abnormal psychology

DEBORAH C. BEIDEL
University of Central Florida

CYNTHIA M. BULIK
University of North Carolina at Chapel Hill

MELINDA A. STANLEY
Baylor College of Medicine

PEARSON
To our parents
Anthony and Jean Casamassa
Frank and Marie Bulik
Pat and Bob Stanley
Thank you for teaching us the value of education and for providing the love and encouragement that allowed us to achieve our dreams.

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When the first edition was introduced, we wondered whether instructors and students would perceive the need for a new textbook, and we were pleased to find so many people who resonated with the scientist-practitioner approach. Abnormal psychology remains one of the most popular courses among undergraduate students as national and world events drive us to try to understand human behavior and the forces that shape and act on it. What factors drove someone to take a gun and shoot a member of the U.S. Congress? How could a celebrity, who seemingly has everything—wealth, family, fame—shoplift a $50.00 item of jewelry? The answers to these questions do not come easily as we see simplistic answers such as “the measles vaccine causes autism,” a theory first accepted and now completely discredited.

The third edition of this textbook is another opportunity for students to see science in action. Prompted by the revision of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), students will be exposed to the ever-changing nature of our understanding of human behavior, as research has shed new light on disorders, forced scientists and clinicians to grapple with disparate data sets and to work together to produce what is hopefully a scientific and clinically meaningful system for understanding and communicating about abnormal behavior. Because the DSM-5 has just been introduced, there are some areas of abnormal behavior where the science has not yet caught up to the new criteria and in some cases, the new diagnoses. This is particularly relevant in those chapters where revisions to the diagnostic criteria were extensive. The new criteria are there but epidemiological data for the new disorders are not available—researchers simply have not had time to conduct new studies using the new criteria. In those instances, we rely on the published data based on the DSM-IV categories, while giving appropriate caveats about the need for more research.

Despite the changing criteria, understanding human behavior requires integration of brain and behavior, data from scientists, and insights from clinicians and patients. As in the first two editions, a scientist-practitioner approach integrates biological data with research from social and behavioral sciences to foster the perspective that abnormal behavior is complex and subject to many different forces. Furthermore, these variables often interact in a reciprocal fashion. Psychotherapy was built in part on the assumption that behavior could be changed by changing the environment, but science has now shown us that environmental factors can also change the brain. Scientific advances in molecular genetics have expanded our understanding of how genes influence behavior. Virtual reality treatment systems have provided new insights, raised new questions, and unlocked new areas of exploration. As this third edition illustrates, we remain firm in our conviction that the integration of leading-edge biological and behavioral research, known as the translational approach, or from bench to bedside, is needed to advance the study of abnormal psychology. As we did in previous editions, we reach beyond the old clichés of nature or nurture, clinician or scientist, genes or environment, and challenge the next generation of psychologists and students to embrace the complexity inherent in replacing these historical “ors” with contemporary “ands.”

What’s New in the Third Edition

- **Complete DSM-5 Revisions:** Updated to thoroughly reflect the new DSM-5, including relevant organizational changes in some chapters.
- **DSM-5 diagnostic criteria tables:** All diagnostic criteria tables have been revised to reflect any changes in the DSM-5.
- **Coverage of disorders expanded to include the following, based on their inclusion in DSM-5:** Premenstrual Dysphoric Disorder, Binge Eating Disorder, Hoarding Disorder, Excoriating Disorder, Illness Anxiety Disorder, Gender Dysphoria, Autism Spectrum Disorder, Substance Use Disorder, Compulsive Gambling added to Addiction and Related Disorders, and others.
- **New and updated content throughout, including many new topics for these special features:** “Real People, Real Disorders,” “Examining the Evidence,” and “Research Hot Topic” and a new feature, “Real Science: Real Life.”
- **Current research:** Hundreds of new research citations throughout reflect the ever-advancing field of abnormal psychology.
- **QR Codes:** Use of QR codes students can use to access sample video case vignettes on their smartphones or computers.

