

 Cengage

Ninth Edition

PSYCHOPATHOLOGY

An Integrative Approach to Mental Disorders



David H. Barlow
V. Mark Durand
Stefan G. Hofmann

PSYCHOPATHOLOGY

An Integrative Approach to Mental Disorders

Ninth Edition

PSYCHOPATHOLOGY

An Integrative Approach to Mental Disorders

David H. Barlow
Boston University

V. Mark Durand
University of South Florida–St. Petersburg

Stefan G. Hofmann
Philipps University of Marburg, Germany, and Boston University



Australia • Brazil • Canada • Mexico • Singapore • United Kingdom • United States

This is an electronic version of the print textbook. Due to electronic rights restrictions, some third party content may be suppressed. Editorial review has deemed that any suppressed content does not materially affect the overall learning experience. The publisher reserves the right to remove content from this title at any time if subsequent rights restrictions require it. For valuable information on pricing, previous editions, changes to current editions, and alternate formats, please visit www.cengage.com/highered to search by ISBN#, author, title, or keyword for materials in your areas of interest.

Important Notice: Media content referenced within the product description or the product text may not be available in the eBook version.

Psychopathology: An Integrative Approach to Mental Disorders, Ninth Edition
**David H. Barlow, V. Mark Durand,
Stefan G. Hofmann**

SVP, Higher Education Product Management:
Erin Joyner

VP, Product Management, Learning Experiences:
Thais Alencar

Product Director: Laura Ross

Product Manager: Colin Grover

Product Assistant: Fantasia Mejia

Learning Designer: Kim Beuttler

Content Manager: Sean Campbell

Digital Delivery Quality Partner: Scott Diggins

VP, Product Marketing: Jason Sakos

Senior Director, Product Marketing: Jennifer Fink

Product Marketing Manager: Chris Walz

IP Analyst: Deanna Ettinger

IP Project Manager: Ilakkiya Jayagopi

Production Service: Lumina Datamatics, Inc.

Designer: Sara Greenwood

Cover Image Source: CoffeeAndMilk/Getty Images

© 2023, 2018, 2015 Cengage Learning, Inc. ALL RIGHTS RESERVED.

No part of this work covered by the copyright herein may be reproduced or distributed in any form or by any means, except as permitted by U.S. copyright law, without the prior written permission of the copyright owner.

For product information and technology assistance, contact us at
Cengage Customer & Sales Support, 1-800-354-9706
or **support.cengage.com**.

For permission to use material from this text or product, submit all
requests online at **www.copyright.com**.

Library of Congress Control Number: 2021952949

Student Edition:

ISBN: 978-0-357-65784-3

Loose-leaf Edition:

ISBN: 978-0-357-65785-0

Cengage

200 Pier 4 Boulevard

Boston, MA 02210

USA

Cengage is a leading provider of customized learning solutions with employees residing in nearly 40 different countries and sales in more than 125 countries around the world. Find your local representative at: **www.cengage.com**.

To learn more about Cengage platforms and services, register or access your online learning solution, or purchase materials for your course, visit **www.cengage.com**.

*To my mother, Doris
Elinor Barlow-Lanigan,
for her multidimensional
influence across my
life span.*

D. H. B.

*To Wendy and Jonathan, whose
patience, understanding, and
love provided me the
opportunity to complete such
an ambitious project.*

V. M. D.

*To all of those living
and coping with
psychopathology.*

S. G. H.

About the Authors



David H. Barlow is an internationally recognized pioneer and leader in clinical psychology. Currently professor emeritus of psychology and psychiatry at Boston University, Dr. Barlow is founder and director emeritus of the Center for Anxiety and Related Disorders, one of the largest research clinics of its kind in the world. From 1996 to 2004, he directed the clinical psychology programs at Boston University. From 1979 to 1996, he was distinguished professor at

the University at Albany–State University of New York. From 1975 to 1979, he was professor of psychiatry and psychology at Brown University, where he also founded the clinical psychology internship program. From 1969 to 1975, he was professor of psychiatry at the University of Mississippi Medical Center, where he founded the psychology residency program.

Growing up in sports-obsessed Boston, he reached what turned out to be the peak of his athletic career at age 12 when his team went to the Little League Baseball World Series. When it became clear that his athletic career was going no further, he hit the books, receiving his B.A. from the University of Notre Dame, his M.A. from Boston College, and his Ph.D. from the University of Vermont.

A fellow of every major psychological association, Dr. Barlow has received many awards in honor of his excellence in scholarship, including the National Institute of Mental Health Merit Award for his long-term contributions to the clinical research effort. He has also received the two highest awards in psychology—the Distinguished Scientist Award from the American Psychological Association, which is given for applications of psychology, and the James McKeen Cattell Fellow Award from the Association for Psychological Science, which honors individuals for a lifetime of significant intellectual achievements in applied psychological research. Other awards include the Distinguished Scientist Award from the Society of Clinical Psychology of the American Psychological Association and a certificate of appreciation from the APA section on the clinical psychology of women for “outstanding commitment to the advancement of women in psychology.” He was awarded an honorary doctorate of science from the University of Vermont, an honorary doctorate of humane letters from William James College, as well as the C. Charles Burlingame Award from the Institute of Living in Hartford Connecticut “for

his outstanding leadership in research, education, and clinical care.” In 2014, he was awarded a presidential citation from the American Psychological Association “for his lifelong dedication and passion for advancing psychology through science, education, training, and practice.” In 2018, he received a second presidential citation for his “far-reaching impact on many psychologists of color and shaping the future of the discipline in valuing and supporting the potential of all students.”

He also has received career or lifetime contribution awards from the California, Connecticut, and Massachusetts Psychological Associations, as well as the University of Mississippi Medical Center and the Association for Behavioral and Cognitive Therapies. In 2000, he was named honorary visiting professor at the Chinese People’s Liberation Army General Hospital and Postgraduate Medical School in Beijing, China, and in 2015, he was named honorary president of the Canadian Psychological Association. In addition, the annual Grand Rounds in Clinical Psychology at Brown University was named in his honor. During the 1997–1998 academic year, he was Fritz Redlich Fellow at the Center for Advanced Study in the Behavioral Sciences in Palo Alto, California. His research has been continually funded by the National Institutes of Health for over 50 years.

Dr. Barlow has edited several journals, including *Clinical Psychology: Science and Practice* and *Behavior Therapy*, has served on the editorial boards of more than 20 different journals, and is currently editor in chief of the “Treatments That Work” series for Oxford University Press. He has published more than 650 scholarly articles and chapters and written or edited more than 90 books and clinical manuals, including *Anxiety and Its Disorders*, second edition (Guilford Press); *Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual*, fifth edition (Guilford Press); *Single-Case Experimental Designs: Strategies for Studying Behavior Change*, third edition (Allyn & Bacon) (with Matthew Nock and Michael Hersen); *The Scientist–Practitioner: Research and Accountability in the Age of Managed Care*, second edition (Allyn & Bacon) (with Steve Hayes and Rosemary Nelson-Gray); *Mastery of Your Anxiety and Panic* (Oxford University Press) (with Michelle Craske); and, more recently, *The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders*, second edition (Oxford University Press) (with the Unified Protocol team at Boston University). The books and manuals have been translated into more than 20 languages, including Arabic, Chinese, Hindi, and Russian. His research has been cited over 130,000 times with a Google scholar h-index of 160.

