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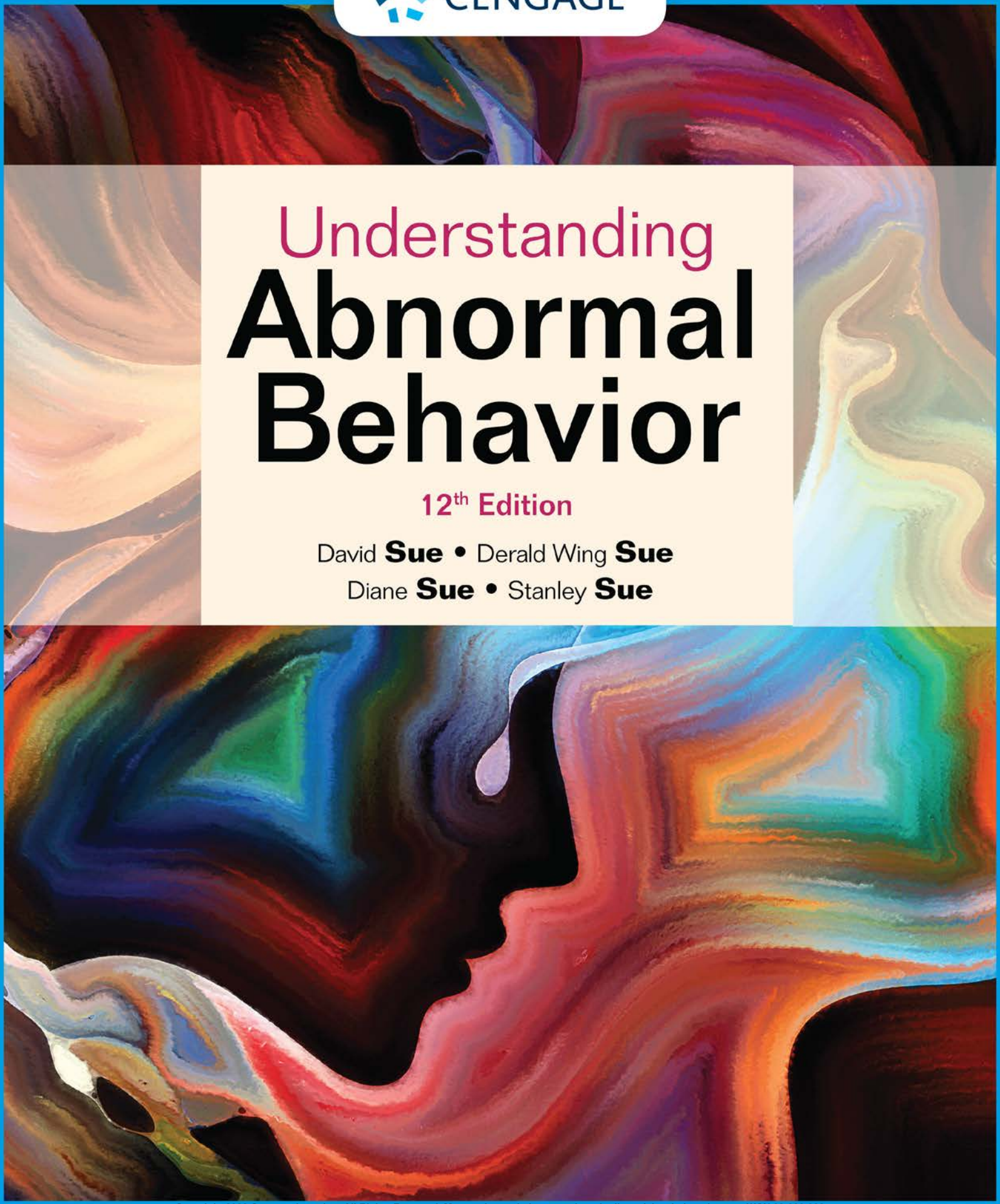
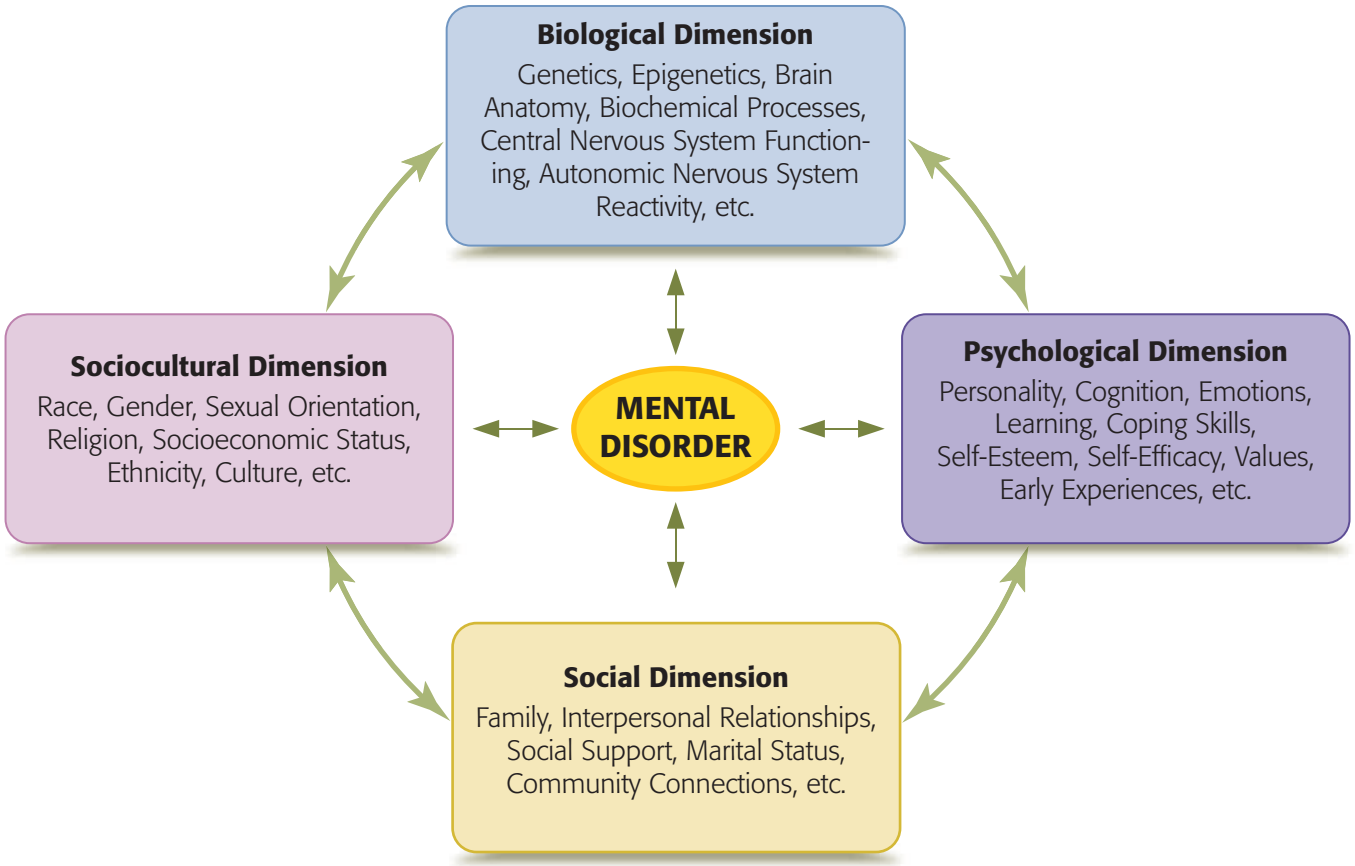


Understanding Abnormal Behavior

12th Edition

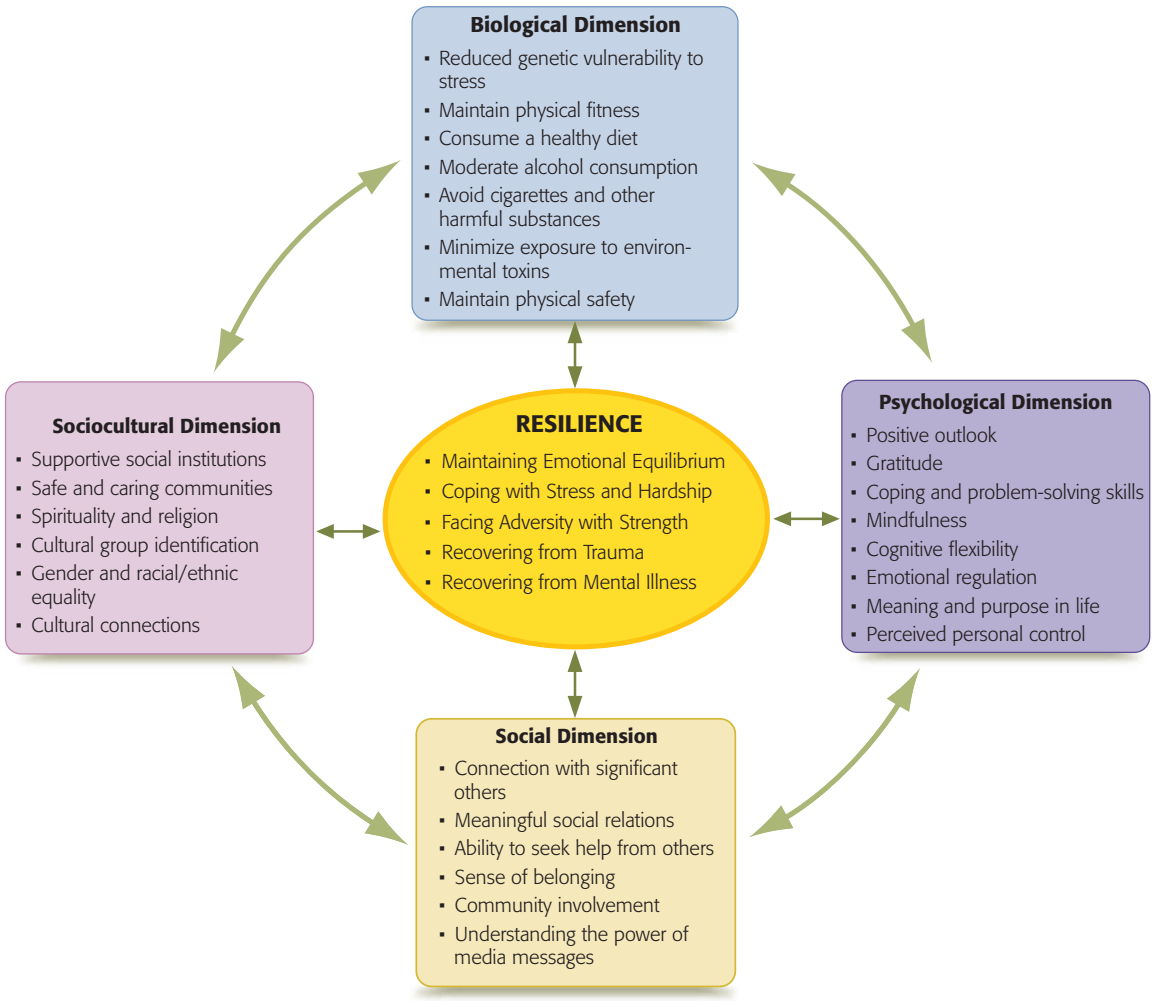
David **Sue** • Derald Wing **Sue**
Diane **Sue** • Stanley **Sue**

