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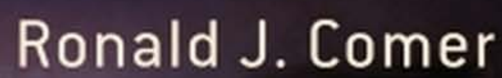

Abnormal Psychology

EIGHTH EDITION

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EIGHTH EDITION

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To Delia Sage Comer
—Welcome to the World

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RONALD J. COMER has been a professor in Princeton University's Department of Psychology for the past 37 years, serving also as Director of Clinical Psychology Studies. His courses—Abnormal Psychology, Theories of Psychotherapy, Childhood Psychopathology, Experimental Psychopathology, and Controversies in Clinical Psychology—have been among the university's most popular offerings.

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In addition to writing *Abnormal Psychology,* Professor Comer is the author of the textbook *Fundamentals of Abnormal Psychology,* now in its sixth edition; co-author of the introductory psychology textbook *Psychology Around Us,* now in its second edition; and co-author of *Case Studies in Abnormal Psychology.* He is the producer of various educational videos, including *The Higher Education Video Library Series, Video Segments in Abnormal Psychology, Video Segments in Neuroscience, Introduction to Psychology Video Clipboard,* and *Developmental Psychology Video Clipboard*. He also has published journal articles in clinical psychology, social psychology, and family medicine.

Professor Comer completed his undergraduate studies at the University of Pennsylvania and his graduate work at Clark University. He lives in Lawrenceville, New Jersey, with his wife, Marlene. From there he can keep a close eye on the Philadelphia sports teams with which he grew up.

Paul L. Bree

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PREFACE

I have been writing my textbooks, *Abnormal Psychology* and *Fundamentals of Abnormal Psychology,* for three decades—approximately half of my life. The current version, *Abnormal Psychology,* Eighth Edition, represents the fourteenth edition of one or the other of the textbooks. I feel deeply appreciative and privileged to have had the opportunity to help educate more than a half-million readers over the years.

This textbook journey truly has been a labor of love, but I also must admit that each edition has required enormous effort, ridiculous pressure, and too many sleepless nights to count. I mention these labors not only because I am a world-class whiner but also to help emphasize that I have approached each edition as a totally new undertaking rather than as a cut-and-paste update of past editions. My goal each time has been that the new edition is a fresh, comprehensive, and exciting presentation of the current state of this ever-changing field and that it includes state-of-the-art pedagogical techniques and insights. This "new book" approach to each edition is, I believe, the key reason for the continuing success of the textbooks, and the current edition has been written in this same tradition.

In fact, the current edition includes even more changes than in any of the textbook's previous editions, for several reasons: (1) The field of abnormal psychology has had a dramatic growth spurt over the past several years; (2) the field of education has produced many new pedagogical tools; (3) the world of publishing has developed new, striking ways of presenting material; and (4) the world at large has changed dramatically, featuring a monumental rise in technology's impact on our lives, growing influence by the media, near unthinkable economic and political events, and a changing world order. Changes of this kind certainly should find their way into a book about the current state of human functioning, and I have worked hard to include them here in a stimulating way.

That said, I believe I have produced a new edition of *Abnormal Psychology* that will once again excite readers, open the field of abnormal psychology to them, and speak to them and their times. Throughout the book I have again sought to convey my passion for the field, and I have built on the generous feedback of my colleagues in this enterprise—the students and professors who have used this textbook over the years. At the risk of sounding ridiculously grandiose, let me describe what I believe to be special about this edition.

New and Expanded Features

In line with the enormous changes that have occurred over the past several years in the fields of abnormal psychology, education, and publishing and in the world, I have brought the following new features and changes to the current edition.

•NEW• DSM-5: A FIELD IN TRANSITION With the upcoming (2013) publication of DSM-5, abnormal psychology is clearly a field in transition. To help students appreciate its current status and new directions, I offer a significant new section—"Call for Change: DSM-5"—in Chapter 4 (pages 103–104) and in each of the disorders chapters throughout the textbook. This recurrent feature discusses in depth what changes lie ahead for the disorders described in the chapter at hand. "Call for Change: DSM-5" sections discuss, for example, the proposed addition of new categories such as *mixed anxiety/depression* (pages 148, 252), *non-suicidal self injury* (page 289), and *binge-eating disorder* (pages 321, 343). Similarly, the sections examine the proposed elimination of DSM-IV-TR categories such as *Asperger's disorder* (pages 556–557) and *hypochondriasis* (page 217) and the proposed alteration of clinical terms that have become demeaning and stigmatizing in some circles, such as *mental retardation* (page 556) and *dementia* (page 584). The "Call for Change: DSM-5" sections also clarify proposed shifts in diagnostic

thinking, such as the listing of *gambling disorder* as an addictive disorder (pages 382–383), much like a drug addiction, and the use of a more dimensional approach to diagnose and describe certain personality disorders (pages 512–513). At the same time, I explain why DSM-5 is making such key changes. **Of course, because clinicians are currently still using DSM-IV-TR to diagnose disorders, each chapter also continues to include references to DSM-IV-TR's categories and criteria.**

•NEW• THE IMPACT OF TECHNOLOGY The breathtaking rate of technological change that characterizes today's world has had significant effects—both positive and negative—on the mental health field, and it will undoubtedly affect the field even more in coming years. In this edition I cover this impact extensively, including numerous discussions in the book's narrative, boxes, photographs, and figures. The book examines, for example, how the Internet, texting, and social networks have become convenient tools for those who wish to bully others or pursue pedophilic desires (pages 519, 413); how social networking sites may provide a new source for social anxiety (page 614); and how today's technology has helped create new psychological disorders such as Internet addiction (page 614). It also looks at troubling and dangerous new trends such as the posting of self-cutting videos on the Internet (page 492), live Web suicides (page 311), and pro-anorexia and pro-suicide Web sites (page 108). And it brings to life for the reader the growth of *cybertherapy* in its ever-expanding forms—from long-distance therapy using Skype to therapy enhanced by video game avatars and other virtual reality experiences to Internet-based support groups (pages 69, 614–615).

•NEW• ADDITIONAL SECTIONS Over the past several years, a number of topics in abnormal psychology have received special and intense attention. In this edition, I have provided new in-depth sections on such topics. For example, *social anxiety disorder* has clearly left the realm of phobias and is now viewed as a separate anxiety disorder, with unique explanations and treatments. Thus *Abnormal Psychology,* Eighth Edition, presents this disorder and its explanations and treatments in its own section (pages 132–135). Similarly, new in-depth sections are devoted to *childhood bipolar disorder* (pages 252–253), *dialectical behavior therapy* (pages 493–496), and *dimensional views of personality disorders* (pages 510–514), among other topics.