Dr. Barlow was one of three psychologists on the task force that was responsible for reviewing the work of more than 1,000 mental health professionals who participated in the creation of DSM-IV, and he continued on as an adviser to the DSM-5 task force. He also chaired the APA task force on Psychological Intervention Guidelines, which created a template for the creation of

clinical practice guidelines. His current research program focuses on the nature and treatment of anxiety and related emotional disorders.



V. Mark Durand is known worldwide as an authority in the area of autism spectrum disorder. He is a Distinguished University Professor of psychology at the University of South Florida–St. Petersburg, where he was the founding dean of Arts and Sciences and vice chancellor for academic affairs. Dr. Durand is a fellow of the American Psychological Association. He has received more than \$4 million in federal funding since the beginning of his career to study the nature, assessment, and treatment of

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

Dr. Durand was awarded the University Award for Excellence in Teaching at SUNY–Albany in 1991 and was given the Chancellor’s Award for Excellence in Research and Creative Scholarship at the University of South Florida–St. Petersburg in 2007. He was named a 2014 Princeton Lecture Series Fellow and received the 2015 Jacobson Award for Critical Thinking from the American Psychological Association for his body of work in the field of autism spectrum

disorder. Dr. Durand was elected to serve as president of the American Psychological Association’s Division 33 (Intellectual and Developmental Disabilities / Autism Spectrum Disorders) for 2019.

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

Dr. Durand is currently a member of the Professional Advisory Board for the Autism Society of America and was on the board of directors of the International Association of Positive Behavioral Support. He was coeditor of the *Journal of Positive Behavior Interventions*, serves on a number of editorial boards, and has more than 145 publications on functional communication training, educational programming, and behavior therapy. His books include *Severe Behavior Problems: A Functional Communication Training Approach* (Guilford Press); *Sleep Better! A Guide to Improving Sleep for Children with Special Needs* (Brookes); *Helping Parents with Challenging Children: Positive Family Intervention* (Oxford University Press) (with Meme Hieneman); the multiple national award-winning *Optimistic Parenting: Hope and Help for You and Your Challenging Child* (Brookes); and most recently *Autism Spectrum Disorder: A Clinical Guide for General Practitioners* (American Psychological Association).

Dr. Durand developed a unique treatment for severe behavior problems that is currently mandated by states across the country and is used worldwide. He also developed an assessment tool that is used internationally and has been translated into more than 15 languages. Most recently, he developed an innovative approach to help families work with their challenging child (Optimistic Parenting), which was validated in a 5-year clinical trial and is being used all over the world. He has been consulted by the departments of education in numerous states and by the U.S. Departments of Justice and Education. His current research program includes the study of prevention models and treatments for such serious problems as self-injurious behavior.

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



Stefan G. Hofmann is an international expert on psychotherapy for emotional disorders. He is the Alexander von Humboldt Professor of Translational Clinical Psychology at the Philipps University of Marburg and professor of psychology at Boston University. He was born in a little town near Stuttgart in Germany, which may explain his German accent. He studied psychology at the Philipps University of Marburg, Germany, where he received his B.A.,

M.S., and Ph.D. A brief dissertation fellowship to spend some time at Stanford University turned into a longer research career in the United States. He eventually moved to the United States in 1994 to join Dr. Barlow's team at the University at Albany–State University of New York. He has been a professor at Boston University since 1996 and received an Alexander von Humboldt Professorship for the Philipps University of Marburg, Germany, in 2021. He now lives in Frankfurt, Germany, Boston, and Cape Cod.

Dr. Hofmann has an actively funded research program studying various aspects of emotional disorders with a particular emphasis on anxiety disorders, cognitive behavioral therapy, and neuroscience. More recently, he has been interested in

mindfulness approaches, such as yoga and meditation practices, as treatment strategies of emotional disorders. Furthermore, he has been one of the leaders in translational research methods to enhance the efficacy of psychotherapy and to predict treatment outcome using neuroscience methods. He is codeveloper (with Steven Hayes) of process-based therapy.

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

Dr. Hofmann has been the editor in chief of *Cognitive Therapy and Research*, and he has published more than 400 peer-reviewed journal articles and 20 books, including *An Introduction of Modern CBT* (Wiley-Blackwell) and *Emotion in Therapy* (Guilford Press).

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

Brief Contents

- 1** Psychopathology in Historical Context **2**
- 2** An Integrative Approach to Psychopathology **30**
- 3** Clinical Assessment and Diagnosis **72**
- 4** Research Methods **102**
- 5** Anxiety, Trauma- and Stressor-Related, and Obsessive-Compulsive and Related Disorders **124**
- 6** Somatic Symptom and Related Disorders and Dissociative Disorders **180**
- 7** Mood Disorders and Suicide **210**
- 8** Eating and Sleep–Wake Disorders **266**
- 9** Physical Disorders and Health Psychology **318**
- 10** Sexual Dysfunctions, Paraphilic Disorders, and Gender Dysphoria **356**
- 11** Substance-Related, Addictive, and Impulse-Control Disorders **400**
- 12** Personality Disorders **444**
- 13** Schizophrenia Spectrum and Other Psychotic Disorders **480**
- 14** Neurodevelopmental Disorders **516**
- 15** Neurocognitive Disorders **548**
- 16** Mental Health Services: Legal and Ethical Issues **574**

Contents

1

Psychopathology in Historical Context 2

Understanding Psychopathology 3

- What Is a Psychological Disorder? / 3
- The Science of Psychopathology / 6
- Historical Conceptions of Abnormal Behavior / 8

The Supernatural Tradition 8

- Demons and Witches / 8
- Stress and Melancholy / 9
- Treatments for Possession / 10
- Mass Hysteria / 11
- Modern Mass Hysteria / 11
- The Moon and the Stars / 11

The Biological Tradition 12

- Hippocrates and Galen / 12
- The 19th Century / 13
- The Development of Biological Treatments / 14

- Consequences of the Biological Tradition / 14

The Psychological Tradition 15

- Moral Therapy / 15
- Asylum Reform and the Decline of Moral Therapy / 16
- Psychoanalytic Theory / 17
- Humanistic Theory / 22
- The Cognitive-Behavioral Model / 23

The Present: The Scientific Method and an Integrative Approach 25

- Summary 26
- Key Terms 27
- Answers to Concept Checks 27



2

An Integrative Approach to Psychopathology 30

One-Dimensional versus Multidimensional Models 31

- What Caused Janelle's Phobia? / 31
- Outcome and Comments / 33

Genetic Contributions to Psychopathology 34

- The Nature of Genes / 34
- New Developments in the Study of Genes and Behavior / 35
- The Interaction of Genes and the Environment / 36
- Epigenetics and the Nongenomic "Inheritance" of Behavior / 39

Neuroscience and Its Contributions to Psychopathology 41

- The Central Nervous System / 41

- The Structure of the Brain / 43

- The Peripheral Nervous System / 45

- Neurotransmitters / 47

- Implications for Psychopathology / 51

- Psychosocial Influences on Brain Structure and Function / 52

- Interactions of Psychosocial Factors and Neurotransmitter Systems / 54

- Psychosocial Effects on the Development of Brain Structure and Function / 55

- The Brain-Gut Connection / 56

- Comments / 56

Behavioral and Cognitive Science 57

- Conditioning and Cognitive Processes / 57
- Learned Helplessness / 58



Social Learning / 58
Prepared Learning / 58
Cognitive Science and the Unconscious / 59

Emotions 60

The Physiology and Purpose of Fear / 60
Emotional Phenomena / 60
The Components of Emotion / 61
Anger and Your Heart / 62
Emotions and Psychopathology / 63

