ABNORMAL PSYCHOLOGY

Clinical Perspectives on Psychological Disorders

TENTH EDITION

SUSAN KRAUSS WHITBOURNE

University of Massachusetts Boston

ABNORMAL PSYCHOLOGY: CLINICAL PERSPECTIVES ON PSYCHOLOGICAL DISORDERS, TENTH EDITION

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

ABOUT THE AUTHOR

Noah Berg

Susan Krauss Whitbourne is professor emerita of Psychological and Brain Sciences at the University of Massachusetts Amherst, and adjunct professor of Gerontology and Faculty Fellow at University of Massachusetts Boston. She has taught large undergraduate classes in addition to teaching and supervising doctoral students in developmental and clinical psychology. Her clinical experience has covered both inpatient and outpatient settings. Professor Whitbourne is a Fellow of the American Psychological Association and a Diplomate of the American Board of Professional Psychology in Geropsychology.

Professor Whitbourne received her PhD from Columbia University in Developmental Psychology. She taught at the State University of New York at Geneseo and the University of Rochester prior to moving to the University of Massachusetts Amherst, where she received the University's Distinguished Teaching Award, the Outstanding Advising Award, and the College of Arts and Sciences Outstanding Teacher Award. In 2001, she received the Psi Chi Eastern Region Faculty Advisor Award, and in 2002, the Florence Denmark Psi Chi National Advisor Award. In 2018, she was recognized as a Psi Chi Distinguished Member. In 2003, she received both the APA Division 20 and Gerontological Society of America Mentoring Awards. As the departmental honors coordinator from 1990 to 2010, Professor Whitbourne was also the Psi Chi faculty advisor from 1990 through 2017, and the director of the Office of National Scholarship Advisement in the Commonwealth Honors College from 1999 through 2017.

The author of 18 books and more than 180 journal articles and book chapters, Professor Whitbourne is regarded as an expert on personality development in middle and late life. She is Co-Principal Investigator of the 50-year-long Rochester Adult Longitudinal Study on psychosocial development from college through later adulthood. She is also a Co-Principal Investigator of the Age-Friendly University study in collaboration with the Gerontology Institute of the University of Massachusetts Boston. Her 2010 book, *The Search for Fulfillment,* was nominated for an APA William James Award. In 2011, she was recognized with a Presidential Citation from APA. In addition to her academic writing, she writes a highly popular blog on *Psychology Today* entitled "Fulfillment at Any Age" and has appeared on numerous media outlets, including *NBC Dateline* and *Today Show, AM Canada,* BBC, and CNN.

She is the President-Elect of the Geropsychology Board and a Board of Director of the American Board of Professional Psychology, a past president of the Eastern Psychological Association, and past chair of the Behavioral and Social Sciences Section of the Gerontological Society of America and was a member of the APA Board of Educational Affairs. She serves as APA Council Representative to Division 20 (Adult Development and Aging), having also served as Division 20 president. She is a fellow of APA's Divisions 20, 1 (General Psychology), 2 (Teaching of Psychology), 9 (Society for the Psychological Study of Social Issues), 12 (Clinical Psychology), and 35 (Society for the Psychology of Women). In 2020, Professor Whitbourne was nominated for president-elect of APA. She was also a member of the Board of Directors of the Massachusetts Psychological Association, and also serves the Nominations and Governance Committee. In 2021, she was a recipient of the Geropsychology Specialty Award of ABPP.

Professor Whitbourne served as an item writer for the Educational Testing Service, was a member of APA's High School Curriculum National Standards Advisory Panel, wrote the APA High School Curriculum Guidelines for Life-Span Developmental Psychology, and served as an item writer for the Examination for Professional Practice of Psychology.

ABOUT THE CONTRIBUTOR

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

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

In addition to her clinical expertise, Dr. O'Brien has published chapters in edited volumes on gender and aging and has served as editor of peer-reviewed journals. Dr. O'Brien previously contributed to the seventh through ninth editions of *Abnormal Psychology: Clinical Perspectives on Psychological Disorders.*

Courtesy of Jennifer O'Brien

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GUIDE TO DIVERSITY, EQUITY, AND INCLUSION

Global changes included specifying mini-cases in terms of gender identity, preferred pronouns, and sexual orientation as appropriate to the case. Sources were cited from researchers publishing in such journals as *Current Psychology: A Journal for Diverse Perspectives on Psychological Issues,* as well as studies and researchers representing diverse and international samples and issues.

CHAPTER 1

- Changed Case Report of Rebecca Hasbrouck from heterosexual to bisexual.
- Replaced Vincent Van Gogh as Real Story with Sir Elton John, discussing substance use disorder.
- In the section on sociocultural contributions to psychological disorders, increased the focus on the roles of culture, discrimination, social injustice, and racism on mental health with introduction of themes covered later in the book.
- In the section on causes of abnormal behavior, included new coverage of oppression and violence as well as disproportionate impact of COVID-19 on BIPOC and LGBTQ+ individuals. Included research by Goetter et al. (2020) on stigma of mental health disorders that varies by face and ethnicity.
- Added discussion of oppression of women who practice indigenous methods of healing (Yokushko, 2018) in the section on the history of exorcism and violence committed against women accused of practicing witchcraft from the Middle Ages to 1700s.
- Added World Health Organization's (WHO) Sustainability Development Goals special initiative that includes maximizing human functioning by countering the human rights violations, discrimination, and stigma associated with psychological disorders.

CHAPTER 2

- Case Report is Pedro Padilla, changed from Latino to Mexican American.
- Changed Real Story from Daniel Johnston to Wayne Brady (depression).
- Introduced WHO's *ICD-11*'s cross-cultural approach in diagnosis, citing work by Reed et al. (2019) noting that *ICD-11* includes cultural considerations in each diagnostic grouping.
- Expanded the coverage of cultural formulations and multiculturally competent care using case Padilla's Case Report as an illustration.

CHAPTER 3

- Changed Real Story from Beethoven to Demi Lovato (bipolar, self-harm, and drug abuse).
- Added research by Ford-Paz et al. (2020) on ensuring that clinicians used evidence-based assessment procedures.
- Referred to research by Oberheim, Swank, and DePue (2017) that notes most current assessment procedures are based on heteronormative language and therefore are not appropriate for individuals who represent gender minorities.
- In discussion of the WAIS-IV, added new material indicating concerns about the language itself, the role of culture, and whether the normative sample is an appropriate one for a given client. Cited example of study by Dudley et al. (2019) on the Maori of New Zealand raising the issue that administrators and test-takers should ideally be ethnically matched.
- In the discussion of multicultural assessment, added the use of research-based instruments that assess cultural identity and degree of acculturation based on study by Leong, Lui, and Kalibatseva (2020).
- Added research by Oh and Shillingford-Butler (2020) noting that new instruments are being developed to evaluate the extent to which clients believe their clinicians are meeting their needs for culturally informed assessment and treatment.
- Provided new information about the MoCA for use with non-English-speaking populations that are becoming increasingly available, citing research by Cesar et al. (2019), Krist et al. (2019), Tang (2020), and Nasreddine and Patel (2016).
- Included research by Diaz-Blancat et al. (2018) supporting the Wisconsin Category Sorting Test as a measure of prefrontal brain functioning and noted that it is being expanded internationally, as shown by research conducted by Miranda et al. (2020), Faustino et al. (2020), and Rammal et al. (2019).
- Discussed the problems of the Boston Naming Test when used for non-native English-speaking populations as shown by research conducted by Silvestre et al. (2018), Savoie et al. (2019), and Na and King (2019).

- Added problems in using the Cambridge Neuropsychological Testing Automated Battery (CANTAB) with individuals who are disadvantaged in using computer-based testing, with research by Aran Filipetti et al. (2020). Also added new research on validity of the CANTAB by Campos-Magdaleno et al. (2020).
- Described problems in research on brain-scanning methods conducted by large international collaboration led by Elliott et al. (2020).

CHAPTER 4

- Changed Case Report of Meera Krishnan from Indian American to South Asian.
- Discussed new research on endophenotypes conducted by Abhishek et al. (2020).
- Updated research support for diathesis stress model with work by Nielsen et al. (2020).
- Added new research on environmental factors affecting gene expression by Ciafre et al. (2020) and Palma-Gudiel et al. (2020).
- Discussed impact on childhood development of maternal sensitivity with research by Dall'Aglio et al. (2020) and Pellicano et al. (2020).
- Added new research by Silva et al. (2021) on use of neuromodulation in biological treatments.
- Discussed long-standing nature of personality traits, citing work by Pinto et al. (2020).
- Introduced the role of attachment style in influencing how individuals respond to psychotherapy with research by A-Tjak et al. (2020).
- Added discussion of expanding token economy in helping caregivers in Italy during the COVID-19 lockdown with research by degli Espinosa et al. (2020).
- Citing research by Trombello et al. (2020), discussed use of homework assignments in telehealth-based behavioral therapy among underserved populations.
- Greatly expanded the material in the Sociocultural Perspective section of the chapter, focusing on social discrimination (Jackson et al., 2019; Hackett et al. 2020), and included research by Fernandez et al. (2020) on political oppression, poverty, and violence as influences on physical and mental health.
- Discussed new approaches to group teletherapy by Miu et al. (2020).
- Added smartphone applications for mindfulness training with research by Gal et al. (2021).
- Updated material on the multicultural approach to treatment with general discussion relating this to need to understand sociocultural context of clients.

CHAPTER 5

- Changed Real Story from Daniel Tammet to Greta Thunberg (autism spectrum disorder).
- Presented data, where available, on variations by ethnicity.
- Cited new evidence by Mai et al. (2019) on prevalence of Down syndrome.
- Discussed relationship between maternal alcohol use and damage to frontal areas of the brain with new research by Kenton et al. (2020).
- Added new work on peer training as part of mainstreaming, with research by Nota et al. (2019).
- Summarized research by Maye et al. (2020) on role of functional play in treating children with autism spectrum disorder.
- Included new work on virtual reality–based intervention for children with autism spectrum disorder with research by Ip et al. (2018).
- Added new research on biological and psychological interventions for individuals with Rett disorder by Gomathi et al. (2020) and Lim et al. (2020).
- Included psychosocial interventions for children with specific developmental disorders with work by Musetti et al. (2019).
- Added research on ADHD in adulthood with work by Wang et al. (2020) and Rosello et al. (2020) and discussed compensatory mechanisms with research by Yap et al. (2021).

CHAPTER 6

- Changed Case Report of David Chen from male gender identity to non-binary gender identity and retained sexual orientation as queer.

- Added new research on shared psychotic disorder as observed in children living in socially isolated conditions, with work by Vigo et al. (2019).
- Included research on the role of the brain in schizophrenia with research by Huang et al. (2020) and Lei et al. (2020).
- Noted that much research on genetics of schizophrenia is conducted on populations of European descent; consequently, investigators are expanding their work to include populations of African and Latino ancestry (Bigdeli et al., 2020), leading to the identification of more chromosomes involved in schizophrenia than previously reported (Chang et al., 2020).
- Expanded the coverage of sociocultural contributors to schizophrenia with research by Lopez et al. (2020) and included new research on the vulnerability of migrant populations due to discrimination, exclusion, and language differences (Henssler et al., 2020).
- Added research on isolation due to COVID-19 as risk factor for schizophrenia, citing research by Sole et al. (2021).
- Discussed the need to adapt Assertive Community Treatment to an individual's culture and mental health resources in the community, based on research conducted in mainland China (Luo et al., 2019).

CHAPTER 7

- Introduced the Black-White paradox as a relevant concept to understanding race and depression prevalence (Barnes & Barnes, 2017).
- Discussed problems in heritability estimates for research on bipolar disorder, with research by Gordovez and McMahon (2020).
- Added new data on interpersonal and social rhythm therapy in treatment for bipolar disorder, with research by Lam and Cheung (2019).
- Gave expanded treatment to sociocultural stresses in relation to prevalence of major depressive disorder, citing research by Monroe et al. (2019).
- Presented the minority stress model proposing that individuals in minority groups who are affected by societal oppression such as racism and homophobia are exposed to chronic levels of high stress due to this discrimination, citing research by Wilson and Liss (2020).
- Discussed work by Fortuna et al. (2020) showing CBT plus mindfulness as useful interventions for individuals from Latinx communities experiencing ongoing exposure to adversity and stress associated with immigration.
- Included new WHO (2021) data showing suicide rates in low- vs. high-income countries.
- Introduced research on Mexican-origin youth by Lawson et al. (2021) showing that a combination of high conscientiousness and low neuroticism predicted an ability to remain positive in the face of stress, which reduced suicide risk compared to that of youths who were lower in both personality traits.

