Houston; Leslie A. Rescorla, Bryn Mawr College; R. W. Rieber, John Jay College, CUNY; Esther Rothblum, University of Vermont; Vic Ryan, University of Colorado, Boulder; Randall Salekin, Florida International University; Edie Sample, Metropolitan Community College; Jackie Sample, Central Ohio Technical College; A. A. Sappington, University of Alabama, Birmingham; Martha Sauter, McLennan Community College; Laura Scaletta, Niagara County Community College; George W. Shardlow, City College of San Francisco; Shalini Sharma, Manchester Community College; Roberta S. Sherman, Bloomington Center for Counseling and Human Development; Wendy E. Shields, University of Montana; Sandra T. Sigmon, University of Maine, Orono; Susan J. Simonian, College of Charleston; Janet A. Simons, Central Iowa Psychological Services; Jay R. Skidmore, Utah State University; Rachel Sligar, James Madison University; Katrina Smith, Polk Community College; Robert Sommer, University of California, Davis; Jason S. Spiegelman, Community College of Baltimore County; John M. Spores, Purdue University, South Central; Caroline Stanley, Wilmington College; Wayne Stein, Brevard Community College; Arnit Steinberg, Tel Aviv University; David Steitz, Nazareth College; B. D. Stillion, Clayton College & State University; Deborah Stipp, Ivy Tech Community College; Joanne H. Stohs, California State University, Fullerton; Jaine Strauss, Macalester College; Mitchell Sudolsky, University of Texas, Austin; John Suler, Rider University; Sandra Todaro, Bossier Parish Community College; Terry Trepper, Purdue University Calumet; Thomas A. Tutko, San José State University; Arthur D. VanDeventer, Thomas Nelson Community College; Maggie VandeVelde, Grand Rapids Community College; Jennifer Vaughn, Metropolitan Community College; Norris D. Vestre, Arizona State University; Jamie Walter, Roosevelt University; Steve Wampler; Southwestern Community College; Eleanor M. Webber, Johnson State College; Lance L. Weinmann, Canyon College; Doug Wessel, Black Hills State University; Laura Westen, Emory University; Brook Whisenhunt, Missouri State University; Joseph L. White, University of California, Irvine; Justin Williams, Georgia State University; Amy C. Willis, Veterans Administration Medical Center, Washington, DC; James M. Wood, University of Texas, El Paso; Lisa Wood, University of Puget Sound; Lucinda E. Woodward, Indiana University Southeast; Kim Wright, Trine University; David Yells, Utah Valley State College; Jessica Yokely, University of Pittsburgh; Carlos Zalaquett, University of South Florida; and Anthony M. Zoccolillo, Rutgers University.

I would also like to thank a group of talented professors who provided valuable feedback that shaped the development of our new, exciting interactive case studies, *Clinical Choices,* in this new edition: David Berg, Community College of Philadelphia; Christopher J. Dyszelski, Madison Area Technical College; Paul Deal, Missouri State University; Urminda Firlan, Kalamazoo Valley Community College; Julie Hanauer, Suffolk County Community College; Sally Kuhlenschmidt, Western Kentucky University; Erica Musser, Florida International University; Garth Neufeld, Highline Community College; and Jeremy Pettit, Florida International University.

A special thank you to the authors of the book's supplements package for doing splendid jobs with their respective supplements: Julie Gurner (*Test Bank*); Danielle Gunraj, SUNY Binghamton (*Instructor's Resource Manual*); Taryn Myers, Virginia Wesleyan College (*Clinical Choices*); Mallory Malkin, Mississippi University for Women (*Research Exercises*); Jennifer Bennett, University of New Mexico (*Chapter Quizzes*); Ann Brandt-Williams, Glendale Community College; Elaine Cassel, Marymount University and Lord Fairfax Community College; Danae L. Hudson, Missouri State University; John Schulte, Cape Fear Community College and University of North Carolina; and Brooke L. Whisenhunt, Missouri State University (additional Web site materials).

