Abnormal Psychology

Clinical Perspectives on Psychological Disorders

Ninth Edition

Susan Krauss Whitbourne

Mc Graw Hill Education

ABNORMAL PSYCHOLOGY

Clinical Perspectives on Psychological Disorders

NINTH EDITION

SUSAN KRAUSS WHITBOURNE

University of Massachusetts Boston

Mc Graw Hill Education

ABNORMAL PSYCHOLOGY: CLINICAL PERSPECTIVES ON PSYCHOLOGICAL DISORDERS, NINTH EDITION

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

ABOUT THE AUTHOR

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Susan Krauss Whitbourne is professor emerita of Psychological and Brain Sciences at the University of Massachusetts Amherst, and adjunct professor of Gerontology at University of Massachusetts Boston. She has taught 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 prior to moving to the University of Massachusetts Amherst, where 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. In 2018, she was recognized as a Psi Chi Distinguished Member.

As the departmental honors coordinator from 1990–2010, Professor Whitbourne was also the Psi Chi faculty advisor from 1990 through 2017, and the director of the Office of National Scholarship Advisement in the Commonwealth Honors College from 1999 through 2017. The author of 18 books and over 170 journal articles and book chapters, Professor Whitbourne is regarded as an expert on personality development in middle and late life. She is immediate past president of the Eastern Psychological Association and past chair of the Behavioral and Social Sciences Section of the Gerontological Society of America and was a member of the APA Board of Educational Affairs. She serves 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). In 2018, Professor Whitbourne was nominated for president-elect of APA. She is also a member of the Board of Directors of the Massachusetts Psychological Association, where she also chairs the Nominations and Governance Committee.

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 writes a highly popular blog on *Psychology Today* entitled "Fulfillment at Any Age" and has appeared on numerous media outlets, including *NBC Dateline* and *Today Show*, *AM Canada,* and CNN.

ABOUT THE CONTRIBUTOR

Jennifer L. O'Brien is a staff psychologist at the Massachusetts Institute of Technology's Mental Health and Counseling Service, providing psychotherapy to undergraduate and graduate students who present with a broad range of psychological concerns. In addition to her clinical role at MIT, Dr. O'Brien supervises clinical psychology trainees and serves on the MIT Medical Gender & Sexuality care team. Dr. O'Brien specializes in treating mood and anxiety disorders and has expertise in working with the LGBTQ+ population.

Dr. O'Brien received her PhD in clinical psychology from American University in Washington, D.C. Her dissertation, "Empathic Accuracy and Compassion Fatigue in Therapist Trainees," is published in *Professional Psychology: Research and Practice.* She completed her predoctoral internship at the Durham VA Medical Center in Durham, NC, and postdoctoral fellowship at the VA Boston Healthcare System, where she worked with military veterans and received extensive training in providing evidence-based treatments for depression, anxiety, PTSD, and substance abuse.

In addition to her clinical expertise, Dr. O'Brien has published manuscripts on topics such as gender and aging, and has served as editor on peer-reviewed journals. Dr. O'Brien previously contributed to the seventh and eighth editions of *Abnormal Psychology: Clinical Perspectives on Psychological Disorders.*

Courtesy of Jennifer O'Brien

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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. The Ninth Edition ties concepts together with an integrated, personalized learning program, providing students the insight they need to study smarter and improve performance.

A Personalized Experience that Leads to Improved Learning and Results

How many students think they know everything about abnormal psychology but struggle on the first exam? Students study more effectively with Connect and SmartBook.

- SmartBook helps students study more efficiently by highlighting what to focus on in the chapter, asking review questions, and directing them to resources until they understand.
- Connect's assignments help students contextualize what they've learned through application, so they can better understand the material and think critically.
- SmartBook creates a personalized study path customized to individual student needs.
- Connect reports deliver information regarding performance, study behavior, and effort so instructors can quickly identify students who are having issues or focus on material that the class hasn't mastered.

