

16: Psychological Disorders

CHAPTER OVERVIEW

Although there is no clear-cut line between normal and abnormal behavior, we can characterize as abnormal those behaviors that are deviant, distressful, and dysfunctional. Chapter 16 discusses types of anxiety, mood disorders, dissociative disorders, schizophrenia, and personality disorders, as classified by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Although this classification system follows a medical model, in which disorders are viewed as illnesses, the chapter discusses psychological as well as physiological factors, as advocated by the current biopsychosocial approach. Thus, psychoanalytic theory, learning theory, social-cognitive theory, and other psychological perspectives are drawn on when relevant. The chapter concludes with a discussion of the incidence of serious psychological disorders in society today.

Your major task in this chapter is to learn about psychological disorders, their various subtypes and characteristics, and their possible causes. Since the material to be learned is extensive, it may be helpful to rehearse it by mentally completing the Chapter Review several times.

NOTE: Answer guidelines for all Chapter 16 questions begin on page 427.

CHAPTER REVIEW

First, skim each section, noting headings and boldface items. After you have read the section, review each objective by answering the fill-in and essay-type questions that follow it. As you proceed, evaluate your performance by consulting the answers beginning on page 427. Do not continue with the next section until you understand each answer. If you need to, review or reread the section in the textbook before continuing.

Perspectives on Psychological Disorders (pp. 640–649)

David Myers at times uses idioms that are unfamiliar to some readers. If you do not know the meaning of any of the following words, phrases, or expressions from the introduction and this section in the context in which they appear in the text, refer to pages 433–434 for an explanation: *eerie sense of self-recognition*; *draw the line*; “*The devil made him do it*”; *handy shorthand*; *have faulted the manual*; *Hinckley*; *Insane*, *Public Mad*; *self-fulfilling prophecies*.

Objective 1: Identify the criteria for judging whether behavior is psychologically disordered.

1. Psychological disorders are persistently harmful _____, _____, and _____.
2. Psychiatrists and psychologists label behavior disordered when it is _____, _____, and _____.
3. This definition emphasizes that standards of acceptability for behavior are _____ (constant/variable).
4. (Thinking Critically) ADHD, or _____, _____, plagues children who display one or more of three key symptoms: _____, _____, and _____.
5. (Thinking Critically) ADHD is diagnosed more often in _____ (boys/girls). In

the past two decades, the proportion of American children being treated for this disorder _____ (increased/decreased) dramatically. Experts _____ (agree/do not agree) that ADHD is a real neurobiological disorder.

6. (Thinking Critically) ADHD _____ (is/is not) heritable, and it _____ (is/is not) caused by eating too much sugar or poor schools. ADHD is often accompanied by a _____ disorder or with behavior that is _____ or temper-prone.

Objective 2: Contrast the medical model of psychological disorders with the biopsychosocial approach to disordered behavior.

7. The view that psychological disorders are sicknesses is the basis of the _____ model. According to this view, psychological disorders are viewed as mental _____, or _____, diagnosed on the basis of _____ and cured through _____.
8. One of the first reformers to advocate this position and call for providing more humane living conditions for the mentally ill was _____.
9. Today's psychologists recognize that all behavior arises from the interaction of _____ and _____. To presume that a person is "mentally ill" attributes the condition solely to an _____ problem.
10. Major psychological disorders such as _____ and _____ are universal; others, such as _____, are culture-bound. These culture-bound disorders may share an underlying _____, such as _____, yet differ in their _____.
11. Most mental health workers today take a _____ approach, whereby they assume that disorders are influenced by _____ and _____.

inner _____, and _____ and _____ circumstances.

Objective 3: Describe the goals and content of the DSM-IV.

12. The most widely used system for classifying psychological disorders is the American Psychiatric Association manual, commonly known by its abbreviation, _____. This manual defines a _____ process and _____ (how many?) clinical syndromes.
13. Independent diagnoses made with the current manual generally _____ (show/do not show) agreement.
14. One criticism of DSM-IV is that as the number of disorder categories has _____ (increased/decreased), the number of adults who meet the criteria for at least one psychiatric ailment has _____ (increased/decreased).

(Close-Up) Briefly describe the "unDSM."

Objective 4: Discuss the potential dangers and benefits of using diagnostic labels.

15. Studies have shown that labeling has _____ (little/a significant) effect on our interpretation of individuals and their behavior.

Outline the pros and cons of labeling psychological disorders.

Anxiety Disorders (pp. 649–658)

If you do not know the meaning of any of the following words, phrases, or expressions in the context in which they appear in the text, refer to page 434 for an explanation: *heart palpitations . . . fidgeting; lighting up doesn't lighten up; flashbacks and nightmares; Grooming gone wild; a ruse; go fishing for multiple personalities.*

Objective 5: Define *anxiety disorders*, and explain how these conditions differ from normal feelings of stress, tension, or uneasiness.

