

Susan Krauss Whitbourne

# Abnormal Psychology

**CLINICAL PERSPECTIVES ON PSYCHOLOGICAL DISORDERS**



**EIGHTH EDITION**

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# ABNORMAL PSYCHOLOGY

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Clinical Perspectives on Psychological Disorders  
EIGHTH EDITION

SUSAN KRAUSS WHITBOURNE

*University of Massachusetts Amherst*





ABNORMAL PSYCHOLOGY: CLINICAL PERSPECTIVES ON PSYCHOLOGICAL DISORDERS,  
EIGHTH EDITION

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*To my wonderful family: Richard, Stacey, Jenny, Erik,  
Teddy, and Scarlett*

# ABOUT THE AUTHOR



Courtesy of Susan Whitbourne

**Susan Krauss Whitbourne** is Professor of Psychology at the University of Massachusetts Amherst. She teaches large undergraduate classes in addition to teaching and supervising doctoral students in developmental and clinical psychology. Her clinical experience has covered both inpatient and outpatient settings. Professor Whitbourne is a Fellow of the American Psychological Association.

Professor Whitbourne received her PhD from Columbia University and has a Diplomate in Geropsychology from the American Board of Professional Psychology. She taught at the State University of New York at Geneseo and the University of Rochester. At the University of Massachusetts, she received the University's Distinguished Teaching Award, the Outstanding Advising Award, and the College of Arts and Sciences Outstanding Teacher Award. In 2001, she received the Psi Chi Eastern Region Faculty Advisor Award and in 2002, the Florence Denmark Psi Chi National Advisor Award. In 2003, she received both the APA Division 20 and Gerontological Society of America Mentoring Awards. She served as the Departmental Honors Coordinator from 1990–2010 and currently is the Psi Chi Faculty Advisor and the Director of the Office of National Scholarship Advisement in the Commonwealth Honors College. The author of eighteen books and over 170 journal articles and book chapters, Professor Whitbourne is regarded as an expert on personality development in mid- and late life. She is President-Elect of the Eastern Psychological Association, Chair of the Behavioral and Social Sciences Section of the Gerontological Society of America, and is on the APA Board of Educational Affairs. She served as APA Council Representative to Division 20 (Adult Development and Aging), having also served as Division 20 President. She is a Fellow of APA's Divisions 20, 1 (General Psychology), 2 (Teaching of Psychology), 9 (Society for the Psychological Study of Social Issues), 12 (Clinical Psychology), and 35 (Society for the Psychology of Women). Professor Whitbourne served as an item writer for the Educational Testing Service, was a member of APA's High School Curriculum National Standards Advisory Panel, wrote the APA High School Curriculum Guidelines for Life-Span Developmental Psychology, and serves as an item writer for the Examination for Professional Practice of Psychology. Her 2010 book, *The Search for Fulfillment*, was nominated for an APA William James Award. In 2011, she was recognized with a Presidential Citation from APA. In addition to her academic writing, she edits a blog on *Psychology Today* entitled "Fulfillment at Any Age" and a blog on Huffington Post "Post50" website.

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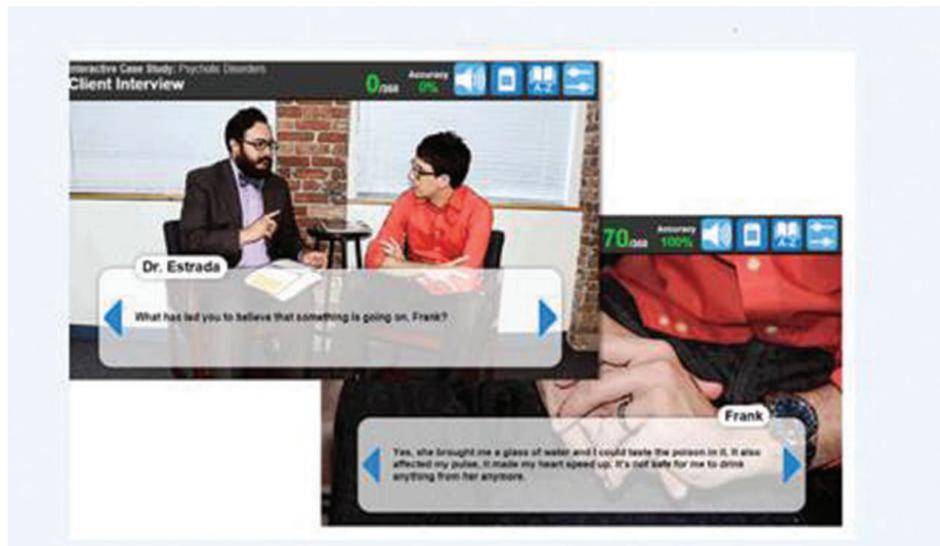
# PREFACE

With its case-based approach, *Abnormal Psychology: Clinical Perspectives on Psychological Disorders* helps students understand the human side of psychological disorders. Updated with *DSM-5* content, the Eighth Edition ties concepts together with an integrated, personalized learning program, providing students the insight they need to study smarter and improve performance.

 McGraw-Hill Education Connect is a digital assignment and assessment platform that strengthens the link between faculty, students, and course work. Connect for Abnormal Psychology includes assignable and assessable videos, quizzes, exercises, and Interactivities, all associated with learning objectives for *Abnormal Psychology: Clinical Perspectives on Psychological Disorders*, Eighth Edition.