•NEW• ADDITIONAL "CUTTING-EDGE" BOXES In this edition, I have grouped the various boxes into two categories to better orient the reader. *PsychWatch* boxes examine text topics in more depth, emphasize the effect of culture on mental disorders and treatment, and explore examples of abnormal psychology in movies, the news, and the real world. *MediaSpeak* boxes offer provocative pieces by news, magazine, and Web writers on current issues and trends in abnormal psychology. In addition to updating the *PsychWatch* and *MediaSpeak* boxes that have been retained from the previous edition, I have added many new ones, including:

- *MediaSpeak:* A Rorschach Cheat Sheet on Wikipedia? (Chapter 4)
- *MediaSpeak:* The Poverty Clinic (Chapter 6)
- *MediaSpeak:* A Life, Interrupted (Chapter 7)
- *MediaSpeak:* Live Web Suicides: A Growing Phenomenon (Chapter 10)
- *MediaSpeak:* A Mother's Loss, a Daughter's Story (Chapter 11)
- *MediaSpeak:* The Sugar Plum Fairy (Chapter 11)
- *MediaSpeak:* Sober High Schools (Chapter 12)
- *MediaSpeak:* A Different Kind of Judgment (Chapter 13)
- *MediaSpeak:* "Alternative" Mental Health Care (Chapter 15)
- *MediaSpeak:* Videos of Self-Injury Find an Audience (Chapter 16)
- *MediaSpeak:* The Patient as Therapist (Chapter 16)

- *MediaSpeak:* Targeted for Bullying (Chapter 17)
- *MediaSpeak:* Focusing on Emotions (Chapter 18)

•NEW• HIGHLIGHTED CRITICAL THINKING The eighth edition of *Abnormal Psychology* has been redesigned strikingly to give it an open, clean, and modern look—one that helps readers better learn, enjoy, and think about the topics under discussion. In a new feature of this design, "critical thought questions" pop up within the text narrative, asking students to pause at precisely the right moment and think critically about the material they have just read. At the same time, the design retains a fun and thought-provoking feature from past editions that has been very popular among students and professors—reader-friendly elements called "Between the Lines," consisting of text-relevant tidbits, surprising facts, current events, historical notes, interesting trends, enjoyable lists, and stimulating quotes.

•NEW• THOROUGH UPDATE In this edition I present recent theories, research, and events, including more than 2,000 new references from the years 2009–2012, as well as hundreds of new photos, tables, and figures.

•EXPANDED COVERAGE• KEY DISORDERS AND TOPICS In line with the field's (and college students') increased interest in certain psychological problems and treatments, I have added or expanded the coverage of topics such as torture, terrorism, and psychopathology (pages 160–162); club drugs such as Ecstasy (page 365), crystal meth (page 362), and salvia (page 364); college-age depression (page 260) and binge drinking (page 352); postpartum depression (page 229) and postpartum psychosis (page 436); cybertherapy and virtual reality treatments (page 69); the pill versus Viagra (page 404); race and eating disorders (page 332); fashion, media, and eating disorders (pages 330–331); medical use of marijuana (pages 368–369); fatal drug use among celebrities (pages 369–372); transgender identity (pages 415–416, 419–420); self-cutting (page 260); antidepressant drugs and suicide risk (page 304); race and suicide (page 305); music and suicide (pages 294); live Web suicides (page 311); dark sites on the Internet (page 108); gay bullying (page 529); jailing people with mental disorders (pages 468–471); Facebook and mental health (pages 31, 612–615); direct-to-consumer advertising (page 277); serial murderers (page 608); and more.

•EXPANDED COVERAGE• PREVENTION AND MENTAL HEALTH PROMOTION In accord with the clinical field's growing emphasis on prevention, positive psychology, and psychological wellness, I have increased significantly the textbook's attention to these important approaches (for example, pages 17–19, 75–76, 171, 583–584, 585).

•EXPANDED COVERAGE• MULTICULTURAL ISSUES Over the past 25 years, clinical theorists and researchers increasingly have become interested in ethnic, racial, gender, and other cultural factors, and my previous editions of *Abnormal Psychology* certainly have included these important factors. In the twenty-first century, however, the study of such factors has, appropriately, been elevated to a broad perspective—the *multicultural perspective,* a theoretical and treatment approach to abnormal behavior that is, or should be, considered across all forms of psychopathology and treatment. Consistent with this clinical movement, the current edition includes broad *multicultural perspective* sections within each chapter of the textbook (for example, pages 76–77, 305, 332–335), numerous boxes emphasizing multicultural issues (pages 101,176–177, 199, 272), and numerous photographs, art, and case presentations that reflect our multicultural society. A quick look through the pages of this textbook will reveal that it truly reflects the diversity of our society and of the field of abnormal psychology.

•EXPANDED COVERAGE• "NEW-WAVE" COGNITIVE AND COGNITIVE-BEHAVIORAL THEORIES AND TREATMENTS The traditional focus and treatment approaches of cognitive and cognitive-behavioral clinicians have been joined in recent years by "new-wave" cognitive and cognitive-behavioral theories and therapies that help clients "accept" and objectify those maladaptive thoughts and perspectives that are resistant to change. The current edition of *Abnormal Psychology* has expanded its coverage of these "new-wave"

theories and therapies, including *mindfulness-based cognitive therapy* and *Acceptance and Commitment Therapy* (ACT), presenting their propositions, techniques, and research in chapters throughout the text (for example, pages 64, 120–122, 461–462).

•EXPANDED COVERAGE• NEUROSCIENCE The twenty-first century has witnessed the continued growth and impact of remarkable brain-imaging techniques, genetic mapping strategies, and other neuroscience approaches, all of which are expanding our understanding of the brain. Correspondingly, the new edition of *Abnormal Psychology* has expanded its coverage of how biochemical factors, brain structure, brain function, and genetic factors contribute to abnormal behavior (for example, pages 49–53, 136–138, 230–234, 300–301). It also offers more revealing descriptions of the neuroimaging techniques themselves and their role in the study of abnormal psychology (for example, pages 94–95, 146–148, 232–233), using a stimulating array of *brain scan* photos (for example, pages 374, 438) and enlightening anatomical art (pages 124, 138, 233, 374).

Continuing Strengths

In this edition I have also retained the themes, material, and techniques that have worked successfully and been embraced enthusiastically by past readers.

BREADTH AND BALANCE The field's many theories, studies, disorders, and treatments are presented completely and accurately. All major models—psychological, biological, and sociocultural—receive objective, balanced, up-to-date coverage, without bias toward any single approach.

INTEGRATION OF MODELS Discussions throughout the text, particularly those headed "Putting It Together," help students better understand where and how the various models work together and how they differ.

EMPATHY The subject of abnormal psychology is people—very often people in great pain. I have tried therefore to write always with empathy and to impart this awareness to students.

INTEGRATED COVERAGE OF TREATMENT Discussions of treatment are presented throughout the book. In addition to a complete overview of treatment in the opening chapters, each of the pathology chapters includes a full discussion of relevant treatment approaches.

RICH CASE MATERIAL I integrate numerous and culturally diverse clinical examples to bring theoretical and clinical issues to life. More than 25 percent of the clinical material in this edition is new or revised significantly.