1. Anxiety disorders are psychological disorders characterized by _____. The key to differentiating anxiety disorders from normal anxiety is in the _____ and _____ of the anxiety.
2. Four anxiety disorders discussed in the textbook are _____, _____, _____, and _____.

Objective 6: Contrast the symptoms of generalized anxiety disorder and panic disorder.

3. When a person is continually tense, apprehensive, and physiologically aroused for no apparent reason, he or she is diagnosed as suffering from a _____ disorder. In Freud's term, the anxiety is _____.
4. In generalized anxiety disorder, the body reacts physiologically with the arousal of the _____ nervous system. In some instances, anxiety may intensify dramatically and unpredictably and be accompanied by chest pain or choking, for example; people with these symptoms are said to have _____. This anxiety may escalate into a minutes-long episode of intense fear, or a _____.

5. People who fear situations in which escape or help might not be possible when panic strikes suffer from _____.

Objective 7: Explain how a phobia differs from the fears we all experience.

6. When a person has an irrational fear of a specific object, activity, or situation, the diagnosis is a _____. Although in many situations, the person can live with the problem, some _____, such as a fear of thunderstorms, are incapacitating.
7. When a person has an intense fear of being scrutinized by others, the diagnosis is a _____.

Objective 8: Describe the symptoms of obsessive-compulsive disorder.

8. When a person cannot control repetitive thoughts and actions, an _____ disorder is diagnosed.
9. Older people are _____ (more/less) likely than teens and young adults to suffer from this disorder.

Objective 9: Describe the symptoms of post-traumatic stress disorder, and discuss survivor resiliency.

10. Traumatic stress, such as that associated with witnessing atrocities or combat, can produce _____ disorder. The symptoms of this disorder include _____, _____, _____, and _____. Despite such symptoms, some psychologists believe this disorder is _____.
11. Researchers who believe this disorder may be overdiagnosed point to the _____ of most people who suffer

trauma. Also, suffering can lead to _____

_____, in which people experience an increased appreciation for life.

Objective 10: Discuss the contributions of the learning and biological perspectives to our understanding of the development of anxiety disorders.

12. Freud assumed that anxiety disorders are symptoms of submerged mental energy that derives from intolerable impulses that were _____ during childhood.
13. Learning theorists, drawing on research in which rats are given unpredictable shocks, link general anxiety with _____ conditioning of _____.
14. Some fears arise from _____, such as when a person who fears heights after a fall also comes to fear airplanes.
15. Phobias and compulsive behaviors reduce anxiety and thereby are _____. Through _____ learning, someone might also learn fear by seeing others display their own fears.
16. Humans probably _____ (are/are not) biologically prepared to develop certain fears. Compulsive acts typically are exaggerations of behaviors that contributed to our species' _____.
17. The anxiety response probably _____ (is/is not) genetically influenced.
18. PET scans of persons with obsessive-compulsive disorder reveal excessive activity in a brain region called the _____. _____ cortex. Some antidepressant drugs dampen fear-circuit activity in the _____, thus reducing this behavior.

Objective 11: Describe the symptoms of dissociative disorders, and explain why some critics are skeptical about dissociative identity disorder.

19. In _____ disorders, a person experiences a sudden loss of _____ or change in _____.
20. A person who develops two or more distinct personalities is suffering from _____ disorder.
21. Nicholas Spanos has argued that such people may merely be playing different _____.
22. Those who accept this as a genuine disorder point to evidence that differing personalities may be associated with distinct _____ and _____ states.

Identify two pieces of evidence brought forth by those who do not accept dissociative identity disorder as a genuine disorder.

23. The psychoanalytic and learning perspectives view dissociative disorders as ways of dealing with _____. Others view them as a protective response to histories of _____. Skeptics claim these disorders are sometimes contrived by _____ people and sometimes constructed out of the _____ interaction.

Mood Disorders (pp. 658–669)

If you do not know the meaning of any of the following words, phrases, or expressions in the context in which they appear in the text, refer to page 435 for an explanation: *To grind temporarily to a halt*; *blue mood*; *slow motion* . . . *fast forward*; *view life through dark glasses*; *sour our thinking*; *company does not love another's misery*.

Objective 12: Define *mood disorders*, and contrast major depressive disorder and bipolar disorder.

1. Mood disorders are psychological disorders characterized by _____. They come in two forms: The experience of prolonged depression with no discernible cause is called _____ disorder. When a person's mood alternates between depression and the hyperactive state of _____, a _____ disorder is diagnosed.
2. Although _____ are more common, _____ is the number one reason that people seek mental health services. It is also the leading cause of disability worldwide.
3. In between the temporary blue moods everyone experiences and major depression is a condition called _____, in which a person feels down-in-the-dumps nearly every day for two years or more.
4. The possible signs of depression include _____.
5. Major depression occurs when its signs last _____ or more with no apparent cause.
6. Depressed persons usually _____ (can/cannot) recover without therapy.
7. Symptoms of mania include _____.
8. Bipolar disorder is less common among creative professionals who rely on _____ and _____ than among those who rely on _____ expression and vivid _____.

