



FIFTH CANADIAN EDITION

ABNORMAL PSYCHOLOGY

AN INTEGRATIVE APPROACH

DAVID H. BARLOW

V. MARK DURAND

STEFAN G. HOFMANN

MARTIN L. LALUMIÈRE



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Abnormal Psychology

AN INTEGRATIVE APPROACH

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About the Authors

David H. Barlow



Courtesy of David H. Barlow

David H. Barlow is an internationally recognized pioneer and leader in clinical psychology. Currently, Professor Emeritus of Psychology and Psychiatry at Boston University, Dr. Barlow is Founder and Director Emeritus of the Center for Anxiety and Related Disorders, one of the largest research clinics of its kind in the world. From 1996 to 2004, he directed the clinical psychology programs at Boston University.

From 1979 to 1996, he was distinguished professor at the University at Albany–State University of New York. From 1975 to 1979, he was professor of psychiatry and psychology at Brown University, where he also founded the clinical psychology internship program. From 1969 to 1975, he was professor of psychiatry at the University of Mississippi Medical Center, where he founded the psychology residency program. Dr. Barlow received his B.A. from the University of Notre Dame, his M.A. from Boston College, and his Ph.D. from the University of Vermont.

A fellow of every major psychological association, Dr. Barlow has received many awards in honour of his excellence in scholarship, including the National Institute of Mental Health Merit Award for his long-term contributions to the clinical research effort; the Distinguished Scientist Award for applications of psychology from the American Psychological Association; and the James McKeen Cattell Fellow Award from the Association for Psychological Science honouring individuals for their lifetime of significant intellectual achievements in applied psychological research. Other awards include the Distinguished Scientist Award from the Society of Clinical Psychology of the American Psychological Association and a certificate of appreciation from the APA section on the clinical psychology of women for “outstanding commitment to the advancement of women in psychology.” He was awarded an Honorary Doctorate of Science from the University of Vermont, an Honorary Doctorate of Humane Letters from William James College, as well as the C. Charles Burlingame Award from the Institute of Living in Hartford Connecticut “for his outstanding leadership in research, education, and clinical care.” In 2014, he was awarded a Presidential Citation from the American Psychological Association “for his lifelong dedication and passion for advancing psychology through science, education, training, and practice.”

He also has received career/lifetime contribution awards from the Massachusetts, Connecticut, and California Psychological Associations, as well as the University of Mississippi Medical Center and the Association for Behavioral and Cognitive Therapies. In 2000, Dr. Barlow was named Honorary Visiting Professor at the Chinese People’s Liberation Army General Hospital and Postgraduate Medical School in Beijing, China, and in 2015 was named Honorary President of the Canadian Psychological Association. In addition, the annual Grand Rounds in Clinical Psychology at Brown University was named in his honour. During the 1997–1998 academic year, he was Fritz Redlich Fellow at the Center for Advanced Study in the Behavioral Sciences in Palo Alto, California. His research has been continually funded by the National Institute of Mental Health for over 40 years.

Dr. Barlow has edited several journals, including *Clinical Psychology: Science and Practice*, and *Behavior Therapy*, has served on the editorial boards of more than 20 different journals, and is currently Editor in Chief of the “Treatments That Work” series for Oxford University Press. He has published more than 600 scholarly articles and written or edited more than 75 books and clinical manuals, including *Anxiety and Its Disorders*, second edition, Guilford Press; *Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual*, fifth edition, Guilford Press; *Single-Case Experimental Designs: Strategies for Studying Behaviour Change*, third edition, Allyn & Bacon (with Matthew Nock and Michael Hersen); *The Scientist–Practitioner: Research and Accountability in the Age of Managed Care*, second edition, Allyn & Bacon (with Steve Hayes and Rosemary Nelson-Gray); *Mastery of Your Anxiety and Panic*, Oxford University Press (with Michelle Craske); and more recently *The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders* with the Unified Team at Boston University. The books and manuals have been translated into more than 20 languages, including Arabic, Chinese, and Russian.

Dr. Barlow was one of three psychologists on the task force that was responsible for reviewing the work of more than 1000 mental health professionals who participated in the creation of *DSM-IV*, and he continued on as an Advisor to the *DSM-5* Task Force. He also chaired the APA Task Force on Psychological Intervention Guidelines, which created a template for the creation of clinical practice guidelines. His current research program focuses on the nature and treatment of anxiety and related emotional disorders.

At leisure he plays golf, skis, and retreats to his home on Nantucket Island, where he loves to write, walk on the beach, and visit with his island friends.

V. Mark Durand



Courtesy of V. Mark Durand

V. Mark Durand is known worldwide as an authority in the area of autism spectrum disorder. He is a professor of psychology at the University of South Florida–St. Petersburg, where he was the founding Dean of Arts & Sciences and Vice Chancellor for Academic Affairs. Dr. Durand is a fellow of the American Psychological Association. He has received more than \$4 million in federal funding since the beginning

of his career to study the nature, assessment, and treatment of behaviour problems in children with disabilities. Before moving to Florida, he served in a variety of leadership positions at the University at Albany, including associate director for clinical training for the doctoral psychology program from 1987 to 1990, chair of the psychology department from 1995 to 1998, and interim dean of Arts and Sciences from 2001 to 2002. There he established the Center for Autism and Related Disabilities at the University at Albany, SUNY. He received his B.A., M.A., and Ph.D.—all in psychology—at the State University of New York–Stony Brook.

