Chapter 1

**Abnormal Behavior in Historical Context**

# Chapter Summary

This chapter presents an overview of past and future conceptions of abnormal behavior. Specifically, it introduces the concept of abnormal behavior and its definitional components while also describing the science of psychopathology; outlines some primary professions in the field and terms for understanding psychological disorders; describes supernatural, biological, and psychological models of abnormal behavior in a historical context; and summarizes a multidimensional integrative scientific approach for understanding psychopathology.

# LEARNING OBJECTIVES

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| --- | --- |
| Describe key concepts, principles, and overarching themes in psychology | Explain why psychology is a science with the primary objectives of describing, understanding, predicting, and controlling behavior and mental processes.  Use basic psychological terminology, concepts, and theories in psychology to explain behavior and mental processes. |
| Develop a working knowledge of the content domains of psychology | Summarize important aspects of history of psychology, including key figures, central concerns, methods used, and theoretical conflicts.  Identify key characteristics of major content domains in psychology (e.g., cognition and learning, developmental, biological, and socio-cultural) |
| Use scientific reasoning to interpret behavior | Explain why psychology is a science with the primary objectives of describing, understanding, predicting, and controlling behavior and mental processes.  Incorporate several appropriate levels of complexity (e.g., cellular, individual, group/system, society/cultural) to explain behavior. |

1. How do psychologists define a psychological disorder?
2. What is a scientist-practitioner?
3. What supernatural influences were formerly believed to explain abnormal behavior?
4. What are the underlying assumptions of the biological approach to understanding abnormal behavior?
5. How do the psychological approaches of psychoanalysis, humanism, and behaviorism explain abnormal behavior?
6. Why is the scientific method so important in studying abnormal behavior?

**Chapter Outline**

UNDERSTANDING PSYCHOPATHOLOGY

What Is a Psychological Disorder?

The Science of Psychopathology

Historical Conceptions of Abnormal Behavior

THE SUPERNATURAL TRADITION

Demons and Witches

Stress and Melancholy

Treatments for Possession

Mass Hysteria

Modern Mass Hysteria

The Moon and the Stars

Comments

THE BIOLOGICAL TRADITION

Hippocrates and Galen

The 19th Century

The Development of Biological Treatments

Consequences of the Biological Tradition

THE PSYCHOLOGICAL TRADITION

Moral Therapy

Asylum Reform and the Decline of Moral Therapy

Psychoanalytic Theory

Humanistic Theory

The Behavioral Model

AN INTEGRATIVE APPROACH

**Detailed Outline**

Understanding Psychopathology

*How do psychologists define a psychological disorder?*

◼ A psychological disorder, or problematic abnormal behavior, is (1) a psychological dysfunction within an individual that is (2) associated with distress or impairment in functioning and (3) a response that is not typical or culturally expected. All three basic criteria must be met; no one criterion alone has yet been identified that defines the essence of abnormality.

* **Discussion Point:**

***What are some behaviors that may be considered “abnormal” by the above definitions, but do not constitute a psychological disorder?***

* **Discussion Point:**

***Do the words “abnormal” and “pathological” necessary mean the same thing? Can you be one without being the other? Is abnormality an “either-or” construct, or is it better thought of as a continuum?***

◼ The field of psychopathology is concerned with the scientific study of psychological disorders. Trained mental health professionals range from clinical and counseling psychologists to psychiatrists and psychiatric social workers and nurses. Each profession requires a specific type of training.

*What is a scientist-practitioner?*

◼ Using scientific methods, mental health professionals can function as scientist-practitioners. They not only keep up with the latest findings but also use scientific data to evaluate their own work, and they often conduct research within their clinics or hospitals.

◼ Research about psychological disorders falls into three basic categories: clinical description (prevalence, incidence, course prognosis), causation (etiology), and treatment and outcomes.

* **Discussion Point:**

***What are some of the factors that may lead a person to have a psychological disorder, such as depression?***

Be sure to elicit answers involving biological, psychological, and social components.