I also extend my deep appreciation to the core team of professionals at Worth Publishers and W. H. Freeman and Company who have worked so closely with me to produce this edition and many previous editions. The book's development editor, Mimi Melek, to whom I have dedicated this book, is simply the hardest-working and smartest person I know. Her work on this textbook has been truly beyond description, so I won't even try to describe it. Suffice it to say, she is the best, and I am more than fortunate that she has been the senior editor for this and the last several editions of my textbooks. She has also become a dear friend. Similarly, the rest of my Worth core team consists of truly extraordinary people—each extremely talented, each committed to excellence, each dedicated to the education of readers, each bound by a remarkable work ethic, and each a wonderful person. It is accurate to say that these members of the core team were once again my coauthors and co-teachers in this enterprise, and I am in their debt. They are Rachel Losh, publisher; Daniel McDonough, executive acquisitions editor; Tracey Kuehn, director of editing, design, and media production for the sciences and social sciences, Jane O'Neill, senior project editor; Sarah Segal, production manager; Paul Lacy, layout designer; Jennifer Atkins, photo editor; Lauren Samuelson, media editor; Babs Reingold, cover and interior designer; Diana Blume, art director; and Chuck Yuen, infographic designer.

I also am indebted to Kevin Feyen, vice president, digital product development, and Catherine Woods, vice president, editing, design, and media production, who have been involved with my books for many years. Still other professionals at Worth and at Freeman to whom I am indebted are Lisa Kinne, managing editor; Todd Elder, director of advertising; Kimberly Morgan, editorial assistant; Katherine Garrett, assistant editor; Melissa Rostek, editorial intern; Hilary Newman, director of rights and permissions; Melissa Pellerano and Felicia Ruocco, permissions editors; Anna Paganelli, copy editor; Ellen Brennan and Marlene Glissmann, indexers; and John Philp, for his outstanding work on the video supplements for professors and students. Not to be overlooked are the superb professionals at Worth and at Freeman who continuously work with great passion, skill, and judgment to bring my books to the attention of professors across the world: Kate Nurre, executive marketing manager; Lindsay Johnson, senior marketing manager; Allison Greco, marketing assistant; Craig Bleyer, national sales manager; and the company's wonderful sales representatives. Thank you so much.

One final note. As I mentioned in the prefaces of the past few editions, with each passing year I have become increasingly aware of just how fortunate I am. So, once again, at the risk of sounding like a walking cliché, let me say with a clarity that at the age of 67 is sharper and better informed than at earlier points in my life, how appreciative I am that I have the opportunity each day to work with so many interesting and stimulating students during this important and exciting stage of their lives. Similarly, I am grateful beyond words for my extraordinary family, particularly my wonderful sons, Greg and Jon; my fantastic daughters-in-law, Emily and Jami; my perfect grandchildren, Delia and Emmett; and my truly magnificent wife, Marlene.

Ron Comer
Princeton University
January 2015


Schruns
Lüner See
Brunnenfeld
Stallehr
Lorüns
St. Anton
Tschagguns
Kaltenbrunnen
Außerbraz
Innerbraz
Mühleplatz
Bürs
Rungelin
Schafberg
Drusenfluh
Sulzfluh
Latschau
Bitschweil
Galgenu
Tschaggunser Mittagsspitze
Tilisuna Seehorn
Schwarzhorn
Mittag-Sp.
Gamsfreiheit

Ed Fairburn

CHAPTER

1

Abnormal Psychology: Past and Present

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 her daughters. 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.

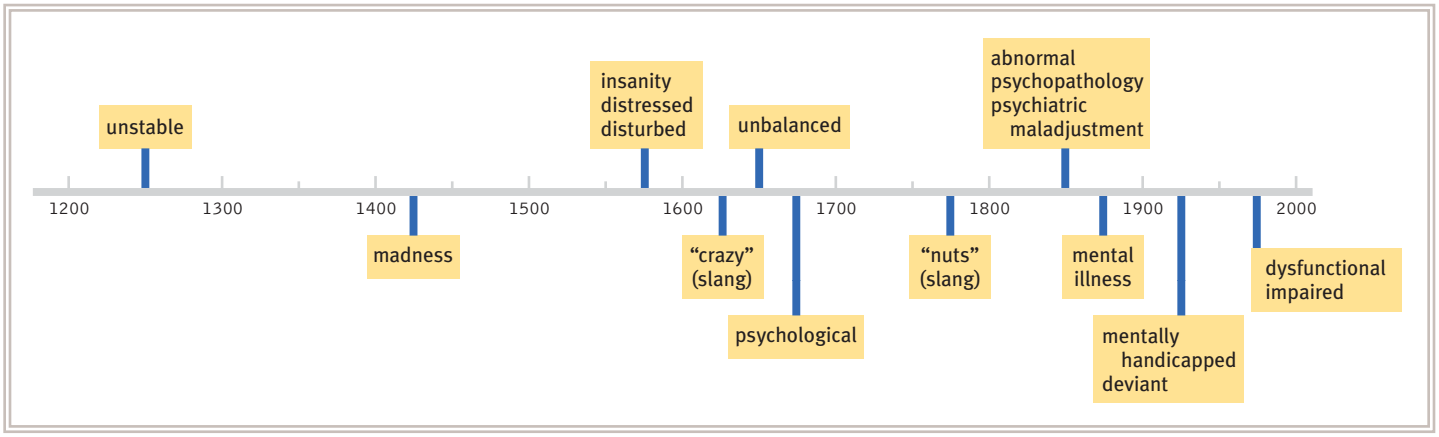
Most of us would probably consider Johanne's and Alberto's emotions, thoughts, and behaviors psychologically abnormal. They are the result of a state sometimes called *psychopathology*, *maladjustment*, *emotional disturbance*, or *mental illness* (see *PsychWatch* on the next page). These terms have 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

