

# ch16

Student: \_\_\_\_\_

1. A person alive during the Middle Ages most likely held which of the following views on abnormal behaviour?
  - A. Psychological disorders are caused by supernatural forces.
  - B. Psychological disorders are caused by biological disorders.
  - C. Psychological disorders are caused by stressful environments
  - D. Psychological disorders are caused by physical and psychological vulnerabilities.
  
2. The demonological perspective on abnormal behaviour assumes that psychological disorders are caused by:
  - A. distorted thinking.
  - B. physical abnormalities.
  - C. dysfunctional environments.
  - D. supernatural forces.
  
3. People who held the demonological perspective on psychological disorders would sometimes treat abnormal behaviours by chiselling a small hole in the head of the individual in an attempt to release the evil spirit trapped inside. This procedure was called:
  - A. therapeutic chiselling.
  - B. trephination.
  - C. primitive psychological surgery.
  - D. spirit elimination.
  
4. The first historical demonstration of a psychological disorder with a clear biological cause was \_\_\_\_\_.
  - A. glove anesthesia
  - B. agoraphobia
  - C. general paresis
  - D. insanity
  
5. When looking at the historical evolution of attitudes towards psychological disorders, general paresis is a disease with great significance because it:
  - A. provided the first evidence of a psychological disorder with a biological cause.
  - B. showed how psychological factors can produce actual physical abnormalities.
  - C. provided the first evidence supporting the vulnerability-stress model
  - D. demonstrated how psychological factors can create physical symptoms that have no identifiable biological cause.
  
6. The first evidence that psychological disorders may be caused by a physiological disorder came in the 1800s with the identification of a physical condition, resulted in bizarre behaviour called \_\_\_\_\_.
  - A. trephination
  - B. general paresis
  - C. paranoia
  - D. hysteria

7. When treating a person with a psychological disorder, a therapist makes the assumption that the person's difficulties stem in large part from his extreme and inappropriate use of defence mechanisms such as repression. This therapist most likely identifies with the \_\_\_\_\_ perspective of psychological disorders.
- cognitive
  - behavioural
  - sociocultural
  - psychodynamic
8. Maladaptive and self-defeating thought patterns are most central to the \_\_\_\_\_ perspective of psychological disorders.
- humanistic
  - cognitive
  - sociocultural
  - behavioural
9. Which of the following statements is most consistent with the humanistic perspective of psychological disorders?
- Psychological disorders are caused by unresolved psychological conflicts.
  - Psychological disorders are caused by negative and maladaptive thoughts.
  - Psychological disorders are caused by incongruence between self-perceptions and experience.
  - Psychological disorders are caused by cultural and social factors.
10. The example that homosexuality was officially considered a form of mental illness until 1973 demonstrates the role that \_\_\_\_\_ plays in defining abnormality:
- biology
  - cultural expectations
  - harmfulness
  - impairment
11. A recent immigrant to Canada has been having some difficulties with everyday life, and after some initial hesitation, decides to see a therapist for some assistance. After the interview, the therapist makes a particular diagnosis and is discussing the case with a colleague when the colleague raises some concerns. She points out that the therapist may need to reconsider his diagnosis because the behaviours involved are much more common and are even considered "normal" in the country from which the person came. This example highlights the importance of \_\_\_\_\_ in defining abnormality.
- the expectations of the culture the person currently lives
  - the expectations of the person's culture of origin
  - statistical deviation from the norm
  - harmfulness
12. An explanation for the demonstration that personal and situational factors can interact with one another is found in the \_\_\_\_\_.
- example of general paresis
  - learned helplessness theory
  - trauma-dissociation theory
  - the vulnerability-stress model
13. In the vulnerability-stress model of psychological disorders, vulnerabilities:
- can be biological factors.
  - can be biological or psychological factors.
  - can be environmental factors.
  - can be biological, psychological, or environmental factors.

14. Two siblings can grow up in identical environments and as adults one develops a psychological disorder and the other does not. Psychologists have taken biological, psychological, and environmental factors and explored how these factors relate to each other in order to explain the above situation. This is called the:
- A. vulnerability-stress model
  - B. predisposition-dysfunction model
  - C. reliably-valid model
  - D. psychodynamic model
15. Biological, psychological, or environmental predispositions can combine with current or recent events to produce psychological disorders called \_\_\_\_\_.
- A. stressors
  - B. handicaps
  - C. vulnerabilities
  - D. traumatic events
16. Sara lost both of her parents when she was a young child. Primarily because of this historical event, she develops an anxiety disorder when she learns that the life of her best friend is threatened by cancer. This example provides the best illustration of:
- A. learned helplessness.
  - B. the vulnerability-stress model.
  - C. the demonological perspective.
  - D. the trauma dissociation model.
17. All of the following were mentioned as one of the three Ds that typically influence judgments regarding abnormal behaviour **EXCEPT**:
- A. distressing
  - B. dysfunctional
  - C. deviance
  - D. distinctive
18. The fact that people with psychological disorders usually experience suffering that is long-lasting or disproportionate to the situation best demonstrates how people often use make judgments about abnormal behaviours based on the amount of \_\_\_\_\_.
- A. deviance
  - B. dysfunction
  - C. distress
  - D. distinction
19. The text defines abnormal behaviour as containing all of the following elements **EXCEPT**:
- A. It is psychologically determined.
  - B. It is personally distressing.
  - C. It is personally dysfunctional.
  - D. It is culturally deviant.
20. A clinical psychologist is using a particular diagnostic classification system to diagnose a psychological disorder. She finds that her system yields consistent results but, unfortunately, it does not appear to be accurately assessing the disorder in which she is interested. This would mean that her classification system is:
- A. valid but not reliable
  - B. reliable but not valid.
  - C. both reliable and valid.
  - D. neither reliable nor valid.

21. If we say that a diagnostic classification system, such as the DSM-IV, is reliable, this specifically means that:
- A. it can accurately distinguish between different disorders.
  - B. it is accurately assessing the disorders it is intended to.
  - C. it is also valid system.
  - D. it is consistent system.
22. The ability of a diagnostic classification system to effectively differentiate between various disorders and to accurately capture the essential features of these disorders is most relevant to which of the following qualities?
- A. reliability
  - B. consistency
  - C. validity
  - D. stability
23. Regarding a diagnostic classification system for psychological disorders, reliability means that clinicians using the classification system should show high levels of agreement in their diagnostic classifications, whereas, if the categories accurately capture the essential features of the disorders this is called \_\_\_\_\_.
- A. validity
  - B. accuracy
  - C. consistency
  - D. verifiability
24. In the DSM-IV, Axis I contains the assessment of:
- A. personality or developmental disorders.
  - B. the primary diagnosis.
  - C. global functioning.
  - D. environmental stressors.
25. The DSM-IV uses Axis \_\_\_\_\_ to note relevant physical conditions.
- A. I
  - B. II
  - C. III
  - D. IV
26. During a psychological assessment, a client shares that she just lost her job and recently ended a long-term romantic relationship. Such information would be recorded on Axis \_\_\_\_\_ by a psychologist using the DSM-IV.
- A. I
  - B. II
  - C. III
  - D. IV
27. The DSM-IV axis that reflects a person's global assessment of functioning is Axis V, and any long-standing personality or developmental disorders are represented on Axis \_\_\_\_\_.
- A. I
  - B. III
  - C. II
  - D. IV
28. An alternative or supplement to DSM-IV is to use a \_\_\_\_\_ system.
- A. dimensional
  - B. categorical
  - C. diagnostic
  - D. analytic

29. Negative perceptions in both the people being diagnosed and in others can be generated as one of the detrimental effects of \_\_\_\_\_.
- personality disorders
  - developmental disorders
  - psychiatric labelling
  - comorbidity
30. All of the following were discussed as potential limitations of the use of diagnostic systems such as the DSM-IV **EXCEPT**:
- There is a decrease in the reliability and validity of the assessment of mental disorders.
  - People diagnosed with a disorder may identify with it and thus make the symptoms worse.
  - Someone with a psychiatric diagnosis may be treated differently by others.
  - A psychiatric label may make it difficult to objectively view a person's behaviour.
31. Rosenhan conducted a study in which he and several colleagues got themselves admitted to mental institutions and once they were in the hospitals, they acted normally. The results from this study revealed that:
- they were quickly identified as mentally healthy individuals and asked to leave.
  - diagnostic labels appeared to greatly influence how their normal behaviour was interpreted.
  - just being in this type of environment served to create some of the initial symptoms of psychological disorders.
  - this methodology was effective for allowing them to study the abnormal behaviours of other people in the institution.
32. When considering the term "insanity," it is important to remember that:
- it is an Axis II disorder that has substantial overlap with other Axis I and Axis II disorders.
  - while it has strong reliability, its validity has not yet been fully established.
  - it refers to a defendant's state of mind at the time of a trial, not when the crime was committed.
  - it is a legal term, not a psychological term.
33. The term "competency" is most concerned with:
- the severity of the Axis I or II disorder(s) with which a person has been diagnosed.
  - whether a person can meaningfully appreciate the wrongfulness of their acts at the time of a crime.
  - a person's current state of mind at the time of a trial or hearing.
  - a person's state of mind at the time of a crime.
34. The legal term "competency" refers to a person's state of mind at a trial or hearing, while the term \_\_\_\_\_ is concerned with a person's mental state at the time a crime was committed.
- "insanity"
  - "well-being"
  - "adequacy"
  - "cognition"
35. When a defendant is on trial for murder and they plead insanity as a defense, this means
- the diagnosis fits the DSM-IV criterion
  - they were impaired enough at the time of the murder to not understand or control their actions
  - they are currently traumatized by their actions and are not capable of standing trial
  - the vulnerability-stress model would indicate they were not responsible for their actions at the time of the murder
36. Lucas is accused of a particularly violent murder. His attorney is arguing to the judge that Lucas cannot be tried for the crime because he cannot understand the nature of the charges against him as he is currently \_\_\_\_\_.
- distraught
  - mentally stable
  - incompetent
  - insane

37. Stacey tends to worry a lot. She is frequently thinking about how other people may think less of her or may do things that will embarrass or humiliate her. These thoughts serve to keep Stacey anxious a great deal of the time and best demonstrate the \_\_\_\_\_ component of anxiety.
- physiological
  - cognitive
  - behavioural
  - environmental
38. Someone who avoids social situations and refrains from speaking in class because of social anxiety is demonstrating the \_\_\_\_\_ component of anxiety.
- cognitive
  - environmental
  - physiological
  - behavioural
39. Which of the following would be classified as part of the physiological component of anxiety?
- thoughts about being embarrassed or humiliated
  - a feeling of the inability to cope with a situation
  - increased heart rate and sweaty palms
  - avoidance of particular social situations
40. A strong and intense fear that is evoked in response to a particular situation is called \_\_\_\_\_.
- a phobia
  - generalized anxiety disorder
  - a somatoform disorder
  - panic disorder
41. Sarah has an upcoming exam that may determine the direction her career will take. Her anxiety level has never been as high as it has been the last few weeks. In this case, Sarah is **NOT** diagnosed with an anxiety disorder because \_\_\_\_\_.
- the frequency and intensity of the anxiety is in proportion to the perceived threat
  - the intensity of the anxiety is out of proportion to the perceived threat
  - the frequency of the anxiety is out of proportion to the perceived threat
  - the frequency and intensity of the anxiety is not a direct result of the perceived threat
42. When Minnie was a little girl, her neighbour's pony was struck by lightning and killed. Minnie's fear of lightning increased over the years. At first she would stop whatever she was doing and go home if a storm arose. Then, she would not leave the house if it looked like a storm was brewing. When there was lightning, Minnie hid under the table in the dining room because it was sturdy. Minnie is to the point now that she will not leave her house in case it were to start lightning, even when storms are not in the forecast. What kind of problem does Minnie most likely have?
- phobic disorder
  - panic disorder
  - generalized anxiety disorder
  - adjustment disorder
43. Someone who is afraid to leave their house because they are afraid of being in public places would most likely be diagnosed as having:
- generalized anxiety disorder.
  - agoraphobia.
  - environmental phobia.
  - social phobia.
44. According to the text, the most common types of phobias in Western society are:
- animal phobias, environmental phobias, and situational phobias.
  - situational phobias, animal phobias, and agoraphobia.
  - animal phobias; social phobia, and specific phobias.
  - agoraphobia, social phobia, and specific phobias.

