Perspectives in PSYCHOPATHOLOGY

SEVENTH EDITION

David J. A. Dozois

Brief Contents

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Preface

The title of this book was modified in this edition from *Abnormal Psychology: Perspectives* to *Perspectives in Psychopathology.* We retained "perspectives" in the title because it reflects the essence of the approach of this text. First, since it is a contributed volume, a number of individual perspectives are discussed. Second, we have taken care to present a balance of the psychological perspectives by discussing various relevant paradigms. Although different perspectives are highlighted, we place greater emphasis on the conceptual approaches and therapeutic interventions that have garnered the most empirical support in the research literature. Finally, this text is written by Canadian experts. While it does pay tribute to the best of international research, it does not ignore the world-class scholarship happening in our own country, and this gives the book its uniquely Canadian perspective.

Removing the word "abnormal," and retitling the text to *Perspectives in Psychopathology* was based on growing recognition in the field that the term "abnormal" can be interpreted as pejorative. For instance, the editorial board of the *Journal of Abnormal Psychology*—a premiere journal in the field—announced that its name will change to the *Journal of Psychopathology and Clinical Science* beginning in 2022. We are excited about the new title of the book and, in particular, the removal of the word "abnormal."

We selected the art on the cover because it represents the uniqueness and diversity of humankind and yet illustrates that we are all connected.

Our Approach

We feel that *Perspectives in Psychopathology* offers a different approach from many of the texts available:

1. ***Canadian content, from the ground up.*** Not just an adaptation of an American text, *Perspectives in Psychopathology* was written entirely by Canadian authors with Canadian students in mind. Our universal health care system and relatively high level of secondary education in Canada have resulted in mental health issues that are unique in North America, and they are reflected in this text. As well, a large number of important issues—legal cases, laws governing therapists, ethical issues, prevention programs, ground-breaking research, even the history of psychopathology in this country—are considered from the perspective of people who will be studying, living, and working in Canada. Chapter 19 (Mental Disorder and the Law), for example, covers the topic most requested by Canadian instructors tired of having to supplement texts that discuss only the American situation. Each chapter also highlights many of the important contributions that Canadian researchers have made to the understanding and treatment of psychopathology.
2. ***Expert contributors.*** One of the advantages of a contributed psychopathology text is that each disorder chapter can be written by experts in that field, ensuring that the research discussed and the approach taken in each chapter are as accurate and up to date as possible. The panoply of well-known and highly respected contributors to this volume speaks for itself.
3. ***A different approach.*** The organization of the text has been fine-tuned to reflect the emerging importance of several areas of psychopathology. For example, an entire chapter is devoted to prevention and mental health promotion in the community because no matter how adept we become at diagnosing and treating mental disorders, their *incidence* will never decrease without programs designed to prevent them from occurring in the first place. As the familiar adage states, "An ounce of prevention is worth a pound of cure."
4. ***Chapter organization.*** The chapters in this text provide an excellent flow that we believe progresses well, from general historical and conceptual issues, to an overview of issues related to diagnosis and assessment, to a detailed review of specific disorders, to important issues in the field—such as mental disorders and aging, the efficacy of psychological interventions, prevention of disorders and promotion of mental health, and legal and ethical issues in mental health.
5. ***Gender inclusivity.*** Another important change to this text involves a concerted effort to use gender-inclusive language throughout. For example, gender-neutral singular plural terms are used when the gender of the person in question is not known, and case examples state the gender identity of the individual(s) described in the passage. We let the students know about these changes and familiarize them with some of the terminology in Chapter 1. For a list of different terms and meanings, and why this is important, go to www. healthline. com and search *64 Terms That Describe Gender Identity and Expression.*

6. ***Diversity, equity, and inclusion.*** You will also note an increased focus on diversity, equity, and inclusion in how this book presents and discusses research, particularly with respect to epidemiology. This change was made to acknowledge the gap in culturally specific and identity-based knowledge that exists in the field, which limits our understanding of psychopathology and impacts effective provision of mental health services.

Content Features

Although the book is multi-authored, we have always striven for consistency of level, depth, and format across the chapters. Where applicable, each chapter follows this pattern:

- Learning objectives
- Opening case
- Overview/introduction of the disorder
- Discussion of diagnostic issues (with DSM-5 criteria)
- Historical perspective
- Full description of the disorder
- Etiology (from various theoretical perspectives)
- Treatment (from various theoretical perspectives)
- Within-chapter critical thinking questions ("Before Moving On")
- Within-chapter Applied Clinical Case
- Within-chapter Canadian Research Centre box
- Summary

Learning Objectives. Each chapter opens with a set of learning objectives. These learning objectives focus on student performance. Each chapter begins with a statement about what the student should be able to learn. Critical thinking questions (titled "Before Moving On") that correspond to the learning objectives are positioned at appropriate locations within the chapter to allow the student to pause and reflect on the material. We believe that this feature will better allow students to absorb, reflect on, and integrate the course material.

"Before Moving On" Critical Thinking Questions. Throughout each chapter is a series of critical thinking questions positioned within the text so that students can stop and think about the content of the chapter before moving on. Each of these critical thinking questions links to one of the learning objectives identified at the beginning of the chapter, providing students with an excellent way to absorb, integrate, and apply the material. The questions help promote in-class discussions and small group work.

Cases. Cases are, without a doubt, what students find most fascinating about psychopathology. Each chapter of this text opens with a case or cases designed to engage student interest. Subsequent cases or clinical examples appear throughout the remainder of the chapter, highlighted in the design by a box, to illustrate nuances between related disorders. Clinical examples are used to illustrate the discussion wherever possible.

Applied Clinical Cases. In addition to the cases that open each chapter, Applied Clinical Cases focus on celebrities or other well-known people. These interesting case examples serve to bring to life some of the concepts outlined in the text.

Focus boxes. These feature boxes present such interesting topical subjects as Depicting Mental Asylums in Movies; Psychology and the Black Lives Matter Movement; The Replicability Crisis; Research Domain Criteria; Computer-Based and Remote Psychological Assessment; Cultural Differences in Anxiety; Gender Differences in Depression; Indigenous Peoples in Canada; Measuring Sexual Arousal; Diversity Considerations in Psychotherapy; and much more!

Canadian Research Centre. These insightful boxes highlight Canadian facilities and Canadian psychologists who have made major contributions in their fields as related to each chapter.

The three feature boxes mentioned above (Applied Clinical Cases, Focus, Canadian Research Centre) are listed for easy reference in our end-of-book Focus and Clinical Research Appendix.

DSM-5 Coverage. A discussion of the DSM-5, its strengths, and its limitations first appears in Chapter 3, Classification and Diagnosis. Thereafter, explanations of the various disorders are always accompanied by descriptions of DSM-5 criteria for the disorder.

Key Terms. These are bolded and clearly defined where they are first discussed in the chapter. These definitions also appear in the Glossary at the end of the book.

Summary and Glossary Flashcards. Each chapter ends with a concise bulleted summary of the important points of the chapter. Digital Glossary Flashcards will appear at the end of each chapter in the Pearson eText.

We hope that students and instructors alike will benefit from this collaboration of many individuals who, no doubt like them, will always find the study of psychopathology endlessly challenging and utterly absorbing.

Digital Content Delivery

As the world shifts to a greater reliance on digital media, it is appropriate that this resource evolves as well. This seventh edition is the first fully digital version of *Perspectives of Psychopathology*. Instructors and students will find that, although the medium has changed, the content is fully consistent with prior editions.

What's New in the Seventh Edition

Throughout the text this edition reflects DSM-5 criteria and the latest in clinical science. Our seventh edition was also heavily revised with updated studies, references and statistics, more Canadian research and studies,

gender-inclusive language throughout, and sensitivity to issues of diversity, equity, and inclusion. There are six new senior authors (Chapters 3, 6, 9, 11, 12, and 17) and three brand new chapters (Chapters 9, 12, and 17). To provide you with a brief overview of these changes, we offer some chapter-by-chapter highlights:

CHAPTER 1

- Provides an overview of the strategies used to define psychopathology over the course of history, with updated Canadian content
- Informs students that, although "abnormality" is used in this chapter to highlight the history and understanding of this construct, it is a pejorative term. Therefore, we use the terms *psychopathology* and *psychological disorders* (or mental disorders) throughout the book
- Introduces students to gender-inclusive language and why this is important
- Acknowledges the gap in culturally specific and identity-based knowledge that exists in the field, which limits our understanding of psychopathology and negatively impacts the provision of mental health services
- Informs students that this new edition focuses more on diversity, equity, and inclusivity
- Highlights the importance of recent developments in evidence-based practice in Canada
- Discusses the impact of COVID-19 on mental health in Canada
- Addresses the inconsistent and inadequate access to mental health care in Canada and highlights strategies for improving access to care
- Features a new Canadian Research Centre box that highlights the important work Dr. Stéphane Bouchard has done in treatments using virtual reality
- Discusses the challenge of providing equitable access to affordable *and* effective mental health services while mobilizing personnel that can provide evidence-based practice