TOPIC OVERVIEW

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.



and the past have struggled with it. Psychological problems can bring great suffering, but they can also be the source of inspiration and energy.

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; Pierre, 2010). 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

▸ **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.

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 key limitations.

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.

Carol Beckwith/Robert Estall Photo Agency/Alamy

Deviance and abnormality
Along the Niger River, men of the Wodaabe tribe put on elaborate makeup and costumes to attract women. In Western society, the same behavior would break behavioral norms and probably be judged abnormal.

Judgments about what constitutes 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 about what constitutes 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, left 1.5 million homeless, and destroyed most of the country's business establishments and educational institutions. 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. Over the next few months, a devastating hurricane, an outbreak of cholera, and violent political protests brought still more death and destruction to the people of Haiti (Granitz, 2014; MCEER, 2011; 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. The modest but happy life she and her daughters had once known was now gone, seemingly forever. In this light, Johanne's reactions do not seem quite so inappropriate. If anything is abnormal here, it is her situation.

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.

Chaideer Mahyuddin/AFP/Getty Images

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.

Many human experiences produce intense reactions—financial ruin, large-scale catastrophes and disasters, rape, child abuse, war, terminal illness, chronic pain (Fu et al., 2014; Walsh et al., 2014). Is there an "appropriate" way to react to such things? Should we ever call reactions to such experiences abnormal?

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."

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. Alberto does experience distress over the coming invasion and the life changes he feels forced to make. But 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,

BETWEEN THE LINES

In Their Words

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

Edgar Allen Poe

"I can calculate the motion of heavenly bodies but not the madness of people."

Sir Isaac Newton

or work productively. Alberto, for example, has quit his job, left his family, and prepared to withdraw from the productive life he once led.

Here again one's culture plays a role in the definition of abnormality. Our society holds that it is important to carry out daily activities in an effective manner. Thus Alberto's behavior is likely to be regarded as abnormal and undesirable, whereas that of the Ice Breakers, who continue to perform well in their jobs and enjoy fulfilling relationships, would probably be considered simply unusual.

Dysfunction alone, though, does not necessarily indicate psychological abnormality. Some people (Gandhi or Cesar Chavez, for example) fast or in other ways deprive themselves of things they need as a means of protesting social injustice. Far from receiving a clinical label of some kind, they are widely viewed as admirable people—caring, sacrificing, even heroic.

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; Jorm et al., 2012). Despite powerful misconceptions, 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

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, 2012, 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. Societies, he was convinced, invent the concept of mental illness so that they can better control or change people whose unusual patterns of functioning upset or threaten the social order.

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, 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.

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

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.

AP Photo/Katsumi Kasahara

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.*

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.

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.

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* above).

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.

What Is Treatment?

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

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 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 for helping people overcome their psychological difficulties. According to clinical theorist Jerome Frank, all forms of therapy have three essential 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 3), 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

BETWEEN THE LINES

In Their Words

"Some seek the comfort of their therapist's office, . . . but I chose running as my therapy."

Dean Karnazes, *Ultramarathon Man: Confessions of an All-Night Runner*

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.

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.

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, 2007, 2005). The rates in other countries are similarly high. Furthermore, most people have difficulty coping at various times and go through periods of extreme tension, dejection, or other forms of psychological discomfort.