45. Pat's frequent and intense fears of open and public places are out of proportion to the actual situations and are interfering with Pat's daily life. Pat's disorder most closely conforms to:
- A. acrophobia.
  - B. social phobia.
  - C. generalized anxiety disorder.
  - D. agoraphobia.
46. A chronic state of diffuse or "free-floating" anxiety is most central to the psychological disorder called:
- A. generalized anxiety disorder.
  - B. panic disorder.
  - C. social phobia.
  - D. agoraphobia.
47. Roger is tense and anxious almost everyday. Though he is frequently worried and often has the sense that something bad is about to happen, he can't relate his anxiety to any particular situation or setting. He has difficulty getting restful sleep at night and often takes antacids for his upset stomach. Roger would most likely be diagnosed as having:
- A. social phobia.
  - B. an environmental or situational phobia.
  - C. generalized anxiety disorder.
  - D. posttraumatic stress disorder.
48. A key difference between generalized anxiety disorder and a phobia is that:
- A. a phobia usually only includes the cognitive component of anxiety.
  - B. a phobia is triggered by a specific object or situation.
  - C. the anxiety associated with generalized anxiety disorder is significantly more intense.
  - D. a phobia is an Axis I disorder, while generalized anxiety disorder is an Axis II disorder.
49. Panic disorder is different from generalized anxiety disorder in that with panic disorder, the feelings of anxiety are usually more intense and are \_\_\_\_\_.
- A. quite predictable
  - B. infrequent
  - C. typical
  - D. unpredictable
50. Jason is sitting in class listening to a lecture when suddenly, for no apparent reason, he starts to become very anxious and tense. His heart begins pounding, his breathing becomes short, and he starts to sweat profusely. After a few minutes, his mind begins racing with thoughts that he might be dying. Jason randomly suffers from an attack like this about three times a month. Assuming that there is no physical abnormality that is responsible for these symptoms, Jason would most likely be diagnosed as having:
- A. social phobia.
  - B. agoraphobia.
  - C. panic disorder.
  - D. generalized anxiety disorder.
51. Because of fearing a panic attack in public, people who have panic disorder will often also develop \_\_\_\_\_.
- A. social anxiety
  - B. agoraphobia
  - C. posttraumatic stress disorder
  - D. generalized anxiety disorder

52. The major difference between panic disorder and phobic disorder is:
- A. panic disorder lasts longer than phobic disorder
  - B. the anxiety associated with panic disorder is more intense than the anxiety associated with phobic disorder
  - C. the anxiety associated with panic disorder is not tied to a specific stimulus, thus it is more unpredictable than the anxiety associated with phobic disorder
  - D. recovery from panic disorder is less likely than recovery from phobic disorder
53. Annette is very afraid of germs and disease, so much so that she washes her hands over 100 times a day to make sure that she avoids infection. Usually she doesn't show much anxiety, but if she is in a place where she is unable to clean her hands, such as the wilderness, she can become very distressed and upset. Annette would most likely be diagnosed as having:
- A. obsessive-compulsive disorder.
  - B. schizophrenia paranoid type.
  - C. generalized anxiety.
  - D. a health-related phobia.
54. Jim often has the fear that he has left the gas stove on in his house and because of this, his house will burn down and kill his family. As a result, he frequently checks and rechecks the knobs on his stove all day long and often in the middle of the night. In this example, Jim's thoughts about his house burning down would best be considered as an example of a(n):
- A. compulsion.
  - B. situational phobia.
  - C. mania.
  - D. obsession.
55. A professor cleans the whiteboard before every class. He goes over the board at least three times before he considers it to be clean enough. Recently he has been late starting class because he is cleaning the whiteboard more and more. He is preoccupied with thoughts that previous markings are dirty and will contaminate his notes. A psychotherapist would say that this professor's \_\_\_\_\_ are compulsive.
- A. thoughts about previous markings contaminating his notes
  - B. thoughts about what he will teach in class
  - C. behaviours of cleaning the whiteboard
  - D. habits of starting the class late
56. These repetitive behavioural responses are accompanied by obsessions and appear to serve the function of reducing the anxiety created by frequently disturbing thoughts:
- A. manias
  - B. hallucinations
  - C. compulsions
  - D. delusions
57. Every day Jillian is late for work. She leaves the house in plenty of time but a half-mile away from her home she thinks that she has left the garage door open and must drive back to close it. Jillian cannot stop thinking that the garage door is open and makes an average of three trips back to her house every morning in order to check. Jillian may be diagnosed with:
- A. obsessive-compulsive disorder
  - B. generalized anxiety disorder
  - C. phobic disorder
  - D. panic disorder
58. Which of the following statements regarding obsessive-compulsive disorder is **FALSE**?
- A. Obsessions are usually triggered by external stimuli.
  - B. Compulsions are typically irrational.
  - C. Obsessions are usually very difficult if not impossible to control.
  - D. Obsessions are unwelcome thoughts that intrude into consciousness.

59. Compulsions are often behavioural responses to cognitive obsessions and function to reduce the anxiety associated with \_\_\_\_\_.
- A. panic attacks
  - B. hysterical outbursts
  - C. obsessions
  - D. nervous breakdowns
60. This area of the brain is implicated in obsessive-compulsive disorder (OCD) in adults but not in children:
- A. thalamus
  - B. limbic system
  - C. cingulate gyrus
  - D. prefrontal cortex
61. All but one of the following areas of the brain has been implicated in obsessive-compulsive disorder (OCD):
- A. cingulate gyrus
  - B. medial sulcus
  - C. orbitofrontal cortex
  - D. thalamus
62. Jola has developed a compulsion to rip paper. She has started saving all of the newspapers just so she will have something to shred. The model of obsessive-compulsive disorder (OCD) that is most likely to explain her behaviour is:
- A. executive dysfunction
  - B. inhibitory control
  - C. modulatory control
  - D. environmental
63. Freidlander and Desrocher argue that modulatory control is to obsessions as \_\_\_\_\_ is to compulsions.
- A. inhibitory control
  - B. response
  - C. executive dysfunction
  - D. heredity
64. Which of the following is **NOT** an anxiety disorder?
- A. schizophrenia
  - B. posttraumatic stress disorder
  - C. panic disorder
  - D. obsessive compulsive disorder
65. Researchers have argued that genetic vulnerability to anxiety disorders may take the form of:
- A. high behavioural inhibition system functioning
  - B. over reactive autonomic nervous system
  - C. underactivity of dopamine
  - D. overproduction of GABA
66. Panic disorder is an example of which type of disorder?
- A. anxiety disorder
  - B. mood disorder
  - C. somatoform disorder
  - D. dissociative disorder

67. An individual who has intense and unstable relationships, momentary losses of personal identity, and experiences chronic feelings of extreme anger, loneliness, and emptiness would likely be diagnosed with:
- dissociative identity disorder.
  - antisocial personality disorder.
  - schizophrenia.
  - borderline personality disorder.
68. Anxiety scores of twins can be accounted for by genetic factors. Heritability estimates suggest that the variation is between \_\_\_\_\_.
- 20 and 30 percent
  - 50 and 60 percent
  - 40 and 50 percent
  - 70 and 80 percent
69. Barlow and other researchers speculate that some people may have nervous systems that are overly sensitive to threat signals and may have a genetic predisposition to \_\_\_\_\_.
- depression
  - schizophrenia
  - anxiety
  - somatoform disorders
70. Research studies suggest that there is a genetic predisposition for anxiety disorders, and it has been suggested that this vulnerability may take the form of:
- a nervous system that overreacts to perceived threats.
  - a nervous system that under-reacts to perceived threats.
  - a chronically over-aroused nervous system.
  - a chronically under-aroused nervous system.
71. Studies suggest that people suffering from anxiety disorders may be overly sensitive to signals of threat and have lower levels of \_\_\_\_\_ in their nervous systems.
- dopamine
  - lactic acid
  - serotonin
  - gama-aminobutyric acid (GABA)
72. Regarding potential biological processes associated with anxiety disorders, some researchers believe that some people have highly reactive nervous systems that quickly produce anxiety responses to environmental stressors. The people may have abnormally low levels of the \_\_\_\_\_ transmitter gama-aminobutyric acid (GABA) activity in the amygdala.
- aroused
  - inhibitory
  - excitatory
  - abnormal
73. Alice has been recently diagnosed with generalized anxiety disorder. Alice was recently reunited with her identical twin who was adopted at birth and raised in a different environment. Alice is relieved that her sister at least will **NOT** be susceptible to this disorder. Alice is:
- correct, as identical twins are not similar to each other on anxiety measures when reared apart
  - incorrect, as identical twins are more similar to each other on anxiety measures when reared apart than when reared together
  - incorrect, as identical twins are similar to each other on anxiety measures whether reared together or apart
  - incorrect, as identical twins are identical to each other on anxiety measures only when reared apart