Dr. Durand was awarded the University Award for Excellence in Teaching at SUNY–Albany in 1991 and received the Chancellor’s Award for Excellence in Research and Creative Scholarship at the University of South Florida–St. Petersburg in 2007. He was named a 2014 Princeton Lecture Series Fellow and received the

2015 Jacobson Award for Critical Thinking from the American Psychological Association for his body of work in the field of autism spectrum disorder. Dr. Durand is currently a member of the Professional Advisory Board for the Autism Society of America and was on the board of directors of the International Association of Positive Behavioural Support. He was co-editor of the *Journal of Positive Behavior Interventions*, serves on a number of editorial boards, and has written more than 125 publications on functional communication, educational programming, and behaviour therapy. His books include *Severe Behavior Problems: A Functional Communication Training Approach*; *Sleep Better! A Guide to Improving Sleep for Children with Special Needs*; *Helping Parents with Challenging Children: Positive Family Intervention*; the multiple national award-winning *Optimistic Parenting: Hope and Help for You and Your Challenging Child*; and most recently *Autism Spectrum Disorder: A Clinical Guide for General Practitioners*.

Dr. Durand developed a unique treatment for severe behaviour problems that is currently mandated by states across the United States and is used worldwide. He also developed an assessment tool that is used internationally and has been translated into more than 15 languages. Most recently, he developed an innovative approach to help families work with their challenging child (optimistic parenting), which was validated in a five-year clinical trial. He has been consulted by the departments of education in numerous states and by the U.S. Departments of Justice and Education. His current research program includes the study of prevention models and treatments for such serious problems as self-injurious behaviour.

In his leisure time, he enjoys long-distance running and has completed three marathons.

Stefan G. Hofmann



Courtesy of Stefan G. Hofmann

Stefan G. Hofmann is an international expert on psychotherapy for emotional disorders. He is a Professor of psychology at Boston University, where he directs the Psychotherapy and Emotion Research Laboratory. He was born in a little town near Stuttgart in Germany, which may explain his thick German accent. He studied psychology at the University of Marburg, Germany, where he

received his B.A., M.S., and Ph.D. A brief dissertation fellowship to spend some time at Stanford University turned into a longer research career in the United States. He eventually moved to the United States in 1994 to join Dr. Barlow's team at the University at Albany–State University of New York, and has been living in Boston since 1996.

Dr. Hofmann has an actively funded research program studying various aspects of emotional disorders with a particular emphasis on anxiety disorders, cognitive-behavioural therapy, and neuroscience. More recently, he has been interested in mindfulness approaches, such as yoga and meditation practices, as treatment strategies of emotional disorders. Furthermore, he has been one

of the leaders in translational research methods to enhance the efficacy of psychotherapy and to predict treatment outcome using neuroscience methods.

He has won many prestigious professional awards, including the Aaron T. Beck Award for Significant and Enduring Contributions to the Field of Cognitive Therapy by the Academy of Cognitive Therapy. He is a Fellow of the American Psychological Association and the Association for Psychological Science, and was president of various national and international professional societies, including the Association for Behavioural and Cognitive Therapies and the International Association for Cognitive Psychotherapy. He was an Advisor to the *DSM-5* Development Process and a member of the *DSM-5* Anxiety Disorder Sub-Work Group. As part of this, he participated in the discussions about the revisions of the *DSM-5* criteria for various anxiety disorders, especially social anxiety disorder, panic disorder, and agoraphobia. Dr. Hofmann is a Thomson Reuters' Highly Cited Researcher.

Dr. Hofmann has been the Editor in Chief of *Cognitive Therapy and Research* and is also the incoming Associate Editor of *Clinical Psychological Science*. He published more than 300 peer-reviewed journal articles and 15 books, including *An Introduction of Modern CBT* (Wiley-Blackwell) and *Emotion in Therapy* (Guilford Press).

At leisure, he enjoys playing with his sons. He likes travelling to immerse himself into new cultures, make new friends, and reconnect with old ones. When time permits, he occasionally gets out his flute.

Martin L. Lalumière



Courtesy of Martin L. Lalumière

Martin L. Lalumière is recognized for his work in forensic psychology, sexual offending, psychopathy, and the paraphilias. He is a Professor of clinical psychology in the School of Psychology at the University of Ottawa and has taught courses in forensic psychology, abnormal psychology, evolutionary

psychology, and clinical research. He obtained his B.Sc. (1989) and M.Ps. (1990) from the Université de Montréal and his Ph.D. (1995) from Queen's University at Kingston, where he won the Governor General's Academic Gold Medal for best graduating Ph.D. student.

Before starting his current position in January 2013 in Ottawa, Dr. Lalumière was on faculty in the Department of Psychology at the University of Lethbridge in Alberta (2004–2012) and a research psychologist in the Law and Mental Health Program at the Centre for Addiction and Mental Health (1997–2004), a psychiatric teaching hospital in Toronto. He was on faculty in the Department of Psychiatry and the Centre for Criminology at the University of Toronto (1997–2004) and a research psychologist at the maximum secure unit of the Mental Health Centre Penetanguishene (1996–1997)—a psychiatric hospital on Georgian Bay, Ontario (now called the Waypoint Mental Health Centre). He became a registered psychologist in Québec in 1991 and in Ontario in 1996.