CHAPTER 8

- Changed Real Story from Howie Mandel to Lady Gaga (PTSD).
- Expanded coverage of trauma and effect on separation anxiety disorder from global/diversity perspective, citing evidence that among nearly 39,000 adults studied in 18 countries within the World Health Organization, both childhood adversity and lifetime trauma were shown to increase an individual's likelihood of developing the disorder.
- Added new research by Yeo et al. (2020) on the impact of cognitive style on phobias.
- Discussed new work on virtual reality exposure therapy in treating phobias by Jiang et al. (2020).
- Compared research on cognitive behavioral vs. relaxation-based therapy for anxiety disorder as reported by Montrero-Marin et al. (2018).
- Included new research on anxiety sensitivity theory of panic disorder conducted by Cho et al. (2021).
- Discussed relaxation training for panic disorder as shown to be effective in research by Sanchez-Meca et al. (2020).
- Cited research by Liu et al. (2020) on role of basal ganglia and frontal lobes in obsessive-compulsive disorder.
- Added compassion-focused therapy for hoarding disorder as introduced by Chou et al. (2020).
- Included discussion of cross-cultural aspects of body dysmorphic disorder as reflected in studies conducted in Japan and China by Fang and Hofmann (2010).
- Introduced new material about trauma among women in the military who are victims of sexual assault by Yalch et al. (2018).

- Covered trauma among medical workers in China treating coronavirus patients during the early months of 2020, citing work by Li et al. (2021).
- Added new coverage of *ICD-11* and the complex post-traumatic stress disorder diagnosis as applied to victims of exposure to such multiple and repeated stressors as torture, slavery, genocide campaigns, prolonged domestic violence, or repeated childhood sexual or physical abuse, including research by Kananian et al. (2020).
- Discussed role of social support and religious coping in post-traumatic growth, citing research by Yazici et al. (2020).

CHAPTER 9

- In Case Report of Rose Marston, changed gender from female to trans female and changed sexual orientation from heterosexual to pansexual.
- Referring to Mohajerin et al. (2019), discussed new approach to cognitive behavioral therapy in dissociative identity disorder.
- Added research on illness anxiety disorder in the context of COVID-19 and need to take health precautions, citing research by Rivera and Carballea (2020) and Nicomedes et al. (2020).
- Discussed research by Yi-Feng Chen et al. (2021) on the "proactive personality," in the context of Chinese health care workers at the height of the pandemic coping with the stress of exposure to patients with the coronavirus.
- Added new research on minority stress in study of Hispanic female college students in which negative university social climate such as racist practices and policies, discrimination based on race, pressures from within one's own race about how to act, and lack of academic confidence were found to be predictors of grade point average and intention to remain in college (Arbona et al., 2018).
- Included research on compassion fatigue and rumination by Liu et al. (2021).

CHAPTER 10

- Changed name in Case Report from Rosa to Maria Nomirez and retained race as Latina and sexual orientation as heterosexual.
- Added new data on ethnic variations in eating disorders by Cheng et al. (2019) and discussed comorbidities in eating disorders as discussed by Bahji et al. (2019).
- Added new coverage of eating disorders in sexual and gender minority populations, showing the disproportionately higher prevalence in transgender men and women, reflecting discrimination against these individuals (Nagata et al., 2020; Kamody et al., 2020).
- Introduced global data on prevalence rates of bulimia nervosa, (Kessler et al., 2013).
- Examined sociocultural factors for in the development of eating disorders in, for example, female college athletes (Thompson et al., 2020) and on-camera journalists (Tran et al., 2020).
- Related early childhood restriction of access to food to emotional and physical neglect and abuse, sexual abuse, and exposure to intimate partner violence, citing research by Coffino et al. (2020).
- Introduced the concept of the maltreated ecophenotype as a combined genetic-sociocultural risk factor for eating disorders (Monteleone et al., 2020; Forrest et al., 2020).
- Discussed stress of living in lockdown due to COVID-19's impact on sleep disorders as reported by Beck et al. (2021).
- Introduced international data on oppositional defiant disorder as discussed by Vasileva et al. (2020) and Osa et al. (2019).
- Cited work by Diaz et al. (2019) on mood and substance disorder risk in children with oppositional defiant disorder.
- Introduced epidemiological studies on comorbidity of intermittent explosive disorder by Pereira et al. (2020).
- Introduced research on the role of trauma in development of conduct disorder as shown by the increasing recognition that children raised in harsh environments that expose them to trauma, abuse, and neglect are particularly at risk for developing this disorder; pointed to role of undiagnosed physical disease (Kerekes et al., 2020).

CHAPTER 11

- Changed Real Story from Sue William Silverman to Lamar Odom (sex addiction).
- Introduced the United Nations Sustainability Development Goal of achieving gender equality and empowering all women and girls.

- Expanded discussion of prevalence of paraphilic disorders, with citations based on work by Bartova et al. (2020) and Tzeng et al. (2019).
- Described the more inclusive approach represented by *ICD-11*'s classification of paraphilic disorders, citing Krueger et al. (2017).
- Clarified work on cisgender men involved in drag performance from psychological disorders, citing Knutson and Koch (2019).
- Discussed side effects of hormonal treatment for paraphilic disorders in men, citing ElSayed and Gupta (2020).
- Noted advantages of CBT for treating paraphilias, citing work by Assumpção et al. (2014).
- Discussed role of chronic health conditions in sexual dysfunctions, citing Sivaratnam et al. (2021).
- Included new research on personality traits and premature ejaculation by Gao et al. (2021).
- Added research on sexual dysfunctions in same-sex relationships between men and between women, and between bisexual adults (Barbonetti et al., 2019; Peixoto & Nobre, 2015; Shepler et al., 2018).
- Clarified language in order to describe sexual dysfunctions from a more gender-neutral perspective (i.e., "women" and "men" vs. "males" and "females"), citing new APA publication manual (2020).
- Rewrote the section on gender dysphoria, adding diagnostic clarification from *ICD-11*, which uses the term *gender incongruence* rather than *dysphoria.*
- Discussed rates of psychological disorders among individuals with gender dysphoria, citing research by Newcomb et al. (2020).
- Discussed victimization of transwomen, particularly those of color, citing work by Ussher et al. (2020).
- Added a discussion of transphobia as a form of minority stress, leading transgender individuals to experience feelings of stigma, along with concealment of their transgender identities, citing Lindley and Galupo (2020).
- Discussed relationship between transphobia and lack of support for transgender individuals as well as other behaviors contributing to marginalization, citing work by Axt et al. (2021).
- Discussed research by Bretherton et al. (2020) and Connolly and Gilchrist (2020) on health inequities faced by transgender individuals that can further contribute to anxiety, depression, and suicidality as well as substance abuse.
- Expanded the discussion of gender-affirming medical treatment and affirmative psychotherapy with transgender individuals, including work by Morris et al. (2020).

CHAPTER 12

- Changed Real Story from Robert Downey, Jr. to Mary J. Blige (substance use disorder).
- Throughout the chapter, expanded the prevalence statistics to include variations by race/ethnicity and gender, citing SAMHSA and NIDA.
- Discussed now high rates of substance use disorders among prisoners as well as sex workers and homeless individuals also place these individuals at risk of extreme health inequities, reflecting their social exclusion, citing research by Aldridge et al. (2018).
- Indicated dual pandemics of COVID-19 and substance abuse, citing work by Dubey et al. (2020).
- Included Sustainability Development Goal of building stronger global policies regarding alcohol use.
- Added research on physical activity as adjunct to CBT in treating alcohol use disorders, citing Cabe et al. (2021).
- Included new discussion of acculturation in terms of "Americanization" citing work by Lui and Zamboanga (2018) in which researchers show that young adult Hispanic and Asian Americans adopt the alcohol use patterns of their age peers.
- Introduced the Strong African American Families (SAAF) prevention program, a family-centered program for youth between the ages of 10 and 14 and based in schools, community centers, and churches (Kogan et al., 2019).
- Included new research on e-cigarette use in teens and young adults by Chen et al. (2020).
- Referred to research by Silva et al. (2020) on culturally adapted interventions for substance use disorders.
- Added new research on sociocultural influences in gambling disorder by Badji et al. (2020) and discussed problems posed by online gambling sites (Choliz et al., 2019).

CHAPTER 13

- Changed Real Story from Ronald Regan to Michael J. Fox (Parkinson's disease).
- Discussed problems of diagnosing delirium in older adults as reported by Oh et al. (2017).
- Cited research by Manini et al. (2021) on the impact of social isolation due to COVID-19 on psychological symptoms of neurocognitive disorders.
- Added new study on the role of antioxidants in reducing neurocognitive disorder risk, citing de Andrade Teles et al. (2018).
- Included discussion of caregiver interventions using behavioral methods, citing research by Liu et al. (2021).
- Added research on brain injury associated with football-related head injury, citing Alosco et al. (2020).
- Included new discussion of the need to tailor assessment procedures for people with Alzheimer's disease based on their language and racial/ethnic status.

CHAPTER 14

- Changed Real Story from Ted Bundy to Brandon Marshall (borderline personality disorder).
- Added global prevalence data of personality disorders and distinction between low- and high-income countries as reported by Winsper et al. (2020).
- Included a study conducted in Brazil on psychopathy and lack of compliance with COVID-19 social distancing and public health hygiene guidelines (Carvalho & Machado, 2020).
- Added problem with use of "histrionic" personality disorder as a outmoded concept, citing Tripathi et al. (2019).

CHAPTER 15

- Updated chapter information to reflect current APA Ethics Code regarding considerations in multicultural treatment.
- Indicated need for adapting informed consent procedures for non-English speaking individuals as cited by McMillan (2020).

PREFACE

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

A Personalized Experience That Leads to Improved Learning and Results

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

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

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

Powerful Reporting

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

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

Informing and Engaging

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

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

Located in Connect, **NewsFlash** is a multi-media assignment tool that ties current news stories, TedTalks, blogs and podcasts to key psychological principles and learning objectives. Students interact with relevant news stories and are assessed on their ability to connect the content to the research findings and course material. NewsFlash is updated twice a year and uses expert sources to cover a wide range of topics including: emotion, personality, stress, drugs, COVID-19, disability, social justice, stigma, bias, inclusion, gender, LGBTQA+, and many more.

Writing Assignment

New to this edition and found in Connect, Writing Assignments offer faculty the ability to assign a full range of writing assignments to students with just-in-time feedback.

You may set up manually scored assignments in a way that students can automatically receive grammar and high-level feedback to improve their writing before they submit a project to you; run originality checks and receive feedback on "exact matches" and "possibly altered text" that includes guidance about how to properly paraphrase, quote, and cite sources to improve the academic integrity of their writing before they submit their work to you.

The new writing assignments will also have features that allow you to assign milestone drafts (optional), easily re-use your text and audio comments, build/score with your rubric, and view your own originality report of student's final submission.

Thinking Critically About Abnormal Psychology

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

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

SUPPORTING INSTRUCTORS WITH TECHNOLOGY

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

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

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

Trusted Service and Support

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

Instructor Supplements

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

Test Bank and Test Builder Organized by chapter, the questions are designed to test factual, conceptual, and applied understanding; all test questions are available within Test Builder.

Available within Connect, Test Builder is a cloud-based tool that enables instructors to format tests that can be printed, administered within a Learning Management System, or exported as a Word document of the test bank. Test Builder offers a modern, streamlined interface for easy content configuration that matches course needs, without requiring a download.

Test Builder allows you to:

- Access all test bank content from a particular title.
- Easily pinpoint the most relevant content through robust filtering options.
- Manipulate the order of questions or scramble questions and/or answers.
- Pin questions to a specific location within a test.
- Determine your preferred treatment of algorithmic questions.
- Choose the layout and spacing.
- Add instructions and configure default settings.

Test Builder provides a secure interface for better protection of content and allows for just-in-time updates to flow directly into assessments.

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

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

Remote Proctoring and Browser-Locking Capabilities Remote proctoring and browser-locking capabilities, hosted by Proctorio within Connect, provide control of the assessment environment by enabling security options and verifying the identity of the student.