New to this edition, SmartBook is now optimized for mobile and tablet and is accessible for students with disabilities. Content-wise, it has been enhanced with improved learning objectives that are measurable and observable to improve student outcomes. SmartBook personalizes learning to individual student needs, continually adapting to pinpoint knowledge gaps and focus learning on topics that need the most attention. Study time is more productive and, as a result, students are better prepared for class and coursework. For instructors, SmartBook tracks student progress and provides insights that can help guide teaching strategies.

SMARTBOOK®

Experience the Power of Data

Abnormal Psychology: Clinical Perspectives on Psychological Disorders harnesses the power of data to improve the instructor and student experiences.

Better Data, Smarter Revision, Improved Results

For this new edition, data were analyzed to identify the concepts students found to be the most difficult, allowing for expansion upon the discussion, practice, and assessment of challenging topics. The revision process for a new edition used to begin with gathering information from instructors about what they would change and what they would keep. Experts in the field were asked to provide comments that pointed out new material to add and dated material to review. Using all these reviews, authors would revise the material. But now, a new tool has revolutionized that model.

McGraw-Hill Education authors now have access to student performance data to analyze and to inform their revisions. These data are anonymously collected from the many students who use SmartBook, the adaptive learning system that provides students with individualized assessment of their own progress. Because virtually every text paragraph is tied to several questions that students answer while using SmartBook, the specific concepts with which students are having the most difficulty are easily pinpointed through empirical data in the form of a "heat map" report.

Powerful Reporting

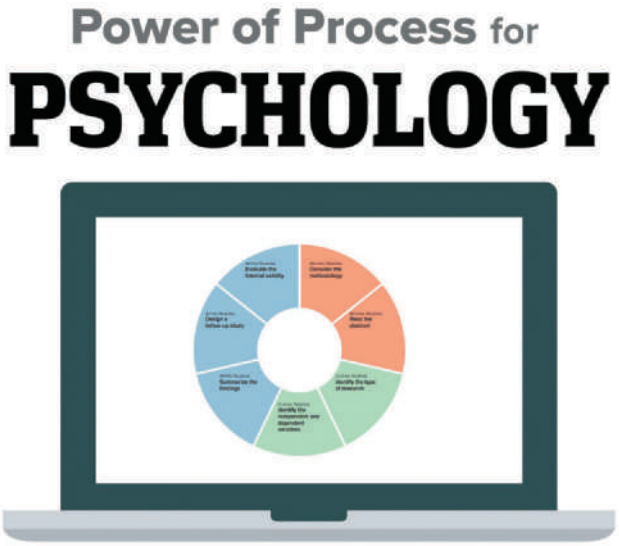
Whether a class is face-to-face, hybrid, or entirely online, McGraw-Hill Connect provides the tools needed to reduce the amount of time and energy instructors spend administering their courses. Easy-to-use course management tools allow instructors to spend less time administering and more time teaching,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

- 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 **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.
- **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.
- The **SmartBook Reports** allow instructors and students to easily monitor progress and pinpoint areas of weakness, giving each student a personalized study plan to achieve success.

Informing and Engaging

McGraw-Hill Connect offers several ways to actively engage students. 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,* Ninth Edition.

New to the Ninth Edition, **Power of Process** guides students through the process of critical reading and analysis. Faculty can select or upload content, such as journal articles, and assign guiding questions to move students toward higher-level thinking and analysis.



Through the connection of psychology to students' own lives, concepts become more relevant and understandable. **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 link between real life and research findings. Topics include brain chemistry and depression, eating disorders in boys, and criticisms of the *DSM-5.*

Thinking Critically About Abnormal Psychology

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.

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.

SUPPORTING INSTRUCTORS WITH TECHNOLOGY

With McGraw-Hill Education, you can develop and tailor the course you want to teach.

McGraw-Hill Campus (www.mhcampus.com) provides faculty with true single sign-on access to all of McGraw-Hill's course content, digital tools, and other high-quality learning resources from any learning management system. McGraw-Hill Campus includes access to McGraw-Hill's entire content library, including eBooks, assessment tools, presentation slides, and multimedia content, among other resources, providing faculty open, unlimited access to prepare for class, create tests/quizzes, develop lecture material, integrate interactive content, and more.