The Scientist-Practitioner Model

We subtitled this book A Scientist-Practitioner Approach because we know that understanding abnormal psychology rests on knowledge generated through scientific studies and clinical practice. Many psychologists are trained in the scientist-practitioner model and adhere to it to some degree in their professional work. We live and breathe this model. In addition to our roles as teachers at the undergraduate, graduate, and postdoctoral levels, we are all active clinical researchers and clinical practitioners. However, the scientist-practitioner model means more than just having multiple roles; it is a philosophy that guides all of the psychologist’s activities. Those who are familiar with the model know this quote well: “Scientist-practitioners embody a research orientation in their practice and a practice relevance in their research” (Belar & Perry, 1992). This philosophy reflects our guiding principles, and we wrote this text to emphasize this
A Developmental Trajectory

It has become increasingly clear that many types of abnormal behaviors either begin in childhood or have childhood precursors. Similarly, without treatment, most disorders do not merely disappear with advancing age and, in fact, new disorders may emerge. Quite simply, as we grow, mature, and age, our physical and cognitive capacities affect how symptoms are expressed. Without this developmental perspective, it is easy to overlook important clues that indicate the presence of a specific disorder at a particular phase of life. We are proud that we embraced this concept before its introduction in the DSM-5. Failure to understand the various manifestations of a disorder means that theories of etiology may be incorrect or incomplete, and that interventions may be inappropriately applied. Now that DSM-5 has shifted to a developmental focus, students and instructors will find that certain disorders are not in the same chapters in which they were in previous editions. In each chapter where we discuss psychological disorders, we also include a section called “Developmental Considerations,” which highlights what is known about the developmental trajectory of each condition. In the margins of those pages, you will find the developmental trajectory icons, which indicate that important developmental features are discussed in that paragraph.

Sex, Race, and Ethnicity

In each chapter, we describe the current literature regarding the effect of sex, race, or ethnicity on a disorder’s clinical presentation, etiology, and treatment. We carefully considered the terms used in the text to refer to these concepts. Indeed, the terms used to refer to sex, gender, race, and ethnicity are continually evolving, and the words that we use vary throughout the text. When we describe a particular study, we retain the labels that were used in the publication (e.g., Afro-Caribbean, Caucasian, Pacific Islander). To create some consistency throughout the text, when we discuss general issues regarding race and ethnicity, we use standard terms (e.g., whites, African Americans, Hispanics). Although we are admittedly uncomfortable with calling groups by any labels, whether they refer to race, ethnicity, or diagnosis (e.g., blacks, whites, schizophrenics), for clarity of presentation and parsimony in the case of race and ethnicity, we opted for these categorical labels rather than the more cumbersome “individuals of European-American ancestry” approach. Throughout the book, however, we have not labeled individuals who have psychological disorders by their diagnosis because people are far more rich and complex than any diagnostic label could ever capture. Moreover, referring to a patient or patient group by a diagnostic label (e.g., bulimics, depressives, schizophrenics) is fundamentally disrespectful. People have disorders, but their disorders do not define them.

Ethics and Responsibility

In this edition, we continue our newest feature titled “Ethics and Responsibility.” The discussion of ethics and responsibility varies with respect to the individual chapter, but in each case, we have attempted to select a topic that is timely and illustrates how psychologists consider the impact of their behavior on those with whom they work and on society in general. We hope that this feature will generate class discussion and impress on students the impact of one’s behavior upon others.

Clinical Features

Consistent with our belief that the clinical richness of this text will bring the subject matter to life, each chapter begins with a clinical description that introduces and illustrates the topic of the chapter. These descriptions are not necessarily extensive case studies but provide the reader a global “feel” for each disorder. Additionally, small case vignettes are used liberally throughout the text to illustrate specific clinical elements. Another important clinical element is the “Side by Side Case Studies,” in which we illustrate the differences between typical human emotions (such as elation) and abnormal behavior (such as mania). We included
people, including undergraduate students, suffer from these disorders. As we indicated in Chapter 1, although many well-known figures have suffered from the disorder discussed in this chapter. As we indicated in Chapter 1, although many such figures have suffered from the disorder discussed in this chapter, they often feel that they are alone or “weird.” We wanted to break down the stereotypes that many undergraduate students have about people with psychological disorders. Using well-known figures to humanize these conditions allows students to connect with the material on an emotional, as well as an intellectual, level.

**Intermediate and End-of-Chapter Reviews**

Finally, we would like to draw the reader’s attention to the “Concept Checks” that are found throughout the chapter as well as the “Test Yourself” sections at the end of each chapter. The “Concept Checks” provide quick reviews at the end of chapter sections, allowing students to be sure that they have mastered the material before proceeding to the next section. Instructors can use the “Concept Checks” and “Critical Thinking Questions” to challenge students to think “outside the box” and critically examine the material presented within that section. The “Test Yourself” provides another opportunity for students to review and master the material using the format that they will most likely find on their class examinations.

**Supplemental Teaching Materials**

**MyPsychLab for Abnormal Psychology**

MyPsychLab is an online homework, tutorial, and assessment program that truly engages students in learning. It helps students better prepare for class, quizzes, and exams—resulting in better performance in the course. It provides educators a dynamic set of tools for gauging individual and class performance. To order the third edition with MyPsychLab, use ISBN 0205968244.