Seamlessly integrated within Connect, these services allow instructors to control students' assessment experience by restricting browser activity, recording students' activity, and verifying students are doing their own work.

Instant and detailed reporting gives instructors an at-a-glance view of potential academic integrity concerns, thereby avoiding personal bias and supporting evidence-based claims.

Clinical Perspectives on Psychological Disorders

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

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

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

The author has developed this text using a scientist-practitioner framework where research is informed by clinical practice. Within each disorder, you will read about research on theories and treatments based on the principles of evidence-based practice. This means that the approaches are tested through extensive research informed by clinical practice. Many researchers in the field of abnormal psychology also treat clients in their own private offices, hospitals, or group practices. The results they provide from the lab are informed by the knowledge that their findings can ultimately provide real help to real people.

CHAPTER-BY-CHAPTER CHANGES

This edition reflects the most recent revision to the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) published by the American Psychiatric Association in 2013 and known as *DSM-5.* The *DSM-5* was written following a lengthy process of revising the previous edition, the *DSM-IV-TR,* involving hundreds of researchers contributing to task forces intended to investigate each of the major categories of disorders.

Though replaced, the *DSM-IV-TR* still remains relevant, if only as a contrast to the *DSM-5.* Each chapter has a section entitled "What's in the *DSM-5*" that highlights the critical changes introduced in 2013 and shows why they matter. Because so much of the current understanding of research on psychological disorders used earlier editions of the *DSM* for diagnostic purposes, students will still encounter findings based on its diagnostic system. It generally takes a number of years for research to catch up with new diagnostic terminology, particularly when the research is based on data compiled over the years.

Adding to this complexity is the fact that an entirely different classification system, the *International Classification of Diseases (ICD),* is used by countries outside the United States and Canada, as well as by governmental insurance agencies in the United States. You will read about the *ICD* when relevant, particularly as it relates to international comparisons, but also when its approach differs significantly from the *DSM-5.*

The revision includes hundreds of new and updated references, including many international sources, and the mental health impacts of the COVID-19 pandemic have been added throughout. The language has been revised to be more inclusive with respect to gender, gender identity, and race/ethnicity. Many photos have been replaced to update the book and increase diversity, equity, and inclusion.

The content changes include the following:

CHAPTER 1

- Added sociocultural contributions—role of discrimination and racism, intersectionality
- Added COVID-19's disproportionate impact on Black and indigenous people and people of color
- Updated use of trephining and exorcism, showing cultural variations
- Added discussion of oppression against women who practice indigenous methods of healing
- Revised historical themes, providing greater clarity
- Added WHO Sustainability Development Goals for mental health (replaces Healthy People 2020)
- Added critique of RCT studies failing to control all factors
- Updated National Comorbidity Study with more recent reference
- Added need to protect participants in qualitative research
- Updated genetic research methods to better connect to similar section in Chapter 4, avoiding overlap.
- Changed Real Story feature to Elton John

CHAPTER 2

- Clarified language regarding patients vs. clients (APA, 2018)
- Clarified descriptions of clinical reliability and validity
- Added information about *DSM-5* as used online
- Added updates on *ICD-11*; new information in Table 2.2
- Updated discussion of cultural concepts of distress in *DSM-5*
- Added section on teletherapy health services, especially in view of COVID-19
- Changed Real Story to Wayne Brady

CHAPTER 3

- Sharpened personality assessment with more focus
- Expanded discussion of cultural assessment
- Added diversity in Table 3.2
- Added SCID-5-CV
- Added the SB-5, WISC-5, WPPSI-IV
- Added importance of taking diversity into account in intelligence testing
- Introduced MMPI-3
- Added wearable technology to behavioral assessments
- Added measures of cultural identity to multicultural assessment
- Added discussion of COVID-19 and teleneuropsychology
- Included non-English-speaking versions of the Montreal Cognitive Assessment
- Introduced digital administration of neuropsych tests
- Included international norms on the Wisconsin Card Sorting Test
- Added problems in brain scan interpretations (based on new critiques)
- Changed Real Story to Demi Lovato

CHAPTER 4

- Updated discussion of genetic theories; added assortative mating
- Updated endophenotype discussion
- Clarified familiar transmission patterns
- Expanded gene-environment interactions (new example of niche-picking)
- Included father's effect on epigenesis
- Updated limitations of twin and adoption studies
- Updated coverage of trait theory
- Updated discussion of attachment theory
- Added behavioral therapy in view of COVID-19
- Added teletherapy and behavioral therapy
- Updated CBT and COVID
- Updated sociocultural effects on mental health
- Added COVID-related trauma and mental health

- Added group therapy and teletherapy
- Revised and clarified Acceptance-Based approaches, including new section on ACT

CHAPTER 5

- Expanded coverage of diversity and intellectual disability disorder
- Updated coverage of Down syndrome and Fragile X syndrome
- Updated prevalence of fetal alcohol syndrome
- Introduced coverage of mainstreaming
- Introduced new treatment of autism spectrum disorder, autistic savant
- Updated prevalence statistics for autism spectrum disorder
- Added inclusive classroom strategies, including naturalistic developmental behavior interventions
- Added virtual reality treatment in autism spectrum disorder
- Updated data on prevalence of learning disorders
- Updated treatment for stuttering
- Updated prevalence data for ADHD
- Introduced new treatment of adult ADHD
- Updated stimulant treatment for ADHD
- Changed Real Story to Greta Thunberg

CHAPTER 6

- Updated schizophrenia prevalence
- Added new information about schizophrenia relapse/recovery
- Added diversity information on genetics of schizophrenia
- Added content on Social Cognition Training Program
- Expanded treatment of sociocultural factors in schizophrenia
- Included section on schizophrenia in migrants
- Updated and expanded ACT (assertive community treatment) for schizophrenia and to take culture into account

CHAPTER 7

- Added new prevalence data on depressive disorders including information from WHO
- Added discussion of "black-white paradox" with respect to depression
- Updated bipolar prevalence data, including international
- Discussed new conceptualization of continuum in depressive and bipolar disorders
- Expanded discussion of heritability of mood disorders
- Removed outdated "file drawer problem" from mood disorder research
- Added discussion of pharmacogenetics
- Added value of CBT plus mindfulness for Latinx clients
- Added minority stress model to sociocultural theories regarding mood disorders
- Added new data on suicide including global
- Updated figure on suicidality

CHAPTER 8

- Added discussion of COVID-19 and impact on anxiety disorder prevalence
- Added discussion of trauma and effect on separation anxiety disorder from global/diversity perspective
- Added Internet-based CBT for separation anxiety
- Included research on COVID-19 and social anxiety disorder
- Introduced online treatment for specific phobias
- Included digitally based CBT for generalized anxiety disorder
- Discussed Internet-based CBT for OCD
- Added compassion-based therapy for hoarding disorder
- Added new categorization for trichotillomania and implications for treatment
- Added new categorization for excoriation disorder including treatment
- Added trauma among women in the military
- Added discussion of COVID-19 and PTSD

- Added complex post-traumatic disorder from *ICD-11*, including discussion of human trafficking
- Discussed treatment of trauma-related disorders in refugees
- Added trauma-focused therapy and trauma-informed care
- Changed Real Story to Lady Gaga

CHAPTER 9

- Added description of Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders in treatment of DID
- Added treatment of illness anxiety disorder in context of COVID-19
- Included new discussion of trauma-informed perspective in DID
- Added delivery of hypnotherapy through teletherapy
- Removed outdated College Undergraduate Stress Scale
- Added COVID-19 and stress/coping
- Added discussion of minority stress as stressor
- Added mindfulness training for Type A and shortened discussion of other interventions

CHAPTER 10

- Made major rewrite of prevalence of anorexia nervosa, including eating disorders in sexual and gender-minority populations
- Added new possible diagnosis of orthorexia nervosa, fear of eating unhealthy foods
- Updated information about childhood history of eating disorders
- Updated prevalence of bulimia nervosa with global data
- Added smartphone treatment of binge eating
- Added section on sociocultural influences on eating disorders
- Added maltreated endophenotype in development of eating disorders
- Added impact of COVID-19 on sleep disorders
- Updated statistics on intermittent explosive disorder along with comorbidity
- Added role of trauma in development of conduct disorder
- Added cognitive treatment for kleptomania

CHAPTER 11

- Revised introduction to chapter and included the UN Sustainable Development Goals (SDG) regarding sexuality and gender
- Added *ICD-11* approach to classification of paraphilic disorders, which is more inclusive
- Added the RAINN data on sexual abuse of children
- Added data on study of victims of exhibitionism and frotteurism
- Added data from social networking sites involving fetishism
- Reworded and updated section on transvestic disorder
- Condensed the theories and treatment of paraphilias and updated citations
- Strengthened section on CBT
- Expanded coverage of sexual dysfunctions beyond the traditional "male/female" designations
- Added *ICD-11*'s more inclusive approach to gender-related disorders
- Added discussion of sexual self-schemas and negative body image as influences on sexual dysfunctions, particularly in women, and incorporated this theory into treatment discussion
- Revised presentation of gender dysphoria and added *ICD-11* as a more inclusive approach
- Added discussion of transphobia
- Discussed health inequities faced by transgender individuals
- Expanded discussion of gender-affirming medical procedures using updated references, including World Professional Association for Transgender Health
- Changed Real Story to Lamar Odom

CHAPTER 12

- Improved the description of the criteria for SUDs
- Added data from SAMSHA to update all the prevalence figures

- Described variations in illicit drug use by demographic group
- Added UN SDG regarding alcohol use disorder
- Updated description of medications for alcohol use disorder
- Added impact of COVID-19 on substance use disorders
- Added smartphone apps as treatment for alcohol use disorder
- Discussed acculturation and alcohol use disorder
- Added the Strong African American Families (SAAF) prevention program
- Added discussion of vaping and e-cigarettes
- Added gene-targeted therapy for nicotine
- Added sociocultural factors in gambling disorder, including proximity to casinos and other legalized venues
- Changed Real Story to Mary J. Blige

CHAPTER 13

- Added discussion of COVID-19 infection and delirium
- Added discussion of COVID-19 and Alzheimer's disease (prevalence)
- Discussed tailoring assessment instruments for AD based on language and racial/ethnic status
- Improved the image of the formation of beta amyloid
- Simplified and updated discussion of biological causes of AD with new figure
- Added new treatment for AD and problems in efficacy studies for it (controversial in 2020–21)
- Included new information about TBIs and veterans as well as football players, including work by Ann McKee
- Added COVID-19 "brain fog" in section on medical conditions
- Changed Real Story to Michael J. Fox

CHAPTER 14

- Updated prevalence stats on personality disorders
- Added information from *ICD-11* about dimensional system (important given that *DSM* still uses categories)
- Added COVID-19 in section on paranoid and antisocial personality disorders
- Included new research on schizotypy
- Updated dark triad (psychopathy) and workplace bullying
- Added mentalization therapy for antisocial personality disorder
- Updated developmental trajectories of people with borderline personality disorder
- Discussed problems with histrionic personality disorder as an outdated diagnosis
- Added developmental course of narcissistic personality disorder
- Critiqued claims that millennials are more narcissistic
- Assessed limitations of yoga as treatment for borderline personality disorder
- Added life history course for avoidant personality disorder
- Updated research on obsessive-compulsive personality disorder
- Changed Real Story to Brandon Marshall

CHAPTER 15

- Updated ethics guidelines to include violations in situations involving interrogation/torture
- Updated discussion of informed consent from minorities/non-English speakers
- Added right to have the "right" treatment
- Added ethics of long-term detention in insanity defense
- Changed Real Story to *Kahler v. Kansas* (2020)

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It has been particularly satisfying to work on this edition with my daughter, Jennifer L. O'Brien, PhD, who served as my research assistant and author of all the Case Reports and Real Stories in the text. A psychologist at the Massachusetts Institute of Technology (MIT) Medical Mental Health and Counseling Services, Jenny received her PhD in 2014 from American University and completed a predoctoral internship at the Durham V.A. Hospital and a postdoctoral internship at the Boston V.A. Hospital. Her wide range of experiences with both veterans and university students from all over the world gives her a unique perspective and set of insights that inform the entire book.