With **Tegrity,** you can capture lessons and lectures in a searchable format and use them in traditional, hybrid, "flipped classes," and online courses. With Tegrity's personalized learning features, you can make study time efficient. Its ability to affordably scale brings this benefit to every student on campus. Patented search technology and real-time learning management system (LMS) integrations make Tegrity the market-leading solution and service.

With McGraw-Hill Education's **Create,** faculty can easily rearrange chapters, combine material from other content sources, and quickly upload content you have written, such as your course syllabus or teaching notes, using McGraw-Hill Education's **Create.** Find the content you need by searching through thousands of leading McGraw-Hill Education textbooks. Arrange your book to fit your teaching style. Create even allows you to personalize your book's appearance by selecting the cover and adding your name, school, and course information. Order a Create book, and you will receive a complimentary print review copy in three to five business days or a complimentary electronic review copy via email in about an hour. Experience how McGraw-Hill Education

empowers you to teach your students your way. **http://create.mheducation.com**

Trusted Service and Support

McGraw-Hill Education's Connect offers comprehensive service, support, and training throughout every phase of your implementation. If you're looking for some guidance on how to use Connect, or want to learn tips and tricks from super users, you can find tutorials as you work. Our Digital Faculty Consultants and Student Ambassadors offer insight into how to achieve the results you want with Connect.

Integration with Your Learning Management System

McGraw-Hill integrates your digital products from McGraw-Hill Education with your school LMS for quick and easy access to best-in-class content and learning tools. Build an effective digital course, enroll students with ease, and discover how powerful digital teaching can be.

Available with Connect, integration is a pairing between an institution's learning management system (LMS) and Connect at the assignment level. It shares assignment information, grades, and calendar items from Connect into the LMS automatically, creating an easy to manage course for instructors and simple navigation for students. Our assignment-level integration is available with **Blackboard Learn, Canvas by Instructure,** and **Brightspace by D2L,** giving you access to registration, attendance, assignments, grades, and course resources in real time, in one location.

Instructor Supplements

Instructor's Manual The instructor's manual provides a wide variety of tools and resources for presenting the course, including learning objectives and ideas for lectures and discussions.

Test Bank By increasing the rigor of the test bank development process, McGraw-Hill Education has raised the bar for student assessment. A coordinated team of subject-matter experts methodically vetted each question and set of possible answers for accuracy, clarity, effectiveness, and accessibility; each question has been annotated for level of difficulty, Bloom's taxonomy, APA learning outcomes, and corresponding coverage in the text. Organized by chapter, the questions are designed to test factual, conceptual, and applied understanding. All test questions are available within TestGen™ software and as Word documents.

PowerPoint Presentations The PowerPoint presentations, available in both dynamic, lecture-ready and accessible, WCAG-compliant versions, highlight the key points of the chapter and include supporting visuals. All of the slides can be modified to meet individual needs.

Image Gallery The Image Gallery features the complete set of downloadable figures and tables from the text. These can be easily embedded by instructors into their own PowerPoint slides.

Clinical Perspectives on Psychological Disorders

The subtitle, *Clinical Perspectives on Psychological Disorders*, reflects the emphasis 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 all of its diagnostic criteria. In that way, students can gain a basic understanding that will serve them well regardless of their ultimate professional goals.

In this Ninth Edition, the author refreshes many of the cases to reflect stronger ethnic, international, gender, sexual orientation, and age diversity. In particular, the mini cases in each chapter are based on cases intended to reflect the importance of cultural variations that psychologists see in their private offices, clinics, hospitals, and counseling centers.

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

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.

Though replaced, the *DSM-IV-TR* still remains relevant, if only as a contrast to the *DSM-5*. Each chapter has a section entitled "What's in the *DSM-5*" that highlights the critical changes introduced in 2013 and shows why they matter. 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 its diagnostic system. It generally takes several years for research to catch up with new diagnostic terminology, both because of the amount of time required for articles to reach publication stage, and also because of the dearth of 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 the United States and Canada, as well as by governmental insurance agencies in the United States. We will discuss the *ICD* when relevant, particularly as it relates to international comparisons.

