

Chapter 15 Psychological Disorders

Multiple Choice Questions

1. (p. 453) _____ is a statistically based approach that observes what behaviors are rare or occur infrequently in a specific society or culture and labels those deviations from the norm "abnormal."

- A. Abnormality as deviation from the average
- B. Abnormality as deviation from the ideal
- C. Abnormality as a sense of personal discomfort
- D. Abnormality as the inability to function effectively

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 46-1

2. (p. 453-454) _____ refers to behavior considered abnormal if it produces a sense of distress, anxiety, or guilt in an individual or if it is harmful to others in some way.

- A. Abnormality as the inability to function effectively
- B. Abnormality as a legal concept
- C. Abnormality as deviation from the ideal
- D. Abnormality as a sense of personal discomfort

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 46-1

3. (p. 454) Insanity is a(n) _____ term.

- A.** legal
- B. psychological
- C. archaic
- D. colloquial

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 46-1

4. (p. 454) It is best to view abnormal behavior and normal behavior as:

- A. discrete categories.
- B. two well-demarcated and non-overlapping terms.
- C.** marking two ends of a continuum.
- D. absolute states.

APA Goal Outcome: 4.2, 4.5

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 46-1

5. (p. 455) Andy visits his family doctor because he displays symptoms of depression. The doctor conducts an examination and deduces the root cause as a chemical imbalance in his brain. In this scenario, which perspective on psychological disorders does Andy's doctor use?

- A.** Medical perspective
- B. Psychoanalytic perspective
- C. Humanistic perspective
- D. Behavioral perspective

APA Goal Outcome: 1.4, 4.2

Bloom's Taxonomy: Apply

Difficulty: Medium

Learning Outcome: 46-2

6. (p. 455) Which of the following perspectives on psychological disorders assumes that physiological causes are at the root of psychological disorders?

- A.** Medical perspective
- B. Psychoanalytic perspective
- C. Humanistic perspective
- D. Behavioral perspective

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 46-2

7. (p. 455) Which perspective on psychological disorders primarily argues that psychological disorders stem from childhood conflicts over opposing wishes regarding sex and aggression?

- A. Sociocultural perspective
- B. Medical perspective
- C. Humanistic perspective
- D.** Psychoanalytic perspective

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 46-2

8. (p. 456) Psychoanalytic treatment typically involves:

- A. administering drugs to maintain hormonal balance.
- B.** examining early childhood experiences.
- C. using electroconvulsive therapy.
- D. employing trephination techniques.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 46-2

9. (p. 456) Which of the following statements accurately identifies either a strength or a limitation of the psychoanalytic perspective on psychological disorders?

A. Strength: It highlights individual responsibility for abnormal behavior.

B. Strength: The perspective offers a precise and objective approach for observing and treating behavior.

C. Limitation: There is no conclusive way to link childhood experiences with abnormal adult behavior.

D. Limitation: It does not take into account that prior experiences can have a profound effect on a person's current psychological functioning.

APA Goal Outcome: 1.4, 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 46-2

10. (p. 456) The behavioral perspective on psychological disorders assumes that abnormal behaviors are:

A. genetic anomalies.

B. learned responses.

C. hormonal imbalances.

D. chemical deficiencies.

APA Goal Outcome: 1.4, 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 46-2

11. (p. 456) The difference between the psychoanalytic perspective and the behavioral perspective on psychological disorders is that:

A. the behavioral perspective looks at abnormal behaviors as symptoms of an underlying problem.

B. the psychoanalytic perspective rejects the idea that prior experiences can have a profound effect on current psychological functioning.

C. the behavioral perspective views the abnormal behavior itself as the problem.

D. the psychoanalytic perspective holds individuals responsible for their abnormal behavior.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 46-2

12. (p. 456) The greatest strength of the behavioral perspective on psychological disorders is its:

- A.** emphasis on observable behavior.
- B. emphasis on the client's rich inner life.
- C. focus on childhood conflicts that affect adult behavior.
- D. explicit recognition of the biological underpinnings of behavior.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 46-2

13. (p. 456) The cognitive perspective on psychological disorders assumes that abnormal behaviors are the result of:

- A. vitamin deficiency.
- B.** maladaptive thoughts.
- C. hormonal imbalances.
- D. genetic mutations.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 46-2

14. (p. 456) A primary goal of treatment using the cognitive perspective on psychological disorders is to:

- A.** explicitly teach new, more adaptive ways of thinking.
- B. use electroconvulsive therapy.
- C. detect the genetic anomalies that cause abnormal behaviors.
- D. use the technique of trephination for the purpose of treating mental illnesses.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 46-2

15. (p. 457) The humanistic perspective on psychological disorders is associated with the work of:

- A. Sigmund Freud.
- B. Abraham Maslow.**
- C. Alfred Kinsey.
- D. Carl Jung.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 46-2

16. (p. 457) The humanistic perspective on psychological disorders emphasizes the:

- A. responsibility people have for anomalies in their own behavior.**
- B. influence of genetic abnormalities that are responsible for anomalies in human behavior.
- C. impact of hormonal imbalances that bring about changes in human behavior.
- D. influence of the society that is capable of causing behavioral abnormalities.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 46-2

17. (p. 457) Which of the following statements supports the sociocultural perspective on abnormality?

- A. General declines in psychological functioning are seen in drought affected areas.
- B. African-Americans are more likely to be hospitalized involuntarily for psychological disorders than are whites.**
- C. Schizophrenia is diagnosed more frequently among people in their late adulthood than among people in their youth.
- D. Huntington's disease is caused by an anomaly in chromosome 4.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Hard
Learning Outcome: 46-2

18. (p. 457) Which perspective on psychological disorders assumes that people's normal and abnormal behavior is shaped by factors such as poverty and prejudice?

- A.** Sociocultural perspective
- B. Psychoanalytic perspective
- C. Cognitive perspective
- D. Medical perspective

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 46-2

19. (p. 457) According to the sociocultural perspective on psychological disorders, which of the following factors is viewed as a possible cause of abnormal behavior?

- A. Genetic mutation
- B.** Poverty
- C. Maladaptive thoughts
- D. Chemical deficiency

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 46-2

20. (p. 455-457) Which of the following perspectives on psychological disorders is correctly matched to its strength?

- A. Behavioral: Recognizes that people have rich inner lives
- B. Psychoanalytic: Offers a precise, objective approach to the symptoms of specific disorders
- C. Humanistic: Offers effective drug treatments for many psychological disorders
- D.** Cognitive: Focuses on thoughts and beliefs, not just behaviors

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 46-2

21. (p. 455-457) Which of the following perspectives on psychological perspectives is correctly matched to its weakness?