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A Letter from the Author

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

Particularly fascinating to me was expanding the coverage in this edition to reflect advances in the understanding of sociocultural factors on mental health. Jennifer O'Brien was my resource in ensuring that the treatment of LGBTQ+ issues in this text are up-to-date and relevant. I also found it important to incorporate the influence of COVID-19 on mental health, with its tragic consequences for the lives of everyone in the world during the years 2020–2021. Although the pandemic itself will eventually recede as an influence on global health, it will continue to have a profound role in affecting people's lives for years to come.

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

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

Thank you again for choosing to read this book!

Best,
Susan

CHAPTER 1

Overview to Understanding Abnormal Behavior

OUTLINE

Case Report: Rebecca Hasbrouck
What Is Abnormal Behavior?
The Social Impact of Psychological Disorders
Defining Abnormality
What's in the *DSM-5*: Definition of a Psychological Disorder
What Causes Abnormal Behavior?
- Biological Contributions
- Psychological Contributions
- Sociocultural Contributions
- The Biopsychosocial Perspective

Prominent Themes in Abnormal Psychology Throughout History
- Spiritual Approach
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- Scientific Approach

Research Methods in Abnormal Psychology
Experimental Design
Correlational Design
You Be the Judge: Being Sane in Insane Places
Types of Research Studies
- Survey
- Laboratory Studies
- The Case Study

Real Stories: Sir Elton John
- Single Case Experimental Design
- Research in Behavioral Genetics
- Bringing It All Together: Clinical Perspectives

Return to the Case: Rebecca Hasbrouck
Summary
Key Terms

Learning Objectives

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

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

1.3 Identify the strengths and weaknesses of research methods.

1.4 Describe types of research studies.

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Case Report

Rebecca Hasbrouck

Demographic information: 18-year-old Caucasian bisexual cisgender female. Rebecca's pronouns are she/her/hers.

History of present illness: Rebecca self-referred to the university counseling center. She is a first-year college student, living away from home for the first time. Following the first week of classes, Rebecca reports that she is having trouble falling and staying asleep, has difficulty concentrating in her classes, and often feels irritable. She reports she is frustrated by the difficulties of her coursework and worries that her grades are beginning to suffer. She also relays that she is having trouble making friends at school and that she has been feeling lonely because she has no close friends here with whom she can talk openly. Rebecca is very close to her boyfriend of 3 years, though they are attending college in different cities.

Rebecca was tearful throughout our first session, stating that, for the first time in her life, she feels overwhelmed by feelings of hopelessness. She reports that although the first week at school felt like "torture," she is slowly growing accustomed to her new lifestyle, despite her struggles with missing her family and boyfriend, as well as her friends from high school.

Psychiatric history: Rebecca has no prior history of depressive episodes or other mental health concerns, and she reports no known family history of psychological disorders. She shared that sometimes her mother tends to get "really stressed out," though she has never received professional mental health treatment.

Current symptoms: Depressed mood, difficulty falling asleep (insomnia), difficulty concentrating on schoolwork. She described feelings of hopelessness but denies any thoughts of suicide or self-harm.

Risk level: Low risk. Rebecca has no current thought of suicide and no past history of suicidality or suicide attempts.

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

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

Sarah Tobin, PhD
Clinician

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

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

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

1.1 What Is Abnormal Behavior?

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

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

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

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

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

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1.2 The Social Impact of Psychological Disorders

Psychological disorders affect both the individual and the other people in the individual's social world. Put yourself in the following situation. You receive an urgent text from the mother of your best friend, Jeremy. You call her and find out he's been admitted to a behavioral health unit of the local hospital and wants to see you. According to Jeremy's mother, only you can understand what he is going through. The news comes out of the blue and is puzzling and distressing. You had no idea Jeremy had any psychological problems. You ponder what you will say to him when you see him. Jeremy is your closest friend, but now you wonder how your relationship will change. How much can you ask him

about what he's going through? How is it that you never saw it coming? Unsure about what to do when you get there, you wonder what kind of shape he'll be in and whether he'll even be able to communicate with you. What will it be like to see him in this setting? What will he expect of you, and what will this mean for the future of your friendship?

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

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

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

Psychological disorders are almost inevitably associated with **stigma**, a negative label that causes certain people to be regarded as different, defective, and set apart from mainstream members of society. This stigma exists even in today's society, despite greater awareness of the prevalence of mental health issues. Social attitudes toward people with psychological disorders range from discomfort to outright prejudice. Language, humor, and stereotypes portray psychological disorders in a negative light, and many people fear that those who have these disorders are violent and dangerous.

There seems to be something about a psychological disorder that makes people want to distance themselves from it as much as possible. The result is social discrimination, which

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

Ghislain & Marie David de Lossy/Cultura/Getty Images

serves only to complicate the lives of the afflicted even more. Making matters worse, people experiencing symptoms of a psychological disorder may not avail themselves of the help they could receive from treatment because they too have incorporated stigmatized views of mental illness (Firmin et al., 2019). Some individuals are able to resist the stigma of psychological disorders due to their ability, for example, to define their identity separate from their disorder and to reject the labels other people apply to them (O'Connor, Yanos, & Firmin, 2018).

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

1.3 Defining Abnormality

There is a range of behaviors people consider normal. Where do you draw the line? Decide which of the following actions you regard as abnormal.

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

If you're like most people, you probably found it surprisingly difficult to decide which of these behaviors are normal and which are abnormal. So many are part of everyday life. You can see now why mental health professionals struggle to find an appropriate definition of abnormality. Yet criteria need to exist so they can provide appropriate treatment in their work with clients.

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

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

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

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

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

Fourth, the individual's behavior cannot simply be socially deviant as defined in terms of religion, politics, or sexuality. The person who refuses to eat meat for ideological reasons would not be considered to have a psychological disorder by this standard. However, if that person restricts all food intake to the point that his or her health is in jeopardy, then that individual may meet one of the other criteria for abnormality, such as clinical significance and/or the distress-disability dimension.

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

As you can see, deciding which behaviors are normal and which are not is a difficult proposition. Furthermore, when it comes to making an actual diagnosis to assign to a client, the mental health professional must also weigh the merits of using a diagnostic label against the disadvantages. The merits are that the individual will receive treatment (and be able to receive insurance reimbursement), but a possible disadvantage is that the individual will be labeled with a psychological disorder that becomes part of his or her health records. At a later point in life, that diagnosis may make it difficult for the individual to qualify for certain jobs.

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

Tero Vesalainen/Shutterstock

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

The five criteria we are using exist within a sociocultural lens consistent with current Western views on abnormality. It is important to acknowledge here that cultural lenses can influence the way abnormality is defined, and throughout this course we will be outlining some specific instances of how different cultural lenses might frame what we might define as abnormal.

What's in the *DSM-5*

Definition of a Psychological Disorder

Compare what you think constitutes abnormal behavior with the five criteria for a mental disorder described in the text. Which of these criteria were in your own definition of abnormal behavior? How would you determine whether an individual meets these criteria?

As you will learn in Chapter 2, the diagnostic manual known as the *DSM-5* provides clinicians with considerable guidance in making the determination whether an individual's behavior constitutes a psychological disorder.

1.4 What Causes Abnormal Behavior?

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

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

Biological Contributions

We start with the biological part of the equation. The factors within the body that can contribute to abnormal behavior include genetic abnormalities that, alone or in combination with the environment, influence the individual's psychological functioning. Biological contributions can also include physical changes that occur as part of normal aging, illnesses an individual develops, and injuries or harm caused to the body.

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

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

Psychological Contributions

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

Psychological contributions can include the result of particular experiences within the individual's life. For example, individuals may find themselves repeating distressing behaviors that are instilled through learning experiences. They may also express emotional instability as the result of feeling that their parents or caretakers could not be relied on to watch over them.

Although there are no purely psychological causes in the biopsychosocial perspective, we can think of those that reflect learning, life experiences, or exposure to key situations in life as reflecting predominantly psychological influences. These can also include difficulty coping with stress, illogical fears, susceptibility to uncontrollable emotions, and a host of other dysfunctional thoughts, feelings, and behaviors that lead individuals to meet the criteria for psychological disorder.

Sociocultural Contributions

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

The **sociocultural perspective** looks at the various circles of influence on the individual, ranging from close friends and family, to instances of discrimination (for example racism), to the institutions and policies of a country or the world as a whole. These influences interact in important ways with biological processes and with the psychological contributions that occur through exposure to particular experiences.

One important and unique sociocultural contribution to psychological disorders is discrimination, whether based on social class, income, race and ethnicity, nationality, sexual orientation, or gender. Discrimination, as well as oppression that those in discriminated groups face, not only limits people's ability to experience psychological well-being; it can also have direct effects on physical health and development. For example, people of color in the United States—especially Black and African American people—experience higher instances of oppression and violence due to systemic racism that has a very real impact in terms of increasing daily stress and anxiety for these individuals. During the COVID-19 pandemic, statistics showed the disproportionate effect of the coronavirus on Black and Indigenous People of Color (BIPOC) in terms of virus rates, economic impact, and mortality. Another minority group that is often harmed by systemic inequality is LGBTQ+ individuals, and it has been demonstrated that gender and sexual minorities of color, in particular, face higher rates of a range of mental health issues, including suicidality and substance use, than their non-LGBTQ+ counterparts.

And, as you learned earlier, people diagnosed with a psychological disorder are likely to be stigmatized as a result of their symptoms and diagnostic label. The stress of carrying the stigma of mental illness increases the emotional burden for these individuals and their loved ones. Because it may prevent them from seeking badly needed help, it also perpetuates a cycle in which many people in need become increasingly at risk and hence develop more serious symptoms.

The stigma of psychological disorders seems to vary by ethnicity and race. For example, among individuals with two forms of disorders involving anxiety, shame and stigma can become barriers to receiving treatment (Goetter et al., 2020). Variations in the willingness to acknowledge mental health issues also occurs across age and gender lines, with younger individuals and women more open to the experience of symptoms and therefore more willing to participate in therapy and other psychological interventions.

The existence of multiple forms of discrimination (such as racism, transphobia, and higher rates of violence and police brutality against BIPOC) also means that individuals must cope not only with their symptoms and the stigma of their symptoms, but also with the negative attitudes toward their socially defined group. This often means that individuals in need of mental health treatment do not seek care. In some cases, as with transgender people (and particularly trans people of color), this reluctance can stem from a perception that they will encounter transphobic attitudes and discriminatory behaviors in the treatment setting. Clinicians working with individuals from discriminated-against groups are increasingly learning the importance of considering these factors in both diagnosis and treatment. We will learn later in the book about the specific guidelines mental health experts are developing to help ensure that clinicians receive adequate training in translating theory into practice.

TABLE 1 **Causes of Abnormal Behavior**

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

The Biopsychosocial Perspective

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

As you will see when reading about the conditions in this textbook, the degree of influence of each of these variables differs among disorders. For some disorders, such as schizophrenia, biology seems to play a particularly dominant role. For other disorders, such as stress reactions, psychological factors predominate. Conditions such as post-traumatic stress disorder as a result of, for example, experiences under a terrorist regime or exposure to racial injustice have a primarily sociocultural cause.

The biopsychosocial perspective also incorporates a developmental viewpoint. This means we must understand how these three sets of influences change over the course of an individual's life. Some circumstances endanger the individual more at certain times than at others. Young children may be especially vulnerable to such factors as inadequate nutrition, harsh parental criticism, and neglect. Protective factors, on the other hand, such as loving caregivers, adequate health care, and early life successes, can reduce an individual's likelihood of developing a disorder. These early risk-protective factors become part of the individual's susceptibility to developing a disorder, and they remain influential throughout life.

Later in life, risk factors change in their specific form and potential severity. Individuals who experience physical health problems due to a lifetime of poor dietary habits may be more likely to develop psychological symptoms related to altered cardiovascular functioning. On the other hand, if they have developed an extensive social support network, this can somewhat offset the risk presented by their poor physical health.

At all ages, the biological, psychological, and sociocultural factors continue to interact and affect the individual's mental health and well-being as well as the expression of a particular psychological disorder (Whitbourne & Meeks, 2011). We can use the biopsychosocial framework to develop an understanding of the causes of abnormality and, just as importantly, the basis for treatment.

1.5 Prominent Themes in Abnormal Psychology Throughout History

The greatest thinkers of the world, from ancient times to the present, have attempted to explain the varieties of human behavior that we now regard as evidence for a psychological disorder. Throughout history, three prominent themes seem to recur: the spiritual, the humanitarian, and the scientific.