74. Anxiety disorders are more prevalent in women than in men, and theorists speculate that this difference is most likely due \_\_\_\_\_ factors.
- A. to an interaction between personal, biological, and social
  - B. to primarily biological
  - C. to primarily environmental
  - D. to an interaction between biological and social
75. Research by Lewinsohn revealed that after controlling for 11 different psychosocial factors, there was still a substantial sex difference in the prevalence of anxiety disorders in men and women, indicating the possible role that \_\_\_\_\_ factors may play with this disorder.
- A. social
  - B. biological
  - C. cultural
  - D. psychological
76. According to Sigmund Freud, when the ego is threatened by unacceptable and potentially overwhelming impulses from the id, then \_\_\_\_\_ anxiety occurs.
- A. unconscious
  - B. defensive
  - C. repressive
  - D. neurotic
77. The explanation that a neurotic anxiety from an unconscious conflict gets displaced and associated with an external stimulus is a psychodynamic interpretation of \_\_\_\_\_.
- A. phobias
  - B. generalized anxiety disorder
  - C. obsessive-compulsive disorder
  - D. panic disorder
78. When attempting to understand the causes of anxiety disorders, the perspective that emphasizes the tendency to catastrophize about situational demands and magnify them into significant threats is the \_\_\_\_\_ perspective.
- A. cognitive
  - B. behavioural
  - C. biological
  - D. psychodynamic
79. A person develops a dog phobia because he associates dogs with the fear that he experienced when he was bitten by a dog in the past. This example best demonstrates how anxiety disorders can be accounted for by:
- A. the principles of operant conditioning.
  - B. the cognitive approach to anxiety.
  - C. modelling and observational learning.
  - D. the principles of classical conditioning.
80. Steve has a rather strong fear of social situations. He used to try to go to parties and other social events, but his anxiety would usually overwhelm him. When experiencing these negative emotions, he would often leave parties early, a behaviour that allowed him to reduce or eliminate his anxiety. According to the principles of operant conditioning, Steve's escape behaviour will be more likely to occur in the future because it is being \_\_\_\_\_.
- A. positively reinforced
  - B. negatively reinforced
  - C. aversively punished
  - D. response-cost punished

81. Which of the following best demonstrates how modelling may account for the creation of an anxiety disorder?
- A. A person with a phobia of dogs maintains that fear of dogs by avoiding dogs.
  - B. A person with panic disorder misinterprets her increased heart rate as a signal that she is about to have a heart attack.
  - C. A person develops a phobia of natural weather phenomenon after watching his/her mother's fear of storms.
  - D. A person has a bad fall from a tree as a child and learns to associate the fear evoked from this incident with all heights.
82. Julie frequently eats a great deal of food when she gets emotionally upset. The last time she started to feel depressed, she ate two large bags of potato chips, a half gallon of ice cream, and several slices of pizza, all in one sitting. After she eats this way, she usually takes several laxatives to help her purge all this food. Despite this eating behaviour, Julie's weight is about average for someone of her height and age. Julie would most likely be diagnosed:
- A. with anorexia nervosa.
  - B. with bulimia.
  - C. with both anorexia and bulimia.
  - D. with digestive deficiency
83. Research on the prevalence of anorexia and bulimia has determined that these disorders are:
- A. most common in industrialized cultures where beauty is equated with thinness.
  - B. equally common in almost all cultures of the world.
  - C. most common in cultures that have to deal with food scarcity and famine.
  - D. most common in cultures where people lack personal control and freedom.
84. People who have an intense fear of being fat and severely restrict their food intake, often to the point of starvation, have the eating disorder called \_\_\_\_\_.
- A. obesity phobia
  - B. bulimia
  - C. digestive deficiency
  - D. anorexia nervosa
85. Which of the following disorders was mentioned as an example of a culture-bound disorder?
- A. dissociative identity disorder
  - B. posttraumatic stress disorder
  - C. bipolar disorder
  - D. anorexia nervosa
86. Which of the following culture-bound disorders involves the excessive fear of offending others by doing such things as staring too long or making an inappropriate facial expression?
- A. Koro
  - B. Taijin Kyofushu
  - C. social phobia
  - D. Windigo
87. Anorexia nervosa, Windigo, and Koro were all mentioned as examples of what are considered to be:
- A. culture-bound disorders.
  - B. behaviour disorders.
  - C. types of depression.
  - D. types of drug dependencies
88. The set of emotion-based psychological disorders called mood disorders involves symptoms of:
- A. anxiety and depression.
  - B. depression and identity disruption.
  - C. depression and mania.
  - D. anxiety and mania.

89. One of the primary differences between major depression and dysthymia is that:
- A. dysthymia has more intense depressive symptoms than major depression does.
  - B. dysthymia is more chronic with shorter intervals of normal mood than major depression.
  - C. major depression includes physical symptoms, while dysthymia does not.
  - D. major depression includes mostly cognitive symptoms, while dysthymia consists of more motivational symptoms
90. Jim lost his job two months ago and has been feeling down ever since. He no longer enjoys doing things with his friends like he used to and in fact, he's had little motivation to do anything. He has lost his appetite and has lost a few pounds in the past few weeks. Though usually a positive person, he has been very self-critical lately and feels that he is worthless. It is most likely that Jim is suffering from:
- A. agoraphobia.
  - B. dysthymia.
  - C. a somatoform disorder.
  - D. major depression.
91. Viewing the future with great pessimism and hopelessness is classified as \_\_\_\_\_ symptom of depression.
- A. an emotional
  - B. a cognitive
  - C. a somatic
  - D. a motivational
92. Karen is unfocused, her speech is pressured, and she appears to be in a state of euphoria. For the last week she has gotten no more than 2 hours of sleep a night. Yesterday, she took a second mortgage on her house, flew to Hawaii, and bought some property and a surf shop. Considering these behaviours and symptoms, a psychologist might diagnose Karen's problem as:
- A. mania
  - B. dysthymia
  - C. hypochondriasis
  - D. somatoform disorder
93. A depressed student who is unable to go to her classes or engage in behaviours that she usually enjoys is most clearly demonstrating the \_\_\_\_\_ typically associated with major depression.
- A. motivational symptoms
  - B. cognitive symptoms
  - C. somatic symptoms
  - D. negative mood state
94. John has been having difficulty falling and staying asleep for the past few months. He has lost some of his appetite, lost some weight, and feels physically fatigued a great deal of the time. These are all examples typically associated with major depression, called \_\_\_\_\_ symptoms.
- A. cognitive
  - B. somatic
  - C. motivational
  - D. mood-state
95. A person with a euphoric mood, a decreased need for sleep, and grandiose or exaggerated cognitions would most likely be diagnosed as having:
- A. psychogenic fugue.
  - B. schizophrenia.
  - C. major depression.
  - D. mania.

96. Current estimates on the prevalence of depression indicate that the proportion of North Americans currently suffering from this disorder is:
- A. 1 in 5
  - B. 1 in 10
  - C. 1 in 20
  - D. 1 in 50
97. The speculation that gender roles and social expectations may be responsible for the greater prevalence of depression in women is proposed by \_\_\_\_\_ theories.
- A. environmental
  - B. cognitive
  - C. biological
  - D. psychodynamic
98. If left untreated, the typical depressive episode lasts for approximately \_\_\_\_\_.
- A. 4 to 8 weeks
  - B. 5 to 10 months
  - C. 10 to 14 months
  - D. 1 to 4 months
99. Twin studies suggest that the variation in clinical depression can be accounted for by genetic factors approximately \_\_\_\_\_ of the time.
- A. 10 percent
  - B. 50 percent
  - C. 67 percent
  - D. 80 percent
100. Marilynn and Maggie are identical twins. At the age of thirty, Maggie is diagnosed with clinical depression. According to research, genetic factors have been linked to depression. In the case of identical twins, the likelihood of Marilynn also developing depression is about:
- A. 10%
  - B. 15-25%
  - C. 60-70%
  - D. 100%
101. Underactivity of all of the following neurotransmitters have been linked to depression **EXCEPT**:
- A. serotonin.
  - B. dopamine.
  - C. norepinephrine.
  - D. gamma-aminobutyric acid (GABA).
102. The underactivity of the neurotransmitters serotonin and dopamine has been found to be associated with \_\_\_\_\_.
- A. anxiety
  - B. depression
  - C. somatoform disorders
  - D. dissociative disorders
103. The same neurotransmitters that appear to be underactive in depression may be overactive in producing the symptoms of:
- A. mania.
  - B. generalized anxiety.
  - C. dissociative disorders.
  - D. somatoform disorders.

104. The psychodynamic perspective would most likely emphasize which of the following causal factors of depression?
- unresolved sexual conflicts
  - negative cognitions
  - unsupportive family environments
  - childhood loss or rejection
105. The fact that women who had lost their mothers prior to age 11 were significantly more likely to become depressed as adults when exposed to a recent severe stressor is most readily explained by:
- the cognitive perspective.
  - the biological perspective.
  - the psychodynamic perspective.
  - the behavioural perspective.
106. A study by Brown and Harris found that women who had lost their mothers prior to age 11 and had been exposed to a recent severe loss were more likely to develop:
- an anxiety disorder.
  - clinical depression.
  - schizophrenia.
  - dissociative identity disorder.
107. An explanation for the causes of depression that focuses on how people have become too individualistic and have overemphasized the need for personal control is most likely derived from the:
- psychodynamic perspective.
  - sociocultural perspective.
  - humanistic perspective.
  - cognitive perspective.
108. Humanistic psychologist Seligman has speculated that the dramatic increase in depression that has occurred since 1960 is due to:
- an overemphasis on individuality and personal control.
  - a greater emphasis by parents on maintaining self-consistency.
  - a relative increase in the prevalence of conditions of worth.
  - the fact that it is more difficult to self-actualize in modern society.
109. Seligman has theorized that an increased focus on individuality and personal control and a loss of interest in traditional family and religious values have combined to produce a dramatic increase in \_\_\_\_\_ since 1960.
- dissociative identity disorder
  - schizophrenia
  - anxiety disorders
  - depression
110. Research studies of depressed individuals have indicated that they tend to attribute:
- positive outcomes to themselves and negative outcomes to external causes.
  - negative outcomes to themselves and positive outcomes to external causes.
  - both positive and negative outcomes to themselves.
  - both positive and negative outcomes to external causes.
111. According to researcher Beck, the depressive cognitive triad consists of negative views of:
- the world, the past, and the future
  - oneself, the past, and the future
  - the world, oneself, and the future
  - the world, oneself, and the past

112. Steve has just done poorly on an algebra exam. He has been feeling depressed for several weeks and he attributes his poor performance to the fact that he is a lousy math student. Characteristic of the depressive cognitive triad, Steve is specifically displaying negative views of \_\_\_\_\_.
- A. the world
  - B. the future
  - C. the present
  - D. oneself
113. Jane has recently managed to earn a spot on her highly competitive high-school basketball team. Despite her innate basketball skills, research on psychological disorders suggests that if Jane is depressed, she will attribute her success to \_\_\_\_\_.
- A. her pre-game warm-ups
  - B. external factors
  - C. personal factors
  - D. her training
114. People who become depressed when they expect bad things to occur and assume that there is nothing they can do to prevent them are explained by the \_\_\_\_\_.
- A. learned helplessness theory
  - B. the depressive cognitive triad
  - C. childhood loss/rejection theory
  - D. the depressive attributional pattern
115. According to learned helplessness theory, which of the following thoughts trigger depression?
- A. negative thoughts about the world, oneself, and the future
  - B. thoughts attributing positive outcomes to personal factors
  - C. thoughts attributing negative outcomes to external factors
  - D. thoughts that something bad will happen and that nothing can be done to stop it
116. The account that claims that depression results when people expect that bad events will occur and there is nothing they can do to prevent or cope with them is known as:
- A. negative mood state.
  - B. dysthymia.
  - C. depressive attributional pattern.
  - D. learned helplessness.
117. Due to unfortunate circumstances, Sally experienced many negative events growing up and was unable to control or change most of them. Because of her past, Sally presently expects bad things to happen, and even though she is capable of making a difference, she assumes that there is nothing she can do to change her life for the better. This example best demonstrates the assumed cognitive mechanisms involved in:
- A. the depressive attributional pattern.
  - B. Lewinsohn's learning theory of depression.
  - C. the learned helplessness theory of depression.
  - D. the depressive cognitive triad.
118. According to learned helplessness theory, the worst form of depression is produced by attributions for failures that are \_\_\_\_\_.
- A. external, stable, and global
  - B. personal, stable, and global
  - C. personal, stable, and situation-specific
  - D. external, stable, and situation-specific
119. According to Lewinsohn's learning theory, depression occurs in people because:
- A. they tend to have negative views of the world, themselves, and the future.
  - B. they tend to attribute failures as being due to personal factors.
  - C. they experience a loss, a punishment, or a dramatic decrease in positive reinforcement.
  - D. they tend to make personal, stable, and global attributions for failures.