* **Discussion Point:**

***Why do you think that two people can be diagnosed with the exact same psychological disorder while appearing to share none of the causative factors of that condition?***

**Historical Conceptions of Abnormal Behavior**

◼ Historically, there have been three prominent approaches to abnormal behavior. In the supernatural tradition, abnormal behavior is attributed to agents outside our bodies or social environment, such as demons, spirits, or the influence of the moon and stars; although still alive, this tradition has been largely replaced by biological and psychological perspectives. In the biological tradition, disorders are attributed to disease or biochemical imbalances. In the psychological tradition, abnormal behavior is attributed to faulty psychological development and to social context. It was from the psychological perspective that a renewed interest in the moral treatment of the mentally ill emerged, beginning in the late 1700s with Philippe Pinel.

*What supernatural influences were formerly believed to explain abnormal behavior?*

◼ Each tradition has its own way of treating individuals who suffer from psychological disorders. The supernatural influences believed to explain abnormal behavior included the devil, witches, and possession by evil spirits. Supernatural treatments included exorcism to rid the body of supernatural spirits, shaving the pattern of a cross in the hair of the victim’s head, and securing sufferers to a wall near the front of a church.

*What are the underlying assumptions of the biological approach to understanding abnormal behavior?*

◼ The underlying assumption of the biological approach in understanding abnormal behavior is the idea that there is a physical cause to abnormal behavior. Biological treatments typically emphasize physical care and the search for medical cures, especially drugs.

*How do the psychological approaches of psychoanalysis, humanism, and behaviorism explain abnormal behavior?*

◼ Psychological approaches use psychosocial treatments, beginning with moral therapy and including modern psychotherapy. Sigmund Freud, the founder of psychoanalytic therapy, offered an elaborate conception of the unconscious mind, much of which is still conjecture. In therapy, Freud focused on tapping into the mysteries of the unconscious through such techniques as catharsis, free association, and dream analysis. Although Freud’s followers steered from his path in many ways, Freud’s influence can still be felt today. Humanistic psychology explains abnormal behavior through inevitable blocks that prevent the freedom to experience self-actualization. Maslow’s hierarchy of need and Rogers’ person-centered therapy were leaders in the movement that focused on human potential.

* **Discussion Point:**

***How might Freudian theorists use the psychosexual stages to explain obsessive-compulsive disorder?***

◼ One outgrowth of Freudian therapy is humanistic psychology, which focuses more on human potential and self-actualizing than on psychological disorders. Therapy that has evolved from this approach is known as person-centered therapy; the therapist shows almost unconditional positive regard for the client’s feelings and thoughts. Maslow’s hierarchy of need and Rogers’ person-centered therapy took leadership positions in the movement that focused on human potential.

◼ The behavioral model moved psychology into the realm of science. Both research and therapy focus on things that are measurable, including such techniques as systematic desensitization, reinforcement, and shaping. Pavlov, Watson, and Skinner all focused on the influence of the environment and our reactions to it in their behavioral approaches.

* **Discussion Point:**

***If you were to receive treatment for an episode of depression from a provider, from which perspective would you want him or her to operate? The psychoanalytic, humanistic, or behavioral perspective? Why?***

If students fall into the trap of choosing just one, encourage them to consider an answer that introduces the concept of an integrative approach.

**An Integrative Approach**

*Why is the scientific method so important in studying abnormal behavior?*

◼ With the increasing sophistication of our scientific tools, and new knowledge from cognitive science, behavioral science, and neuroscience, we now realize that no contribution to psychological disorders ever occurs in isolation. In the 1990s, two developments came together: the increasing sophistication of scientific tools and methodology, and the realization that no one influence—biological, behavioral, cognitive, emotional, or social—occurs in isolation. Our behavior, both normal and abnormal, is a product of a continual interaction of psychological, biological, and social influences.