## Thinking Critically about Abnormal Psychology

**NEW! Interactive Case Studies** help students understand the complexities of psychological disorders. Co-developed with psychologists and students, these immersive cases bring the intricacies of clinical psychology to life in an accessible, gamelike format. Each case is presented from the point of view of a licensed psychologist, a social worker, or a psychiatrist. Students observe sessions with clients and are asked to identify major differentiating characteristics associated with each of the psychological disorders presented. Interactive Case Studies are assignable and assessable through McGraw-Hill Education's Connect.



Updated with *DSM-5* content, **Faces of Abnormal Psychology** connects students to real people living with psychological disorders. Through its unique video program, Faces of Abnormal Psychology helps students gain a deeper understanding of psychological disorders and provides an opportunity for critical thinking.

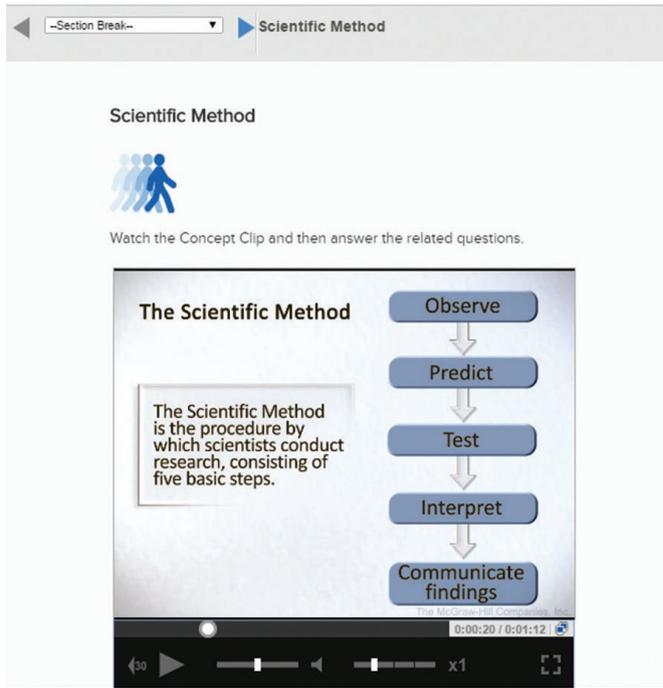


## Informing and Engaging Students on Psychological Concepts

Using Connect for Abnormal Psychology, students can learn the course material more deeply and study more effectively than ever before.

At the *remember* and *understand* levels of Bloom's taxonomy, **Concept Clips** help students break down key themes and difficult concepts. Using easy-to-understand analogies, visual cues, and colorful animations, Concept Clips make psychology meaningful to everyday life. The Eighth Edition includes Concept Clips on topics such as The Scientific Method, Independent and Dependent Variables, Correlation, Major Depressive Disorder, and Stress and Coping.

At the *apply*, *analyze*, and *evaluate* levels of Bloom's taxonomy, **Interactivities** allow students to engage with the content to practice and apply their understanding of psychology to the world with fun, stimulating activities. **NewsFlash** exercises tie current news stories to key psychological principles and learning objectives. After interacting with a contemporary news story, students are assessed on their ability to make the connection between real life and research findings. Cases are revisited across chapters, encouraging students to consider multiple perspectives.



## Connect Reports: Personalized Grading on the Go, Made Easier

Whether a class is face-to-face, hybrid, or entirely online, Connect provides the tools needed to reduce the amount of time and energy that instructors must spend to administer their courses. Easy-to-use course management tools allow instructors to spend less time administering and more time teaching, while reports allow students to monitor their progress and optimize study time.

- **Connect Insight** is a one-of-a-kind visual analytics dashboard—now available for both instructors and students—that provides at-a-glance information regarding student performance.

## Better Data, Smarter Revision, Improved Results

Students study more effectively with SmartBook.

- **Make It Effective.** Available in Connect and SmartBook<sup>®</sup> creates a personalized reading experience by highlighting the most impactful concepts a student needs to learn at that moment in time. This ensures that every minute spent with SmartBook is returned to the student as the most value-added minute possible.
- **Make It Informed.** Real-time reports quickly identify the concepts that require more attention from individual students—or the entire class. SmartBook detects the content a student is most likely to forget and brings it back to improve long-term knowledge retention.

Students helped inform the revision strategy.

- **Make It Precise.** Systematic and precise, a heat map tool collates data anonymously collected from thousands of students who used Connect Abnormal Psychology's LearnSmart.
- **Make It Accessible.** The data is graphically represented in a heat map as “hot spots” showing specific concepts with which students had the most difficulty. Revising these concepts, then, can make them more accessible for students.



- The **Category Analysis Report** details student performance relative to specific learning objectives and goals, including APA learning goals and outcomes and levels of Bloom’s taxonomy.
- The **At-Risk Student Report** provides instructors with one-click access to a dashboard that identifies students who are at risk of dropping out of the course due to low engagement levels.
- The **LearnSmart Reports** allow instructors and students to easily monitor progress and pinpoint areas of weakness, giving each student a personalized study plan to achieve success.

## Clinical Perspectives on Psychological Disorders

The subtitle, *Clinical Perspectives on Psychological Disorders*, reflects the emphasis in each of the prior editions on the experience of clients and clinicians in their efforts to facilitate each individual’s maximum functioning. Each chapter begins with an actual case study that typifies the disorders in that chapter, then returns to the case study at the end with the outcome of a prescribed treatment on the basis of the best available evidence. Throughout the chapter, the author translates the symptoms of each disorder into terms that capture the core essence of the disorder. The philosophy is that students should be able to appreciate the fundamental nature of each disorder without necessarily having to memorize diagnostic criteria. In that way, students can gain a basic understanding that will serve them well regardless of their ultimate professional goals.