120. The belief that depression is caused by such factors as losses, punishments, or dramatic decreases in positive reinforcement from the environment is postulated by \_\_\_\_\_.
- A. Seligman's learned helplessness theory
  - B. Lewinsohn's learning theory of depression
  - C. Beck's depressive attributional pattern
  - D. Trauma-dissociation theory
121. Bob is depressed and because of his depressed mood, Bob's friends, who usually enjoying spending time with him, start to avoid him because they find that they feel somewhat depressed and anxious when they are with him. Because of this loss of social contact, Bob's depressive symptoms begin to worsen. This example is most consistent with:
- A. Lewinsohn's learning theory of depression.
  - B. Beck's depressive cognitive triad.
  - C. Seligman's learned helplessness theory.
  - D. Beck's depressive attributional pattern.
122. In North American and European countries, depression is usually characterized by symptoms of guilt and personal inadequacy, and in Latin, Chinese, and African cultures, depression typically consists of \_\_\_\_\_.
- A. suicidal behaviours
  - B. these same symptoms
  - C. physical symptoms
  - D. social withdrawal
123. A psychologist has several clients who are depressed and most of them report physical symptoms such as fatigue, loss of appetite, and difficulty sleeping. Given what is known about the cultural relativity of depression, which of the following statements is most accurate?
- A. This psychologist most likely works in North America.
  - B. This psychologist most likely works in Latin America.
  - C. This psychologist most likely works in Europe.
  - D. It is impossible to make an accurate guess as to where this psychologist works without more information.
124. Which of the following statements regarding cultural differences in depression is true?
- A. Depression rarely ever occurs in developing countries.
  - B. Compared to industrialized countries, women have an even greater likelihood of becoming depressed in developing countries.
  - C. Similar sex differences in depression have been observed in developing countries and in industrialized countries.
  - D. Unlike industrialized countries, no sex differences in depression have been observed in developing countries.
125. The finding that women are more likely than men to attempt suicide may be due to the fact that women are more likely to be diagnosed with \_\_\_\_\_.
- A. depression
  - B. anxiety disorders
  - C. schizophrenia
  - D. anti-social personality disorder
126. Parasuicidal behaviour is most likely to involve which of the following motives?
- A. the desire to end a life
  - B. the manipulation of others
  - C. altruism
  - D. the desire to be aggressive

127. All of the following were mentioned as practical guidelines for helping a suicidal person **EXCEPT**:
- A. Stay with the person and seek immediate professional assistance.
  - B. Help the person to broaden their time perspective and to see beyond their distress.
  - C. Provide social support and empathize with the person.
  - D. Don't openly inquire about the person's suicidal intentions.
128. The best predictor of suicide attempts in both men and women is:
- A. a history of previous suicide attempts.
  - B. a verbal or behavioural threat to commit suicide.
  - C. a detailed suicide plan that involves a lethal method.
  - D. emergence from a clinical depression.
129. All of the following are different types of somatoform disorders **EXCEPT**:
- A. conversion disorder.
  - B. psychogenic fugue.
  - C. hypochondriasis.
  - D. pain disorder.
130. Every month Julie suffers from severe menstrual cramps. Julie is convinced she has a rare disease and has had many medical tests, none of which has found any disease. When a specialist tells Julie that she is physically normal, she seeks another specialist for an opinion. Julie has symptoms of:
- A. phobic disorder
  - B. conversion disorder
  - C. malingering
  - D. hypochondriasis
131. The type of psychological disorder in which serious neurological symptoms, such as paralysis or loss of sensation, suddenly occur is known as:
- A. hypochondriasis.
  - B. pain disorder.
  - C. conversion disorder.
  - D. psychophysiological disorder.
132. Robert recently became paralyzed from the waist down. Though mildly concerned, he does not show any of the typical anxiety or distress that we would usually expect from a person dealing with such a condition. A complete medical examination can locate no physical or physiological cause of the paralysis. Given the above information, it is most likely that Robert would be diagnosed with:
- A. schizophrenia, catatonic subtype.
  - B. hypochondriasis.
  - C. conversion disorder.
  - D. pain disorder.
133. Modern research has somewhat supported Freud's explanation that when excessive anxiety from an unconscious conflict is redirected into a symbolic physical symptom, \_\_\_\_\_ is produced.
- A. conversion disorder
  - B. schizophrenia
  - C. depression
  - D. agoraphobia
134. A breakdown in the coherence of the personality, resulting in significant changes in memory and/or identity is a central diagnostic feature of \_\_\_\_\_.
- A. depression
  - B. the dissociative disorders
  - C. conversion disorder
  - D. the somatoform disorders

135. After surviving a particularly violent tornado, Dean experiences a selective memory loss for specific traumatic events that occurred just before and during the disaster. Other than these specific memory losses, Dean's personality and subjective sense of identity are essentially unchanged. Dean would most likely be diagnosed with:
- psychogenic fugue.
  - dissociative identity disorder.
  - schizophrenia, disorganized type
  - psychogenic amnesia.
136. Which of the following is considered to be one of the dissociative disorders?
- conversion disorder
  - bipolar disorder
  - psychogenic fugue
  - schizophrenia
137. The disorder in which a person loses all sense of personal identity, usually in response to a highly stressful event, is known as:
- psychogenic fugue.
  - dissociative identity disorder.
  - psychogenic amnesia.
  - trauma-dissociation disorder.
138. Last year Stephanie was in a serious car accident in which the other passengers in the car, her two best friends, were killed. She was recently diagnosed with psychogenic amnesia. Which of the following symptoms would Stephanie most likely exhibit?
- no memory of the night of the accident or of her two friends
  - euphoric feelings and insomnia
  - amnesia and a new life and identity
  - major depression and substance abuse
139. The disease formerly called multiple personality disorder is now known as:
- schizophrenia.
  - dissociative identity disorder.
  - psychogenic fugue.
  - psychogenic amnesia.
140. Childhood exposure to traumas such as physical or sexual abuse is considered to be most central in the development of:
- dissociative identity disorder.
  - schizophrenia.
  - conversion disorder.
  - psychogenic fugue.
141. Exposure to negative experiences such as physical or sexual abuse during a person's early or middle childhood years contributes to the development of \_\_\_\_\_.
- depression
  - conversion disorder
  - dissociative identity disorder
  - schizophrenia
142. Many critics suggest that this disorder is not a valid disorder and may be the product of publicity and the expectations of psychotherapists. This disorder is called \_\_\_\_\_.
- clinical depression
  - conversion disorder
  - schizophrenia
  - dissociative identity disorder

143. All of the following were mentioned as criticisms of dissociative identity disorder **EXCEPT**:
- A. The diagnosis of dissociative identity disorder has increased dramatically in the last 40 years.
  - B. The average number of personalities present in dissociative identity disorder has increased from 3 to 15.
  - C. People role-playing different personalities often show the same dramatic physiological changes.
  - D. In many cultures, dissociative identity disorder is unknown and non-existent.
144. Which of the following was mentioned as basis for criticizing the validity of dissociative identity disorder?
- A. People asked to role-play various personalities show all of the same dramatic physiological changes that people with multiple personalities show.
  - B. In many cultures, dissociative identity disorder is not found and is virtually unknown.
  - C. Dissociative identity disorder has been found to correlate with several other psychological disorders such as schizophrenia and conversion disorder, suggesting that it is redundant.
  - D. Most dissociative identity disorder cases occur in people who are involved in some kind of serious legal action.
145. A psychological disorder that involves severe disturbances in thinking, speech, perception, emotion, and behaviour and is described by the text as being the most serious and puzzling disorder is called:
- A. schizophrenia
  - B. dissociative identity disorder
  - C. conversion disorder
  - D. clinical depression
146. Playing a central role in schizophrenia, these false beliefs are maintained in the face of contradictory evidence:
- A. hallucinations
  - B. delusions
  - C. anxious thoughts
  - D. catastrophic thoughts
147. A person with schizophrenia reports that she frequently hears a voice from a ghost telling her that she is the ghost's messenger and that she needs to save all the whales and all the carnation flowers. The fact that she actually believes she is an agent of the ghost would be considered an example of a(n) \_\_\_\_\_.
- A. visual hallucination
  - B. auditory hallucination
  - C. delusion of persecution
  - D. delusion of grandeur
148. George has been suffering from thoughts lately that involve aliens from outer space sending him secret messages and that the leader of the aliens had especially selected him to communicate with the Prime Minister of Canada. These false beliefs are probably delusions and often a symptom of \_\_\_\_\_.
- A. dissociative identity disorder
  - B. clinical depression
  - C. schizophrenia
  - D. mania
149. Jane's speech has become very incoherent and confusing. She appears to not have taken a bath or brushed her hair in quite some time, and it is unclear whether she is eating at all now. She believes that aliens are trying to abduct her and are watching her through her television. It is likely that Jane is suffering from which type of schizophrenia?
- A. paranoid
  - B. catatonic
  - C. disorganized
  - D. undifferentiated