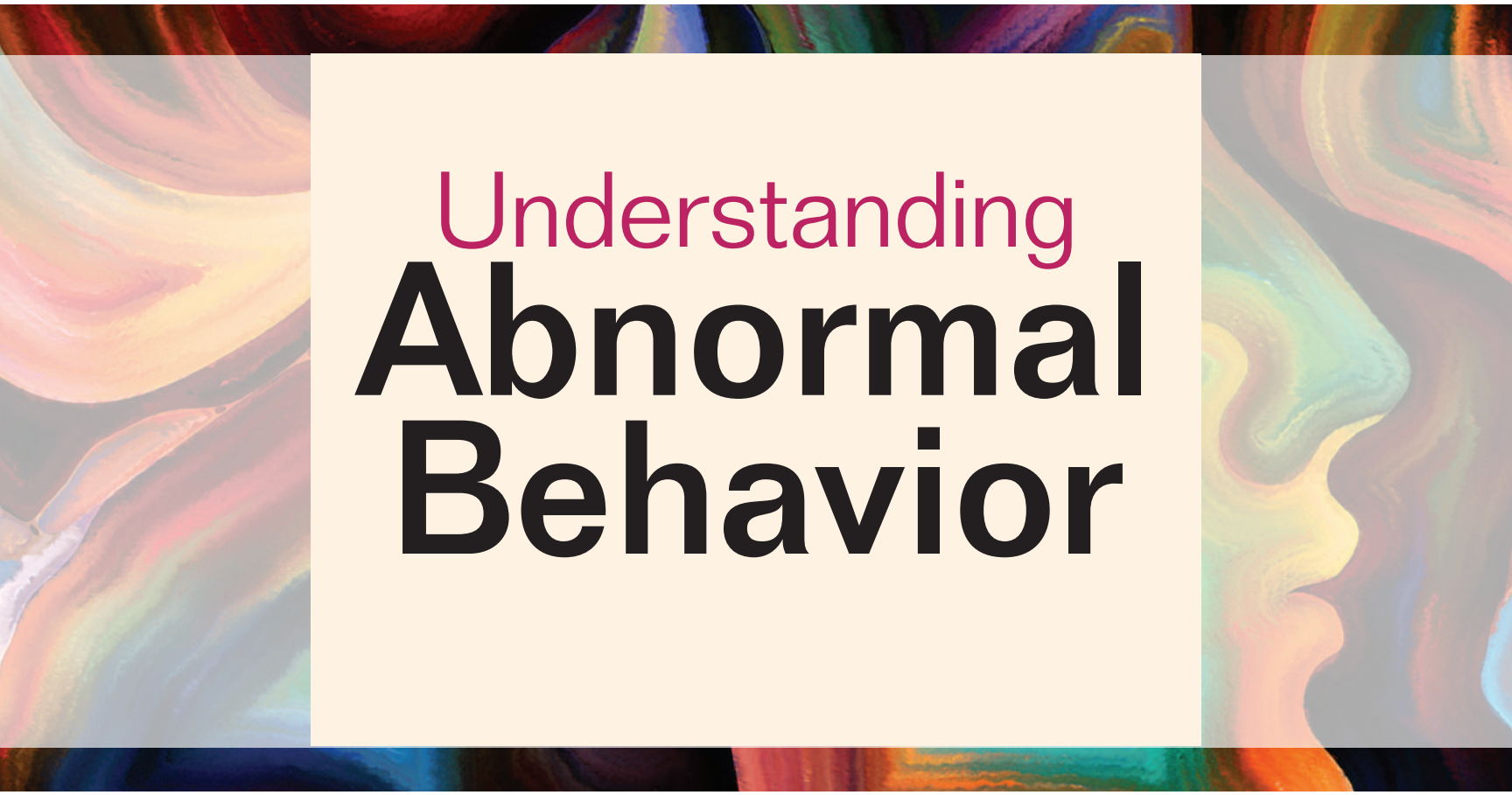


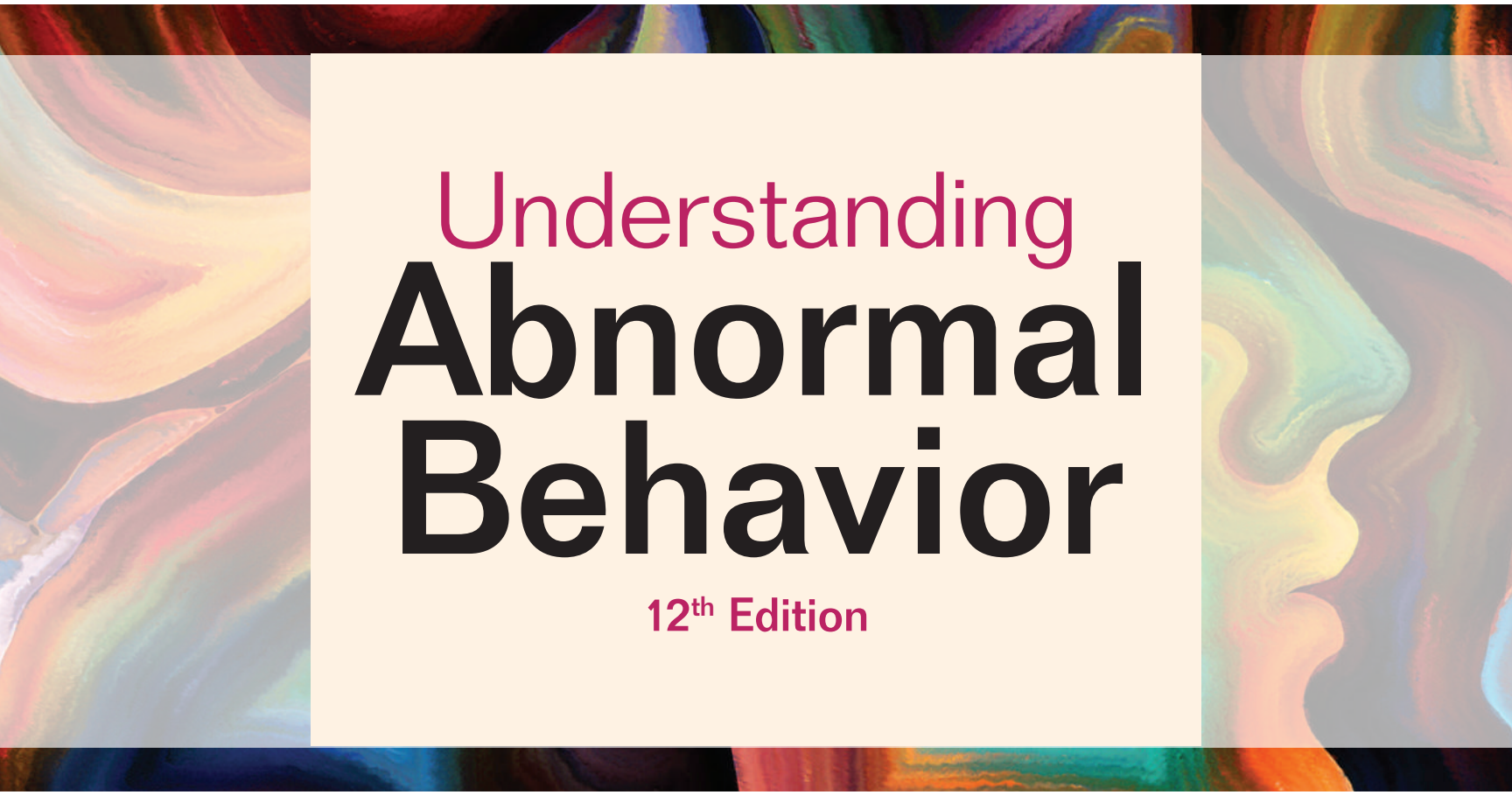
Multipath Model of Mental Disorders

The multipath model operates under several assumptions:

- No one theoretical perspective is adequate to explain the complexity of the human condition and the development of mental disorders.
- There are multiple pathways to and influences on the development of any single disorder. Explanations of abnormal behavior must consider biological, psychological, social, and sociocultural elements.
- Not all dimensions contribute equally to a disorder. In the case of some disorders, current research suggests that certain etiological forces have the strongest influence on the development of the specific disorder. Additionally, our understanding of mental disorders often evolves as further investigation provides new insight into contributing factors.
- The multipath model is integrative and interactive. It acknowledges that factors may combine in complex and reciprocal ways so that people exposed to the same influences may not develop the same disorder and that different individuals exposed to different factors may develop similar mental disorders.
- The biological and psychological strengths and assets of a person and positive aspects of the person's social and sociocultural environment can help protect against psychopathology, minimize symptoms, or facilitate recovery from mental illness.







Understanding Abnormal Behavior

12th Edition

DAVID SUE
Emeritus Professor of Psychology
Western Washington University

DERALD WING SUE
Department of Counseling and Clinical Psychology
Teachers College, Columbia University

DIANE SUE
Private Practice

STANLEY SUE
Emeritus Professor of Psychology
University of California, Davis
Palo Alto University

CENGAGE

Australia • Brazil • Canada • Mexico • Singapore • United Kingdom • United States

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David Sue, Derald Wing Sue, Diane Sue, Stanley Sue

SVP, Higher Education & Skills Product: Erin Joyner

VP, Higher Education & Skills Product: Thais Alencar

Product Director: Laura Ross

Associate Product Manager: Cazzie Reyes

Product Assistant: Jessica Witczak

Learning Designer: Natasha Allen

Associate Content Manager: Brett Rader

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ABOUT THE AUTHORS

DAVID SUE is Professor Emeritus of Psychology at Western Washington University, where he is an associate of the Center for Cross-Cultural Research. He has served as the director of both the Psychology Counseling Clinic and the Mental Health Counseling Program. He co-authored the books *Counseling and Psychotherapy in a Diverse Society* and *Counseling the Culturally Diverse: Theory and Practice*. He received his PhD in Clinical Psychology from Washington State University. His research interests revolve around multicultural issues in individual and group counseling. He enjoys hiking, snowshoeing, traveling, and spending time with his family.

DERALD WING SUE is Professor of Psychology and Education in the Department of Counseling and Clinical Psychology at Teachers College, Columbia University. He has written extensively in the field of multicultural counseling/therapy, microaggression theory, and racial dialogue. He is author of the best-selling book *Counseling the Culturally Diverse: Theory and Practice*. Dr. Sue has served as president of the Society of Counseling Psychology and the Society for the Psychological Study of Ethnic Minority Issues and has received numerous awards for teaching and service. He received his doctorate from the University of Oregon and is married and the father of two children. Friends describe him as addicted to exercise and the Internet.

DIANE M. SUE received her PhD from the University of Michigan, Ann Arbor. She has worked as a school psychologist and counselor and with adults needing specialized care for mental illness and neurocognitive disorders. She has also served as an adjunct faculty member at Western Washington University. She received the Washington State School Psychologist of the Year Award and the Western Washington University College of Education Professional Excellence Award and has co-authored the book *Counseling and Psychotherapy in a Diverse Society*. Her areas of expertise include child and adolescent psychology, neuropsychology, and interventions with ethnic minority children and adolescents. She enjoys travel, African drumming, and spending time with friends and family.

STANLEY SUE is Emeritus Distinguished Professor of Psychology at University of California, Davis and Palo Alto University. He was Assistant and Associate Professor of Psychology at the University of Washington (1971–1981); Professor of Psychology at University of California, Los Angeles (1981–1996); and Distinguished Professor of Psychology at University of California, Davis (1996–2010). He served as President of the Western Psychological Association in 2010; President of APA Division 45 (Society for the Psychological Study of Culture, Ethnicity, and Race) in 2015; and Science Editor for the U.S. Surgeon General's supplementary report for *Mental Health: Culture, Race, and Ethnicity*.

