

Third Edition

Psychopathology: A Modern Approach

Brian L. Burke

Fort Lewis College

Megan C. Wrona

Fort Lewis College

Adapted from previous editions by:

Michael T. Nietzel, Senior Policy Advisor to Governor Jay Nixon, Missouri
(formerly of Missouri State University)

Matthew L. Speltz, *University of Washington*

Elizabeth A. McCauley, *University of Washington*

Douglas A. Bernstein, *University of South Florida*

Sarah E. Trost, *Medical College of Wisconsin*
(formerly of Cardinal Stritch University)

Terri A. deRoon-Cassini, *Medical College of Wisconsin*

Academic Media Solutions

Affordable - Quality Textbooks, Study Aids, & Custom Publishing



Dedications

To my father and father figures:

The late Robert Burke, who taught me why and how to think;

Gary Schwartz, who taught me how to think big;

The late Hal Arkowitz, who taught me how to think like a scientist-practitioner;

Jerry Phelps, who taught me how to think like a professional psychologist; and

Colin Smith, who taught me how to think like an existential human being.

And to my son Bailey, who continues to teach me about life.

Above all, to my life partner, Leslie Goldstein, for giving new meaning to the word *support* throughout this process, as well as throughout my adult life.

—*Brian Burke, January 2022*

To Rob, who has always believed in me more than I believe in myself and helps me see what I am capable of;

To Emma, who reminds me that we are always growing and trying to become better versions of ourselves;

And, finally, to our students, who make teaching one of the most rewarding and meaningful jobs. You inspire me daily and widen my view of the world.

—*Megan Wrona, January 2022*

Psychopathology: A Modern Approach, 3e, Brian L. Burke, et al.

Cover photo: agsandrew/Shutterstock.

MAPS icons: Medical myths (Allies Interactive/Shutterstock.com), Attempted answers (Nikitina Olga/Shutterstock.com), Prejudicial pigeonholes (El Greco/Shutterstock.com), Evidence-based treatment (Prath/Shutterstock.com), and Superficial syndromes (Brian L. Burke).

“Real Monsters” illustrations by Toby Allen, © 2013.

Paperback (color): ISBN-13: 978-1-955543-53-8

ISBN-10: 1-955543-53-4

Paperback (black/white): ISBN-13: 978-1-955543-55-2

ISBN-10: 1-955543-55-0

Loose-leaf version: ISBN-13: 978-1-955543-56-9

ISBN-10: 1-955543-56-9

Online version: ISBN-13: 978-1-955543-57-6

ISBN-10: 1-955543-60-6

Copyright © 2023 by Academic Media Solutions. All rights reserved.

No part of this publication may be reproduced, stored in an information retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher.

Printed in the United States of America by Academic Media Solutions.

Brief Contents

Preface xvii

About the Authors xxiii

| | | |
|----|---|-----|
| 1 | Detecting and Classifying Mental Disorders: MAPS of the Territory | 1 |
| 2 | Past and Present Understandings of Mental Disorders | 47 |
| 3 | Disorders of Childhood and Adolescence | 89 |
| 4 | Schizophrenia Spectrum and Other Psychotic Disorders | 133 |
| 5 | Bipolar Disorders and Suicide | 175 |
| 6 | Depressive Disorders | 209 |
| 7 | Anxiety Disorders | 253 |
| 8 | Obsessive-Compulsive and Related Disorders | 289 |
| 9 | Trauma and Stressor-Related Disorders | 315 |
| 10 | Dissociative Disorders | 349 |
| 11 | Somatic Symptom and Related Disorders | 377 |
| 12 | Eating, Feeding, and Sleep-Wake Disorders | 401 |
| 13 | Sexual Dysfunctions and Gender Dysphoria | 437 |
| 14 | Substance-Related and Addictive Disorders | 475 |
| 15 | Neurocognitive Disorders | 537 |
| 16 | Personality Disorders | 575 |
| 17 | Paraphilic Disorders and Legal Issues | 613 |

Glossary G-1

References R-1

Name Index N-1

Subject Index I-1

Contents

Preface xvii

About the Authors xxiii

1

Detecting and Classifying Mental Disorders: MAPS of the Territory

1

From the Case of Bill 1

Detecting Mental Disorders: What Are They? 2

What Is a Mental Disorder? 2

Assessment and Diagnosis 5

Reliability and Validity 6

Diagnostic Errors 7

Prevention: *The Role of Early Detection* 8

Assessment Tools: How Do Health Professionals Detect Mental Disorders? 9

Life Records 9

Interviews 9

Psychological Tests 11

Observations 18

Biological Measures 19

Diagnostic Classification: How Do Health Professionals Categorize Mental Disorders? 22

A Brief History 23

Diagnoses with the *DSM-5-TR* 26

Diagnosis in the Real World 29

The Frequency of Mental Disorders: How Common Are They? 32

The Four Guiding Principles: MAPS of the Territory 36

Criticisms of *DSM* Diagnoses 36

M = Medical Myths 36

Controversy: *DSM-5 Is Guide Not Bible—Ignore Its Ten Worst Changes* 37

A = Attempted Answers 39

P = Prejudicial Pigeonholes 40

S = Superficial Syndromes 41

Revisiting the Case of Bill 43

A Conversation With *Thomas Widiger* 44

Summary 45 ■ **Key Terms** 45

From the Case of Nelson McGrath 47

Making Sense of Abnormality: A Brief History of Early Models of Mental Disorders 48