- A. Humanistic: Relies on vague, philosophical theories
- B. Cognitive: Ignores internal phenomena like thoughts that might contribute to psychological abnormality
- C. Behavioral: Looks at abnormal behaviors as symptoms of an underlying problem
- D. Sociocultural: Implies that people have total control over their behavior

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Remember
Difficulty: Medium
Learning Outcome: 46-2

22. (p. 458) Which of the following statements is true of changes to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition?

- A. It is less specific about how the same disorder may change over the course of a person's lifetime.
- B. It renames childhood conditions as neurocognitive disorders.
- C. It eliminates the "five axes model" of categorizing disorders.
- D. It reclassifies gender identity disorder as autism spectrum disorder.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 46-3

23. (p. 458) The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition removes the outdated term "mental retardation" with:

- A. neurocognitive disorder.
- B. gender dysphoria.
- C. intellectual disability.
- D. conversion disorder.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 46-3

24. (p. 459) The advantage of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition is that:

- A.** it is primarily descriptive and does not specify the cause of or reason for a problem.
- B. it does not label an individual as abnormal and thereby avoids a dehumanizing, lifelong stigma.
- C. it does not rely too much on the medical perspective on abnormal behavior.
- D. it considers the degree to which people display psychologically disordered behavior rather than compartmentalizing them into inflexible categories.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Hard

Learning Outcome: 46-3

25. (p. 460) The results of Rosenhan's classic study illustrate that:

- A. the brains of people with depression show significantly less activation when they view photos of human faces displaying strong emotions.
- B. learned helplessness is a learned expectation that events in one's life are uncontrollable.
- C. determining who is psychologically disordered is always a clear-cut, accurate process.
- D.** placing labels on individuals powerfully influences the way mental health workers perceive and interpret their actions.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 46-3

26. (p. 460) Which of the following statements is true of the criticisms of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition?

- A. It relies too much on the humanistic perspective on abnormal behavior.
- B. It does not allow researchers to explore the cause of a problem as it lacks precise classification.
- C.** It labels an individual as abnormal and provides a dehumanizing, lifelong stigma.
- D. It reduces both the reliability and the validity of diagnostic categorization.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 46-3

27. (p. 463) The feeling of apprehension and tension experienced in reaction to stressful situations is referred to as:

- A. mania.
- B. dyslexia.
- C. anxiety.**
- D. paralysis.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

28. (p. 463) Which of the following is a major types of anxiety disorder?

- A. Phobic disorder**
- B. Down syndrome
- C. Cyclothymic disorder
- D. Bipolar disorder

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

29. (p. 464) Intense, irrational fears of specific objects or situations are referred to as:

- A. compulsions.
- B. manias.
- C. phobias.**
- D. obsessions.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

30. (p. 464) Brett has an intense, irrational fear of needles and other sharp objects. Brett is most likely to be diagnosed with _____.

- A. manic disorder
- B. phobic disorder**
- C. bipolar disorder
- D. cyclothymic disorder

APA Goal Outcome: 4.2
Bloom's Taxonomy: Apply
Difficulty: Medium
Learning Outcome: 47-1

31. (p. 464) Social phobia is the fear of being:

- A. suffocated in confined spaces.
- B. judged or embarrassed by others.**
- C. attacked by a clown.
- D. sexually abused.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

32. (p. 464) Which of the following statements accurately identifies either a similarity or a dissimilarity between social phobia and agoraphobia?

- A. Social phobia often stems from panic disorder, whereas agoraphobia does not.
- B. Both agoraphobia and social phobia best illustrate obsessive-compulsive disorder.
- C. Social phobia is a generalized anxiety disorder, whereas agoraphobia is a phobic disorder.
- D. Both agoraphobia and social phobia can prevent people from leaving their homes.**

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

33. (p. 464) Fear of places, such as unfamiliar or crowded spaces, where help might not be available in case of emergency is referred to as:

- A. acrophobia.
- B. claustrophobia.
- C. xenophobia.
- D. agoraphobia.**

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

34. (p. 464) Phobic disorders differ from generalized anxiety and panic disorders in that:

- A. they are always preceded by a panic disorder.
- B. there is a specific, identifiable stimulus that sets off the anxiety reaction.**
- C. the feeling of anxiety lasts longer.
- D. people experience "free-floating" anxiety.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

35. (p. 465) Samantha began to feel dizzy while she was shopping with her friends. Although the weather was quite cold, she began sweating heavily. Her friends took her to a doctor but he could not identify the reason behind her symptoms. According to the given scenario, which of the following is Samantha most likely to suffer from?

- A. Tay-sachs disease
- B. Panic disorder**
- C. Huntington's disease
- D. Trisomy 21

APA Goal Outcome: 4.2
Bloom's Taxonomy: Apply
Difficulty: Medium
Learning Outcome: 47-1

36. (p. 464-465) Which of the following is a symptom of panic disorder?

- A.** A sense of impending, unavoidable doom
- B. The inability to register new information
- C. Loss of memory
- D. Loss of motor functioning

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

37. (p. 465) Which of the following is true of people with panic disorders?

- A.** They have reduced reactions in the anterior cingulate cortex to stimuli.
- B. They suffer from degeneration of tissues in the subcortical region.
- C. They have heightened emotional processing in the cerebral cortex region.
- D. They always have an extra chromosome.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

38. (p. 465) Thomas has been suffering from insomnia for the last two years. He has also been experiencing tension, headaches, and heart palpitations. His medical reports show that he is not suffering from any physiological or genetic disorder. Thomas is most likely suffering from:

- A. Down's syndrome.
- B.** generalized anxiety disorder.
- C. hemophilia.
- D. hypochondria.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Apply

Difficulty: Medium

Learning Outcome: 47-1

39. (p. 465) An irresistible urge to repeatedly carry out some act that seems strange and unreasonable is referred to as:

- A. mania.
- B. hypomanic episode.
- C. compulsion.**
- D. agnosia.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

40. (p. 465) Sam washes his hands very frequently. In spite of this he feels that his hands are not clean and that he might acquire a viral disease due to poor hygiene. Given this information, we can conclude that Sam has:

- A. bipolar disorder.
- B. cyclothymic disorder.
- C. dyskinesia.
- D. obsessive-compulsive disorder.**

APA Goal Outcome: 4.2
Bloom's Taxonomy: Apply
Difficulty: Medium
Learning Outcome: 47-1

41. (p. 465) Which of the following major anxiety disorders is correctly paired with the appropriate symptoms?