Objective 13: Discuss the facts that an acceptable theory of depression must explain.

9. The commonality of depression suggests that its _____ must also be common.
10. Compared with men, women are _____ (more/less) vulnerable to major depression. In general, women are most vulnerable to disorders involving _____ states, such as _____.
11. Men's disorders tend to be more _____ and include _____.
12. It usually _____ (is/is not) the case that a depressive episode has been triggered by a stressful event. An individual's vulnerability to depression also increases following, for example, _____.
13. With each new generation, the rate of depression is _____ (increasing/decreasing) and the disorder is striking _____ (earlier/later). In North America today, young adults are _____ times (how many?) as likely as their grandparents to suffer depression.

State the psychoanalytic explanation of depression.

Objective 14: Summarize the contributions of the biological perspective to the study of depression, and discuss the link between suicide and depression.

14. Mood disorders _____ (tend/do not tend) to run in families. Studies of _____ also reveal that genetic influences on mood disorders are _____ (weak/strong).
15. To determine which genes are involved in depression, researchers use _____.

_____, in which they examine the _____ of both affected and unaffected family members. Using _____ studies, they also search for correlations between DNA variation and population traits.

(Close-Up) Identify several group differences in suicide rates.

16. Depression may also be caused by _____ (high/low) levels of two neurotransmitters, _____ and _____.
17. Drugs that alleviate mania reduce _____; drugs that relieve depression increase _____ or _____ supplies by blocking either their _____ or their chemical _____.
18. People with depression also have lower levels in their diet of the _____ fatty acid. Countries such as _____, where people consume more _____ that are rich in this fatty acid, tend to have _____ (high/low) rates of depression.
19. The brains of depressed people tend to be _____ (more/less) active, especially in an area of the _____ lobe. In severely depressed patients, this brain area may also be _____ (smaller/larger) in size. The brain's _____, which is important in processing _____, is vulnerable to stress-related damage. Anti-depressant drugs that boost _____ may promote recovery by stimulating neurons in this area of the brain.

Objective 15: Summarize the contributions of the social-cognitive perspective to the study of depression, and describe the events in the cycle of depression.

20. According to the social-cognitive perspective, depression may be linked with _____-_____ beliefs and a _____ style.
21. Such beliefs may arise from _____, the feeling that can arise when the individual repeatedly experiences uncontrollable, painful events.
22. Gender differences in _____ help explain why women have been twice as vulnerable to depression.
Describe how depressed people differ from others in their explanations of failure and how such explanations tend to feed depression.
23. Research studies suggest that depressing thoughts usually _____ (precede/follow/coincide with) a depressed mood.
24. Depression-prone people respond to bad events in an especially _____ way.
25. According to Susan Nolen-Hoeksema, when trouble strikes, men tend to _____ and women tend to _____.
26. Being withdrawn, self-focused, and complaining tends to elicit social _____ (empathy/rejection).

Outline the vicious cycle of depression.

Schizophrenia (pp. 669–677)

If you do not know the meaning of any of the following words, phrases, or expressions in the context in which they appear in the text, refer to page 435 for an explanation: *hodge-podge*; *flat affect*.

Objective 16: Describe the symptoms of schizophrenia, and differentiate delusions and hallucinations.

- Schizophrenia, or “split mind,” refers not to a split personality but rather to a split from _____.
- Three manifestations of schizophrenia are disorganized _____, disturbed _____, and inappropriate _____ and _____.
- The distorted, false beliefs of schizophrenia patients are called _____.
- Many psychologists attribute the disorganized thinking of schizophrenia to a breakdown in the capacity for _____.
- The disturbed perceptions of people suffering from schizophrenia may take the form of _____, which usually are _____ (visual/auditory).
- Some victims of schizophrenia lapse into a zombie-like state of apparent apathy, or _____; others, who exhibit _____, may remain motionless for hours and then become agitated.

Objective 17: Distinguish the five subtypes of schizophrenia, and contrast chronic and acute schizophrenia.

- The term *schizophrenia* describes a _____ (single disorder/cluster of disorders).
- Positive symptoms of schizophrenia include _____.
Negative symptoms include _____.
- When schizophrenia develops slowly (called _____ schizophrenia), recovery is _____ (more/less) likely than when it develops rapidly in reaction to particular life stresses (called _____ schizophrenia).

Objective 18: Outline some abnormal brain chemistry, functions, and structures associated with schizophrenia, and discuss the possible link between prenatal viral infections and schizophrenia.