Dr. Lalumière is currently an Associate Editor for the journal *Archives of Sexual Behavior*, and is on the editorial boards of the journals *Sexual Abuse: A Journal of Research and Treatment*, *Evolutionary Psychology*, and the *Canadian Journal of Human Sexuality*. He has published more than 100 books, book chapters, and articles, and has obtained over \$2 million in research funds. His research has been funded by the Social Sciences and Humanities Research Council, the Natural Sciences and Engineering Research Council, the Canadian Institutes of Health Research, and the Ontario Mental Health Foundation. He attributes his academic successes to the quality and dedication of his graduate advisors, mentors, and research colleagues, and also to the undergraduate and graduate students who have conducted research in his laboratory. He would like to thank Andrea Ashbaugh, Cary Kogan, Allison Ouimet, and Michael Seto for commenting on parts of the book, Gail Hepburn for locating Canadian information, and Liisa Kelly for her superb work as content development manager.

His current research at the University of Ottawa focuses on the assessment, treatment, and etiology of the paraphilias and hypersexuality. He also conducts research on the measurement of sexual attraction and sexual arousal by using psychophysiological and cognitive methods with men and women.

In his spare time, Dr. Lalumière enjoys fly-fishing, hiking, reading, and cooking, activities often gleefully shared with Gail, his wife and partner of 25 years.

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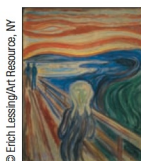
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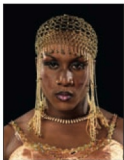
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Preface

Science is constantly evolving, but every now and then something groundbreaking occurs that alters our way of thinking. For example, evolutionary biologists, who long assumed that the process of evolution was gradual, suddenly had to adjust to evidence that says evolution happens in fits and starts in response to such cataclysmic environmental events as meteor impacts. Similarly, geology has been revolutionized by the discovery of plate tectonics.

Until recently, the science of psychopathology had been compartmentalized, with psychopathologists examining the separate effects of psychological, biological, and social influences. This approach is still reflected in popular media accounts that describe, for example, a newly discovered gene, a biological dysfunction (chemical imbalance), or early childhood experiences as a “cause” of a psychological disorder. This way of thinking still dominates discussions of causality and treatment in some psychology textbooks: “The psychoanalytic views of this disorder are . . .,” “the biological views are . . .,” and, often in a separate chapter, “psychoanalytic treatment approaches for this disorder are . . .,” “cognitive-behavioural treatment approaches are . . .,” or “biological treatment approaches are . . .”

In the first edition of this text, we tried to do something very different. We thought the field had advanced to the point that it was ready for an integrative approach in which the intricate interactions of biological, psychological, and social factors are explicated in as clear and convincing a manner as possible. Recent explosive advances in knowledge confirm this approach as the only viable way of understanding psychopathology. To take just two examples, Chapter 2 contains a description of a study demonstrating that stressful life events can lead to depression but that not everyone shows this response. Rather, stress is more likely to cause depression in individuals who already carry a particular gene that influences serotonin at the brain synapses. Similarly, Chapter 9 describes how the pain of social rejection activates the same neural mechanisms in the brain as physical pain. In addition, the entire section on genetics has been rewritten to highlight the new emphasis on gene–environment interaction, along with recent thinking from leading behavioural geneticists that the goal of basing the classification of psychological disorders on the firm foundation of genetics is fundamentally flawed. Descriptions of the emerging field of epigenetics, or the influence of the environment on gene expression, is also woven into the chapter, along with new studies on the seeming ability of extreme environments to largely override the effects of genetic contributions. Studies elucidating the mechanisms of epigenetics or specifically how environmental events influence gene expression are described.

These results confirm the integrative approach in this book: psychological disorders cannot be explained by genetic or environmental factors alone but rather arise from their interaction. We now

understand that psychological and social factors directly affect neurotransmitter function and even genetic expression. Similarly, we cannot study behavioural, cognitive, or emotional processes without appreciating the contribution of biological and social factors to psychological and psychopathological expression. Instead of compartmentalizing psychopathology, we use a more accessible approach that accurately reflects the current state of our clinical science.

As colleagues, you are aware that we understand some disorders better than others. But we hope you will share our excitement in conveying to students both what we currently know about the causes and treatments of psychopathology and how far we have yet to go in understanding these complex interactions.

Integrative Approach

As noted earlier, the first edition of *Abnormal Psychology* pioneered a new generation of abnormal psychology textbooks, which offer an integrative and multidimensional perspective. (We acknowledge such one-dimensional approaches as biological, psychosocial, and supernatural as historic perspectives on our field.) We include substantial current evidence of the reciprocal influences of biology and behaviour and of psychological and social influences on biology. Our examples hold the reader’s attention; for example, we discuss genetic contributions to divorce, the effects of early social and behavioural experience on later brain function and structure, new information on the relation of social networks to the common cold, and new data on psychosocial treatments for cancer. We note that in the phenomenon of implicit memory and blind sight, which may have parallels in dissociative experiences, psychological science verifies the existence of the unconscious (although it does not much resemble the seething caldron of conflicts envisioned by Freud). We present new evidence confirming the effects of psychological treatments on neurotransmitter flow and brain function. We acknowledge the often-neglected area of emotion theory for its rich contributions to psychopathology (e.g., the effects of anger on cardiovascular disease). We weave scientific findings from the study of emotions together with behavioural, biological, cognitive, and social discoveries to create an integrated tapestry of psychopathology.