CHAPTER 2

- Provides an updated overview of the different theoretical perspectives on psychopathology
- Illustrates how theorists from biological, psychodynamic, behavioural, cognitive (including third-wave approaches), humanistic/existential, and socio-cultural perspectives view psychopathology
- Discusses the impact of gender-specific socialization processes that impact mental health and highlights the heightened exposure to social stigma and discrimination among sexual minority adults
- Highlights new research on the association of race and poverty on mental health
- Includes a new Focus box on psychology and the Black Lives Matter movement and points out that Canada also has a history of discrimination and violence against BIPOC communities, members of the LGBTQ+2S community, immigrants, and women that cannot be ignored
- Encourages students to think critically about what they read, question the concepts and theories they learn about, evaluate and critique the methodology of studies they read about, and challenge the existing research on psychopathology
- Includes a new Focus box on the "replicability crisis"

CHAPTER 3—NEW SENIOR AUTHOR

- Describes why we need a classification system, outlines the criteria used to define psychopathology, and provides a history of the classification of mental disorders
- Describes the history of the DSM and the organization of the DSM-5
- Expands the discussion of Section III of the DSM-5 to highlight measures to aid clinical decision making and increase sensitivity to patients' cultural context
- Includes a new Applied Clinical Case box that highlights the increasing number of Canadian public figures and celebrities who have spoken out about their experiences living with mental health symptoms or disorders
- Addresses the fact that, although DSM-5 includes a "gender-related diagnostic issues" section for most disorders, little information is provided on transgender people or people who identify with other genders (e.g., gender neutral, non-binary, agender, pangender, genderqueer, two-spirit, third gender, and all, none, or a combination), highlighting an urgent need for more research on the epidemiology and experiences of mental health disorders among these people
- Highlights the Research Domain Criteria initiated by the National Institute of Mental Health
- Discusses the prevalence of mental disorders in Canada

CHAPTER 4

- Updates the literature on psychological and neuropsychological assessment
- Provides a new Focus box on Computer-Based and Remote Psychological Assessment (Tele-Assessment)
- Discusses new research on the MMPI-3 for adults and the MMPI-A-RF for adolescents
- Updates the literature on research methods used to study psychopathology
- Highlights new Canadian epidemiological research

CHAPTER 5

- Organizes anxiety and related disorders into three distinct sections within the chapter: Anxiety Disorders, Obsessive-Compulsive and Related Disorders, and Trauma- and Stressor-Related Disorders
- Updates findings on the prevalence and etiology of anxiety and related disorders and describes DSM-5 criteria
- Includes an updated Focus box on cultural differences in anxiety
- Features a new Canadian Research Centre box describing the work of Dr. David Moscovitch, professor and expert on social anxiety from the University of Waterloo
- Provides an expanded Focus box on strategies for enhancing exposure therapy using the latest research from inhibitory learning models
- Discusses the importance of improving access to psychological treatments and how the COVID-19 pandemic has created a demand for treatments that can be delivered remotely
- Describes the latest treatment research on anxiety and related disorders

CHAPTER 6—NEW AUTHOR

- Highlights DSM-5 criteria for dissociative and somatic symptom and related disorders
- Provides updated information regarding the epidemiology of dissociative and somatic symptom and related disorders
- Discusses recent research on the debate between false memory syndrome and repressed memory
- Includes a new Applied Clinical Case: "Brain Injury or Dissociative Amnesia with Fugue?"
- Covers updated research on the etiology and treatment of dissociative amnesia, depersonalization/derealization disorder, and dissociative identity disorder
- Discusses contemporary research concerning the etiology and treatment of somatic symptom disorders

CHAPTER 7

- Provides an updated historical review of psychological factors involved in physical illness
- Highlights changes to the classification of psychological factors affecting medical conditions in DSM-5
- Includes a review of alternative systems for measuring and classifying psychological factors affecting medical conditions
- Includes an expanded breadth of coverage of psychological factors affecting medical conditions.
- Includes a new Applied Clinical Case: "Godfrey Gao"
- Includes a comprehensive review of cardiovascular reactivity, including exaggerated reactivity, blunted reactivity, and cardiovascular recovery
- Updates and expands upon the association between depression and cardiovascular disease
- Highlights new research on mindfulness-based interventions to alleviate psychological distress and improve health outcomes

CHAPTER 8

- Provides an extensive revision, updating information on the prevalence of depression, including prevalence rates among BIPOC communities
- Provides expanded coverage of postpartum depression and highlights several celebrities who have talked openly about their struggles with postpartum depression
- Presents new research on personality, interpersonal, and life stress factors related to depression
- Highlights new research pertaining to the genetics associated with depression
- Features updated research related to the treatment of unipolar depression, bipolar depression, and seasonal affective disorder
- Presents information on new integrative treatments for depression
- Discusses the increased risk of suicide in LGBTQ+2S and BIPOC communities
- Examines Mindfulness-Based Cognitive Therapy, developed by Canadian psychologist Dr. Zindel Segal and his colleagues

CHAPTER 9—NEW AUTHORS

- A completely new chapter
- Demonstrates why schizophrenia is one of the most serious, disabling, and complex mental disorders
- Outlines the DSM-5 diagnostic criteria for schizophrenia and other psychotic disorders, and reviews the strengths and weaknesses of this approach
- Includes a new Applied Clinical Case: "The Beautiful Mind of John Nash: A Genius with Schizophrenia"
- Includes a new Focus box on famous people who have heard voices
- Highlights various etiological theories of why people develop schizophrenia and other psychotic disorders
- Provides a comprehensive review of evidence-based pharmacological and psychosocial treatments for schizophrenia and other psychotic disorders
- Explains how culture influences the expression and course of schizophrenia
- Discusses early intervention approaches for psychosis
- Includes a new Canadian Research Centre featuring the Cognitive Neuroscience of Schizophrenia Lab of Drs. Todd Woodward and Mahesh Menon

CHAPTER 10

- Provides updated statistics on the incidence and prevalence of eating disorders
- Reviews new research on the course of anorexia nervosa, bulimia nervosa, and binge-eating disorder
- Features new information on "other specified feeding or eating disorder"
- Provides new coverage of the assessment of eating disorders
- Updates the research on the etiology of eating disorders, including extensive new coverage of the various psychological and integrative models
- Provides additional information on eating disorders in diverse populations
- Updated research on eating disorders in men
- Includes a new Applied Clinical Case on celebrity voices breaking down the stigma about eating disorders
- Presents completely updated information on the biological and psychological treatments of eating disorders
- Includes a new Focus box on treating eating disorders during the COVID-19 pandemic

CHAPTER 11—NEW SENIOR AUTHOR

- Provides new prevalence data on substance use disorders and gambling disorder
- Provides updated information on, and extensive coverage of, the etiology of addictive disorders
- New Focus box on Canada's Low-Risk Cannabis Use Guidelines
- Supplies new information on the opioid crisis in Canada
- Significant reorganization of the substance use and gambling sections
- Provides new information on the treatment of addictive behaviours

CHAPTER 12—NEW AUTHORS

- New authors provide information on the DSM-5 criteria for personality disorders and a fundamentally different diagnostic model being considered for future research
- Presents new case examples throughout the chapter
- Discusses "The Dark Triad"—a constellation of personality traits deemed to be socially aversive
- Highlights new research on psychopathy, including the "selective impulsivity theory"
- Discusses social media and narcissism
- Introduces psychological autopsies as a means to study suicide
- Discusses non-suicidal self-injury and its relation to, and distinction from, borderline personality disorder
- Discusses borderline personality disorder in adolescence
- Provides an overview of borderline personality disorder and its treatment

CHAPTER 13

- Updates prevalence rates and diagnostic considerations for sexual dysfunctions and gender dysphoria
- Includes a new Focus box on the specificity of sexual response
- Expands information related to the treatments for sexual dysfunctions
- Provides the latest information related to gender dysphoria and gender-affirming procedures
- Describes paraphilic disorders and their prevalence and treatment
- Discusses sexual assault and the etiology of sexual offending

CHAPTER 14—NEW ADDITIONAL AUTHOR

- Highlights DSM-5 criteria for the diagnosis of neurodevelopmental disorders
- Discusses the new terminology for intellectual developmental disabilities and learning disorders
- Includes a new Focus box on the neurodiversity movement—a social justice movement that aims for the full inclusion of neurodivergent people (people whose brain functions differently from what society deems "normal" or neurotypical)
- Includes a new Applied Clinical Case: "Actors with Disabilities"
- Includes a new Focus box on how the COVID-19 pandemic has exacerbated the challenges experienced by many family caregivers and individuals with developmental disabilities
- Includes a new Focus box on acceptance and commitment therapy for caregivers
- Describes new developments on the effect of disabilities on the family and issues related to community integration and quality of life
- Highlights diagnostic changes to autism spectrum disorders and explores advances and challenges in assessment, intervention, and treatment
- Reviews some of the controversies in diagnosing learning disorders
- Provides information about specific learning disabilities and the relationship with mental health, including implications for intervention

CHAPTER 15

- Provides new information on the prevalence of childhood mental disorders
- Provides an updated Applied Clinical Case on bullying and children's mental health
- Discusses the impact of bullying on the brain and on children's mental health
- Details DSM-5 criteria for different disorders
- Provides updated research on the etiology and treatment of a number of disorders that typically express themselves in childhood and adolescence
- Includes a new Focus box on SNAP (Stop Now and Plan; www.stopnowandplan.com), an evidence-based gender-specific trauma-informed program that works with children who have disruptive behaviour problems
- Discusses the delivery of therapy on smartphone devices