Spiritual explanations regard abnormal behavior as the product of possession by evil or demonic spirits. **Humanitarian explanations** view psychological disorders as the result of

spiritual explanations
Explanations that regard psychological disorders as the product of possession by evil or demonic spirits.

humanitarian explanations
Explanations that regard psychological disorders as the result of cruelty, stress, or poor living conditions.

The Greeks sought advice from oracles, wise advisors who made pronouncements from the gods.

ullstein bild Dtl./Getty Images

scientific explanations
Explanations that regard psychological disorders as the result of causes that we can objectively measure, such as biological alterations, faulty learning processes, or emotional stressors.

cruelty, stress, or poor living conditions. **Scientific explanations** look for causes we can objectively measure, such as biological alterations, faulty learning processes, or emotional stressors.

We will follow the trajectories of each of these perspectives throughout history. As you will see, each has had its period of major influence, but in some ways the issues are the same today as in ancient times in that the actual causes of psychological disorders remain unknown. The scientific approach will undoubtedly provide the key to discovering what causes psychological disorders, but it will nevertheless be important for mental health professionals to follow the principles of the humanitarian approach. Spiritual explanations may never completely disappear from the horizon, but the idea that psychological disorders can be understood will certainly provide the best prospects for turning that understanding into treatment.

Spiritual Approach

We begin with the oldest approach to psychological disorders, dating back to prehistoric times. Archaeological evidence from about 8000 B.C.E. suggests that the spiritual explanation of psychological disorders was then the most widely accepted. Skulls discovered in caves inhabited by prehistoric peoples showed signs of **trephining**, in which holes were cut into the bone.

trephining
The process of cutting a hole in the skull to allow so-called "evil spirits" to escape.

Archaeologists have found trephined skulls from many countries and cultures around the world, many of which reveal a surprising degree of medical expertise (Alfieri et al., 2012). Trephining continued to be practiced throughout history and even into modern times, but its use during ancient times seems to be specifically associated with beliefs that the individual experiencing psychological symptoms was possessed by evil spirits.

exorcism
A ritual believed to cure psychological disturbance by ritually driving away evil spirits.

A second manifestation of belief in spiritual possession as the cause of psychological disorders is the ritual of **exorcism**. In this practice, a shaman, priest, or person entrusted with the task (such as a "medicine man") carries out rituals that put the individual under extreme physical and mental duress in an effort to drive out devils. Exorcism continues to exist into the present day. For example, Vietnamese people with psychological symptoms are reported to seek exorcism and spirit-calling as forms of healing at Buddhist temples (Nguyen, 2014).

During the Middle Ages, people used a variety of magical rituals to "cure" people with psychological disorders, but this treatment also took the form of casting these individuals as sinners, witches, or personifications of the devil. Accordingly, victims were severely punished. The view

of afflicted individuals as possessed by evil spirits is apparent in the 1486 book *Malleus Maleficarum*, in which two German Dominican monks justified their harsh punishment of "witches." Depicting them as heretics and devils whom the Church had to destroy in the interests of preserving Christianity, the book's authors recommended "treatments" such as deportation, torture, and burning at the stake.

From the 1500s to the late 1600s, the majority of individuals accused of witchcraft were women. The burning and hanging of witches by the Puritans in the United States eventually ended after the infamous Salem witchcraft trials (1692–1693), when townspeople began to doubt the authenticity of the charges against these women. Remnants of the oppression of women who practice indigenous methods of healing remain today in both Western and non-Western cultures (Yakushko, 2018).

Although the spiritual approach is no longer the prevalent explanation for psychological disorders in Western culture, there are still pockets of believers who feel people with these disorders require spiritual "cleansing." Across other cultures, those who enact the role of exorcists continue to practice, reflecting longstanding cultural and religious beliefs.

Hieronymus Bosch's *Removal of the Stone of Folly*, painted in the 1490s, depicted a medieval "doctor" cutting out the presumed source of madness from a patient's skull. The prevailing belief was that spiritual possession was the cause of psychological disorder.

PAINTING/Alamy Stock Photo

Humanitarian Approach

The humanitarian approach to psychological disorders developed in part as a reaction against the spiritual approach and its associated punishment of people with psychological disorders. The roots of the humanitarian approach can be traced to the Middle Ages, with the establishment of shelters to house these individuals, who often were ostracized by their families. The shelters were typically located within poorhouses and monasteries.

Although shelters could not offer treatment, they initially provided some protection from a harsh outside world. However, they increasingly became overcrowded and conditions within grew intolerable. Rather than providing protection, shelters then became places of neglect, abuse, and maltreatment. A widespread belief that people with psychological disorders lacked ordinary sensory capabilities led to such practices as not providing them with heat, clean living conditions, or appropriate food.

During the sixteenth and seventeenth centuries, views about medicine were generally uninformed. Thus, like treatments for physical illness, the treatment of people with psychological disorders included bleeding, forced vomiting, and purging. However, with the newer sciences developing in the Renaissance, therapeutic healing based on compassionate support began to emerge (Dreher, 2013).

Witch-burning was a common practice in sixteenth-century Germany, as shown in this rendering.

ZU_09/E+/Getty Images

Dorothea Dix was a Massachusetts reformer who sought to improve the treatment of people with psychological disorders in the mid-1800s.

Library of Congress Prints and Photographs Division [LC-USZ62-9797]

By the end of the eighteenth century, the humanitarian approach gained further strength as a few courageous people working in hospitals in France, Scotland, and England began to recognize the inhumanity of the conditions in the poorhouses and monasteries housing those with psychological disorders. The idea of **moral treatment** began to take hold based on the belief that people had a right to humane care and that they would benefit the most in their recovery from a quiet and restful environment. Institutions following this model used restraints only if absolutely necessary, and even in those cases the patient's comfort came first.

Yet again, however, conditions in the institutions originally formed to protect patients began to worsen in the early 1800s due to overcrowding and the increasing use of physical punishment as a means of control. In 1841, Boston schoolteacher Dorothea Dix (1802–1887) took up the cause of reform. Horrified by the overcrowding and appalling conditions in the asylums, Dix appealed to the Massachusetts legislature for more state-funded public hospitals to provide humane treatment for mental patients. From Massachusetts, she then spread her message throughout North America and Europe.

Over the next 100 years, governments built scores of state hospitals throughout the United States following the humanitarian model originally advocated by Dix. Her work was carried forward into the twentieth century by advocates of the **mental hygiene** movement, the goal of which was to improve the care and treatment of people living in mental hospitals. Associated with the mental hygiene movement was an emphasis on preventing the development of psychological disorders through early intervention (Toms, 2010).

Once again, however, it was only a matter of time before the hospitals became overcrowded and understaffed. It simply was not possible to cure people by providing them with the well-intentioned but ultimately ineffective interventions proposed by moral treatment. Public outrage over the worsening situation in mental hospitals eventually led to a more widespread realization that mental health services required dramatic changes.

moral treatment
The belief that people could develop self-control over their behaviors if they had a quiet and restful environment.

mental hygiene
The focus within psychiatry on helping individuals maintain mental health and prevent the development of psychological disorders.

Although deinstitutionalization was designed to enhance the quality of life for people who had been held for years in public psychiatric hospitals, many individuals left institutions only to find a life of poverty and neglect on the outside.

Halfpoint/Shutterstock

In 1963, the U.S. government took emphatic action with the passage of groundbreaking legislation. The Community Mental Health Act of that year initiated a series of changes that would affect mental health services for decades to come. This legislation paved the way for the **deinstitutionalization movement**—which was the release of hundreds of thousands of patients from mental hospitals starting in the 1960s. The legislation mandated that people living in mental hospitals be moved into less restrictive programs in the community, such as vocational rehabilitation facilities, day hospitals, and psychiatric clinics. These facilities included **halfway houses**—which are community treatment facilities designed for deinstitutionalized clients leaving a hospital who are not ready for independent living.

deinstitutionalization movement
The release of hundreds of thousands of patients from mental hospitals starting in the 1960s.

halfway house
A community treatment facility designed for deinstitutionalized clients leaving a hospital who are not yet ready for independent living.

Also making deinstitutionalization possible was the development, in the 1950s, of pharmacological treatments that could successfully control the symptoms of psychological disorders. Now patients could receive treatments that would allow them to live on their own outside psychiatric hospitals for extended periods of time. By the mid-1970s, state mental hospitals that once overflowed with patients were practically deserted. Hundreds of thousands of institutionally confined people were free to begin living with greater dignity and autonomy.

The deinstitutionalization movement did not completely fulfill the dreams of its originators, however. Rather than eliminating inhumane treatment, it created another set of woes. Many of the promises and programs hailed as alternatives to institutionalization ultimately failed to materialize because of inadequate planning and insufficient funds. Patients were shuttled back and forth between hospitals, halfway houses, and shabby boarding homes, never gaining a sense of stability or respect. A great number spend long periods of time as homeless and marginalized members of society. Although the intention behind releasing patients from psychiatric hospitals was to restore basic human rights to those with psychological disorders, the result may not have been as liberating as many had hoped.

Advocates of the humanitarian movement today suggest new forms of compassionate treatment for people with psychological disorders. This latest approach encourages mental health consumers to take an active role in choosing their treatment. Various advocacy groups have worked tirelessly to change the way the public views people with psychological disorders and the way society deals with them in all settings. Primary among these groups is the U.S. National Alliance for the Mentally Ill (NAMI) with its grassroots-based local and regional chapters.

The humanitarian approach is also reflected in the **positive psychology** movement, which emphasizes the potential for growth and change throughout life. The movement views psychological disorders as difficulties that inhibit the individual's ability to achieve highly subjective well-being and feelings of fulfillment. In addition, the positive psychology movement emphasizes health over illness and prevention over intervention.

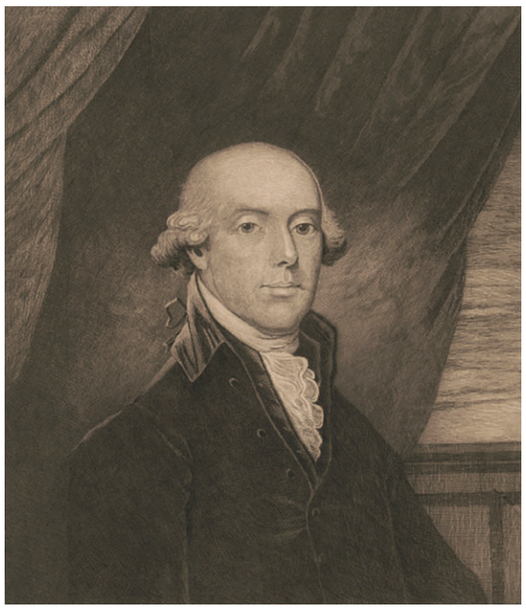
positive psychology
Perspective that emphasizes the potential for growth and change throughout life.

Improvements in mental health care from a human rights perspective have become a central feature of the World Health Organization's (WHO) Special Initiative for Mental Health (2019–2023), intended to ensure access to high-quality and affordable care for mental health conditions at a global level by the year 2023 (WHO, 2019b). Consistent with WHO's Sustainability Development Goals (SDGs), this special initiative means to maximize human functioning by countering the human rights violations, discrimination, and stigma associated with psychological disorders. The wide-ranging program is intended to directly benefit more than 100 million people living in 12 key countries, four of which have been identified as having what WHO refers to as fragile, conflict, or vulnerable settings.

Positive psychology emphasizes personal growth through meditation and other alternate routes to self-discovery.
Prostock-Studio/iStock/Getty Images

Scientific Approach

Looking next at the scientific approach, we now return to ancient times when it was the early Greek philosophers who first took a scientific approach to understanding psychological disorders. Hippocrates (ca. 460–377 B.C.E.), considered the founder of modern medicine, believed that mental health depended on a balance of four so-called bodily "humors" based on the elements of air, water,



Dr. Benjamin Rush, founder of American psychiatry, was an ardent reformer who promoted the scientific study of psychological disorders.

Library of Congress Prints & Photographs Division [LC-DIG-pga-06328]

fire, and earth. These physical qualities determined all behavior originating from the body. Although his theory itself would eventually be proven wrong, Hippocrates was far ahead of his time in putting forth the notion that mental health reflected factors within the body rather than possession by evil spirits.

Several hundred years later, the Roman physician Claudius Galen (130–200 C.E.) carried this view of bodily humors forward, also expanding medical knowledge by conducting anatomical studies of the human body. This approach helped to advance the position that diseases had their source in abnormal bodily functioning.