## Key Terms and Concepts

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psychological disorder, 3

phobia, 3

abnormal behavior, 4

psychopathology, 6

scientist-practitioner, 6

presenting problem, 6

clinical description, 6

prevalence, 7

incidence, 7

course, 7

prognosis, 7

etiology, 7

exorcism, 9

psychosocial treatment, 15

moral therapy, 15

mental hygiene movement, 16

psychoanalysis, 16

behaviorism, 16

unconscious, 17

catharsis, 17

psychoanalytic model, 17

id, 18

ego, 18

superego, 18

intrapsychic conflicts, 18

defense mechanisms, 18

psychosexual stages of development, 19

castration anxiety 19

neurosis (*plural*neuroses), 19, 20

ego psychology, 20

self-psychology, 20

object relations, 20

collective unconscious, 20

free association, 20

dream analysis, 20

psychoanalyst, 2

transference, 21

psychodynamic psychotherapy, 21

self-actualizing, 22

person-centered therapy, 22

unconditional positive regard, 22

behavioral model, 22

classical conditioning, 22

extinction, 23

introspection, 23

systematic desensitization, 23

behavior therapy, 24

reinforcement, 24

shaping, 25

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**Ideas for Instruction**

1. **Activity: Distinguishing Normal from Abnormal Behavior**. An exercise that helps students recognize the difficulty of distinguishing normal from abnormal behavior is to begin by presenting a small amount of information about a case. If your class is large, break your students into groups of four or five. Instruct each group to list the top four questions they would want to know about a case to evaluate the behavior. For example, present the following information:

*Case #1:* Tom is uncomfortable riding escalators. As a result, Tom avoids using them.

After your students have explored the case, encourage them to ask the following types of questions:

a. How old is Tom? Is it more "normal" for Tom to fear escalators if he is a child versus an adult? Discuss developmental issues.

b. From what culture does Tom most likely come? Has he ever had exposure to an escalator? Cultural contexts must always be considered when evaluating abnormal behavior.

c. How does Tom manage his fear? What symptoms does he have?

d. To what extent does Tom avoid using escalators? Does his fear significantly interfere with his life? Also ask if your students would consider the behavior more abnormal if he had a fear of flying in airplanes versus escalators. In other words, at what point would the behavior be considered an abnormal fear versus a normal one? What if Tom is afraid of snow because he once saw it on television, but he lives in a climate where it never snows?

*Case #2:* Rachel has been caught urinating in the corner of her bedroom. Is her behavior abnormal? What information will you need in order to make this assessment?

Encourage students to ask the following types of questions:

a. How old is Rachel? The clinical picture is very different if Rachel is one year old than if she is 13 years old. Discuss the importance of understanding developmental psychology.

b. How many times has she engaged in the behavior? A pattern of behavior may be viewed differently than if it is a rare occurrence.

c. Does Rachel have a medical condition? Is she on any medications? Rachel may have a medical or organic condition that accounts for her behavior. Ask your students if identifying an organic condition would change their perception of Rachel. Discuss the implication of assigning less social stigma to medical versus psychiatric patients.

d. Has Rachel experienced a recent trauma or is she exposed to unusual stressors?

e. Has Rachel achieved urinary control in a developmentally expected way and has now lost that control, or has she never achieved it at all?

f. How does Rachel feel about her behavior? How does she explain it?

Examples such as these stimulate students to explore cases more fully before making snap judgments about people’s behavior and illustrate the complexity in teasing out normal from abnormal behavior.

2. **Activity: What is Normal vs. Abnormal?** A similar exercise is to break students into groups and have them work with HANDOUT 1.1. Students should complete the handout on their own and then discuss their opinions.

3. **Activity: The Big Three**. To illustrate the differences in the three major perspectives, have students draw a triangle in their notebook and label the corners psychoanalytic, humanistic, and behavioral. When they are ready, read a list of major psychological disorders. Have students write each disorder near the corner of the triangle that they think best addresses the basis of the disorder. After you have completed the list, ask students to share out to the larger group their placements of the disorders to promote discussion of the perspectives.

4. **Activity: The Blind Men and the Human Elephant**. To illustrate the importance of taking an integrative, multidimensional approach and the dangers of scientific tunnel vision, read John G. Saxe’s (1963) poem “The Blind Men and the Elephant.” The poem is available from several websites (using the complete search phrase “Saxe’s Blind Men and the Elephant”), including <http://www.wordinfo.info/words/index/info/view_unit/1/?letter=B&spage=3>. Then have students discuss what behaving as one of the blind men would look like from a supernatural, biological, or psychological perspective (include psychoanalytic, behavioral, humanistic views). Use human behavior in place of the elephant illustrated in the poem.