CHAPTER 16

- Reviews different ways in which researchers have examined changes in mental health across the lifespan
- Examines theoretical frameworks of aging, including selective optimization with compensation, socio-emotional selectivity theory, and strength and vulnerability integration theory
- Reviews age-specific issues related to diagnosis and treatment
- Highlights misconceptions about treating older adults
- Provides updated information on the prevalence of suicide in older adults
- Presents new research on the etiology and treatment of a number of disorders in later life

CHAPTER 17—NEW AUTHORS

- New authors provide a comprehensive review of the major types of psychotherapy, including their theories of how problems develop, the interventions and techniques they use to facilitate change, and evidence of their effects for different psychological disorders
- Defines the major classes of psychotropic medications and their use in the treatment of different types of psychological disorders
- Describes the efficacy and safety of neurostimulation techniques for treatment-resistant depression and psychotic disorders
- Highlights issues related to the practice of psychotherapy in Canada
- Explains how evidence of psychotherapy effects have been defined and evaluated according to the empirically supported treatment, evidence-based relationships, and evidence-based practice models
- Identifies the various modalities through which psychotherapy can be delivered

CHAPTER 18

- Provides new sections on cultural competency, mental health equity, and anti-racism
- Reviews new research on prevention and mental health promotion
- Discusses interactionist and constructionist perspectives on resilience
- Highlights issues related to the implementation and dissemination of prevention programs

CHAPTER 19—NEW ADDITIONAL AUTHOR

- Presents new information on constitutional law and statutory law
- Provides updated involuntary admission criteria in the mental health laws across the Canadian provinces and territories
- Presents new information on voluntary and involuntary hospitalization rates in Canada
- Updates cases on definitions of criminal responsibility
- Discusses the role of psychologists in conducting court-ordered assessments and the Canadian Psychological Association's Task Force, which made recommendations for changes in the Criminal Code to allow psychologists to assume a more central role
- Provides a new section on automatism

Digital Learning

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Peter Papadogiannis, York University
Katerina Rnic, Western University
Kristel Thomassin, University of Guelph

About the Editor

David J. A. Dozois, Ph.D., C.Psych. is a Full Professor of Psychology and Psychiatry, and Director of the Clinical Psychology Graduate Program at the University of Western Ontario. Dr. Dozois is a Fellow of the Canadian Psychological Association (CPA), the CPA Section on Clinical Psychology, the Association for Behavioral and Cognitive Therapies, the Canadian Association of Cognitive and Behavioural Therapies (CACBT), and the Academy of Cognitive Therapy. He is also a former Beck Institute Scholar at the Beck Institute for Cognitive Therapy and Research. Dr. Dozois's research focuses on cognitive vulnerability to depression and cognitive-behavioural theory/therapy. He has published 192 scientific articles, book chapters, and books and 89 non–peer reviewed papers, and has presented over 360 research presentations at national and international conferences. He is editor of *Cognitive-Behavioral Therapy: General Strategies* (2014, Wiley), and co-editor of the *Handbook on the State of the Art in Applied Psychology* (2021; Wiley), *Handbook of Cognitive-Behavioral Therapies* (4th ed., 2019; Guilford), *Risk Factors in Depression* (2008; Elsevier/Academic Press), and *The Prevention of Anxiety and Depression: Theory Research and Practice* (2004, American Psychological Association). Dr. Dozois received the Distinguished Contributions to Psychology as a Profession award from CPA in 2020. He was twice President of the CPA (2011–12; 2016–17) and President of the CACBT (2020–2021). Dr. Dozois serves on the Board of Directors for Mental Health Research Canada and the International Association of Applied Psychology. He also served on the Mental Health Working Group of the Ontario COVID-19 Science Advisory Table. In addition, he maintains a small private practice.

http://dozoislab.com/

Twitter: @Dozois_Mood_Lab

About the Contributors

Patrick Baillie, Ph.D. is a forensic psychologist with Alberta Health Services and a lawyer. Since 1995, he also has been a consulting psychologist with Calgary Police Service. He recently completed the writing of several book chapters, ranging from a first-person biography of his psychological mentor—Dr. Bruce Ogilvie, the grandfather of applied sport psychology—to a chapter on law and ethics in the practice of psychology, to a psychological autopsy of the wrongful conviction and prolonged incarceration of David Milgaard. Along with Doron Gold, he was one of the two subject-matter experts to assist in the design of the Canadian Bar Association's online course: Mental Health and Wellness in the Legal Profession.

In 2008, Dr. Baillie received the John G. Paterson Media Award from the Psychologists' Association of Alberta for his contribution toward keeping the public informed about psychological knowledge via the media. In the months after the tragic events of September 11, 2001, he served as a volunteer psychologist with New York Police Department and, in 2011, he travelled to Haiti to provide psychological services after that country's devastating earthquake. He has appeared before Canadian Parliamentary Justice or National Security Committees on six occasions, discussing Criminal Code amendments (on the verdict of "Not Criminally Responsible" and on Medical Assistance in Dying), a National Strategy on Posttraumatic Stress Disorder, juror supports, and in-custody mental health services. In 2014, he received the John Service Member of the Year Award from the Canadian Psychological Association, in recognition of his various volunteer efforts to promote the field of psychology. From 2017 to 2018, he was President of the Canadian Psychological Association. Dr. Baillie appears frequently before the courts, usually as an expert and only occasionally as an accused.

Jordan Bate, Ph.D. received her doctorate in clinical psychology from The New School for Social Research in 2017. She completed a pre-doctoral internship and post-doctoral fellowship at Northwell Health, Lenox Hill Hospital in New York City. Dr. Bate is an Assistant Professor in the Ferkauf Graduate School of Psychology, Combined School-Clinical Child Psychology Psy.D. program at Yeshiva University, where she co-leads the psychodynamic practicum in child therapy. Her research is on mentalization and attachment in psychotherapy with children, adolescents, and adults, with a particular focus on clinical training and development of therapist skills. She is a certified trainer and supervisor in Mentalization-Based Treatment for Children (MBT-C) and maintains a private practice in New York, where she works with children and adults.

Michael W. Best, Ph.D. is an Assistant Professor in the Departments of Psychology and Psychological Clinical Science at the University of Toronto Scarborough. He received his B.Sc. (Honours), M.Sc., and Ph.D. at Queen's University. He then completed his clinical residency at the Aaron T. Beck Psychopathology Research Centre at the University of Pennsylvania. Dr. Best's research focuses on understanding factors associated with recovery from serious mental health conditions such as schizophrenia-spectrum disorders and bipolar disorder. This research examines mechanisms of improvement during cognitive remediation and cognitive-behavioural therapies from a multimethod approach, incorporating symptom interviews, functional assessments, recovery measures, and electroencephalography (EEG). Dr. Best's research has been funded by the Canadian Institutes for Health Research, the Social Sciences and Humanities Research Council, Mental Health Research Canada, and the Ontario Shores Foundation.

Khrista Boylan, Ph.D. is a child and youth psychiatrist and Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Her expertise is in the assessment and treatment of youth who struggle with suicidal thoughts and behaviours. Dr. Boylan's research lab studies youth most likely to experience chronic and persistent suicidal ideation and self-harm. She also studies the epidemiology of self-harm and personality traits in children and youth.

Tavis S. Campbell, Ph.D. is a Professor of Clinical Psychology and Oncology at the University of Calgary. He obtained his doctorate from McGill University and completed a Postdoctoral Fellowship at Duke University Medical Centre. His research interests involve identifying and understanding the biobehavioural mechanisms involved in the development, progression, and management of chronic diseases, such as cardiovascular disease, cancer, and insomnia. Dr. Campbell is regularly sought out by a variety of health care professional organizations (e.g., family physicians, specialists, nurses, exercise physiologists) to deliver training with a focus on motivating health behaviour change and improving patient-provider communication.

Jason Chung is a graduate student in the Clinical Science and Psychopathology program at the University of Western Ontario. His research interests centre on identifying and targeting transdiagnostic processes that contribute

to the development and maintenance of high-risk behaviours (i.e., non-suicidal self-injury, suicidality, eating pathology, and substance use). He is passionate about applying his research to the betterment of stigmatized and marginalized groups (e.g., sexual minorities, those affected by addiction, and those who experience homelessness).

Lindsay Gabel, M.Sc. received her B.Sc. (Honours) in psychology from the University of Vermont and her M.Sc. in clinical psychology from the University of Western Ontario. She is currently completing her doctoral degree in clinical psychology at the University of Western Ontario. Her research examines links between emotion and psychopathology across development as well as research methods within developmental psychopathology.

Jennifer Gillies, M.Sc. received her B.A. (Honours) in psychology from Queen's University and her M.Sc. in clinical psychology from Western University. She is currently completing her Ph.D. in clinical psychology at Western University. Her research aims to address methodological limitations of research on cognitive vulnerability to depression.