Lifespan Developmental Influences

No modern view of abnormal psychology can ignore the importance of lifespan developmental factors in the manifestation and treatment of psychopathology. Studies highlighting developmental

windows for the influence of the environment on gene expression are explained. Accordingly, although we include a Neurodevelopmental Disorders chapter (Chapter 14), we consider the importance of development throughout the text; we discuss childhood and geriatric anxiety, for example, in the context of the Anxiety, Trauma-Related, and Obsessive-Compulsive Disorders chapter. This system of organization, which is for the most part consistent with *DSM-5*, helps students appreciate the need to study each disorder from childhood through adulthood and old age. We note findings on developmental considerations in separate sections of each disorder chapter and, as appropriate, discuss how specific developmental factors affect causation and treatment.

Scientist-Practitioner Approach

We go to some lengths to explain why the scientist-practitioner approach to psychopathology is both practical and ideal. Like most of our colleagues, we view this as something more than simple awareness of how scientific findings apply to psychopathology. We show how every clinician contributes to general scientific knowledge through astute and systematic clinical observations, functional analyses of individual case studies, and systematic observations of series of cases in clinical settings. For example, we explain how information on dissociative phenomena provided by early psychoanalytic theorists remains relevant today. We also describe the formal methods used by scientist-practitioners, showing how abstract research designs are actually implemented in research programs.

Clinical Cases of Real People

We have enriched the book with authentic clinical histories to illustrate scientific findings on the causes and treatment of psychopathology. We have run active clinics for years, so 95 percent of the cases are from our own files, and they provide a fascinating frame of reference for the findings we describe. The beginnings of most chapters include a case description, and most of the discussion of the latest theory and research is related to these very human cases.

Disorders in Detail

We cover the major psychological disorders in 11 chapters, focusing on three broad categories: clinical description, causal factors, and treatment and outcomes. We pay considerable attention to case studies and *DSM-5* criteria, and we include statistical data, such as prevalence and incidence rates, sex ratio, age of onset, and the general course or pattern for the disorder as a whole. Since one of us (DHB) was an appointed Advisor to the *DMS-5* task force, we are able to include the reasons for changes as well as the changes themselves. Throughout, we explore how biological, psychological, and social dimensions may interact to cause a particular disorder. Finally, by covering treatment and outcomes within the context of specific disorders, we provide a realistic sense of clinical practice.

Treatment

One of the best received innovations in the earlier Canadian and U.S. editions was our strategy of discussing treatments in the same chapter as the disorders themselves instead of in a separate

chapter, an approach that is supported by the development of specific psychosocial and pharmacological treatment procedures for specific disorders. We have retained this integrative format and have improved upon it, and we include treatment procedures in the key terms and glossary.

Legal and Ethical Issues

In our closing chapter, we integrate many of the approaches and themes that have been discussed throughout the text. We include case studies of people who have been involved directly with many legal and ethical issues and with the delivery of mental health services. We also provide a historical context for current perspectives so students will understand the effects of social and cultural influences on legal and ethical issues.

Diversity

Issues of culture and gender are integral to the study of psychopathology. Throughout the text, we describe current thinking about which aspects of the disorders are culturally specific and which are universal, and about the strong and sometimes puzzling effects of gender roles. For instance, we discuss the current information on such topics as the gender imbalance in depression, how panic disorders are expressed differently in various Asian cultures, the ethnic differences in eating disorders, treatment of schizophrenia across cultures, and the diagnostic differences of attention-deficit/hyperactivity disorder (ADHD) in boys and girls. Clearly, our field will grow in depth and detail as these subjects and others become standard research topics. For example, why do some disorders overwhelmingly affect females and others appear predominantly in males? And why does this apportionment sometimes change from one culture to another? In answering questions like these, we adhere closely to science, emphasizing that gender and culture are each one dimension among several that constitute psychopathology.

New to the Fifth Canadian Edition

A Thorough Update

This exciting field moves at a rapid pace, and we take particular pride in how our book reflects the most recent developments. Therefore, once again, every chapter has been carefully revised to reflect the latest research studies on psychological disorders. Hundreds of new references from 2015 and 2016 (and some still “in press”) appear for the first time in this edition, and some of the information they contain stuns the imagination. New Canadian content has been added, in particular statistics based on the most recent surveys and new information on mental health service delivery in Canada. Some new headings have been added, and *DSM-5* criteria are included in their entirety as tables in the appropriate disorder chapters. Additionally, to address reviewer feedback and in spite of these additions, non-essential material has been eliminated and the rest streamlined so that this edition is actually shorter than the last.

Anxiety, Trauma-Related, and Obsessive-Compulsive Disorders (Chapter 5), Mood Disorders and Suicide (Chapter 7), Eating and Sleep-Wake Disorders (Chapter 8), Physical Disorders and

Health Psychology (Chapter 9), Substance-Related, Addictive, and Impulse-Control Disorders (Chapter 11), Schizophrenia Spectrum and Other Psychotic Disorders (Chapter 13), and Neurodevelopmental Disorders (Chapter 14) have been the most heavily revised to reflect new research, but all chapters have been significantly updated and refreshed.

