

The cover features a black background with abstract, glowing blue and green shapes that resemble stylized faces or profiles. The shapes are layered and have a soft, ethereal glow. The text is centered and uses a mix of white and green colors.

Case Studies in
Abnormal

N i n t h • E d i t i o n

Psychology

Thomas F. Oltmanns • Michele T. Martin
John M. Neale • Gerald C. Davison

*Case Studies
in Abnormal
Psychology*
Ninth Edition

Thomas F. Oltmanns

Washington University in St. Louis

Michele T. Martin

Wesleyan College

John M. Neale

State University of New York at Stony Brook

Gerald C. Davison

University of Southern California



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“To Presley, Riley, and Kinley”
—TFO

“To Matt, Caroline, Grace, and Thomas”
—MTM

“To Gail and Sean”
—JMN

“To Kathleen, Eve, and Asher”
—GCD

PREFACE

Most textbooks on abnormal psychology include short descriptions of actual clinical cases. However, those presentations are necessarily brief and too fragmented for students to gain a clear understanding of the unique complexities of a person's troubled life. They cannot describe the client's developmental history, the manner in which a therapist might conceptualize the problem, the formulation and implementation of a treatment plan, or the trajectory of a disorder over a period of many years. In contrast to such brief descriptions, a detailed case study can provide a foundation on which to organize important information about a disorder. This enhances the student's ability to understand and recall abstract theoretical and research issues.

The purpose of *Case Studies in Abnormal Psychology*, 9e is therefore threefold: (a) to provide detailed descriptions of a range of clinical problems, (b) to illustrate some of the ways in which these problems can be viewed and treated, and (c) to discuss some of the evidence that is available concerning the prevalence and causes of the disorders in question. The book is appropriate for both undergraduate and graduate courses in abnormal psychology. It may also be useful in courses in psychiatric social work or nursing and could be helpful to students enrolled in various practicum courses that teach how best to conceptualize mental-health problems and plan treatment. It may be used on its own or as a supplement to a standard textbook in abnormal psychology.

In selecting cases for inclusion in the book, we sampled from a variety of problems, ranging from psychotic disorders (e.g., schizophrenia and bipolar mood disorder) to personality disorders (e.g., paranoid and antisocial) to various disorders of childhood and aging (e.g., attention-deficit/hyperactivity disorder). We focused deliberately on cases that illustrate particular problems that are of interest to students of abnormal psychology. We do not mean to imply, however, that all the cases fit neatly into specific diagnostic molds. In addition to describing "classic" behavioral symptoms (e.g., hallucinations, compulsive rituals, or specific fears), we emphasized the social context in which these disorders appear as well as life problems that are significant in determining the person's overall adjustment, even though they may not be relevant from a diagnostic

standpoint. For example, our case on hypertension considers issues in etiology and treatment when the person is African American. Several of the cases include a consideration of marital adjustment and parent–child relationships.

Our coverage extends to examples of eating disorders, dissociative identity disorder, gender identity disorder, borderline personality, and posttraumatic stress disorder (following rape). Each of these disorders represents an area that has received considerable attention in the contemporary literature, and each has been the focus of theoretical controversy.

We have added one new chapter to this ninth edition. It describes a woman who experienced terrifying nightmares and an associated sleep paralysis. The new case provides important coverage of sleep disorders, which affect large numbers of people and have received increased attention in the professional literature.

Our cognitive-behavioral perspective is clearly evident in most of these case discussions. Nevertheless, we also present and discuss alternative conceptual positions. The cases can therefore be used to show students how a given problem can be reasonably viewed and treated from several different perspectives. Although most of the interventions described illustrate a cognitive-behavioral approach to treatment, we have also described biological treatments (e.g., medication, electroconvulsive therapy, and psychosurgery) when they are relevant to the case. In some cases, the outcome was not positive. We have tried to present an honest view of the limitations, as well as the potential benefits, of various treatment programs. Note also that three of the cases were not in treatment. We believe that it is important to point out that many people who have psychological disorders do not see therapists.

Each case study concludes with a discussion of current knowledge about causal factors. Some of these discussions are necessarily briefer than others. More research has been done on schizophrenia, for example, than on gender identity disorder or paranoid personality disorder. We had two goals in mind for these discussions. First, we have tried to use the case material to illustrate the application of research to individual clients' problems. Second, we alert readers to important gaps in our knowledge of abnormal psychology, our abiding belief being that realizing what we do not know is as important as appreciating what we do know. All these discussions have been revised in the ninth edition to include new ideas and empirical evidence that are changing the way that particular disorders are viewed and treated.

We have included discussions of issues associated with gender, culture, and ethnicity in all the previous editions of this book. For example, issues of race and psychotherapy are considered in the case of hypertension. Attention to these issues, particularly those involving gender, have been strengthened in this ninth edition. The case on parasomnia (nightmare disorder) also discusses important issues related to race and gender. Our description of posttraumatic stress disorder following rape trauma includes many issues that are particularly important for women (e.g., helpful and harmful ways in which other people react to the

victim; decisions by the victim, her therapist, and her professor about whether to report the rapist; and so on). Our discussion of the causes of major depression includes consideration of possible explanations for gender differences in this disorder. The chapters on dissociative identity disorder and borderline personality disorder both discuss the impact of prior sexual abuse on subsequent development of psychopathology. Both cases of eating disorder involve extended consideration of cultural attitudes that affect women's feelings and beliefs about themselves. These are only a few of the instances in which we have attempted to address gender issues in relation to the etiology and treatment of mental disorders. We are grateful to Patricia Lee Llewellyn (University of Virginia) for many helpful comments on these issues.

All the cases in this book are based on actual clinical experience, primarily our own, but, in some instances, that of our colleagues and students. Various demographic characteristics (names, locations, and occupations) and some concrete clinical details have been changed to protect the anonymity of clients and their families. In some instances, the cases are composites of clinical problems with which we have dealt. Our intent is not to put forth claims of efficacy and utility for any particular conceptualization or intervention but instead to illustrate the ways clinicians think about their work and implement abstract principles to help a client cope with life problems. The names used in the case studies are fictitious; any resemblance to actual persons is purely coincidental.

As in the first eight editions of this book, we have not identified the authors of specific case studies. This procedure has been adopted and maintained to preserve the clients' anonymity. We are grateful to Amy Bertelson, Serrita Jane, Ron Thompson, Kevin Leach, and Kimble Richardson, who provided extensive consultation on five of these cases. We also thank Elana Farace and Sarah Liebman for drafting two others.

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Thomas F. Oltmanns
Michele T. Martin
John M. Neale
Gerald C. Davison

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