Kate Harkness, Ph.D. is Professor and Head of the Department of Psychology at Queen's University in Kingston, Canada, where she also serves as Director of the Mood Research Laboratory and Assessment Service. Dr. Harkness received her Ph.D. from the University of Oregon and completed her residency and a NIMH-funded fellowship at Western Psychiatric Institute and Clinic in Pittsburgh, Pennsylvania. Her research program is focused on understanding how stress, both in childhood and later in adulthood, causes and maintains depression. Her recent work is particularly concerned with the ways in which childhood stress leads to critical changes in biological and psychological processes that enhance sensitivity to the stressful life events that trigger depression. Dr. Harkness is an international leader in the use of rigorous, interview measures of stress, and she is currently heading the psychosocial component of the Canadian Biomarker Integration Network for Depression (CAN-BIND), a pan-Canadian research initiative to develop personalized treatments for depression. Her work has held peer-reviewed funding from CIHR, SSHRC, OMHF, the Sick Kids Foundation, and the Templeton Foundation.

Stephen Hart, Ph.D. has a primary area of expertise in clinical-forensic psychology. His work focuses on assessment in criminal and civil settings, particularly of violence risk and psychopathic personality disorder. He completed his education at the University of British Columbia, obtaining a B.A. in 1984, M.A. in 1987, and Ph.D. in 1993. He started teaching at Simon Fraser University in 1990 and was appointed a regular faculty member in 1994. He has also been a Visiting Professor at the Faculty of Psychology, University of Bergen, since 2000.

Julian Hasford, Ph.D. is an Assistant Professor in the School of Child and Youth Care at Ryerson University, whose research and advocacy seeks to promote equity, empowerment, and well-being through systems change and community engagement, with a particular focus on African Canadians. He holds a doctorate in Community Psychology from Wilfrid Laurier University, and an M.H.Sc. in Health Promotion from the University of Toronto. Presently, Dr. Hasford's work focuses largely on race equity and systems change in Ontario's child welfare sector, and includes several studies that examine service needs of Black youth and families, and evaluations of equity-focused systems change efforts. This includes research of the Cross-Over Youth Project, a multi-site systems change initiative for youth dually involved in child welfare and youth justice systems. For several years, Dr. Hasford has served as a member and chair of the Provincial Advisory Council for the Ontario Association of Children's Aid Societies' One Vision, One Voice initiative, which seeks to advance race equity through institutional change amongst the province's child welfare agencies. He has also been active in anti-racist child welfare advocacy in his home community of Peel Region, where he serves as co-chair of the Black Community Action Network, which is leading a multi-sectoral effort to improve outcomes for vulnerable Black families. Prior to joining Ryerson, Dr. Hasford completed a postdoctoral fellowship (funded by Canadian Institute for Health Research) that examined the dissemination and implementation of Housing First (a supportive housing intervention for people experiencing homelessness with mental illness) across seven Canadian cities. He also has several years of direct service experience as a youth worker in residential care, parks and recreation, and urban agriculture.

David C. Hodgins, Ph.D., FCAHS is a Professor in the Program in Clinical Psychology in the Department of Psychology, University of Calgary and a coordinator with the Alberta Gaming Research Institute. He is registered as a clinical psychologist in Alberta. Dr. Hodgin's research interests focus on various aspects of addictive behaviours, including relapse and recovery from substance abuse and gambling disorders.

Sarah Horne received her B.A. (Honours) in psychology from Harvard University. She is currently completing her Psy.D. in Clinical Psychology at Yeshiva University. Sarah's research focuses on examining various factors that contribute to reduced motivation in individuals with depression, as well as strategies that might be used to improve the likelihood that individuals will engage in behavioural activation.

Jessica Jones, Ph.D. is a Full Professor of Psychiatry and Psychology at Queen's University with the Department of Psychiatry. She is a clinical forensic psychologist and

the current Division Chair of Developmental Disabilities and Clinical Director of the Dual Diagnosis program (DDCP), an inter-professional team providing services to children and adults with intellectual disabilities and/or autism spectrum disorders with suspected psychiatric illness or challenging behaviour. Dr. Jones' particular interest is in forensic disability involving persons with dual diagnosis and ASD who are in conflict with the law. Dr. Jones completed her clinical training and forensic speciality in the UK and, following her move to Canada in 2002, has been working internationally with this population for over 25 years.

Academically, Dr. Jones has been an active clinical and research supervisor for over 150 graduate psychology students and interns, as well medical residents, psychiatry fellows, and rehabilitation graduates. She has authored over 50 peer-reviewed publications including journal articles, chapters, books, and ministerial briefs; her educational contributions include over 200 invited lectures, scholarly conferences, teaching seminars, and community engagement seminars within the areas of dual diagnosis and forensic disability. Current research programs relate to ASD, adapted CBT and DBT therapies, and the unique clinical pathways and service impact that offenders with disabilities have within the community.

Clinically, Dr. Jones provides consultation to developmental, mental health, and legal community partners across the province regarding risk assessment and management for individuals with dual diagnosis and ASD. She has been involved as an expert witness, for both the Crown and defence, in cases involving differential diagnosis and risk involving individuals with intellectual disabilities and autism spectrum disorders.

Erin A. Kaufman, Ph.D. is an Assistant Professor in the Department of Psychology at the University of Western Ontario. She completed her doctoral training in Clinical Psychology at the University of Utah, and her clinical internship and post-doctoral training at Western Psychiatric Institute and Clinic of the University of Pittsburgh Medical Center. Her research focuses on interrupting pathogenic factors that contribute to self-inflicted injury, borderline personality disorder, and suicide. She incorporates biological, behavioural, self- and informant-report, and ecological momentary assessment methods into her research.

Johanna Lake, Ph.D., C.Psych. is a clinician scientist and clinical psychologist at the Azrieli Adult Neurodevelopmental Centre at CAMH. She is also an Assistant Professor in the Department of Psychiatry at the University of Toronto. Dr. Lake has focused her clinical and research interests on assessment and intervention for children and youth with neurodevelopmental disabilities and mental health concerns, including individual and group-based cognitive-behavioural therapy, as well as mindfulness and acceptance-based supports. Using a community-based participatory research lens, she is also interested in studying interventions that support caregiver well-being and the implementation of evidence-based interventions in community settings.

Danielle MacDonald, PhD, C.Psych. is a psychologist at the Eating Disorder Program at the University Health Network in Toronto, Canada. She also has appointments as Assistant Professor at the University of Toronto, Department of Psychiatry, and as Clinician Investigator at the Toronto General Hospital Research Institute. Dr. MacDonald's program of research is focused on elucidating mechanisms of cognitive-behavioural therapy (CBT)–based treatments for eating disorders, with particular emphasis on the roles of early behaviour change and emotion regulation. Dr. MacDonald is particularly interested in conducting applied clinical research that has the potential to impact evidence-based practices.

Daniel Machado, M.Sc. received his B.A. (Honours) in psychology from the University of Waterloo and his M.Sc. in clinical psychology from the University of Western Ontario, where he is currently completing his Ph.D. Daniel's research interests centre on cognitive vulnerability to depression, including the predictors of relapse/recurrence in the disorder. As part of his dissertation work, Daniel is developing and validating a novel measure that assesses romantic partner rumination.

Corey Mackenzie, Ph.D., C. Psych. is a Professor and Director of Clinical Training in the Department of Psychology, Adjunct Professor in Psychiatry, and a Research Affiliate with the Centre on Aging at the University of Manitoba. Dr. Mackenzie received his honours B.A. in psychology from the University of Alberta, his M.A. and Ph.D. in clinical psychology from Queen's University, and he completed his predoctoral internship at Baycrest in Toronto. He is a registered clinical psychologist with the Psychological Association of Manitoba. Dr. Mackenzie's clinical interests include cognitive-behavioural and mindfulness-based therapies with younger and older adults suffering from mood, anxiety, and adjustment-related concerns.

Dr. Mackenzie's Aging and Mental Health Laboratory uses both primary quantitative and qualitative methods, as well as secondary analyses of national surveys, to investigate ways of improving older adults' mental health. The first of his three research interests focus on barriers to older adults' use of mental health services in order to inform policy aimed at enhancing their access to effective mental health treatment. His second research interest focuses on understanding and ameliorating the effects of chronic stress among caregivers of sick and dying older adults. His third research interest is in both positive (e.g., resilience) and negative (e.g., mental disorders) changes in mental health with age. Dr. Mackenzie has published 78 articles in peer-reviewed journals and 11 book chapters. He is a member of the editorial board for the journal *Aging and Mental Health*

and has received numerous awards for his research and teaching at the University of Manitoba. His research laboratory is currently funded by grants from CIHR, SSHRC, and Research Manitoba.

Brianna Meddaoui is a graduate student in the Clinical Science and Psychopathology program at the University of Western Ontario. Her research interests include characterizing developmental changes that confer risk for suicidal thoughts and behaviours during adolescence and identifying targets for intervention and prevention among individuals at risk of developing borderline personality disorder. She is also generally interested in the role that research methodology plays in improving the prediction of acute suicide risk.