150. Which of the following correctly lists all four major types of schizophrenia?
- A. paranoid, catatonic, disorganized, undifferentiated
  - B. paranoid, catatonic, dissociative, differentiated
  - C. paranoid, comorbid, dissociative, differentiated
  - D. paranoid, comorbid, disorganized, undifferentiated
151. The type of schizophrenia in which one's behaviour often appears "silly" or "childlike", one's emotional responses are highly inappropriate, and one is usually unable to function on one's own is most closely representative of the \_\_\_\_\_ type.
- A. catatonic
  - B. disorganized
  - C. undifferentiated
  - D. paranoid
152. The characteristic called "waxy flexibility," in which people place and maintain their limbs in unusual and grotesque positions for hours at a time, is most frequently associated with which type of schizophrenia?
- A. paranoid
  - B. undifferentiated
  - C. disorganized
  - D. catatonic
153. Aaron has been diagnosed with schizophrenia. He appears to be confused most of the time and it is very difficult to communicate with him because it is often hard to understand exactly what he means. He frequently acts childlike and also displays inappropriate affect, such as the time that he laughed throughout the funeral of his uncle. Aaron would most likely be diagnosed with which type of schizophrenia?
- A. paranoid
  - B. undifferentiated
  - C. disorganized
  - D. catatonic
154. Negative symptoms such as the lack of emotional expression or the loss of motivation are characteristics of \_\_\_\_\_ schizophrenia.
- A. paranoid
  - B. type I
  - C. type II
  - D. undifferentiated
155. All of the following would be considered examples of positive symptoms of schizophrenia except:
- A. delusions
  - B. hallucinations
  - C. disordered speech
  - D. flat affect
156. Delusions are characteristic of Type I schizophrenia, whereas a characteristic of Type II schizophrenia is/are:
- A. loss of motivation
  - B. disordered speech
  - C. disordered thinking
  - D. hallucinations
157. Positive symptoms of schizophrenia appear to be linked to good functioning before the person's breakdown and a \_\_\_\_\_.
- A. lack of emotional expression and motivation after the breakdown
  - B. poorer prognosis for eventual recovery than those experiencing negative symptoms
  - C. better prognosis for eventual recovery than those experiencing negative symptoms
  - D. catatonic state after the breakdown

158. Which of the following statements regarding schizophrenia is false?
- A. Twin studies show a higher concordance rate for schizophrenia for identical twins than for fraternal twins.
  - B. Schizophrenia shows a concordance rate in identical twins of approximately 70 percent.
  - C. Adoption studies show higher concordance rates with biological parents than with adoptive parents.
  - D. Relatives who are direct relatives of a person diagnosed with schizophrenia are at greater risk for developing the disorder.
159. Research studies have found significant brain atrophy in the cerebral cortex and limbic system with 20 to 35 percent of individuals with \_\_\_\_\_.
- A. dissociative identity disorder
  - B. conversion disorder
  - C. schizophrenia
  - D. anti-social personality disorder
160. Accounting for the poorer prognosis of some schizophrenics, is the fact that some have been found to have brain abnormalities, especially those with \_\_\_\_\_ symptoms.
- A. Type I
  - B. paranoid
  - C. disorganized
  - D. Type II
161. The overactivity of which of the following neurotransmitters appears to be associated with schizophrenia?
- A. dopamine
  - B. serotonin
  - C. norepinephrine
  - D. gamma-aminobutyric acid (GABA)
162. The dopamine hypothesis asserts that an overactivity of this particular neurotransmitter may cause \_\_\_\_\_.
- A. dissociative identity disorder
  - B. schizophrenia
  - C. conversion disorder
  - D. panic disorder
163. Effective antipsychotic drugs that are used to treat schizophrenia appear to do so by decreasing the activity of the neurotransmitter \_\_\_\_\_.
- A. gamma-aminobutyric acid (GABA)
  - B. serotonin
  - C. norepinephrine
  - D. dopamine
164. According to Freud, schizophrenia represented an extreme example of the defense mechanism of regression, while more modern psychodynamic theorists assert that the disorder is produced in response to \_\_\_\_\_.
- A. unconscious sexual urges
  - B. hostility turned inward
  - C. stressful interpersonal circumstances
  - D. fixation
165. Ursula has just been diagnosed with schizophrenia and sent to a psychotherapist. Like Freud, this psychoanalytic thinker felt that Ursula developed schizophrenia as a result of:
- A. overactivity of dopamine
  - B. structural abnormalities in her brain
  - C. a defect in her attentional filter
  - D. wanting to retreat from unbearable stress and conflict in her life

166. A theorist who argues that schizophrenics have defective attentional mechanisms that are unable to filter out irrelevant internal and external stimuli is taking a \_\_\_\_\_ perspective on this disorder.
- cognitive
  - behavioural
  - psychodynamic
  - sociocultural
167. Recent studies have found that some people with schizophrenia have brain abnormalities in the thalamus. This finding emphasizes the role of dysfunctional attentional filtering processes and is most consistent with the \_\_\_\_\_ interpretation of the disorder.
- biological
  - cognitive
  - humanistic
  - psychodynamic
168. Which of the following statements regarding the possible environmental causes of schizophrenia is most accurate?
- Stressful life events and dysfunctional family dynamics are equally predictive of schizophrenia.
  - Dysfunctional family dynamics are more predictive of schizophrenia than stressful life events are.
  - Stressful life events are more predictive of schizophrenia than dysfunctional family dynamics are.
  - Neither stressful life events nor dysfunctional family dynamics are predictive of schizophrenia.
169. There is no support for the claim that a key role in the development of schizophrenia is \_\_\_\_\_.
- specific neurotransmitters
  - attentional dysfunctions
  - family dynamics
  - stressful events
170. Adrian is returning home after spending several months in the hospital with schizophrenia. Research studies indicate that Adrian would have the highest likelihood of relapse if:
- he displayed the positive symptoms of schizophrenia.
  - he developed the disorder after age 20.
  - one of his parents is also schizophrenic.
  - his home environment is high in expressed emotion.
171. According to the social causation hypothesis:
- schizophrenia is more common in the lower classes because of the higher levels of stress that low-income people experience.
  - individuals first develop schizophrenia then begin to move down the socioeconomic ladder because of their decrease in functioning.
  - schizophrenia is produced by dysfunctional attentional processing mechanisms.
  - schizophrenia is caused by dysfunctional family dynamics that interact with a genetic vulnerability for the disorder.
172. Attributing the higher prevalence of schizophrenia in lower socioeconomic groups to the higher levels of stress that low-income people experience is characteristic of the \_\_\_\_\_ hypothesis.
- social facilitation
  - social cognitive
  - social risk
  - social causation
173. The belief that schizophrenia is more common in the lower classes because people tend to move down the socioeconomic ladder once they develop the disorder is postulated by the \_\_\_\_\_ hypothesis.
- social causation
  - social drift
  - dysfunctional family dynamics
  - dysfunctional attentional processing

174. Cross-cultural studies have revealed that prevalence rates of this disorder do not differ dramatically in different countries, suggesting that the disorder may to some extent be "culture free." This is disorder is:
- A. depression
  - B. dissociative identity disorder
  - C. schizophrenia
  - D. conversion disorder
175. All of the following are current personality disorders listed in the DSM-IV **EXCEPT**:
- A. borderline personality disorder.
  - B. paranoid personality disorder.
  - C. self-defeating personality disorder.
  - D. obsessive-compulsive personality disorder.
176. Liz noticed that her son, Joel, was different from other teenagers. In fact, he had no friends. He acted impulsively and was unable to develop delayed gratification of his needs. Although intelligent, he showed no compassion for others and often manipulated his teachers so that he talked his way out of many petty crimes at school. When he was punished, it did not seem to faze him. Liz may want to have Joel tested by a psychologist as he is exhibiting symptoms of:
- A. dissociative identity disorder
  - B. anti-social personality disorder
  - C. generalized anxiety disorder
  - D. schizophrenia
177. Impulsiveness, a lack of guilt, and a lack of emotional attachment to people are all aspects of:
- A. anti-social personality disorder.
  - B. dissociative identity disorder.
  - C. somatoform disorders.
  - D. paranoid schizophrenia.
178. All of the following are essential characteristics of individuals that display anti-social personality disorder **EXCEPT**:
- A. They display little anxiety or guilt.
  - B. They lack emotional attachment to other people.
  - C. They are impulsive and unable to delay gratification
  - D. They are pessimistic and paranoid.
179. Jack is a very impulsive 18-year old who is often getting into trouble at school. He destroys school property, embarrasses and even injures his fellow classmates, but feels little anxiety or guilt for what he does. Though he is socially skilled, he does not have any close friendships or relationships. It is most likely that Jack would be diagnosed with \_\_\_\_\_ personality disorder:
- A. paranoid
  - B. anti-social
  - C. borderline
  - D. dependent
180. Of the alternatives below, the one that is **NOT** a characteristic of the anti-social personality disorder is:
- A. a lack of social interaction with other people.
  - B. a lack of the capacity to care about others.
  - C. a tendency to be impulsive and unable to delay gratification of needs.
  - D. a lack of emotional attachment to other people.

181. One adoption study focusing on behaviours related to anti-social personality disorder found the highest rates of criminal behaviour in sons when \_\_\_\_\_ had criminal records.
- A. only their adoptive fathers
  - B. only their biological fathers
  - C. only their biological mothers
  - D. both their biological and adoptive fathers
182. Abnormalities in which of the following brain areas have been found in people with anti-social personality disorder?
- A. thalamus
  - B. amygdala
  - C. prefrontal lobe
  - D. ascending reticular formation
183. Explanations of anti-social personality disorder that concentrate on the apparent inability of these individuals to learn a fear response when punished are drawing on the ideas of:
- A. classical conditioning theory.
  - B. psychodynamic theory.
  - C. humanistic theory.
  - D. cognitive theory.
184. The fact that many people with anti-social personality disorder come from families that exhibit a good deal of aggression and that tend to be quite inattentive to their children's needs was discussed to demonstrate the possible role of \_\_\_\_\_ in this disorder.
- A. operant conditioning
  - B. genetic factors
  - C. classical conditioning
  - D. modelling
185. What is the most common childhood disorder in North America?
- A. attention-deficit/hyperactivity disorder
  - B. separation anxiety disorder
  - C. oppositional defiant disorder
  - D. conduct disorder
186. Johnny is a 10 year old boy who has problems interacting and relating to others. In fact, Johnny doesn't respond to others the way you would expect and seems to have difficulty interpreting others' body language. He also gets very upset if his routine is disrupted. Johnny's behaviour is most consistent with which disorder?
- A. attention-deficit/hyperactivity disorder
  - B. autistic disorder
  - C. oppositional defiant disorder
  - D. conduct disorder
187. Research suggests that the development of this area of the brain is abnormal in autistic children.
- A. thalamus
  - B. hippocampus
  - C. temporal lobe
  - D. prefrontal cortex
188. Researchers have suggested that autistic individuals may suffer from:
- A. a deficit in their ability to infer what others are thinking and feeling.
  - B. a deficit in their ability to focus attention.
  - C. instability in behaviour.
  - D. a failure to respond to punishment.