Faraway Places, Ancient Times, and Supernatural Forces 49

The Birth of the Medical Tradition: The Classical Period 49

From Demons to Instincts: The European Tradition 50

Contemporary Approaches to Abnormality 54

The Biological Model 55

The Nervous System and Abnormality 56

Genetic Influences on Abnormality 58

Researching Biological Explanations for Behavior and Symptoms 60

Controversy: *Should We Study Genetic Causes of Abnormality?* 61

Psychological and Sociocultural Models 63

Psychodynamic Theories 63

Behavioral Theories 64

Cognitive Theories 68

Humanistic and Positive Psychology Theories 70

Sociocultural Models 71

Social Justice 74

The Diathesis-Stress Model 76

Scientific Methods and Models of Mental Disorders 79

Correlational Research 80

Experiments 80

Human Diversity and Research Methods 81

Understanding Mental Disorders through Scientific Methods 82

Prevention: *Breaking the Cycle of Intergenerational Cognitive Disability* 83

Revisiting the Case of Nelson McGrath 84

A Conversation With *Karen Tao* 86

Summary 85 ■ *Key Terms* 88

From the Case of Tom 89

A Developmental Perspective 90

Developmental Tasks and Mental Disorders 91

Analyzing Development: The Example of Attachment 92

Classification and Diagnosis of Children's Disorders 94

Neurodevelopmental Disorders 94

Domains of Development 95

Intellectual Developmental Disorder 97

Autism Spectrum Disorder 102

- Specific Learning Disorder 109
- Attention-Deficit/Hyperactivity Disorder (ADHD) 111
- Controversy:** *Weighing the Risks of Ritalin* 117
- Oppositional Defiant and Conduct Disorders 119**
 - Oppositional Defiant Disorder (ODD) 119
 - Multicultural Considerations:** *Misunderstood Defiance* 120
 - Conduct Disorder (CD) 121
 - Prevention:** *Derailing Conduct Disorder: The Fast-Track Approach* 124
 - Treatment of ODD and CD 126
 - Revisiting the Case of Tom* 127
 - A Conversation With** *Susan Campbell* 128
 - Summary* 130 ■ *Key Terms* 131

4

Schizophrenia Spectrum and Other Psychotic Disorders

133

- From the Case of Lionel Aldridge* 133
- The Definition of Schizophrenia Spectrum and Other Psychotic Disorders 134**
 - The Evolving Concept of Schizophrenia 135
 - Schizophrenia According to the *DSM-5-TR* 136
 - Distinguishing Schizophrenia from Other Psychotic Disorders 142
- Living with Schizophrenia 145**
 - The Course of Schizophrenia 146
 - Controversy:** *Schizophrenia: An Appropriate Diagnostic Label or One in Need of Reconceptualization?* 147
 - Who Is Affected by Schizophrenia? 148
- Biological Causes of Schizophrenia 151**
 - Genetic Vulnerability 151
 - Multicultural Considerations:** *Schizoaffective Disorder* 153
 - Early Physical Trauma and Stress 154
 - Brain Structures and Functions 154
 - Neurotransmitter Dysregulation 157
- Psychosocial Causes of Schizophrenia 159**
 - The Role of Social Class and Urbanicity 159
 - The Role of Family Environments 160
 - The Role of Expressed Emotion 160
- Treatments for Schizophrenia 162**
 - Biological Treatments 162
 - Psychosocial Treatments 165
 - Prevention:** *Can Schizophrenia Be Prevented or Controlled?* 170
 - Revisiting the Case of Lionel Aldridge* 171
 - A Conversation With** *Shelley Millsap* 172
 - Summary* 173 ■ *Key Terms* 174

From the Case of John 175

Bipolar Disorders 176

Prevalence and Characteristics of Bipolar Disorders 177

Classification of Bipolar Disorders 180

Bipolar Disorders and Creativity 182

Biological Causes of Bipolar Disorders 184

Genetic Influences on Bipolar Disorders 184

Neurobiological Influences on Bipolar Disorders 185

Psychological Causes of Bipolar Disorders 186

Psychoanalytic Theories of Bipolar Disorders 186

Cognitive-Behavioral Theories of Bipolar Disorders 187

Social Causes of Bipolar Disorders 187

Multicultural Considerations: *Living with Bipolar* 188

Treatment of Bipolar Disorders 189

Drug Treatments for Bipolar Disorders 189

Psychotherapy for Bipolar Disorders 191

Controversy: *Medication for Children with Bipolar Disorders: Helpful or Dangerous (or Both)?* 192

Suicide 194

Who Is Suicidal? 194

A Profile of Suicide Attempts 194

Death by Suicide: Who Is at Risk? 195

Adolescent Suicide 197

Prevention: *Curbing Adolescent Suicide* 198

Causes of Suicide 199

Suicide Prevention 201

Assessment and Crisis Intervention 202

Treating Suicidal Tendencies 202

Revisiting the Case of John 204

A Conversation With *Colin Smith* 205

Summary 206 ■ *Key Terms* 207

From the Case of Alina 209

Depressive Disorders 210

Major Depressive Disorder 212

Persistent Depressive Disorder 218

Premenstrual Dysphoric Disorder 219

Disruptive Mood Dysregulation Disorder 220

Causes of Depressive Disorders 221

Biological Causes of Depressive Disorders 221

Psychological Causes of Depressive Disorders 226
Social Causes of Depressive Disorders 234
Treatment of Depressive Disorders 236
Drug Treatments for Depressive Disorders 236
Controversy: Prozac: Wonder Drug or Perilous Pill? 238
Other Biological Treatments for Depressive Disorders 240
Psychotherapy for Depressive Disorders 242
Multicultural Considerations: Managing Depression 244
Revisiting the Case of Alina 249
A Conversation With Constance Hammen 250
Summary 252 ■ *Key Terms* 252