- A. Phobic disorder: Episodes of panic attack that do not have any identifiable stimuli
- B. Generalized anxiety disorder: Persistent, uncontrollable, "free-floating" anxiety**
- C. Panic disorder: Inability to register new information
- D. Obsessive-compulsive disorder: Disruption of motor functioning

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Medium
Learning Outcome: 47-1

42. (p. 465) Alex has an intense, unwarranted fear of dogs. Bailey feels driven to wash her hands repeatedly. Callista is plagued by chronic, debilitating worry. Doran suddenly feels dizzy and short of breath; he feels as if he might die. Which of the following is true of the psychological disorders suffered by these individuals?

- A. Alex suffers from generalized anxiety disorder.
- B. Bailey suffers from phobic disorder.
- C. Callista suffers from obsessive-compulsive disorder.
- D. Doran suffers from panic disorder.**

APA Goal Outcome: 4.2
Bloom's Taxonomy: Apply
Difficulty: Medium
Learning Outcome: 47-1

43. (p. 467) Posttraumatic stress disorder is classified as:

- A. an anxiety disorder.**
- B. a type of amnesia.
- C. a type of somatoform disorder.
- D. a dissociative disorder

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

44. (p. 467) People with _____ typically re-experience a stressful event in vivid flashbacks or dreams.

- A. agnosia
- B. posttraumatic stress disorder**
- C. dissociative identity disorder
- D. anorexia

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

45. (p. 467) Which of the following is true of the causes of anxiety disorders and obsessive-compulsive disorder?

A. If one member of a pair of identical twins has panic disorder, the other twin will not have it.

B. An overactive autonomic nervous system may be at the root of panic attacks.

C. An overstimulated limbic system helps prevent chronic anxiety.

D. Environmental factors do not play a role in anxiety disorders.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

46. (p. 467) Increased levels of gray matter occur in the ____ in people with obsessive-compulsive disorder as compared to people without it.

A. amygdala

B. thalamus

C. hippocampus

D. hypothalamus

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

47. (p. 468) Which of the following is true of the potential explanations of anxiety disorders according to the various perspectives employed by psychologists?

A. According to the psychodynamic perspective, anxiety disorders reflect the unrealistic perception of threats in the environment.

B. According to the cognitive perspective, people's maladaptive thoughts about the world are at the root of an anxiety disorder.

C. According to the behavioral perspective, a person's characteristic level of anxiety is related to a specific gene involved in the production of the neurotransmitter serotonin.

D. According to the genetic perspective, an overactive autonomic nervous system is at the root of panic attacks.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

48. (p. 468) Psychological difficulties that take on a physical form but for which there is no medical cause are called _____.

- A. genetic disorders
- B. chromosomal disorders
- C. somatoform disorders**
- D. cognitive disorders

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

49. (p. 468) Clara is depressed after losing her job. She has been complaining of a severe backache that is affecting her daily life. However, her physician has examined her and found that there is no medical cause for her condition. According to the symptoms displayed by Clara, she is most likely to be suffering from:

- A. a somatoform disorder.**
- B. Parkinson's disease.
- C. Huntington's disease.
- D. an obsessive-compulsive disorder.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Apply
Difficulty: Medium
Learning Outcome: 47-1

50. (p. 468) _____ is a disorder in which people have a constant fear of illness and a preoccupation with their health.

- A. Akinesia
- B. Hemophilia
- C. Hypochondriasis**
- D. Agnosia

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

51. (p. 468) Paige has hypochondriasis. This means that:
- A. she is faking physical symptoms to gain attention.
 - B.** she misinterprets minor symptoms as evidence of serious illness.
 - C. she is experiencing an actual, dramatic physical disturbance.
 - D. she is suffering from posttraumatic stress disorder.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

52. (p. 468) _____ is a major somatoform disorder that involves an actual physical disturbance, such as the inability to use a sensory organ or the complete or partial inability to move an arm or leg.
- A.** Conversion disorder
 - B. Vascular dementia
 - C. Hypochondriasis
 - D. Dysphoric disorder

APA Goal Outcome: 1.2, 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

53. (p. 468) Rosy visited a doctor with a peculiar condition. She seemed to have lost the ability to use her arm. She complained that it had become numb and completely paralyzed. However, the doctor could not find a biological cause that could explain her condition. Rosy is most likely to be suffering with:
- A.** conversion disorder.
 - B. vascular dementia.
 - C. hypochondriasis.
 - D. dysthymic disorder.

APA Goal Outcome: 1.2, 4.2
Bloom's Taxonomy: Apply
Difficulty: Medium
Learning Outcome: 47-1

54. (p. 468) A conversion disorder in which an individual's hand becomes entirely numb, while an area above the wrist, controlled by the same nerves, remains sensitive to touch is referred to as:

- A. bipolar disorder.
- B. cyclothymic disorder.
- C. glove anesthesia.**
- D. dissociative disorder.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

55. (p. 468) The difference between hypochondriasis and conversion disorder is that:

- A. hypochondriasis is a genetic disorder.
- B. conversion disorder involves an actual physical disturbance.**
- C. hypochondriasis has a medical cause.
- D. conversion disorder is a chromosomal disorder.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

56. (p. 468) People experiencing conversion disorder frequently react with:

- A. anxiety.
- B. fear.
- C. anger.
- D. unconcern.**

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

57. (p. 468) _____ are psychological dysfunctions characterized by the separation of different facets of a person's personality that are normally integrated.

- A. Conversion disorders
- B. Dissociative disorders**
- C. Chromosomal disorders
- D. Somatoform disorders

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

58. (p. 469) _____ is a disorder in which a person displays characteristics of two or more distinct personalities.

- A. Bipolar disorder
- B. Conversion disorder
- C. Cyclothymic disorder
- D. Dissociative identity disorder**

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

59. (p. 469) _____ is a disorder in which a significant, selective memory loss occurs.

- A. Agnosia
- B. Anorexia
- C. Dissociative amnesia**
- D. Conversion disorder

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

60. (p. 469) Which of the following is true of dissociative disorders?

- A. Dissociative fugue involves an actual loss of information from memory and typically results from a physiological cause.
- B. In dissociative amnesia, people have a constant fear of illness and a preoccupation with their health.
- C.** In dissociative identity disorder, an individual displays characteristics of two or more distinct personalities.
- D. In multiple personality disorder, an individual experiences a significant, selective memory loss.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Medium

Learning Outcome: 47-1

61. (p. 469) How does dissociative amnesia differ from simple amnesia?

- A. Dissociative amnesia involves an actual loss of memory; simple amnesia does not.
- B.** Simple amnesia involves an actual loss of memory; dissociative amnesia does not.
- C. Dissociative amnesia is more severe than simple amnesia.
- D. Dissociative amnesia typically results from a physiological cause; simple amnesia does not.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

62. (p. 470) _____ is a form of amnesia in which the individual leaves home and sometimes assumes a new identity.