Chapter 1, Abnormal Behaviour in Historical Context, features updated nomenclature to reflect new titles in *DSM-5*, updated descriptions of research on defence mechanisms, and fuller and deeper descriptions of the historical development of psychodynamic and psychoanalytic approaches. Information on clinical training in Canada has been added.

Chapter 2, An Integrative Approach to Psychopathology, includes an updated discussion of developments in the study of genes and behaviour with a focus on gene–environment interaction; new data illustrating the gene–environment correlation model; new studies illustrating the psychosocial influence on the development of brain structure and function in general and on neurotransmitter systems specifically; updated, revised, and refreshed sections on behavioural and cognitive science including new studies illustrating the influence of positive psychology on physical health and longevity; new studies supporting the strong influence of emotions, specifically anger, on cardiovascular health; new studies illustrating the influence of gender on the presentation and treatment of psychopathology; a variety of powerful new studies confirming strong social effects on health and behaviour; and new studies confirming the puzzling “drift” phenomenon resulting in a higher prevalence of schizophrenia among individuals living in urban areas.

Chapter 3, Clinical Assessment and Diagnosis, now presents references to “intellectual disability” instead of “mental retardation” to be consistent with *DSM-5* and changes within the field; a description of the organization and structure of *DSM-5* along with major changes from *DSM-IV*; a description of methods to coordinate the development of *DSM-5* with the forthcoming ICD 11; and a description of likely directions of research as we begin to head toward *DSM-6*.

In Chapter 4, Research Methods, a new example of how behavioural scientists develop research hypotheses is presented.

Chapter 5, entitled Anxiety, Trauma-Related, and Obsessive-Compulsive Disorders, is organized according to the three major groups of disorders: anxiety disorders, trauma- and stressor-related disorders, and obsessive-compulsive and related disorders. Two disorders new to *DSM-5* (separation anxiety disorder and selective mutism) are presented, and the Trauma and Stressor-Related Disorders section includes not only post-traumatic stress disorder and acute stress disorder but also adjustment disorder and attachment disorders. The final new grouping, Obsessive-Compulsive and Related Disorders, includes not only obsessive-compulsive disorder but also body dysmorphic disorder, hoarding disorder, and finally trichotillomania (hair pulling disorder) and excoriation (skin picking disorder). Some of the revisions to Chapter 5 include the following:

- updated information about the neuroscience and genetics of fear and anxiety
- updated information on the relationship of anxiety and related disorders to suicide
- updated information on the influence of personality and culture on the expression of anxiety

- updated generalized anxiety disorder discussion, especially about newer treatment approaches
- updated information on description, etiology, and treatment for specific phobia, social anxiety disorder, and post-traumatic stress disorder, including new statistics relevant to the Canadian Armed Forces

The grouping of disorders in Chapter 6, now titled Somatic Symptom and Dissociative Disorders, reflects a major overarching change, specifically for somatic symptom disorder, illness anxiety disorder (formerly known as hypochondriasis), and psychological factors affecting medical condition. The chapter discusses the differences between these overlapping disorders and provides a summary of the causes and treatment approaches for these problems. In addition, Chapter 6 now has an updated discussion on the false memory debate related to trauma in individuals with dissociative identity disorder.

Chapter 7, Mood Disorders and Suicide, provides an updated discussion on the psychopathology and treatment of the *DSM-5* Mood Disorders, including persistent depressive disorder, seasonal affective disorder, disruptive mood dysregulation disorder, bipolar disorder, and suicide. The chapter discusses new data on the genetic and environmental risk factors and protective factors, such as optimism. Also included is an update on the pharmacological and psychological treatments.

Thoroughly rewritten and updated, Chapter 8, Eating and Sleep-Wake Disorders, contains new information on mortality and suicide rates in anorexia nervosa; new epidemiological information on the prevalence of eating disorders in adolescents; new information on the increasing globalization of eating disorders and obesity; updated information on typical patterns of comorbidity accompanying eating disorders and new and updated research on changes in the incidence of eating disorders among males; racial and ethnic differences on the thin-ideal body image associated with eating disorders; the substantial contribution of emotion dysregulation to the etiology and maintenance of anorexia; the role of friendship cliques in the etiology of eating disorders; mothers with eating disorders who also restrict food intake by their children, the contribution of parents and family factors in the etiology of eating disorders; biological and genetic contributions to causes of eating disorders, including the role of ovarian hormones; transdiagnostic treatment applicable to all eating disorders; results from a large multinational trial comparing CBT to psychoanalysis in the treatment of bulimia; the effects of combining Prozac with CBT in the treatment of eating disorders; and racial and ethnic differences in people with binge eating disorder seeking treatment.

Realigned coverage of Sleep-Wake Disorders, also in Chapter 8, with new information on sleep in women is now reported—including risk and protective factors, an updated section on narcolepsy to describe new research on the causes of this disorder, and new research on the nature and treatment of nightmares are now included.

In Chapter 9, Physical Disorders and Health Psychology, we include a review of the increasing depth of knowledge on the influence of psychological social factors on brain structures and function; new data supporting the efficacy of stress management on cardiovascular disease an updated review of developments into causes and treatment of chronic pain; updated information

eliminating certain viruses (XMRV and pMLV) as possible causes of chronic fatigue syndrome; and updated review of psychological and behavioural procedures for preventing injuries.