7 Anxiety Disorders

253

From the Case of Joan 253
Fear and Anxiety Gone Awry 254
Specific Phobias and Social Anxiety Disorder 256
Specific Phobias 256
Social Anxiety Disorder 259
Causes of Specific Phobias and Social Anxiety Disorder 261
Treatment of Specific Phobias and Social Anxiety Disorder 265
Multicultural Considerations: Modifying Cognitions 269
Panic Disorder and Agoraphobia 270
Characteristics and Prevalence 270
Causes of Panic Disorder and Agoraphobia 273
Treatment of Panic Disorder and Agoraphobia 276
Generalized Anxiety Disorder 278
Causes of Generalized Anxiety Disorder 279
Controversy: Explaining Gender Differences in Anxiety 280
Treatment of Generalized Anxiety Disorder 282
Revisiting the Case of Joan 284
A Conversation With Tiffany O'Meara 286
Summary 287 ■ *Key Terms* 288

8 Obsessive-Compulsive and Related Disorders

289

From the Case of Jim 289
Obsessive-Compulsive Disorder 290
Characteristics and Prevalence 292
Similarity to Tourette's Disorder 293
Prevalence of Obsessive-Compulsive Disorder 293
Controversy: OCD Onscreen: Has OCD Been Portrayed Accurately on TV and in Movies? 294

| | |
|--|------------|
| Hoarding Disorder | 296 |
| Characteristics and Prevalence | 297 |
| Body Dysmorphic Disorder | 298 |
| Characteristics and Prevalence | 299 |
| Prevention: <i>Should Some Cosmetic Surgeries Be Prevented?</i> | 300 |
| Hair-Pulling and Skin-Picking Disorders | 301 |
| Characteristics and Prevalence | 301 |
| Causes of Obsessive-Compulsive and Related Disorders | 303 |
| The Role of Genetics | 303 |
| Neurobiological Factors | 303 |
| Cognitive-Behavioral Factors | 304 |
| Social Factors | 306 |
| Treatment of Obsessive-Compulsive and Related Disorders | 307 |
| Drug Therapy | 308 |
| Cognitive-Behavioral Therapy (CBT) | 308 |
| Multicultural Considerations: <i>Adapting CBT</i> | 310 |
| <i>Revisiting the Case of Jim</i> | 312 |
| A Conversation With <i>Hal Arkowitz, in Memoriam</i> | 313 |
| <i>Summary</i> | 312 |
| ■ <i>Key Terms</i> | 314 |

9

Trauma and Stressor-Related Disorders

315

| | |
|---|------------|
| <i>From the Case of Arul</i> | 315 |
| The Nature of Stress | 316 |
| Types of Stressors | 316 |
| Measuring Stress | 318 |
| Effects of Stressors | 318 |
| Physical Reactions to Stress | 319 |
| Physiological Reactions | 319 |
| Psychological Reactions to Stress | 323 |
| Types of Coping | 323 |
| Effects of Coping Strategies | 324 |
| Individual Differences and Potential Stressors | 325 |
| Multicultural Considerations: <i>Historical Trauma</i> | 326 |
| Resilience and Stress | 327 |
| Mental Disorders after Stress and Trauma | 328 |
| Adjustment Disorders | 328 |
| Post-traumatic Stress Disorder | 334 |
| Prevention: <i>Can PTSD Be Prevented?</i> | 340 |
| <i>Revisiting the Case of Arul</i> | 344 |
| A Conversation With <i>Jillian Fish</i> | 345 |
| <i>Summary</i> | 346 |
| ■ <i>Key Terms</i> | 347 |

From the Case of Louise 349

The Nature of Dissociation 350

Cultural Perspectives on Dissociation 351

Symptoms and Types of Dissociative Disorders 352

Dissociative Identity Disorder 353

Symptoms of Dissociative Identity Disorder 353

Prevalence of Dissociative Identity Disorder 356

Other Dissociative Disorders 357

Dissociative Amnesia 357

Depersonalization/Derealization Disorder 359

Causes of Dissociative Disorders 360

Multicultural Considerations: *Dissociation in Context* 361

Post-traumatic Model 362

Sociocognitive Model 364

Fantasy Model 365

Controversy: *Faking a DID Diagnosis: The Case of the Hillside Strangler* 366

Integrative View of DID 368

Biological Causes of Dissociative Disorders 368

Psychological Causes of Other Dissociative Disorders 369

Treatment of Dissociative Disorders 370

Treatment of Dissociative Identity Disorder 370

Treatment of Other Dissociative Disorders 371

Prevention: *Adverse Childhood Experiences: Reducing the Risks for Dissociative Disorders* 372

Revisiting the Case of Louise 374

A Conversation With *Elizabeth Loftus* 374

Summary 376 ■ *Key Terms* 376

11 Somatic Symptom and Related Disorders

From the Case of Samantha 377

Somatic Symptom and Related Disorders 378

Somatic Symptom Disorder 380

Illness Anxiety Disorder 381

Controversy: *Somatic Disorders and Recent Diagnostic Issues* 382

Functional Neurological Symptom Disorder (aka Conversion Disorder) 384

Factitious Disorder 386

Psychological Factors Affecting Other Medical Conditions 388

Causes of Somatic Symptom and Related Disorders 389

Diathesis-Stress Model of Somatic Disorders 389

Biological Causes of Somatic Symptom and Related Disorders 390

Psychosocial Causes of Somatic Symptom and Related Disorders 390

| | |
|--|-----|
| Treatment of Somatic Symptom and Related Disorders | 394 |
| Psychosocial Interventions | 394 |
| Multicultural Considerations: Describing Somatic Symptoms | 395 |
| Pharmacological Treatments | 395 |
| Primary Care Behavioral Health: Integrated Care | 396 |
| Prevention: Primary Care Behavioral Health | 397 |
| A Conversation With James Pennebaker | 398 |
| <i>Revisiting the Case of Samantha</i> | 399 |
| <i>Summary</i> | 400 |
| ■ <i>Key Terms</i> | 400 |