In this Eighth Edition, the author refreshes many of the cases to reflect stronger ethnic diversity and age distribution.

Above all, the study of abnormal psychology is the study of profoundly human experiences. To this end, the author has developed a biographical feature entitled “Real Stories.” You will read narratives from the actual experiences of celebrities, sports figures, politicians, authors, musicians, and artists ranging from Ludwig van Beethoven to Herschel Walker. Each story is written to provide insight into the particular disorder covered within the chapter. By reading these fascinating biographical pieces, you will come away with a more in-depth personal perspective to use in understanding the nature of the disorder.

The author has developed this text using a scientist-practitioner framework. In other words, you will read about research informed by clinical practice. The author presents research on theories and treatments for each of the disorders based on the principles of “evidence-based practice.” This means that the approaches are tested through extensive

research informed by clinical practice. Many researchers in the field of abnormal psychology also treat clients in their own private offices, hospitals, or group practices. As a result, they approach their work in the lab with the knowledge that their findings can ultimately provide real help to real people.

## Chapter-by-Chapter Changes

As mentioned, this Eighth Edition was revised in response to student heat map data that pinpointed the topics and concepts where students struggled the most. This was reflected primarily in Chapters 6, 7, 11, 14, and 15.

This edition reflects the most recent revision to the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association in 2013 and known as *DSM-5*. The *DSM-5* was written following a lengthy process of revising the previous edition, the *DSM-IV-TR*, involving hundreds of researchers contributing to task forces intended to investigate each of the major categories of disorders. We will still talk about the *DSM-IV-TR* in some chapters, if only as a contrast to the *DSM-5*. Each chapter has a section entitled “What’s in the *DSM-5*” which highlights the critical changes introduced in 2013 and shows why they matter. Additionally, because so much of our current understanding of research on psychological disorders used earlier editions of the DSM for diagnostic purposes, students will still encounter findings based on the prior diagnostic system. It generally takes a few years for research to catch up with new diagnostic terminology both because of the amount of time it takes for articles to reach publication stage, and also because there may be no available research instruments based on the new diagnostic criteria. From the student’s point of view, the conceptual frameworks that inform the way we think about psychological disorders are most important.

Adding to this complexity is the fact that an entirely different classification system, the International Classification of Diseases (ICD) is used by countries outside of the U.S. and Canada as well as in the U.S. for governmental insurance agencies. We will discuss the ICD when relevant, particularly as it relates to international comparisons.

Other content changes include the following:

### Chapter 1

- Reorganized the history of abnormal psychology section to present more clearly the major themes underlying the development of the spiritual, humanitarian, and scientific approaches

- Updated the list of behaviors in the range from “normal” to “abnormal”
- Added a discussion of randomized control trials to the research methods section

## Chapter 2

- Updated and expanded material on *DSM-5*
- New discussion of Z codes in *ICD-10*
- Updated language used to describe the client and clinician
- Expanded the description of the diagnostic process
- Expanded the distinction between short-term and long-term goals
- New material on the outcome of treatment

## Chapter 3

- Updated discussion of psychological assessment
- Expanded material on personality testing
- Added discussion of executive functioning
- New material on diffusion tensor imaging (DTI)

## Chapter 4

- Expanded description of the role of neurotransmitters in psychological disorders
- Increased focus on the role of genetics
- Updated explanation of genetics and epigenetics
- Expanded discussion of post-Freudian psychodynamic theorists
- New material on the phenomenon of transference

## Chapter 5

- Increased discussion on fetal alcohol syndrome and fetal alcohol spectrum disorder (FASD)
- Updated prevalence statistics and discussion of standards of diagnosis for autism spectrum disorder
- Expanded discussion of behavioral strategies for individuals with autism spectrum disorder to help improve health and overall well-being
- New discussion of the genetic basis of Rett syndrome

- Updated coverage of ADHD in adults
- Revised discussion on medications for ADHD

## Chapter 6

- New statistics on gender differences in aging among people with schizophrenia
- Revised discussion of criteria associated with a diagnosis of schizophrenia
- Updated research on cognitive symptoms and their neurological basis in schizophrenia
- Discussion of catatonia as a separate disorder in *DSM-5*
- New material on schizophrenia as a spectrum disorder
- Added research on neuroplasticity and schizophrenia
- Expanded discussion of shared psychotic disorder
- Updated coverage of neuroimaging methods for identifying changes in brain structures
- New findings on cognitive behavioral therapy for psychosis
- New discussion of auditory training as a treatment method

## Chapter 7

- Updated material on health risks for people with bipolar disease in middle and later life
- Included new research on neuroscience of depressive disorders
- Expanded discussion of the role of genetics in major depressive disorder
- Updated research on psychotherapy for depressive disorders, including mindfulness training
- Provided results of randomized clinical trials on cognitive-behavioral and interpersonal therapy for depressive and bipolar disorders
- Revised discussion of antidepressant medications for mood disorders
- Updated statistics on suicide rates by age group
- Examined evidence in support of resilience model for reducing suicide risk

## Chapter 8

- Included new research on role of environmental influences in genetic contributions to separation anxiety disorder
- Discussed role of sociocultural factors in separation anxiety disorder
- Updated treatment methods of selective mutism to include cognitive-behavioral therapy
- Presented support for virtual reality exposure therapy
- Expanded treatment of motivational interviewing, acceptance and commitment therapy, and mindfulness/meditation in treating anxiety disorders
- Replaced Paula Deen with Howie Mandel in Real Stories
- Added dialectical behavior therapy (DBT) as a method of treating hoarding disorder