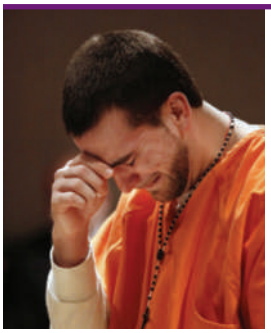
BRIEF CONTENTS

CONTENTS

Chapter 2 UNDERSTANDING AND TREATING MENTAL DISORDERS 35

Chapter 3 ASSESSMENT AND CLASSIFICATION OF MENTAL DISORDERS 79

Chapter 17 LAW AND ETHICS IN ABNORMAL PSYCHOLOGY 587



FEATURES

GOING DEEPER

FOCUS ON RESILIENCE

DISORDERS CHARTS

PREFACE

We recognize that the times in which we are living are quite extraordinary and that the social conditions and societal disruptions sparked by the COVID-19 pandemic are unprecedented. The social inequities that became apparent early in the pandemic, coupled with the ongoing inequality and systemic racism spotlighted by the tragic killing of George Floyd, Breonna Taylor, and so many others, appeared to awaken many people to the issues of social injustice that have operated for centuries in the United States and throughout the world. This has brought attention to the enormous impact that social and sociocultural issues have on mental health. Stress, anxiety, and depression have affected all Americans but particularly those who have historically faced societal oppression. Although the disruptions related to COVID-19 have been quite challenging for people across the globe, the impact is particularly significant for those who are in college—a group on the threshold of integrating core values and discovering the contributions they will make to our changing society. Many students are facing this unprecedented and complicated period of history with full awareness of the challenges we need to address and the need for transformational societal changes with respect to social and climate justice. Many college students and youth are at the forefront in understanding how oppression, poverty, and economic inequality impact society as a whole. Awareness of the challenges we are confronting can certainly produce a degree of chronic stress, but it can also serve as a catalyst for choosing career paths or working with organizations that will make the world a better place.

We realize that as you navigate these challenging and transformational times, many of you will be touched by mental health issues, either directly through your own emotional struggles or indirectly through friends or family. Recent events have both created and exacerbated social and economic challenges for many people, with resultant effects on emotional functioning and overall mental health. Given these realities, knowledge about symptoms, causes, and treatments associated with mental disorders and about methods for maintaining optimal mental health during challenging times is a highly relevant topic. It is our hope that this textbook will be personally meaningful to all who read it. For this reason, we look at the subject matter broadly and incorporate a variety of multicultural and contemporary examples to enhance the relevancy of our discussions.

In writing and revising *Understanding Abnormal Behavior*, we have made great effort to comprehensively update the content in an effort to engage students in the exciting process of understanding abnormal behavior and the techniques that mental health professional employ when assessing and treating mental disorders. Four major objectives have guided our pursuit of this goal:

- to provide students with scholarship of the highest quality;
- to offer balanced coverage of abnormal psychology as both a scientific and a clinical endeavor, giving students the opportunity to explore topics thoroughly and responsibly;

- to expand awareness and empathy by focusing on the human face of mental illness, including an emphasis on both resilience and recovery; and
- to write a text that is inviting and stimulating to a wide range of students and that highlights meaningful topics that intersect with contemporary societal issues.

The 12th edition of *Understanding Abnormal Behavior* has been extensively revised to accommodate the newest scientific, psychological, multicultural, and psychiatric research and to incorporate the continued controversies surrounding the classification and diagnosis of mental disorders included in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). Although we have relied on the DSM-5 for much of our organizational framework and for the specific diagnostic characteristics of mental disorders, you will find that we do not follow the DSM in a mechanistic fashion. Instead, we remain committed to providing our readers with information from a variety of key organizations and from the multitude of medical and psychological publications that address mental health issues.

We feel a keen responsibility to keep our book fresh and to incorporate the burgeoning and immensely important research from the fields of neuroscience, psychology, and psychiatry. Thus, you will find many discussions of contemporary issues, controversies, and trends in these fields. In keeping with our commitment to currency of information presented, you will find that we have included hundreds of new references in this edition of the text. Most important, consistent with our goal of a balanced presentation, the references come from a wide variety of journals and other resources. Further, we have made every attempt to determine which research is most critical to a comprehensive understanding of each mental disorder and to present that information in an understandable, nontechnical manner. Although we strive to avoid overwhelming students with extensive data or too much theory, we are strong believers in sharing research-based information and evidence-based mental health practices. As with previous editions of *Understanding Abnormal Behavior*, our goal is to include recent and cutting-edge research from a variety of resources in a manner that engages the reader.

We continue to receive very positive feedback about our use of the Multipath Model of Mental Disorders; the model is considered a highly effective visual and conceptual framework that helps students understand the multitude of factors that influence the development of various mental health conditions. In keeping with this model, we once again emphasize the importance of considering biological, psychological, social, and sociocultural factors and their interactions in the etiology of mental disorders. Our four-dimensional model ensures that instructors consistently consider sociocultural influences that are associated with specific disorders—an aspect made glaringly apparent by our current social unrest, yet often neglected by contemporary models of psychopathology. In previous editions of this text, we have emphasized the importance of multicultural issues in abnormal psychology, emphasizing how marginalized populations, including women and people from sexual and racial minorities, are differentially affected by mental health issues. Readers will find that we take a balanced approach when discussing the etiology of mental disorders—emphasizing multicultural issues within the context of interactions between these cultural factors and biological, psychological, and social factors. However, in this edition of the text, we have connected the dots more clearly between societal oppression and the resultant effects on mental health. We have also written more directly and comprehensively about inherent societal factors, such as systemic racism, that influence both mental and physical health.

We are excited about sharing updated research and new social justice discussions in this newest edition of *Understanding Abnormal Behavior*, as well as some of the features that have successfully assisted students to consolidate their learning. For example, one of the signature features of our text, Mental Disorders Charts, concisely describe symptoms and diagnostic criteria, prevalence, and gender data, as well as data on course and outcome for many of the disorders we cover. Students can easily compare and contrast the various

disorders presented throughout the text by referring to these charts and the Multipath Model figures. We are pleased to continue our Focus on Resilience feature, introduced in the 10th edition. This feature encompasses contributions from the field of positive psychology and highlights key information relevant to both prevention and recovery from the symptoms associated with various disorders. This emphasis is particularly important given all of the recent data on neuroplasticity and the changes that are possible with prevention efforts or with evidence-based therapies that are able to successfully reduce or ameliorate the distressing symptoms of many disorders.

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

We have also prioritized putting a human face on the various disorders and issues we discuss throughout the text. We have considered the fact that many students have direct experience with mental disorders, either because they are personally affected or because their friends or family members have experienced the distressing symptoms of a mental disorder. Many of the case studies we present highlight the perspective of individuals coping with the disorders discussed; this allows students to gain greater insight into the struggles involved in living with mental illness.

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

New and Updated Coverage of the Twelfth Edition

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

Chapter 1—Abnormal Behavior

- New statistics on the prevalence of mental disorders.
- New discussions regarding the recovery movement; current stressors on mental health such as mass shootings, climate change, sexual harassment, and discrimination; overcoming stigma and stereotypes; the influence of social media on mental health; extreme risk protection orders; personnel shortages in the mental health field; and technological advances that enhance mental health research and treatment.

Chapter 2—Understanding and Treating Mental Disorders

- Expanded multipath model coverage, including an enhanced discussion of epigenetics.
- New discussion of the effects of systemic, structural, and internalized racism and social injustice on mental health.
- Updated discussion of the social and sociocultural etiological dimensions, including further discussion of gender, poverty, and stress associated with immigration.

Chapter 3—Assessment and Classification of Mental Disorders

- New discussion regarding the appropriateness of making a mental health diagnosis involving a public figure.
- Expanded discussion of the dimensional approach to assessment incorporated into the DSM-5.
- Overview of the updated version of the Minnesota Multiphasic Personality Inventory.
- Expanded coverage of cultural considerations in assessment and diagnosis.

Chapter 4—Research Methods for Studying Mental Disorders

- New feature regarding the importance of critical thinking when evaluating the veracity of information presented in the media.
- New discussion about the advantages and disadvantages of using large data sets gathered from the Internet and social media.
- Updated information regarding the controversy about repressed memory.

Chapter 5—Anxiety and Obsessive-Compulsive and Related Disorders

- New discussions of the impact of COVID-19 on anxiety symptoms and how acculturation conflicts, prejudice, and discrimination affect ethnic minority students.
- Expanded discussion of treatment for anxiety disorders, including the use of virtual reality therapy, smartphone applications, and transdiagnostic treatment for disorders with similar emotional underpinnings.
- Greater focus on how anxiety disorders manifest globally.

Chapter 6—Trauma- and Stressor-Related Disorders

- Understanding the stress associated with the COVID-19 pandemic.
- Expanded discussion of epigenetic influences on stress disorders.
- Discussion of stress, trauma, and health disparities associated with race-based discrimination and the concept of "skin-deep" resilience.
- Research regarding the use of MDMA to treat posttraumatic stress disorder.
- The role of positive emotions in preventing stress disorders.

Chapter 7—Somatic Symptom and Dissociative Disorders

- Updated discussion of the continuing controversy involving dissociative amnesia and repressed memory.
- Enhanced analysis of issues surrounding the assessment and understanding of depersonalization.
- Expanded discussion of dissociative identity disorder, including brain scan findings and the evolution of treatments for the disorder.

Chapter 8—Depressive and Bipolar Disorders

- Updated data on the prevalence of depressive and bipolar disorders.
- New discussion of functional brain alterations in depression and the effects of racism, discrimination, poverty, cannabis use, adverse childhood experiences,

and prosocial characteristics on the development depression and the relationship between stress and depression.

- Updated discussion of depression treatments, including use of the anesthetic ketamine, probiotics, and brain stimulation and cognitive-behavioral therapies.
- Information about personality traits associated with bipolar disorder and the role of cannabis in the development of bipolar disorder, as well as updates regarding treatment approaches used with bipolar disorder.

Chapter 9—Suicide

- New data on the prevalence of suicide, including age and racial group differences.
- New discussions regarding a proposed category of suicidal behavior disorder; moral, ethical, and legal issues surrounding suicide; psychological recovery after a suicide attempt; and innovative prevention and intervention strategies.
- Updated discussion regarding the dramatic increase in youth suicides and the role that bullying, social media, drug and alcohol use, experiences with discrimination, and sleep difficulties play in suicidal behavior.

Chapter 10—Eating Disorders

- Updated statistics on eating disorders and obesity.
- New discussion of the role of genetic factors on metabolic dysfunction; the influence of social media and "fat shaming" on body dissatisfaction; and the role of emotional eating.

Chapter 11—Substance-Related and Other Addictive Disorders

- Updated statistics and figures illustrating the prevalence of substance use and abuse, with a particular focus on alcohol.
- Expanded discussion regarding the dangers of energy drinks and the abuse of illicit and prescription drugs, particularly opioids.
- New discussion of the prevalence and risk of vaping.
- Updated information on substance abuse treatment.

Chapter 12—Schizophrenia Spectrum Disorders

- Updated research on schizophrenia and explanations of the DSM-5 diagnostic categories.
- Expanded discussion of symptoms associated with schizophrenia spectrum disorders, including a focus on reasoning bias and on catatonia.
- Updated discussion on attenuated psychosis syndrome.
- New discussion about the role of machine learning in identifying spoken language unique to schizophrenia; the role of aberrant "pruning" of neural synapses as a cause of schizophrenia; and the success of integrated early intervention efforts with individuals at risk for psychotic disorders.