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 (Gelkopf et al., 2013; North, 2010) (see *PsychWatch* on the next page). Although the pressures of modern life probably do contribute to psychological dysfunctioning, they are hardly its primary cause (Wang et al., 2010). 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.

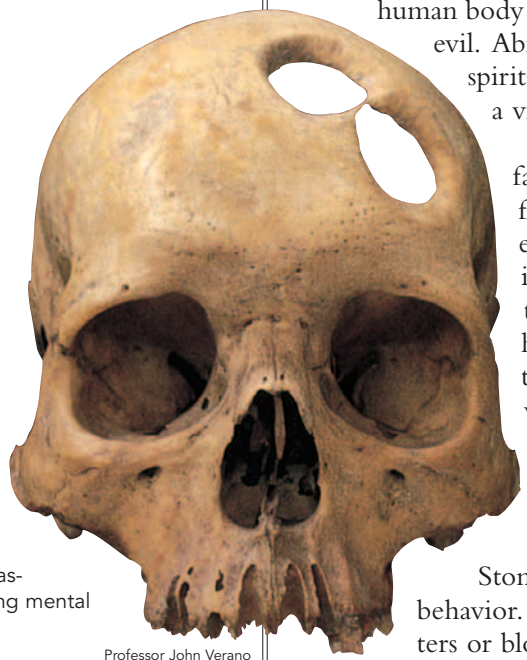
Ancient Views and Treatments

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 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).

In recent decades, some historians have questioned whether Stone Age people actually believed that evil spirits caused abnormal behavior. Trephination may instead have been used to remove bone splinters or blood clots caused by stone weapons during tribal warfare (Maher

▸ **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.



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.

PsychWatch

Modern Pressures, Modern Problems

The twenty-first century, like each of the centuries before it, has spawned new fears and concerns that are tied to its unique community threats, environmental dangers, and technological changes. These new fears have received relatively little study. They may or may not reflect abnormal functioning. Nevertheless, they have caught the attention of the media and clinical observers. Such fears include *terrorism terror, crime phobia,* and *cyber fear.*

Terrorism Terror

Global terrorism has become a major source of anxiety in contemporary society, particularly since the September 11, 2001, attacks on the World Trade Center in New York City and the Pentagon in Washington, DC. Moreover, everyday hassles of the past have been turned into potential threats by their association with the actions of terrorists (Aly & Green, 2010; Furedi, 2007). Few people in Kenya, for example, are now able to view shopping as a simple pleasure or minor hassle, given the 2013 militant terrorist attack on the Westgate shopping center in Nairobi, in which at least 67 shoppers were killed.

Crime Phobia

People today are increasingly anxious about crime (Wallace, 2012; Morrall et al., 2010; Scarborough et al., 2010). Some observers note that the fear of crime—predominantly armed violence—has restructured how individuals live. Political scientist Jonathan Simon says, "[F]ear of crime can have a more powerful effect on people and neighborhoods than crime itself. Fear of crime governs us in our choices of where to live, where to work, where to send our children to school. And these choices are made with increasing reference to crime" (quoted in Bergquist, 2002). Many theorists point to disproportionate media coverage of violent crimes as a major cause of crime phobia, particularly given that crime anxiety seems to keep rising even while actual crime rates are falling (Bean, 2011; Stearns, 2006).

Cyber Fear

Many people live in fear of computer crashes, server overloads, or computer viruses (FBI, 2010). And some, stricken by a combination of crime phobia and cyber fear, worry constantly about *e-crimes,* such as computer hoaxes or scams, theft of personal information by computer, computer-identity theft, and cyberterrorism (Minei & Matusitz, 2012; Whittle, 2010). Several treatment programs have been developed to help people deal with such anxieties and return to carefree keyboarding (Wurman et al., 2000).

The horror of terrorism Fearful shoppers at the Westgate shopping center in Kenya scramble for safety as armed police hunt the terrorist gunmen who went on a shooting spree and took hostages at the mall on September 21, 2013.

& Maher, 2003, 1985). Either way, later societies clearly did attribute abnormal behavior to possession by demons. Egyptian, Chinese, and Hebrew writings all account for psychological deviance this way. The Bible, for example, describes how an evil spirit from the Lord affected King Saul and how David feigned madness to convince his enemies that he was visited by divine forces.

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.

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