## Chapter 9

- Included research on relationship between somatic symptoms and anxiety and depressive disorders
- Expanded treatment of illness anxiety disorder
- Provided clearer explanation of conversion disorder
- Updated research on coping mechanisms in later adulthood
- Included discussion of compassion fatigue
- Updated research on the field of behavioral medicine

## Chapter 10

- Described long-term outcomes for women with eating disorders
- Expanded role of neurotransmitters in eating disorders
- Added new information on genetic studies of eating disorders
- Expanded treatment of family therapy for eating disorders
- Described therapy for sleep-wake disorders in more detail
- Updated cognitive-behavioral therapy for intermittent explosive disorder
- Provided new research on genetic risk for conduct disorder

## Chapter 11

- Expanded discussion of paraphilic disorders
- New epidemiological data on pedophilic disorder
- Expanded description of research on sexual masochism and sexual sadism
- Increased discussion of treatment of individuals with paraphilic disorders
- New material on female sexual interest/arousal disorder
- Updated research on relationship between body image and sexual functioning
- Updated discussion of treatment of female sexual interest/arousal disorder
- Expanded material on theories and treatment of gender dysphoria including discussion of transgender individuals

## Chapter 12

- Updated all prevalence statistics on illicit substances
- Provided summary of recent work on diathesis-stress model of alcohol use disorders
- Discussed role of mindfulness training in substance use disorders

## Chapter 13

- Updated prevalence statistics on Alzheimer's disease
- Provided updated information on biological causes of Alzheimer's disease
- New discussion of chronic traumatic encephalopathy (CTE)

## Chapter 14

- Included new research on personality traits in relation to personality disorders
- Added research on the traits of fearless dominance and dark triad in individuals high in psychopathy
- Updated research on genetic contributions to personality disorders
- Expanded discussion of therapy for antisocial personality disorder, including motivational interviewing

- New discussion of long-term prospects of children and adolescents diagnosed with borderline personality disorder
- New research on mentalization therapy for borderline personality disorder
- New discussion of the distinction between grandiose and vulnerable narcissism
- Discussed cognitive-behavioral therapy and mindfulness training in the treatment for people with dependent personality disorder

## Chapter 15

- Updated information on changes in the APA Ethics Code regarding enhanced interrogation methods
- New material on certification of psychologists with diplomate status

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The **Instructor’s Manual** provides many tools useful for teaching the Eighth Edition. For each chapter, the Instructor’s Manual includes an overview of the chapter, teaching objectives, suggestions and resources for lecture topics, classroom activities, and essay questions designed to help students develop ideas for independent projects and papers.

The **Test Bank** contains over 2,000 testing items. All testing items are classified as conceptual or applied, and referenced to the appropriate learning objective. All test questions are available within the TestGen™ software.

The **PowerPoint** slides, now WCAG accessible, are key points of each chapter and contain key illustrations, graphs, and tables for instructors to use during their lectures.

## Acknowledgments

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It has been particularly satisfying to work on this edition with my daughter, Jennifer L. O'Brien, Ph.D., who served as my research assistant and author of all the Case Reports and Real Stories in the text. A psychologist at the Massachusetts Institute of Technology (MIT) Medical Mental Health and Counseling services, Jenny received her Ph.D. in 2015 from American University, completed a Predoctoral Internship at the Durham V.A. Hospital and a Postdoctoral Internship at the Boston V.A. Hospital. Her wide range of experiences both with veterans and university students gives her a unique perspective and set of insights that inform the entire book.

Finally, a great book can't come together without a great publishing team. I'd like to thank the editorial team, all of whom worked with me through various stages of the publishing process. Special gratitude goes to my editor, Krista Bettino, whose vision helped me present the material in a fresh and student-oriented manner. Joanne Fraser served as product developer and I could not ask for more thorough and knowledgeable support in the revising of this edition. I also wish to thank Sandy Wille and Deb Hash, of the Production Team at McGraw-Hill, whose assistance in preparing the manuscript was incredible.



## A Letter from the Author

I am very glad that you are choosing to read my textbook. The topic of abnormal psychology has never been more fascinating or relevant. We constantly hear media reports of celebrities having meltdowns for which they receive quickie diagnoses that may or may not be accurate. Given all of this misinformation in the mind of the public, I feel that it's important for you to be educated in the science and practice of abnormal psychology. At the same time, psychological science grabs almost as many headlines in all forms of news media. It seems that everyone is eager to learn about the latest findings ranging from the neuroscience of behavior to the effectiveness of the newest treatment methods. Such advances in brain-scanning methods and studies of psychotherapy effectiveness are greatly increasing our understanding of how to help treat and prevent psychological disorders.

Particularly fascinating are the *DSM-5* changes. Each revision of the DSM brings with it controversies and challenges and the *DSM-5* is no exception. Despite challenges to the new ways that the *DSM-5* defines and categorizes psychological disorders, it is perhaps more than any earlier edition based on strong research. Scientists and practitioners will continue to debate the best ways to interpret this research. We all will benefit from these dialogues.

The profession of clinical psychology is also undergoing rapid changes. With changes in health care policy, it is very likely that more and more professionals ranging from psychologists to mental health counselors will be employed in providing behavioral interventions. By taking this first step toward your education now, you will be preparing yourself for a career that is increasingly being recognized as vital to helping individuals of all ages and all walks of life to achieve their greatest fulfillment.