12 Eating, Feeding, and Sleep-Wake Disorders

401

| | |
|--|-----|
| <i>From the Case of Emily</i> | 401 |
| Feeding and Eating Disorders | 402 |
| Anorexia Nervosa | 402 |
| Bulimia Nervosa | 405 |
| Binge-Eating Disorder | 407 |
| Eating Disorder Statistics | 408 |
| Controversy: Are Eating Disorders Underreported in Men? | 409 |
| Causes of Feeding and Eating Disorders | 410 |
| Psychological Factors | 410 |
| Biological Factors | 412 |
| Sociocultural Factors | 412 |
| Treatment of Feeding and Eating Disorders | 414 |
| Multicultural Considerations: Treating Anorexia | 416 |
| Other Eating and Feeding Disorders | 419 |
| Pica | 420 |
| Avoidant/Restrictive Food Intake Disorder | 421 |
| <i>Revisiting the Case of Emily</i> | 422 |
| Sleep-Wake Disorders | 423 |
| The Process of Sleep | 424 |
| Types of Sleep-Wake Disorders | 426 |
| Prevention: Sleep Hygiene | 429 |
| A Conversation With Cheyenne Bellarosa | 433 |
| <i>Summary</i> | 434 |
| ■ <i>Key Terms</i> | 435 |

13 Sexual Dysfunctions and Gender Dysphoria

437

| | |
|---|-----|
| <i>From the Case of Alexandra</i> | 437 |
| Overview of Sexual Dysfunctions | 438 |
| The Sexual Response Cycle | 438 |
| Changing Views of Sexual Dysfunctions | 439 |
| Factors Affecting Sexual Responsiveness | 440 |

Types and Causes of Sexual Dysfunctions 441

- Female Sexual Interest/Arousal Disorder 443
- Female Orgasmic Disorder 445
- Genito-Pelvic Pain/Penetration Disorder 447
- Male Hypoactive Sexual Desire Disorder 448
- Erectile Disorder 449
- Delayed Ejaculation 452
- Premature (Early) Ejaculation 453

Treatment of Sexual Dysfunctions 454

- Treating Female Sexual Interest/Arousal Disorder and Male Hypoactive Sexual Desire Disorder 455
- Treating Female Orgasmic Disorder 456
- Treating Genito-Pelvic Pain/Penetration Disorder 456
- Treating Erectile Disorder 457
- Treating Delayed Ejaculation 458
- Treating Premature (Early) Ejaculation 459
- The Value of Psychoeducation 459

Prevention: *Kegel Exercises: Not Just for Women?* 460

Revisiting the Case of Alexandra 461

Gender Dysphoria 462

- Gender Nonconformity 462
- Cross-Cultural Views of Gender Nonconformity 464
- Gender Nonconformity and the *DSM* 464

Controversy: *Preventing Miscommunication and Promoting Respect* 465

- Causes of Gender Dysphoria 466
- Gender Nonconformity and Gender Dysphoria in Children 467

Multicultural Considerations: *Two-Spirit* 468

- Gender Nonconformity in Adolescence and Adulthood 469
- Ongoing Advocacy for Gender-Nonconforming Individuals 470
- Outcome Research on Gender-Affirmation Surgery 471
- Closing Thoughts 471

A Conversation With *Riddhi Sandil* 472

Summary 474 ■ *Key Terms* 474

14 Substance-Related and Addictive Disorders

475

From the Case of Jerry 475

DSM-5-TR Diagnosis of Substance-Related Disorders 477

Alcohol 479

- Alcohol in the Body 480
- Effects of Alcohol on the Brain and Behavior 480
- Prevalence of Alcohol Use Disorders 482
- Course of Alcohol Use Disorders 483
- Other Mental Disorders Associated with Alcohol Use 484
- Causes of Alcohol Use Disorders 486

- Controversy:** *Alcohol Abuse: Sin, Disease, or Habit?* 492
 - Treatment and Prevention of Alcohol Use Disorders 493
- Prevention:** *Delaying and Detering Drinking by Adolescents* 502
- Multicultural Considerations:** *Adapting EST's* 504
- Other Sedatives 505**
 - Barbiturates 505
 - Benzodiazepines 506
 - Treatment of Sedative Use Disorders 507
- Stimulants 508**
 - Amphetamines 508
 - Cocaine 509
 - Caffeine 511
 - Nicotine 513
 - Treatment of Stimulant Use Disorders 515
 - Treatment and Prevention of Tobacco Use Disorders 516
- Opioids 518**
 - Opioid Use Disorders 519
 - Treatment of Opioid Use Disorders 521
- Cannabis 522**
 - Treatment of Cannabis Use Disorders 527
- Hallucinogens 527**
 - Lysergic Acid Diethylamide (LSD) 528
 - Other Hallucinogens 529
 - Treatment of Hallucinogen Use Disorders 530
- Gambling 530**
 - Revisiting the Case of Jerry* 532
 - A Conversation With Alan Marlatt, in Memoriam* 533
 - Summary* 534 ■ *Key Terms* 535