- A. Anorexia
- B. Conversion disorder
- C. Bipolar disorder
- D.** Dissociative fugue

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

63. (p. 470) Omar finds himself in front of a pet supplies display in a discount store in the town of Xania. His last memories are of his childhood in the town of Genovia. He cannot recall how he reached the discount store. Which of the following most accurately describes Omar's condition?

- A. Bipolar disorder
- B. Dissociative amnesia**
- C. Cyclothymic disorder
- D. Dissociative identity disorder

APA Goal Outcome: 4.2

Bloom's Taxonomy: Apply

Difficulty: Medium

Learning Outcome: 47-1

64. (p. 470) The common thread among dissociative disorders is that:

- A. they allow people to escape from some anxiety-producing situation.**
- B. people suffering from these disorders experience a significant loss of memory.
- C. they involve an actual physical disturbance, such as the inability to see or hear.
- D. people suffering from these disorders leave their home to lead a life of anonymity.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

65. (p. 470) Mood disorder refers to:

- A. a form of amnesia in which the individual leaves home and assumes a new identity.
- B. disturbance in emotional experience that is strong enough to intrude on everyday living.**
- C. actual physical disturbance, such as the inability to use a sensory organ.
- D. actual loss of information from memory that typically results from a physiological cause.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

66. (p. 470) The term _____ is sometimes used to describe the lost memories of people with dissociative amnesia.

- A. "free-floating" memories
- B. *la belle indifférence*
- C. repressed memories**
- D. selective memories

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

67. (p. 471) Which of the following is true of major depression?

- A. It is abnormal to experience sadness after experiencing disappointment in life.
- B. People suffering from major depression have high levels of energy.
- C. Major depression may have no clear trigger and is more intense than normal depression.**
- D. For reasons unknown, the rate of depression is decreasing throughout the world.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Easy
Learning Outcome: 47-1

68. (p. 471) Which of the following is true of the symptoms of mood disorders?

- A. In mania, the individual cycles between periods of intense happiness on the one hand and deep depression on the other.
- B. In bipolar disorder, the individual feels elated all the time and seems to have boundless energy.
- C. In major depression, the individual feels useless, worthless, and lonely, and also thinks the future is hopeless.**
- D. In manic-depressive disorder, the individual seems to have lost his or her eye sight.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

69. (p. 472) _____ is an extended state of intense, wild elation.

- A.** Mania
- B. Depression
- C. Anxiety
- D. Insomnia

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

70. (p. 472) Which of the following is true of manic-depressive disorder and bipolar disorder?

- A. Manic-depressive disorder is a type of bipolar disorder.
- B. Bipolar disorder is a type of manic-depressive disorder.
- C. Manic-depressive disorder is a severe form of bipolar disorder.
- D.** Bipolar disorder is a new term that has replaced the label manic-depressive disorder.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Easy
Learning Outcome: 47-1

71. (p. 472) _____ is a disorder in which a person typically alternates between periods of euphoric feelings of mania and periods of depression.

- A.** Amnesia
- B. Conversion disorder
- C. Bipolar disorder
- D. Dissociative fugue

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

72. (p. 472) Butch, a gifted musician, alternates between periods of dark despair and times of elation, great energy, recklessness, and creativity. He seems to be most prolific during periods of mania. Butch is most likely to be suffering from _____.

- A. conversion disorder
- B. bipolar disorder**
- C. dissociative disorder
- D. narcissistic personality disorder

APA Goal Outcome: 4.2
Bloom's Taxonomy: Apply
Difficulty: Medium
Learning Outcome: 47-1

73. (p. 472) Which of the following is true of mood disorders?

- A. Mania refers to a severe state of depression.
- B. Bipolar disorder refers to a condition in which a person alternates between periods of depression and mania.**
- C. Dissociative fugue refers to a disturbance in emotional experience that is strong enough to intrude on everyday living.
- D. Manic-depressive disorder refers to a severe condition of short-term memory loss.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

74. (p. 473) Which of the following neurotransmitters plays a major role in depression?

- A. Endorphins
- B. Serotonin**
- C. Acetylcholine
- D. Morphine

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

75. (p. 473) Which of the following is true of the various approaches to understanding depression?

- A.** According to the psychoanalytic approach, depression is produced by the threatened loss of a parent early in life.
- B. According to the medical approach, depression reflects the fact that life provides few rewards.
- C. According to the behavioral approach, depression is based on negative thought patterns.
- D. According to the cognitive approach, functioning of serotonin and norepinephrine in the brain are related to depression.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

76. (p. 473) Psychologist ____ suggests that depression is largely a response to learned helplessness.

- A. Rogers
- B. Seligman**
- C. Ellis
- D. Maslow

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

77. (p. 474) Dr. Allan, a psychologist, believes that women are more prone to suffer from depression because they experience fluctuations in estrogen levels, whereas men do not. Dr. Allan seems to favor a ____ approach to understanding depression.

- A. behavioral
- B. cognitive
- C. biological**
- D. psychoanalytic

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Apply
Difficulty: Medium
Learning Outcome: 47-1

78. (p. 474) _____ is a class of disorders in which severe distortion of reality occurs.

- A.** Schizophrenia
- B. Parkinson's disease
- C. Hypochondriasis
- D. Bipolar disorder

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

79. (p. 474) Patients diagnosed with _____ account for by far the largest percentage of those hospitalized with psychological disorders.

- A.** schizophrenia
- B. dissociative disorders
- C. major depression
- D. anxiety disorders

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

80. (p. 474) Which of the following occurs in schizophrenia?

- A. An extended state of intense, wild elation
- B.** A severe distortion of reality
- C. A loss of motor functioning
- D. A loss of eyesight

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

81. (p. 474) Which of the following is true of the characteristics of the major clinical disorders?

- A. The fear of water occurs in dissociative disorders.
- B. Sexual dysfunction occurs in mood disorders.
- C. Loss of memory due to degeneration of brain cells occurs in somatoform disorders.
- D. Severe distortion of reality occurs in schizophrenia.**

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

82. (p. 474) Karen's thoughts seem disjointed and illogical and she suffers from frequent hallucinations. In addition, the syntax of her speech is unusual. Karen is most likely to be suffering from:

- A. an anxiety disorder.
- B. hypochondriasis.
- C. schizophrenia.**
- D. a dissociative disorder.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Apply

Difficulty: Medium

Learning Outcome: 47-1

83. (p. 474) A characteristic that reliably distinguishes schizophrenia from other disorders is:

- A. disturbances of thought and speech.**
- B. improvement from a previous level of functioning.
- C. lack of emotional disturbances.
- D. no withdrawal tendency.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

84. (p. 475) Which of the following statements is true of process schizophrenia?
- A. It is also known as Type II schizophrenia.
 - B. It is primarily characterized by positive symptoms, such as hallucinations.
 - C. It has proved more difficult to treat than reactive schizophrenia.**
 - D. It is characterized by sudden and conspicuous onset of symptoms.