I hope you find this text as engaging to read as I found to write. Please feel free to e-mail me with your questions and reactions to the material. As a user of McGraw-Hill's Connect in my own introductory psychology class, I can also vouch for its effectiveness in helping you achieve mastery of the content of abnormal psychology. I am also available to answer any questions you have, from an instructor's point of view, about how best to incorporate this book's digital media into your own teaching.

Thank you again for choosing to read this book!

Best,  
Susan Krauss Whitbourne, PhD  
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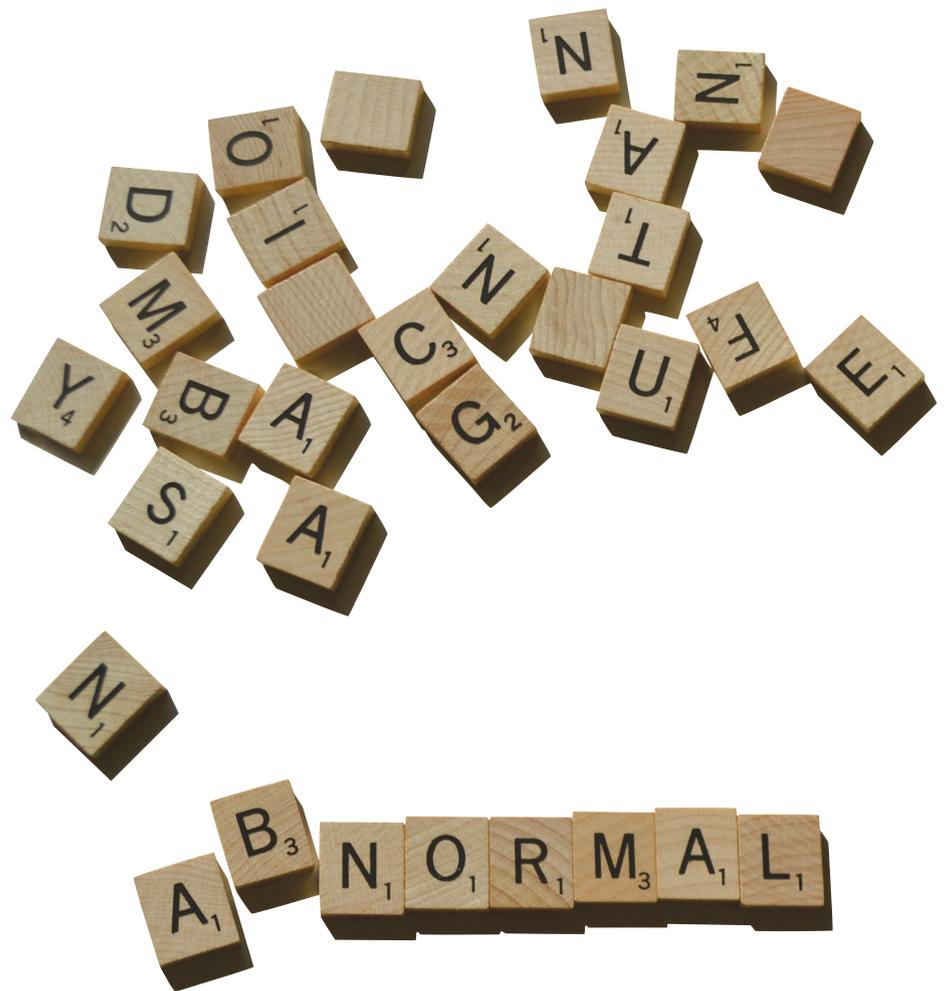
# Overview to Understanding Abnormal Behavior

## OUTLINE

Case Report: Rebecca Hasbrouck  
What Is Abnormal Behavior?  
The Social Impact of Psychological Disorders  
Defining Abnormality  
What Causes Abnormal Behavior?  
    Biological Contributions  
    Psychological Contributions  
    Sociocultural Contributions  
    The Biopsychosocial Perspective  
Prominent Themes in Abnormal Psychology Throughout History  
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    Humanitarian Approach  
    Scientific Approach  
Research Methods in Abnormal Psychology  
Experimental Design  
What's in the *DSM-5*: Definition of a Mental Disorder  
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Types of Research Studies  
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Real Stories: Vincent van Gogh: Psychosis  
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Bringing It All Together:  
Clinical Perspectives  
Return to the Case:  
Rebecca Hasbrouck  
Summary  
Key Terms

## Learning Objectives

- 1.1 Distinguish between normal but unusual behavior and between unusual but abnormal behavior.
- 1.2 Understand how explanations of abnormal behavior have changed through time.
- 1.3 Articulate the strengths and weaknesses of research methods.
- 1.4 Describe types of research studies.



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## Case Report: Rebecca Hasbrouck

**Demographic information:** 18-year-old Caucasian female.

**Presenting problem:** Rebecca self-referred to the university counseling center. She is a college freshman, living away from home for the first time. After the first week of school, Rebecca reports that she is having trouble sleeping, is having difficulty concentrating in her classes, and often feels irritable. She is frustrated by the difficulties of her coursework and states she is worried that her grades are beginning to suffer. She also reports that she is having trouble making friends at school and that she has been feeling lonely because she has no close friends here with whom she can talk openly. Rebecca is very close to her boyfriend of 3 years, though they have both started attending college in different cities. She was tearful throughout our first session, stating that, for the first time in her life, she feels overwhelmed by feelings of hopelessness. She reports that although the first week at school felt like “torture,” she is slowly growing accustomed to her new lifestyle, but she still struggles with missing her family and boyfriend, as well as her friends from high school.