15 Neurocognitive Disorders

537

- From the Case of Dorothy* 537
- Domains of Cognition 539**
- Delirium 542**
 - Course, Characteristics, and Prevalence of Delirium 543
 - Assessment of Delirium 544
 - Causes and Outcome of Delirium 545
 - Treatment of Delirium 546
- Major and Mild Neurocognitive Disorders 547**
 - Diagnostic Criteria 548
 - Differential Diagnosis 550
 - Prevalence and Demographic Considerations 551
 - Cultural Considerations in Assessing for NCD 552
- Neurocognitive Disorder Due to Alzheimer's Disease 553**
 - Stages of NCD Due to Alzheimer's Disease 554

| | |
|---|-----|
| Disentangling Normal Aging and NCD Due to Alzheimer's Disease | 555 |
| Neuropathology of NCD Due to Alzheimer's Disease | 555 |
| Genetic Factors and NCD Due to Alzheimer's Disease | 555 |
| Other Risk Factors for NCD Due to Alzheimer's Disease | 557 |
| Prevention: <i>How Cognitive Ability and Physical Activity Impact NCD Due to Alzheimer's Disease</i> | 558 |
| Pharmacological Treatment of NCD Due to Alzheimer's Disease | 560 |
| Cognitive Training as a Treatment for NCD Due to Alzheimer's Disease | 562 |
| Other Psychosocial Interventions for NCD Due to Alzheimer's Disease | 563 |
| Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury | 564 |
| Multicultural Considerations: <i>Assessment</i> | 565 |
| Prevalence and Risk Factors for NCD Due to TBI | 566 |
| Course of TBI | 566 |
| Concussions and Sports | 567 |
| Controversy: <i>Are Traumatic Brain Injury Symptoms and Psychological Distress Related?</i> | 568 |
| TBI and the Military | 569 |
| Prevention and Treatment | 569 |
| <i>Revisiting the Case of Dorothy</i> | 570 |
| A Conversation With <i>Janiece Pompa</i> | 571 |
| <i>Summary</i> | 573 |
| Key Terms | 574 |

16 Personality Disorders

575

| | |
|---|-----|
| <i>From the Case of Ted Bundy</i> | 575 |
| Fateful Patterns: An Overview of Personality Disorders | 577 |
| Defining Characteristics and Prevalence of Personality Disorders | 578 |
| Diagnosing Personality Disorders | 579 |
| Types of Personality Disorders | 582 |
| Cluster A: Odd/Eccentric Personality Disorders | 582 |
| Cluster B: Dramatic/Emotional/Erratic Personality Disorders | 584 |
| Cluster C: Anxious/Fearful Personality Disorders | 593 |
| Multicultural Considerations: <i>Understanding Personality</i> | 596 |
| Causes of Personality Disorders | 596 |
| Theoretical Perspectives on Personality Disorders | 597 |
| Causes of Borderline Personality Disorder | 599 |
| Causes of Antisocial Personality Disorder | 601 |
| Treatment of Personality Disorders | 604 |
| Treatment of Borderline Personality Disorder | 605 |
| Prevention: <i>Can Personality Disorders Be Prevented? The Case of Antisocial Behavior</i> | 606 |
| Treatment of Antisocial Personality Disorder | 608 |
| <i>Revisiting the Case of Ted Bundy</i> | 609 |
| A Conversation With <i>Zina Zuill</i> | 609 |
| <i>Summary</i> | 611 |
| Key Terms | 612 |

From the Case of Justin 613

Paraphilia Versus Paraphilic Disorder 614

Types of Paraphilic Disorders 615

Voyeuristic Disorder 615

Exhibitionistic Disorder 615

Frotteuristic Disorder 616

Fetishistic Disorder 616

Transvestic Disorder 616

Sexual Sadism Disorder and Sexual Masochism Disorder 617

Pedophilic Disorder 619

Prevalence of Paraphilic Disorders 620

Controversy: *Is Sex Addiction a Mental Disorder?* 622

Causes of Paraphilias and Paraphilic Disorders 623

Biological Factors 623

Psychological Factors 623

Social Factors 625

Treatment of Paraphilic Disorders 626

Behavioral Methods 626

Cognitive-Behavioral Treatment Methods 627

Prevention: *Civil Commitment and Public Notification* 628

Biological Methods 628

Conclusions About Treating Paraphilias 629

Legal and Ethical Issues Involving People with Mental Disorders 630

The Rights of Individuals Versus the Rights of Society 631

Mental Health Professionals in the Legal System 639

Confidentiality 640

Criminal Competence and Responsibility 642

Revisiting the Case of Justin 646

A Conversation With *Nicole Schneider* 647

Summary 649 ■ *Key Terms* 650

Glossary G-1

References R-1

Name Index N-1

Subject Index I-1

Preface

Overview of This Book

Psychopathology: A Modern Approach, third edition, is an innovative textbook, completely organized around the *DSM-5* (including updates from the *DSM-5-TR*), and built by and for teachers of psychology. It is a multicultural work, with diverse examples, photos, interviews, and research throughout reflecting our global and inclusive field. Furthermore, this is a student-friendly book that has been vetted and even edited by undergraduate students. The examples are fresh and modern, with references to popular culture, celebrities, and important world events. The tables and figures are easy to read, and the comics and images make the material pop. Boxes in each chapter focus on current controversies, multicultural considerations, and/or prevention of mental disorders, adding a unique focus to the text; interviews with famous and working psychologists add a personal and practical dimension; and cases that start and end each chapter further bring the content to life. The text emphasizes critical thinking, evidence-based treatment, and looking beyond *DSM* diagnoses to understand key foundational principles of psychopathology. Finally, this text is arranged according to how instructors teach—with only two chapters of introductory material and then detailed content regarding treatment integrated into each of the remaining 15 *DSM-5* chapters so that instructors can get into the mental disorders as quickly as possible, which is why students registered for the course in the first place.