APA Goal Outcome: 1.2, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

85. (p. 475) In _____, symptoms develop slowly and subtly.
- A. reactive schizophrenia
 - B. process schizophrenia**
 - C. Type I schizophrenia
 - D. Type II schizophrenia

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

86. (p. 475) In _____, negative symptoms are more prominent.
- A. reactive schizophrenia
 - B. process schizophrenia
 - C. Type I schizophrenia
 - D. Type II schizophrenia**

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

87. (p. 475) In _____, positive symptoms are dominant.

- A. Type II schizophrenia
- B. reactive schizophrenia
- C. process schizophrenia
- D. Type I schizophrenia**

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Medium

Learning Outcome: 47-1

88. (p. 476) Which of the following brain abnormalities is associated with schizophrenia?

- A. Reduced activity in the brain's dopamine pathways
- B. Increased activity in the frontal lobe of the brain
- C. Abnormalities in limbic systems**
- D. Inactive brain receptors related to hearing and color during hallucinations

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

89. (p. 477) Brain-imaging studies indicate that a person with schizophrenia is most likely to have:

- A. low dopamine production.
- B. no fluid in the ventricles.
- C. shrunken ventricles.
- D. shrunken hippocampi.**

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

90. (p. 478) A cognitive expert will argue that schizophrenia results from:
- A. excessive dopamine activity.
 - B.** under attention to important stimuli.
 - C. a family history of schizophrenia.
 - D. enlarged hippocampi.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

91. (p. 478) The predisposition model of schizophrenia suggests that:
- A. schizophrenia has genetic causes.
 - B. expressed emotion cannot trigger schizophrenic symptoms.
 - C. schizophrenia is not related to social rejection.
 - D.** individuals may inherit an inborn sensitivity to schizophrenia.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Easy
Learning Outcome: 47-1

92. (p. 479) Roger is a manipulative individual who has no regard for the moral and ethical rules of society or the rights of others. It is most likely that he has:
- A. manic disorder.
 - B. bipolar disorder.
 - C.** antisocial personality disorder.
 - D. obsessive-compulsive disorder.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

93. (p. 479) Which of the following is true of the characteristics of various personality disorders?

- A. People with antisocial personality disorder have an exaggerated sense of self-importance.
- B. People with schizoaffective personality disorder have an overly emotional and dramatic style of behavior.
- C. People with borderline personality disorder rely on relationships to define oneself.**
- D. People with attention-deficit hyperactivity disorder show no regard for the moral and ethical rules of society.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

94. (p. 479) Carrie is dramatic and emotionally volatile. She rapidly forms intense relationships that seem to fall apart just as quickly. Although she tends to distrust others, she also needs their attention to define her. Carrie is most likely to be diagnosed with ____.

- A. antisocial personality disorder
- B. borderline personality disorder**
- C. narcissistic personality disorder
- D. bipolar personality disorder

APA Goal Outcome: 4.2

Bloom's Taxonomy: Apply

Difficulty: Medium

Learning Outcome: 47-1

95. (p. 479) Narcissistic personality disorder is characterized by a(n):

- A. exaggerated sense of self-importance.**
- B. tendency to submit to demeaning treatment.
- C. disregard for religion.
- D. inability to develop a stable sense of identity.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

96. (p. 479) Gloria considers herself to be an exceptional human being. She expects special treatment from others but she is unable to take others' feelings into consideration. Gloria's behavior indicates that she is suffering from ____.

- A. Parkinson's disease
- B. bipolar disorder
- C. narcissistic personality disorder**
- D. catatonic schizophrenia

APA Goal Outcome: 4.2
Bloom's Taxonomy: Apply
Difficulty: Medium
Learning Outcome: 47-1

97. (p. 480) ____ is a disorder typically marked by inattention, impulsiveness, a low tolerance for frustration, and a great deal of inappropriate activity.

- A. Attention-deficit hyperactivity disorder**
- B. Narcissistic personality disorder
- C. Schizophrenia
- D. Bipolar disorder

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

98. (p. 480) ____ refers to a severe developmental disability that impairs children's ability to communicate and relate to others.

- A. Schizophrenia
- B. Autism spectrum disorder**
- C. Bipolar disorder
- D. Attention-deficit hyperactivity disorder

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

99. (p. 480) Lionel is two years old. His communication is severely impaired. He appears withdrawn and unresponsive to affection. He is most likely to be diagnosed with:

- A. narcissistic personality disorder.
- B. Alzheimer's disease.
- C.** autism spectrum disorder.
- D. bipolar disorder.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Apply

Difficulty: Medium

Learning Outcome: 47-1

100. (p. 480) Which of the following statements is true of autism spectrum disorder?

- A. It is not a severe developmental disability and can be easily cured.
- B. It is marked by inattention, impulsiveness, and a low tolerance for frustration.
- C. It results in children involving in increased social contact.
- D.** It usually appears in the first 3 years and typically continues throughout life.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

101. (p. 480) Which of the following is an eating disorder?

- A. Apraxia
- B.** Anorexia nervosa
- C. Agnosia
- D. Alzheimer's disease

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

102. (p. 480) Which of the following is a sexual disorder?

- A.** Paraphilic disorder
- B. Anorexia nervosa
- C. Bipolar disorder
- D. Bulimia

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

103. (p. 481) Alzheimer's disease is classified as a(n) _____.

- A. eating disorder
- B.** organic mental disorder
- C. somatoform disorder
- D. manic disorder

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

104. (p. 483) _____ is a situation in which a significant number of people experience simultaneous multiple disorders.

- A. Disruptive mood dysregulation
- B. Hoarding behavior
- C. Anorexia nervosa
- D.** Comorbidity

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 48-1

105. (p. 483) According to a massive study done on the prevalence of psychological disorders in the United States, which of the following is the most common disorder reported?

- A.** Depression
- B. Alcohol dependence
- C. Panic disorder
- D. Posttraumatic stress disorder

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 48-1

106. (p. 483) Based on the study conducted with more than 8,000 men and women between the ages of 15 and 54 in the United States, it was found that:

- A.** 48% of those interviewed had experienced a disorder at some point in their lives.
- B. comorbidity was nonexistent.
- C. posttraumatic stress disorders were infrequent.
- D. 30% of those interviewed had experienced narcissistic personality disorder.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 48-1

107. (p. 483) _____ is characterized by temperamental outbursts grossly out of proportion to the situation, both verbally and physically, in children between the ages of 6 and 18.