DSM FOCUS Throughout the book, I indicate the DSM criteria—both current and upcoming—that are used to diagnose each disorder. At the same time, I clarify the clinical and research limitations of the DSM.

MARGIN GLOSSARY Hundreds of key words are defined in the margins of pages on which the words appear. In addition, a traditional glossary is available at the back of the book.

"PUTTING IT TOGETHER" A section toward the end of each chapter, "Putting It Together," asks whether competing models can work together in a more integrated approach and also summarizes where the field now stands and where it may be going.

FOCUS ON CRITICAL THINKING The textbook provides tools for thinking critically about abnormal psychology. As I mentioned earlier, in this edition, "critical thought" questions appear at carefully selected locations within the text discussions. The questions ask readers to stop and think critically about the material they have just read.

STRIKING PHOTOS AND STIMULATING ILLUSTRATIONS Concepts, disorders, treatments, and applications are brought to life for the reader with stunning photographs,

diagrams, graphs, and anatomical figures. All of the figures, graphs, and tables, many new to this edition, reflect the most up-to-date data available. The photos range from historical to today's world to pop culture. They do more than just illustrate topics: they touch and move readers.

ADAPTABILITY Chapters are self-contained, so they can be assigned in any order that makes sense to the professor.

Supplements

I have been delighted by the enthusiastic responses of both professors and students to the supplements that accompany my textbooks. This edition offers those supplements once again, revised and enhanced, and adds a number of exciting new ones.

FOR PROFESSORS

•NEW• VIDEO SEGMENTS FOR *ABNORMAL PSYCHOLOGY,* NEW EDITION *Produced and edited by Ronald J. Comer, Princeton University, and Gregory Comer, Princeton Academic Resources. Faculty Guide* included. This incomparable video series offers 125 clips—many of them new to this edition—that depict disorders, show historical footage, and illustrate clinical topics, pathologies, treatments, experiments, and dilemmas. Videos are available on DVD, VHS, or CD-ROM. I also have written an accompanying guide that fully describes and discusses each video clip, so that professors can make informed decisions about the use of the segments in lectures.

In addition, Nicholas Greco, College of Lake County, has written a set of questions to accompany each video segment in the series. The questions have been added to the *Faculty Guide* (now available in the *Instructor's Resource Manual*) and are also available in PowerPoint for use with Worth Publishers iClicker Classroom Response system. You can find these PowerPoint slides on the instructor side of the book companion Web site or on the Instructor's Resource CD-ROM.

CLINICAL VIDEO CASE FILE FOR *ABNORMAL PSYCHOLOGY* *Produced and edited by Ronald J. Comer and Gregory Comer. Faculty guide is available on the book companion Web site at www.worthpublishers.com/comer under Video Case File Faculty Guide.* I have also produced a set of 10 longer *video case studies* that bring to life particularly interesting forms of psychopathology and treatment. These in-depth and authentic videos are available on DVD or CD-ROM.

THE BOOK COMPANION WEB SITE FOR *ABNORMAL PSYCHOLOGY,* EIGHTH EDITION offers cutting-edge online activities that facilitate critical thinking and learning, as well as tools to help monitor student progress, create interactive presentations, and explore course management solutions. This password-protected instructor site includes a quiz gradebook, links to additional tools for campus course management systems, and a full array of teaching resources, including:

POWERPOINT® SLIDES *Available at* www.worthpublishers.com/comer These PowerPoint slides can be used directly or customized to fit a professor's needs. There are two customizable slide sets for each chapter of the book—one featuring chapter text, the other featuring all chapter photos and illustrations.

POWERPOINT® PRESENTATION SLIDES *by Karen Clay Rhines, Northampton Community College, available at www.worthpublishers.com/comer.* These customized slides focus on key text terms and themes, reflect the main points in significant detail, and feature tables, graphs, and figures from the book. Each set of chapter slides is accompanied by a set of handouts, which can be distributed to students for use during lectures. The handouts are based on the instructor slides, with key points replaced by "fill-in" items. Answer keys and suggestions for use are also provided.

DIGITAL PHOTO LIBRARY *Available at www.worthpublishers.com/comer.* This collection gives you access to all of the photographs from *Abnormal Psychology,* Eighth Edition.

INSTRUCTOR'S RESOURCE MANUAL *by Karen Clay Rhines, Northampton Community College.* This comprehensive guide ties together the ancillary package for professors and teaching assistants. The manual includes detailed chapter outlines, lists of principal learning objectives, ideas for lectures, discussion launchers, classroom activities, extra credit projects, word search and crossword puzzles, transparency masters for every table in the text, and DSM criteria for each of the disorders discussed in the text. It also offers strategies for using the accompanying media, including the video segments series, the companion Web site, and the transparencies. Finally, it includes a comprehensive set of valuable materials that can be obtained from outside sources—items such as relevant feature films, documentaries, teaching references, and Internet sites related to abnormal psychology.

ASSESSMENT TOOLS

PRINTED TEST BANK *by John H. Hull, Bethany College, and Debra B. Hull, Wheeling Jesuit University.* A comprehensive test bank offers more than 2,200 multiple-choice, fill-in-the-blank, and essay questions. Each question is graded according to difficulty, identified as factual or applied, and keyed to the topic and page in the text where the source information appears.

DIPLOMA COMPUTERIZED TEST BANK This *Windows and Macintosh dual-platform CD-ROM* guides professors step-by-step through the process of creating a test and allows them to add an unlimited number of questions, edit or scramble questions, format a test, and include pictures and multimedia links. The accompanying grade book enables them to record students' grades throughout the course and includes the capacity to sort student records and view detailed analyses of test items, curve tests, generate reports, add weights to grades, and more. The CD-ROM also provides tools for converting the Test Bank into a variety of useful formats as well as Blackboard- and WebCT-formatted versions of the Test Bank for *Abnormal Psychology,* Eighth Edition.

ONLINE QUIZZING, POWERED BY QUESTIONMARK *Accessed via the companion Web site at www.worthpublishers.com/comer.* Professors can quiz students online easily and securely using provided multiple-choice questions for each chapter (note that questions are not from the Test Bank). Students receive instant feedback and can take the quizzes multiple times. Professors can view results by quiz, student, or question or can get weekly results via e-mail.

FOR STUDENTS

PSYCHPORTAL *Available at www.yourpsychportal.com.* Created by psychologists for psychologists, PsychPortal is an innovative, customizable online course space that combines a complete eBook, powerful quizzing engine, and unparalleled media resources.