To the Instructor

Psychopathology, 3e, arose from a vision that the authors shared about a more exciting organization for a psychopathology textbook, as well as a new set of emphases on how disorders develop and may be prevented. This vision was focused by our experiences teaching psychopathology courses, by talking with other instructors about their classes, and most important, by talking with students about what *they* wanted in a psychopathology text, ranging from popular examples to a multicultural focus. We have translated this vision into a book that students will enjoy reading and that instructors will appreciate assigning in their classes and at a fraction of the cost of competing psychopathology textbooks.

Innovative Text Organization

The traditional psychopathology text begins with four to six chapters on the history of psychology and abnormality, an overview of theoretical approaches to abnormal behavior, a survey of classification and assessment techniques, and often, a primer on research methods. In many cases, a fourth to a third of the book is devoted to these topics. In our experience, this type of organization creates several problems, which we have tried to eliminate in *Psychopathology*, 3e. First, students routinely become bored with so much background material and grow impatient, as they often put it, “to get to the interesting stuff”—the disorders themselves. Instructors frequently respond by not assigning all of the opening chapters, but this can result in an incomplete introduction to the course, inadequately explained content later, or both.

In *Psychopathology*, 3e, we compress the necessary preparatory content into the first two chapters. In those chapters, we describe the basics of assessment and classification, survey major historical periods and their associated worldviews, summarize various theoretical and psychotherapeutic perspectives on abnormality, and introduce the logic of the scientific method. We confine ourselves to the fundamentals of this material, but we return to all of these issues later in the text by discussing them in the context of specific mental disorders. By the end of the book, students have been exposed to all the basic historical, psychological, and scientific concepts in a way that is more interesting and less artificial than the format of the typical psychopathology text.

A second major innovation in *Psychopathology*, 3e, is the placement of chapters on disorders in childhood and adolescence. In the typical text, these disorders are discussed in the last third of the text, usually after all the major adult disorders have been described. This standard organization does nothing to help students understand the many important links between childhood experiences and adult problems. In *Psychopathology*, 3e, disorders of childhood and adolescence (e.g., developmental disorders) are examined before all others. This arrangement helps students learn how, in many individuals, childhood experiences are linked to adult disorders.

This special attention to developmental contributions to mental disorder is enhanced by an emphasis on *prevention*. A “Prevention” feature appears in most chapters to provide suggestions for detecting and treating disorders as they may be developing. Some “Prevention” topics include curbing adolescent suicide (Chapter 5), parenting programs and other interventions for children (Chapters 1, 2, and 3), identifying civil commitment (Chapter 17), and preventing schizophrenia, PTSD, and personality disorders (Chapters 4, 9, and 16, respectively). Although our current knowledge of psychopathology does not yet permit the design of effective prevention programs for all disorders, there has been considerable progress in several areas. *Psychopathology*, 3e, portrays what is currently known about prevention and helps students understand the importance of research in this vital area.

Further, the revision of *Psychopathology*, 3e, also includes a more explicit focus on multicultural considerations and how these considerations integrate with diagnosis and treatment. In addition to addressing the most recent research related to multiculturalism as it relates to diagnosis and treatment, most chapters in the text include a “Multicultural Considerations” box, which highlights a specific case or research related to the chapter topic. While not exhaustive (the research in this area is rapidly expanding!), the increased focus on multiculturalism in this text aims to help students better understand the nuance of culture and how and why culture is relevant in diagnosis and treatment.

Psychopathology, 3e, surveys a wide variety of theoretical models to explain mental disorders, but for each disorder, we emphasize the causal model that existing data best support. For most disorders, this turns out to be a *diathesis-stress model*, which emphasizes an interaction between a vulnerability or predisposition to a disorder (diathesis) and the stressors and other triggering events that translate the diathesis into a full-blown disorder. The diathesis-stress model is one example of a *biopsychosocial model* of mental disorders—a general model or approach positing that biological, psychological (thoughts, emotions, and behaviors), and social (socioeconomic, environmental, and cultural) factors all play a significant role in human functioning in the context of disorder or disease. To highlight the importance of these models, we discuss causes of each disorder in biological, psychological, and social categories, and we use carefully and consistently color-coded diagrams to depict the diatheses and stressors involved in the genesis of specific disorders.

Why do men and women differ in the frequency with which they are diagnosed with certain disorders? Why might people of specific ethnic groups be diagnosed more often with certain disorders, and should their treatment reflect their unique cultural backgrounds? What is the most effective form of treatment for a given disorder? Should we devote increased resources to preventing mental disorders or to treating them once they appear? For many of these questions, the answers remain unclear. Scholars often disagree about how to interpret empirical data about such questions or even about whether

the data can resolve their disagreement. To acquaint students with these inevitable—and desirable—disputes, we have included a “Controversy” feature in most chapters that focuses on an unresolved diagnostic, causal, or treatment issue. Topics include flaws in the *DSM-5* (Chapter 1), genetic influences on abnormal behavior (Chapter 2), the risks of Ritalin (Chapter 3), and eating disorders in men (Chapter 12). The purpose of these “Controversy” features is to point students toward some of the “big questions” that remain unanswered in the field of psychopathology, while encouraging students to deepen their understanding by thinking critically about these issues. To this end, each “Controversy” feature concludes with Thinking Critically questions.