The scientific approach to psychological disorder receded for hundreds of years in favor of explanations rooted in the spiritual perspective. It next emerged in the writings of Dr. Benjamin Rush (1745–1813), the founder of U.S. psychiatry and a signer of the Declaration of Independence. In 1783, Rush joined the medical staff of Pennsylvania Hospital. Appalled by the poor treatment of psychologically disturbed patients there, Rush advocated for improvements such as placing patients in their own wards, giving them occupational therapy, and prohibiting hospital visits by curiosity seekers looking for entertainment.

Reflecting the prevailing methods of the times, though, Rush also supported the use of bloodletting and purging in the treatment of psychological disorders, as well as the so-called tranquilizer chair, intended to reduce blood flow to the brain by binding the patient's head and limbs. Rush also recommended submerging patients in cold shower baths and frightening them with death threats. He thought that by inducing fear, he could counteract their sometimes violent behavior. However, even while advancing these seemingly unscientific methods, Rush also advocated for the use of medicinal herbs in treating psychological disorders (Forcen, 2017). These can be seen as precursors to modern pharmacological, scientifically based interventions.

The next major advance in the scientific approach occurred in 1844, when a group of 13 mental hospital administrators formed the Association of Medical Superintendents of American Institutions for the Insane. This organization eventually changed its name to the American Psychiatric Association and is now a leading internally recognized scientific and professional society.

In 1845, the scientific approach received another impetus with the publication by German psychiatrist Wilhelm Griesinger of *The Pathology and Therapy of Mental Disorders*. Griesinger proposed that "neuropathologies" were the cause of psychological disorders, and in so doing, he recognized the role of the nervous system in abnormal behavior. Further advances occurred when German psychiatrist Emil Kraepelin (1856–1926) promoted a classification system for psychological disorders that paralleled those applied to medical diseases, focusing on documenting the patterns of symptoms associated with specific disorders. Ultimately, this work provided the scientific basis for current diagnostic systems.

While these advances in medical science and psychiatry were taking place, the origins of a psychological approach to abnormality began to emerge in the early 1800s, when European physicians experimented with hypnosis for the treatment of people showing symptoms of psychological disorders. Eventually, these efforts led to the groundbreaking work of Viennese neurologist Sigmund Freud (1856–1939), who in the early 1900s developed psychoanalysis, a theory and system of practice based originally in neurology but ultimately becoming focused on the concepts of the unconscious mind, inhibited sexual impulses, and early development.

Throughout the twentieth century, psychologists continued to develop models based on observations of the behavior of laboratory animals. The work of Russian physiologist Ivan Pavlov (1849–1936), known for his discovery of classical conditioning, became the basis for the behaviorist movement begun in the United States by John B. Watson (1878–1958). B. F. Skinner (1904–1990) formulated a systematic approach to operant conditioning, specifying the types and nature of reinforcement and its use as a way to modify behavior. In the

twentieth century, these models continued to evolve into theories that would have more direct relevance to psychological disorders, including those of Albert Bandura (1925–), Aaron Beck (1921–), and Albert Ellis (1913–2007).

These newer models, along with integrative models that take a biopsychosocial approach, are leading to promising empirical (evidence-based) ways to understand the causes of psychological disorder. Although not all may prove useful, they will help ensure that our application of the scientific perspective results in treatments that are both humane and scientifically based.

1.6 Research Methods in Abnormal Psychology

As you've just learned, the scientific approach led to significant advances in the understanding and treatment of abnormal behavior. The essence of the **scientific method** is objectivity: the process of testing ideas about the nature of psychological phenomena without bias before accepting these ideas as adequate explanations.

scientific method
The process of testing ideas about the nature of psychological phenomena without bias before accepting these ideas as adequate explanations.

The scientific method relies on a progression of steps, from posing questions of interest to sharing the results with the scientific community. Throughout their application of the scientific method, researchers maintain the objectivity that is the hallmark of the scientific approach. This means they do not let their personal biases interfere with the collection of data or the interpretation of findings. They remain open to alternate explanations that could account for their findings. Toward this end, researchers are now making their data available in open-access repositories that allow other scientists to examine their procedures, analyses, and conclusions.

Although the scientific method is based on objectivity, this does not mean scientists have no personal interest in what they are studying. In fact, many researchers pursue knowledge in areas that relate to their own lives, particularly in the field of abnormal psychology. They may have relatives afflicted with certain disorders, or they may have developed this interest through their clinical work. Regardless of what motivated them to study a particular topic, researchers in abnormal psychology must maintain their distance and be able to look at their findings without bias.

In posing questions of interest, psychological researchers may wonder whether a particular kind of experience led to an individual's symptoms, or they may speculate about the role of particular biological factors. Clinical psychologists are also interested in finding out whether a certain treatment will effectively manage the symptoms of a disorder. In either case, the ideal approach is to progress through the scientific method's steps, in which the researcher proposes a hypothesis, conducts a study, collects the data, and performs empirical analyses of the data. When this phase has been completed, researchers communicate results by publishing them in scientific journals, ideally after obtaining peer review to ensure the study's validity.

1.7 Experimental Design

In the experimental approach to scientific research, an investigator sets up a test of a hypothesis to determine whether one variable or factor influences a second variable. The experimental method is the only approach that can test cause and effect because it allows investigators to change variable A to see how this affects variable B. For example, the investigator may wish to determine whether a particular form of therapy reduces anxiety levels in people seeking treatment. The investigator then provides some people with therapy and other people with no therapy. In this case, therapy is the **independent variable**, which is the variable whose level is adjusted or controlled by the experimenter. The "experimental" group receives the treatment, and the "control" group receives no treatment. The level of anxiety people report serves as the **dependent variable**, which is the variable whose value is the outcome of the experimenter's manipulation of the independent variable.

independent variable
The variable whose level is adjusted or controlled by the experimenter.

dependent variable
The variable whose value is the outcome of the experimenter's manipulation of the independent variable.

The investigator may hope that the anxiety levels of the participants decrease more in the experimental than the control group if they are both compared before and after treatment, but the study cannot determine what those levels of anxiety will actually be. Depending on the nature of the particular study, there may be more than one experimental group. For example, an investigator may want to compare two different treatments against each other, evaluating both in comparison to a third control group. In that case, the independent variable takes on three values: treatment one, treatment two, and no treatment.

randomized controlled trial (RCT)
Experimental method in which participants are randomly assigned to intervention groups.

evidence-based treatment
Treatment in which clients receive interventions based on the findings of controlled clinical studies.

The gold standard for research in clinical psychology is the **randomized controlled trial (RCT)**, an experimental method in which participants are randomly assigned to intervention groups. The key to this method is the use of randomization, which minimizes the chances that bias can enter into the decision about which participants receive which treatment. Because this is such a powerful design, RCT is the foundation for **evidence-based treatment**, in which clients receive interventions based on the findings of controlled clinical studies.

Ideally, in an RCT, before conducting the study the investigators define a single primary outcome (that is, a specific dependent variable). They may also define secondary outcomes, but at the outset they need to be clear about their primary focus, such as levels of anxiety in the previous example. Otherwise, they may make the mistake of picking and choosing the results they report in a way that distorts the findings. Imagine if a researcher found no effect of a clinical treatment for anxiety on anxiety but instead found that it alleviated depression in the participants. This may be of interest, but because it was not predicted based on the study's underlying theory, it has no sound rationale and could have been due to chance factors.

To ensure that RCT-based studies conform to acceptable standards, researchers are increasingly being required to enter their work in a public trial registry before they begin. If they do not, their research will not be eligible for publication in any of the most prestigious research journals, which report only findings that are reviewed by other experts in the field. When researchers describe their randomization methods, however, the majority fail to report the exact procedures they used in assigning participants to treatment as compared to control groups (Cañedo-Ayala et al., 2020). Consumers are therefore well-advised to check how well a given study adheres to these guidelines before seeking a new intervention based on its results.

Consumers should also be wary of findings published in open-access journals that do not implement rigorous peer review. Researchers pay an often sizable fee to publish their findings in these journals, making them more open to skeptical reading than is true for articles that appear in journals sponsored by scientific associations or well-established editorial boards. Some of these journals are now called "predatory," because they literally prey on researchers, offering to publish their work but requiring high submission fees (Omer et al., 2019). You should also be critical of findings you read about in the news or in daily online digests, because these too may also fall short of peer-reviewed scrutiny.

placebo condition
Condition in an experiment in which participants receive a treatment similar to the experimental treatment, but lacking the key feature of the treatment of interest.

placebo-controlled randomized clinical trial
Experimental method in which participants are randomly assigned to a placebo versus treatment group.

Keep in mind, too, that well-controlled research in clinical psychology includes a **placebo condition** in which participants receive a treatment similar to the experimental treatment but lacking the key feature of the treatment of interest. Unlike the control group, the group receiving the placebo will be exposed to a set of conditions that mimic those associated with the treatment itself. If the study is evaluating the effectiveness of medication, the placebo will have inert ingredients. In studies on therapy effectiveness, participants in a placebo group may meet with experimenters who do not administer the actual intervention. When participants are randomly assigned to placebo versus treatment group, the design is referred to as a **placebo-controlled randomized clinical trial**.

In studies evaluating effectiveness of therapy, scientists must design the placebo in a way that mimics but is not the same as the actual therapy. Ideally, researchers would want the placebo participants to receive treatments of the same frequency and duration as the experimental group participants who are receiving psychotherapy. In studies with medication, a completely inert placebo may not be sufficient to establish true experimental control. In an "active placebo" condition, researchers build the experimental medication's side effects into the placebo. If they know that a medication produces dry mouth, difficulty swallowing, or

upset stomach, then the placebo must also mimic these side effects, or participants will know they are receiving placebos.

Expectations about the experiment's outcome can affect both the investigator and the participant. These so-called "demand characteristics" can compromise the conclusions about the intervention's true effectiveness. Obviously, the investigator should be as unbiased as possible, but there still may be subtle ways that he or she communicates cues that affect the participant's response. The participant may also have a personal agenda in trying to prove or disprove the study's supposed true intent. The best way to eliminate demand characteristics is to use a **double-blind** method, an experimental procedure in which neither the person giving the treatment nor the person receiving the treatment knows whether the participant is in the experimental or control group. To accomplish this, the investigator hires a research assistant or investigator who is not familiar with the study's purpose to run participants through the conditions.

double-blind
An experimental procedure in which neither the person giving the treatment nor the person receiving the treatment knows whether the participant is in the experimental or control group.

The problem with the experimental method in the field of abnormal psychology is that many variables of greatest interest to psychologists are factors the investigator cannot control; hence, they are not truly "independent." For example, depression can never be an independent variable because the investigator cannot manipulate it. A researcher interested in the effects of aging cannot make one group older than the other by randomly assigning people to the groups.

Studies that investigate differences among groups not created by random assignment are known as "quasi-experimental." In such studies, we can compare older and younger groups, for instance, but we cannot say that aging caused any differences we observe between them.

1.8 Correlational Design

Studies based on a **correlational design** test relationships between variables that researchers cannot experimentally manipulate. In a positive correlation, as the scores on one variable increase, so do the scores on the other. In a negative correlation, as scores on one variable increase, scores on the other decrease. For example, because one aspect of depression is that it causes a disturbance in normal sleep patterns, you would expect scores on a measure of depression to be positively correlated with scores on a measure of sleep disturbance. If the measure of sleep used in this study were the number of hours asleep, we could predict that the relationship would be negative. It is also possible that there is no correlation between two variables. In other words, two variables show no systematic relationship with each other. For example, depression is unrelated to the individual's height, and there would be no reason to expect the two variables to exhibit any correlation at all.

correlational design
Study in which researchers test the relationships between variables that they cannot experimentally manipulate.

The statistic used in correlational studies is a number, expressed in decimals, between +1 and −1. Positive numbers (e.g., +0.43) represent positive correlations, meaning that, as scores on one variable increase, scores on the second variable increase as well. Negative numbers (e.g., −0.43) represent inverse relationships, so that as one variable increases, the other decreases to a similar extent. The number itself must be presented along with an indication of its statistical significance, meaning that based on the number of participants in the research (among other factors), the relationship has a low probability of occurring due to chance.