Cultural, Social, and Interpersonal Factors 63

Voodoo, the Evil Eye, and Other Fears / 63
Gender / 64
Social Effects on Health and Behavior / 65
Global Incidence of Psychological Disorders / 67

Life-Span Development 67

Conclusions 69

Summary 70

Key Terms 71

Answers to Concept Checks 71

3 Clinical Assessment and Diagnosis 72

Assessing Psychological Disorders 73

Key Concepts in Assessment / 74
The Clinical Interview / 75
Physical Examination / 80
Behavioral Assessment / 80
Psychological Testing / 82
Neuropsychological Testing / 86
Neuroimaging: Pictures of the Brain / 87
Psychophysiological Assessment / 88

Diagnosing Psychological Disorders 90

Classification Issues / 91

Diagnosis before 1980 / 93
DSM-III and DSM-III-R / 93
DSM-IV and DSM-IV-TR / 94
DSM-5 and DSM-5-TR / 94
Creating and Abandoning Diagnoses / 97
Beyond DSM-5: Dimensions and Spectra / 99

Summary 100

Key Terms 100

Answers to Concept Checks 100



4 Research Methods 102

Examining Psychopathology 103

Important Concepts / 103
Basic Components of a Research Study / 103
Statistical versus Clinical Significance / 105
The "Average" Client / 106

Types of Research Methods 106

Studying Individual Cases / 106
Research by Correlation / 107
Research by Experiment / 109
Single-Case Experimental Designs / 111

Genetics and Behavior across Time and Cultures 114

Studying Behavior over Time / 117
Power of a Program of Research / 120
Replication / 121
Research Ethics / 121

Summary 123

Key Terms 123

Answers to Concept Checks 123



5

Anxiety, Trauma- and Stressor-Related, and Obsessive-Compulsive and Related Disorders 124

The Complexity of Anxiety Disorders 125

- Anxiety, Fear, and Panic: Some Definitions / 125
- Causes of Anxiety and Related Disorders / 126
- Comorbidity of Anxiety and Related Disorders / 130
- Comorbidity with Physical Disorders / 131
- Suicide / 131

Anxiety Disorders 132

- Generalized Anxiety Disorder / 132
- Panic Disorder and Agoraphobia / 137
- Specific Phobia / 145
- Social Anxiety Disorder (Social Phobia) / 151

Trauma and Stressor-Related Disorders 157

- Posttraumatic Stress Disorder (PTSD) / 157
- Prolonged Grief Disorder / 163

Obsessive-Compulsive and Related Disorders 165

- Obsessive-Compulsive Disorder / 165
- Body Dysmorphic Disorder / 169
- Other Obsessive-Compulsive and Related Disorders / 173

Summary 175

Key Terms 177

Answers to Concept Checks 177



6

Somatic Symptom and Related Disorders and Dissociative Disorders 180

Somatic Symptom and Related Disorders 181

- Somatic Symptom Disorder / 181
- Illness Anxiety Disorder / 182
- Psychological Factors Affecting Medical Condition / 188
- Functional Neurological Symptom Disorder (Conversion Disorder) / 189

Dissociative Disorders 193

- Depersonalization-Derealization Disorder / 194
- Dissociative Amnesia / 195
- Dissociative Identity Disorder / 198

Summary 207

Key Terms 207

Answers to Concept Checks 207



7

Mood Disorders and Suicide 210

Understanding and Defining Mood Disorders 211

- An Overview of Depression and Mania / 212
- The Structure of Mood Disorders / 213
- Depressive Disorders / 214
- Additional Defining Criteria for Depressive Disorders / 216
- Other Depressive Disorders / 222

- Bipolar Disorders / 224
- Additional Defining Criteria for Bipolar Disorders / 226

Prevalence of Mood Disorders 227

- Prevalence in Children, Adolescents, and Older Adults / 228



Life Span Developmental Influences on Mood Disorders / 229

Across Cultures / 231

Among Creative Individuals / 231

Causes of Mood Disorders 232

Biological Dimensions / 233

Additional Studies of Brain Structure and Function / 236

Psychological Dimensions / 236

Social and Cultural Dimensions / 240

Marital Relations / 240

An Integrative Theory / 243

Treatment of Mood Disorders 244

Medications / 245

Electroconvulsive Therapy and Transcranial Magnetic Stimulation / 248

Psychological Treatments for Depression / 249

Combined Treatments for Depression / 252

Preventing Relapse of Depression / 252

Psychological Treatments for Bipolar Disorder / 254

Suicide 254

Statistics / 255

Causes / 257

Risk Factors / 257

Existing Psychological Disorders and Other Psychological Risk Factors / 258

Stressful Life Events / 258

Is Suicide Contagious? / 259

Treatment / 259

Summary 262

Key Terms 263

Answers to Concept Checks 263

8

Eating and Sleep–Wake Disorders 266

Major Types of Eating Disorders 267

Bulimia Nervosa / 268

Anorexia Nervosa / 271

Binge-Eating Disorder / 273

Statistics / 274

Causes of Eating Disorders 278

Social Dimensions / 278

Biological Dimensions / 281

Psychological Dimensions / 282

An Integrative Model / 283

Treatment of Eating Disorders 283

Drug Treatments / 283

Psychological Treatments / 284

Preventing Eating Disorders / 288

Obesity 289

Statistics / 289

Disordered Eating Patterns in Cases of Obesity / 290

Causes / 291

Treatment / 291

Sleep–Wake Disorders: The Major Dyssomnias 295

An Overview of Sleep–Wake Disorders / 295

Insomnia Disorder / 297

Hypersomnolence Disorders / 301

Narcolepsy / 302

Breathing-Related Sleep Disorders / 303

Circadian Rhythm Sleep Disorder / 304

Treatment of Sleep Disorders 307

Medical Treatments / 307

Environmental Treatments / 308

Psychological Treatments / 308

Preventing Sleep Disorders / 309

Parasomnias and Their Treatment / 309

Summary 313

Key Terms 314

Answers to Concept Checks 314



9

Physical Disorders and Health Psychology 318

Psychological and Social Factors That Influence Health 319

- Health and Health-Related Behavior / 320
- The Nature of Stress / 321
- The Physiology of Stress / 321
- Contributions to the Stress Response / 322
- Stress, Anxiety, Depression, and Excitement / 323
- Stress and the Immune Response / 324

Psychosocial Effects on Physical Disorders 327

- AIDS / 327
- Cancer / 329
- Cardiovascular Problems / 331
- Hypertension / 332
- Coronary Heart Disease / 334

- Chronic Pain / 337
- Chronic Fatigue Syndrome / 341

Psychosocial Treatment of Physical Disorders 344

- Biofeedback / 344
- Relaxation and Meditation / 345
- A Comprehensive Stress- and Pain-Reduction Program / 346
- Drugs and Stress-Reduction Programs / 347
- Denial as a Means of Coping / 347
- Modifying Behaviors to Promote Health / 348

Summary 352

Key Terms 353

Answers to Concept Checks 353



10

Sexual Dysfunctions, Paraphilic Disorders, and Gender Dysphoria 356

What Is “Normal” Sexuality? 357

- Gender Differences / 359
- Cultural Differences / 360
- The Development of Sexual Orientation / 361

An Overview of Sexual Dysfunctions 362

- Sexual Desire Disorders / 363
- Sexual Arousal Disorders / 364
- Orgasm Disorders / 366
- Sexual Pain Disorder / 368

Assessing Sexual Behavior 369

- Interviews / 369
- Medical Examinations / 369
- Psychophysiological Assessments / 369