189. The gradual loss of cognitive abilities that accompanies brain deterioration is called:
- A. amnesia
  - B. schizophrenia
  - C. dementia
  - D. mania
190. Elizabeth is noticing that her eighty year-old grandfather has been very forgetful the last few weeks. When he took her to the park the other day, he forgot where the car was parked when it was time to leave. He also talks more and more about his time in the war when he was a young man. Elizabeth thinks it is quite remarkable that he can remember things from fifty years ago and he can't even remember where he parks the car an hour earlier. What Elizabeth is detecting may be:
- A. the onset of a dissociative disorder
  - B. the development of chronic depression
  - C. generalized anxiety disorder
  - D. the onset of senile dementia
191. Which of the following is the leading cause of dementia in the elderly?
- A. stroke
  - B. Alzheimer's disease
  - C. Parkinson's disease
  - D. high blood pressure
192. When Shirley visited her grandmother in her new retirement home, her grandmother spoke about the people she had played with as a child as though she had spoken with them yesterday. This behaviour is characteristic of:
- A. chronic depression
  - B. generalized anxiety disorder
  - C. senile dementia
  - D. dissociative disorder
193. The belief that abnormal behaviour is the result of supernatural forces is known as trephination.  
True False
194. The discovery of the cause of the disease general paresis was significant because it represented the first time that a psychological disorder had an identifiable physical cause.  
True False
195. Antisocial personality disorder is a collection of symptoms characterized by serious instability in behaviour, emotion, identity, and interpersonal relationships.  
True False
196. One of the factors that typically underlie people's judgments of abnormality is how distressing a given behaviour is.  
True False
197. In the DSM-IV classification system, the intensity of recent environmental stressors that a person is experiencing is rated on Axis III.  
True False
198. Insanity is both a psychological diagnostic category and a legal term that refers to a defendant's presumed state of mind at the time a crime was committed.  
True False
199. Competency pertains to a legal defendant's ability to understand the nature of the legal proceedings, while sanity pertains to the defendant's state of mind at the time of the crime.  
True False
200. Specific phobias, such as the fear of dogs or heights, are considered to be one of the three major types of phobias.  
True False

201. Compulsions are repetitive, intrusive, and usually negative thoughts that are usually very difficult to dismiss or eliminate.  
True False
202. Some researchers speculate that anxiety disorders may be caused by an autonomic nervous system that overreacts to perceived threats.  
True False
203. Though his theory is controversial, research results have provided support for the vast majority of Freud's ideas about the causes of anxiety.  
True False
204. In current cognitive explanations of panic attacks, one's exaggerated misinterpretations of normal anxiety symptoms trigger the panic attacks.  
True False
205. An interpretation of anxiety disorders that concentrates on the reinforcement provided by avoidance and escape behaviours is borrowing from the principles of operant conditioning.  
True False
206. Dysthymia is typically more intense and doesn't last as long as major depression.  
True False
207. Difficulty concentrating and making decisions are a motivational symptoms of depression.  
True False
208. If left untreated, depression typically lasts between 5 and 10 months.  
True False
209. The neurotransmitters responsible for the symptoms of mania appear to be different from those responsible for clinical depression.  
True False
210. According to Aaron Beck, depressed people tend to have a cognitive triad of negative beliefs about the past, present, and future.  
True False
211. Peter Lewinsohn's learning theory proposes that depression is caused by such factors as a loss, a punishing event, or a rapid decrease in environmental reinforcement.  
True False
212. One of the primary motives for suicide appears to be to manipulate other people into doing what the suicidal person wants.  
True False
213. The trauma-dissociation theory is used to account for the development of schizophrenia.  
True False
214. Delusions are to false beliefs as hallucinations are to false perceptions.  
True False
215. Schizophrenics with Type I symptoms show a better prognosis than do schizophrenics with Type II symptoms.  
True False
216. The dopamine hypothesis asserts that the symptoms of schizophrenia are related to the underactivity of this neurotransmitter.  
True False

217. The social causation hypothesis argues that schizophrenia is caused by the increased levels of stress to which lower-income people are exposed.  
True False
218. Ross and co-workers at the University of British Columbia reported that the limbic input to the frontal cortex was weaker in criminal psychopaths than in non-criminal psychopaths.  
True False
219. Attention deficit/hyperactivity disorder is the most commonly diagnosed childhood disorder.  
True False
220. Alzheimer's disease is the leading cause of dementia in the elderly.  
True False
221. The \_\_\_\_\_ approach to abnormal behaviour assumed that supernatural forces caused mental disorders.  
\_\_\_\_\_
222. The discovery that \_\_\_\_\_ was caused by syphilis was the first demonstration that a psychological disorder had an underlying physical cause.  
\_\_\_\_\_
223. According to the \_\_\_\_\_ model, psychological disorders are caused by the interaction of biological predispositions and environmental stresses.  
\_\_\_\_\_
224. A diagnostic classification system is \_\_\_\_\_ if it produces consistent diagnoses and is \_\_\_\_\_ if it adequately measures the essential features of various disorders.  
\_\_\_\_\_
225. \_\_\_\_\_ refers to the defendant's state of mind at the time of a hearing, whereas \_\_\_\_\_ relates to the presumed state of mind of the defendant at the time the crime was committed.  
\_\_\_\_\_
226. Increased heart rate, sweaty palms, and muscle tension are all examples of what are considered to be the \_\_\_\_\_ component of anxiety.  
\_\_\_\_\_
227. \_\_\_\_\_ is characterized by a relatively constant state of "free-floating" anxiety that has no identifiable cause, while a \_\_\_\_\_ is an irrational and strong fear of a particular stimulus or situation.  
\_\_\_\_\_
228. People suffering from panic disorder often also develop \_\_\_\_\_ because they are afraid of having a panic attack in public.  
\_\_\_\_\_
229. \_\_\_\_\_ are repetitive behavioural responses that people have trouble resisting whereas \_\_\_\_\_ are repetitive thoughts, images, or impulses that enter consciousness and are difficult to dismiss.  
\_\_\_\_\_
230. Some researchers speculate that low levels of the neurotransmitter \_\_\_\_\_ may be associated with the development of anxiety disorders.  
\_\_\_\_\_
231. Cognitive theorists speculate the exaggerated misinterpretations of normal anxiety responses may cause \_\_\_\_\_.  
\_\_\_\_\_

232. Windigo, koro, and anorexia nervosa were all discussed as examples of \_\_\_\_\_ disorders.  
\_\_\_\_\_
233. The \_\_\_\_\_ symptoms associated with depression include loss of appetite, sleep disturbances, and loss of sexual desire.  
\_\_\_\_\_
234. The symptoms of mania and depression are both present in the disorder called \_\_\_\_\_.  
\_\_\_\_\_
235. The \_\_\_\_\_ perspective assumes that early traumatic losses create a vulnerability for depression, and modern research has generated results that are consistent with this claim.  
\_\_\_\_\_
236. Aaron Beck argues that depressive individuals have a belief system called the \_\_\_\_\_ which involves negative thoughts about (1) the world, (2) oneself, and (3) the future.  
\_\_\_\_\_
237. According to \_\_\_\_\_ theory, depression is produced when people expect that bad things are going to happen and that nothing can be done about them.  
\_\_\_\_\_
238. In Latin, Chinese, and African cultures, \_\_\_\_\_ is characterized primarily by physical symptoms such as fatigue, loss of appetite, and sleeping difficulties.  
\_\_\_\_\_
239. Pain disorder and hypochondriasis are both classified as \_\_\_\_\_ disorders.  
\_\_\_\_\_
240. In the dissociative disorder known as \_\_\_\_\_, people develop selective memory losses after traumatic events, but other types of memories remain intact.  
\_\_\_\_\_
241. Some critics question the validity of \_\_\_\_\_ on the basis that normal people engaged in role-playing have been found to produce varying EEG patterns similar to people with the disorder.  
\_\_\_\_\_
242. Hallucinations and delusions are central features of \_\_\_\_\_.  
\_\_\_\_\_
243. Waxy flexibility is a diagnostic feature of the \_\_\_\_\_ type of schizophrenia.  
\_\_\_\_\_
244. Twenty to 35 percent of people with \_\_\_\_\_ show mild to moderate brain atrophy.  
\_\_\_\_\_
245. Psychoanalytic theorists assumed the schizophrenia represented an extreme example of the defense mechanism of \_\_\_\_\_.  
\_\_\_\_\_
246. Though they have had trouble identifying the family variables that are initially responsible for the disorder, researchers have consistently found that schizophrenics are more likely to relapse if there are high levels of \_\_\_\_\_ in a family.  
\_\_\_\_\_
247. Individuals diagnosed with \_\_\_\_\_ personality disorder tend to be impulsive and show little guilt or remorse for their harmful actions.  
\_\_\_\_\_

248. Kernberg argued that individuals with borderline personality disorder have problems with \_\_\_\_\_, the failure to integrate positive and negative aspects of another's behaviour into a coherent whole.
- 
249. When dementia begins after the age of 65 years, it is labelled \_\_\_\_\_ dementia.
- 
250. Describe the demonological perspective on abnormal behaviour and its implications for dealing with deviant behaviour.
251. What was the historical importance of discovering the cause of general paresis?
252. Contrast the DSM-IV-TR method of diagnosing psychological disorders to the dimensional method. How compatible are the two approaches to one another?
253. How does the vulnerability-stress model illustrate person-situation interactions?
254. Cite the "three Ds" that typically underlie judgments that behaviour is abnormal.

255. What is meant by reliability and validity of diagnostic classification systems?

256. How do the five axes of DSM-IV describe an individual's abnormal behaviour and factors that may contribute to it or predict its future course?

257. What effects do psychiatric labelling have on social- and self-perceptions?

258. Differentiate between the legal concepts of competency and insanity. What is the current burden of proof in insanity hearings?

259. Describe the four components of anxiety.

260. What is a phobia and what are the three major types?

261. How does a generalized anxiety disorder differ from a phobic disorder?

262. What is a phobia and what are three major types?

263. What occurs in a panic disorder and how do these experiences frequently result in development of agoraphobia?

264. Differentiate between obsessions and compulsions. How are they typically related to one another?

265. What evidence is there for a genetic predisposition to anxiety disorders? What form might the vulnerability factor take?

266. How might GABA be related to anxiety disorders? How might the biochemical factor in panic disorder be different?

267. What factors might produce the sex difference seen in the prevalence of the anxiety disorders?

268. How does psychoanalytic theory explain the development of anxiety disorders?

269. How do cognitive factors enter into the anxiety disorders, particularly panic disorder? What research supports these explanations?

270. Explain anxiety disorders in terms of classical conditioning, negative reinforcement, and observational learning.

271. Describe four culture-bound disorders that involve anxiety.

272. Describe some of the symptoms and causes of anorexia and bulimia.

273. Differentiate between major depression and dysthymia.

274. Describe the four classes of symptoms that characterize (a) depression and (b) mania.

275. How prevalent is depression in men and women? Why the difference? What is its course if left untreated and its likelihood of recurrence?

276. What evidence exists for a genetic factor in depression?

277. What biochemical processes might underlie depression? Mania?

278. What evidence is there to support the notion that early losses create a risk factor for later depression?

279. How does Seligman explain the dramatic increase in depression among people born after 1960?

280. Describe (a) the cognitive triad and (b) the depressive attributional pattern described by Beck.

281. According to learned helplessness theory, what kinds of attributions trigger depression?

282. How does Lewinsohn's learning theory explain the spiralling downward course that occurs in severe depression?

283. How are cultural factors related to prevalence, manifestations, and sex differences in depression?

284. What is the relation between depression and suicide? What are the major motives and risk factors for suicide? Describe four practical guidelines for helping a suicidal person.