- The brain tissue of schizophrenia patients has been found to have an excess of receptors for the neurotransmitter _____. Drugs that block these receptors have been found to _____ (increase/decrease) schizophrenia symptoms. Drugs that interfere with receptors for the neurotransmitter _____ can produce negative symptoms of schizophrenia.
- Brain scans have shown that many people suffering from schizophrenia have abnormally _____ (high/low) brain activity in the _____ lobes.
- Enlarged, _____-filled areas and a corresponding _____ of cerebral tissue is also characteristic of schizophrenia. Schizophrenia patients also have a smaller-than-normal _____, which may account for their difficulty in filtering _____ and focusing _____.

13. Some scientists contend that the brain abnormalities of schizophrenia may be caused by a prenatal problem, such as _____ ,
 _____ ,
 birth complications such as _____ ,
 _____ , or a

 contracted by the mother.

List several pieces of evidence for this theory.

Objective 19: Discuss the evidence for a genetic contribution to the development of schizophrenia.

14. Twin and adoptive studies _____
 (support/do not support) the contention that heredity plays a role in schizophrenia.
15. The role of the prenatal environment in schizophrenia is demonstrated by the fact that identical twins who share the same _____ ,
 and are therefore more likely to experience the same prenatal _____ , are more likely to share the disorder.
16. Adoption studies _____
 (confirm/do not confirm) a genetic link in the development of schizophrenia.

Objective 20: Describe some psychological factors that may be early warning signs of schizophrenia in children.

17. It appears that for schizophrenia to develop there must be both a _____ predisposition and some _____ trigger.

List several of the warning signs of schizophrenia in high-risk children.

Personality Disorders (pp. 677–679)

If you do not know the meaning of any of the following words, phrases, or expressions in the context in which they appear in the text, refer to page 435 for an explanation: *con artist*; *woven of biological as well as psychological strands*.

Objective 21: Contrast the three clusters of personality disorders, and describe the behaviors and brain activity associated with the antisocial personality disorder.

1. Personality disorders exist when an individual has character traits that are enduring and impair _____ .
2. A fearful sensitivity to rejection may predispose the _____ personality disorder. Eccentric behaviors, such as emotionless disengagement, are characteristic of the _____ personality disorder. A person with _____ personality disorder displays shallow, attention-getting emotions. A person who exaggerates his or her own importance exhibits a _____ personality disorder, and a person who has an unstable identity and unstable relationships is considered _____ .
3. An individual who seems to have no conscience, lies, steals, is generally irresponsible, and may be criminal is said to have an _____ personality. Previously, this person was labeled a _____ .
4. Studies of biological relatives of those with antisocial and unemotional tendencies suggest that there _____ (is/is not) a biological predisposition to such traits.
5. Some studies have detected early signs of antisocial behavior in children as young as _____ . Antisocial adolescents tended to have been _____ , _____ , unconcerned with _____ , and low in _____ .

6. PET scans of murderers' brains reveal reduced activity in the _____.
7. As in other disorders, in antisocial personality, genetics _____ (is/is not) the whole story.

Rates of Psychological Disorders

(pp. 680–682)

Objective 22: Discuss the prevalence of psychological disorders, and summarize the findings on the link between poverty and serious psychological disorders.

1. Research reveals that approximately 1 in every _____ (how many?) Americans suffered a clinically significant mental disorder during the prior year.
2. The incidence of serious psychological disorders is _____ (higher/lower) among those below the poverty line.
3. In terms of age of onset, most psychological disorders appear by _____ (early/middle/late) adulthood. Some, such as the _____ and _____, appear during childhood.
2. The criteria for classifying behavior as psychologically disordered:
 - a. vary from culture to culture.
 - b. vary from time to time.
 - c. are characterized by both a. and b.
 - d. have remained largely unchanged over the course of history.
3. Most mental health workers today take the view that disordered behaviors:
 - a. are usually genetically triggered.
 - b. are organic diseases.
 - c. arise from the interaction of nature and nurture.
 - d. are the product of learning.
4. The French reformer who insisted that madness was not demon possession and who called for humane treatment of patients was:
 - a. Nadel.
 - b. Freud.
 - c. Szasz.
 - d. Pinel.
5. Which of the following is the most pervasive of the psychological disorders?
 - a. depression
 - b. schizophrenia
 - c. bipolar disorder
 - d. generalized anxiety disorder
6. Which of the following is *not* true concerning depression?
 - a. Depression is more common in females than in males.
 - b. Most depressive episodes appear not to be preceded by any particular factor or event.
 - c. Most depressive episodes last less than 3 months.
 - d. Most people recover from depression without professional therapy.

PROGRESS TEST 1

Multiple-Choice Questions

Circle your answers to the following questions and check them with the answers beginning on page 429. If your answer is incorrect, read the explanation for why it is incorrect and then consult the appropriate pages of the text (in parentheses following the correct answer).