The heat-map-directed revisions in this new edition are reflected primarily in Chapters 3, 5, 14, and 15. Other content changes include the following:

CHAPTER 1

- Reorganized presentation of themes throughout history to distinguish how each theme evolved over time.
- Added section on open-access journals and associated difficulties in relying on sources that did not receive extensive peer review.
- Updated examples of research designs and approaches in abnormal psychology.

CHAPTER 2

- Added further discussion on "client" vs. "patient" terminology.
- Expanded section on "Cultural Concepts of Distress" and updated the accompanying Table 3.
- Added new research on evidence-based practice in psychology.

CHAPTER 3

- Updated information on the SCID for *DSM-5*.
- Provided updated descriptions of personality assessment methods.
- Added section on Cultural Formulation Interview.
- Revised and updated section on neuropsychological assessment.

CHAPTER 4

- Updated and expanded treatment of genetic theories.
- Expanded the theoretical background and case regarding Core Conflictual Relationship Theme.
- Revised definitions of positive and negative reinforcement with new examples.
- Updated description of cognitive perspective.
- Added section on acceptance-based perspective.

CHAPTER 5

- Revised and updated section on intellectual disability.
- Updated section on treatment of autism spectrum disorder.
- Provided updated information and research on learning and communication disorders.
- Condensed information in Table 2.
- Added section on "Project Search."
- Updated information on ADHD, including ADHD in adults.
- Added new research on motor disorders.

CHAPTER 6

- Provided updated statistics on schizophrenia, including health care costs.
- Updated section on the course of schizophrenia.
- Reorganized biological perspectives section and updated research evidence in support of genetic contributions.

- Updated information about CBT for treatment of psychotic disorders.

CHAPTER 7

- Provided extensive updates of prevalence statistics.
- Expanded section on health problems for individuals with bipolar disorder.
- Added new information about biological contributors to mood disorders.
- Updated research on psychotherapy vs. medication effectiveness.
- Provided updates from recent data on suicide rates in the United States.

CHAPTER 8

- Updated prevalence statistics.
- Added new information about virtual reality exposure therapy.
- Provided new information about the role of personality traits in agoraphobia and panic disorder.
- Added new information comparing younger and older adults in generalized anxiety disorder.
- Included ACT treatment for anxiety disorders.
- Added new evidence in favor of CBT for obsessive compulsive disorder.
- Added research on PTSD in female combat veterans.
- Included new treatment guidelines published by APA for treatment of PTSD.
- Added new studies on couples therapy and post-traumatic growth in PTSD.

CHAPTER 9

- Added new section on treatment of dissociative identity disorder.
- Incorporated new research on brain imaging studies for individuals with motor conversion disorder.
- Updated research on malingering along with information on structured malingering assessment.
- Added new studies on ACT as treatment for illness anxiety disorder.
- Expanded treatment of workplace stress and health.
- Included new research on psychoeducation in behavioral medicine.

CHAPTER 10

- Provided new research on the relationship between altered brain activity and eating disorders.
- Added information about ACT as treatment for eating disorders.
- Summarized new research on treatment of childhood elimination disorders.
- Added information about the role of wearable technology in treatment of sleep disorders.
- Included new information about social competence therapy in treatment of oppositional defiant disorder.
- Updated treatment of intermittent explosive disorder with CBT.
- Added new longitudinal research on conduct disorder.
- Updated section on treatment of kleptomania with CBT.

CHAPTER 11

- Clarified terminology in section on definitions of paraphilic disorders.
- Added new perspectives on fetishistic disorder based on updated studies.
- Updated information about frotteuristic disorder.
- Provided new survey data on sexual sadism and sexual masochism disorders.
- Added new information about treatment of paraphilic disorders based on biological approaches.
- Incorporated new studies on the use of sexual diaries in treatment of women with sexual dysfunctions.
- Summarized research on body image and sexual dysfunction in women.
- Added section on CBT in treating couples with sexual dysfunctions.
- Clarified terms and theories in gender dysphoria.
- Summarized new APA Guidelines for Transgender and Gender Nonconforming People.