Chapter 13—Neurocognitive and Sleep–Wake Disorders

- Presentation of new research on various neurocognitive disorders, particularly Alzheimer's disease.
- Continued focus on neurocognitive disorders across the life span, with a strong emphasis on how modern lifestyle affects brain function and neurogenerative disorders.

- Discussion of Robin Williams and Lewy bodies dementia.
- Expanded discussion of traumatic brain injury and chronic traumatic encephalopathy in athletes and veterans.
- New discussion on sleep deprivation in college students.
- New table on sleep–wake disorders.

Chapter 14—Sexual Dysfunctions, Gender Dysphoria, and Paraphilic Disorders

- Updated application of the multipath model to sexual disorders.
- Discussion of new research on treatment for sexual dysfunctions, including new medications for low sexual desire in women.
- New discussion regarding the relationship between Internet porn and sexual dysfunction.
- Discussion of a sexual assault survey involving nearly 182,000 college students.
- An expanded discussion of terminology related to gender expression and gender identity and the role of societal stressors and discrimination in the development of gender dysphoria.

Chapter 15—Personality Psychopathology

- New case studies and expanded discussion of the 10 traditional personality categories, including updated research on etiology and treatment of antisocial, borderline, and narcissistic personality disorders.
- Expanded discussion of the six personality types and five personality trait domains included in the DSM-5 alternative model for diagnosing a personality disorder.
- Critical discussion of the DSM-5 inclusion of two methods for diagnosing personality disorders and dimensional methods of personality assessment.

Chapter 16—Disorders of Childhood and Adolescence

- Updated discussion of neurodevelopmental disorders, childhood anxiety, childhood posttraumatic stress disorder, reactive attachment disorder, tics and Tourette's syndrome, nonsuicidal self-injury (a category undergoing further study), disruptive mood dysregulation disorder, and disinhibited social engagement disorder.
- Enhanced discussion regarding early prevention of lifelong mental illness and methods for enhancing resilience.

Chapter 17—Law and Ethics in Abnormal Psychology

- New discussion regarding the therapeutic and legal implications of confidentiality during mandatory therapy sessions for migrant children and with regard to violent behaviors; psychiatric advance directives for individuals with chronic, severe mental illness; extreme risk protection orders and red flag laws that allow a court to temporarily prohibit an individual from possessing or purchasing firearms; the lack of sufficient mental health resources; homelessness and incarceration among individuals living with chronic mental illness; Assertive Community Treatment programs; and conflicts between ethics and the law for psychologists working for the Veterans Administration.

Our Approach

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

Sociocultural factors, including cultural norms, values, and expectations, are given special attention in our multipath model. We are convinced that cross-cultural comparisons of abnormal behavior and treatment methods can greatly enhance our understanding of disorders; cultural and gender influences are emphasized throughout the text. *Understanding Abnormal Behavior* was the first textbook on abnormal psychology to integrate and emphasize the role of multicultural factors. Although many texts have since followed our lead, the 12th edition continues to provide the most extensive coverage and integration of multicultural models, explanations, and concepts available. Not only do we discuss how changing demographics increase the importance of multicultural psychology, we also introduce multicultural models of psychopathology in the opening chapters and address multicultural issues throughout the text whenever research findings and theoretical formulations allow. Such an approach adds richness to students' understanding of mental disorders. As psychologists (and professors), we know that learning is enhanced whenever material is presented in a lively and engaging manner. We therefore provide case vignettes and clients' descriptions of their experiences to complement and illustrate symptoms of various disorders and research-based explanations. Our goal is to encourage students to think critically rather than to merely assimilate a collection of facts and theories. As a result, we hope that students will develop an appreciation of the study of abnormal behavior.

Special Features

As previously noted, our multipath model provides a framework through which students can understand the origins of mental disorders. The model is introduced in Chapter 2 and applied throughout the book, with multiple figures highlighting how biological, psychological, social, and sociocultural factors contribute to the development of various disorders. The 12th edition includes a variety of features that were popular in earlier editions and that, in some cases, have been revised and enhanced. These features are aimed at helping students to organize and integrate the material in each chapter.

- *GOING DEEPER* boxes provide information and thought-provoking questions that raise key issues in research, examine widely held assumptions about abnormal behavior, or challenge the student's understanding of the text material. These boxes stimulate critical thinking, evoke alternative views, provoke discussion, and allow students to better explore the wider meaning of abnormal behavior in our society.

- *Contemporary Trends and Future Directions* is a newer feature with which we conclude most of the chapters, providing a final look at current trends that are relevant to topics covered in each chapter.
- *Myth versus Reality* discussions challenge the many myths and false beliefs that have surrounded the field of abnormal behavior and help students realize that beliefs, some of which may appear to be "common sense," must be checked against scientific facts and knowledge.
- *Did You Know?* boxes found throughout the book provide fascinating, at-a-glance research-based tidbits that are linked to material covered in the main body of the text.
- *Learning Objectives* appearing in the first pages of every chapter provide a framework and stimulate active learning.
- *Chapter Summaries* provide students with a concise recap of the chapter's most important concepts via brief answers to the chapter's opening Focus Questions.
- *Case Studies* allow issues of mental health and mental disorders to "come to life" for students and instructors. Many cases are taken from journal articles and actual clinical files.
- *Disorder Charts* provide snapshots of disorders in an easy-to-read format.
- *Key Terms* are highlighted in the text and appear at the end of each chapter.

MindTap for Sue's *Understanding Abnormal Behavior*

MindTap for Sue's *Understanding Abnormal Behavior* engages and empowers students to produce their best work—consistently. By seamlessly integrating course material with videos, activities, apps, and much more, MindTap creates a unique learning path that fosters increased comprehension and efficiency.

For students:

- MindTap delivers real-world relevance with activities and assignments that help students build critical-thinking and analytical skills that will transfer to other courses and their professional lives.
- MindTap helps students stay organized and efficient with a single destination that reflects what's important to the instructor, along with the tools students need to master the content.
- MindTap empowers and motivates students with information that shows where they stand at all times—both individually and compared to the highest performers in their class.

Additionally, for instructors, MindTap allows you to:

- Control what content students see and when they see it, with a learning path that can be used as is or aligned with your syllabus.
- Create a unique learning path of relevant readings and multimedia activities that move students up the learning taxonomy from basic knowledge and comprehension to analysis, application, and critical thinking.
- Integrate your own content into the MindTap Reader using your documents or pulling from sources such as RSS feeds, YouTube videos, Web sites, Google Docs, and more.
- Use powerful analytics and reports that provide a snapshot of class progress, time in course, engagement, and completion.

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

- Videos from the Continuum Video Project
- Case studies to help students humanize psychological disorders and connect content to the real world

Supplements

Continuum Video Project

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

Instructor's Manual

The *Instructor's Manual* contains chapter overviews, learning objectives, lecture outlines with discussion points, key terms, classroom activities, demonstrations, lecture topics, suggested supplemental reading material, handouts, video resources, and Internet resources.

Cognero

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

PowerPoint

The Online PowerPoint features lecture outlines, key images from the text, and relevant video clips.

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

focus QUESTIONS

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

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1

ABNORMAL BEHAVIOR

LEARNING OBJECTIVES

After studying this chapter, you will be able to...

1-1 Define abnormal psychology.

1-2 Explain the various criteria used to determine normal and abnormal behaviors.

1-3 Summarize some of the data regarding the prevalence of mental disorders.

1-4 Discuss how sociopolitical experiences and cultural differences affect definitions of abnormality.

1-5 Explain why it is important to confront the stigma and stereotyping associated with mental illness.

1-6 Discuss how explanations of abnormal behaviors have changed over time.

1-7 Summarize early explanations regarding the causes of mental disorders.

1-8 Describe some contemporary trends in abnormal psychology.

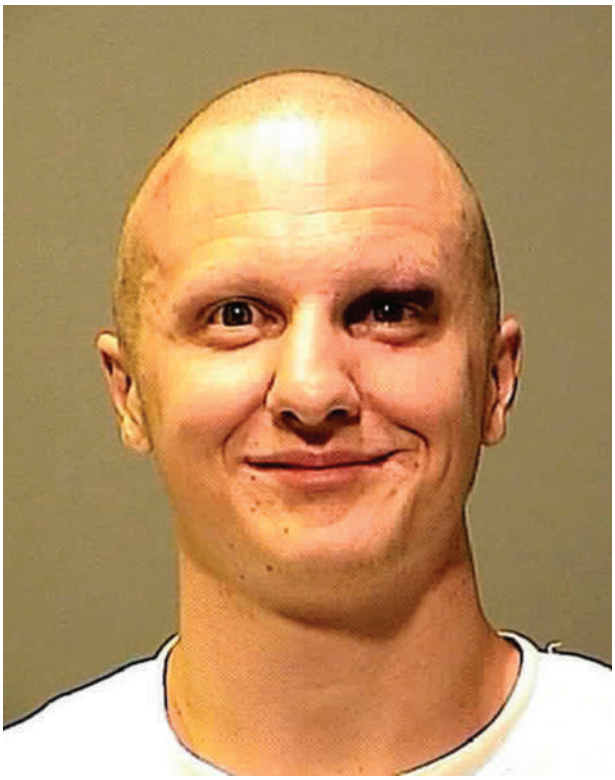
Chapter Outline

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

Hours later, Loughner took a taxi to a supermarket in Tucson, Arizona, where U.S. Rep. Gabrielle Giffords, D-AZ, was meeting with her constituents. Loughner approached the gathering and, using a semiautomatic handgun, opened fire on Giffords and bystanders, killing 6 people and injuring 13 others. Giffords, believed to have been Loughner's target, was shot in the head and left in critical condition (Cloud, 2011). After his arrest, Loughner was declared incompetent to stand trial due to his extensive mental confusion. However, 19 months after the shooting, his mental condition improved enough for him to participate in court proceedings. He pleaded guilty to all charges related to the shooting and received a life sentence without the possibility of parole. Fortunately, Giffords has demonstrated remarkable resilience and recovery from her brain injury. Although she resigned from her congressional seat in 2012, she has returned to public service as a well-respected advocate of gun control (Collins, 2019).

Untreated Mental Illness

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



Pima County Sheriff's Forensic Unit/Getty Images News/Getty Images

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

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

Second, trying to assess someone's state of mind can be extremely difficult. In the case of Loughner, his thinking and reasoning were so confused that he was unable to assist in his own defense for over 18 months. Given such mental confusion, any attempt to construct a portrait of Loughner's state of mind around the time of the shooting requires the use of secondary sources such as observations by family and acquaintances, school records, and other data such as Internet postings. Fortunately, unlike Loughner, many people recognize the need to seek help when they experience emotional distress or the behavioral, emotional, or physical symptoms of a mental disorder. Furthermore, the vast majority of those affected by mental illness display neither the violence nor the extreme mental confusion shown by Loughner (Lu & Temple, 2019).

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

1-1 The Field of Abnormal Psychology

Abnormal psychology focuses on **psychopathology**, the study of the symptoms and causes of mental distress and available treatments for behavioral and mental disorders. It is our hope, particularly in light of the large number of people worldwide who live with a mental health condition, that we will eventually see a change in the name of the field and the title of college courses and textbooks—a modification incorporating less disparaging terminology. However, the goal of this course, regardless of its title, is to help you understand how professionals in the field of psychopathology describe, explain, predict, and modify the behaviors, emotions, and thoughts associated with various mental conditions.

This book focuses on behavior that ranges from highly unusual to fairly common—from the very rare violent homicides and mental breakdowns that are widely reported by the news media to more prevalent concerns such as depression, anxiety, eating

disturbances, and substance abuse. We also focus on methods for preventing and alleviating the distress and life disruption experienced by those with mental illness.