1. Gender differences in the prevalence of depression may be partly due to the fact that when stressful experiences occur:
 - a. women tend to act, while men tend to think.
 - b. women tend to think, while men tend to act.
 - c. women tend to distract themselves by drinking, while men tend to delve into their work.
 - d. women tend to delve into their work, while men tend to distract themselves by drinking.
7. Which of the following is *not* true regarding schizophrenia?
 - a. It occurs more frequently in people born in winter and spring months.
 - b. It occurs less frequently as infectious disease rates have declined.
 - c. It occurs more frequently in lightly populated areas.
 - d. It usually appears during adolescence or early adulthood.

8. Evidence of environmental effects on psychological disorders is seen in the fact that certain disorders, such as _____, are universal, whereas others, such as _____, are culture-bound.
 - a. schizophrenia; depression
 - b. depression; schizophrenia
 - c. antisocial personality; neurosis
 - d. depression; anorexia nervosa
9. The effect of drugs that block receptors for dopamine is to:
 - a. alleviate schizophrenia symptoms.
 - b. alleviate depression.
 - c. increase schizophrenia symptoms.
 - d. increase depression.
10. The diagnostic reliability of DSM-IV:
 - a. is unknown.
 - b. depends on the age of the patient.
 - c. is very low.
 - d. is relatively high.
11. The early warning signs of schizophrenia, based on studies of high-risk children, include all but which of the following?
 - a. having a severely schizophrenic mother
 - b. having been separated from parents
 - c. having a short attention span
 - d. having matured physically at a very early age
12. (Thinking Critically) The term *insanity* refers to:
 - a. legal definitions.
 - b. psychotic disorders only.
 - c. personality disorders only.
 - d. both psychotic disorders and personality disorders.
13. Phobias and obsessive-compulsive behaviors are classified as:
 - a. anxiety disorders.
 - b. mood disorders.
 - c. dissociative disorders.
 - d. personality disorders.
14. According to the social-cognitive perspective, a person who experiences unexpected aversive events may develop helplessness and manifest a(n):
 - a. obsessive-compulsive disorder.
 - b. dissociative disorder.
 - c. personality disorder.
 - d. mood disorder.
15. Which of the following was presented in the text as evidence of biological influences on anxiety disorders?
 - a. Identical twins often develop similar phobias.
 - b. PET scans of persons with obsessive-compulsive disorder reveal unusually high activity in an area of the frontal lobes.
 - c. Drugs that dampen fear-circuit activity in the amygdala also alleviate OCD.
 - d. All of the above were presented.
16. Most of the hallucinations of schizophrenia patients involve the sense of:
 - a. smell.
 - b. vision.
 - c. hearing.
 - d. touch.
17. When expecting to be electrically shocked, people with an antisocial disorder, as compared to normal people, show:
 - a. less fear and greater arousal of the autonomic nervous system.
 - b. less fear and less autonomic arousal.
 - c. greater fear and greater autonomic arousal.
 - d. greater fear and less autonomic arousal.
18. Hearing voices would be a(n) _____; believing that you are Napoleon would be a(n) _____.
 - a. obsession; compulsion
 - b. compulsion; obsession
 - c. delusion; hallucination
 - d. hallucination; delusion
19. In treating depression, a psychiatrist would probably prescribe a drug that would:
 - a. increase levels of acetylcholine.
 - b. decrease levels of dopamine.
 - c. increase levels of norepinephrine.
 - d. decrease levels of serotonin.
20. When schizophrenia is slow to develop, called _____ schizophrenia, recovery is _____.
 - a. reactive; unlikely
 - b. process; likely
 - c. process; unlikely
 - d. reactive; likely

Matching Items

Match each term with the appropriate definition or description.

Terms

- _____ 1. dissociative disorder
- _____ 2. medical model
- _____ 3. mood disorders
- _____ 4. social phobia
- _____ 5. biopsychosocial approach
- _____ 6. mania
- _____ 7. obsessive-compulsive disorder
- _____ 8. schizophrenia
- _____ 9. hallucination
- _____ 10. panic attack

Definitions or Descriptions

- a. psychological disorders marked by emotional extremes
- b. an extremely elevated mood
- c. a false sensory experience
- d. approach that considers behavior disorders as illnesses that can be diagnosed, treated, and, in most cases, cured
- e. a sudden escalation of anxiety often accompanied by a sensation of choking or other physical symptoms
- f. a disorder in which conscious awareness becomes separated from previous memories, feelings, and thoughts
- g. approach that considers behavior disorders to be the result of biological, psychological, and social-cultural influences
- h. intense fear of being scrutinized by others
- i. a group of disorders marked by disorganized thinking, disturbed perceptions, and inappropriate emotions and actions
- j. a disorder characterized by repetitive thoughts and actions

PROGRESS TEST 2

Progress Test 2 should be completed during a final chapter review. Answer the following questions after you thoroughly understand the correct answers for the Chapter Review and Progress Test 1.