**Relevant past history:** Rebecca has no family history of psychological disorders. She reported

that sometimes her mother tends to get “really stressed out” though she has never received professional mental health treatment.

**Symptoms:** Depressed mood, difficulty falling asleep (insomnia), difficulty concentrating on schoolwork. She denied suicidal ideation.

**Case formulation:** Although it appeared at first as though Rebecca was suffering from a major depressive episode, she did not meet the diagnostic criteria. While the age of onset for depression tends to be around Rebecca’s age, given her lack of a family history of depression and that her symptoms were occurring in response to a major stressor, the clinician determined that Rebecca was suffering from adjustment disorder with depressed mood.

**Treatment plan:** The counselor will refer Rebecca for psychotherapy. Therapy should focus on improving her mood, and also should allow her a space to discuss her feelings surrounding the major changes that have been occurring in her life.

*Sarah Tobin, PhD*  
*Clinician*

Rebecca Hasbrouck’s case report summarizes the pertinent features that a clinician would include when first seeing a client after an initial evaluation. Each chapter of this book begins with a case report for a client whose characteristics are related to the chapter’s topic. A fictitious clinician, Dr. Sarah Tobin, who supervises a clinical setting that offers a variety of services, writes the case reports. In some instances, she provides the services, and in others, she supervises the work of another psychologist. For each case, she provides a diagnosis using the official manual adopted by the profession known as the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* (American Psychiatric Association, 2013).

At the end of the chapter, after you have developed a better understanding of the client’s disorder, we will return to Dr. Tobin’s description of the treatment results and expected future outcomes for the client. We also include Dr. Tobin’s personal reflections on the case, to help you gain insight into the clinician’s experience in working with psychologically disordered individuals.

The field of abnormal psychology is filled with countless fascinating stories of people who suffer from psychological disorders. In this chapter, we will try to give you some sense of the reality that psychological disturbance is certain to touch everyone, to some extent, at some point in life. As you progress through this course, you will almost certainly develop a sense of the challenges people associate with psychological problems. You will find yourself drawn into the many ways that mental health problems affect the lives of individuals, their families, and society. In addition to becoming more personally exposed to the emotional aspects of abnormal psychology, you will learn about the scientific and theoretical basis for understanding and treating the people who suffer from psychological disorders.

## 1.1 What Is Abnormal Behavior?

It’s possible that you know someone very much like Rebecca, who is suffering from more than the average degree of adjustment difficulties in college. Would you consider her psychologically disturbed? Would you consider giving her a diagnosis? What if she showed up at your door, looking as if she were ready to harm herself?

At what point do you draw the line between someone who has a psychological disorder and someone who, like Rebecca, has an adjustment disorder? Is it even necessary to give Rebecca any diagnosis at all? Questions about normality and abnormality such as these are basic to our understanding of psychological disorders.

Perhaps you yourself are, or have been, unusually depressed, fearful, or anxious. If not you, quite possibly someone you know has struggled with a psychological disorder or its symptoms. It may be that your father struggles with alcoholism, your mother has been hospitalized for severe depression, your sister has an eating disorder, or your brother has an irrational fear. If you have not encountered a psychological disorder within your immediate family, you have very likely encountered one in your extended family and circle of friends. You may not have known the formal psychiatric diagnosis for the problem, and you may not have understood its nature or cause, but you knew that something was wrong and recognized the need for professional help.

Until they are forced to face such problems, most people believe that “bad things” happen only to other people. You may think that other people have car accidents, succumb to cancer, or in the psychological realm, become severely depressed. We hope that reading this textbook will help you go beyond this “other people” syndrome. Psychological disorders are part of the human experience, touching the life—either directly or indirectly—of every person. However, they don’t have to destroy those lives. As you read about these disorders and the people who suffer with them, you will find that these problems can be treatable, if not preventable.



This young woman’s apparent despair may be the symptoms of a psychological disorder.

## 1.2 The Social Impact of Psychological Disorders

Psychological disorders affect both the individual and the other people in the individual's social world. Put yourself in the following situation. You receive an urgent text from the mother of your best friend, Jeremy. You call Jeremy's mother and find out he's been admitted to a psychiatric hospital and he wants to see you. According to Jeremy's mother, only you can understand what he is going through. The news is puzzling and distressing. Coming out of the blue, you had no idea that he had any psychological problems. You ponder what you will say to him when you see him. This is your closest friend, but now you wonder how all of this will change. How much can you ask him about what he's going through? How is it that you never saw any of this coming? Unsure about what to do when you get there, you wonder what kind of shape he'll be in and whether he'll even be able to communicate with you. What will it be like to see him in a psychiatric hospital? What will he expect of you, and what will this mean for the future of your relationship?

Now imagine the same scenario, but instead you receive news that Jeremy was just admitted to the emergency room of a general hospital with an acute appendicitis. You know exactly how to respond when you go to see him. You will ask him how he feels, what exactly is wrong with him, and when he will be well again. Even though you might not like hospitals very much, at least you have a pretty good idea about what hospital patients are like. It does not seem peculiar to imagine Jeremy as a patient in this kind of hospital. The appendectomy won't seem like anything special, and you would probably not even consider whether you could be friends with him again after he is discharged. He'll be as good as new in a few weeks, and your relationship with him will resume unchanged.