Regardless of the size or significance of a correlation, the key feature of studies using this method is that they cannot establish cause and effect. Just knowing that there is a correlation between two variables does not tell you whether one variable causes the other. The correlation simply tells you that the two variables are associated with each other in a particular way. Sleep disturbance might cause a higher score on a measure of depression, just as a high degree of depression might cause more disturbed sleep patterns. Or, a third variable that you have not measured could account for the correlation between the two variables that you have studied. Both depression and sleep disturbance could be due to an underlying process that alters the body's hormones, such as an undetected medical condition, which causes both physiological and psychological disturbances.

You Be the Judge

Being Sane in Insane Places

In the early 1970s, psychologist David Rosenhan embarked upon a groundbreaking study that was to shatter people's assumptions about the difference between "sane" and "insane." Motivated by what Rosenhan regarded as a psychiatric diagnostic system that led to the hospitalization of people inappropriately diagnosed as having schizophrenia, he and his co-workers decided to conduct their own experiment to put the system to the test. See whether you think their experiment proved the point.

Eight people with no psychiatric history of symptoms of any kind, employed in a variety of professional occupations, checked themselves into psychiatric hospitals complaining about hearing voices that said, "Empty," "Hollow," and "Thud." These were symptoms that psychiatric literature never reported. In every other way, the "pseudopatients" provided factual information about themselves except their names and places of employment. Each was admitted to his or her respective hospital; once admitted, they showed no further signs of experiencing these symptoms. However, the hospital staff never questioned their need to be hospitalized; quite the contrary, their behavior on the hospital wards, now completely "normal," was taken as further evidence of their need for continued hospitalization. Despite the efforts of the pseudopatients to convince the staff that there was nothing wrong with them, it took from 7 to 52 days for all to be discharged. Upon their release, they received the diagnosis of "schizophrenia in remission" (meaning that for the moment they no longer would have a diagnosis of schizophrenia).

There was profound reaction to the Rosenhan study in the psychiatric community. If it was so easy to institutionalize nonpatients, wasn't there something wrong with the diagnostic system? How about the tendency to label people as "schizophrenic" when there was nothing wrong with them, and to hang on to the label even when they no longer showed any symptoms? The pseudopatients also reported that they felt dehumanized by the staff and failed to receive any active treatment. Once on the outside, they could report to the world at large about the failure of psychiatric hospitals to provide appropriate treatment. True patients would not have received so much sympathetic press, and therefore this study's findings could have a much broader impact on attitudes toward institutionalization.

Now, you be the judge. Do you think it was unethical for Rosenhan to devise such a study? The mental health professionals at the hospitals had no idea they were the actual subjects of a study. They had responded to what seemed to them to be serious psychological symptoms exhibited by individuals voluntarily seeking admission. At the point of discharge, the fact that the doctors labeled the pseudopatients as in remission implied that they were symptom-free, but there was no reason for the staff to doubt the truth of their symptoms. On the other hand, had the staff known they were in a study, they might have reacted very differently, and as a result, the study would not have had an impact.

How about the quality of this study from a scientific point of view? There was no control condition, so it was not truly an experiment. Moreover, the study did not take objective measures of the staffs' behavior, nor were there direct outcome measures that the researchers could statistically analyze. It's important to take these criticisms into account when interpreting the study's findings (Bartels & Peters, 2017).

Q: *You be the judge:* With all its flaws, was Rosenhan's study worthwhile? Did the ends justify the means?

Investigators who use correlational methods in their research must always be on guard for the potential existence of unmeasured variables influencing the observed results. However, increasingly sophisticated statistical modeling procedures are making it possible to go beyond simply linking two variables to see whether they are correlated. A researcher can use such methods to assess the relative contributions of variables like self-esteem, gender, sleep patterns, and social class in predicting depression scores.

1.9 Types of Research Studies

Now that we've reviewed the basic analytical procedures, let's take a look at how investigators gather the data they use for analysis. Depending on the question under investigation, the resources available to the investigator, and the types of participants the investigator wants to study, the data gathering method may take one or more of several forms. Table 2 summarizes these methods.

Survey

Investigators use a **survey** to gather information from a sample of people representative of a particular population. Typically, an investigator uses a survey to gather data that will be analyzed through correlational statistics. In a survey, investigators design sets of questions to tap into these variables, using questions to be answered with rating scales ("agree" to "disagree"), open-ended answers, or multiple choice. For example, a researcher may conduct a survey to determine whether age is correlated with subjective well-being, controlling for the influence of health. In this case, the researcher may hypothesize that subjective well-being is higher in older adults, but only after taking into account the role of health. The survey questions provide responses that can be translated into variables and subjected to statistical analysis.

survey
A research tool used to gather information from a sample of people considered representative of a particular population, in which participants are asked to answer questions about the topic of concern.

Researchers also use surveys to gather statistics about the frequency of psychological symptoms. For example, the Substance Abuse and Mental Health Services Administration of the U.S. government (SAMHSA) conducts yearly surveys to establish the frequency of use of illegal substances within the population. By asking approximately the same questions on each occasion, such agencies, and users of the data set, can track changes in health and health-related behaviors over time.

Some of the most important survey data we will rely on in this book come from large-scale epidemiological studies. This is how we know how many people are likely to develop a disorder and who is at risk. The type of data we use for these purposes falls into two categories: (1) number of new cases and (2) number of cases that have ever existed. Both are calculated for the population as a whole and for particular segments of the population by sex, age group, geographic region, or social class, for example.

TABLE 2 **Research Methods in Abnormal Psychology**

Type of Method	Purpose	Example
Survey	Obtain population data	Researchers working for a government agency attempt to determine disease prevalence through questionnaires administered over the telephone.
Laboratory study	Collect data under controlled conditions	An experiment is conducted to compare reaction times to neutral and fear-provoking stimuli.
Case study	An individual or a small group of individuals is studied intensively	A therapist describes the cases of members of a family who share the same unusual disorder.
Single case experimental design	The same person serves as subject in experimental and control conditions	Researchers report on the frequency of a client's behavior while the client is given attention (experimental treatment) and ignored (control condition) for aggressive outbursts in a psychiatric ward.
Behavioral genetics	Attempt to identify genetic patterns in inheritance of particular behaviors	Genetic researchers compare the DNA of people with and without symptoms of particular psychological disorders.

incidence
The frequency of new cases within a given time period.

The **incidence** of a disorder is the frequency of *new* cases within a given time period. Respondents providing incidence data state whether they now have a disorder they have never had before and are experiencing for the first time. Incidence information can cover any time interval; epidemiologists tend to report it in terms of 1 month, 6 months, and 1 year. Investigators use incidence data when they are interested in determining how quickly a disorder is spreading. For example, during an epidemic, health researchers need to know how to plan for controlling the disease, and incidence data are most pertinent to this question.

prevalence
The number of people who have ever had a disorder at a given time or over a specified period.

The **prevalence** of a disorder refers to the number of people who have ever had the disorder over a specified period of time. To collect prevalence data, investigators ask respondents to state whether, during this period of time, they experienced the symptoms of the disorder. The time period of reference can be the day of the survey, in which case we call it "point prevalence." There is also "1-month prevalence," which refers to the 30 days preceding the study, and "lifetime prevalence," which refers to the entire life of the respondent. For example, researchers may ask respondents whether they smoked cigarettes at any time during the past month (1-month prevalence) or whether they ever used cigarettes in their lifetime (lifetime prevalence). Typically, lifetime prevalence is higher than 1-month or point prevalence because the question captures all past experiences of a disorder or a symptom

comorbidity
Co-occurrence of two (or more) disorders within the same individual.

Epidemiological research can also discover the frequency of co-existing disorders, a situation referred to as **comorbidity**, which literally means these diagnoses co-occur within the same individual. Diagnoses of comorbidity are remarkably common. The National Comorbidity Survey (NCS), conducted in the United States between 1990 and 1992, and its Replication (NCS-R), conducted between 2001 and 2002, documented the extent to which psychiatric diagnoses co-occur in the general population. Data from the NCS-R continue to be reported, because this survey represents one of the largest and most comprehensive epidemiological studies conducted in psychiatry to date (National Institute of Mental Health, 2020).

Laboratory Studies

Researchers carry out most experiments in psychological laboratories in which participants provide data under controlled conditions. For example, investigators may show participants stimuli on computer screens and ask them to respond based on what the stimuli call for, such as the presence of a certain word or letter, or an arrow facing left or right that would have to be identified as such. The collected data might include speed of reaction or memory for different types of stimuli. Laboratory studies may also compare brain scan recordings taken while participants were responding under differing conditions or instructions (such as to press a button when they see an "A" but not a "C"). Another type of laboratory study may observe people in small-group settings while investigators study their interactions to a given instruction or prompt, such as to discuss a controversial issue or resolve a disagreement.

Although laboratories are ideal for conducting such experiments, they may also be appropriate settings for self-report data in which participants respond to questionnaires, especially if the researcher is seeking to collect those responses in a fixed period of time or under conditions offering a minimum of distractions. The laboratory may also be a desirable setting for investigators to ask respondents to complete self-report instruments via computer, allowing the investigator to collect data in a systematic and uniform fashion across respondents.

Case Study

case study
An intensive study of a single person described in detail.

Many classic studies in early abnormal psychology used the **case study** method, in which the researcher or clinician intensively interviews, observes, and tests an individual or small group of individuals. For example, Freud based much of his theory on reports of his own patients, trying to trace the relationship between their recalled experiences, the development of their symptoms, and ultimately their progress in therapy.

In current research, investigators carry out a case study for a number of reasons. It affords the researcher the opportunity to report on rare cases or to chronicle the way a disorder evolved over

REAL STORIES

Sir Elton John (1947–Present)

In 2020, Sir Elton John, regarded as the most successful singer-songwriters in pop music history, celebrated 30 years of sobriety. He has talked openly in interviews and memoirs about the arc of his drug and alcohol addictions and his road to recovery, which have spanned his astonishing musical career.

John, born Reginald Dwight in a suburb outside London, England, has been making music and performing for more than 50 years. In a recently published memoir (John, 2019a), he recalls discovering his talent for piano as a child in his parents' home. As he grew up, he expanded his musical horizons to blues and rock and roll, and as a teenager he built his performing skills playing in local pubs. In 1967, when he was 20, John responded to a newspaper advertisement placed by a local record company looking for young musical talent. At the time, he was mainly writing songs but struggled with lyrics. As fate would have it, a young lyricist, Bernie Taupin, who was 17 at the time, responded to the same advertisement. Once they were introduced by the record label, John and Taupin started collaborating on songs, with John writing music and Taupin the lyrics. Their combined talents launched John's career and started a decades-long musical partnership (John, 2019a).

While his musical career climbed to dizzying heights, during the 1980s John started to feel that his addictions to drugs and alcohol were bringing him to the point of despair and hopelessness. He also struggled with an eating disorder and sex addiction, and at one point he attempted to take his own life by drowning in his swimming pool.

Speaking about this time in a 2019 *Variety* interview (2019b), John recalls: ". . . I wasn't thinking too much about being an artist. I had reached the lowest ebb in my life—the absolute bottom. I hated myself so much. I was consumed with shame."

In a 2012 memoir *Love Is the Cure*, John, who is openly gay, reflected that the lowest point of his drug and alcohol addiction coincided with the AIDS epidemic in the 1980s: "I was a drug addict and self-absorbed . . . You know, I was having people die right, left, and center around me, friends. And yet I didn't stop the life that I had, which is the terrible thing about addiction. It's that—you know, it's that bad of a disease."

Eventually, in 1989, John came to a realization when his partner at the time confronted him about his issues, which included substance abuse, an eating disorder, and sex addiction. In his words, he "surrendered" to the process of recovery, and threw himself into it fully (John, 2013). John has spoken about how his participation in Alcoholics Anonymous and Narcotics Anonymous (AA and NA) helped him to start over in a sense. He learned to give up his need for control, and found for the first time he was able to slow down and reprioritize his life (John, 2019b).

After starting his recovery, John struggled at first to get back into music. He took a year off from working, and once he returned, he felt shaky about his ability to perform and write, having grown used to working under the influence of drugs and alcohol for nearly two decades. However, he knew that his sobriety had to come first and to this day he considers it his top priority.

Despite his initial struggles when re-entering the pop music world, John's career indeed continued to climb to new levels of stardom following his recovery from addiction. He started to write for movies and musical theater and continued to release chart-topping music. Among his many accomplishments, John's career highlights include more than 50 albums, 38 of which went multiplatinum and one diamond, 50 top-40 hits, and a total of 300 million records sold. John holds the current record for the best-selling single of all time, "Candle in the Wind," which has sold more than 33 million copies. His performances number somewhere around 4,000, and in 2018 he embarked on a 3-year worldwide farewell tour.