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

REALITY The vast majority of individuals who are mentally ill do not commit crimes, do not harm others, and do not get into trouble with the law. However, there is a slightly increased risk of violence among individuals with a history of mental illness, substance abuse, and prior victimization (Rozel & Mulvey, 2017).

Describing Behavior

If you were experiencing emotional distress, you might decide to seek help from a **mental health professional**. If so, your therapist might begin by asking you some questions and observing your behavior and reactions while listening carefully to your concerns. The therapist would then use these observations as well as knowledge of societal circumstances paired with information you share about your background and symptoms to formulate a **psychodiagnosis**, an attempt to describe, assess, and understand your particular situation and the possibility that you might be experiencing a mental disorder. After gaining a better understanding of your situation, you and the professional would work together to develop a **treatment plan**, beginning with a focus on your most distressing symptoms.

Loughner never worked with a mental health professional before the shooting. However, he did undergo several psychiatric evaluations after his arrest. In addition to receiving a psychiatric diagnosis, Loughner was evaluated to assess his potential dangerousness, the degree to which he was in contact with reality, and whether he was mentally competent to assist in his own defense. Based on observations of Loughner and a review of available information, the examiners determined that Loughner had symptoms consistent with a diagnosis of schizophrenia (a serious mental disorder we discuss in Chapter 12).

Explaining Behavior

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

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

- Friends noted that he seemed to undergo a personality transformation around the time he dropped out of high school. He again experienced academic difficulties when attending community college; he was suspended because of poor academic performance, disruptive behavior, and a YouTube posting in which he described the school as "one of the biggest scams in America." Could this pattern of academic failure have contributed to his downward spiral and resultant anger?
- Others noted that Loughner was devastated following a breakup with a high school girlfriend. The failed relationship reportedly triggered increasing use of marijuana, LSD, and other hallucinogens. When Loughner tried to enlist in the U.S. Army, he was deemed unqualified. Did the breakup, his drug use, or being rejected from military service play a role in his actions?
- Others have noted that biological factors may account for Loughner's mental breakdown. While incarcerated, he was diagnosed with schizophrenia. Research points to a biological basis for this disorder, with vulnerability to schizophrenia exacerbated by marijuana use. Interestingly, Loughner's downward spiral in his early 20s is very consistent with the onset of schizophrenia, as are his paranoid beliefs and nonsensical speech. What role did biological factors play in his deteriorating mental condition?

DID YOU KNOW?

It is very difficult to predict school violence. However, risk factors associated with increased potential for violence include male gender, access to weapons, threatening or violent communications, talking about plans to carry out an attack, feeling hopeless or suicidal, and having a history of being bullied or persecuted.

SOURCE: Stubbe, 2019

These snippets from Loughner's life suggest many possible explanations for his actions, including **biological vulnerability** such as genetic susceptibility to mental illness, perhaps made worse by his use of marijuana, his belief in extremist political rhetoric, his academic and military failures, his anger about the breakup with his girlfriend, and his substance abuse. Some explanations may appear more valid than others. As you will see in the next chapter, no single explanation adequately accounts for complex human behavior. Normal and abnormal behaviors occur along a continuum and result from interactions among various biological, psychological, social, and sociocultural factors.

Predicting Behavior

Many believe that there was sufficient evidence to predict that Loughner was a seriously disturbed and potentially dangerous young man. His parents, alarmed by his deteriorating behavior, encouraged him to seek professional help but were unsuccessful in their efforts. At Pima Community College, concerned staff and students contacted campus police regarding Loughner's disruptive conduct on at least five occasions. He posted hate-filled rants about the college on YouTube, and at least one teacher and one classmate expressed concern that he was capable of a school shooting.

To protect the campus, college administrators suspended Loughner, stipulating that he could return if (a) his behavior conformed to the codes of the college and (b) he received a mental health clearance confirming that his presence on campus would not constitute a danger to himself or others. In light of these reports, why was it that Loughner never received any type of psychological help or treatment? How could he purchase firearms during a period of obvious mental deterioration? If his parents and college officials were concerned that he was dangerous, why did mental health professionals or police officials not intervene?

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

Further, even if someone had significant concerns about Loughner possessing a gun, Arizona does not have a "red flag" law permitting police or family members to petition the court for an extreme risk protection order—a court order authorizing temporary removal of a firearm from someone who potentially poses a danger to themselves or others (a topic we discuss further in Chapter 17). Additionally, it is possible for someone with a deteriorating mental condition to appear relatively normal.

Intervening Through Therapy

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

Monkey Business Images/Shutterstock.com

Modifying Behavior

Distressing symptoms can often be addressed and modified through **psychotherapy**, which involves systematic intervention designed to improve a person's behavioral, emotional, or cognitive state. Mental health professionals focus first on problematic symptoms and understanding the cause of a client's mental distress, taking into account any social or societal stressors. Next, they work with the client to plan treatment. Just as there are many ways to explain mental disorders, there are many therapies and many professional helpers offering their services. (Table 1.1 lists the qualifications and training of various mental health professionals.) Among the mental health professionals, it is usually psychiatrists who prescribe medication. We are currently experiencing a national shortage of psychiatrists, which is exacerbated by retirements and insufficient numbers of psychiatrists-in-training (Merritt Hawkins, 2018). Other professionals with prescribing privileges—such as health advanced practice nurses (APRNs), physician assistants, and prescribing psychologists—are helping to fill this gap.

Many believe that if Loughner had received psychotherapy, his intense anger, disturbed thinking, and deteriorating mental condition would have been recognized as a serious concern and his violent rampage could have been prevented. Treatment might have included appropriate medications, anger management and social skills training, educating Loughner and his family about schizophrenia, and perhaps even temporary hospitalization to stabilize his mental situation.

Table 1.1 The Mental Health Professions

Clinical psychologist	• Holds a PhD or a PsyD. • Coursework and internship focus on psychopathology, personality, psychological testing, diagnosis, therapy, and neuropsychology.
Counseling psychologist	• Academic and internship requirements are similar to those for a clinical psychologist, but with a focus on life adjustment problems rather than mental illness.
Mental health counselor; marriage/family therapist	• Holds a master's degree in counseling or psychology as well as supervised clinical experience.
Neuropsychologist	• Holds a PhD. or a PsyD with specialization in brain-behavior relationships. • Coursework focuses on assessment, diagnosis, treatment planning, and research related to neurological, medical, developmental, or psychiatric conditions.
Psychiatrist	• Holds an MD degree; can prescribe medication. • Completes the 4 years of medical school required for an MD, and an additional 3 or 4 years of training in psychiatry.
Psychiatric nurse	• Holds an RN degree from a nursing program, plus specialized psychiatric training. • Performs assessment, diagnosis, and treatment of mental illness. • Some advanced practice registered nurses (APRNs) have completed master's or doctoral degrees and are allowed to prescribe medication.
Psychiatric social worker	• Holds a master's degree in social work. • Conducts assessment, screening, and therapy with high-need clients and facilitates outreach to other agencies.
School psychologist	• Holds a master's or a doctoral degree in school psychology. • Assesses and intervenes with the emotional and learning difficulties of students in educational settings.
Substance abuse counselor	• Professional training requirements vary; many practitioners have personal experience with addiction. • Works in agencies that specialize in the evaluation and treatment of drug and alcohol addiction.

1-2 Views of Abnormality

Understanding and treating the distressing symptoms associated with mental illness is the main objective of those working in the mental health field. But how do mental health professionals evaluate symptoms and decide if a client is experiencing a mental disorder? The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., DSM-5; American Psychiatric Association [APA], 2013), the most widely used classification system of mental disorders, indicates that a mental disorder has the following components:

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

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

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

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

Complex definitions aside, most practitioners agree that mental disorders involve behavior or other distressing symptoms that depart from the norm and interfere with the individual's ability to adapt to life's demands. Nearly all definitions of abnormal behavior use some form of comparative analysis to gauge deviations from normative standards. The four major factors involved in judging psychopathology are

- distress,
- deviance,
- dysfunction, and
- dangerousness.

Societal Norms and Deviance

Societal norms often affect our definitions of normality and abnormality. When social norms begin to change, standards used to judge behaviors or roles also shift. Here we see a stay-at-home father cooking with his son. In the past, staying home to care for children was a role reserved for women.

MGP/Digital Vision/Getty Images

Distress

Most people who seek the help of therapists are experiencing psychological distress that affects social, emotional, or physical functioning. In the social sphere, an individual may become withdrawn and avoid interactions with others or, at the other extreme, may engage in inappropriate or dangerous social interactions. In the emotional realm, distress might involve crying, extreme agitation, or prolonged depression. Distress might also surface in the form of confused thinking or physical symptoms such as fatigue, pain, or heart palpitations. One disadvantage of using distress in determining psychopathology is that some individuals with severe mental illness experience **anosognosia**, an inability to recognize their own mental confusion.

Of course, we all have social, emotional, and physical ups and downs. We need to recognize that just as there is a continuum of human traits, such as height, there is a continuum associated with human emotions and behaviors. For example, you have probably

felt temporarily depressed after experiencing a loss or a disappointment or felt anxious about situations involving friendships or school. The mere presence of a common symptom is not sufficient to warrant the diagnosis of a mental illness. Most professionals agree that many of us experience some of the symptoms associated with mental disorders. However, if your reaction is so intense or prolonged that it interferes with your ability to function adequately, the symptoms may reflect a mental disorder.

Deviance

Definitions of deviance rely on statistical standards (behaviors that occur infrequently), moral or religious beliefs (deviations from religious doctrine), or noncompliance with societal customs (departure from normative behavior). These methods of defining deviance are not mutually exclusive, and the importance of each may vary both within and between societies or cultural groups. Further, these standards are not fixed; they evolve or change over time. For example, "homosexuality" was considered a mental disorder until it was finally removed from the DSM in 1987. This decision was based on the many studies that demonstrate that gay men and lesbians are as well-adjusted as the heterosexual population. Public opinion has also evolved on sexual orientation. Although only 31 percent of the public supported same-sex marriage in 2004, approval rose to 61 percent in 2019 (Pew Research Center, 2019).

Certain behaviors are considered deviant in most situations. These behaviors include refusing to leave your house, sleeping for days because you are feeling depressed, fasting because you are terrified of gaining weight, forgetting your own identity, panicking at the sight of a spider, avoiding social contact because you fear people will judge you, believing that others can "hear" your thoughts, seeing aliens inside your home, collecting so many items that your health and safety are jeopardized, and intentionally making yourself sick with the goal of receiving attention. However, culture-related factors must be considered before labeling behaviors as "abnormal." For instance, during some religious ceremonies, people display episodes of possession or loss of identity that are normative to the group and therefore would not be considered symptoms of a disorder (APA, 2013).

Personal Dysfunction

In everyday life, each of us fulfills a variety of social and occupational roles, such as friend, family member, student, or employee. Emotional problems sometimes interfere with our ability to adapt to life's demands and perform these roles. Therefore, role dysfunction is often considered when determining if someone has a mental disorder. One way to assess dysfunction is to compare someone's performance with the requirements of a role. An employee who suddenly cannot concentrate sufficiently to fulfill job demands may be experiencing emotional difficulties. Dysfunction can also be assessed by comparing an individual's performance with his or her potential. For example, a sudden drop in academic performance may signal that a college student is experiencing effects from anxiety, depression, or other common mental disorders.

Dangerousness

Even though it is rare for individuals who are mentally ill to commit violent crimes, media coverage of national tragedies has led the public to associate mental illness with violence. After mass shootings, we often hear the National Rifle Association and some politicians link gun violence to mental illness. Similarly, mass shootings often trigger an immediate increase in social media posts regarding mental illness (Budenz et al., 2019). Clearly, the public is inundated with messages that link mental illness and violence. In one study, over 60 percent of those surveyed believed that people with schizophrenia were dangerous and 30 percent of the respondents indicated that people experiencing a major depression pose a danger to others (Pescosolido & Manago, 2019).