Causes and Treatment of Sexual Dysfunction 370

- Causes of Sexual Dysfunction / 370
- Treatment of Sexual Dysfunction / 375

Paraphilic Disorders: Clinical Descriptions 378

- Fetishistic Disorder / 379
- Voyeuristic and Exhibitionistic Disorders / 379
- Transvestic Disorder / 380
- Sexual Sadism and Sexual Masochism Disorders / 382
- Pedophilic Disorder and Incest / 383
- Paraphilic Disorders in Women / 384
- Causes of Paraphilic Disorders / 385

Assessing and Treating Paraphilic Disorders 386

- Psychological Treatment / 387
- Drug Treatments / 388

Gender Dysphoria / 389

- Defining Gender Dysphoria / 390
- Causes / 391



11

Substance-Related, Addictive, and Impulse-Control Disorders 400

Perspectives on Substance-Related and Addictive Disorders 401

Levels of Involvement / 402
Diagnostic Issues / 404

Depressants 405

Alcohol-Related Disorders / 405
Sedative-, Hypnotic-, or Anxiolytic-Related Disorders / 410

Stimulants 411

Stimulant-Related Disorders / 411
Tobacco-Related Disorders / 415
Caffeine-Related Disorders / 417

Opioid-Related Disorders 418

Cannabis-Related Disorders 419

Hallucinogen-Related Disorders 420

Other Commonly Misused Substances 422

Inhalants / 422
Steroids / 423
Designer Drugs / 424

Causes of Substance-Related Disorders 424

Biological Dimensions / 424
Psychological Dimensions / 426
Cognitive Dimensions / 427
Social Dimensions / 428
Cultural Dimensions / 429
An Integrative Model / 429

Treatment of Substance-Related Disorders 430

Biological Treatments / 432
Psychosocial Treatments / 433
Prevention / 436

Gambling Disorder 437

Impulse-Control Disorders 438

Intermittent Explosive Disorder / 439
Kleptomania / 439
Pyromania / 439

Summary 440

Key Terms 441
Answers to Concept Checks 441



12

Personality Disorders 444

An Overview of Personality Disorders 445

Aspects of Personality Disorders / 445
Categorical and Dimensional Models / 445
Personality Disorder Clusters / 447
Statistics and Development / 447
Gender Differences / 449
Comorbidity / 450
Personality Disorders under Study / 450

Cluster A Personality Disorders 451

Paranoid Personality Disorder / 452
Schizoid Personality Disorder / 453
Schizotypal Personality Disorder / 455

Cluster B Personality Disorders 457



Antisocial Personality Disorder / 457
Borderline Personality Disorder / 465
Histrionic Personality Disorder / 469
Narcissistic Personality Disorder / 470

Cluster C Personality Disorders 472

Avoidant Personality Disorder / 472

Dependent Personality Disorder / 473
Obsessive-Compulsive Personality
Disorder / 474

Summary 477

Key Terms 477

Answers to Concept Checks 477

13

Schizophrenia Spectrum and Other Psychotic Disorders 480

Perspectives on Schizophrenia 481

Early Figures in Diagnosing Schizophrenia / 481
Identifying Symptoms / 482

Clinical Description, Symptoms, and Subtypes 483

Positive Symptoms / 484
Negative Symptoms / 487
Disorganized Symptoms / 488
Historic Schizophrenia Subtypes / 489
Other Psychotic Disorders / 489

Prevalence and Causes of Schizophrenia 493

Statistics / 494
Development / 494

Cultural Factors / 494
Genetic Influences / 495
Neurobiological
Influences / 499
Psychological and Social
Influences / 502

Treatment of Schizophrenia 504

Biological Interventions / 505
Psychosocial Interventions / 507
Treatment across Cultures / 510
Prevention / 511

Summary 512

Key Terms 513

Answers to Concept Checks 513



14

Neurodevelopmental Disorders 516

Overview of Neurodevelopmental Disorders 517

What Is Typical? What Is Not Typical? / 518

Attention-Deficit/Hyperactivity Disorder 518

Clinical Description / 518
Statistics / 520
Causes / 521
Treatment of ADHD / 523
Psychosocial Interventions / 524
Biological Interventions / 524
Combined Approach to
Treatment / 525

Specific Learning Disorder 525

Clinical Description / 525
Statistics / 526
Causes / 528
Treatment of Learning
Disorders / 529

Autism Spectrum Disorder 530

Treatment of Autism Spectrum Disorder / 534

Intellectual Developmental Disorder (Intellectual Disability) 536

Causes / 539



Prevention of Neurodevelopmental Disorders 543

Summary 545

Key Terms 545

Answers to Concept Checks 545

15 **Neurocognitive Disorders** 548

Perspectives on Neurocognitive Disorders 549

Delirium 549

Clinical Description and Statistics / 549

Treatment / 551

Prevention / 551

Major and Mild Neurocognitive Disorders 552

Clinical Description and Statistics / 554

Neurocognitive Disorder Due to Alzheimer's Disease / 555

Vascular Neurocognitive Disorder / 558

Other Medical Conditions That Cause Neurocognitive Disorder / 558

Substance/Medication-Induced Neurocognitive Disorder / 563

Causes of Neurocognitive Disorder / 563

Treatment / 566

Prevention / 570

Summary 571

Key Terms 571

Answers to Concept Checks 571



16 **Mental Health Services: Legal and Ethical Issues** 574

Perspectives on Mental Health Law 575

Civil Commitment 575

Criteria for Civil Commitment / 576

Procedural Changes Affecting Civil Commitment / 578

An Overview of Civil Commitment / 580

Criminal Commitment 581

The Insanity Defense / 581

Reactions to the Insanity Defense / 582

Therapeutic Jurisprudence / 584

Competence to Stand Trial / 585

Duty to Warn / 585

Mental Health Professionals as Expert Witnesses / 585

Appendix-A: DSM-5 Classifications A-1

Appendix-B: DSM-5 Disorders for Further Study B-1

Glossary G-1

Patients' Rights and Clinical Practice Guidelines 586

The Right to Treatment / 586

The Right to Refuse Treatment / 587

The Rights of Research Participants / 587

Evidence-Based Practice and Clinical Practice Guidelines / 588

Conclusions 590

Summary 591

Key Terms 591

Answers to Concept Checks 591

References R-1

Name Index I-1

Subject Index I-29



Preface

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

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

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

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

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

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

Integrative Approach

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

Life-Span Developmental Influences

No modern view of psychology can ignore the importance of life-span developmental factors in the manifestation and treatment of psychopathology. Studies highlighting developmental windows for the influence of the environment on gene expression are explained. Accordingly, although we include a chapter on neurodevelopmental disorders (Chapter 14), we consider the importance of development throughout the text. We discuss childhood and geriatric anxiety, for example, in the context of the

anxiety, trauma- and stressor-related, and obsessive-compulsive and related disorders chapter (Chapter 5). This system of organization, which is for the most part consistent with DSM-5-TR, helps students appreciate the need to study each disorder from childhood through adulthood and old age. We note findings on developmental considerations in separate sections of each disorder chapter and, as appropriate, discuss how specific developmental factors affect causation and treatment.

Scientist–Practitioner Approach

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

Clinical Cases of Real People

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

Disorders in Detail

We cover the major psychological disorders in 11 chapters (Chapters 5–15), focusing on three broad categories: clinical description, causal factors, and treatment and outcomes. We pay considerable attention to case studies and DSM-5-TR criteria, and we include statistical data, such as prevalence and incidence rates, sex ratio, age of onset, and the general course or pattern for the disorder as a whole. Since several of us were appointed advisers to the DSM-5-TR task force, we are able to include the reasons for changes as well as the changes themselves. Throughout, we explore how biological, psychological, and social dimensions may interact to cause a particular disorder. Finally, by covering treatment and outcomes within the context of specific disorders, we provide a realistic sense of clinical practice.