PsychPortal for *Abnormal Psychology,* Eighth Edition, contains:

- •NEW• Launch Pad makes enhancing your course with engaging online content easy. A series of pre-built assignments carefully crafted by a team of instructional designers and experienced instructors, Launch Pad helps students master course material while enabling instructors to easily monitor their progress. Correlating to the book's table of contents, each Launch Pad Unit contains a chapter from the *Abnormal Psychology* Eighth Edition eBook, related videos from the Abnormal Psychology Video Tool Kit, a Web-Based Case Study that helps students observe diagnosis and treatment procedures according to DSM guidelines, and an automatically scored summative quiz that assesses students on their understanding of the material in the unit.
- •NEW• Sixteen Web-Based Case Studies in *PsychPortal* contain realistic, contemporary examples of individuals suffering from various disorders. Each case describes the individual's history and symptoms and is accompanied by a set of guided questions that point to the precise DSM-IV-TR criteria for the disorder and suggest a course of treatment.
- *Abnormal Psychology* Video Tool Kit. *Produced and edited by Ronald J. Comer, Princeton University, and Gregory Comer, Princeton Academic Resources.* This Student Tool Kit

offers 57 intriguing video cases running three to seven minutes each. The video cases focus on persons affected by disorders discussed in the text. Students first view a video case and then answer a series of thought-provoking questions about it. Additionally, the Student Tool Kit contains multiple-choice practice test questions with built-in instructional feedback for every option.

- Interactive eBook. In addition to being integrated into *PsychPortal,* the *Abnormal Psychology,* Eighth Edition, eBook is available in a stand-alone version that can either complement a text or serve as a low-cost alternative. The eBook fully integrates the entire text and all student media resources, plus a range of study and customization features, including a powerful notes feature that allows instructors and students to customize any page; Google-style full-text search; text highlighting; a bookmark function; and a full, searchable glossary.

ABNORMAL PSYCHOLOGY COMPANION WEB SITE *by Nicholas Greco, College of Lake County, and Jason Spiegelman, Community College of Baltimore County, accessible at www.worthpublishers.com/comer.* This Web site provides students with a virtual study guide, 24 hours a day, seven days a week. These resources are free and do not require any special access codes or passwords. The tools on the site include chapter outlines, annotated Web links, quizzes, interactive flash cards, research exercises, and frequently asked questions about clinical psychology. In addition, the site includes sixteen case studies by Elaine Cassel, Marymount University and Lord Fairfax Community College; Danae L. Hudson, Missouri State University; and Brooke L. Whisenhunt, Missouri State University. Each case describes an individual's history and symptoms and is accompanied by a set of guided questions that point to the precise DSM-IV-TR criteria for the disorder and suggest a course of treatment.

STUDENT WORKBOOK *by Ronald J. Comer, Princeton University, and Gregory Comer, Princeton Academic Resources.* The engaging exercises in this student guide actively involve students in the text material. Each chapter includes a selection of practice tests and exercises, as well as key concepts, guided study questions, and section reviews.

CASE STUDIES IN ABNORMAL PSYCHOLOGY *by Ethan E. Gorenstein, Behavioral Medicine Program, New York–Presbyterian Hospital, and Ronald J. Comer, Princeton University.* This casebook provides 20 case histories, each going beyond DSM diagnoses to describe the individual's history and symptoms, a theoretical discussion of treatment, a specific treatment plan, and the actual treatment conducted. The casebook also provides three cases without diagnoses or treatment, so that students can identify disorders and suggest appropriate therapies. In addition, case study evaluations by Ann Brandt-Williams, Glendale Community College, are available at www.worthpublishers.com/comer. Each evaluation accompanies a specific case and can be assigned to students to assess their understanding as they work through the text.

THE *SCIENTIFIC AMERICAN READER* TO ACCOMPANY *ABNORMAL PSYCHOLOGY* *Edited by Ronald J. Comer, Princeton University.* Upon request, this reader is free when packaged with the text. Drawn from *Scientific American,* the articles in this full-color collection enhance coverage of important topics covered by the course. Keyed to specific chapters, the selections provide a preview of and discussion questions for each article.

SCIENTIFIC AMERICAN EXPLORES THE HIDDEN MIND: A COLLECTOR'S EDITION On request, this reader is free when packaged with the text. In this special edition, *Scientific American* provides a compilation of updated articles that explore and reveal the mysterious inner workings of our wondrous minds and brains.

iCLICKER RADIO FREQUENCY CLASSROOM RESPONSE SYSTEM *Offered by Worth Publishers in partnership with iClicker.* iClicker is Worth's polling system, created by educators for educators. This radio frequency system is the hassle-free way to make your class time more interactive. Among other functions, the system allows you to pause to ask questions and instantly record responses, as well as take attendance, direct students through lectures, gauge your students' understanding of the material, and much more.

COURSE MANAGEMENT

•ENHANCED• COURSE MANAGEMENT SOLUTIONS: SUPERIOR CONTENT, ALL IN ONE PLACE *Available for WebCT, Blackboard, Desire2Learn, Moodle, Sakai, and Angel at* www.bfwpub.com/lms. As a service for adopters, Worth Publishers is offering an enhanced turnkey course for *Abnormal Psychology,* Eighth Edition. The enhanced course includes a suite of robust teaching and learning materials in one location, organized so you can quickly customize the content for your needs, eliminating hours of work. For instructors, our enhanced course cartridge includes the complete Test Bank and all PowerPoint slides. For students, we offer interactive flash cards, quizzes, crossword puzzles, chapter outlines, annotated Web links, research exercises, case studies, and more.

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One final note. As I mentioned once before, I become increasingly aware of just how fortunate I am with each passing year. At the risk of sounding like a walking cliché, let me say, with a clarity that, at the age of 64, is sharper and better informed than at earlier points in my life, how appreciative I am that I have the opportunity each day to work with so many interesting and stimulating students during this important and exciting stage of their lives. Similarly, I am grateful beyond words that I have a number of wonderful friends and an extraordinary family, particularly my terrific sons, Greg and Jon; my fantastic daughters-in-law, Emily and Jami; my new (and perfect) granddaughter, Delia; and my magnificent wife, Marlene, whose generosity, strength, and grace are always present.

Ron Comer
Princeton University

ABNORMAL PSYCHOLOGY: PAST AND PRESENT

CHAPTER 1

Johanne cries herself to sleep every night. She is certain that the future holds nothing but misery. Indeed, this is the only thing she does feel certain about. "I'm going to suffer and suffer and suffer, and my daughters will suffer as well. We're doomed. The world is ugly. I hate every moment of my life." She has great trouble sleeping. She is afraid to close her eyes. When she does, the hopelessness of her life—and the ugly future that awaits her daughters—becomes all the clearer to her. When she drifts off to sleep, her dreams are nightmares filled with terrible images—bodies, decay, death, destruction.

Some mornings Johanne even has trouble getting out of bed. The thought of facing another day overwhelms her. She wishes that she and her daughters were dead. "Get it over with. We'd all be better off." She feels paralyzed by her depression and anxiety, overwhelmed by her sense of hopelessness, and filled with fears of becoming ill, too tired to move, too negative to try anymore. On such mornings, she huddles her daughters close to her and sits away the day in the cramped tent she shares with her daughters. She feels she has been deserted by the world and left to rot. She is both furious at life and afraid of it at the same time.