285. Describe three varieties of somatoform disorders. What causal factors might be involved in somatoform disorders?
286. What is the central feature of dissociative disorders? Describe the three major types of dissociative disorders.
287. How does the trauma-dissociation theory account for the development of DID?
288. On what grounds have critics questioned the validity of DID and what explanations do they offer instead?
289. What is meant by the term schizophrenia? What are the major cognitive, behavioural, emotional, and perceptual features of these disorders?
290. Describe the four major types of schizophrenic disorders.

291. Distinguish between Type I and Type II schizophrenia. How are positive and negative symptoms related to past history and future prognosis?
292. Describe the evidence for genetic and neurological factors in schizophrenia?
293. What is the dopamine hypothesis? What evidence supports it?
294. What concepts do (a) psychoanalytic and (b) cognitive theorists use to explain the symptoms of schizophrenia?
295. How successful have researchers been in identifying family factors that cause schizophrenia? What role does expressed emotion play as a family variable?
296. Contrast the social causation and social drift hypotheses concerning social class and prevalence of schizophrenia.

297. What are the ten personality disorders and what are the three major classifications of personality disorders?
298. Describe the major characteristics of the antisocial personality disorder.
299. How are biological factors implicated in the antisocial personality disorder?
300. How are classical conditioning and modelling concepts used to account for the development of antisocial personality disorder?
301. What is borderline personality disorder and what do researchers think are the causal factors associated with the disorder?
302. How does ADHD differ from autism?

303. How are biological factors implicated in autism?

304. What is dementia? What is the leading cause of dementia in the elderly?

305. What are the causes of Alzheimer's disease?

306. Discuss two of the significant historical conceptions of psychological disorders and one modern model.

307. Discuss some of the disadvantages of classifying and labelling abnormal behaviours. Give concrete examples to support your argument where necessary. Can you think of any advantages of such an approach? Do you feel that the use of such classification systems is worth the potential risks?

308. Differentiate between the following anxiety disorders: phobias, generalized anxiety disorder, and panic disorder.

309. Define and distinguish between the disorders of major depression, dysthymia, and bipolar disorder. Discuss the possible neurological differences that may account for depression and bipolar disorder. Which of these two disorders appears to have the stronger genetic basis?
310. Describe three different psychological perspectives on depression.
311. List and describe the three different types of somatoform disorders. According to Sigmund Freud, how do these disorders occur?
312. What is dissociative identity disorder and what is the controversy behind it? What evidence is used to either support or contradict the validity of the disorder?
313. What are the primary symptoms of schizophrenia and what are the four different types of the disorder? What is the difference between Type I and Type II schizophrenia and which one is associated with better outcomes?

314. Describe the basic characteristics of antisocial personality disorder. What physiological and learning differences may account for this disorder?
315. Summarize Rosenhan's study on the consequences of individuals admitting themselves to mental hospitals. What are the implications of this study for psychiatric diagnoses?
316. Discuss in detail "insanity" and "competency".
317. Describe the "learned helplessness theory" of depression. Outline the attributional pattern that is thought to play a central role in this theory. Provide an example of the type of attribution an individual might make for failing an exam that this theory would predict.
318. Define dementia in old age and discuss the symptoms that accompany dementia.

## ch16 Key

1. (p. 626) A
2. (p. 626) D
3. (p. 525-526) B
4. (p. 627) C
5. (p. 627) A
6. (p. 627) B
7. (p. 638) D
8. (p. 638) B
9. (p. 646) C
10. (p. 624) B
11. (p. 624) A
12. (p. 627) D
13. (p. 627) D
14. (p. 627-628) A
15. (p. 627-628) C
16. (p. 627-628) B
17. (p. 624) D
18. (p. 624-625) C
19. (p. 624) A
20. (p. 628) B
21. (p. 628) D
22. (p. 628) C
23. (p. 628) A
24. (p. 628) B
25. (p. 628) C
26. (p. 628) D
27. (p. 628) C
28. (p. 629) A
29. (p. 631) C
30. (p. 630-631) A
31. (p. 631) B
32. (p. 632) D
33. (p. 632) C
34. (p. 632) A
35. (p. 632) B
36. (p. 632) C

37. (p. 633) B
38. (p. 633) D
39. (p. 633) C
40. (p. 634) A
41. (p. 634) A
42. (p. 634) A
43. (p. 634) B
44. (p. 634) D
45. (p. 634) D
46. (p. 634-635) A
47. (p. 635) C
48. (p. 634-635) B
49. (p. 635) D
50. (p. 635) C
51. (p. 635) B
52. (p. 634-635) C
53. (p. 635) A
54. (p. 635) D
55. (p. 635-636) C
56. (p. 635) C
57. (p. 635-6) A
58. (p. 635-636) A
59. (p. 635-636) C
60. (p. 637) D
61. (p. 637) B
62. (p. 637) A
63. (p. 637) C
64. (p. 633) A
65. (p. 636) B
66. (p. 633) A
67. (p. 665) D
68. (p. 636) B
69. (p. 636) C
70. (p. 636) A
71. (p. 636) D
72. (p. 636) B
73. (p. 636) C
74. (p. 636-637) A

75. (p. 636) B
76. (p. 637) D
77. (p. 638) A
78. (p. 638) A
79. (p. 639) D
80. (p. 639) B
81. (p. 639) C
82. (p. 640) B
83. (p. 640) A
84. (p. 640) D
85. (p. 640) D
86. (p. 639) B
87. (p. 639) A
88. (p. 642) C
89. (p. 642) B
90. (p. 642) D
91. (p. 642) B
92. (p. 643) A
93. (p. 642) A
94. (p. 642) B
95. (p. 643) D
96. (p. 644) C
97. (p. 644) A
98. (p. 644) B
99. (p. 645) C
100. (p. 645) C
101. (p. 645) D
102. (p. 645) B
103. (p. 645) A
104. (p. 646) D
105. (p. 646) C
106. (p. 646) B
107. (p. 646) C
108. (p. 646) A
109. (p. 646) D
110. (p. 646) B
111. (p. 646) C
112. (p. 646-647) D

113. (p. 647) B
114. (p. 647) A
115. (p. 647) D
116. (p. 647) D
117. (p. 647) C
118. (p. 647) B
119. (p. 647-648) C
120. (p. 647-648) B
121. (p. 647-648) A
122. (p. 649-650) C
123. (p. 649-650) B
124. (p. 650) D
125. (p. 648) A
126. (p. 649) B
127. (p. 649) D
128. (p. 649) B
129. (p. 651) B
130. (p. 651) D
131. (p. 651) C
132. (p. 651) C
133. (p. 652) A
134. (p. 652) B
135. (p. 652-653) D
136. (p. 653) C
137. (p. 653) A
138. (p. 653) A
139. (p. 653) B
140. (p. 653) A
141. (p. 653) C
142. (p. 653-655) D
143. (p. 653-655) C
144. (p. 653-655) B
145. (p. 655) A
146. (p. 655) B
147. (p. 655) D
148. (p. 655) C
149. (p. 657) D
150. (p. 657) A

151. (p. 657) B
152. (p. 657) D
153. (p. 657) C
154. (p. 657) C
155. (p. 657) D
156. (p. 657) A
157. (p. 657) C
158. (p. 658) B
159. (p. 658) C
160. (p. 658) D
161. (p. 658) A
162. (p. 658) B
163. (p. 584) D
164. (p. 659) C
165. (p. 659) D
166. (p. 659) A
167. (p. 659) B
168. (p. 660) C
169. (p. 660) C
170. (p. 660) D
171. (p. 660) A
172. (p. 660) D
173. (p. 660) B
174. (p. 660) C
175. (p. 661) C
176. (p. 662) B
177. (p. 662) A
178. (p. 662) D
179. (p. 662-663) B
180. (p. 662-663) A
181. (p. 664) D
182. (p. 664) C
183. (p. 665) A
184. (p. 664) D
185. (p. 667) A
186. (p. 667) B
187. (p. 668) D
188. (p. 668-669) A

189. (p. 669) C
190. (p. 669) D
191. (p. 669) B
192. (p. 669) C
193. (p. 625) FALSE
194. (p. 627) TRUE
195. (p. 665) FALSE
196. (p. 624) TRUE
197. (p. 628) FALSE
198. (p. 632) FALSE
199. (p. 632) TRUE
200. (p. 634) TRUE
201. (p. 635) FALSE
202. (p. 636) TRUE
203. (p. 638) FALSE
204. (p. 638) TRUE
205. (p. 638-639) TRUE
206. (p. 642) FALSE
207. (p. 642) FALSE
208. (p. 644) TRUE
209. (p. 645) FALSE
210. (p. 646) FALSE
211. (p. 647-648) TRUE
212. (p. 648-649) TRUE
213. (p. 653) FALSE
214. (p. 655-656) TRUE
215. (p. 657) TRUE
216. (p. 659) FALSE
217. (p. 660) TRUE
218. (p. 664) FALSE
219. (p. 667) TRUE
220. (p. 669) TRUE
221. (p. 626) Demonological
222. (p. 627) general paresis
223. (p. 627) vulnerability-stress
224. (p. 628) reliable; valid
225. (p. 632) Competency; insanity
226. (p. 633) physiological/somatic

227. (p. 634) generalized anxiety disorder; phobia
228. (p. 634) Agoraphobia
229. (p. 635) Compulsions; obsessions
230. (p. 636) gamma-aminobutyric acid (GABA)
231. (p. 638) panic disorder
232. (p. 639) Culture-bound
233. (p. 642) somatic
234. (p. 643) Bipolar disorder
235. (p. 646) psychodynamic
236. (p. 646) Depressive cognitive triad
237. (p. 647) learned helplessness
238. (p. 650) Depression
239. (p. 651) somatoform
240. (p. 652-3) psychogenic amnesia
241. (p. 654-655) Dissociative identity disorder
242. (p. 655-656) schizophrenia
243. (p. 657) Catatonic
244. (p. 658) schizophrenia
245. (p. 659) regression
246. (p. 660) expressed emotion
247. (p. 662) Antisocial
248. (p. 666) splitting
249. (p. 669) senile
250. (p. 625-526) Answers will vary
251. (p. 627) Answers will vary
252. (p. 628-629) Answers will vary
253. (p. 627-628) Answers will vary
254. (p. 624-625) Answers will vary
255. (p. 628) Answers will vary
256. (p. 628) Answers will vary
257. (p. 630-2) Answers will vary
258. (p. 622) Answers will vary
259. (p. 633) Answers will vary
260. (p. 634) Answers will vary
261. (p. 634) Answers will vary
262. (p. 634) Answers will vary
263. (p. 635) Answers will vary
264. (p. 635-636) Answers will vary

265. (p. 636) Answers will vary
266. (p. 636) Answers will vary
267. (p. 636-637) Answers will vary
268. (p. 637-638) Answers will vary
269. (p. 638) Answers will vary
270. (p. 638-639) Answers will vary
271. (p. 639-640) Answers will vary
272. (p. 640-641) Answers will vary
273. (p. 642) Answers will vary
274. (p. 642) Answers will vary
275. (p. 644) Answers will vary
276. (p. 645) Answers will vary
277. (p. 645-646) Answers will vary
278. (p. 646) Answers will vary
279. (p. 646) Answers will vary
280. (p. 646-7) Answers will vary
281. (p. 647) Answers will vary
282. (p. 647-648) Answers will vary
283. (p. 649-650) Answers will vary
284. (p. 648-649) Answers will vary
285. (p. 651) Answers will vary
286. (p. 652-653) Answers will vary
287. (p. 653) Answers will vary
288. (p. 653) Answers will vary
289. (p. 655-656) Answers will vary
290. (p. 657) Answers will vary
291. (p. 657-658) Answers will vary
292. (p. 658-659) Answers will vary
293. (p. 659) Answers will vary
294. (p. 659) Answers will vary
295. (p. 660) Answers will vary
296. (p. 660) Answers will vary
297. (p. 662) Answers will vary
298. (p. 662-664) Answers will vary
299. (p. 664) Answers will vary
300. (p. 664) Answers will vary
301. (p. 665-666) Answers will vary
302. (p. 667-668) Answers will vary

303. (p. 668) Answers will vary

304. (p. 669) Answers will vary

305. (p. 669) Answers will vary

Feedback: Demonological view: assumed that disorder was caused by the presence of an evil spirit that needed to be freed. Led to practice of trephination, where small holes were created in the skull to let the spirit out. Biological views assumed that abnormal behaviour had physical causes. General paresis was the first disorder in which a psychological abnormality had a biological cause. Modern view of vulnerability stress model: assumes people have predispositions of varying strengths for disorders, but the disorders only appear if proper environmental conditions occur.