DID YOU KNOW?

During the Victorian era, women wore many layers of clothing to conceal their bodies from the neck down. Exposing an ankle was roughly equivalent to going topless at the beach today. Using words that had might have a sexual connotation was also taboo. Victorians said *limb* instead of *leg* because the word *leg* was considered erotic; even pianos and tables were said to have limbs. People who did not adhere to these codes of conduct were considered immoral.

AP Images/James A. Finley

Determining What Is Abnormal

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

In reality, only a small minority of acts of violence involve someone with a serious mental disorder. Drug or alcohol abuse is much more likely to result in violent behavior (Friedman & Michels, 2013). Even though violence is rare, predicting the possibility that clients might be dangerous to themselves or to others has become an inescapable part of the role of mental health professionals. Therapists are required by law to take appropriate action when a client is potentially homicidal or suicidal. In the case of concern about harm to others, therapists have a duty to warn the intended victim or to contact officials who can provide protection, a topic we cover in Chapter 17. In the case of Loughner, although some community members believed he was dangerous, neither law enforcement nor mental health professionals were directly involved or in a position to intervene prior to the tragic shooting.

DID YOU KNOW?

Teens and young adults with moderate to severe depression often use the Internet to locate mental health information, look for others with similar concerns, and search for therapists. Additionally, many young people without depression go online for mental health information (Rideout et al., 2018).

1-3 How Common Are Mental Disorders?

Many of us have direct experiences with mental disorders, either personally or through our involvement with family and friends. You may have wondered, "Just how many people are affected by a mental disorder?" To answer this question and to understand societal trends and factors that contribute to the occurrence of specific mental disorders, we turn to data from **psychiatric epidemiology**, the study of the frequency with which mental illness occurs in a society. Analyzing data from psychiatric epidemiology studies is critical because it can help guide us toward solutions that reduce the cost and

distress associated with mental disorders. Epidemiological data allow public officials to determine how frequently or infrequently various conditions occur in the population. We can also use prevalence data to compare how disorders vary by ethnicity, gender, and age. Most importantly, monitoring changes in rates can inform decisions about whether current mental health practices are effective in preventing or treating various disorders.

The **prevalence** of a disorder is the percentage of people in a population who have the disorder during a given interval of time. For instance, the results from surveys conducted in 2018 by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) revealed that 26 percent of the respondents aged 18–25 had experienced a mental disorder (not including a drug or alcohol use disorder) during the previous 12 months, with 7.7 percent facing a serious mental disorder such as schizophrenia (SAMHSA, 2019). The annual prevalence of mental illness varies between adults in the major U.S. ethnic groups: Asian: 14.7 percent; non-Hispanic White: 20.4 percent; non-Hispanic African American: 16.2 percent; non-Hispanic mixed/multiracial: 26.8 percent; Hispanic: 16.9 percent. The annual prevalence of a mental disorder is highest (37.4 percent) among the demographic group that includes adults who are lesbian, gay, or bisexual (National Alliance on Mental Illness [NAMI], 2019).

When looking at prevalence rates, it is important to consider the time interval involved. A **lifetime prevalence** rate refers to existence of the disorder during any part of a person's life, whereas the statistics just discussed involved a 12-month prevalence rate. In a study designed to determine if youth around the world are at high risk for mental disorders, Auerbach et al. (2018) and the World Health Organization compared the lifetime prevalence of various symptoms of mental illness among nearly 14,000 college students from eight countries: Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain, and the United States. Over 35 percent of the students reported having experienced symptoms that would meet the criteria for at least one mental disorder (see Figure 1.1). Some students met the criteria for more than one disorder. Symptoms of the students' disorders usually began during early to middle adolescence and continued to the time of the survey. The authors of the study are concerned that the large number of students who need mental health assistance may overwhelm college resources and suggest that therapeutic programs be made available to students via the Internet.

The United States spends over $187 billion a year on mental health and substance abuse services (Dieleman et al., 2016). In addition to those who have a diagnosable mental health condition in a given year, many more people experience emotional or behavioral concerns that do not meet the exact criteria for a mental disorder. These problems may be equally distressing and debilitating unless adequately treated. The economic and social circumstances surrounding the COVID-19 pandemic have also taken a toll on mental health and stretched our already limited mental health resources. Further, **systemic racism** and the resultant racial and ethnic disparities in access to education, health care, employment, and housing remain an ongoing concern in the United States and in many countries throughout the world. Clearly, mental disturbance is widespread, and many people are coping with symptoms of mental distress. What is even more disconcerting is that in the United States fewer than one half of adults with a mental disorder are receiving treatment (SAMHSA, 2019).

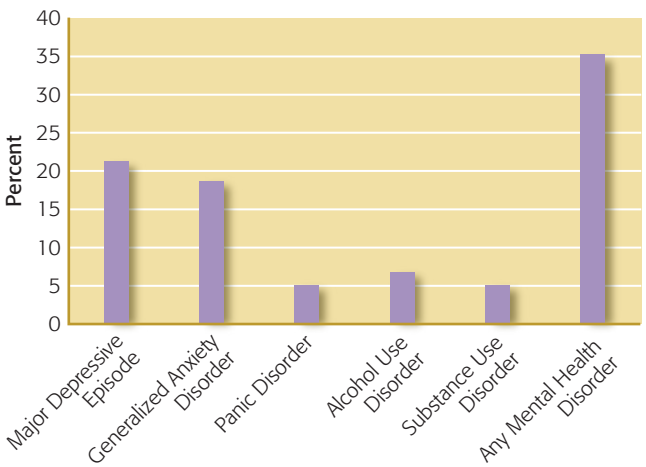


Figure 1.1

Lifetime Prevalence of Mental Disorders in College Students from Eight Countries

Over one third of a group of 14,000 college students who were surveyed in Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain, and the United States reported having experienced a mental health disorder during their lifetime.

SOURCE: Auerbach et al., 2018

1-4 Cultural and Sociopolitical Influences on Behavior

Considering the cultural and sociopolitical context of a person's behavior and emotional functioning is an essential aspect of determining if the person is experiencing significant mental health issues. Psychologists now recognize that all behaviors, whether normal or abnormal, originate from a cultural context. **Culture** is the learned behavior that members of a group transmit to the next generation. Culture includes a group's shared values, beliefs, attitudes, and views about the world (Sue et al., 2019). **Cultural relativism** underscores the fact that our lifestyle, cultural values, and worldview affect our behavior and expression of emotions. According to cultural relativism, cultures vary in what they define as normal or abnormal behavior. Therefore, it's not surprising that one's cultural background can significantly influence one's understanding of mental illness. For this reason, it is essential to evaluate symptoms within a cultural framework, taking care to refrain from judging behavior based solely on our personal cultural perspective. For example, in some cultural groups, hallucinating (having false sensory impressions) is considered normal in some situations, particularly religious ceremonies. Yet in the United States, hallucinating is typically viewed as a symptom of a psychological disorder.

Cultural universality, on the other hand, refers to the perspective that symptoms of mental disorders are the same in all cultures and societies. According to those who see mental illness as a universal phenomenon, specific mental disorders have the same symptoms throughout the world. Which point of view is correct? Should the criteria used to determine normality and abnormality be based on cultural universality or cultural relativism? Few mental health professionals today embrace the extremes of either position, although most gravitate toward one or the other. Proponents of cultural universality focus on the symptoms of specific disorders and minimize cultural factors, while proponents of cultural relativism focus on the cultural context within which symptoms are manifested. Both views have some support. Many disorders have symptoms that are strikingly similar across cultures. In some cases, however, there are significant cultural differences in the definitions, descriptions, and understandings of mental illness.

Some scholars believe that we also need to consider behavior from a sociopolitical perspective—the social and political context within which a behavior occurs. The importance of considering the sociopolitical implications of defining mental illness was well-articulated by Thomas Szasz (1987). In a radical departure from conventional beliefs, he asserted that mental illness is a myth, a fictional creation that society uses to control and change people. According to Szasz, people may have "problems in living," but not "mental illness." His argument stems from three beliefs: (a) that societal characterization of a behavior as abnormal does not necessarily mean that it is an illness; (b) that unusual beliefs are not necessarily incorrect; and (c) that unusual behavior or emotional distress is a reflection of something wrong with society rather than with the individual. Few mental health professionals would take the extreme position advocated by Szasz, but his arguments highlight an important area of concern. Therapists and other practitioners must be sensitive to the fact that personal bias, sociopolitical factors, or societal norms and values may influence decisions about diagnosis and treatment.

Cultural Relativism

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

Sylvain Grandadam/The Image Bank/Getty Images

Andrea Ricordi, Italy/Moment Unreleased/Getty Images

1-5 Overcoming Social Stigma and Stereotypes

CASE STUDY "I have a mental illness. I cringe whenever I hear or read a story about a horrific tragedy committed by a person while in the deep throes of his or her own mental suffering. Time and again the story is told using the same damaging stereotypes. The story paints me and others living with a mental illness with the same brush without acknowledging that we are distinct individuals with our own histories. This one-dimensional story only reinforces the long-held belief that an individual with a mental illness is violent, unpredictable, dangerous, unreliable, irresponsible, and utterly incapable of managing all but very basic tasks" (Hughes, 2015).

The woman who wrote this, Stephanie Mitchell Hughes, is well aware of the **stereotypes** surrounding mental illness because she has lived with depression for over 29 years. The distressing **social stigma** associated with mental illness and the resulting feelings of "shame" regarding her symptoms prevented Hughes from openly acknowledging her condition for many years. Research findings support her perceptions—that those with mental illness are often disapproved of, devalued, and set apart from others (Pescosolido & Manago, 2019). Sadly, although mental illness is found in many families and in all communities, negative stereotypes persist.

Individuals with mental illness often need to contend with two forms of stigma. First, they frequently must cope with the public stigma that is expressed through **prejudice** (belief in negative stereotypes) and **discrimination** (actions based on this prejudice). Prejudice and discrimination are sometimes more devastating than the illness itself. The effects of stigma can be particularly challenging for those who are simultaneously contending with other forms of discrimination based on factors such as race, ethnicity, gender, religion, or sexual orientation. Second, **self-stigma**, which occurs when individuals internalize negative beliefs or stereotypes regarding their group and accept the prejudice and discrimination directed toward them, can also be destructive to those living with mental illness. They come to accept negative societal stereotypes of being different, dangerous, unpredictable, or incompetent and then incorporate these negative beliefs into their self-image. As you might imagine, this negative self-image can lead to further distress and maladaptive reactions such as not socializing or not seeking work because of feelings of uselessness or incompetence (Mathison, 2019). Unfortunately, self-stigma based on societal prejudices not only undermines feelings of self-worth and **self-efficacy** (belief in one's ability to succeed) but also can delay treatment and hinder recovery. For example, in a review of studies about postpartum depression, social stigma was found to be a primary reason why women failed to seek treatment despite distressing symptoms (Button et al., 2017). Further, individuals living with mental illness who are members of oppressed groups are faced with the additional challenge of contending with self-stigma involving internalized negative stereotypes based on societal factors such as systemic racism.

Can stigma be reduced by furnishing individuals living with mental illness with information about the causal factors associated with their disorder? Sixty individuals who had experienced psychosis (a period of losing touch with reality) were randomly exposed to varying explanations for their condition: (a) a psychosocial explanation attributing psychosis to difficult life circumstances such as abuse or bullying or (b) a biological explanation focused on dysfunctional brain development. Both interventions significantly reduced self-stigma—possibly through the mechanism of normalizing

their experiences or increasing understanding of how their illness developed. However, only the psychosocial explanation reduced their belief in negative stereotypes associated with individuals who experience psychotic symptoms (Carter et al., 2019).