Just as childhood experiences are often linked to later problems, the symptoms, causes, and treatments of one type of disorder are often relevant to other conditions as well. Given the degree to which biological, psychological, and social factors interact with each other, this overlap should not be surprising, though it is often overlooked. One essential skill in learning about abnormal behavior is being able to see linkages between different disorders, causal factors, treatment methods, and outcomes. *Psychopathology*, 3e, promotes this kind of insight by noting some of the connections among chapters. These “Connections” features appear in the margins of the text and direct readers to content in other parts of the text that is related to the current topic under discussion.

Finally, discoveries in psychopathology are unfolding at an astounding rate. New knowledge in the areas of diagnosis, causation, and treatment appears almost every day. To ensure that students are exposed to the most current and sophisticated thinking available, each chapter concludes with a feature called “A Conversation with . . .,” which is an interview with a world-renowned expert, active researcher, or practicing clinician on a topic covered in that chapter. These experts represent the full diversity of modern psychology and also suggest some of the most crucial questions in need of future study. Examples include Karen Tao on multicultural counseling (Chapter 2), Jillian Fish on historical trauma (Chapter 9), Elizabeth Loftus on repressed memory and dissociative disorders (Chapter 10), James Pennebaker on stress and health (Chapter 11), and Constance Hammen on depression (Chapter 6).

Promoting Interest and Learning

To promote student interest in the material and aid understanding, *Psychopathology*, 3e, employs, in addition to the features already mentioned, a number of pedagogical devices in all chapters. In addition to brief case histories liberally distributed throughout the text, each chapter begins with a case history entitled “From the Case of . . .,” which illustrates the clinical reality of a mental disorder discussed in that chapter. The case is then re-examined at the end of the chapter in “Revisiting the Case of . . .,” which summarizes the course and outcome of the individual’s problem. These introductory and revisited cases show how general concepts of cause and treatment operate in individuals.

Students’ understanding of the material is facilitated by additional learning tools, including

- *Section Reviews* that highlight and summarize the key points of major sections in each chapter
- *End-of-Chapter Summaries* that identify and integrate the most important subject matter in chapters
- *Key Terms*, which are boldfaced in the chapter, defined in the margin, listed at the end of each chapter with page references, and compiled alphabetically in the end-of-book Glossary

Other Special Features

Psychopathology, 3e, incorporates the *DSM-5* into the chapters in two highly effective and unique ways. This textbook revision includes updates published in the 2022 *DSM-5-TR*,

with the chapters and order based on *DSM-5* categories and organization. Second, tables entitled “The *DSM-5* in Simple Language” in each disorder chapter explain the diagnostic criteria to students in easy-to-understand bullet points without using jargon or other murky language.

Finally, the diagnosis of mental disorders is frequently based on oversimplified medical assumptions and surface characteristics of human beings, as well as influenced by the sociopolitical climate and stereotypes, rather than on a profound and real understanding of mechanism and cause. *Psychopathology*, 3e, allows instructors to teach psychopathology from a psychological—rather than medical—perspective. The acronym *MAPS*, used throughout the text, stands for the four key psychological principles that pervade the field of psychopathology: (1) Medical myths (the overuse of the medical model), (2) Attempted answers (the notion that many disorders are created by people’s misguided attempts to solve their problems), (3) Prejudicial pigeonholes (the importance of multicultural considerations in the *DSM*), and (4) Superficial syndromes (the *DSM* approach of listing mainly overt and easy-to-spot symptoms, rather than causal elements, in making diagnoses). Each of these four guiding principles is explained in Chapter 1 and then represented by an icon displayed in the margin throughout the text whenever that particular principle applies.

Online and in Print

Student Options: Print and Online Versions

This third edition of *Psychopathology* is available in multiple versions: online, in PDF, and in print as either a paperback or loose-leaf text. The content of each version is identical.

All are sold at a fraction of the cost of leading competitors. The most affordable version is the online book, with upgrade options including the online version bundled with a print version. The print version offers you the freedom of being unplugged—away from your computer. The people at Academic Media Solutions recognize that it is difficult to read from a screen at length and that most of us read much faster from a piece of paper. The print options are particularly useful when you have extended print passages to read. The online edition allows you to take full advantage of embedded digital features, including search and notes. Use the search feature to locate and jump to discussions anywhere in the book. Use the notes feature to add personal comments or annotations. You can move out of the book to follow Web links. You can navigate within and between chapters using a clickable table of contents. These features allow you to work at your own pace and in your own style, as you read and surf your way through the material.

Harnessing the Online Version

The online version of *Psychopathology*, 3e, offers the following features to facilitate learning and to make using the book an easy, enjoyable experience:

- *Easy-to-navigate/clickable table of contents*—You can surf through the book quickly by clicking on chapter headings or first- or second-level section headings. Plus, the table of contents can be accessed from anywhere in the book.
- *Key terms search*—Type in a term, and a search engine will return every instance of that term in the book; then jump directly to the selection of your choice with one click.
- *Notes and highlighting*—The online version includes study apps such as notes and highlighting. Each of these apps can be found in the tools icon embedded in the Academic Media Solutions/Textbook Media’s online eBook reading platform (<http://www.academicmediasolutions.com>).

Instructor Supplements

In addition to its student-friendly features and pedagogy, the variety of student formats available, and the uniquely affordable pricing options that are designed to provide students with a flexibility that fits any budget and/or learning style, *Psychopathology*, 3e, comes with the following teaching and learning aids:

- *Test Item File*—This file provides an extensive set of multiple-choice, short-answer, and essay questions for every chapter for creating original quizzes and exams.
- *Instructor's Manual*—This enhanced version of the book offers assistance in preparing lectures, identifying learning objectives, and constructing course syllabi. The best feature in this manual is a list of 8 to 10 suggestions for teaching each chapter's material, including specific resources for classroom discussions, videos, and activities from award-winning teachers.
- *Online Video Labs with Student Worksheets*—Every chapter in the textbook links to a short video from YouTube that highlights a specific psychological disorder or issue. These videos are accompanied by student worksheets with questions that can be assigned in class or for homework.
- *PowerPoint Presentations*—Key points in each chapter are illustrated in a set of PowerPoint files designed to assist with your instruction.