Multiple-Choice Questions

1. Which of the following is true concerning abnormal behavior?
 - a. Definitions of abnormal behavior are culture-dependent.
 - b. A behavior cannot be defined as abnormal unless it is considered harmful to society.
 - c. Abnormal behavior can be defined as any behavior that is distressful.
 - d. Definitions of abnormal behavior are based on physiological factors.
2. The psychoanalytic perspective would most likely view phobias as:
 - a. conditioned fears.
 - b. displaced responses to incompletely repressed impulses.
 - c. biological predispositions.
 - d. manifestations of self-defeating thoughts.
3. Many psychologists believe the disorganized thoughts of people with schizophrenia result from a breakdown in:
 - a. selective attention.
 - b. memory storage.
 - c. motivation.
 - d. memory retrieval.
4. Research evidence links the brain abnormalities of schizophrenia to _____ during prenatal development.
 - a. maternal stress
 - b. a viral infection contracted
 - c. abnormal levels of certain hormones
 - d. the weight of the unborn child
5. The fact that disorders such as schizophrenia are universal and influenced by heredity, whereas other disorders such as anorexia nervosa are culture-bound provides evidence for the _____ model of psychological disorders.
 - a. medical
 - b. biopsychosocial
 - c. social-cultural
 - d. psychoanalytic

6. Our early ancestors commonly attributed disordered behavior to:
 - a. "bad blood."
 - b. evil spirits.
 - c. brain injury.
 - d. laziness.
7. In general, women are more vulnerable than men to:
 - a. active disorders such as anxiety.
 - b. passive disorders such as depression.
 - c. active disorders such as antisocial conduct.
 - d. passive disorders such as alcohol abuse.
8. Which of the following statements concerning the labeling of disordered behaviors is *not* true?
 - a. Labels interfere with effective treatment of psychological disorders.
 - b. Labels promote research studies of psychological disorders.
 - c. Labels may create preconceptions that bias people's perceptions.
 - d. Labels may influence behavior by creating self-fulfilling prophecies.
9. (Thinking Critically) Nicholas Spanos considers dissociative identity disorder to be:
 - a. a genuine disorder.
 - b. merely role playing.
 - c. a disorder that cannot be explained according to the learning perspective.
 - d. both a. and c.
10. Which neurotransmitter is present in overabundant amounts during the manic phase of bipolar disorder?
 - a. dopamine
 - b. serotonin
 - c. epinephrine
 - d. norepinephrine
11. After falling from a ladder, Joseph is afraid of airplanes, although he has never flown. This demonstrates that some fears arise from:
 - a. observational learning.
 - b. reinforcement.
 - c. stimulus generalization.
 - d. stimulus discrimination.
12. Which of the following provides evidence that human fears have been subjected to the evolutionary process?
 - a. Compulsive acts typically exaggerate behaviors that contributed to our species' survival.
 - b. Most phobias focus on objects that our ancestors also feared.
 - c. It is easier to condition some fears than others.
 - d. All of the above provide evidence.
13. Which of the following is true of the medical model?
 - a. In recent years, it has been in large part discredited.
 - b. It views psychological disorders as sicknesses that are diagnosable and treatable.
 - c. It emphasizes the role of psychological factors in disorders over that of physiological factors.
 - d. It focuses on cognitive factors.
14. (Thinking Critically) Psychoanalytic and learning theorists both agree that dissociative and anxiety disorders are symptoms that represent the person's attempt to deal with:
 - a. unconscious conflicts.
 - b. anxiety.
 - c. unfulfilled wishes.
 - d. unpleasant responsibilities.
15. Behavior is classified as disordered when it is:
 - a. deviant
 - b. distressful.
 - c. dysfunctional.
 - d. all of the above.
16. Many psychologists dislike using DSM-IV because of its:
 - a. failure to emphasize observable behaviors in the diagnostic process.
 - b. learning theory bias.
 - c. medical model bias.
 - d. psychoanalytic bias.
17. Which of the following is *not* a symptom of schizophrenia?
 - a. inappropriate emotions
 - b. disturbed perceptions
 - c. panic attacks
 - d. disorganized thinking
18. Social-cognitive theorists contend that depression is linked with:
 - a. negative moods.
 - b. maladaptive explanations of failure.
 - c. self-defeating beliefs.
 - d. all of the above.
19. According to psychoanalytic theory, memory of losses, especially in combination with internalized anger, is likely to result in:
 - a. learned helplessness.
 - b. the self-serving bias.
 - c. weak ego defense mechanisms.
 - d. depression.

20. Among the following, which is generally accepted as a possible cause of schizophrenia?
- an excess of endorphins in the brain
 - being a twin
 - extensive learned helplessness
 - a genetic predisposition

Matching Items

Match each term with the appropriate definition or description.