- A.** Disruptive mood dysregulation disorder
- B. Somatoform disorder
- C. Premenstrual dysphoric disorder
- D. Dissociative identity disorder

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 48-2

108. (p. 487) Which of the following is true of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM) and culture?

- A. DSM provides the final word on psychological disorders.
- B. Psychological disorders are different among cultures.**
- C. Psychological disorders are universally found in all cultures.
- D. DSM is seldom a creation and function of Western cultures.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 48-2

109. (p. 487) Which of the following statements is true of schizophrenia?

- A. People throughout the world suffer from schizophrenia.**
- B. The symptoms associated with schizophrenia are the same across cultures.
- C. Schizophrenia is not included in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.
- D. People with schizophrenia have enlarged hippocampi.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 48-2

110. (p. 487) Amok is a psychological disorder:

- A. in which males develop an intense panic in which the penis withdraws into the abdomen.
- B. found in Malaysia but not in the West.**
- C. found in parts of Africa but not in the West.
- D. which is characterized by severe, incapacitating mood changes related to a woman's menstrual cycle.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 48-2

Fill in the Blank Questions

111. (p. 454) Psychologists typically define ____ broadly as behavior that causes people to experience distress and prevents them from functioning in their daily lives.

abnormal

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 46-1

112. (p. 455) The ____ on abnormality suggests that when an individual displays symptoms of abnormal behavior, the fundamental cause will be found through a physical examination of the individual.

medical perspective

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 46-2

113. (p. 455) The ____ on abnormality holds that abnormal behavior stems from childhood conflicts over opposing wishes regarding sex and aggression.

psychoanalytic perspective

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 46-2

114. (p. 456) Dr. Rhodes believes that people's thoughts and beliefs are central to abnormal behavior. He is trying to cure his patient, Renee, suffering from a major depressive disorder by helping her to think in more realistic and less anxiety-producing ways. Dr. Rhodes's practice reflects the ____ on abnormality.

cognitive perspective

APA Goal Outcome: 4.2

Bloom's Taxonomy: Apply

Difficulty: Medium

Learning Outcome: 46-2

115. (p. 457) The _____ on abnormality, growing out of the work of Carl Rogers and Abraham Maslow, views people as basically rational, oriented toward a social world, and motivated to seek self-actualization.

humanistic perspective

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 46-2

116. (p. 458) In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, gender identity disorder has been reclassified as _____.

gender dysphoria

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 46-3

117. (p. 463) _____ is characterized by the occurrence of anxiety without an obvious external cause that affects daily functioning.

Anxiety disorder

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 46-3

118. (p. 465) People with panic disorder have reduced reactions in the _____ to stimuli that normally produce a strong reaction in those without the disorder.

anterior cingulate cortex

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

119. (p. 465) People with generalized anxiety disorder often feel that something dreadful is about to happen but can't identify the reason and thus experience _____.

"free-floating" anxiety

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

120. (p. 465) In _____, a person re-experiences a traumatic event in vivid flashbacks and dreams.

posttraumatic stress disorder

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

121. (p. 468) Hypochondriasis and conversion disorder are specific types of _____.

somatoform disorders

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

122. (p. 470) Paulette cannot recall long stretches of her childhood. However, they are still present in the form of repressed memories. Paulette's is a case of _____.

dissociative amnesia

APA Goal Outcome: 4.2
Bloom's Taxonomy: Apply
Difficulty: Medium
Learning Outcome: 47-1

123. (p. 471) In _____, people take sudden, impulsive trips and sometimes assume a new identity.

dissociative fugue

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

124. (p. 472) Individuals suffering from bipolar disorder cycle between periods of depression and periods of _____.

mania

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

125. (p. 473) _____ is an acquired expectation that events in one's life are uncontrollable and that one cannot escape from the situation

Learned helplessness

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

126. (p. 476) Sharon, a schizophrenic, is exhibiting extreme negative symptoms. She is not only emotionally flat, but also socially withdrawn. It is most likely that she has _____ schizophrenia.

Type II

APA Goal Outcome: 4.2

Bloom's Taxonomy: Apply

Difficulty: Medium

Learning Outcome: 47-1

127. (p. 480) _____, a type of psychological disorder, include anorexia nervosa, bulimia, and binge-eating disorder.

Eating disorders

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

128. (p. 481) _____ is a developmental disorder that appears early in life and is characterized by difficulties in both verbal and nonverbal communication.

Autism spectrum disorder

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-1

129. (p. 484) Maureen is ten years old. She frequently has verbal and physical temperamental outbursts grossly out of proportion to the situation. It is likely that Maureen has _____ disorder.

disruptive mood dysregulation

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 47-2

130. (p. 484) A person who overeats 12 times in three months can be considered to be suffering from the new classification of _____ disorder.

binge eating

APA Goal Outcome: 4.2

Bloom's Taxonomy: Remember

Difficulty: Easy

Learning Outcome: 48-2

Essay Questions

131. (p. 453-454) What makes a behavior or thought abnormal? Discuss some of the criteria used to judge abnormality in behavior.

Due to the difficulty in distinguishing normal from abnormal behavior, psychologists have struggled to devise a precise, scientific definition of "abnormal behavior." For instance, consider the following definitions, each of which has advantages and disadvantages:

(a) Abnormality as deviation from the average: To employ this statistically based approach, we simply observe what behaviors are rare or occur infrequently in a specific society or culture and label those deviations from the norm "abnormal." The difficulty with this definition is that some statistically rare behaviors clearly do not lend themselves to classification as abnormal. Similarly, such a concept of abnormality would unreasonably label a person who has an unusually high IQ as abnormal simply because a high IQ is statistically rare. In short, a definition of abnormality that rests on deviation from the average is insufficient.

(b) Abnormality as deviation from the ideal: An alternative approach considers abnormality in relation to the standard toward which most people are striving—the ideal. This sort of definition considers behavior abnormal if it deviates enough from some kind of ideal or cultural standard. However, society has few standards on which people universally agree. Furthermore, standards that do arise change over time and vary across cultures. Thus, the deviation-from-the-ideal approach is also inadequate.

(c) Abnormality as a sense of personal discomfort: A more useful definition concentrates on the psychological consequences of the behavior for the individual. In this approach, behavior is considered abnormal if it produces a sense of personal distress, anxiety, or guilt in an individual—or if it is harmful to others in some way. Even a definition that relies on personal discomfort has drawbacks, though, because in some especially severe forms of mental disturbance, people report feeling wonderful even though their behavior seems bizarre to others. In such cases, a personal state of well-being exists, yet most people would consider the behavior abnormal.