Treatment

One of the best received innovations in the first eight editions was our strategy of discussing treatments in the same chapter as the disorders themselves instead of in a separate chapter, an approach that is supported by the development of specific psychosocial and pharmacological treatment procedures for specific disorders. We have retained this integrative format and have improved upon it, and we include treatment procedures in the key terms and glossary.

Legal and Ethical Issues

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

Diversity

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

New to This Edition

A Thorough Update

This exciting field moves at a rapid pace, and we take particular pride in how our book reflects the most recent developments. Of course, the most important recent development is the publication of the text revision of DSM-5 (DSM-5 TR). In this revision many of the diagnostic criteria have been updated and there is one brand new disorder described below. All of these revisions have been fully integrated throughout the book. Also, once again, every chapter has been carefully revised to reflect the latest research studies on psychological disorders. Hundreds of new references from 2020 to 2021 (and some still “in press”) appear for the first time in this edition, and some of the information they contain stuns the imagination. Nonessential material has been eliminated, some new headings have been added, and DSM-5-TR criteria are included in their entirety as tables in the appropriate disorder chapters.

Several chapters—Chapter 5, Anxiety, Trauma- and Stressor-Related, and Obsessive-Compulsive and Related Disorders; Chapter 7, Mood Disorders and Suicide; Chapter 8, Eating and Sleep–Wake Disorders; Chapter 9, Physical Disorders and Health Psychology; Chapter 11, Substance-Related, Addictive, and Impulse-Control Disorders; Chapter 13, Schizophrenia Spectrum

and Other Psychotic Disorders; and Chapter 14, Neurodevelopmental Disorders—have been heavily revised to reflect new research, but all chapters have been significantly updated and refreshed.

Chapter 1, Psychopathology in Historical Context, features updated nomenclature to reflect new titles in DSM-5-TR, updated descriptions of research on defense mechanisms, and fuller and deeper descriptions of the historical development of psychodynamic and psychoanalytic approaches. We added a discussion of the definition of the term *mental disorder*, which includes a critique of Jerome Wakefield’s influential definition by Richard McNally and examines the historical changes of this term throughout history, including today’s struggle with the COVID-19 pandemic. We added a section on causality and discuss the term *etiology* as it relates to psychopathology. Freud’s influential psychosexual theory of psychoanalysis is discussed in the context of issues related to LGBTQ2+ and gender identity. His theory was replaced by cognitive behavioral therapy (CBT), which we discuss in more detail.

Chapter 2, An Integrative Approach to Psychopathology, includes an updated discussion of developments in the study of genes and behavior with a focus on gene–environment interaction; new data illustrating the gene–environment correlation model; and new studies illustrating the psychosocial influence on the development of brain structure and function in general and on neurotransmitter systems specifically. We updated, revised, and refreshed sections on behavioral and cognitive science and added discussions of new evidence on the brain–gut connection and of COVID-19 as an example of the importance of social influence on psychopathology. This chapter also includes a major update on genetics, DNA, the definition of a gene based on the DNA structure, coding versus noncoding DNA, transcription of DNA, RNA, the definition of *allele*, the difference between a genotype and phenotype, polymorphism, and the definition of *single nucleotide polymorphism (SNP)*. We also updated the section on epigenetics and added new references, including new research on telomere length and other epigenetic mechanisms. We believe this update is necessary for students to gain a better understanding on the etiology of mental disorders. Finally, we added a discussion on the exploding research field on psychedelics, hallucinogens, and other drugs such as St. John’s wort as new pharmacological agents for mental disorders.

Chapter 3, Clinical Assessment and Diagnosis, now presents references to “intellectual disability” instead of “mental retardation” to be consistent with DSM-5-TR and changes within the field; a new discussion about information from the MMPI-2 (noting that it is informative but does not necessarily change how clients are treated and may not improve their outcomes); a description of the organization and structure of DSM-5-TR along with major changes from DSM-IV and DSM-5-TR; a description of methods to coordinate the development of DSM-5 with the ICD-11; a description of likely directions of research as we begin to head toward DSM-6; a discussion and description of the new Rorschach Performance Assessment System (RPAS) that goes beyond U.S. reference values and uses a set of international normative reference values; and a discussion and description of a new version of the MMPI—MMPI-2-Restructured Form

(MMPI-2-RF)—that attempts to change the information from the assessment that results in a yes/no outcome about whether a person has a disorder to a continuum of impairment.

In Chapter 4, Research Methods, we note that the study of COVID-19 is a contemporary example of the work of epidemiologists—including identifying the most vulnerable groups (such as people over 65 years of age and those with certain pre-existing conditions). In the discussion of prevalence, we note recent research on binge drinking, including findings that the prevalence of binge drinking (having five or more drinks in a row) among U.S. college students is about 40% and that in states that legalized recreational marijuana use, marijuana use increased but binge drinking decreased.

Chapter 5, Anxiety, Trauma- and Stressor-Related, and Obsessive-Compulsive and Related Disorders, is organized according to the three major groups of disorders: anxiety disorders, trauma- and stressor-related disorders, and obsessive-compulsive and related disorders. Obsessive-compulsive and related disorders include obsessive-compulsive disorder and also body dysmorphic disorder, hoarding disorder, trichotillomania (hair pulling disorder), and excoriation (skin picking disorder). Some of the revisions to Chapter 5 include, most importantly, the addition of an entirely new disorder in the DSM-5-TR, Prolonged Grief Disorder, which appears among the trauma and stressor related disorders. We also added a discussion on the limitations of animal research for studying anxiety disorders in humans, as well as, studies examining biomarkers of anxiety and studies on the inhalation of CO₂-enriched air to induce panic and review new treatments, such as Dr. Barlow’s Unified Protocol. We also updated the relationship between anxiety disorders and suicide, and we revised and updated the discussion of benzodiazepine and anxiety disorders in youth to reflect the new black box warning. The section on generalized anxiety disorders (GAD) was revised to reflect the new conceptualization of the role of worry in addition to new clinical trial data supporting the efficacy of cognitive-behavioral therapy (CBT) as compared to other treatments, including yoga. We revised the discussion on the relationship between panic and agoraphobia to reflect the most current view as reflected in the DSM-5-TR, and we updated the prevalence estimates of panic disorder in different age groups. We reviewed and updated the contemporary literature on cultural influences and their associated cultural and social factors, as well as research on internet-supported and smartphone app-delivered treatment options. Finally, we included the newest evidence of the limitations of treatment protocols for posttraumatic stress disorder (PTSD).

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

disorder (DID). We now clarify the use of the terms *hypochondriasis* and *hypochondriac* and revised the cultural expression of illness anxiety disorder. The chapter includes an updated review of treatment options for health anxiety, somatic symptom disorder, and other medically unexplained symptoms. We introduce the concept of secondary gain and elaborate on the distinction between organic and functional blindness. We provide more details on the Munchausen syndrome and discuss blind sight and unconscious vision. The chapter now also includes a discussion on the difference between epileptic seizure and functional seizure and the results of a recently published large study examining the clinical correlates of functional seizure. We updated our review on dissociation, derealization, and depersonalization, and we provide a review of the recent data on malingering as it relates to DID. We discuss the contemporary views of these disorders and contrast them with Freudian beliefs on memory as they relate to psychopathology. Finally, we elaborate on the controversies around assessing childhood abuse.