During the past year Alberto has been hearing mysterious voices that tell him to quit his job, leave his family, and prepare for the coming invasion. These voices have brought tremendous confusion and emotional turmoil to Alberto's life. He believes that they come from beings in distant parts of the universe who are somehow wired to him. Although it gives him a sense of purpose and specialness to be the chosen target of their communications, the voices also make him tense and anxious. He does all he can to warn others of the coming apocalypse. In accordance with instructions from the voices, he identifies online articles that seem to be filled with foreboding signs, and he posts comments that plead with other readers to recognize the articles' underlying messages. Similarly, he posts long, rambling YouTube videos that describe the invasion to come. The online comments and feedback that he receives typically ridicule and mock him. If he rejects the voices' instructions and stops his online commentary and videos, then the voices insult and threaten him and turn his days into a waking nightmare.

Alberto has put himself on a sparse diet as protection against the possibility that his enemies may be contaminating his food. He has found a quiet apartment far from his old haunts, where he has laid in a good stock of arms and ammunition. After witnessing the abrupt and troubling changes in his behavior and watching his ranting and rambling videos, his family and friends have tried to reach out to Alberto, to understand his problems, and to dissuade him from the disturbing course he is taking. Every day, however, he retreats further into his world of mysterious voices and imagined dangers.

Most of us would probably consider Johanne's and Alberto's emotions, thoughts, and behaviors psychologically abnormal, the result of a state sometimes called *psychopathology, maladjustment, emotional disturbance,* or *mental illness* (see *PsychWatch* on the next page). These terms have been applied to the many problems that seem closely tied to the human brain or mind. Psychological abnormality affects the famous and the unknown, the rich and the poor. Celebrities, writers, politicians, and other public figures of the present and the past have struggled with it.

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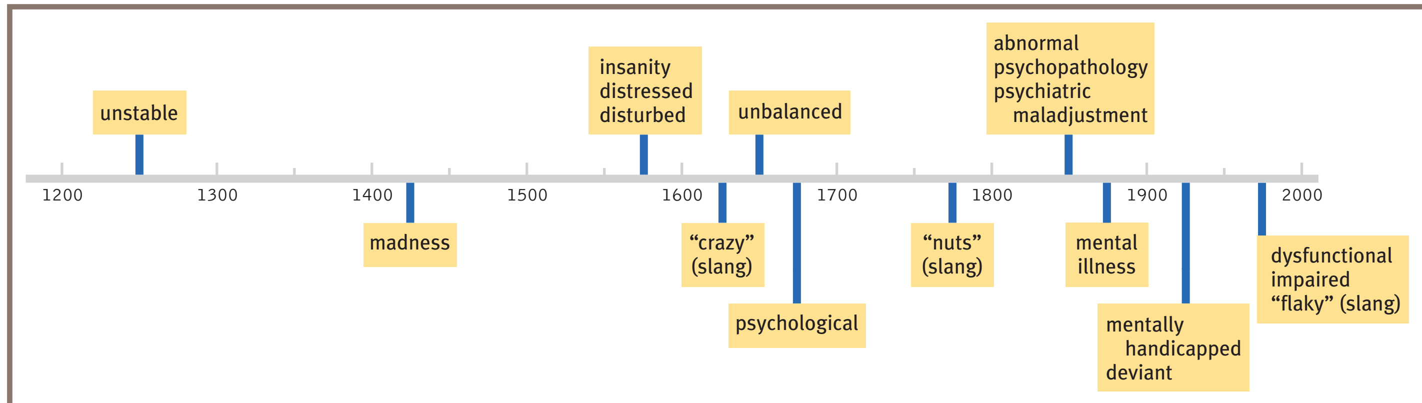
Putting It Together: A Work in Progress

PsychWatch

Verbal Debuts

We use words like "abnormal" and "mental disorder" so often that it is easy to forget that there was a time not that long ago when these terms did not exist. When did these and similar words (including slang terms) make their debut in print as expressions of psychological dysfunctioning? The *Oxford English Dictionary* offers the following dates.



Psychological problems can bring great suffering, but they can also be the source of inspiration and energy.

Because they are so common and so personal, these problems capture the interest of us all. Hundreds of novels, plays, films, and television programs have explored what many people see as the dark side of human nature, and self-help books flood the market. Mental health experts are popular guests on both television and radio, and some even have their own shows, Web sites, and blogs.

Why do actors and actresses who portray characters with psychological disorders tend to receive more awards for their performances?

The field devoted to the scientific study of the problems we find so fascinating is usually called **abnormal psychology.** As in any science, workers in this field, called *clinical scientists,* gather information systematically so that they may describe, predict, and explain the phenomena they study. The knowledge that they acquire is then used by *clinical practitioners,* whose role is to detect, assess, and treat abnormal patterns of functioning.

What Is Psychological Abnormality?

Although their general goals are similar to those of other scientific professionals, clinical scientists and practitioners face problems that make their work especially difficult. One of the most troubling is that psychological abnormality is very hard to define. Consider once again Johanne and Alberto. Why are we so ready to call their responses abnormal?

While many definitions of abnormality have been proposed over the years, none has won total acceptance (Pierre, 2010). Still, most of the definitions have certain features in common, often called "the four Ds": deviance, distress, dysfunction, and danger. That is, patterns of psychological abnormality are typically *deviant* (different, extreme, unusual, perhaps even bizarre), *distressing* (unpleasant and upsetting to the person), *dysfunctional* (interfering with the person's ability to conduct daily activities in a constructive way), and possibly *dangerous.* This definition offers a useful starting point from which to explore the phenomena of psychological abnormality. As you will see, however, it has key limitations.

•**abnormal psychology**•The scientific study of abnormal behavior in an effort to describe, predict, explain, and change abnormal patterns of functioning.

•**norms**•A society's stated and unstated rules for proper conduct.

•**culture**•A people's common history, values, institutions, habits, skills, technology, and arts.

Deviance

Abnormal psychological functioning is *deviant,* but deviant from what? Johanne's and Alberto's behaviors, thoughts, and emotions are different from those that are considered normal in our place and time. We do not expect people to cry themselves to sleep each night, hate the world, wish themselves dead, or obey voices that no one else hears.

In short, abnormal behavior, thoughts, and emotions are those that differ markedly from a society's ideas about proper functioning. Each society establishes **norms**—stated and unstated rules for proper conduct. Behavior that breaks legal norms is considered to be criminal. Behavior, thoughts, and emotions that break norms of psychological functioning are called abnormal.