Chapter 10, Sexual Dysfunctions, Paraphilic Disorders, and Gender Dysphoria, has a revised organization of sexual dysfunctions, paraphilic disorders, and gender dysphoria to reflect the fact that both paraphilic disorders and gender dysphoria are separate chapters in *DSM-5*, and gender dysphoria disorder is, of course, not a sexual disorder but a disorder reflecting incongruence between natal sex and expressed gender. Other major revisions include new reports contrasting differing attitudes and engagement in sexual activity across cultures even within North America; a thoroughly updated description of gender dysphoria with an emphasis on emerging conceptualizations of gender expression that are on a continuum.

Chapter 10 also includes updated information on contributing factors to gender dysphoria as well as the latest recommendations on treatment options, recommended treatment options (or not to treat) for gender nonconformity in children, a full description of disorders of sex development (formerly called intersexuality), and a thoroughly revamped description of paraphilic disorders to reflect the updated system of classification with a discussion of the controversial change in the name of these disorders from paraphilia to paraphilic disorders.

A thoroughly revised Chapter 11, Substance-Related, Addictive, and Impulse-Control Disorders, features new discussion of how the trend to mix caffeinated energy drinks with alcohol may increase the likelihood of later abuse of alcohol; new research on chronic use of MDMA (“ecstasy”) leading to lasting memory problems; and new research on several factors predicting early alcohol use, including when best friends have started drinking, whether family members are at high risk for alcohol dependence, and the presence of behaviour problems in these children.

Chapter 12, Personality Disorders, now features a completely new section on gender differences to reflect newer, more sophisticated analyses of prevalence data, and a new section on criminality and antisocial personality disorder is now revised to better reflect changes in *DSM-5*.

Chapter 13, Schizophrenia Spectrum and Other Psychotic Disorders, presents a new discussion of schizophrenia spectrum disorder and the dropping of subtypes of schizophrenia from *DSM-5*; new research on deficits in emotional prosody comprehension and its role in auditory hallucinations; a discussion of the possible involvement of a parasite found in cats’ feces; a discussion of a new proposed psychotic disorder suggested in *DSM-5* for further study—attenuated psychosis syndrome; and a new discussion of the use of transcranial magnetic stimulation.

In Chapter 14, “Neurodevelopmental Disorders” are presented, instead of “Pervasive Developmental Disorders,” to be consistent with the major changes in *DSM-5*. In addition, Chapter 14 now describes new research to show that gene–environment interaction can lead to later behaviour problems in children with ADHD; new research on ADHD (and on other disorders) that is finding that in many cases mutations occur that either create extra copies of a gene on one chromosome or result in the deletion of genes (called copy number variants—CNVs); and new research findings that show a variety of genetic mutations, including *de novo* disorders

(genetic mutations occurring in the sperm or egg or after fertilization), are present in those children with intellectual disability (ID) of previously unknown origin.

Chapter 15, now called Neurocognitive Disorders, features descriptions of research assessing brain activity (fMRI) in individuals during active episodes of delirium as well as after these episodes; data from the Einstein Aging study concerning the prevalence of a disorder new in *DSM-5*, mild neurocognitive disorder; and a new discussion of new neurocognitive disorders (e.g., neurocognitive disorder due to Lewy bodies or prion disease).

And Chapter 16, Mental Health Services: Legal and Ethical Issues, presents updated information on how to best assess risk of violence, and a discussion of the revised research ethics principles and procedures used in Canada.

DSM-IV, DSM-IV-TR, and DSM-5

Much has been said about the mix of political and scientific considerations that resulted in the *DSM-5*, and naturally we have our own opinions. Psychologists are often concerned about “turf issues” in what has become—for better or worse—the nosological standard in our field, and with good reason: in previous *DSM* editions, scientific findings sometimes gave way to personal opinions. For *DSM-IV* and *DSM-5*, however, most professional biases were left at the door while the task force almost endlessly debated the data. This process produced enough new information to fill every psychopathology journal for a year with integrative reviews, reanalysis of existing databases, and new data from field trials. From a scholarly point of view, the process was both stimulating and exhausting. This book contains highlights of various debates that created the nomenclature, as well as recent updates. For example, in addition to the controversies just described, we summarize and update the data and discussion of premenstrual dysphoric disorder, which was designated a new disorder in *DSM-5*, and mixed anxiety depression, a disorder that did not make it into the final criteria. Students can thus see the process of making diagnoses, as well as the combination of data and inferences that are part of it.

We also discuss the intense continuing debate on categorical and dimensional approaches to classification. We describe some of the compromises the task force made to accommodate data, such as why dimensional approaches to personality disorders did not make it into *DSM-5*, and why the proposal to do so was rejected at the last minute and included in Section III under “Conditions for Further Study” even though almost everyone agrees that these disorders should not be categorical but rather dimensional.