CHAPTER 12

- Updated statistics on use of alcohol and illicit substances based on new SAMHSA data.
- Clarified relationship between socialization and alcohol use disorders.
- Included updated discussion of marijuana based on changes in federal and state legislation on legality.
- Added new studies on prevalence of caffeine-related conditions.
- Updated information about e-cigarettes.
- Evaluated new research on biological treatments for substance-related disorders.
- Added new research on gambling disorder in older adult women.
- Provided new evidence on the pathways model of gambling disorder and related treatment.

CHAPTER 13

- Provided streamlined definitions of neurocognitive disorders and their symptoms.
- Expanded discussion of delirium and revised Table 2 to provide more accessible information.
- Updated prevalence statistics on Alzheimer's disease and clarified distinction between "dementia" and neurocognitive disorder."
- Evaluated new treatments for Alzheimer's disease.
- Revised section on neurocognitive disorder with Lewy bodies.
- Updated statistics on traumatic brain injury.
- Added new information about chronic traumatic encephalography (CTE).

CHAPTER 14

- Revised and simplified presentation of alternative personality disorder diagnostic system in *DSM-5*.
- Developed more concise approach to theories and treatments of antisocial personality disorder, along with updated research.
- Provided new information about treatment of antisocial personality disorder.
- Added information about attachment style in dependent personality disorder.

CHAPTER 15

- Ensured that all guidelines are compliant with APA updates and revisions.
- Added information about "duty to warn or otherwise protect."
- Added new section on ruling by Massachusetts Supreme Judicial Court based on MIT lawsuit regarding suicide prevention in college students.
- Updated information based on landmark forensic cases and the current status of the offenders.

Acknowledgments

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It has been particularly satisfying to work on this edition with my daughter, Jennifer L. O'Brien, PhD, 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 PhD in 2015 from American University and 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 with both veterans and university students from all over the world 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. Ryan Treat was terrific in getting the revision off the ground, and I appreciate his enthusiasm and support. Dawn Groundwater has also been wonderful, and her long-term commitment to the book means a great deal to me. I would also like to thank my Content Project Manager Ryan Warczynski, whose patience and diligence helped ensure my vision was carried out effectively. I also wish to thank Sandy Wille, who has been wonderful in serving as Production Project Manager throughout previous editions and who is now back on the team. Kelly Heinrichs, the Program Manager, has ensured that all of the aspects of this revision have gone smoothly. Kristine Janssens, who helped me select photos for this revision, has shown terrific resourcefulness in dealing with the many issues involved in providing excellent photos to illustrate key points. Traci Vaske, Content Licensing Specialist, has been invaluable in assisting me in the complex process of acquiring permissions. Finally, I wish to give heartfelt thanks to Elisa Adams, Product Developer, not only for her vigilance in making sure that this revision reads as well as it can, but also for her friendly encouragement throughout the entire process. In this Ninth Edition, I feel very grateful to be part of the McGraw-Hill family, whose commitment to student success is truly remarkable.

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 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. 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 to me was covering the changes made in the *DSM-5*. Each revision of the *DSM* brings with it controversies and challenges, and the *DSM-5* was no exception. Despite challenges in 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 professionals, 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 it to write. Please feel free to e-mail me at swhitbo@psych.umass.edu with your questions and reactions to the material. As a long-time user of McGraw-Hill's Connect in my own abnormal 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

Overview to Understanding Abnormal Behavior

OUTLINE

Learning Objectives

1.1 Distinguish between behavior that is unusual but normal and behavior that is unusual and abnormal.

1.2 Describe how explanations of abnormal behavior have changed through time.

1.3 Identify the strengths and weaknesses of research methods.

1.4 Describe types of research studies.

CHAPTER

1

Case Report: Rebecca Hasbrouck

Demographic information: 18-year-old single Caucasian heterosexual female

Presenting problem: Rebecca self-referred to the university counseling center. She is a college freshman, living away from home for the first time. Following the first week of classes, Rebecca reports that she is having trouble falling and staying asleep, has difficulty concentrating in her classes, and often feels irritable. She reports she is frustrated by the difficulties of her coursework and worries that her grades are beginning to suffer. She also relays 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 are attending college in different cities.