5. **Activity: Myths, Magic, & Placebos: What Do They Have to Do with Having Rocks in Your Head?** When you discuss material dealing with treatment of the mentally ill during the Middle Ages, see whether students know where the phrase “rocks in your head” originated. It actually originated during the Middle Ages, when city street vendors would commonly perform pseudosurgery on street corners. Troubled people with symptoms associated with mental illness would often frequent these vendors for relief. The vendors, in turn, would make a minor incision on the skull, while an accomplice would sneak the surgeon a few small stones. The surgeon would then pretend to have taken the stones from the patient’s head. The stones were claimed to be the cause of the person’s problems and that the person was now cured. A similar variant on this theme is quite popular with modern magicians and some faith healers who purport to painlessly remove diseased organs from the bodies their subjects. The procedure involves an elaborate ritual, accompanied by chicken or beef blood and associated meat parts. The magic rests in the illusion of the magician’s arm twisting and turning into the blood-covered exposed belly of the subject and the slow removal of what appears to look like a body part. Ask students to think about other examples of modern-day cures that they have heard about or maybe experienced themselves. This is a good place to tie in the concept of the placebo effect and perhaps open up a discussion about the role of beliefs and expectancies in producing and alleviating medical and psychological forms of distress and suffering.

6. **Activity: Abnormal Psychology Apps**. At the beginning of your class, introduce your students to the various abnormal psychology study apps available from app stores. Ask students to browse the apps as an introduction to the various topics covered during the semester. Several apps focus on categories and characteristics of disorders. Other apps focus on supporting student studying with flash cards and review exercise. Sample apps include:

* Psychological Disorders (Empowered Life Sessions)
* Mental Disorders (Andrey Borzenko)
* DSM-5 Diagnostic Criteria (American Psychiatric Association) ($69)
* DSM-5 Differential Diagnosis (Unbound Medicine, Inc) Free
* Psychiatry pocket (Borm Bruckmeier Publishing LLC) $9.99
* Depression Test (Japps Medical)
* Mental Disorders (Kirill Sidorov)

7. **Rosenhan’s “On Being Sane in Insane Places.”** Open your lecture on what is abnormal with the article “On Being Sane in Insane Places.” You can mention that one of the pseudopatients was a professional artist, and the staff interpreted her work in terms of her illness and recovery. As the pseudopatients took notes about their experience, staff members referred to the note-taking as schizophrenic writing. Ask students for any other types of behavior that they can think of that would be misinterpreted in a mental hospital setting. Use <http://facstaff.bloomu.edu/jleitzel/classes/introabnormal/Spitzer_1975.pdf> or see “On Being Sane in Insane Places”, *Science*, 1973, 179, pp. 250-257 to develop your lecture. (Be aware that the hyperlink of this article may warn you that the link may have viruses or harm your computer. Be assured this is a safe link)

8. **Invite a guest speaker** from campus mental health/counseling services to discuss the range of services offered. This should reduce the fear and stigma of seeking any type of personal counseling services on campus. Additionally, it will let students know where to seek help should any personal issues arise during the semester. With the stress of student life, many students can and should use these services. You may also consider inviting a colleague who is a clinician if your institution does not have a counseling center or if the staff there are not available. This may also be an opportunity for a psychology student group (e.g., Psychology club, Psi Chi, etc.) to have a social event that focuses on the topic.

**Helpful YouTube Videos**

1. Facing Your Fears: Escalators. (2011) (totalkanefan.) Portrays a young man facing his personal fears of escalators by forcing himself to ride an escalator in a mall. (4 min) <https://www.youtube.com/watch?v=iIxG1tqL5Tg>
2. Carl Rogers and Gloria Counseling PT 2. (esherborn3). A segment of a famous videoed counseling session featuring Carl Rogers conducting client-centered therapy with “Gloria”. (10 min) <https://www.youtube.com/watch?v=m30jsZx_Ngs&t=328s>
3. Witchcraft in the modern world. (2012) (University of Bristol). A segment from an interview with Professor Ron Hutton discussing his research on witchcraft in the modern world (4 min) <https://www.youtube.com/watch?v=Vxl70A9ArF8>
4. BBC A History of the Madhouse. (2014) (BBC Films). A documentary which tells the fascinating and poignant story of the closure of Britain’s mental asylums. (60 min) <https://www.youtube.com/watch?v=oswUssXzFlY&t=622s>
5. Operant Conditioning. A video featuring B.F. Skinner discussing the elements of operant conditioning. (4 min) <https://www.youtube.com/watch?v=I_ctJqjlrHA>
6. Witchcraft in the Congo: A Victim’s Tale. (2011). A video illustrating the practice of a shaman type figure removing objects from patients heads. <https://www.youtube.com/watch?v=Vn2CxwH07Pg&t=79s>