Now that you've compared these two scenarios, consider the fact that people with psychological disorders frequently face situations such as Jeremy's in which even the people who care about them aren't sure how to respond to their symptoms. Furthermore, even after their symptoms are under control, individuals like Jeremy continue to experience profound and long-lasting emotional and social effects as they attempt to resume their former lives. The disorder itself may also bring about anguish and personal suffering. Like Rebecca, they must cope with feelings of loneliness and sadness. Rather than



The family of individuals with psychological disorders face significant stress when their relatives must be hospitalized.

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**stigma**

A label that causes certain people to be regarded as different, defective, and set apart from mainstream members of society.

enjoying her newfound independence while at college like her classmates, she is experiencing extreme amounts of sadness and loneliness. She is unable to focus on her studies, make new friends, or even sleep.

There is associated with psychological disorders a great deal of **stigma**, a label that causes certain people to be regarded as different, defective, and set apart from mainstream members of society. The negative attitudes attached to psychological disorders exist even in our current society in which there is more awareness of the prevalence of mental health issues. Social attitudes toward people with psychological disorders range from discomfort to outright prejudice. Language, humor, and stereotypes portray psychological disorders in a negative light and many people fear that those who have these disorders are violent and dangerous.

There seems to be something about a psychological disorder that makes people want to distance themselves from it as much as possible. The result of these stereotypes is social discrimination, which only serves to complicate the lives of the afflicted even more. Making matters worse, people experiencing symptoms of a psychological disorder may not avail themselves of the help they could receive from treatment because they have incorporated these stigmatized views of mental illness (Clement et al., 2015).

In the chapters that follow, you will read about a wide range of disorders involving mood, anxiety, substance use, sexuality, and thought disturbance. The case descriptions will give you a glimpse into the feelings and experiences of people who have these disorders, and you may find that some of these individuals seem similar to you or to people you know. As you read about the disorders, put yourself in the place of the people who have these conditions. Consider how they feel and how they would like people to treat them. We hope that you will realize that our discussion is not about disorders, but about the people with these disorders.

### 1.3 Defining Abnormality

There is a range of behaviors that people consider “normal.” Where do you draw the line? From the following examples, decide which of these you regard as abnormal.

- Feeling jinxed when your “lucky” seat in an exam is already occupied when you get to class
- Being unable to sleep, eat, study, or talk to anyone else for days after a lover says, “It’s over between us”
- Breaking into a cold sweat at the thought of being trapped in an elevator
- Swearing, throwing pillows, and pounding fists on the wall in the middle of an argument with a roommate
- Refusing to eat solid food for days at a time in order to stay thin
- Engaging in a thorough hand-washing after coming home from a bike ride
- Protesting the rising cost of college by joining a picket line outside the campus administration building
- Being convinced that people are constantly being critical of everything you do
- Drinking a six-pack of beer a day in order to be “sociable” with friends
- Playing videogames for hours at a time, avoiding other study and work obligations

If you’re like most people, you probably found it difficult to decide which of these behaviors would be normal and which would be abnormal. It is surprisingly difficult to make this distinction because so many of them are part of everyday life. You can see now why mental health professionals grapple with the appropriate definition of abnormality. Yet, criteria need to exist for mental health professionals to use in their work with clients so they can proceed to provide appropriate treatment.

Looking back on this list of behaviors, think now about how each would rate if you apply the five criteria for a psychological disorder used by mental health professionals. In reality, no one would diagnose a psychological disorder on the basis of a single behavior, but using these criteria can at least give you some insight into the process that clinicians use when deciding whether a given client has a disorder or not.

The first criterion for a psychological disorder is **clinical significance**, meaning that the behavior involves a degree of impairment that a clinician can observe. People who feel jinxed about not having a lucky seat available for an exam would fit this criterion only if they could not concentrate on the exam at all unless they sat in that seat.

Second, to be considered evidence of a psychological disorder, a behavior must reflect a dysfunction in a psychological, biological, or developmental process. Concretely, this means that even if scientists do not currently know what that dysfunction is, they assume that it can one day be discovered.

The third criterion for abnormality is the behavior must be associated with significant distress or disability in important realms of life. This may sound similar to clinical significance, but the idea of distress or disability is that it applies to how the individual feels or behaves beyond having a measurable effect that the clinician can observe. The individual either feels negatively affected by the behavior (“distress”) or suffers negative consequences in life as a result (“disability”). People may enjoy playing videogames to a point, but if they exclude their other obligations, this will negatively affect their lives. They may also feel distressed but unable to stop themselves from engaging in the behavior.

Fourth, the individual’s behavior cannot simply be socially “deviant” as defined in terms of religion, politics, or sexuality. The person who refuses to eat meat for religious, political, or other personal reasons would not be considered to have a psychological disorder by this standard. However, if that person restricts all food intake to some level far below what is healthy, then that individual may meet one of the other criteria for abnormality such as clinical significance and/or the distress-disability dimension.

The fifth and final criterion for a psychological disorder is that it reflects a dysfunction within the individual. A psychological disorder cannot reflect a difference in political beliefs between citizens and their governments. Those campus protesters who want to keep college costs down could not, according to this criterion, be considered psychologically disordered, although they may be putting themselves at risk if they never attend a single class.

As you can see, deciding which behaviors are normal and which are not is a difficult proposition. Furthermore, when it comes to making an actual diagnosis of a client, the

### clinical significance

The criterion for a psychological disorder in which the behavior being evaluated involves a measurable degree of impairment that the clinician can observe.



This woman is distressed over her inability to fall asleep, but does this mean she has a psychological disorder?