**SPEAKING OUT: INTERVIEWS WITH PEOPLE WHO STRUGGLE WITH PSYCHOLOGICAL DISORDERS**

This set of video segments allows students to see firsthand accounts of patients with various disorders. The interviews were conducted by licensed clinicians and range in length from 8 to 25 minutes. Disorders include major depressive disorder, obsessive-compulsive disorder, anorexia nervosa, PTSD, alcoholism, schizophrenia, autism, ADHD, bipolar disorder, social phobia, hypochondriasis, borderline personality disorder, and adjustment to physical illness. These video segments are available on DVD or through MyPsychLab.


**INSTRUCTOR’S MANUAL (0205978428)**

A comprehensive tool for class preparation and management, each chapter includes a chapter-at-a-glance overview; key terms; teaching objectives; a detailed chapter outline including lecture starters, demonstrations and activities, and handouts; a list of...
references, films and videos, and web resources; and a sample syllabus. Available for download on the Instructor’s Resource Center at www.pearsonhighered.com.

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The Test Bank has been rigorously developed, reviewed, and checked for accuracy to ensure the quality of both the questions and the answers. It includes fully referenced multiple-choice, true/false, and concise essay questions. Each question is accompanied by a page reference, difficulty level, skill type (factual, conceptual, or applied), topic, and a correct answer. Available for download on the Instructor’s Resource Center at www.pearsonhighered.com.

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LECTURE POWERPOINT SLIDES (0205979645)
The PowerPoint slides provide an active format for presenting concepts from each chapter and feature relevant figures and tables from the text. Available for download on the Instructor’s Resource Center at www.pearsonhighered.com.

ENHANCED LECTURE POWERPOINT SLIDES WITH EMBEDDED VIDEOS ON DVD (0205978436)
The lecture PowerPoint slides have been embedded with select Speaking Out video pertaining to each disorder chapter, enabling instructors to show videos within the context of their lecture. No Internet connection is required to play videos.

POWERPOINT SLIDES FOR PHOTOS, FIGURES, AND TABLES (0205979661)
These slides contain only the photos, figures, and line art from the textbook. Available for download on the Instructor’s Resource Center at www.pearsonhighered.com.

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Finally, we hope the students and instructors who used the first and second editions and who will use this new text experience the joy and wonder that comes with learning about the challenging and intriguing topic of abnormal psychology. We are passionate about our science and compassionate with our patients. We are also dedicated educators. As such, we encourage you to contact us with comments, questions, or suggestions on how to improve this book. No textbook is perfect, but with your help, we will continue to strive for that goal.

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about the authors

Deborah C. BEIDEL
received her B.A. from the Pennsylvania State University and her M.S. and Ph.D. from the University of Pittsburgh, completing her predoctoral internship and postdoctoral fellowship at Western Psychiatric Institute and Clinic. Before joining the faculty at the University of Central Florida where she is Pegasus Professor of Psychology and Medical Education and the Director of the Center for Trauma, Anxiety, Resilience and Prevention (C-TARP), she was on the faculty at the University of Pittsburgh, Medical University of South Carolina, University of Maryland—College Park, and Penn State College of Medicine-Hershey Medical Center. Currently, she holds American Board of Professional Psychology (ABPP) Diplomates in Clinical Psychology and Behavioral Psychology and is a Fellow of the American Psychological Association, the American Psychopathological Association, and the Association for Psychological Science. She is Chair-elect of the Council for University Directors in Clinical Psychology (CUDCP), a past Chair of the American Psychological Association’s Committee on Accreditation, the 1990 recipient of the Association for Advancement of Behavior Therapy’s New Researcher Award, and the 2007 recipient of the Samuel M. Turner Clinical Researcher Award from the American Psychological Association. While at the University of Pittsburgh, Dr. Beidel was twice awarded the “Apple for the Teacher Citation” by her students for outstanding classroom teaching. In 1995, she was the recipient of the Distinguished Educator Award from the Association of Medical School Psychologists. She is editor in chief of the Journal of Anxiety Disorders, author of over 230 scientific publications, including journal articles, book chapters, and books, including Childhood Anxiety Disorders: A Guide to Research and Treatment and Shy Children, Phobic Adults: The Nature and Treatment of Social Anxiety Disorder. Her academic, research, and clinical interests focus on child, adolescent, and adult anxiety disorders, including their etiology, psychopathology, and behavioral interventions. Her research is characterized by a developmental focus, and includes high-risk and longitudinal designs, psychophysiological assessment, treatment development, and treatment outcome. She is the recipient of numerous grants from the Department of Defense, the National Institute of Mental Health and the Autism Speaks Foundation. At the University of Central Florida, she teaches abnormal psychology at both the undergraduate and graduate level.