Patricia M. Minnes, Ph.D. received a B.A. (Honours) degree in psychology from Queen's University in Kingston, Ontario, and an M.Phil. in clinical psychology from the University of Edinburgh, Scotland. She completed her doctorate in psychology at York University, Toronto. Dr. Minnes is a professor emerita in the Departments of Psychology and Psychiatry and School of Rehabilitation Therapy at Queen's University. Dr. Minnes is a member of the Developmental Disabilities Consulting Program in the Department of Psychiatry at Queen's, serving individuals with developmental disabilities and mental health challenges and their families. As part of her clinical responsibilities, Dr. Minnes contributes to the supervision of psychology practicum students and interns.

Throughout her career, Dr. Minnes has worked as a scientist practitioner. Her research has focused on stress and coping in families and caregivers, community inclusion and quality of life, and attitudes toward persons with disabilities. Within these areas, she has focused primarily on three disability groups—intellectual disabilities, autism spectrum disorder, and acquired brain injury—as well as issues related to aging and disability.

Marjory Phillips, Ph.D., C.Psych. is the Director of the Centre for Mental Health Research and Treatment at the University of Waterloo. Areas of clinical and research interests include learning disabilities and neurodevelopmental disorders, and clinical supervision.

Dr. Phillips received her doctoral degree in clinical psychology from the University of Waterloo in 1992. She has held academic appointments at Queen's University and York University, and has held senior management positions in the sectors of children's mental health and children's rehabilitation in Toronto and in Kingston, Ontario.

Glenda C. Prkachin, Ph.D. received her doctorate in biopsychology from the University of British Columbia in 1978. Subsequently, she was a Killam Post-Doctoral Fellow in the Department of Neuroanatomy at the University of Washington and a Natural Sciences and Engineering Council of Canada University Research Fellow. Dr. Prkachin has taught at the University of Western Ontario, Mt. Allison University, Wilfrid Laurier University, and the Universities of Guelph and Waterloo. She retired as Associate Professor of Psychology at the University of Northern British Columbia. Her research was in the perception and neuroscience of emotion.

Kenneth M. Prkachin, Ph.D. received his doctorate in clinical psychology from the University of British Columbia in 1978. Subsequently, he taught in the Department of Psychology at the University of British Columbia and the Department of Health Studies at the University of Waterloo. Dr. Prkachin is Professor Emeritus of Psychology and Health Sciences at the University of Northern British Columbia. His research is in the area of measurement of emotion, psychological determinants of cardiovascular reactivity, and psychological risk factors of heart disease.

Caroline Pukall, Ph.D. (she/her) is Professor of Psychology and Director of the Sex and Relationship Therapy Service in the Department of Psychology at Queen's University. Her research lab, the Sexual Health Research Laboratory (sexlab.ca), is devoted to inclusive work in the area of sexuality, including genitopelvic pain, persistent genital arousal, relationships, and other topics. She has published numerous articles, chapters, and books, and she has received research funding from several sources, including the Canadian Institutes of Health Research and the National Vulvodynia Association.

Leanne Quigley, Ph.D. received her doctorate in clinical psychology from the University of Calgary in 2017. Dr. Quigley completed a pre-doctoral residency and post-doctoral fellowship at the Centre for Addiction and Mental Health (CAMH) in Toronto. She is an Assistant Professor in the Ferkauf Graduate School of Psychology, Clinical Psychology Psy.D. program at Yeshiva University. Her research is in cognitive vulnerability to affective disorders, with a particular focus on cognitive control deficits and biases in depression.

Joshua A. Rash, Ph.D. received his doctorate in clinical psychology from the University of Calgary in 2017. He is an Assistant Professor of Clinical Psychology at Memorial University of Newfoundland and Senior Research Fellow at the Center for Health Policy and Inequalities Research at Duke University. Dr. Rash's program of research is centred on three fundamental pillars: (1) developing a better understanding of the biobehavioural mechanisms involved in the development and progression of chronic diseases, such as cardiovascular disease, obesity, pain, and cancer; (2) designing and implementing interventions that are aimed at improving the lives of individuals living with chronic disease; and (3) establishing an international interdisciplinary training network with the goal of disseminating evidence-based recommendations and facilitating health care provider behaviour change.

Kristin Reynolds, Ph.D. is a registered clinical psychologist and Assistant Professor in the Department of Psychology at the University of Manitoba. She is

a Research Affiliate with the University of Manitoba Centre on Aging. She is the Director of the Health Information Exchange Laboratory, where her research employs qualitative, quantitative, mixed methodologies, website evaluation, patient/public engagement, and intervention science, with the aims of decreasing gaps in the translation of health-related knowledge to the public and increasing access to health-related information and services. Her areas of research and clinical interest and expertise include gero-psychology, knowledge translation, mental health literacy, community mental health, mental health service use, health psychology, and perinatal mental health. As Primary Investigator, she currently holds funding from the Government of Canada Social Sciences and Humanities Research Council, the Government of Canada Department of National Defence, Research Manitoba Health Research New Investigator Award, Research Manitoba COVID-19 Special Initiative, University of Manitoba Centre for Healthcare Innovation, and the University of Manitoba Research Grants Program. Dr. Reynolds' work has been published in multidisciplinary and international journals including *World Psychiatry; Archives of Women's Mental Health; Qualitative Health Research*; and *Depression and Anxiety*. Dr. Reynolds is passionate about mental health and is the Past-Chair of the Canadian Psychological Association Clinical Section, the Public Education Coordinator for the Manitoba Psychological Society, and a member of the Board of Directors of the Anxiety Disorders Association of Manitoba. She has received awards for her teaching and community outreach at the University of Manitoba.

Mary Ritchie, M.Sc. received her B.A. (Honours) and M.A. in psychology, with a concentration in forensic psychology, from Carleton University. She is currently completing her doctoral degree in clinical psychology at Western University. Her research aims to investigate the role of social cognition in aggressive behaviour among individuals with psychopathic traits, as well as youth with behavioural and neurodevelopmental disorders. Within these populations, she is also interested in exploring abnormalities in emotion perception and expression.

Katerina Rnic, Ph.D., R. Psych. received her Honours B.A. from Queen's University and her M.Sc. and Ph.D. from the University of Western Ontario. She completed her clinical residency at the Calgary Clinical Psychology Residency and is currently a postdoctoral fellow at the University of British Columbia. Dr. Rnic's research focuses on factors, such as cognitive control, associated with biological, emotional, and cognitive responses to stress in the context of major depression. She is also interested in how cognitive vulnerability, personality, and emotion regulation strategies predispose individuals to generate stress, and how this process causes, maintains, or exacerbates depression.

Petra Roberts, Ph.D. is an Assistant Professor in the School of Child and Youth Care, Faculty of Community Services at Ryerson University. Prior to joining Ryerson, she was an Assistant Professor in the School of Social Work at Algoma University, Sault Ste. Marie, Ontario. She has also worked as a lecturer in Trinidad at the University of the West Indies, St. Augustine campus and as a sessional lecturer at the University of Manitoba Faculty of Social Work. Dr. Roberts has over 20 years of practical experience in child protection, child and adolescent mental health, family therapy, and rural and northern social work practice. Her main research interests pertain to gendered experiences of residential care and treatment services in the Caribbean, and narrative methodologies with respect to the experiences of people in institutional care over the course of their lifespan. Dr. Roberts completed a B.A. from the University of Winnipeg and, from the University of Manitoba, both a B.S.W. and a Masters of Social Work, a Graduate Diploma in Population Health, and a Ph.D. in Social Work.

Ron Roesch, Ph.D. is Professor of Psychology and Director of the Mental Health, Law, and Policy Institute at Simon Fraser University. His research focuses on competency assessments of adult and young offenders, jail/prison mental health programs, and youth violence. He has published over 175 journal articles and chapters, and 15 books. He is a fellow of the Canadian and American Psychological Associations. He has served as president of the American Psychology-Law Society (AP-LS) and the International Association of Forensic Mental Health Services (IAFMHS). He was Editor-in-Chief of the journals *Law and Human Behavior; International Journal of Forensic Mental Health*; and *Psychology, Public Policy, and Law*. AP-LS gave him its Outstanding Teaching and Mentoring in the Field of Psychology and Law Award in 2009 and Outstanding Contributions to the Field of Psychology and Law Award in 2010. He also received the Lifetime Achievement Award for Contributions to Psychology and Law from the European Association of Psychology and Law in 2011, the Canadian Psychological Association John C. Service Member of the Year Award in 2018, and the Rüdiger Müller-Isberner Award for career contributions to clinical practice, scholarly research, and mentorship from IAFMHS in 2019.

Sylvia Romanowska, M.Sc. is currently completing her training in the clinical psychology program at the University of Toronto Scarborough. Prior to this, she completed a B.Sc. in psychology at the University of Alberta and an M.Sc. in neuroscience at the University of Calgary. Her research focuses on understanding mechanisms of neurocognitive impairment and improving recovery in schizophrenia-spectrum disorders, with a special interest in applications for early psychosis intervention.