Chapter 7, Mood Disorders and Suicide, provides an updated discussion on the psychopathology and treatment of the DSM-5 mood disorders, including persistent depressive disorder, seasonal affective disorder, disruptive mood dysregulation disorder, bipolar disorder, and suicide. The chapter discusses new data on the genetic and environmental risk factors, such as dysfunctional reward processing, and protective factors, such as optimism. Also included is an update on the pharmacological and psychological treatments, an update on the section on mixed features and predominant polarity, a discussion on paternal peripartum depression, an update on the influence of seasonal change and daylight exposure on depression, and an update on prolonged grief disorder and risk factors for suicide. We also revised and updated the information on the prevalence of mood disorders and added a comparison between bipolar and major depressive disorder in suicidality. We also updated the information on mortality of elderly patients with depression, review elderly depression between different racial and ethnic groups, add updated the information on the genetics of depression and bipolar disorder, discuss the influence of the gut microbiota on depression, expand the influence of social and cultural factors contributing to depression by including racism in this discussion, clarify the relative importance of genetics for depression, add ketamine as a novel treatment strategy for depression, update the section on depression in children and adolescents, update the comparative efficacy of CBT and Interpersonal Psychotherapy update the statistics on suicide, and update and elaborate on suicide contagion by discussing the Werther effect and the competing Papageno effect. We were mindful of the terminology we used, avoiding terms such as “committing suicide” and “successful suicide” and replacing them with more appropriate and generally agreed upon contemporary terminology (such as “to die by suicide” and “fatal versus nonfatal suicide attempts”).

Thoroughly rewritten and updated, Chapter 8, Eating and Sleep–Wake Disorders, contains new information on mortality and suicide rates in anorexia nervosa; new epidemiological information on the prevalence of eating disorders in adolescents; new information on the increasing globalization of eating disorders and obesity; updated information on typical patterns of comorbidity accompanying eating disorders; and new and updated

research on changes in the incidence of eating disorders among males, racial and ethnic differences on the thin-ideal body image associated with eating disorders, the substantial contribution of emotion dysregulation to etiology and maintenance of anorexia, the role of friendship cliques in the etiology of eating disorders, mothers with eating disorders who also restrict their children’s food intake, the contribution of parents and family factors in the etiology of eating disorders, biological and genetic contributions to causes of eating disorders (including the role of ovarian hormones), transdiagnostic treatment applicable to all eating disorders, results from a large multinational trial comparing CBT to psychoanalysis in the treatment of bulimia, the effects of combining Prozac with CBT in the treatment of eating disorders, racial and ethnic differences in people with binge-eating disorder seeking treatment, the phenomenon of night eating syndrome and its role in the development of obesity, and new public health policy developments directed at the obesity epidemic.

Also in Chapter 8, we have realigned coverage of sleep–wake disorders with new information on sleep in women (including risk and protective factors), updated a section on narcolepsy to describe new research on the causes of this disorder, and added new research on the nature and treatment of nightmares. We updated our review of the changes in prevalence rates in eating disorders over time across the world, updated our review of obesity and compare obesity rates internationally and between different age and ethnic groups, updated the clinical description of bulimia, and discuss the role of physical exercise and the individual’s distorted sense of self. We also added a discussion on purging disorder, features that distinguish it from binge-eating disorder and bulimia nervosa, predictors of eating disorders, and the relationship between eating disorders, ethnicity, sexual orientation and sexual identity. Finally, we updated the findings on sex difference in body image perception.

In Chapter 9, Physical Disorders and Health Psychology, we updated data on the leading causes of death in the United States; provided new statistics about sexually transmitted diseases, including HIV/AIDS; reviewed psychosocial factors on brain structures and function; summarized the influential Framingham Heart Study and provided new data on the effects of stress on cardiovascular disease, including a discussion on allostatic load; and updated a review into the causes and treatments of chronic pain. We also provided an updated review of psychological and behavioral procedures for preventing injuries; added information on lower back pain, sex differences in pain perception, the effect of cigarette smoking and small airway dysfunction, in particular as it relates to China; and discuss studies on the effect of psychotherapy on cancer survival. Finally, we include a discussion of COVID-19 as an example of the impact of a global pandemic on deaths.

In Chapter 10, Sexual Dysfunctions, Paraphilic Disorders, and Gender Dysphoria, we review sexual practices and preferences based on international surveys, review the biological and genetic contribution of same-sex orientation, added a section on vulvodinia, added an update on the general trend in research on sexual dysfunctions, and updated the section on erectile dysfunction and its treatment with the popular PDE-5 inhibitors (such as Viagra). In general, we were mindful of the preferred terminologies for the various sexual orientations and preferences. As much as possible,

we rephrased wordings from the original reports we reviewed about sex differences and differences in sexual orientation to be inclusive and to avoid feelings of discomfort in some of our readers.

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

Chapter 12, Personality Disorders, describes the efforts to begin to address the personality dimensions. The DSM-5 Alternative Model of Personality Disorders (AMPD) was created in a different section of DSM (Section III: Emerging Measures and Models). A similar decision was made for the international version of the DSM—the WHO International Classification of Diseases, 11th version (ICD-11). The DSM-5 and the ICD-11 classifications of personality disorders (PD) are largely commensurate, and, when combined, they delineate six trait domains: negative affectivity, detachment, antagonism/dissociality, disinhibition, anankastia, and psychoticism. More work on the usefulness of these alternatives is necessary to evaluate these alternatives.

Chapter 13, Schizophrenia Spectrum and Other Psychotic Disorders, presents updated information on the economic impact of schizophrenia. The annual cost of schizophrenia in the United States is estimated to exceed \$150 billion when factors such as family caregiving, lost wages, and treatment are considered. We updated the prevalence of hallucinations and delusions. Between 60% and 80% of people with schizophrenia experience hallucinations, and approximately 70% experience delusions. We added an interesting study of brief psychotic disorder. Brief psychotic disorder is often precipitated by extremely stressful situations. In one case study in Italy, researchers found an increase in hospitalizations for brief psychotic disorders during the COVID-19 pandemic. Of the six individuals admitted (none of whom had a previous psychiatric disorder), three presented the somatic delusion of being infected with COVID, and all six cases had religious/spiritual delusions and hallucinatory content.

Chapter 14, Neurodevelopmental Disorders, now includes updated prevalence data about attention-deficit/hyperactivity disorder (ADHD) in children. An important analysis of prevalence of ADHD suggests that the disorder is found in about 4% of the U.S. population of children and in 5.2% of the child populations across all regions of the world. We added a new study looking at early detection of ADHD. In this study, much younger children at risk for ADHD were identified as having early signs of ADHD. Infants with an older sibling or parent diagnosed with ADHD were distinguishable from infants with no family history of ADHD as early as 12 months of age based on directly observed and examiner reports of behavior, particularly with respect to hyperactive-impulsive behavior. Parents of infants at familial risk for ADHD also reported significantly more behavior/temperament concerns as early as 12 months of age compared to parents of infants at low risk for ADHD. We expanded the description of savant skills in some persons with autism

spectrum disorder (ASD). These special skills typically occur in five areas—music, art, calendar calculating, mathematics, or mechanical/visual-spatial skills—and are usually associated with outstanding memory that is restricted to the area of expertise.