This leads to another question: Would stigma be reduced if the public better understood that mental illness results from a variety of factors, including biological vulnerability? The connection between (1) beliefs about the causes of severe mental disorders and (2) prejudice and discrimination toward the mentally ill was studied in 1996 and again in 2006 (Pescosolido et al., 2010). The researchers discovered a significant increase in public recognition of biological causes for mental illness and a shift away from blaming the individual or families. For instance, there was an increase in the number of people who cited biological reasons as the cause of major depression and schizophrenia. Surprisingly, the researchers found that an improved understanding of biological causes did not lessen the desire for social distance from or perceived danger associated with individuals diagnosed with schizophrenia or major depression. Of the respondents, 62 percent reported they would not want to "work closely with" individuals with schizophrenia, and 60 percent believed individuals with schizophrenia are "violent to others." Similarly, 47 percent of respondents would be unwilling "to work closely with" colleagues with major depression, and 32 percent expressed concern that people coping with major depression would be "violent to others." Although understanding biological explanations may reduce the tendency to blame those with mental illness for their situation, it may have had the "unintended side effect" of increasing the perception of dangerousness and a desire for social distance (Kvaale et al., 2013).

Mental health advocates continue to work to counter inaccurate perceptions about mental illness and combat social stigma. NAMI and other organizations, such as Mental Health America, are strongly committed to the goal of educating the public about mental health issues and reducing the unfair stigma associated with mental illness. These organizations also highlight the challenges faced by individuals who contend with dual stigma, such as sexual and gender minorities or those subjected to societal stigma based on religion, race, or ethnicity. Their efforts have focused on increasing public awareness and providing accurate information about mental illness via media messages, such as those seen in the "You Are Not Alone" campaign launched by NAMI. Additionally, advocacy organizations are recognizing and commending those in the entertainment industry who are producing movies and television shows that humanize and present a more accurate portrayal of mental illness. Many hope that these educational efforts will reduce both public stigma and self-stigma and thereby improve the recovery of those living with mental illness.

Stigmatization is also reduced when well-known public personalities come forward to acknowledge and even openly discuss their own personal struggles with stress and various mental health symptoms. Such public disclosure and openness has come from well-known celebrities, including Adele, Miley Cyrus, Kendall Jenner, Dwayne Johnson, Demi Lovato, Zayn Malik, Nicki Manaj, Gina Rodriquez, and Emma Stone, and sports figures, including NFL wide receiver Brandon Marshall, Olympic swimmer Mark Phelps, professional basketball player Royce White, and tennis champion Serena Williams. There is no doubt that the social stigma surrounding mental illness is reduced when the public is able to see how talented people cope with and recover from distressing mental symptoms, rather than just hearing stories of untreated mental disturbance that end in violence or tragedy.

Media Portrayals of Mental Illness

Many people learn about mental disorders from watching movies and television. Do media portrayals of mental illness, such as the severe depression experienced by Toby in the televsion series, *This Is Us*, add to our understanding of mental illness or simply perpetuate stereotypes?

AP Images/Richard Shotwell

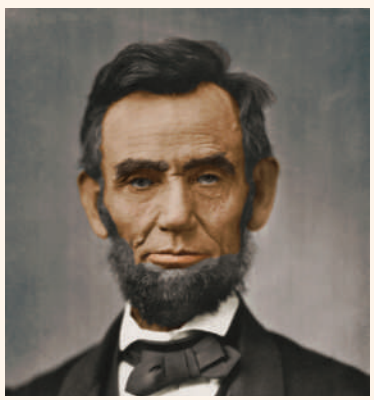
Professionals in the mental health field are encouraged by these attempts to reduce stigma, stereotyping, and common misconceptions about mental illness. Such efforts are important because social stigma can cause individuals and families to not only delay or avoid seeking treatment but also develop a "code of silence" regarding mental illness, especially when a family member has not "come out" regarding their situation. In countries where there is less discrimination and prejudice, people living with mental illness have less self-stigma and are more likely to see help. Additionally, they have a more positive quality of life and feel more optimistic about recovery (Evans-Lacko et al., 2012). Personal **empowerment** through open discussion of mental illness is a first step in overcoming societal prejudice and discrimination (Corrigan & Rao, 2012).

A question we ask ourselves as we write this book is: If so many individuals are affected by mental illness in today's society, is it really "abnormal" to have mental health challenges? When we look at the pervasiveness of anxiety, depression, eating disorders, and substance-use disorders, for example, it appears that dealing with trauma, stress, and mental health concerns is the new norm. The question then becomes: What can we do as a society to allow people to be open and honest about their mental health problems and to seek treatment without fear of being stigmatized? Someday soon the course you are now taking may no longer be called "Abnormal Psychology" but will instead have a more progressive title, such as "Promoting Mental Health and Overcoming Challenges in Living."

What can you do to help reduce stigmatization and stereotyping and assist those working to move mental illness out of the shadows? You can carefully consider your choice of words and avoid the many commonly used terms that perpetuate negative stereotypes about mental illness. For instance, stigmatizing attitudes can be reduced when we avoid noun-based labels such as calling someone "a schizophrenic" and instead refer to the person as "someone living with schizophrenia" (Krzyzanowski et al., 2019). You can also be respectful when discussing someone who is experiencing mental distress, and encourage friends or family who are experiencing emotional symptoms to seek help, perhaps letting them know that the sooner they receive treatment, the greater the likelihood of a full recovery. You can also be sensitive to the fact that many individuals are dealing with other forms of prejudice and everyday discrimination based on characteristics that are much more visible than mental illness (e.g., skin color, religious attire).

DID YOU KNOW?

Famous people with mental disorders who have made important contributions to the world include Abraham Lincoln, Ernest Hemingway, and Vincent van Gogh, pictured here, as well as Michelangelo, Isaac Newton, and Ludwig van Beethoven, among many others.



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1-6 Historical Perspectives on Abnormal Behavior

Definitions of abnormal behavior are firmly rooted in the system of beliefs that operates in a given society at a given time. This next section covering historical details is based on writings by Alexander and Selesnick (1966), Neugebauer (1979), Plante (2013), Spanos (1978), and Wallace and Gach (2008). We must be aware, however, that our discussion is strongly influenced by Western understandings of mental health and mental disorders. Other, non-Western societies have historical journeys and beliefs about abnormal behavior that differ from those presented here.

Trephining: Evidence of Therapy?

Anthropologists speculate that this human skull is evidence of trephining, the centuries-old practice of chipping a hole in the skull to release the evil spirits causing symptoms of mental disturbance.

Paul Bevitt/Alamy Stock Photo

Prehistoric and Ancient Beliefs

Prehistoric societies some half a million years ago did not distinguish between mental and physical disorders. According to historians, these ancient peoples attributed many forms of illness to demonic possession, sorcery, or retribution from an offended ancestral spirit. Certain symptoms and behaviors, from simple headaches to convulsions, were ascribed to evil spirits residing within a person's body. Within this system of belief, called *demonology*, people displaying symptoms were often held at least partly responsible for their misfortune.

It has been suggested that Stone Age cave dwellers may have treated behavior and mental disorders with a surgical method called **trephining**, in which part of the skull was chipped away to provide an opening through which the evil spirits could escape, in hopes that the person would return to his or her normal state. Surprisingly, anthropologists have discovered some trephined skulls with evidence of healing, indicating that some individuals survived this extremely crude operation. Another treatment method used by the early Greeks, Chinese, Hebrews, and Egyptians was **exorcism**, during which elaborate prayers, noises, emetics (drugs that induce vomiting), and extreme measures such as flogging and starvation were used to cast evil spirits out of an afflicted person's body.

Naturalistic Explanations: Greco-Roman Thought

With the expansion of Greek civilization and its continuation into the era of Roman rule (500 B.C.–A.D. 500), naturalistic explanations gradually became distinct from supernatural ones. Early thinkers, such as Hippocrates (460–370 B.C.), a physician sometimes referred to as the father of Western medicine, actively questioned prevailing superstitious beliefs and proposed much more rational and scientific explanations for mental disorders. Hippocrates believed that, because the brain was the central organ of intellectual activity, deviant behavior was caused by **brain pathology**, that is, a dysfunction or disease of the brain. Hippocrates also considered heredity and the environment important factors in psychopathology. He classified mental illnesses into three categories—mania, melancholia (sadness or depression), and phrenitis (brain fever)—and provided detailed clinical descriptions of symptoms such as paranoia, alcoholic delirium, and epilepsy. Many of his descriptions of disorders are still used today, eloquent testimony to his keen powers of observation. To treat melancholia, Hippocrates recommended tranquility, moderate exercise, a careful diet, abstinence from sexual activity, and bloodletting when necessary.

Other thinkers who contributed to the organic explanation of behavior were the philosopher Plato and the Greek physician Galen, who practiced in Rome. Plato (429–347 B.C.) carried on the thinking of Hippocrates; he insisted that people who

DID YOU KNOW?

Hippocrates believed that certain disorders in women (such as a sudden inability to speak or to walk) were due to the wandering of the woman's uterus in search of a child. The type of physical symptoms displayed depended upon where in the body the uterus was lodged. He often recommended marriage or more sexual activity to coax the uterus back to its proper place.

were mentally disturbed were the responsibility of their families and that they should not be punished for their behavior. Galen (A.D. 129–199) made major contributions through his scientific examination of the nervous system and his explanation of the role of the brain and central nervous system in mental functioning. His greatest contribution may have been the coding and classification of all European medical knowledge from Hippocrates's time to his own.

Reversion to Supernatural Explanations: The Middle Ages

With the upheavals in society associated with the collapse of the Roman Empire, the rise of Christianity, and the devastating plagues sweeping through Europe, rational and scientific thought gave way to a renewed emphasis on the supernatural. Religious dogma reinforced the idea that nature is a reflection of divine will and beyond human reason and that earthly life is a prelude to the "true" life experienced after death. Scientific inquiry—attempts to understand, classify, explain, and control nature—became less important than accepting nature as a manifestation of God's will. Religious truths were viewed as sacred, and those who challenged these ideas were denounced as heretics. Natural and supernatural explanations of illness were once again fused. Because of this atmosphere, rationalism and scholarly scientific works went underground for many years, preserved mainly by Arab scholars and European monks.

With people once again believing that many illnesses were the result of supernatural forces, treatment also shifted. In some cases, religious monks treated the mentally ill with compassion, allowing them to rest and receive prayer in monasteries and at shrines. In other cases, treatment was quite brutal, particularly when the illness was seen as resulting from God's wrath or possession by the devil. When the illness was perceived to be punishment for sin, the sick person was assumed to be guilty of wrongdoing; relief could only come through atonement or repentance. The humane treatment that Hippocrates had advocated centuries earlier was replaced by torturous exorcism procedures designed to combat Satan and eject him from the possessed person's body. Prayers, curses, obscene epithets, and the sprinkling of holy water—as well as such drastic and painful "therapies" as flogging, starving, and immersing in hot water—were used to drive out the devil. A time of trouble for everyone, the Middle Ages were especially bleak for the mentally ill.

Belief in the power of the supernatural became so prevalent and intense that psychological symptoms frequently affected whole populations. Beginning in Italy early in the 13th century, large numbers of people were affected by various forms of mass madness, or group **hysteria**, involving the sudden appearance of unusual symptoms that had no apparent physical cause. One of the better-known manifestations of this condition was **tarantism**, characterized by agitation and frenzied dancing. People would leap up, believing they were bitten by a spider. They would then run out into the street or marketplace, jumping and dancing about, joined by others who also believed that they had been bitten. The mania soon spread throughout the rest of Europe, where it became known as *Saint Vitus's dance*.