Judgments of abnormality vary from society to society. A society's norms grow from its particular **culture**—its history, values, institutions, habits, skills, technology, and arts. A society that values competition and assertiveness may accept aggressive behavior, whereas one that emphasizes cooperation and gentleness may consider aggressive behavior unacceptable and even abnormal. A society's values may also change over time, causing its views of what is psychologically abnormal to change as well. In Western society, for example, a woman seeking the power of running a major corporation or indeed of leading the country would have been considered inappropriate and even delusional a hundred years ago. Today the same behavior is valued.

Judgments of abnormality depend on *specific circumstances* as well as on cultural norms. What if, for example, we were to learn that Johanne is a citizen of Haiti and that her desperate unhappiness began in the days, weeks, and months following the massive earthquake that struck her country, already the poorest country in the Western hemisphere, on January 12, 2010? The quake, one of history's worst natural disasters, killed 250,000 Haitians, left 1.5 million homeless, and destroyed most of the country's business establishments and educational institutions. Half of Haiti's homes and buildings were immediately turned into rubble, and its electricity and other forms of power disappeared. Tent cities replaced homes for most people. In the coming months, a devastating hurricane, outbreak of cholera, and violent political protests brought still

Carol Beckwith

Deviance and abnormality
Along the Niger River, men of the Wodaabe tribe put on elaborate makeup and costumes to attract women. In Western society, the same behavior would break behavioral norms and probably be judged abnormal.

AP Photo/DavidGuttenfelder

Context is key
On the morning after Japan's devastating earthquake and tsunami in 2011, Reiko Kikuta, right, and her husband Takeshi watch workers try to attach ropes to and pull their home ashore. Anxiety and depression were common and seemingly normal reactions in the wake of this extraordinary disaster, rather than being clear symptoms of psychopathology.

BETWEEN THE LINES

Statistically Deviant

42% People who attend church or synagogue weekly

39% People who confess to snooping in their hosts' medicine cabinets

30% Those who refuse to sit on a public toilet seat

(Gallup, 2011; Kanner, 2004, 1995)

more death and destruction to the people of Haiti. Even today, more than two years after the earthquake, relatively little rebuilding has taken place, over 1 million Haitians remain homeless, and hundreds of thousands still live in the country's 1,200 tent cities (MCEER, 2011; Wilkinson, 2011).

In the weeks and months that followed the earthquake, Johanne came to accept that she wouldn't get all of the help she needed and that she might never again see the friends and neighbors who had once given her life so much meaning. As she and her daughters moved from one temporary tent or hut to another throughout the country, always at risk of developing serious diseases, she gradually gave up all hope that her life would ever return to normal. The modest but happy life she and her daughters had once known was now gone, seemingly forever. In this light, Johanne's reactions do not seem quite so inappropriate. If anything is abnormal here, it is her situation. Many human experiences produce intense reactions—financial ruin, large-scale catastrophes and disasters, rape, child abuse, war, terminal illness, chronic pain (Kolassa et al., 2010). Is there an "appropriate" way to react to such things? Should we ever call reactions to such experiences abnormal?

Distress

Even functioning that is considered unusual does not necessarily qualify as abnormal. According to many clinical theorists, behavior, ideas, or emotions usually have to cause *distress* before they can be labeled abnormal. Consider the Ice Breakers, a group of people in Michigan who go swimming in lakes throughout the state every weekend from November through February. The colder the weather, the better they like it. One man, a member of the group for 17 years, says he loves the challenge of man against nature. A 37-year-old lawyer believes that the weekly shock is good for her health. "It cleanses me," she says. "It perks me up and gives me strength."

Certainly these people are different from most of us, but is their behavior abnormal? Far from experiencing distress, they feel energized and challenged. Their positive feelings must cause us to hesitate before we decide that they are functioning abnormally.

Should we conclude, then, that feelings of distress must always be present before a person's functioning can be considered abnormal? Not necessarily. Some people who function abnormally maintain a positive frame of mind. Consider once again Alberto, the young man who hears mysterious voices. Alberto does experience distress over the coming invasion and the life changes he feels forced to make. But what if he enjoyed listening to the voices, felt honored to be chosen, loved sending out warnings on the Internet, and looked forward to saving the world? Shouldn't we still regard his functioning as abnormal?

Catherine Allemande/Gamma Liaison

A spiritual experience
In the Val d'Isère, France, students bury themselves in snow up to their necks. Far from experiencing distress or displaying abnormality, they are engaging in a Japanese practice designed to open their hearts and enlarge their spirits.

Dysfunction

Abnormal behavior tends to be *dysfunctional;* that is, it interferes with daily functioning. It so upsets, distracts, or confuses people that they cannot care for themselves properly, participate in ordinary social interactions, or work productively. Alberto, for example, has quit his job, left his family, and prepared to withdraw from the productive life he once led.

Here again one's culture plays a role in the definition of abnormality. Our society holds that it is important to carry out daily activities in an effective manner. Thus Alberto's behavior is likely to be regarded as abnormal and undesirable, whereas that of the Ice Breakers, who continue to perform well in their jobs and enjoy fulfilling relationships, would probably be considered simply unusual.

Then again, dysfunction alone does not necessarily indicate psychological abnormality. Some people (Gandhi or Cesar Chavez, for example) fast or in other ways de-

prive themselves of things they need as a means of protesting social injustice. Far from receiving a clinical label of some kind, they are widely viewed as admirable people—caring, sacrificing, even heroic.

Danger

Perhaps the ultimate in psychological dysfunctioning is behavior that becomes *dangerous* to oneself or others. Individuals whose behavior is consistently careless, hostile, or confused may be placing themselves or those around them at risk. Alberto, for example, seems to be endangering both himself, with his diet, and others, with his buildup of arms and ammunition.

Although danger is often cited as a feature of abnormal psychological functioning, research suggests that it is actually the exception rather than the rule (Hiday & Burns, 2010). Despite powerful misconceptions, most people struggling with anxiety, depression, and even bizarre thinking pose no immediate danger to themselves or to anyone else.

The Elusive Nature of Abnormality

Efforts to define psychological abnormality typically raise as many questions as they answer. Ultimately, a society selects general criteria for defining abnormality and then uses those criteria to judge particular cases.

One clinical theorist, Thomas Szasz (2010, 2006, 1963, 1960), places such emphasis on society's role that he finds the whole concept of mental illness to be invalid, a *myth* of sorts. According to Szasz, the deviations that society calls abnormal are simply "problems in living," not signs of something wrong within the person. Societies, he is convinced, invent the concept of mental illness so that they can better control or change people whose unusual patterns of functioning upset or threaten the social order.

AP Photo/Katsumi Kasahara

Changing times
Just decades ago, a woman's love for race car driving would have been considered strange, perhaps even abnormal. Today, Danica Patrick (right) is one of America's finest race car drivers. The size difference between her first-place trophy at the Indy Japan 300 auto race and that of second-place male driver Helio Castroneves symbolizes just how far women have come in this sport.