306. (p. 625-628) Answers will vary

Feedback: Disadvantages: because they are social constructions, they are affected by value judgments and political opinions (e.g., slaves as "insane" and drapetomania). Diagnosis may shift appropriate blame or responsibility from someone (e.g. self-defeating/masochistic personality disorder). People with a particular disorder may be treated differently by society. People may accept the "identity" of a given disorder, thus worsening their behaviour. Sometimes, disorders have extreme legal consequences for decisions of guilt or innocence. Advantages: Labels allow researchers to agree on what they are studying. They also make it easier to investigate and create treatments. Personal opinion!4

307. (p. 630-632) Answers will vary

Feedback: Phobias: intense and irrational fears of particular situations or objects. The three types are agoraphobia (fear of public places), social phobia (excessive fear of social situations in which one may be embarrassed or negatively evaluated), and specific phobias (fear of heights, snakes, etc.). Generalized anxiety disorder: chronic state of vague anxiety that isn't linked to anything specific. Panic disorder: sudden and intense fear; person may feel they are about to die. Often occurs with agoraphobia.

308. (p. 633-636) Answers will vary

Feedback: Major depression: episode of depression usually triggered by a specific event. Characterized by such symptoms as fatigue, difficulty sleeping, weight gain/loss, loss of motivation, hopelessness, and thoughts of suicide. Dysthymia: less severe but more chronic and long-term version of depression. Bipolar depression: characterized by mood swings between depression and mania, which are states of intense energy and activity where often the person has grandiose thoughts and needs little sleep. Depression: underactivity of dopamine and serotonin. Bipolar: mania related to overproduction of same neurotransmitters involved in depression. Bipolar has a stronger genetic basis.

309. (p. 642-646) Answers will vary

Feedback: Sigmund Freud: assumed that traumatic early losses and rejections predispose people for depression. Current losses reactivate the original loss and thus the person must deal with both the current and the prior losses. Humanistic approach: Martin Seligman points to an overemphasis on the self created by the "me" generation, where worth is defined in terms of personal achievement. Less connection with family and spirituality provides less support for people when things do go wrong. Cognitive triad: depression a product of negative, irrational, and distorted thinking. According to Aaron Beck, depressed individuals have negative views of themselves, the future, and the world (depressive cognitive triad).

310. (p. 646-649) Answers will vary

Feedback: Hypochondriasis: people who become alarmed by the smallest symptom and fear they are going to develop a serious disease. Pain disorder: people experience intense pain that is either exaggerated or has no physical cause. Conversion disorder: people who have serious, sudden neurological symptoms, such as blindness, paralysis, or loss of sensation, yet there is no identifiable physical or physiological cause for these symptoms. People often show indifference to these serious symptoms. Freud assumed that anxiety from disturbing unconscious conflict was redirected to physical symptoms.

311. (p. 651-652) Answers will vary

Feedback: Dissociative identity disorder (DID): previously called multiple personality disorder. People develop two or more personalities in the same person. Thought to be caused by exposure to childhood trauma. Support: doctors and therapists noticed extreme changes in behaviour when personalities shift, such as change in period cycle, vision, and proneness to seizures. Also found brain blood flow, EEG, and voice print differences. Contradict: people role-playing different personalities show some EEG changes too (but not other physical changes such as eye acuity). Disorder has increased dramatically with public awareness, yet it does not occur in all cultures. Some argue it is used in court cases to get defendants lesser sentences. The average number of personalities has also increased, suggesting role of therapist expectation.

312. (p. 653-655) Answers will vary

Feedback: The symptoms of the disorder include: misinterpretation of reality; disordered attention, thought, or perception; strange or inappropriate communication; neglect of personal grooming; and disorganized behaviour. It is not uncommon to have delusions (False beliefs that are maintained in the face of contradictory evidence) and/or hallucinations (False perceptions with a compelling sense of reality). The four types of schizophrenia are: paranoid, disorganized, catatonic, and undifferentiated. Type I schizophrenia is characterized by more positive symptoms such as delusions, hallucinations, and disordered speech or thought. Type II schizophrenia is characterized by more negative symptoms, such as the lack of emotional expression, loss of motivation, and the absence of normal speech. People with Type II schizophrenia typically have a history of poorer functioning prior to treatment and have a worse prognosis.

313. (p. 655-658) Answers will vary

Feedback: Antisocial personality disorder: also called psychopaths or sociopaths. People with this disorder lack a conscience and show little or no guilt or anxiety for their misdeeds. They tend to be impulsive and are unable to delay gratification well. They also seem to lack any emotional attachment to other people. Can appear intelligent and charming and are often able to manipulate others well. People with this disorder don't seem to learn well from punishment. There is evidence for a genetic basis for the disorder, as identical twins are more similar than fraternal twins are. Recent studies show a lack of activity in the frontal lobes, which are associated with reasoning and inhibition. People with this disorder are able to learn fine when reinforcement is used, but are slow or unable to learn when punishment is used.

314. (p. 662-665) Answers will vary

Feedback: In Rosenhan's study eight individuals admitted themselves to five different state mental hospitals presenting with the complaint of hearing voices. They were diagnosed with schizophrenia. Once admitted the individuals behaved normally however despite this, they remained hospitalized from 7 to 52 days when they were typically given diagnosis of schizophrenia in remission. The implications of this study include the problems associated with labelling. Once an individual has been given a psychiatric label, such as schizophrenia, then there are problems with having that label removed.

315. (p. 631-632) Answers will vary

Feedback: Insanity relates to the presumed state of mind of the defendant at the time the crime is committed. Defendants may be termed "not guilty by reason of insanity" if they are considered to have been so severely impaired during that crime that they lacked the capacity to appreciate the wrongfulness of their acts or to control their conduct. Competency refers to the individual's state of mind at the time of the trial/hearing. In order to stand trial an individual must be deemed to be able to understand the nature of the legal proceedings.

316. (p. 632) Answers will vary

Feedback: Learned helplessness theory holds that individuals with depression expect that bad events will happen and that there is nothing they can do to prevent the bad events or cope with the bad events. According to this theory, individuals make negative attributions for failure. Specifically, they make personal, stable, and global attributions. Thus, a depressed individual would attribute failing an exam to personal (I'm stupid), stable (I'll always be stupid), and global (I'm stupid at everything) factors.

317. (p. 646-647) Answers will vary

Feedback: Dementia is the gradual loss of cognitive abilities that accompanies brain deterioration and interferes with normal functioning. When dementia occurs after the age of 65, it is referred to as senile dementia. Symptoms include memory impairment, poor judgment, confusion, language problems, and disorientation.

318. (p. 669) Answers will vary

## ch16 Summary

<u>Category</u>	<u># of Questions</u>
CL: AN	24
CL: AP	1
CL: C	26
CL: K	141
Item Difficulty: 0.18	1
Item Difficulty: 0.28	1
Item Difficulty: 0.34	1
Item Difficulty: 0.46	1
Item Difficulty: 0.49	1
Item Difficulty: 0.50	1
Item Difficulty: 0.52	1
Item Difficulty: 0.54	1
Item Difficulty: 0.60	1
Item Difficulty: 0.62	1
Item Difficulty: 0.63	2
Item Difficulty: 0.65	1
Item Difficulty: 0.67	3
Item Difficulty: 0.69	1
Item Difficulty: 0.70	1
Item Difficulty: 0.72	4
Item Difficulty: 0.75	2
Item Difficulty: 0.76	1
Item Difficulty: 0.77	1
Item Difficulty: 0.78	3
Item Difficulty: 0.79	1
Item Difficulty: 0.80	1
Item Difficulty: 0.81	1
Item Difficulty: 0.82	2
Item Difficulty: 0.84	1
Item Difficulty: 0.85	2
Item Difficulty: 0.86	2
Item Difficulty: 0.88	3
Item Difficulty: 0.89	1
Item Difficulty: 0.92	2
Item Difficulty: 0.93	1
Item Difficulty: 0.94	1
Item Difficulty: 0.95	1
Item Difficulty: 1.00	1
Item Discrimination: 0.20	1
Item Discrimination: 0.30	5
Item Discrimination: 0.40	3
Item Discrimination: 0.50	3
Item Discrimination: 0.60	5
Learning Objective: 16-01	42
Learning Objective: 16-02	19
Learning Objective: 16-03	75
Learning Objective: 16-04	63
Learning Objective: 16-05	6
Learning Objective: 16-06	26
Learning Objective: 16-07	48
Learning Objective: 16-08	20
Learning Objective: 16-09	8
Learning Objective: 16-10	9

Learning Objective: n/a	1
Learning Objective: none	2
Passer - Chapter 16	318
Point Biserial: - 0.14	1
Point Biserial: 0.00	1
Point Biserial: 0.03	1
Point Biserial: 0.07	1
Point Biserial: 0.10	1
Point Biserial: 0.18	1
Point Biserial: 0.22	1
Point Biserial: 0.23	2
Point Biserial: 0.26	1
Point Biserial: 0.27	2
Point Biserial: 0.28	3
Point Biserial: 0.30	3
Point Biserial: 0.33	2
Point Biserial: 0.37	1
Point Biserial: 0.38	4
Point Biserial: 0.41	1
Point Biserial: 0.43	1
Point Biserial: 0.44	1
Point Biserial: 0.45	1
Point Biserial: 0.52	1
Point Biserial: 0.54	1
Point Biserial: 0.55	1
Point Biserial: 0.57	1
Point Biserial: 0.65	1