**Helpful DVD and Films**

Abnormal behavior: A mental hospital. (CRM/McGraw-Hill Films). Portrays life in a modern mental hospital, including views of people with schizophrenia and of a patient receiving ECT. (28 min)

The New Asylums. (PBS) A Frontline episode on the emergence of a large population of mentally disordered people in the United States being convicted of crimes and sentenced to prison. (55 min)

B. F. Skinner and behavior change: Research, practice, and promise. (Research Press). Features a discussion with B. F. Skinner and addresses some controversial issues related to behavioral psychology. (45 min)

Carl Rogers. (Insight Media). Carl Rogers discusses the humanistic model of personality as well as his views on encounter groups, education, and other issues facing psychologists. (2 programs, each 50 min)

The dark side of the moon. (Fanlight Productions). Chronicles the lives of three men with mental disorders, from living on the streets to becoming useful members of society. They now work to help other people in similar situations. (25 min)

Freud: The hidden nature of man. (Insight Media). Explores the concepts of psychoanalysis through interviews with Sigmund Freud himself. (29 min)

Is mental illness a myth? (NMAC-T 2031). Debates whether mental illness is a physical disease or a collection of socially learned behaviors. Panelists include Thomas Szasz, Nathan Kline, and F. C. Redlich. (29 min)

Keltie’s beard: A woman’s story. About a woman with heavy facial hair that she chooses not to cut. Useful in discussing the criteria for abnormal behavior. (9 min)

Man facing southeast. Fascinating Argentine film about a man with no identity who shows up at a psychiatric hospital claiming to be from another planet. Neither the hospital staff nor the film’s audience ever figure out exactly what is happening.

Out of sight. (PBS). Discusses the development of institutions for the mentally ill and traces custodial care practices of the mentally disturbed. (60 min)

Pavlov: The conditioned reflex. (Films for the Humanities and Sciences). Documentary focusing on the classic work of Ivan Pavlov; includes rare footage of his investigations on the conditioned reflex. (25 min)

To define true madness. (PBS). Examines mental illness through history and considers the progress made to understand psychological disorders. (60 min)

**Helpful Websites**

**American Psychiatric Association**

<http://www.psych.org/>

APA’s website contains psychology-related links, information on legal cases that have affected psychiatry, continuing education for therapists, and much more.

# American Psychological Association

# <http://www.apa.org/>

APA’s website contains resources on various perspectives in psychology and applications of psychology.

# Clinically Psyched

<http://www.clinicallypsyched.com/>

Collection of articles relevant to abnormal psychology, many of which are in the form of press releases, so you may want to track down the original sources. The topics covered span the discipline of abnormal psychology.

### Faces of Abnormal Psychology interactive

### [http://www.mhhe.com/socscience/psychology/faces/#](http://www.mhhe.com/socscience/psychology/faces/)

An interactive web-based adobe flash module that can be used to browse the symptoms and behavioral characteristics of mental disorders.

### Internet Mental Health

<http://www.mentalhealth.com/>

This comprehensive site contains information related to the assessment, diagnosis, and treatment of mental illness.

### National Alliance for the Mentally Ill

<http://www.nami.org/>

Links, membership information, and searchable indexes of mental disorders are all included on this site.

# Personality Theories

<http://www.ship.edu/~cgboeree/perscontents.html>

Electronic textbook (e-text) created for undergraduate and graduate courses in personality theory.

### The History of Psychology Website

<http://academic.udayton.edu/gregelvers/hop/welcome.asp>

Links to many psychology-related web pages on the internet.

### The National Institute of Mental Health

[http://www.nimh.nih.gov](http://www.nimh.nih.gov/)

The NIMH website offers information about diagnosis and treatment of several mental health disorders.

**Today in the History of Psychology**

<http://www.cwu.edu/~warren/today.html>

The American Psychological Association created this website, which allows the user to access information on the history of psychology by selecting a date on the calendar.

#### Supplemental Reading Material

Bjork, D. W. (1993). B.F. Skinner: *A life*. New York: Basic.

Bolles, R. C. (1993). *The story of psychology: A thematic history*. Pacific Grove, CA: Brooks/Cole.

Butler-Bowdon, T. (2007). *50 Psychology Classics: Who We Are, How We Think, What We Do; Insight and Inspiration From 50 Key Books*. London & Boston: Nicholas Brealey.