Magdalen Schluter, M.Sc. is a Ph.D. candidate in clinical psychology at the University of Calgary. She studied

psychology at the University of British Columbia where she earned her B.A., and at the University of Calgary where she earned her M.Sc. Magdalen's research includes conceptualization of addiction, etiological mechanisms, and reward-related decision making and impulsivity in gambling disorder

Shauna Solomon-Krakus, M.Sc., M.A. is a doctoral candidate in the Psychological Clinical Science Department at the University of Toronto Scarborough. She previously completed her Master of Science degree in psychiatry at McGill University, and then her Master of Arts degree in clinical psychology at the University of Toronto Scarborough. Her research is funded by the Social Sciences and Humanities Research Council of Canada. Ms. Solomon-Krakus researches the complex associations between perfectionism, self-conscious emotions, and eating disorders. As a prospective clinical psychologist, Ms. Solomon-Krakus aims to specialize in the assessment and treatment of eating disorders where her research will continually inform her practice.

Kate Sutton, Ph.D. (she/her) is a clinical psychologist in private practice in California. In her private practice she sees individuals and couples with sexual and relationship problems and conducts risk evaluations for sexual offenders. Her graduate research concentrated on the psychophysiological and brain mechanisms of vulvar pain in women. Her clinical work focuses on sexual dysfunctions, paraphilias, and hypersexuality, with a specific focus on pedophilia and sexual offending. Dr. Sutton has published numerous book chapters and peer-reviewed articles on the topics of sexual dysfunction, hypersexuality, and paraphilias, and has won numerous awards for her research.

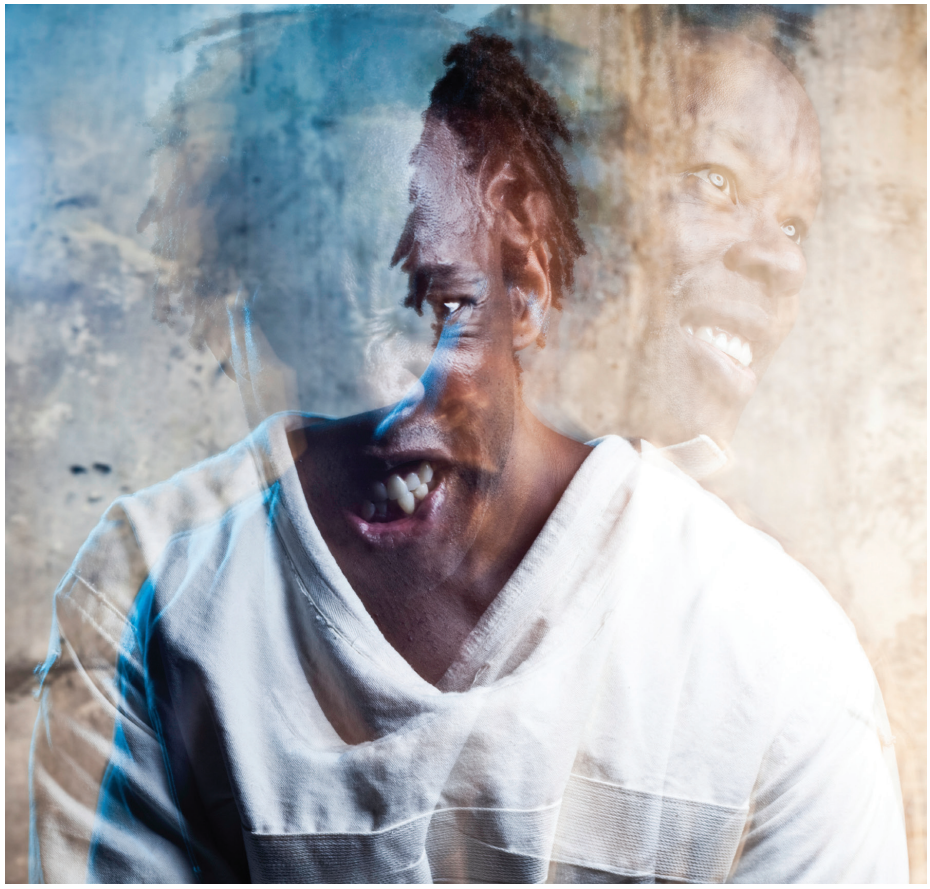
Kathryn Trottier, Ph.D., C. Psych. has been a psychologist in the Eating Disorder Program at University Health Network in Ontario since 2007 and is the program's Clinical Lead. Dr. Trottier's work focuses on evidence-based treatment of eating disorders with an emphasis on understanding and addressing illness-maintaining factors. Dr. Trottier is known internationally for her development and evaluation of the first integrated treatment for co-occurring post-traumatic stress disorder and eating disorders. With the onset of the COVID-19 pandemic and urgent need for mental health supports, she developed a transdiagonstic internet-delivered intervention for symptoms of post-traumatic stress disorder, anxiety, and depression related to COVID-19 called RESTORE.

Tracy Vaillancourt, Ph.D. is a Tier 1 Canada Research Chair in School-Based Mental Health and Violence Prevention at the University of Ottawa where she is cross-appointed as a full professor in Counselling Psychology, Faculty of Education and the School of Psychology, Faculty of Social Sciences. She is the president-elect of the International Society for Research on Aggression and is an elected member of The College of the Royal Society of Canada. Dr. Vaillancourt's research examines the links between bullying and mental health, with a particular focus on social neuroscience.

Chapter 1

Concepts of Mental Disorders throughout History

David J. A. Dozois • Daniel Machado



Learning Objectives

After reading this chapter, students will be able to

1.1 Describe the principles that have been used to define abnormality and then apply them to determine whether a particular behaviour may meet the definition of abnormal behaviour.

1.2 Understand how the conceptualization of psychological disorders changed from antiquity to the 1800s.

1.3 Describe at least two treatments that are associated with the biological approach and outline the current status of these treatments.

1.4 Describe the contributions of at least two influential Canadian individuals in the field of mental health care.

1.5 Understand how the COVID-19 pandemic highlighted concerns about access to mental health care and describe the implications of technological advances on the provision of mental health services.

Lisa (cisgender woman) appeared at a clinic saying that her husband and two teenage children had persuaded her to seek treatment for what they saw as dysfunctional behaviour. She told the clinician that after she took a shower (which she did at least three times a day), she felt she had to wash the floor and walls of the bathroom in order to ensure that no dirt or bacteria had splashed off her body and contaminated the room. Lisa also insisted that her family not touch the faucets in the bathroom with their bare hands because she was sure that they would leave germs. The family members agreed to use a tissue to turn the taps on and off. Visits to the house by friends and relatives were not allowed because Lisa felt she could not ask them to follow these instructions and, even if she could bring herself to ask them, she did not believe they would go along with her request. This, of course, meant that her husband and children could never invite friends to their house. This restriction, and various other limits that Lisa imposed upon them, led the family to send her for treatment. Lisa did not consider her problems to be quite as bad as her family saw them.

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Since childhood, Paul (non-binary; personal pronouns: they/them) had been sexually aroused by the sight of women's underwear. This had caused them considerable distress as a teenager and young adult. The fact that they could become sexually aroused only in the presence of women's underwear made them feel different from others and afraid that people would find out about their secret desires and ridicule them. When Paul was 26 years old, after years of secrecy, they decided to consult a therapist in an attempt to deal with their unusual desires.

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Juan (cisgender man) had begun to develop odd ways of perceiving the world and had begun to have unusual thoughts shortly after he entered university. After he graduated from high school, his parents put pressure on him to enrol in an engineering degree program at university so he could earn a large salary. Juan resisted this pressure for some time but finally gave in and took up the program. However, he was afraid he would fail and let everyone down. He was afraid they would find out he was really not competent. The pressures from his family, the threat of failure, and the heavy workload of his studies soon became too much for Juan. He began to develop odd interpretations of world events and of his role in them, and he began to perceive personally relevant messages on the nightly television newscasts. These unusual thoughts and perceptions quickly escalated until finally Juan went to the local police station requesting a meeting with Canada's prime minister and the American president so he could give them instructions for solving the world's problems. As a result, Juan's grades dropped and he had to leave school. He was placed in hospital.

Clearly, Lisa, Paul, and Juan all have abnormalities of behaviour and thought, but they are also very different from one another. There is no doubt, however, that most people would agree that each of them displayed very unusual, if not bizarre, behaviour. Juan's problems seriously interfered with his life and his ambitions. Lisa was not as concerned about her problems as her family was, but they nevertheless markedly restricted her social life and interfered with other aspects of her functioning. Paul's case, on the other hand, turned out well. A few months after receiving treatment, they found a partner who apparently could share in their unusual sexual activities, and their life was happy and fulfilled.

What these three cases have in common is that each meets the criteria outlined in current diagnostic manuals for one or another psychological disorder. The current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) of the American Psychiatric Association (APA; 2013) is the most broadly accepted system for identifying particular types of disorders, although the *International Classification of Mental and Behavioral Disorders* (ICD-11), issued by the World Health Organization (2019), is also used by practitioners, primarily outside North America (for details of these diagnostic systems, see Chapter 3). Both of these diagnostic manuals would classify the three cases described above as disordered: Lisa would be classified as manifesting obsessive-compulsive disorder, Paul as having a paraphilic disorder (in this case, a fetishistic disorder), and Juan as suffering from schizophrenia.