In addition to his music career, John has a long history of humanitarian work, most notably with his Elton John AIDS foundation, which has helped to raise over $450 million for research and programs for AIDS treatment. He and his husband David Furnish, who were married in 2014, have two young sons together. John's life story was depicted in the acclaimed 2019 film *Rocketman*, which focused on the star's long battle with and recovery from addiction.

Sir Elton John in 2017 at the 25th Annual Elton John AIDS Foundation's Academy Awards Viewing Party.

Dimitrios Kambouris/Staff/Getty Images

time in a closely studied individual. For example, a clinical psychologist may write a report in a published journal about how she provided treatment to a client with a rare type of fear.

The in-depth nature of the case study is also a potential disadvantage in that it does not rely on the types of experimental control or sample size that would make it a useful addition to the literature. Investigators using case studies must therefore be extremely precise in their methods and, as much as possible, take an objective and unbiased approach. They are likely to seek publication in a journal that specializes in the case study approach rather than one that relies on large sample or experimental data.

Case studies may, however, be presented in a way that represents the best of both worlds. In **qualitative research**, researchers use rigorous methods to code the data and summarize information in a way that reflects an objectively applied set of standards. For example, a researcher may interview several families and then summarize their responses in categories that are clearly described and reflect agreement among independent raters.

qualitative research
A method of analyzing data in which researchers use rigorous methods to code the data and summarize information in a way that reflects an objectively applied set of standards.

One consideration in qualitative research is the need to protect the rights of participants. For example, researchers interested in a particular group to which individuals belong, such as families from economically disadvantaged backgrounds, may inadvertently elicit negative experiences by virtue of the nature of the questions they ask (Summers, 2020).

Single Case Experimental Design

In a **single case experimental design (SCED)**, the same person serves as the subject in both the experimental and the control conditions. Particularly useful for studies of treatment effectiveness, a single-subject design typically alternates between the baseline condition ("A") and the intervention ("B"). Another term for SCEDs is *ABAB designs*, reflecting the alternation between conditions A and B. Figure 1 shows an example of an SCED studying self-injurious behavior.

single case experimental design (SCED)
Design in which the same person serves as the subject in both the experimental and control conditions.

In cases where withholding the treatment in the "B" phase would present an ethical problem because the researcher would be eliminating an effective treatment, the variation known as multiple baseline method is substituted. Here the researcher alternates between treatment and withdrawal of treatment across different subjects, for different behaviors, or in different settings. For example, in treating a suicidal client, an investigator may first target suicidal thoughts, and second, target suicidal behaviors. The power of the design lies in showing that the behaviors change only when the researcher introduces specific treatments directed at altering those specific behaviors. However, researchers must be certain to make clear when over the course of the study the treatments are introduced, or the results will be difficult to interpret (Coon & Rapp, 2018).

Research in Behavioral Genetics

The goal of research in **behavioral genetics** is to identify the role of hereditary factors in psychological disorders by examining genetic variations and connecting them to performance on psychological tests or diagnosis of specific disorders. This area of research is becoming increasingly important in the field as investigators attempt to understand the biological component of biopsychosocial contributions to psychopathology.

behavioral genetics
Research area focused on identifying the role of hereditary factors in psychological disorders.

The data produced by studies in behavioral genetics are based in part on the **heritability index**, a decimal that can range from 0 to 1. To calculate the heritability index, researchers compare rates in individuals varying in degree of genetic closeness, an approach known as **genetic epidemiology**. Another way to express heritability is as a percentage of the variability in the trait in a population that is due to genetic factors.

heritability index
A decimal ranging from 0 to 1 that shows the extent to which test scores or other measurements are accounted for by genes. Heritability can also be expressed as the percent of variation in a trait accounted for by genetic factors.

genetic epidemiology
Study of the role of genetic factors in disease by studying rates in individuals varying in degree of genetic closeness.

After examining evidence of a disorder's heritability, researchers can then use **gene mapping** to identify particular sequences of genes along each chromosome that may be associated with that disorder. This process becomes the basis for **molecular genetics**, in which researchers use molecular genetics to understand the link between a

gene mapping
The approach used by biological researchers in which they examine genetic variations and connect them to performance on psychological tests or diagnosis of specific disorders.

molecular genetics
The study of how genes translate hereditary information.

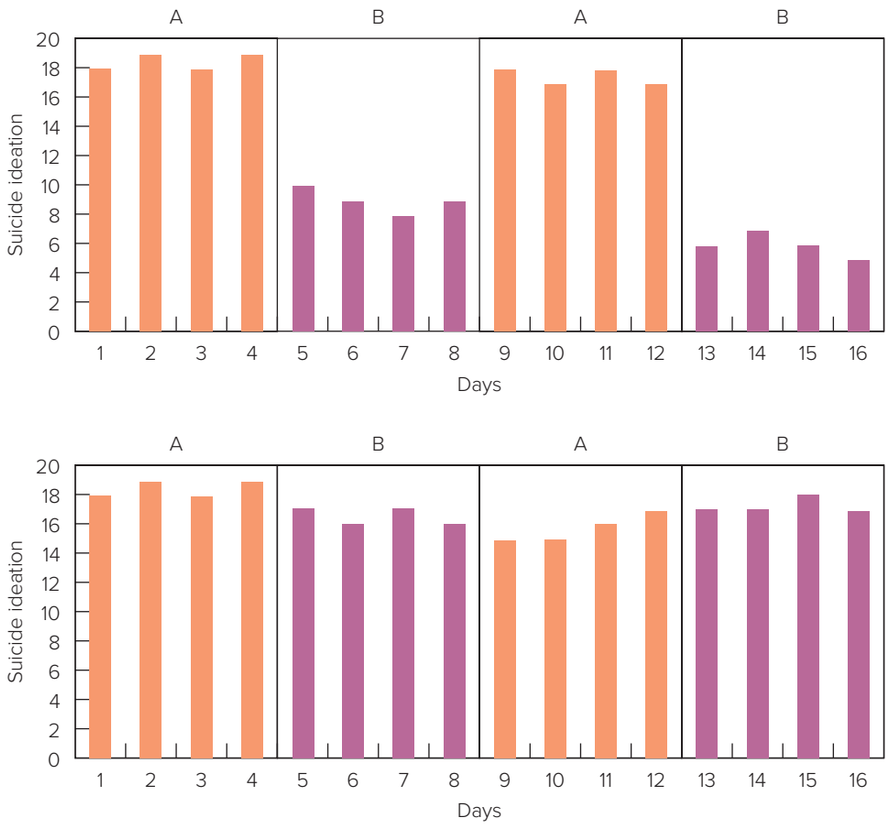


FIGURE 1 ABAB Design

In an ABAB design, researchers observe behaviors in the "A" phase, institute treatment in the "B" phase, and then repeat the process. In this hypothetical study, suicide ideation seems to improve with treatment in the top set of graphs but shows no effect of treatment in the bottom set of graphs.

SOURCE: Rizvi, S. L., & Nock, M. K. (2008). Single-case experimental designs for the evaluation of treatments for self-injurious and suicidal behaviors. *Suicide and Life-Threatening Behavior, 38*, 498–510.

disorder's heritability and the possible genes that are affected in that disorder. Particular areas of focus in this field relevant to psychological disorders include studies that connect genes with the operation of given functions of the brain (Christova, Joseph, & Georgopoulos, 2020).

Gene mapping is revolutionizing the way that scientists understand and treat psychological disorders.

Connect world/Shutterstock

Bringing It All Together: Clinical Perspectives

As you come to the close of this chapter, you should have an appreciation of the issues central to your understanding of abnormal psychology. You should have a sense, too, of how complex is the definition of abnormality, and you will find yourself returning to this issue as you read about many of the disorders in the chapters that follow. We will elaborate on the historical perspective in subsequent chapters as we look at theories of and treatments for specific disorders. Developments in the field of abnormal psychology are emerging at an unbelievable pace thanks to the efforts of researchers applying the techniques described here. You will learn more about some of these research methods in the context of discussions regarding specific disorders. You will also develop an understanding of how clinicians, such as Dr. Sarah Tobin, study the range of psychological disorders that affect people throughout the life span. We will give particular attention to explaining how disorders develop and how clinicians can best treat them. Our discussion of the impact of psychological disorders on the individual forms a central theme for this book, as we return time and again to consider the human experience of psychological disorders.

Return to the Case: Rebecca Hasbrouck

An intern saw Rebecca at the counseling center once a week for 12 consecutive weeks. During the first few sessions Rebecca was often tearful, especially when talking about her boyfriend and how lonely she was feeling. In therapy, she and the intern worked on identifying her emotions and finding coping skills for dealing with stress. Eventually, Rebecca's feelings of sadness lifted as she became accustomed to her life on campus and was able to make a few close friends. Because she was feeling better, her sleeping also improved, which helped her to concentrate in class more easily, allowing her to perform better and thus feel more confident in herself as a student.

Dr. Tobin's reflections: It was clear to me in our initial session that Rebecca was a young woman who was having a particularly difficult time dealing with ordinary adjustment issues in adapting to college. She was overwhelmed by the many new experiences confronting her as well, and she seemed particularly unable to cope with being on her own and being separated from her support network including her family and boyfriend. Her high academic standards added to her stress, and because she didn't have social support, she was unable to talk about the difficulties she was having, which surely perpetuated her problems. I am glad she sought help early, before her difficulties became exacerbated, and that she responded so well to treatment.

SUMMARY

- Questions about normality and abnormality are basic to understanding the nature of psychological disorders.
- Social attitudes toward people with psychological disorders range from discomfort to prejudice. Language, humor, and stereotypes all portray psychological disorders in a stigmatized fashion. Stereotypes then result in social discrimination, which only serves to complicate the lives of the affected even more.
- There are five diagnostic criteria for what is considered abnormal behavior: (1) clinical significance, (2) dysfunction in psychological, biological, or developmental processes, (3) significant distress or disability, (4) behavior that cannot be defined as deviant in terms of politics, and (5) behavior that reflects dysfunction in the individual.
- Causes of abnormality incorporate biological, psychological, and sociocultural factors. The term *biopsychosocial* refers to the interaction among these factors and their role in the development of an individual's symptoms.
- The three prominent themes in explanations of psychological disorders that recur throughout history are spiritual, humanitarian, and scientific explanations. Spiritual explanations regard abnormal behavior as the product of possession by

evil or demonic spirits. Humanitarian explanations view psychological disorders as the result of cruelty, stress, or poor living conditions. Scientific explanations look for causes in objectively measured phenomena, such as biological alterations, faulty learning processes, emotional stressors, or other qualities that can be empirically observed.

- Researchers use various methods to study the causes and treatment of psychological disorders. The two basic research designs include experimental design, which involves random assignment to conditions, and correlational design, which tests relationships between variables that researchers cannot experimentally manipulate.
- Researchers collect data through methods that include surveys, laboratory studies, and case studies. Surveys enable researchers to estimate the incidence and prevalence of psychological disorders. In a laboratory, participants are exposed to conditions based on the nature of the experimental manipulation. Case studies enable the researcher to intensively study a few individuals. A case study can also be a single-case experimental design, in which the researcher studies one person at a time in both the experimental and control conditions, in alternating phases.
- Investigations in the field of behavioral genetics attempt to determine the extent to which people inherit psychological disorders. Family inheritance studies enable researchers to draw inferences about the relative contributions of biology and family environment to the development of psychological disorders. Genetic mapping is making it possible to identify specific genes involved in the transmission of psychological disorders.

KEY TERMS

Behavioral genetics
Biopsychosocial perspective
Case study
Clinical significance
Comorbidity
Correlational design
Deinstitutionalization movement
Dependent variable
Double-blind
Evidence-based treatment
Exorcism
Gene mapping
Genetic epidemiology
Halfway house
Heritability index
Humanitarian explanations
Incidence
Independent variable
Mental hygiene
Molecular genetics
Moral treatment
Placebo condition
Placebo-controlled randomized clinical trial
Positive psychology
Prevalence
Qualitative research
Randomized controlled trial (RCT)
Scientific explanations
Scientific method
Single case experimental design (SCED)
Sociocultural perspective
Spiritual explanations
Stigma
Survey
Trephining