Rebecca 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, despite her struggles with missing her family and boyfriend, as well as her friends from high school.

Relevant past history: Rebecca has no prior history of depressive episodes or other mental health concerns, and she reports no known family history of psychological disorders. She shared 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 described feelings of hopelessness but denies any thoughts of suicide or self-harm.

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 weekly psychotherapy. Therapy should focus on improving her mood, and also should allow her a supportive 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 this 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 familiar with 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 advancing our understanding of psychological disorders.

Perhaps you yourself are, or have been, unusually depressed, fearful, or anxious. If not you, 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.

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

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 dependent on opioids. We hope that reading this textbook will help you go beyond this "other people" syndrome. Psychological disorders are part of the human experience, directly or indirectly touching the life of every person. However, they don't have to destroy those lives. As you read about these disorders and the people who suffer them, you will find that these problems can be treated, if not prevented.

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 her and find out he's been admitted to a behavioral health unit of the local hospital and wants to see you. According to Jeremy's mother, only you can understand what he is going through. The news comes out of the blue and is puzzling and distressing. You had no idea Jeremy had any psychological problems. You ponder what you will say to him when you see him. Jeremy is your closest friend, but now you wonder how your relationship will change. How much can you ask him about what he's going through? How is it that you never saw it 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 this setting? What will he expect of you, and what will this mean for the future of your friendship?

Now imagine the same scenario, but instead you receive news that Jeremy was just admitted to the emergency room of a general hospital with 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. The appendectomy won't seem like anything special, and you would probably not even consider whether you could be friends with Jeremy 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. Their disorder itself may also bring about anguish and personal suffering. Like Rebecca in our opening example, they must cope with feelings of loneliness and sadness.

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

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

Psychological disorders are almost inevitably associated with **stigma**, a negative label that causes certain people to be regarded as different, defective, and set apart from mainstream members of society. This stigma exists even in today's society, despite greater 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 is social discrimination, which serves only 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 too have incorporated stigmatized views of mental illness (Clement et al., 2015). Some individuals are able to resist the stigma of psychological disorders due to their ability, for example, to define their identity separate from their disorder and to reject the labels other people apply to them (Firmin et al., 2017).

In the chapters that follow, you will read about a wide range of disorders affecting mood, anxiety, substance use, sexuality, and thought disturbance. Case descriptions will give you a glimpse into the feelings and experiences of real people who have these disorders, and you may find that some of them 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 you will realize that our discussion is not about the disorders but about the people who have them.

1.3 Defining Abnormality

There is a range of behaviors people consider normal. Where do you draw the line? Decide which of the following actions 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 your boyfriend 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 surprisingly difficult to decide which of these behaviors are normal and which are abnormal. So many are part of everyday life. You can see now why mental health professionals struggle to find an appropriate definition of abnormality. Yet criteria need to exist so they can provide appropriate treatment in their work with clients.

Looking back at this list of behaviors, think now about how you would rate each if you applied the five criteria for a psychological disorder that mental health professionals use. 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 the behavior includes a measurable 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 and this happened for every exam they take.

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

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 researchers do not know the cause of that dysfunction, they assume that it can one day be discovered.

The third criterion for abnormality is that the behavior must be associated with significant distress or disability in important realms of life. This may sound similar to clinical significance, but what distinguishes distress or disability is that it applies to the way the individual feels or behaves, beyond a measurable effect 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 ideological reasons would not be considered to have a psychological disorder by this standard. However, if that person restricts all food intake to the point that his or her health is in jeopardy, 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. 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 other kinds of risk if they never attend a single class or are arrested for trespassing on university property.