How can these phenomena be explained? Outbreaks of mass hysteria are often associated with stress and fear. During the 13th century, for example, there was enormous social unrest. The bubonic plague had decimated one third of the population of Europe. War, famine, and pestilence were rampant, and the social order of the times was crumbling.

DID YOU KNOW?

The belief in tarantism persisted into the mid-20th century in some regions of Italy. Peasants believed that engaging in a frenzied dance, called the tarantella, would cure them of aggressive, depressive, or lethargic symptoms.
SOURCE: De Martino, 2005

Witchcraft: The 15th Through 17th Centuries

During the 15th and 16th centuries, social and religious reformers increasingly challenged the authority of the Roman Catholic Church. Martin Luther attacked the corruption and abuses of the clergy, precipitating the Protestant Reformation of the 16th century. Church officials viewed such protests as insurrections that threatened

Casting Out the Cause of Abnormality

During the Middle Ages, people with mental disorders were thought to be victims of demonic possession. The most prevalent form of treatment was exorcism, usually conducted by religious leaders. Here a televangelist and his daughters are participating in a modern-day exorcism.

Steve Schofield/Contributor/Getty Images

their power. According to the church, Satan himself fostered the attacks on church practices. In effect, the church actively endorsed an already popular belief in demonic possession and witches.

To counter the satanic threat, Pope Innocent VIII issued a decree in 1484 calling on the clergy to identify and exterminate witches. This resulted in the 1486 publication of the *Malleus Maleficarum*, which officially confirmed the existence of witches, suggesting signs for detecting them (such as red spots on the skin and areas of anesthesia on the body) and methods to force confessions. Confession could be designated as "with" or "without" torture. The latter allowed "mild" bone crushing. The church initially recognized two forms of demonic possession: willing and unwilling. The willing person made a blood pact with the devil and had the power to create floods, pestilence, storms, crop failures, and impotence. Although those deemed unwilling victims of possession initially received more sympathetic treatment than those believed to have willingly conspired with the devil, this distinction soon evaporated.

Thousands of innocent men, women, and even children were beheaded, burned alive, or mutilated during the period of the witch hunts. It has been estimated that over 100,000 people (mainly women) were executed as witches from the middle of the 15th century to the end of the 17th century. Witch hunts also occurred in colonial America. The witchcraft trials of 1692 in Salem, Massachusetts, were infamous. Several hundred people were accused, many were imprisoned and tortured, and 20 were killed. Most psychiatric historians believe that many of those who were initially suspected of witchcraft were mentally ill. Additionally, the astonishingly high number of women who were accused and persecuted suggests that other sociological factors were involved, such as patriarchal (male-dominated) societal conditions (Reed, 2007). Although these events took place centuries ago, belief in witchcraft or supernatural causes for mental and physical disorders still exists today in the United States and other countries (Mariani, 2018). In fact, within the Catholic Church, there has been a significant revival in the belief in demonic possession and the practice of exorcism (Innamorati et al., 2019).

DID YOU KNOW?

The practice of casting out evil spirits still occurs among some Christian groups who believe that physical or psychological illnesses result from possession by demons. Many believe that such illnesses are due to sins committed by the individual or the person's ancestors.

SOURCE: Mercer, 2013

The Rise of Humanism

A resurgence of rational and scientific inquiry during the 14th through 16th centuries led to great advances in science and **humanism**, a philosophical movement emphasizing human welfare and the worth and uniqueness of the individual. Prior to this time, most asylums were at best custodial centers in which people who were mentally disturbed were chained, caged, starved, whipped, and even exhibited to the public for a small fee, much like animals in a zoo (Dreher, 2013). For example, the term *bedlam*, which has become synonymous with chaos and disorder, was the shortened name of Bethlehem Hospital, an asylum in England that has come to symbolize the plight of people experiencing severe mental illness. Patients were bound by chains, left untreated, and exhibited to the public in the courtyard.

Johann Weyer (1515–1588), a German physician, published a revolutionary book that challenged the prevailing beliefs about witchcraft. He personally investigated many cases of demonic possession and asserted that many people who were tortured, imprisoned, and burned as witches were mentally disturbed, not possessed by demons (Metzger, 2013). Although both the church

MYTH A person who has a mental illness can never contribute anything of worth to the world.

REALITY Many people with mental illness have made great contributions to humanity. Abraham Lincoln and Winston Churchill both battled recurrent episodes of depression. Ernest Hemingway, one of the great writers of the 20th century, experienced lifelong depression, alcoholism, and frequent hospitalizations. Pablo Picasso and Edgar Allan Poe contributed major artistic and literary works while seriously disturbed.

and the state severely criticized and banned his book, it helped pave the way for the humanistic perspective on mental illness. With the rise of humanism, a new way of thinking developed—if people were "mentally ill" and not possessed, they should be treated as though they were sick. A number of new treatment methods reflected this humanistic spirit.

The Moral Treatment Movement: The 18th and 19th Centuries

In France, Philippe Pinel (1745–1826), a physician, took charge of la Bicêtre, a hospital for mentally ill men in Paris. Pinel instituted what came to be known as the **moral treatment movement**—a shift to more humane care for people who were mentally disturbed. He removed patients' chains, replaced dungeons with sunny rooms, encouraged exercise outdoors on the hospital grounds, and treated patients with kindness and reason. Surprising many disbelievers, the freed patients did not become violent; instead, this humane treatment seemed to improve behavior and foster recovery. Pinel later instituted similar, equally successful, reforms at la Salpêtrière, a large mental hospital for women in Paris.

In England, William Tuke (1732–1822), a prominent Quaker tea merchant, established a retreat at York for the "moral treatment" of mental patients. At this pleasant country estate, the patients worked, prayed, rested, and talked out their problems—all in an atmosphere of kindness. This emphasis on moral treatment laid the groundwork for using psychological means to treat mental illness. Indeed, it resulted in much higher rates of "cure" than other treatments of that time (Charland, 2007).

In the United States, three individuals—Benjamin Rush, Dorothea Dix, and Clifford Beers—made important contributions to the moral treatment movement. Rush (1745–1813), widely acclaimed as the father of U.S. psychiatry, encouraged humane treatment of those residing in mental hospitals. He insisted that patients be treated with respect and dignity and that they be gainfully employed while hospitalized, an idea still evident in the modern concept of work therapy. Dorothea Dix (1802–1887), a New England schoolteacher, was a leader in 19th-century social reform in the United States. At the time, people who were mentally ill were often incarcerated in prisons and poorhouses. While teaching Sunday school to female prisoners, Dix was appalled to find jailed mental patients living under deplorable conditions. For the next 40 years, she worked tirelessly on behalf of those experiencing mental disorders, campaigning for reform legislation and funds to establish suitable mental hospitals. Dix raised millions of dollars, established more than 30 mental hospitals, and greatly improved conditions in countless others. But the struggle for reform was far from over. Although the large hospitals that replaced jails and poorhouses had better physical facilities, the humanistic focus of the moral treatment movement was lacking.

The moral treatment movement was energized in 1908 with the publication of *A Mind That Found Itself*, a book by Clifford Beers (1876–1943) about his own mental collapse. His book describes the terrible treatment he and other patients experienced in three mental institutions, where they were beaten, choked, spat on, and restrained with straitjackets. His vivid account aroused public sympathy and attracted the interest and support of the psychiatric establishment, including such eminent figures as psychologist-philosopher William James. Beers founded the National Committee for Mental Hygiene (forerunner of the National Mental Health Association, now known as Mental Health America), an organization dedicated to educating the public about mental illness. This organization continues to advocate against ineffective or inappropriate treatment methods. Even the most severe critics of today's mental health system would acknowledge, however, that treatment for people who are mentally ill has improved over the years.

DID YOU KNOW?

Vincent van Gogh benefited from the moral treatment movement. He was admitted to Saint-Paul Asylum in 1889 after cutting off part of his ear. He received benevolent care and rehabilitation and was allowed short supervised walks and a studio for painting. During his 1-year stay, he produced 150 paintings.

SOURCE: Harris, 2010

Dorothea Dix (1802–1887)

During a time when women were discouraged from political participation, Dorothea Dix, a New England schoolteacher, worked tirelessly as a social reformer to improve the deplorable conditions in which people who were mentally ill were forced to live.

Library of Congress, Prints & Photographs Division

What Role Should Spirituality and Religion Play in Mental Health Care?

Reluctance to incorporate religion into treatment may be understandable in light of the historical role played by the church in the oppression of people who are mentally ill. The role of demons, witches, and possession in explaining abnormal behavior has been part and parcel of past religious teachings. Furthermore, psychology as a science stresses objectivity and naturalistic explanations of human behavior; this approach is often at odds with religion as a belief system (Sue et al., 2019).

Until recently, the mental health profession was largely silent about the influence of spirituality or religion on mental health. Many therapists avoid discussing spiritual or religious issues with their clients, concerned they will appear to be proselytizing or usurping the role of the clergy. Further, therapists who are atheist or agnostic may feel inauthentic addressing the spiritual or religious aspects of a client's well-being.

Many people are open to medical and mental health care providers discussing spiritual and faith issues with them, including some individuals who do not participate in religious services. Additionally, for many racial and ethnic minority group members, cultural identity is intimately linked with spirituality (Sue et al., 2019). More compelling are findings that reveal a positive association between spirituality or religion and optimal health outcomes, longevity, and lower levels of anxiety, depression, suicide, and substance abuse (Kasen et al., 2013; Portnoff et al., 2017). Similarly, higher levels of spirituality in gay and bisexual men are associated with psychological resilience and better mental health outcomes (Reist Gibbel et al., 2019).

Many mental health professionals are becoming increasingly open to the potential benefits of incorporating spirituality into treatment. As part of that process, psychologists are making distinctions between spirituality and religion. *Spirituality* is a broad term that includes finding meaning, purpose, and connection to a higher power or something larger within the universe, whereas *religion* involves a specific doctrine and particular system of beliefs. Spirituality can be pursued outside of a specific religion because it involves growth associated with self-discovery, faith, and deep connections. In many ways, spiritual growth can enhance the personal growth that occurs in therapy.

For Further Consideration

1. What thoughts do you have about the role of spirituality and religion in mental health and psychotherapy?
2. Should therapists avoid discussing religious or spiritual matters with clients?
3. If you were in therapy, how important would it be to discuss your religious or spiritual beliefs?

1-7 Causes of Mental Illness: Early Viewpoints

Paralleling the rise of humanistic treatment of mental illness was an inquiry into its causes. Two schools of thought emerged. The biological viewpoint holds that mental disorders are the result of physiological damage or disease. The psychological viewpoint stresses an emotional basis for mental illness. Elements of these positions were often combined.

The Biological Viewpoint

Hippocrates's suggestion of a biological explanation for abnormal behavior was ignored during the Middle Ages but revived after the Renaissance. Not until the 19th century, however, did the **biological viewpoint**—the belief that mental disorders have a physical or physiological basis—flourish. The ideas of Wilhelm Griesinger (1817–1868), a German psychiatrist who believed that all mental disorders had physiological causes, received considerable attention. Emil Kraepelin (1856–1926), a follower of Griesinger, observed that certain symptoms tend to occur regularly in clusters, called **syndromes**. Kraepelin believed that each cluster of symptoms represented a mental disorder with its own unique—and clearly specifiable—cause, course, and outcome. In his *Textbook of Psychiatry* (1883/1923), Kraepelin outlined a system