Terms

- _____ 1. dissociative identity disorder
- _____ 2. phobia
- _____ 3. dopamine
- _____ 4. dysthymic disorder
- _____ 5. antisocial personality
- _____ 6. norepinephrine
- _____ 7. serotonin
- _____ 8. bipolar disorder
- _____ 9. delusions
- _____ 10. agoraphobia

Definitions or Descriptions

- a neurotransmitter for which there are excess receptors in some schizophrenia patients
- a neurotransmitter that is overabundant during mania and scarce during depression
- an individual who seems to have no conscience
- false beliefs that may accompany psychological disorders
- an anxiety disorder marked by a persistent, irrational fear of a specific object or situation
- a disorder formerly called multiple personality disorder
- a neurotransmitter possibly linked to obsessive-compulsive behavior
- a type of mood disorder
- a disorder marked by chronic low energy and self-esteem
- a fear of situations in which help might not be available during a panic attack

PSYCHOLOGY APPLIED

Answer these questions the day before an exam as a final check on your understanding of the chapter's terms and concepts.

Multiple-Choice Questions

- Joe has an intense, irrational fear of snakes. He is suffering from a(n):
 - generalized anxiety disorder.
 - obsessive-compulsive disorder.
 - phobia.
 - mood disorder.
- As a child, Monica was criticized severely by her mother for not living up to her expectations. This criticism was always followed by a beating with a whip. As an adult, Monica is generally introvert-

ed and extremely shy. Sometimes, however, she acts more like a young child, throwing tantrums if she doesn't get her way. At other times, she is a flirting, happy-go-lucky young lady. Most likely, Monica is suffering from:

- a phobia.
 - dissociative schizophrenia.
 - dissociative identity disorder.
 - bipolar disorder.
- Bob has never been able to keep a job. He's been in and out of jail for charges such as theft, sexual assault, and spousal abuse. Bob would most likely be diagnosed as having:
 - a dissociative identity disorder.
 - major depressive disorder.
 - schizophrenia.
 - an antisocial personality.

4. Julia's psychologist believes that Julia's fear of heights can be traced to a conditioned fear she developed after falling from a ladder. This explanation reflects a _____ perspective.
 - a. medical
 - b. psychoanalytic
 - c. social-cognitive
 - d. learning
5. Before he can study, Rashid must arrange his books, pencils, paper, and other items on his desk so that they are "just so." The campus counselor suggests that Rashid's compulsive behavior may help alleviate his anxiety about failing in school, which reinforces the compulsive actions. This explanation of obsessive-compulsive behavior is most consistent with which perspective?
 - a. learning
 - b. psychoanalytic
 - c. humanistic
 - d. social-cognitive
6. Sharon is continually tense, jittery, and apprehensive for no specific reason. She would probably be diagnosed as suffering from a(n):
 - a. phobia.
 - b. major depressive disorder.
 - c. obsessive-compulsive disorder.
 - d. generalized anxiety disorder.
7. Jason is so preoccupied with staying clean that he showers as many as 10 times each day. Jason would be diagnosed as suffering from a(n):
 - a. dissociative disorder.
 - b. generalized anxiety disorder.
 - c. personality disorder.
 - d. obsessive-compulsive disorder.
8. Although she escaped from war-torn Bosnia two years ago, Zheina still has haunting memories and nightmares. Because she is also severely depressed, her therapist diagnoses her condition as:
 - a. dissociative identity disorder.
 - b. bipolar disorder.
 - c. schizophrenia.
 - d. post-traumatic stress disorder.
9. Claiming that she heard a voice commanding her to warn other people that eating is harmful, Sandy attempts to convince others in a restaurant not to eat. The psychiatrist to whom she is referred finds that Sandy's thinking and speech are often fragmented and incoherent. In addition, Sandy has an unreasonable fear that someone is "out to get her" and consequently trusts no one. Her condition is most indicative of:
 - a. schizophrenia.
 - b. generalized anxiety disorder.
 - c. a phobia.
 - d. obsessive-compulsive disorder.
10. Irene occasionally experiences unpredictable episodes of intense dread accompanied by chest pains and a sensation of smothering. Since her symptoms have no apparent cause, they would probably be classified as indicative of:
 - a. schizophrenia.
 - b. bipolar disorder.
 - c. post-traumatic stress disorder.
 - d. panic attack.
11. To which of the following is a person *most* likely to acquire a phobia?
 - a. heights
 - b. being in public
 - c. being dirty
 - d. All of the above are equally likely.
12. Dr. Jekyll, whose second personality was Mr. Hyde, had a(n) _____ disorder.
 - a. anxiety
 - b. dissociative
 - c. mood
 - d. personality
13. For the past 6 months, a woman has complained of feeling isolated from others, dissatisfied with life, and discouraged about the future. This woman could be diagnosed as suffering from:
 - a. bipolar disorder.
 - b. major depressive disorder.
 - c. generalized anxiety disorder.
 - d. a dissociative disorder.
14. On Monday, Matt felt optimistic, energetic, and on top of the world. On Tuesday, he felt hopeless and lethargic, and thought that the future looked very grim. Matt would *most* likely be diagnosed as having:
 - a. bipolar disorder.
 - b. major depressive disorder.
 - c. schizophrenia.
 - d. panic disorder.
15. Connie's therapist has suggested that her depression stems from unresolved anger toward her parents. Evidently, Connie's therapist is working within the _____ perspective.
 - a. learning
 - b. social-cognitive
 - c. biological
 - d. psychoanalytic