However, there are many people who engage in behaviours or express thoughts that most of us would consider to be strange or deviant, and who may cause distress to others, yet who are not identified in diagnostic systems as disordered. Consider the cases in the following box.

CASE NOTES

Eileen (cisgender woman) is a 19-year-old whose religious beliefs forbid her to wear makeup or colourful clothes, or to listen to the radio or watch television. She must only go out with potential boyfriends in the company of her parents, and she will not attend dances or parties. Along with the rest of the people who attend her church, Eileen believes that the end of the world is imminent, and she has been peacefully preparing herself for that day. In addition, and somewhat contrary to her religious teachings, Eileen believes that the planets and stars control our destiny, and she subscribes to a monthly astrology magazine and consults daily astrological forecasts. Eileen also believes that she can communicate with the spirits of the dead and occasionally participates in seances with her family and their friends.

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Amir (cisgender man) is a professor at a large university. At age 46, he has never married and lives alone in a house whose windows he has painted black to shut out, as he says, "the views of his nosy neighbours." Amir has worn the same tattered suit for years and he wears a rather dirty baseball cap that he says is a family heirloom. He often wears heavy coats in the summer and sandals in the winter. His office is cluttered and he never seems able to find things; in fact, on several occasions he has lost students' essays. In the classroom, Amir wanders about among the desks as he lectures, and his lessons are rambling and difficult for the students to follow. He often introduces odd ideas that seem to have little to do with the topic on which

he is lecturing. However, his research is greatly admired, and his colleagues do their best to make up for his teaching inadequacies.

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James (cisgender man) has been a career criminal since his early teenage years. He has broken into many homes and stolen property, has been convicted of selling marijuana on several occasions, and has stolen and then sold numerous bicycles and cars. As a result, James has spent some of his 42 years in prison. Recently, James was living with a woman (cisgender) whom he had met at a bar one week prior to moving in with her and her three children. This was the most recent in a series of relatively short-lived common-law relationships that James had been involved in throughout his adult life. He did not have a job and, despite his promises to his partner, James made little effort to get one. Instead, James stayed home watching television and drinking beer. This led to numerous arguments with his partner and, over time, these arguments became more physical, with each partner hitting the other. Finally, during one of these clashes, James lost his temper and beat his partner so severely that she lapsed into a coma and died.

Most people would consider Eileen and Amir to be eccentric and, indeed, some students found Amir scary, although he never did anything that would suggest he was dangerous. However, neither Amir nor Eileen has ever been diagnosed as having a psychological disorder. Many people think that anyone who murders is insane, at least temporarily. However, careful examination of James by three independent psychiatrists led them to conclude that, although he had a personality disorder, James was otherwise normal, and the killing resulted from the persistent antagonistic relationship he had with the victim. Therefore, James was held responsible for is actions and duly convicted and imprisoned.

These cases illustrate two problems with defining abnormality. First, eccentric and unusual behaviour or beliefs are not necessarily abnormal according to diagnostic criteria, although the boundary between eccentricity and abnormality is not always clear. Juan was clearly eccentric but also obviously disturbed. Both Eileen and Amir were eccentric but not so obviously disturbed. Second, behaviours that are repugnant and threatening to others, such as aggression and murder, are not always signs of an underlying psychological disorder. James has acted very badly and in a damaging way to others throughout his life, yet James is not considered to be seriously psychologically disordered. Neither Paul nor Lisa caused distress to other people, but they are judged to be suffering from a disorder.

This text describes our present understanding of the nature of psychological abnormality, the different forms such abnormality takes, how people become abnormal, and what, if anything, can be done to make their functioning normal. A fundamental issue we will have to consider from the outset, then, is just what it is we mean when we say that someone (or a particular behaviour of that person) is psychologically abnormal.

Our notions about abnormality have a long history. From the time of the earliest written records, and no doubt long before that, humans have identified some of their fellow humans as abnormal and offered various explanations and treatments for their behaviours. It is also clear that, over time, definitions of what constitutes abnormal functioning have changed, as have the explanations and treatments for abnormal behaviour. In this chapter, we first consider the various ways in which abnormality has been defined, and then examine the historical developments in the explanations and treatment of abnormality. Before proceeding, there are three important changes to this edition that we would like to inform the reader about.

First, let us clarify some terms. **Psychological abnormality** refers to behaviour, speech, or thought that impairs the ability of a person to function in a way that is generally expected of them in the context where the unusual functioning occurs. Although we use the term *abnormality* in this chapter to highlight the history and understanding of this construct, in the remainder of the text we refer to the terms *psychopathology* and *psychological disorders* (or *mental disorders*). This change was based on the growing recognition in the field that the term *abnormal* can be interpreted as pejorative. For example, the editorial board of the *Journal of Abnormal Psychology*, the American Psychological Association's esteemed clinical science publication, announced in January 2021 that the journal would be changing its name to the *Journal of Psychopathology and Clinical Science* (MacDonald, Goodman, & Watson, 2021). **Psychopathology** refers to the scientific study of psychological abnormality and the problems faced by people who suffer from such disorders. A **psychological disorder** (or mental disorder) is a specific manifestation of this impairment of functioning, as described by some set of criteria that have been established by a panel of experts. **Mental illness**, on the other hand, is a term often used to convey the same meaning as psychopathology, but it implies a medical rather than psychological cause. Psychological disorders occur in all societies and have been apparent at all times in history. However, what is considered a mental disorder varies across time and place.

The second change to this edition that we want to inform readers about is that we have made a concerted effort to use gender-inclusive language throughout the text. For example, gender-neutral singular plural terms are used when the gender of the person in question is not

known, and case examples state the gender identity of the individual(s) described in the passage. For example, the term *cisgender* (or *cis man, cis woman*) is used to denote a person whose sense of personal identity and gender correspond with their sex assigned at birth. The term *nonbinary* is one of the terms used by people whose gender is neither male nor female. A list of different terms and their meanings can be found at www.healthline.com/health/different-genders#why-it-matters.

Third, you may also note an increased focus on diversity, equity, and inclusivity in how this text presents and discusses research, particularly with respect to epidemiology. This change was made to acknowledge the gap in culturally specific and identity-based knowledge that exists in the field, which limits our understanding of psychopathology and impacts effective provision of mental health services.

Attempts at Defining "Abnormality"

LO 1.1 Describe the principles that have been used to define abnormality and then apply them to determine whether a particular behaviour may meet the definition of abnormal behaviour.

Why is there such confusion about what psychopathology entails, and is it possible to resolve the issue? Perhaps the answer to the last part of the question is no, because the concept of abnormality changes with time and differs across cultures and subcultures. However, it is also possible that we cannot easily resolve these problems because, despite the attempts of many writers to provide clear criteria, the concepts of normality and abnormality are so vague.

Several principles are commonly considered in attempts to establish criteria for abnormality. As will become evident, however, no one principle can be considered sufficient to define this elusive concept. Rather, depending on circumstances, the contribution of several criteria may be necessary. The following principles, either alone or in combination, have at one time or another been used to define abnormality.

Statistical Concept

According to this view, behaviour is judged as abnormal if it occurs infrequently in the population. It would, of course, make little sense to describe as abnormal ways of functioning that characterize the majority of people. Relative infrequency, then, ought to be one defining feature of abnormality. However, not all infrequent behaviours or thoughts should be judged abnormal. For instance, innovative ideas are necessarily scarce or they would hardly be original, but most people would not consider the person who had such ideas as displaying abnormality, at least not in its usual pejorative sense. The same is true of athletic prowess. We admire people like Canadian professional hockey player Connor McDavid, who played amateur hockey in the CHL, which is the main feeder league for the NHL. Due to his high level of play, McDavid was granted Exceptional Player status by Hockey Canada, which allowed him to enter the CHL a full year early at age 15. McDavid went on to win the most individual awards in league history despite playing just three years in the league. In 2021, McDavid was the captain of the NHL's Edmonton Oilers (the youngest captain in NHL history) and was widely considered the best hockey player in the world by age 20. Although it is true that individuals like Connor McDavid are abnormal in the sense that their athletic skills are rare, we would usually describe such people as exceptional, a term that has no derogatory overtones.

An additional problem with the statistical criterion is that it is not clear how unusual a given behaviour must be in order to be considered abnormal. For example, a study of Canadian post-secondary students found that, over the preceding year, 15% of students reported being diagnosed or treated for depression and 18% for anxiety (American College Health Association [Canadian Reference Group], 2016). Although the rates reported in this study are higher than other one-year Canadian prevalence figures (e.g., Palay et al., 2019), neither depression nor anxiety can be considered that statistically infrequent—yet both are thought to reflect a disorder in need of treatment. Similarly, the common cold is considered an illness and yet it has a lifetime prevalence of 100% (Lilienfeld & Landfield, 2008).