(d) Abnormality as the inability to function effectively: Most people are able to feed themselves, hold a job, get along with others, and in general live as productive members of society. Yet there are those who are unable to adjust to the demands of society or function effectively. According to this view of abnormality, people who are unable to function effectively and to adapt to the demands of society are considered abnormal.

(e) Abnormality as a legal concept: To the judicial system, the distinction between normal and abnormal behavior rests on the definition of insanity, which is a legal but not a psychological term. The definition of insanity varies from one jurisdiction to another. In some states, insanity simply means that defendants cannot understand the difference between right and wrong at the time they commit a criminal act. Other states consider whether defendants are substantially incapable of understanding the criminality of their behavior or unable to control themselves. And in some jurisdictions, pleas of insanity are not allowed at all.

APA Goal Outcome: 4.2, 4.5
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 46-1

132. (p. 455-457) Where does abnormality originate? Respond by making explicit reference to the six major perspectives on abnormality.

Today, six major perspectives are used to understand psychological disorders. These perspectives suggest not only different causes of abnormal behavior but different treatment approaches as well. Furthermore, some perspectives are more applicable to specific disorders than are others.

(a) Medical perspective: The medical perspective suggests that when an individual displays symptoms of abnormal behavior, the fundamental cause will be found through a physical examination of the individual, which may reveal a hormonal imbalance, a chemical deficiency, or a brain injury.

(b) Psychoanalytic perspective: The psychoanalytic perspective holds that abnormal behavior stems from childhood conflicts over opposing wishes regarding sex and aggression.

(c) Behavioral perspective: The behavioral perspective views the behavior itself as the problem. Using the basic principles of learning, behavioral theorists see both normal and abnormal behaviors as responses to various stimuli—responses that have been learned through past experience and are guided in the present by stimuli in the individual's environment. To explain why abnormal behavior occurs, we must analyze how an individual has learned it and observe the circumstances in which it is displayed.

(d) Cognitive perspective: Rather than considering only external behavior, as in traditional behavioral approaches, the cognitive approach assumes that cognitions (people's thoughts and beliefs) are central to a person's abnormal behavior. A primary goal of treatment using the cognitive perspective is to explicitly teach new, more adaptive ways of thinking.

(e) Humanistic perspective: Psychologists who subscribe to the humanistic perspective emphasize the responsibility people have for their own behavior even when their behavior is considered abnormal. The humanistic perspective—growing out of the work of Carl Rogers and Abraham Maslow—concentrates on what is uniquely human—that is, it views people as basically rational, oriented toward a social world, and motivated to seek self-actualization.

(f) Sociocultural perspective: The sociocultural perspective assumes that people's behavior—both normal and abnormal—is shaped by the society and culture in which they live. According to this view, societal and cultural factors such as poverty and prejudice may be at the root of abnormal behavior. Specifically, the kinds of stresses and conflicts people experience in their daily lives can promote and maintain abnormal behavior.

133. (p. 457) Briefly outline the humanistic perspective and the sociocultural perspective on psychological disorders.

Psychologists who subscribe to the humanistic perspective emphasize the responsibility people have for their own behavior even when their behavior is considered abnormal. The humanistic perspective—growing out of the work of Carl Rogers and Abraham Maslow—concentrates on what is uniquely human—that is, it views people as basically rational, oriented toward a social world, and motivated to seek self-actualization.

Humanistic approaches focus on the relationship of the individual to society; it considers the ways in which people view themselves in relation to others and see their place in the world. The humanistic perspective views people as having an awareness of life and of themselves that leads them to search for meaning and self-worth.

Rather than assuming that individuals require a "cure," the humanistic perspective suggests that they can, by and large, set their own limits of what is acceptable behavior. As long as they are not hurting others and do not feel personal distress, people should be free to choose the behaviors in which they engage.

Although the humanistic perspective has been criticized for its reliance on unscientific, unverifiable information and its vague, almost philosophical formulations, it offers a distinctive view of abnormal behavior. It stresses the unique aspects of being human and provides a number of important suggestions for helping those with psychological problems.

The sociocultural perspective assumes that people's behavior—both normal and abnormal—is shaped by the society and culture in which they live. According to this view, societal and cultural factors such as poverty and prejudice may be at the root of abnormal behavior. Specifically, the kinds of stresses and conflicts people experience in their daily lives can promote and maintain abnormal behavior.

This perspective is supported by research showing that some kinds of abnormal behavior are far more prevalent among certain social classes than they are in others. For instance, diagnoses of schizophrenia tend to be higher among members of lower socioeconomic groups than among members of more affluent groups. Proportionally more African-American individuals are hospitalized involuntarily for psychological disorders than are whites. Furthermore, poor economic times seem to be linked to general declines in psychological functioning, and social problems such as homelessness are associated with psychological disorders.

On the other hand, alternative explanations abound for the association between abnormal behavior and social factors. For example, people from lower socioeconomic levels may be less likely than those from higher levels to seek help, gradually reaching a point where their symptoms become severe and warrant a serious diagnosis. Furthermore, sociocultural explanations provide relatively little specific guidance for the treatment of individuals showing mental disturbance because the focus is on broader societal factors.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 46-2

134. (p. 458) Describe the major changes to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5).

Among the major changes to DSM-5 are the following:

(a) A lifespan development focus: Disorders have been rearranged in terms of what age they are likely to first appear. In addition, the DSM-5 is more specific about how the same disorder may change over the course of a person's lifetime.

(b) Childhood and late-life conditions have been renamed: Along with removing the outdated term "mental retardation" in favor of intellectual disability, the DSM-5 renames childhood conditions as neurodevelopmental disorders, and "dementia and amnesic disorders" as neurocognitive disorders.

(c) Autism disorder has been reclassified: Different forms of autism are now grouped together and called Autism Spectrum Disorder (ASD), which focuses on the degree of severity of autism.

(d) Sexually based disorders have been reconceptualized and renamed: "Gender identity disorder" has been reclassified as gender dysphoria. This distinction makes it clear that having a gender identity that is in conflict with one's biological sex does not imply a psychological disorder. Additionally, "paraphilia" has been renamed paraphilic disorders, emphasizing the presence of some atypical sexual interests that do not necessarily indicate a psychological disorder.

(e) Criteria for some disorders have been made less restrictive: In particular, the conditions that need to be met for an adult attention-deficit hyperactivity disorder (ADHD) diagnosis are broader—meaning that more people are likely to be classified with adult ADHD. Additionally, bereaved clients are no longer diagnosed with depression if symptoms arose within a few months of the death of a loved one.

(f) The "five axes model" is eliminated: In the previous version of DSM, disorders were categorized along one of five axes (Axis I, Clinical Disorders; Axis II, Personality Disorders and Mental Retardation; Axis III, General Medical Conditions; Axis IV, Psychosocial and Environmental Problems; and Axis V, Global Assessment of Functioning). These axes have been eliminated from the new version of DSM-5.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 46-2

135. (p. 465) Describe panic disorder and generalized anxiety disorder.