Chapter 15, Neurocognitive Disorders, features a study of the effects of confinement during COVID-19 on the side effects of dementia due to Alzheimer’s disease. Perhaps partly because people suffering from neurocognitive disorder are aware that they are deteriorating mentally, emotional changes often occur as well. Common side effects are delusions (irrational beliefs), depression, agitation, aggression, and apathy. One study found that confinement during COVID-19 increased the side effects among some patients. We updated the criteria used to diagnose dementia due to Alzheimer’s disease. To make a diagnosis without direct examination of the brain, the course and presence of the following symptoms should be observed—slow, progressive decline, typically in this order: memory, language, visuospatial function (that is, skills needed for movement, depth and distance perception, and spatial navigation), and executive function (that is, a set of mental skills that include working memory, flexible thinking, and self-control).

And Chapter 16, Mental Health Services: Legal and Ethical Issues, presents a brief discussion of a trend to provide individuals needing emergency treatment with court-ordered assisted outpatient treatment (AOT) to avoid commitment in a mental health facility; a new discussion of a major meta-analysis showing that current risk assessment tools are best at identifying persons at low risk of being violent but only marginally successful at accurately detecting who will be violent at a later point; and an updated section on legal rulings on involuntary medication.

Additional Features

In addition to the changes highlighted earlier, *this text* offers other distinct features:

- New, program-specific *learning objectives* at the start of each chapter alert students to what they will achieve. Various instructor resources including the testing program map to these objectives to support assessment. In addition, student learning outcomes mapped to core American Psychological Association goals may be found in the *Instructor Manual*.
- In each disorder chapter, a feature called *DSM Controversies* discusses some of the contentious and thorny decisions made in the process of creating DSM-5. Examples include the creation of new and sometimes controversial disorders appearing for the first time in DSM-5, such as premenstrual dysphoric disorder, binge-eating disorder, and disruptive mood dysregulation disorder. Another example is removing the “grief” exclusion criteria for diagnosing major depressive disorder so that someone can be diagnosed with major depression even if the trigger was the death of a loved one. Finally, changing the title of the paraphilia chapter to “paraphilic disorders” implies that paraphilic sexual arousal patterns such as pedophilia are not disorders in themselves but become disorders only if they cause impairment or harm to others.

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

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

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

Prevention

Looking into the future of clinical psychology as a field, it seems our ability to prevent psychological disorders may help the most. Although this has long been a goal of many, we now appear to be at the cusp of a new age in prevention research. Scientists from all over the globe are developing the methodologies and techniques that may at long last provide us with the means to interrupt the debilitating toll of emotional distress caused by the disorders chronicled in this book. We therefore highlight these cutting-edge prevention efforts—such as preventing eating disorders, suicide, and health problems, including HIV and injuries—in appropriate chapters as a means to celebrate these important advancements, as well as to spur on the field to continue this important work.

Retained Features

Visual Summaries

At the end of each disorder chapter is a colorful, two-page visual overview that succinctly summarizes the causes, development, symptoms, and treatment of each disorder covered in the chapter. Our integrative approach is instantly evident in these diagrams,

which show the interaction of biological, psychological, and social factors in the etiology and treatment of disorders. The visual summaries will help instructors wrap up discussions, and students will appreciate them as study aids.

Pedagogy

Each chapter contains several Concept Checks that let students verify their comprehension at regular intervals. Answers are listed at the end of each chapter along with a more detailed summary. The key terms are listed in the order they appear in the text and thus form a sort of outline that students can study.

MindTap for Barlow, Durand, and Hofmann’s *Psychopathology*

MindTap is a platform that propels students from memorization to proficiency. It also allows instructors to provide engaging content, challenge every learner, and build student confidence. Instructors can customize interactive syllabi to emphasize priority topics and then add material or notes to the ebook as desired. This outcomes-driven application gives you the tools needed to empower students and boost both understanding and performance:

- **Guide students:** A unique learning path of relevant readings, media, and activities moves students up the learning taxonomy from basic knowledge and comprehension to analysis and application.
- **Personalize teaching:** A Learning Path built on key student objectives allows you to control what students see and when they see it. Use it as-is, or match to your syllabus exactly: Hide, rearrange, add, and create your own content.
- **Promote better outcomes:** Empower instructors and motivate students with analytics and reports that provide a snapshot of class progress, time in course, engagement, and completion rates.

In addition to the benefits of the platform, MindTap for Barlow, Durand, and Hofmann’s *Psychopathology* includes the following:

- **Profiles in Psychopathology** guide users through the symptoms, causes, and treatments of individuals who live with mental disorders. Profiles present real-life examples of both celebrities and ordinary people to humanize psychological disorders and tie chapter content to the real world.
- **Video polling activities** provide real-life video portraits of individuals with psychopathologies in the context of their daily lives. These activities encourage learners to make observations and reflect on what they have observed.
- **Concept Clip Videos** visually elaborate on specific disorders and psychopathology in a vibrant, engaging manner. Detailed animations teach core concepts with interactive elements, narrated audio, and nongraded concept checks. These videos provide visual examples and delve deeper into chapter content.

- Case studies present real-life examples of people with disorders to humanize psychological disorders and connect learners to authentic cases they may encounter in the field.
- Chapter quizzes are formative assessments that check student comprehension of chapter content.
- Master Training, powered by Cerego, for student personalized learning plans to help them understand and retain key topics and discussions.

Supplements for the Instructor

Additional instructor resources for this product are available online. Instructor assets include an Instructor's Manual, Educator's Guide, PowerPoint® slides, and a test bank powered by Cengage®. Sign up or sign in at www.cengage.com to search for and access this product and its online resources.

Titles of Interest

- *DSM-5 Supplement* by H. Boettcher, J. Q. Wu, D. H. Barlow, and V. M. Durand is a thorough comparison of the changes made in DSM-5 with the previous criteria and language in DSM-IV-TR. It also includes discussion of major controversies resulting from the proposed and realized modifications to the latest diagnostic manual. ISBN: 9781285848181
- *Looking into Abnormal Psychology: Contemporary Readings* by Scott O. Lilienfeld is a fascinating 234-page reader consisting of 40 articles from popular magazines and journals. Each article explores ongoing controversies regarding mental illness and its treatment. ISBN: 0-534-35416-5

Reviewers

Creating this book has been both stimulating and exhausting, and we could not have done it without the valuable assistance of colleagues who read one or more chapters and provided extraordinarily

- *Casebook in Abnormal Psychology*, fifth edition, by Timothy A. Brown and David H. Barlow, is a comprehensive casebook fully updated to be consistent with DSM-5. It reflects the integrative approach, which considers the multiple influences of genetic, biological, familial, and environmental factors in a unified model of causality as well as maintenance and treatment of the disorder. The casebook discusses treatment methods that are the most effective interventions developed for a particular disorder. It also presents three undiagnosed cases in order to give students an appreciation for the complexity of disorders. The cases are strictly teaching/learning exercises, similar to what many instructors use on their examinations. ISBN: 9781305971714

Acknowledgments

Finally, this book in all of its editions would not have begun and certainly would not have been finished without the inspiration and coordination of our senior editors at Cengage, who always keep their eyes on the ball. A special note of thanks to content manager Sean Campbell and his eye for detail and organization. The book is much better for your efforts. We hope to work with you on many subsequent editions.

Numerous colleagues and students provided superb feedback on the previous editions, and to them we express our deepest gratitude. Although not all comments were favorable, all were important. Readers who take the time to communicate their thoughts offer the greatest reward to writers and scholars.