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mental health professional must further weigh the merits versus disadvantages of using a diagnostic label. The merits are that the individual will receive treatment (and be able to receive insurance reimbursement) but the disadvantages can be that the individual will be labeled with a psychological disorder that becomes part of his or her health records. At a later point in life, that diagnosis may make it difficult for the individual to qualify for certain jobs.

Fortunately, mental health professionals have these criteria to guide them, with extensive manuals that allow them to feel reasonably confident that they are assigning diagnoses when appropriate. These five criteria, and the specific diagnoses for the many forms of psychological disorders that can affect people, form the core content of this course.

## 1.4 What Causes Abnormal Behavior?

For the moment, we will leave behind the question of whether behavior is abnormal or normal while we look at the potential factors that can be involved in leading individuals to experience a psychological disorder. As you will learn, we can best conceptualize abnormal behavior from multiple vantage points. Following from the **biopsychosocial perspective**, abnormal behavior is seen as reflecting a combination of biological, psychological, and sociocultural factors as these evolve over time in the individual's growth and development.

### biopsychosocial perspective

A model in which the interaction of biological, psychological, and sociocultural factors is seen as influencing the development of the individual.

### Biological Contributions

Starting first with the biological part of the equation, the factors within the body that can contribute to abnormal behavior include genetic abnormalities that alone, or in combination with the environment, influence the individual's psychological functioning. Within the biopsychosocial perspective, these biological influences must impact or alter some feature of nervous system functioning.

The most relevant genetic influences for our purposes are inherited factors that alter the functioning of the nervous system. However, psychological disorders can also be produced by environmental influences alone if these affect the brain or related organs of the body. For example, people with thyroid disturbances may experience wide mood or activity level fluctuations. Brain injury resulting from a head trauma can result in altered thoughts, memory loss, and changes in mood.

Within the biopsychosocial perspective, social factors interact with biological and psychological contributions, in that environmental influences can alter behavior. Exposure to toxic substances in the environment can also alter an individual's emotions and behavior by their effects on the nervous system. Additionally, environmental deprivation caused by poverty, malnutrition, or social injustice can place individuals at risk by threatening their physical health, which in turn affects their mental health.

### Psychological Contributions

You are probably more familiar with the idea that psychological disturbances are the causes of altered psychological functioning or behavior. Within the biopsychological perspective, however, psychological causes are viewed as part of a larger constellation of factors influenced by something going on within the body interacting with exposure to a certain environment.

We might argue, however, that from a strictly psychological perspective, some causes of abnormal behavior reflect entirely psychological factors. For example, individuals may find themselves repeating distressing behaviors that are instilled through learning experiences. They may also express emotional instability as the result of feeling that their parents or caretakers could not be relied on to watch over them.

Although there are no pure psychological causes in the biopsychosocial perspective, those that reflect learning, life experiences, or exposure to certain situations may be thought of as reflecting predominantly psychological influences. These can also include difficulty coping with stress, illogical fears, susceptibility to uncontrollable emotions,

and a host of other dysfunctional thoughts, feelings, and behaviors that lead individuals to meet the criteria for psychological disorder.

## Sociocultural Contributions

The term **sociocultural perspective** refers to the various circles of influence on the individual ranging from close friends and family to the institutions and policies of a country or the world as a whole. These interact in important ways with biological processes affecting the brain, as discussed, and with the psychological contributions that occur through exposure to particular experiences.

One important unique sociocultural contribution to psychological disorders is discrimination, whether based on social class, income, race and ethnicity, sexual orientation, or gender. Discrimination not only limits people's ability to experience psychological well-being, but can also have direct effects on physical health and development. For example, it has long been known that people from lower economic income and status brackets are more likely to have psychological disorders due to the constant strain of being discriminated against as well as lack of access to education and health resources.

As we pointed out earlier, moreover, people who are diagnosed with a psychological disorder are likely to be stigmatized as a result of their symptoms and diagnostic label. The stress of carrying the stigma of mental illness increases the emotional burden for these individuals and their loved ones. Because it may prevent them from seeking badly needed help, it also perpetuates a cycle in which many people in need become much worse.

The stigma of psychological disorders affects people from ethnic and racial minorities more severely than those from mainstream society. For example, European American adolescents and their caregivers are twice as likely as members of minority groups to define problems in mental health terms or to seek help for such problems (Roberts, Alegría, Roberts, & Chen, 2005).

The existence of multiple forms of discrimination means, then, that individuals must cope not only with their symptoms and the stigma of their symptoms, but also with the negative attitudes toward their socially defined group. Clinicians working with individuals from discriminated-against groups are increasingly learning the importance of taking these factors into account in both diagnosis and treatment. We will learn about the specific guidelines that mental health experts are developing to help ensure that clinicians receive adequate training in translating theory into practice.

### sociocultural perspective

The theoretical perspective that emphasizes the ways that individuals are influenced by people, social institutions, and social forces in the world around them.

## The Biopsychosocial Perspective

Table 1 summarizes the three categories of causes of psychological disorders. As you have seen, disturbances in any of these areas of human functioning can contribute to the development of a psychological disorder. Furthermore, although this breakdown is helpful, it is important to keep in mind the many possible interactions among these three sets of influences.

TABLE 1 Causes of Abnormal Behavior

<b>Biological</b>	Genetic inheritance Physiological changes Exposure to toxic substances
<b>Psychological</b>	Past learning experiences Maladaptive thought patterns Difficulties coping with stress
<b>Sociocultural</b>	Social policies Discrimination Stigma