Even if we assume that psychological abnormality is a valid concept and that it can indeed be defined, we may be unable to apply our definition consistently. If a behavior—excessive use of alcohol among college students, say—is familiar enough, the society may fail to recognize that it is deviant, distressful, dysfunctional, and dangerous. Thousands of college students throughout the United States are so dependent on alcohol that it interferes with their personal and academic lives, causes them great discomfort, jeopardizes their health, and often endangers them and the people around them (Hingson & White, 2010). Yet their problem often goes unnoticed and undiagnosed. Alcohol is so much a part of the college subculture that it is easy to overlook drinking behavior that has become abnormal.

Conversely, a society may have trouble separating an abnormality that requires intervention from an *eccentricity,* an unusual pattern with which others have no right to interfere. From time to time we see or hear about people who behave in ways we consider strange, such as a man who lives alone with two dozen cats and rarely talks to other people. The behavior of such people is deviant, and it may well be distressful and dysfunctional, yet many professionals think of it as eccentric rather than abnormal (see *PsychWatch* on the next page).

What behaviors might fit the criteria of deviant, distressful, dysfunctional, or dangerous but would not be considered abnormal by most people?

In short, while we may agree to define psychological abnormalities as patterns of functioning that are deviant, distressful, dysfunctional, and sometimes dangerous, we should be clear that these criteria are often vague and subjective. In turn, few of the current categories of abnormality that you will meet in this book are as clear-cut as they may seem, and most continue to be debated by clinicians.

PsychWatch

Marching to a Different Drummer: Eccentrics

- Writer **James Joyce** always carried a tiny pair of lady's bloomers, which he waved in the air to show approval.
- **Benjamin Franklin** took "air baths" for his health, sitting naked in front of an open window.
- **Alexander Graham Bell** covered the windows of his house to keep out the rays of the full moon. He also tried to teach his dog how to talk.
- Writer **D. H. Lawrence** enjoyed removing his clothes and climbing mulberry trees.

(ASIMOV, 1997; WEEKS & JAMES, 1995)

These famous persons have been called eccentrics. The dictionary defines an *eccentric* as a person who deviates from common behavior patterns or displays odd or whimsical behavior. But how can we separate a psychologically healthy person who has unusual habits from a person whose oddness is a symptom of psychopathology? Little research has been done on eccentrics, but a few studies offer some insights (Stares, 2005; Pickover, 1999; Weeks & James, 1995).

Researcher David Weeks studied 1,000 eccentrics and estimated that as many as 1 in 5,000 persons may be "classic, full-time eccentrics." Weeks pinpointed 15 characteristics common to the eccentrics in his study: *nonconformity, creativity, strong curiosity, idealism, extreme interests and hobbies, lifelong awareness of being different, high intelligence, outspokenness, noncompetitiveness, unusual eating and living habits, disinterest in others' opinions or company, mischievous sense of humor, nonmarriage, eldest or only child,* and *poor spelling skills.*

Weeks suggests that eccentrics do not typically suffer from mental disorders. Whereas the unusual behavior of persons with mental disorders is thrust upon them and usually causes them suffering, eccentricity is chosen freely and provides pleasure. In short, "Eccentrics know they're different and glory in it" (Weeks & James, 1995, p. 14). Similarly, the thought processes of eccentrics are not severely disrupted and do not leave these persons dysfunctional. In fact, Weeks found that eccentrics in his study actually had fewer emotional problems than individuals in the general population. Perhaps being an "original" is good for mental health.

Musical eccentric Pop superstar Lady Gaga is known far and wide for her eccentric behavior, outrageous sense of fashion, and unusual performing style. Her millions of fans enjoy her unusual persona every bit as much as the lyrics and music that she writes and sings.

What Is Treatment?

Once clinicians decide that a person is indeed suffering from some form of psychological abnormality, they seek to treat it. *Treatment*, or *therapy*, is a procedure designed to change abnormal behavior into more normal behavior; it, too, requires careful definition. For clinical scientists, the problem is closely related to defining abnormality. Consider the case of Bill:

February: *He cannot leave the house; Bill knows that for a fact. Home is the only place where he feels safe—safe from humiliation, danger, even ruin. If he were to go to work, his co-workers would somehow reveal their contempt for him. A pointed remark, a quizzical look—that's all it would take for him to get the message. If he were to go shopping at the store, before long everyone would be staring at him. Surely others would see his dark mood and thoughts; he wouldn't be able to hide them. He dare not even go for a walk alone in the woods—his heart would probably start racing again, bringing him to his*

knees and leaving him breathless, incoherent, and unable to get home. No, he's much better off staying in his room, trying to get through another evening of this curse called life. Thank goodness for the Internet. Were it not for his reading of news sites and postings to blogs and online forums, he would, he knows, be cut off from the world altogether.

July: *Bill's life revolves around his circle of friends: Bob and Jack, whom he knows from the office, where he was recently promoted to director of customer relations, and Frank and Tim, his weekend tennis partners. The gang meets for dinner every week at someone's house, and they chat about life, politics, and their jobs. Particularly special in Bill's life is Janice. They go to movies, restaurants, and shows together. She thinks Bill's just terrific, and Bill finds himself beaming whenever she's around. Bill looks forward to work each day and his one-on-one dealings with customers. He is taking part in many activities and relationships and more fully enjoying life.*

Bill's thoughts, feelings, and behavior interfered with all aspects of his life in February. Yet most of his symptoms had disappeared by July. All sorts of factors may have contributed to Bill's improvement—advice from friends and family members, a new job or vacation, perhaps a big change in his diet or exercise regimen. Any or all of these things may have been useful to Bill, but they could not be considered treatment, or therapy. Those terms are usually reserved for special, systematic procedures for helping people overcome their psychological difficulties. According to clinical theorist Jerome Frank, all forms of therapy have three essential features:

1. A *sufferer* who seeks relief from the healer.
2. A trained, socially accepted *healer,* whose expertise is accepted by the sufferer and his or her social group.
3. A *series of contacts* between the healer and the sufferer, through which the healer . . . tries to produce certain changes in the sufferer's emotional state, attitudes, and behavior.

(Frank, 1973, pp. 2–3)

Despite this straightforward definition, clinical treatment is surrounded by conflict and confusion. Carl Rogers, a pioneer in the modern clinical field (you will meet him in Chapter 3), noted that "therapists are not in agreement as to their goals or aims. . . . They are not in agreement as to what constitutes a successful outcome of their work. They cannot agree as to what constitutes a failure. It seems as though the field is completely chaotic and divided."

Some clinicians view abnormality as an illness and so consider therapy a procedure that helps *cure* the illness. Others see abnormality as a problem in living and therapists as *teachers* of more functional behavior and thought. Clinicians even differ on what to call the person who receives therapy: those who see abnormality as an illness speak of the "patient," while those who view it as a problem in living refer to the "client." Because both terms are so common, this book will use them interchangeably.