16. Ken's therapist suggested that his depression is a result of his self-defeating thoughts and negative assumptions about himself, his situation, and his future. Evidently, Ken's therapist is working within the _____ perspective.
 - a. learning
 - b. social-cognitive
 - c. biological
 - d. psychoanalytic
17. Alicia's doctor, who thinks that Alicia's depression has a biochemical cause, prescribes a drug that:
 - a. reduces norepinephrine.
 - b. increases norepinephrine.
 - c. reduces serotonin.
 - d. increases acetylcholine.
18. Wayne's doctor attempts to help Wayne by prescribing a drug that blocks receptors for dopamine. Wayne has apparently been diagnosed with:
 - a. a mood disorder.
 - b. an anxiety disorder.
 - c. a personality disorder.
 - d. schizophrenia.
19. (Thinking Critically) Thirteen-year-old Ronald constantly fidgets in his seat at school, frequently blurts out answers without being called, and is extremely distractible. A psychiatrist might diagnose Ronald with:
 - a. bipolar disorder.
 - b. panic disorder.
 - c. attention-deficit hyperactivity disorder.
 - d. obsessive-compulsive disorder.
20. Janet, whose class presentation is titled "Current Views on the Causes of Schizophrenia," concludes her talk with the statement:
 - a. "Schizophrenia is caused by intolerable stress."
 - b. "Schizophrenia is inherited."
 - c. "Genes may predispose some people to react to particular experiences by developing schizophrenia."
 - d. "As of this date, schizophrenia is completely unpredictable and its causes are unknown."

Essay Question

Clinical psychologists label people disordered if their behavior is (1) deviant, (2) distressful, and (3) dysfunctional. Demonstrate your understanding of the classification process by giving examples of behaviors that might be considered deviant, distressful, or dysfunctional but, because they do not fit all three criteria, would not necessarily be labeled disordered. (Use the space below to list the points you want to make, and organize them. Then write the essay on a separate piece of paper.)

KEY TERMS

Writing Definitions

Using your own words, on a separate piece of paper write a brief definition or explanation of each of the following terms.

1. psychological disorder
2. attention-deficit hyperactivity disorder
3. medical model
4. DSM-IV
5. anxiety disorders
6. generalized anxiety disorder
7. panic disorder
8. phobia
9. obsessive-compulsive disorder
10. post-traumatic stress disorder
11. dissociative disorders
12. dissociative identity disorder
13. mood disorders
14. major depressive disorder

15. mania
16. bipolar disorder
17. schizophrenia

18. delusions
19. personality disorders
20. antisocial personality disorder

Cross-Check

As you learned in the Prologue, reviewing and overlearning of material are important to the learning process. After you have written the definitions of the key terms in this chapter, you should complete the crossword puzzle to ensure that you can reverse the process—recognize the term, given the definition.

ACROSS

3. The “common cold” of psychological disorders.
16. A euphoric, hyperactive state.
17. Category of disorders that includes major depression and bipolar disorder.
18. Mood disorder in which a person alternates between depression and mania.
19. Category of disorders that includes phobias and obsessive-compulsive disorder.

DOWN

1. Subtype of schizophrenia in which emotion is flat or inappropriate.
2. A widely used system of classifying psychological disorders.
4. A psychological disorder characterized by extreme inattention, for example.
5. Disorders that involve a separation of conscious awareness from one’s previous memories, thoughts, and feelings.
6. A persistent, irrational fear of a specific object or situation.
7. Biomedical research technique used to determine which genes are involved in a specific psychological disorder.
8. Approach that assumes that genes, psychological factors, and social and cultural circumstances combine and interact to produce psychological disorders.
9. False sensory experiences.
10. The viewpoint that psychological disorders are illnesses.
11. Subtype of schizophrenia in which there is immobility or excessive, purposeless movement.
12. False beliefs that often are symptoms of schizophrenia.
13. Neurotransmitter for which there are excess receptors in the brains of schizophrenia patients.
14. Category of schizophrenia symptoms that includes having a toneless voice, expressionless face, and a mute or rigid body.
15. Neurotransmitter that is scarce in depression.