Personal Distress

Many people who are considered to have a psychological disorder report being distressed. Someone who has an anxiety disorder, for example, will report feeling afraid or apprehensive most of the time. Depressed patients are obviously distressed. Yet distress is not present for all people identified experiencing psychopathology. An elderly patient experiencing mania who was evaluated at a local hospital would persistently pace rapidly around the ward, frequently bumping into people in their rush, despite having no obvious destination. While striding about quickly, they would keep up a constant conversation with no one in particular, and leap from topic to unrelated topic. They seemed to be in exuberant spirits, and described themself as being extremely happy. Obviously, the elderly individual was not personally distressed and yet, just as obviously, showed symptoms of a mental disorder. An individual with antisocial personality disorder who violates the rights of others, breaks

numerous laws, and lacks empathy and remorse is not distressed by their behaviour; instead, the individuals this person encounters are distressed by this behaviour.

Some people who outwardly appear happy and successful may reveal to intimate friends that they feel a vague sense of dissatisfaction. They may complain that, despite their apparent success, they feel unfulfilled. There may even be an associated sense of despair at not having achieved something significant, and such people may seek professional help. It is unlikely, however, that they would be labelled abnormal.

In fact, all of us are distressed, or even depressed, at times. When someone we love dies, it is normal to be distressed; indeed, if we do not mourn, our response might be judged to be abnormal. If this distress passes within a reasonable amount of time, our response would be considered normal. However, if our grief did not abate with time, and our depression deepened and persisted for several years, our suffering would be described as abnormal. Distress, then, appears to be a frequent, but not essential, feature of abnormality.

Personal Dysfunction

When behaviour is clearly maladaptive (i.e., it interferes with appropriate functioning), it is typically said to be abnormal. Yet the definition of dysfunction itself is not clear-cut. What is appropriate functioning? What is appropriate functioning in a given context? Many people responded with feelings of vulnerability, anxiety, anger, and sadness following the terrorist attacks on the World Trade Center and Pentagon on September 11, 2001. Some of us have become increasingly vigilant about possible threats when going through airport security or attending large gatherings. Students and faculty have also become more vigilant at universities and colleges following the Dawson College shootings in Montreal (2006) that claimed one life and injured 19 people. Similarly, religious institutions have been on higher alert after some were the targets of violent incidents, as in 2017 when a shooter in a Quebec City mosque killed six individuals and injured three, or in 2019 when mass shootings took place in mosques in Christchurch, New Zealand.

Within reason, such vigilance and anxiety, although distressing, are not abnormal given the circumstances. In fact, scanning the environment for such threats is, to some extent, adaptive as it serves a survival function.

Wakefield (1997, 1999, 2014) has concluded that harmful dysfunction is the key notion—where dysfunctions refer to "failures of internal mechanisms to perform naturally selected functions." To conclude that a given behaviour is disordered "requires both a scientific judgment that there exists a failure of designed function and a value judgment that the design failure harms the individual" (Wakefield, 1999, p. 374). By their functions, Wakefield is referring to what an artifact or behaviour was originally designed to do. For example, the function of a pen is to write—that is the purpose of a pen's design. The fact that we can also use a pen as something to chew on when we are nervous or as a weapon for self-defence does not explain why pens are designed the way they are. Thus, the failure of a pen to help protect an individual would not entail a failure of its function (Wakefield, 1997). Wakefield (1997, 1999) argues that unless there are dysfunctional consequences to the individual, in that they are unable to perform a natural function, it makes little sense to call behaviour abnormal.

Using harmful dysfunction as a potential criterion for abnormal behaviour also creates an interesting link between abnormal and evolutionary psychology. In terms of evolutionary theory, a trait may be dysfunctional if it harms an organism's capacity to reproduce successfully. Antisocial behaviour, for example, may result in exclusion from everyday society, thereby hurting such a person's capacity to reproduce. If the underlying reason for the antisocial behaviour is a lack of inhibition, this may be seen as abnormal. However, certain forms of antisocial behaviour (e.g., unethical business practices) may increase reproductive capacity by providing greater access to resources, and may be beneficial in situations where prevalence is low enough that one is likely to evade detection and punishment (Jurjako, 2019). Similarly, there is evidence that depression can improve one's ability to survive and reproduce in relation to the surrounding environment. An individual with depression commonly experiences symptoms such as low mood, a loss of interest in pleasurable pursuits, decreased activity level, and an inclination to repetitively dwell on thoughts related to their distress. While such responses to distress clearly interfere with appropriate functioning, evolutionary analyses suggest they may have been naturally selected and thereby constitute an evolutionary adaptation (Hollon, 2020). For example, the analytical rumination hypothesis (Andrews & Thomson, 2009) posits that depression is predominantly triggered by complex social problems of the sort that negatively affected our reproductive potential in ancestral times. This theory further argues that the symptoms of depression serve to facilitate focused contemplation about these social concerns as a problem-solving measure, which is accomplished in part by diverting limited resources from things that may distract from this purpose (e.g., pleasurable pursuits and physical activity). Although an individual's functioning is likely to be noticeably disrupted in this scenario, it may ultimately be beneficial to operate in this manner, at least until a resolution to the threat can be found (Hollon, 2020).

The boundaries between normal and abnormal and what specifically constitutes "harmful dysfunction" are not clear and are a matter of considerable controversy (e.g., Brüne, 2015; Castel, 2014). These fuzzy boundaries notwithstanding, categorical distinctions between normal and abnormal can be useful. We discuss this issue further in Chapter 3.

Violation of Norms

The behaviour and thoughts of many individuals with mental disorders run counter to what we might consider appropriate. The thoughts expressed by individuals with schizophrenia, for example, are often so bizarre that observers do not hesitate to declare the ideas irrational and reflect an extreme departure from what would be expected in the context. On the other hand, criminals clearly engage in behaviours that violate social norms but many of them do not meet the criteria for any disorder. Their criminal acts undoubtedly upset others, but an observer's discomfort cannot count as the sole basis for judging someone's behaviour as disordered. For example, YouTuber Felix Kjellberg (a.k.a. Pewdiepie), whose videos have compiled the most views of any individual YouTuber in history, was dropped by Disney following public outcry over anti-Semitic images Kjellberg included in several of his videos (Chokshi, 2017). The lyrics of some songs also make many people uncomfortable. For example, rapper Marshall Mathers (a.k.a. Eminem) faced picketers on tour, as well as criticism at a Senate hearing in 2001, because of his music's liberal inclusion of violent imagery and references deemed offensive to gay men. However, others (including LGBTQ2+ advocate and openly gay musician Elton John) defended Eminem, calling him misunderstood and misrepresented and his lyrics an example of artistic storytelling (Lowe, 2017). These examples show that subjective evaluation of artistic content as offensive would not justify classifying an artist as psychologically disordered, although that is a characteristic response people often make to ideas and behaviours they find personally repulsive.

Related to the notion of violating norms is the idea that people with psychological disorders are unpredictable and violent. In fact, very few people with mental disorders are dangerous to others and most are no more dangerous than the rest of us. Even individuals suffering from psychosis, who are perhaps most often portrayed as violent in the media, rarely attempt to hurt anyone (and are, in fact, more often victims than perpetrators of violence). Further, while television and movies often portray killers and rapists as "crazy," most are not; perhaps it comforts us to think that someone who would do something so repugnant to another person must be insane.

Perhaps the most serious flaw in this criterion is that social norms vary over time and place. Moreover, few disorders are truly universal across different cultures. Depression, for example, has a much higher prevalence rate in Canada (11.2%; Statistics Canada, 2013) and the U.S. (13.4%; Hasin et al., 2018) than in some other parts of the world, such as Saudi Arabia (3.8%; Altwaijri et al., 2020) or Korea (2.7%; Shin et al., 2017). Different cultural and ethnic groups also manifest psychopathology differently and exhibit their own strategies for dealing with psychological distress. For example, the lower prevalence of depression in Asian cultures may be due to the emphasis placed on physical symptoms and avoiding the stigma of mental disorders. Neurasthenia is a condition that includes many of the physical symptoms of depression and is still frequently diagnosed in Asia, but this diagnosis has largely been abandoned in the West. It is important to bear in mind that how we define abnormality is **culturally relative**. The norms of a particular culture determine what is considered normal behaviour, and abnormality can be defined only in reference to these norms. Fortunately, the most recent versions of the DSM (e.g., DSM-5) have been far more explicit than previous editions were in encouraging clinicians and researchers to consider cultural diversity.

Society's criteria for defining behaviour as acceptable or unacceptable are also not temporally universal; rather, they reflect the predominant view in society, which changes over time. Nearly 50 years ago, when homosexuality was classified as a mental disorder, it was also considered to be a violation of social norms. Is it a reflection of changing norms that psychologists no longer consider homosexuality to be abnormal? Much earlier, in the late 1800s, masturbation was considered to be a manifestation of a mental disorder without any consideration of the base rate of this behaviour in the general population (see Mash & Dozois, 2003). To take a more extreme example, in Germany in the 1930s, individuals who were identified as Jews, homosexuals, gypsies, or mentally retarded were persecuted, tortured, or killed on the basis that they represented inferior specimens of human beings. These views, which are repugnant to our society, were apparently sufficiently acceptable to the German populace at the time to allow the Nazis to carry out their ethnic cleansing. Do we conclude that 1930s Germany was an abnormal society—and if so, what does it mean to say that a whole population is abnormal?

Diagnosis by an Expert

Before we consider this issue, it is an opportune time to identify the professionals involved in the mental health field. **Clinical psychologists** are initially trained in general psychology and then receive graduate training in