Despite their differences, most clinicians do agree that large numbers of people need therapy of one kind or another. Later you will encounter evidence that therapy is indeed often helpful.

AP Photo/Paul White

Therapy . . . not
Recently, a hotel in Spain that was about to undergo major renovations invited members of the public to relieve their stress by destroying the rooms on one floor of the hotel. This activity may indeed have been therapeutic for some, but it was not *therapy.* It lacked, among other things, a "trained healer" and a series of systematic contacts between healer and sufferer.

How Was Abnormality Viewed and Treated in the Past?

In any given year as many as 30 percent of the adults and 19 percent of the children and adolescents in the United States display serious psychological disturbances and are in need of clinical treatment (Lopez-Duran, 2010; Kessler et al., 2009, 2007, 2005; Narrow et al., 2002). The rates in other countries are similarly high. Furthermore, most people

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Modern Pressures: Modern Problems

The twenty-first century, like each of the centuries before it, has spawned new fears and concerns that are tied to its unique technological advances, community threats, and environmental dangers. These new fears have received relatively little study. They may or may not reflect abnormal functioning. Nevertheless, they have caught the attention of the media and clinical observers. Such fears include *terrorism terror, crime phobia,* and *cyber fear.*

"Terrorism Terror"

Global terrorism is a major source of anxiety in contemporary society, particularly since the September 11, 2001, attacks on the World Trade Center in New York City and the Pentagon in Washington, DC. Moreover, everyday hassles of the past have been turned into potential threats by their association with the actions of terrorists (Aly & Green, 2010; Furedi, 2007). When boarding planes, subway cars, or buses, for example, travelers who formerly worried only about the low risks of flying, the possibility of being late for work, or the repercussions of missing an appointment may now find themselves worrying that the transporting vehicles are about to become targets or tools of terrorist actions. Indeed, for some individuals, such concerns have become a terrifying and obsessive preoccupation that transforms normal travel into a truly anxiety-provoking experience.

"Crime Phobia"

People today have become increasingly anxious about crime (Morrall et al., 2010; Scarborough et al., 2010). Some observers note that the fear of crime—predominantly armed violence—has restructured the lives of Americans. Political scientist Jonathan Simon says, "[F]ear of crime can have a more powerful effect on people and neighborhoods than crime itself. Fear of crime governs us in our choices of where to live, where to work, where to send our children to school. And these choices are made with increasing reference to crime" (quoted in Bergquist, 2002). Many theorists point to disproportionate media coverage of violent crimes as a major cause of crime phobia, particularly given that crime anxiety seems to keep rising even while actual crime rates are falling (Bean, 2011; Stearns, 2006).

"Cyber Fear"

Many people live in fear of computer crashes, server overloads, or computer viruses (FBI, 2010; Casey, 2008). And some, stricken by a combination of crime phobia and cyber fear, worry constantly about *e-crimes,* such as computer hoaxes or scams, theft of personal information by computer, computer-identity theft, or cyberterrorism (Whittle, 2010). Several treatment programs have, in fact, been developed to help individuals deal with such anxieties and return to carefree keyboarding (Wurman et al., 2000).

It could have happened This powerful explosion was staged by the FBI in 2010 to show what would have resulted had a terrorist car bombing attempt succeeded in crowded Times Square a few months earlier. The attempted destruction of this famous commercial intersection in New York City was foiled when two street vendors spotted smoke coming from the car.

have difficulty coping at various times and go through periods of extreme tension, dejection, or other forms of psychological discomfort.

It is tempting to conclude that something about the modern world is responsible for these many emotional problems—perhaps rapid technological change, the growing threat of terrorism, or a decline in religious, family, or other support systems (North, 2010; Comer & Kendall, 2007) (see *PsychWatch* above). Although the pressures of

modern life probably do contribute to psychological dysfunctioning, they are hardly its primary cause (Wang et al., 2010). Every society, past and present, has witnessed psychological abnormality. Perhaps, then, the proper place to begin our examination of abnormal behavior and treatment is in the past.

Ancient Views and Treatments

Historians who have examined the unearthed bones, artwork, and other remnants of ancient societies have concluded that these societies probably regarded abnormal behavior as the work of evil spirits. People in prehistoric societies apparently believed that all events around and within them resulted from the actions of magical, sometimes sinister, beings who controlled the world. In particular, they viewed the human body and mind as a battleground between external forces of good and evil. Abnormal behavior was typically interpreted as a victory by evil spirits, and the cure for such behavior was to force the demons from a victim's body.

This supernatural view of abnormality may have begun as far back as the Stone Age, a half-million years ago. Some skulls from that period recovered in Europe and South America show evidence of an operation called **trephination,** in which a stone instrument, or *trephine,* was used to cut away a circular section of the skull. Some historians have concluded that this early operation was performed as a treatment for severe abnormal behavior—either hallucinations, in which people saw or heard things not actually present, or melancholia, characterized by extreme sadness and immobility. The purpose of opening the skull was to release the evil spirits that were supposedly causing the problem (Selling, 1940).

John W. Verano

Expelling evil spirits
The two holes in this skull recovered from ancient times indicate that the person underwent trephination, possibly for the purpose of releasing evil spirits and curing mental dysfunctioning.

In recent decades, some historians have questioned whether Stone Age people actually believed that evil spirits caused abnormal behavior. Trephination may instead have been used to remove bone splinters or blood clots caused by stone weapons during tribal warfare (Maher & Maher, 2003, 1985). Either way, later societies clearly did attribute abnormal behavior to possession by demons. Egyptian, Chinese, and Hebrew writings all account for psychological deviance this way. The Bible, for example, describes how an evil spirit from the Lord affected King Saul and how David feigned madness to convince his enemies that he was visited by divine forces.

In addition to exorcism, what other demonological explanations or treatments are still around today, and why do they persist?

The treatment for abnormality in these early societies was often *exorcism.* The idea was to coax the evil spirits to leave or to make the person's body an uncomfortable place in which to live. A *shaman,* or priest, might recite prayers, plead with the evil spirits, insult the spirits, perform magic, make loud noises, or have the person drink bitter potions. If these techniques failed, the shaman performed a more extreme form of exorcism, such as whipping or starving the person.

Greek and Roman Views and Treatments

In the years from roughly 500 B.C. to 500 A.D., when the Greek and Roman civilizations thrived, philosophers and physicians often offered different explanations and treatments for abnormal behaviors. Hippocrates (460–377 B.C.), often called the father of modern medicine, taught that illnesses had *natural* causes. He saw abnormal behavior as a disease arising from internal physical problems. Specifically, he believed that some form of brain pathology was the culprit and that it resulted—like all other forms of disease, in his view—from an imbalance of four fluids, or **humors,** that flowed through

•**trephination**•An ancient operation in which a stone instrument was used to cut away a circular section of the skull, perhaps to treat abnormal behavior.

•**humors**•According to the Greeks and Romans, bodily chemicals that influence mental and physical functioning.