Prevention

Looking to the future of abnormal psychology as a field, the prospect of helping the greatest number of people who display psychological disorders may lie in our ability to prevent these difficulties. Although this has long been a goal of many, we are now at the beginning of what appears to be a new age in prevention research. Numerous scientists from all over the globe are developing the methodologies and techniques that may finally provide us with the means to interrupt the debilitating toll of emotional distress caused by the disorders chronicled in this book. We therefore highlight these cutting-edge prevention efforts—such as preventing eating disorders, suicide,

substance abuse, and health problems like HIV infection—in appropriate chapters as a means of celebrating these important events, as well as to encourage the field to continue this important work.

Retained Features

Student Learning Outcomes

Placed at the start of each chapter, Student Learning Outcomes assist instructors to accurately assess and map questions throughout the chapter. The outcomes are mapped to the core APA goals and are integrated throughout the instructor resources and testing program.

DSM Controversies

DSM Controversies is a box that encourages critical thinking about issues related to updates to the *DSM-5*. Topics include binge eating disorder, personality disorders, and attenuated psychosis, among others.

From the Inside

The popularity of the case studies indicates that students appreciate the humanization of data that might otherwise appear dry and lifeless. To emphasize that psychological disorders affect real people who respond in a variety of ways, nearly all chapters on specific disorders include a compassionate review of a first-person memoir by someone who survived or is living with a challenging psychological condition. Many of these are first-person accounts by Canadian writers, and several are new to this edition. These stories were chosen for the value of their deeply personal points of view; they complement the research-based text without pretending to be scientific.

Innovative Approaches

Most disorder chapters include a feature called Innovative Approaches that discusses forward-thinking treatments, such as dialectical behaviour therapy, the use of “vice vaccines” to manage addiction, and the development of designer drugs for attention deficit disorder and other conditions, based on a person’s genetic profile.

Visual Summaries

At the end of each chapter on disorders is a colourful two-page chart that succinctly summarizes the causes, development, symptoms, and treatment of each disorder covered in the chapter. Our integrative approach is instantly evident in these diagrams, which show the interaction of biological, psychological, and social factors in the etiology and treatment of disorders. The visual summaries will help the instructor wrap up discussions, and students will appreciate them as study aids. There is a new visual summary after Chapter 1 outlining the historical timeline of significant events.

Pedagogy

Each chapter contains several Concept Checks that let students verify their comprehension at regular intervals. Answers are at the end of each chapter, along with a detailed Summary; the Key Terms are listed in alphabetical order.

Instructor Resources



The Nelson Education Teaching Advantage (NETA) program delivers research-based instructor resources that promote

student engagement and higher-order thinking to enable the success of Canadian students and educators. Visit Nelson’s **Inspired Instruction** website at nelson.com/inspired to find out more about NETA.

The following instructor resources have been created for *Abnormal Psychology*, Fifth Canadian Edition. Access these ultimate tools for customizing lectures and presentations at nelson.com/instructor.

NETA Test Bank

This resource was written by Carolyn Ensley of Wilfrid Laurier University. It includes over 1,600 multiple-choice questions written according to NETA guidelines for effective construction and development of higher-order questions. Also included are more than 150 essay questions.



The NETA Test Bank is available in a new, cloud-based platform. **Nelson Testing Powered**

by **Cognero®** is a secure online testing system that allows instructors to author, edit, and manage test bank content from anywhere Internet access is available. No special installations or downloads are needed, and the desktop-inspired interface, with its dropdown menus and familiar, intuitive tools, allows instructors to create and manage tests with ease. Multiple test versions can be created in an instant, and content can be imported or exported into other systems. Tests can be delivered from a learning management system, the classroom, or wherever an instructor chooses. Nelson Testing Powered by Cognero for *Abnormal Psychology* can be accessed through nelson.com/instructor.


NETA PowerPoint

Microsoft® PowerPoint® lecture slides for every chapter have been created by Barinder Bhavra. There is an average of 25 slides per chapter, many featuring key figures, tables, and photographs from *Abnormal Psychology*. NETA principles of clear design and engaging content have been incorporated throughout, making it simple for instructors to customize the deck for their courses.

Image Library

This resource consists of digital copies of figures, short tables, and photographs used in the book. Instructors may use these jpegs to customize the NETA PowerPoint or create their own PowerPoint presentations. An Image Library Key describes the images and lists the codes under which the jpegs are saved. Codes normally reflect the chapter number (e.g., C01 for Chapter 1), the figure or photo number (e.g., F15 for Figure 15), and the page in the textbook.

MindTap


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Videos

Instructors can enhance the classroom experience with the exciting and relevant videos provided to students through MindTap. These videos have been specifically selected to accompany *Abnormal Psychology*.

Student Ancillaries

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Reviewers

Creating this fifth Canadian edition would not have been possible without the superb feedback of the reviewers. To them we express our deepest gratitude. The reviewers read the fourth Canadian edition and provided extraordinarily perceptive critical comments, pointed to relevant information, and offered new insights. Readers who take the time to communicate their thoughts offer the greatest rewards to writers and scholars. For their assistance and their feedback, we thank the following reviewers:

Monica Baehr, *Mount Royal University*
Rayleen De Luca, *University of Manitoba*
Michael Ellery, *University of Manitoba*
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Laura Hanson, *University of British Columbia*
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Susan Potter, *Acadia University*
Ravi Ramkissoosingh, *Niagara College*
Dr. Uzma Rehman, *University of Waterloo*
Alan Scoboria, *University of Windsor*
Kelly Suschinsky, *Queen's University*

1

Abnormal Behaviour in Historical Context



CHAPTER OUTLINE

What Is a Psychological Disorder?