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

What's in the *DSM-5*

Definition of a Mental Disorder

Compare what you think constitutes abnormal behavior with the five criteria for a mental disorder used by clinicians to arrive at diagnoses of their clients. These criteria are at the core of the *Diagnostic and Statistical Manual, Fifth Edition* (*DSM-5*). To constitute a disorder, the symptoms must be clinically significant in that the behaviors under consideration are not passing symptoms or minor difficulties. *DSM-5* refers to the behaviors as reflecting dysfunction in psychological, biological, or developmental processes, supporting the view of mental disorders as reflecting biopsychosocial influences. Furthermore, the disorders must occur outside the norm of what is socially accepted and expected for people experiencing particular life stresses. *DSM-5* also specifies that the disorder must have "clinical utility," meaning that, for example, the diagnoses help guide clinicians in making decisions about treatment. During the process of writing the *DSM-5,* the authors cautioned against either adding or subtracting diagnoses from the previous manual without taking into account potential benefits and risks. For example, they realized that adding a new diagnosis might lead to labeling as abnormal a behavior previously considered normal. The advantage of having the new diagnosis must outweigh the harm of categorizing a "normal" person as having a "disorder." Similarly, deleting a diagnosis for a disorder that requires treatment (and hence insurance coverage) might leave individuals who still require that treatment vulnerable to withholding of care or excess payments for treatment. With these cautions in mind, the *DSM-5* authors also recommend that the criteria alone are not sufficient for making legal judgments or eligibility for insurance compensation. These judgments would require additional information beyond the scope of the diagnostic criteria alone.

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 to assign to a client, the mental health professional must also weigh the merits of using a diagnostic label against the disadvantages. The merits are that the individual will receive treatment (and be able to receive insurance reimbursement), but a possible disadvantage is 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 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 lead individuals to experience a psychological disorder. As you will learn, we can best conceptualize abnormal behavior from multiple vantage points. From the **biopsychosocial perspective**, we see abnormal behavior as reflecting a combination of biological, psychological, and sociocultural factors as these evolve during the individual's growth and development over time.

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

Biological Contributions

We start 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. Biological contributions can also include physical changes that occur as part of normal aging, illnesses an individual develops, and injuries or harm caused to the body.

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 fluctuations in mood. Brain injury resulting from a head trauma can result in altered thoughts, memory loss, and changes in mood.

Within the biopsychosocial perspective, we see social factors interacting with biological and psychological contributions, in that environmental influences such as exposure to toxic substances or stressful living conditions can also lead individuals to experience psychological disorders. Environmental deprivation caused by poverty, malnutrition, or social injustice can also place individuals at risk for psychological disorders by causing adverse physiological outcomes.

Psychological Contributions

The idea that psychological disorders have psychological contributions is probably not one that you believe requires a great deal of explanation. Within the biopsychosocial perspective, however, psychological causes are not viewed in isolation. They are seen as part of a larger constellation of factors influenced by physiological alterations interacting with exposure to a certain environment.

Psychological contributions can include the result of particular experiences within the individual's life. 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 purely psychological causes in the biopsychosocial perspective, we can think of those that reflect learning, life experiences, or exposure to key situations in life 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 **sociocultural perspective** looks at 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 influences interact in important ways with biological processes and with the psychological contributions that occur through exposure to particular experiences.

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.

One important and unique sociocultural contribution to psychological disorders is discrimination, whether based on social class, income, race and ethnicity, nationality, sexual orientation, or gender. Discrimination not only limits people's ability to experience psychological well-being; it 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 the lack of access to education and health resources they experience.

And, as we pointed out earlier, people 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 increasingly at risk and hence develop more serious symptoms.

The stigma of psychological disorders seems to vary by ethnicity and race. 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). Variations in the willingness to acknowledge mental health issues also occurs across age and gender lines, with younger individuals and women more open to the experience of symptoms and therefore more willing to participate in therapy and other psychological interventions.

The existence of multiple forms of discrimination also means 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 considering these factors in both diagnosis and treatment. We will learn later in the book about the specific guidelines that mental health experts are developing to help ensure that clinicians receive adequate training in translating theory into practice.

The Biopsychosocial Perspective

Table 1 summarizes the three categories of causes of psychological disorders just discussed. As you have seen, disturbances in any of these areas of human functioning can contribute to the development of a psychological disorder. Although this breakdown