Finally, you share with us the task of communicating knowledge and discoveries in the exciting field of psychopathology, a challenge that none of us takes lightly. In the spirit of collegiality, we would greatly appreciate your comments on the content and style of this book and recommendations for improving it further.

perceptive critical comments, corrected errors, pointed to relevant information, and, on occasion, offered new insights that helped us achieve a successful, integrative model of each disorder.

We thank the following expert reviewers and survey participants of the ninth edition:

Kanika Bell, *Clark Atlanta University*
 Jamie S Bodenlos, *Hobart and William Smith Colleges*
 Lawrence Burns, *Grand Valley State University*
 Don Evans, *Simpson College*
 Susan Frankel, *Lamar Community College*
 Tammy Hanna, *Albertus Magnus College*
 Sarah Heavin, *University of Puget Sound*
 Stephen T. Higgins, *University of Vermont*
 Fiyyaz Karim, *University of Minnesota*
 Maureen C. Kenny, *Florida International University*
 Lissa Lim, *California State University–San Marcos*

Barbara S. McCrady, *University of New Mexico*

Winfried Rief, *Philipps University of Marburg, Germany*

Robert Rotunda, *University of West Florida*

Kyle Stephenson, *Willamette University*

Lynda Szymanski, *St. Catherine University*

We also thank the reviewers of previous editions:

Dale Alden, *Lipscomb University*

Kerm Almos, *Capital University*

Frank Andrasik, *University of Memphis*

Robin Apple, *Stanford University Medical Center*

Barbara Beaver, *University of Wisconsin*

James Becker, *University of Pittsburgh*

Evelyn Behar, *University of Illinois–Chicago*

Dorothy Bianco, *Rhode Island College*

Sarah Bisconer, *College of William & Mary*

Susan Blumenson, *City University of New York, John Jay College of Criminal Justice*

Robert Bornstein, *Adelphi University*

James Calhoun, *University of Georgia*

Montie Campbell, *Oklahoma Baptist University*

Robin Campbell, *Brevard Community College*

Shelley Carson, *Harvard University*

Richard Cavasina, *California University of Pennsylvania*

Antonio Cepeda-Benito, *Texas A&M University*

Kristin Christodulu, *State University of New York–Albany*

Bryan Cochran, *University of Montana*

Julie Cohen, *University of Arizona*

Dean Cruess, *University of Connecticut*
Sarah D'Elia, *George Mason University*
Robert Doan, *University of Central Oklahoma*
Juris Draguns, *Pennsylvania State University*
Melanie Duckworth, *University of Nevada–Reno*
Mitchell Earleywine, *State University of New York–Albany*
Chris Eckhardt, *Purdue University*
Elizabeth Epstein, *Rutgers University*
Donald Evans, *University of Otago*
Ronald G. Evans, *Washburn University*
Janice Farley, *Brooklyn College, CUNY*
Anthony Fazio, *University of Wisconsin–Milwaukee*
Diane Finley, *Prince George's Community College*
Allen Frances, *Duke University*
Louis Franzini, *San Diego State University*
Maximillian Fuhrmann, *California State University–Northridge*
Aubyn Fulton, *Pacific Union College*
Noni Gaylord-Harden, *Loyola University–Chicago*
Trevor Gilbert, *Athabasca University*
David Gleaves, *University of Canterbury*
Frank Goodkin, *Castleton State College*
Irving Gottesman, *University of Minnesota*
Laurence Grimm, *University of Illinois–Chicago*
Mark Grudberg, *Purdue University*
Marjorie Hardy, *Eckerd College*
Keith Harris, *Canyon College*
Christian Hart, *Texas Women's University*
William Hathaway, *Regent University*
Brian Hayden, *Brown University*
Stephen Hinshaw, *University of California, Berkeley*
Alexandra Hye-Young Park, *Humboldt State University*
William Iacono, *University of Minnesota*
Heidi Inderbitzen-Nolan, *University of Nebraska–Lincoln*
Thomas Jackson, *University of Arkansas*
Kristine Jacquin, *Mississippi State University*
James Jordan, *Lorain County Community College*
Boaz Kahana, *Cleveland State University*

Arthur Kaye, *Virginia Commonwealth University*
Christopher Kearney, *University of Nevada–Las Vegas*
Ernest Keen, *Bucknell University*
Elizabeth Klonoff, *San Diego State University*
Ann Kring, *University of California–Berkeley*
Marvin Kumler, *Bowling Green State University*
Thomas Kwapil, *University of North Carolina–Greensboro*
George Ladd, *Rhode Island College*
Michael Lambert, *Brigham Young University*
Travis Langley, *Henderson State University*
Christine Larson, *University of Wisconsin–Milwaukee*
Elizabeth Lavertu, *Burlington County College*
Cynthia Ann Lease, *Salem Veterans Affairs Medical Center, Salem, VA*
Richard Leavy, *Ohio Wesleyan University*
Karen Ledbetter, *Portland State University*
Scott Lilienfeld, *Emory University*
Kristi Lockhart, *Yale University*
Michael Lyons, *Boston University*
Jerald Marshall, *Valencia Community College*
Janet Matthews, *Loyola University–New Orleans*
Dean McKay, *Fordham University*
Mary McNaughton-Cassill, *University of Texas at San Antonio*
Suzanne Meeks, *University of Louisville*
Michelle Merwin, *University of Tennessee–Martin*
Thomas Miller, *Murray State University*
Scott Monroe, *University of Notre Dame*
Greg Neimeyer, *University of Florida*
Sumie Okazaki, *New York University*
John Otey, *South Arkansas University*
Christopher Patrick, *University of Minnesota*
P. B. Poorman, *University of Wisconsin–Whitewater*
Katherine Presnell, *Southern Methodist University*
Lynn Rehm, *University of Houston*
Kim Renk, *University of Central Florida*

Alan Roberts, *Indiana University–Bloomington*
Melanie Rodriguez, *Utah State University*
Carol Rothman, *City University of New York, Herbert H. Lehman College*
Steve Saiz, *State University of New York–Plattsburgh*
Steve Schuetz, *University of Central Oklahoma*
Stefan Schulenberg, *University of Mississippi*
Amanda Sesko, *University of Alaska–Southeast*
Paula K. Shear, *University of Cincinnati*
Jerome Small, *Youngstown State University*
Ari Solomon, *Williams College*
Michael Southam-Gerow, *Virginia Commonwealth University*
John Spores, *Purdue University–North Central*
Brian Stagner, *Texas A&M University*
Irene Staik, *University of Montevallo*
Rebecca Stanard, *State University of West Georgia*
Chris Tate, *Middle Tennessee State University*
Lisa Terre, *University of Missouri–Kansas City*
Gerald Tolchin, *Southern Connecticut State University*
Michael Vasey, *Ohio State University*
Larry Ventis, *College of William & Mary*
Richard Viken, *Indiana University*
Lisa Vogelsang, *University of Minnesota–Duluth*
Philip Watkins, *Eastern Washington University*
Kim Weikel, *Shippensburg University of Pennsylvania*
Amy Wenzel, *University of Pennsylvania*
W. Beryl West, *Middle Tennessee State University*
Michael Wierzbicki, *Marquette University*
Richard Williams, *State University of New York–College at Potsdam*
John Wincze, *Brown University*
Bradley Woldt, *South Dakota State University*
Nancy Worsham, *Gonzaga University*
Ellen Zaleski, *Fordham University*
Raymond Zurawski, *St. Norbert College*

PSYCHOPATHOLOGY

An Integrative Approach to Mental Disorders

1

Psychopathology in Historical Context



Historic Images/Alamy Stock Photo