- Psychological Dysfunction
- Personal Distress or Impairment
- Atypical or Not Culturally Expected

The Science of Psychopathology

- The Scientist-Practitioner
- Clinical Description
- Causation, Treatment, and Outcomes

The Past: Historical Conceptions of Abnormal Behaviour

The Supernatural Tradition

- Demons and Witches
- Stress and Melancholy
- Treatments for Possession
- The Moon and the Stars
- Comments

The Biological Tradition

- Hippocrates and Galen
- The 19th Century
- The Development of Biological Treatments
- Consequences of the Biological Tradition

The Psychological Tradition

- Moral Therapy
- Asylum Reform and the Decline of Moral Therapy
- Psychoanalytic Theory
- Humanistic Theory
- The Behavioural Model

The Present: The Scientific Method and an Integrative Approach

Jerry Cooke/The LIFE Images Collection/Getty Images

A clear and complete insight into the nature of madness, a correct and distinct conception of what constitutes the difference between the sane and the insane has, as far as I know, not been found.

—SCHOPENHAUER, *The World as Will and Idea*

STUDENT LEARNING OUTCOMES*

Describe key concepts, principles, and overarching themes in psychology:

- Explain why psychology is a science with the primary objectives of describing, understanding, predicting, and controlling behaviour and mental processes (APA SLO 1.1b)
- Use basic psychological terminology, concepts, and theories in psychology to explain behaviour and mental processes (APA SLO 1.1a)

Develop a working knowledge of the content domains of psychology:

- Summarize important aspects of history of psychology, including key figures, central concerns, methods used, and theoretical conflicts (APA SLO 1.2C)
- Identify key characteristics of major content domains in psychology (e.g., cognition and learning, developmental, biological, and sociocultural) (APA SLO 1.2a)

Use scientific reasoning to interpret behaviour:

- See APA SLO 5.1a listed above
- Incorporate several appropriate levels of complexity (e.g., cellular, individual, group/system, society/cultural) to explain behaviour (APA SLO 2.1C)

* Portions of this chapter cover learning outcomes suggested by the American Psychological Association (2013) in its guidelines for the undergraduate psychology major. Chapter coverage of these outcomes is identified above by APA Goal and APA Suggested Learning Outcome (SLO).

Today you may have gotten out of bed, had breakfast, gone to class, studied, and at the end of the day, enjoyed the company of your friends before falling asleep. It probably did not occur to you that many physically healthy people are unable to do some or any of these things. What they have in common is a **psychological disorder**, a psychological dysfunction within an individual that is associated with distress or impairment in functioning and a response that is not typical or culturally expected. Before examining exactly what this means, let's look at one individual's situation.

JODY | *The Boy Who Fainted at the Sight of Blood*

Jody, a 16-year-old boy, was referred to our anxiety disorders clinic after increasing episodes of fainting. Jody reported that he had always been somewhat queasy at the sight of blood. About two years before coming to our clinic, in his first biology class, the teacher showed a movie of a frog dissection to illustrate various points about anatomy. The film was particularly graphic, with vivid images of blood, tissue, and muscle. About halfway through, Jody felt a bit lightheaded and left the room, but the images did not leave him. He continued to be bothered by them and occasionally felt slightly queasy. He began to avoid situations in which he might see blood or an injury. He stopped looking at magazines that might have gory pictures. He found it difficult to look at raw meat, or even Band-Aids, because they brought the feared images to mind. Eventually, anything his friends or parents said that evoked an image of blood or injury caused Jody to feel lightheaded. It became so bad that if one of his friends exclaimed, "Cut it out!" he felt faint. Beginning about six months before his visit to the clinic, Jody actually fainted when he unavoidably encountered something bloody. His family physician could find nothing wrong with him, nor could several other physicians. By the time he was referred to our clinic, he was fainting five to ten times a week, often

in class. Clearly, these episodes were problematic for him and disruptive in school; each time he fainted, the other students flocked around him, trying to help, and class was interrupted. Because no one could find anything wrong with Jody, the principal finally concluded that he was being manipulative and suspended him from school, even though he was an honour student.

Jody had what we now call blood-injury-injection phobia. His reaction was quite severe, thereby meeting the criteria for **phobia**, a psychological disorder characterized by marked and persistent fear of an object or a situation. But many people have similar reactions that are not as severe when they receive an injection or see someone who is injured, whether or not blood is visible. For people who react as severely as Jody, this phobia can be very disabling. They may avoid certain careers, such as medicine or nursing. If they are so afraid of needles and injections that they avoid them even when they are necessary, they put their health at risk.

What Is a Psychological Disorder?

Keeping in mind the real-life problems faced by Jody, let's look more closely at the definition of a psychological disorder, or abnormal behaviour: It is a *psychological dysfunction within an individual associated with distress or impairment in functioning and a response that is not typical or culturally expected*. On the surface, these three elements may seem obvious, but they were not easily arrived at, and it is worth exploring what they mean.

Psychological Dysfunction

Psychological dysfunction refers to a breakdown in cognitive, emotional, or behavioural functioning. For example, if you are out on a date, it should be fun. If you experience severe fear all evening and just want to go home, even though you have nothing to be afraid of, and if the severe fear happens on every date, your