Student Supplements and Upgrades (additional purchase required)

- *Lecture Guide*—This printable lecture guide is designed for student use and is available as an in-class resource or study tool. *Note:* Instructors can request the PowerPoint version of these slides to use as developed or to customize.
- *Study Guide*—A printable version of the online study guide is available via downloadable PDF chapters for easy self-printing and review.
- *Quizlet Study Set*—Quizlet is an easy-to-use online learning tool built from all the key terms from the textbook. Students can turbo charge their studying via digital flashcards and other types of study apps, including tests and games. Students are able to listen to audio, as well as create their own flashcards. Quizlet is a cross-platform application and can be used on a desktop, tablet, or smartphone.

Acknowledgments

A special thank you to the authors of the first two editions of this textbook, who set the tone beautifully for this third edition: Michael Nietzel, Elizabeth McCauley, Matthew Speltz, Doug Bernstein, Sarah Trost, and Terri deRoon-Cassini. Authors of chapters, instructor's manuals, or test banks include Jason Charles Levine, Rebecca Cogwell Anderson, Jennifer Hauser Kunz, Michelle Di Paolo, Carole Hetzel, Abbey Valvano, and Matthew Seipel. Thanks also to Toby Allen, who contributed his stunning artwork; Alan Light, who shared his excellent celebrity photos with us; the Lundbeck Institute, for allowing us to use their superb brain drawings; Bailey Burke, who consented to having his photos used throughout the book; and those who edited or contributed ideas to various chapters, including Katey Redmond and Emily Stout (comics), Lena Edstrom and Chris Wenzel (photographs), Sharon Sears, Josh Hunt, Gary Mangel, Hal Arkowitz, Felicity Harl, Kristin Anderson Franke, Angela Campbell, Svenja Rauchstaedt-Schneider, Trina Keil, and Kathleen Hazlett. Heartfelt thanks to our diligent editors—Victoria Putman, Lori Bradshaw, and Charles Hutchinson—and to our superb designer/illustrator Craig

White. Thanks also to the Fort Lewis College students who helped shape this edition of the textbook via their psychopathology classes.

In addition, we were fortunate to be able to interview and share with you the wisdom of the following leaders and practitioners in the field of psychopathology, and we thank them deeply: Susan Campbell, Constance Hammen, Elizabeth Loftus, Alan Frances, Alan Marlatt, James Pennebaker, Tom Widiger, Colin Smith, Tiffany O'Meara, Hal Arkowitz, Karen Tao, Shelley Millsap, Nicole Schneider, Cheyenne Bellarosa, Jillian Fish, Riddhi Sandil, Janiece Pompa, and Zina Zuill.

About the Authors

Brian Burke is a clinical psychologist whose principal academic interests include teaching, motivational interviewing, and terror management theory. Dr. Burke has a degree in college teaching and regularly presents at teaching conferences, twice winning the Doug Bernstein Poster Award for innovative classroom ideas at the National Institute on the Teaching of Psychology (NITOP). Dr. Burke has won five other awards in his two-decade career at Fort Lewis College: the New Faculty Teaching Award in 2005, the Featured Scholar Award in 2011, the Achievement Award in 2013, the Alice Admire Outstanding Teaching Award in 2021, and Durango’s Best Educator Award from the community in 2021 and 2022. He has published several meta-analyses of studies evaluating motivational interviewing—an emerging treatment for substance use and other problem behaviors that combines the humanistic elements of client-centered therapy (Carl Rogers) with more active strategies (e.g., cognitive-behavioral therapy) designed to facilitate human change. Dr. Burke has also published several meta-analyses of terror management theory, which states that much of what we humans do may be a defense against our inevitable mortality. Dr. Burke originally hails from Montreal, Canada, and received his PhD from the University of Arizona in 2003, which is where he had the idea to take photographs of saguaro cacti to represent the different DSM disorders found in this textbook. He has been a licensed psychologist in Colorado since November 2004 and has served as assistant training director for the Student Counseling Center at Fort Lewis College. Dr. Burke lives in Durango, Colorado, with his wife, teenage son, and Checkers the dog (whom you will also see in this book!).

Megan Wrona is a counseling psychologist and an associate professor of psychology at Fort Lewis College. She teaches primarily clinical courses, including Abnormal Psychology, Group Psychotherapy, Psychological Testing, and Health Psychology. Dr. Wrona’s research interests center around culture, especially the ways in which culture should be considered and integrated into clinical practice as well as teaching. She completed a clinical postdoctoral residency at the Huntsman Mental Health Institute in Utah (formerly University Neuropsychiatric Institute), with a focus on kids and adolescents. She has worked in a range of settings including outpatient, day treatment, inpatient, and wilderness and is a licensed psychologist in Colorado and Utah. Dr. Wrona is a member of the American Psychological Association (APA) and the Counseling Psychology and Teaching of Psychology divisions of APA. Dr. Wrona is originally from Chapel Hill, North Carolina, and completed her undergraduate degree at the University of North Carolina–Chapel Hill. Despite moving out west shortly after her undergraduate degree, she remains an avid Tar Heel fan. She received her PhD in Counseling Psychology from the University of Utah in 2013. She currently resides in Durango, Colorado, and loves exploring the nearby mountains and deserts with her husband and daughter.