Cynthia M. BULIK
is the Distinguished Professor of Eating Disorders in the Department of Psychiatry in the School of Medicine at the University of North Carolina at Chapel Hill, where she is also Professor of Nutrition in the Gillings School of Global Public Health, Director of the UNC Center of Excellence for Eating Disorders, and Co-Director of the UNC Center for Psychiatric Genomics. A clinical psychologist by training, Dr. Bulik has been conducting research and treating individuals with eating disorders since 1982. She received her B.A. from the University of Notre Dame and her M.A. and Ph.D. from the University of California, Berkeley. She completed internships and postdoctoral fellowships at the Western Psychiatric Institute and Clinic in Pittsburgh, Pennsylvania. She developed outpatient, partial hospitalization, and inpatient services for eating disorders both in New Zealand and the United States. Her research has included treatment, laboratory, epidemiological, twin, and molecular genetic studies of eating disorders and body weight regulation. She integrates technology into treatment for eating disorders and obesity in order to broaden the public health reach of interventions. She is the Director of the first NIMH-sponsored Post-Doctoral Training Program in Eating Disorders. She has active research collaborations in 21 countries around the world. Dr. Bulik has written over 450 scientific papers and chapters on eating disorders and is author of the books Eating Disorders: Detection and Treatment (Dunmore), Runaway Eating: The 8 Point Plan to Conquer Adult Food and Weight Obsessions (Rodale), and Crave: Why You Binge Eat and How to Stop, The Woman in the Mirror: How to Stop Confusing What You Look Like with Who You Are, and Midlife Eating Disorders: Your Journey to Recovery (Walker). She is a recipient of the Eating Disorders Coalition Research Award, the Hulka Innovators Award, the Academy for Eating Disorders Leadership Award for Research, the Price Family National Eating Disorders Association Research Award, the Carolina Women’s Center Women’s Advocacy Award, the Women’s Leadership Council Faculty-to-Faculty Mentorship Award, and the Advocacy Award. She is a past President of the Academy for Eating Disorders, past Vice-President of the Eating Disorders Coalition, and past Associate Editor of the International Journal of Eating Disorders. Dr. Bulik holds the first endowed professorship in eating disorders in the United States. She balances her academic life by being happily married with three children and a competitive ice dancer.

Melinda A. STANLEY
is Professor and Head of the Division of Psychology in the Menninger Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine. She holds The McIngvale Family Chair in Obsessive Compulsive Disorder Research and a secondary appointment as Professor in the Department of Medicine. Dr. Stanley is a clinical psychologist and senior mental health services researcher within the Health Services Research and Development Center of Excellence, Michael E. DeBakey Veterans Affairs Medical Center, Houston, and an affiliate investigator for the South Central Mental Illness Research, Education, and Clinical Center (MIRECC). Before joining the faculty at Baylor, she was Professor of Psychiatry at the University of Texas Health Science Center at Houston, where she served as Director of the Psychology Internship program. Dr. Stanley completed an internship and postdoctoral fellowship at Western Psychiatric
Institute and Clinic, University of Pittsburgh School of Medicine. She received a Ph.D. from Texas Tech University, an M.A. from Princeton University, and a B.A. from Gettysburg College, where she was a Phi Beta Kappa and summa cum laude graduate. Dr. Stanley's research interests involve the identification and treatment of anxiety and depressive disorders in older adults. Her current focus is on expanding the reach of services for older people into primary care and underserved communities where mental health needs of the older people often remain unrecognized and undertreated. In these settings, the content and delivery of care require modifications to meet cultural, cognitive, sensory, and logistic barriers. Some of Dr. Stanley’s work in this domain includes the integration of religion and spirituality into therapy to enhance engagement in care for traditionally underserved groups. Dr. Stanley and her colleagues have been awarded continuous funding from the National Institute of Mental Health (NIMH) for 14 years to support her research in late-life anxiety. In 2008, Dr. Stanley received the Excellence in Research Award from the South Central MIRECC. In 2009, she received the MIRECC Excellence in Research Education Award. She has received numerous teaching awards and has served as mentor for five junior faculty career development awards. Dr. Stanley is a Fellow of the American Psychological Association, and she has served as a regular reviewer of NIMH grants. She is the author of over 150 scientific publications, including journal articles, book chapters, and books.