Preface

The previous edition of *Abnormal Psychology: Clinical and Scientific Perspectives* was prepared with the goal of producing a useful, inexpensive reference resource that could serve as a primary text for students in undergraduate abnormal psychology courses. This new (5th) edition continues that intent, with the additional goal of clarifying the extensive changes made in the official system for classifying mental disorders, the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (*DSM-5*). Besides helping readers to understand the *DSM-5* and to recognize the variety of treatments available, I hope to also encourage critical thinking and appreciation of the value of evidence.

This edition incorporates several improvements, including:

- Thorough description of *DSM-5* classification, with frequent examples of diagnostic criteria and highlighted changes from the *DSM-IV*
- Extensive attention to diagnostic reliability and validity
- Coverage of continued controversies within psychiatry and psychology
- Many new and updated references from the professional literature
- Expanded Glossary
- Improved Subject and Author Index
- New "Questions For Study" at the end of each chapter
- Updated student study materials including practice quizzes, instructor's test banks, and PowerPoint™ slides at www.BVTLab.com
- Available in a variety of formats ranging from eBook to bound textbook

The original framework of Barclay Martin's *Abnormal Psychology: Clinical and Scientific Perspectives* reflected the substantial changes taking place in clinical psychology and psychiatry in the early 1980s. At that time, a new diagnostic system for psychopathology (the *DSM-III*) had appeared and Martin recognized the implications of the shift from a more subjective and analytic era in abnormal psychology to the less theory-dependent, more objective *DSM-III* model. The value of a science of clinical psychology was becoming apparent and issues such as diagnostic reliability, validity, and empirical outcome data began to drive the classification and treatment of mental disorders.

The present text reflects the extensive subsequent developments in research and practice since the *DSM-III*: In the past 33 years, the *DSM* has undergone four revisions; new diagnostic categories have been added, others have been proposed, and still others modified or removed. Thousands of research studies have been published exploring the biological, genetic, social, cognitive, and behavioral foundations of psychopathology; the effectiveness of various psychological and biological interventions; the incidence of disorders among populations; and the usefulness of different classifications. A strongly biomedical model of abnormal behavior became dominant within psychiatry, enabling the proliferation of pharmacological interventions for nearly every *DSM*-identified condition. Still, many of the questions about etiology and treatment considered in Martin's text remain unanswered. In nearly all cases of mental disorder, there are no biological markers or laboratory tests that can identify or confirm any *DSM* diagnosis. Many contributory factors have been identified, but any necessary or sufficient causes of mental disorders remain elusive. Medications can offer

some symptom relief; but, as of yet, they provide no cures, nor do they correct any presumed underlying biological abnormalities. Indeed, for many conditions, psychological interventions have been developed that are at least as effective as medication, with fewer side-effects and lower risk of relapse.

The history of abnormal psychology contains many conceptual blind alleys and mistaken assumptions. Adopting a scientific perspective does not prevent such errors, but it does allow us to eventually recognize them. The current state of the science reminds us that we have often been too quick to oversimplify and too slow to think skeptically about both causes and treatments. Inevitably, mental disorders are defined within a social and cultural context, diagnosed within an interpersonal behavioral exchange, and treated within a biological-environmental interaction; they are bio-psycho-social developments. Therefore, I have endeavored to avoid the use of the common terms "mental illness" or "mental disease"—which may imply that we know more than we actually do—and instead refer to these conditions more accurately as "mental disorders." It should be noted that this informed skepticism does not discount the very real distress and disability associated with many *DSM* conditions, nor the importance of prompt and effective treatment.

There is always a danger in such an environment that pseudoscience can masquerade as an acceptable alternative. There are dozens, if not hundreds, of competing therapies for common disorders such as depression and anxiety. The high level of nonspecific (or placebo) response in treatment increases the risk of promoting ineffective therapies and fosters conceptual confusion. Fortunately, such problems are ultimately solved by the scientific method itself through careful comparisons, empirical testing, and evaluation of outcomes. I have highlighted research involving direct treatment comparisons or the use of randomized controlled trials that provides empirical support for any particular therapeutic intervention over others.

Because the *DSM* model is so widely accepted, I have provided a careful description of the current diagnostic system (the *DSM-5*), tracing the evolution of diagnosis and treatment within various categories of mental disorders while also providing data on the reliability and validity of these diagnoses whenever possible. The professional literature on psychopathology is enormous and continually expanding. I have given preference to reviewing the more empirical and evaluative publications and, as a result, articles from neuroscience, behavioral psychology, and cognitive psychology are over-represented in the bibliography. I readily admit to a bias in favor of the scientific method over all other approaches in the field. However, I also accept that outcomes and consequences drive the selective process, and I realize that what may appear to be today's truth may be tomorrow's folly. We can expect continued revision of the content and structure of our diagnostic system, as well as our treatments. I hope to have correctly reported the current state of affairs within this fascinating subject, without minimizing the many disputes, controversies, and unresolved issues that exist.

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