Grob, G. (1994). *The mad among us: A history of the care of America’s mentally ill*. New York: MacMillan.

Hatfield, A. B., & Lefley, H. P. (1993). *Surviving mental illness*. New York: Guilford.

Hunt, M. M. (2007). *The story of psychology* (2nd Anchor Books ed.). New York: Anchor Books.

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Spanos, N. P. (1978). Witchcraft in the histories of psychiatry: A critical appraisal and an alternative conceptualization. *Psychological Bulletin*, 35, 417–439.

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Shapiro, D. H. and Astin, J, (1998). *Control Therapy: An Integrated Approach to Psychotherapy, Health, and Healing. Hoboken, New Jersey. John Wiley and Sons Inc.*

Weitz, R. D. (1992). A half century of psychological practice. *Professional Psychology: Research and Practice*, 23, 448-452.

#### Handouts

**HANDOUT 1.1**

**WHAT IS ABNORMAL?**

Consider the following situations. Most people would consider at least some of the actions of the people involved to be abnormal. What do you think? Think about each one as you read through the list. Then, talk with your group about your judgments. When you are through talking about each, elect a group spokesperson who will take notes on the reasons that the group members come up with as to why you did or did not consider each situation to be abnormal. You will have to “dig” mentally to put some of these reasons into words.

1. Your uncle consumes a quart of whiskey per day; he has trouble remembering the names of those around him.

2. Your grandmother believes that part of her body is missing and cries out about this missing part all day long. You show her that the part she thinks is missing actually is not, but she refuses to acknowledge this contradictory information.

3. Your neighbor has vague physical complaints and sees two or three doctors weekly.

4. Your neighbor sweeps, washes, and scrubs his driveway daily.

5. Your cousin is pregnant, and is dieting (800 calories per day) so that she will not get “too fat” with the pregnancy. She has had this type of behavioral response since she was 13 years old.

1. A woman’s husband dies within the past year. The widow appears to talk to herself in the yard, doesn’t wash herself or dress in clean clothes, and appears to have lost a lot of weight.
2. A 10-year-old wants to have his entire body tattooed.
3. 23-year-old female smokes marijuana every day, is a straight-A student in college, has a successful job, and is in a solid long-term relationship.
4. A person experiences several unexpected panic attacks each week, but is otherwise happily married, functions well at work, and leads an active recreational lifestyle.
5. A 35-year-old happily married man enjoys wearing women’s clothes and underwear on the weekends when he and his wife go out on the town.

###### WARNING SIGNS FOR

###### PSYCHOLOGICAL DISORDERS IN ADULTS

* Confused thinking
* Prolonged depression (sadness or irritability)
* Feelings of extreme highs and lows
* Excessive fears, worries, and anxieties
* Social withdrawal or isolation
* Dramatic changes in eating or sleeping habits
* Strong feelings of anger
* Delusions or hallucinations
* Growing inability to cope with daily problems and activities
* Suicidal thoughts
* Denial of obvious problems
* Numerous unexplained physical ailments
* Substance abuse

#### WARNING SIGNS

**FOR PSYCHOLOGICAL DISORDERS**

**IN YOUNGER CHILDREN**

* Changes in school performance
* Poor grades despite strong efforts
* Excessive worry or anxiety (i.e., refusing to go to bed or school)
* Hyperactivity
* Persistent nightmares
* Persistent disobedience or aggression
* Frequent temper tantrums
* Unexplained physical injuries or wounds

**WARNING SIGNS FOR**

PSYCHOLOGICAL DISORDERS

IN OLDER CHILDREN AND PRE-ADOLESCENTS

* Substance abuse
* Inability to cope with problems and daily activities
* Change in sleeping and/or eating habits
* Excessive complaints of physical ailments
* Defiance of authority, truancy, theft, and/or vandalism
* Intense fear of weight gain
* Lack of or decrease in interest in engaging with peers or friends
* Prolonged negative mood, accompanied by poor appetite or thoughts of death
* Frequent outbursts of anger

Transition Guide

**Chapter 1**

Abnormal Behavior in Historical Context, features updated nomenclature to reflect new titles in DSM-5, updated descriptions of research on defense mechanisms, and fuller and deeper descriptions of the historical development of psychodynamic and psychoanalytic approaches.