In panic disorder, panic attacks occur that last from a few seconds to several hours. Unlike phobias, which are stimulated by specific objects or situations, panic disorders do not have any identifiable stimuli. Instead, during an attack, anxiety suddenly—and often without warning—rises to a peak, and an individual feels a sense of impending, unavoidable doom. Although the physical symptoms differ from person to person, they may include heart palpitations, shortness of breath, unusual amounts of sweating, faintness and dizziness, gastric sensations, and sometimes a sense of imminent death. After such an attack, it is no wonder that people tend to feel exhausted.

Panic attacks seemingly come out of nowhere and are unconnected to any specific stimulus. Because they don't know what triggers their feelings of panic, victims of panic attacks may become fearful of going places. In fact, some people with panic disorder develop a complication called agoraphobia, the fear of being in a situation in which escape is difficult and in which help for a possible panic attack would not be available. In extreme cases, people with agoraphobia never leave their homes.

In addition to the physical symptoms, panic disorder affects how the brain processes information. For instance, people with panic disorder have reduced reactions in the anterior cingulate cortex to stimuli (such as viewing a fearful face) that normally produce a strong reaction in those without the disorder. It may be that recurring high levels of emotional arousal that patients with panic disorder experience desensitizes them to emotional stimuli.

People with generalized anxiety disorder experience long-term, persistent anxiety and uncontrollable worry. Sometimes their concerns are about identifiable issues involving family, money, work, or health. In other cases, though, people with the disorder feel that something dreadful is about to happen but can't identify the reason and thus experience "free-floating" anxiety.

Because of persistent anxiety, people with generalized anxiety disorder cannot concentrate or set their worry and fears aside; their lives become centered on their worry. Furthermore, their anxiety is often accompanied by physiological symptoms such as muscle tension, headaches, dizziness, heart palpitations, or insomnia.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

136. (p. 468) Define somatoform disorders. Describe a type of somatoform disorder.

Somatoform disorders are psychological difficulties that take on a physical (somatic) form but for which there is no medical cause. Even though an individual with a somatoform disorder reports physical symptoms, no biological cause exists, or if there is a medical problem, the person's reaction is greatly exaggerated.

One type of somatoform disorder is hypochondriasis in which people have a constant fear of illness and a preoccupation with their health. These individuals believe that everyday aches and pains are symptoms of a dread disease. The "symptoms" are not faked; rather, they are misinterpreted as evidence of some serious illness—often in the face of inarguable medical evidence to the contrary.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

137. (p. 468) What are the similarities and differences between hypochondriasis and conversion disorder?

Both hypochondriasis and conversion disorder are forms of somatoform disorder. People with hypochondriasis have a constant fear of illness and a preoccupation with their health. These individuals believe that everyday aches and pains are symptoms of a dread disease. Unlike hypochondriasis, in which there is no physical problem, conversion disorders involve an actual physical disturbance, such as the inability to see or hear or to move an arm or leg.

APA Goal Outcome: 4.2
Bloom's Taxonomy: Remember
Difficulty: Easy
Learning Outcome: 47-1

138. (p. 468-470) Describe dissociative identity disorder and dissociative amnesia.

Dissociative disorders are characterized by the separation (or dissociation) of different facets of a person's personality that are normally integrated and work together. By dissociating key parts of who they are, people are able to keep disturbing memories or perceptions from reaching conscious awareness and thereby reduce their anxiety.

Several dissociative disorders exist, although all of them are rare. A person with a dissociative identity disorder (DID) (once called multiple personality disorder) displays characteristics of two or more distinct personalities, identities, or personality fragments. Individual personalities often have a unique set of likes and dislikes and their own reactions to situations. Some people with multiple personalities even carry several pairs of glasses because their vision changes with each personality. Moreover, each individual personality can be well adjusted when considered on its own.

The diagnosis of dissociative identity disorder is controversial. It was rarely diagnosed before 1980, when it was added as a category in the third edition of *DSM* for the first time. At that point, the number of cases increased significantly. Some clinicians suggest the increase was due to more precise identification of the disorder, while others suggest the increase was due to an over readiness to use the classification. In addition, widespread publicity about cases of DID may have influenced patients to report symptoms of more common personality disorders in ways that made it more likely they would receive a diagnosis of DID. There are also significant cross-cultural differences in the incidence of DID.

Dissociative amnesia is another dissociative disorder in which a significant, selective memory loss occurs. Dissociative amnesia is unlike simple amnesia, which involves an actual loss of information from memory and typically results from a physiological cause. In contrast, in cases of dissociative amnesia, the "forgotten" material is still present in memory—it simply cannot be recalled. The term repressed memories is sometimes used to describe the lost memories of people with dissociative amnesia.

In the most severe form of dissociative amnesia, individuals cannot recall their names, are unable to recognize parents and other relatives, and do not know their addresses. In other respects, though, they may appear quite normal. Apart from an inability to remember certain facts about themselves, they may be able to recall skills and abilities that they developed earlier.

APA Goal Outcome: 3.1, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

139. (p. 470-471) Describe major depression.

Major depression is a severe form of depression that interferes with concentration, decision making, and sociability. Major depression is one of the more common forms of mood disorders. Some 15 million people in the United States suffer from major depression, and at any one time, 6-10% of the U.S. population is clinically depressed. Almost one in five people in the United States experiences major depression at some point in life, and 15% of college students have received a diagnosis of depression. The cost of depression is more than \$80 billion a year in lost productivity.

Women are twice as likely to experience major depression as men, with one-fourth of all females apt to encounter it at some point during their lives. Furthermore, although no one is sure why, the rate of depression is going up throughout the world. Results of in-depth interviews conducted in the United States, Puerto Rico, Taiwan, Lebanon, Canada, Italy, Germany, and France indicate that the incidence of depression has increased significantly over previous rates in every area. In fact, in some countries, the likelihood that individuals will have major depression at some point in their lives is three times higher than it was for earlier generations. In addition, people are developing major depression at increasingly younger ages.

When psychologists speak of major depression, they do not mean the sadness that comes from experiencing one of life's disappointments that we all have experienced. Some depression is normal after the breakup of a long-term relationship, the death of a loved one, or the loss of a job. It is normal even after less serious problems, such as doing badly on a test or having a romantic partner forget one's birthday. People who suffer from major depression experience similar feelings, but the severity tends to be considerably greater. They may feel useless, worthless, and lonely, and they may think the future is hopeless and no one can help them. They may lose their appetite and have no energy. Moreover, they may experience such feelings for months or even years. They may cry uncontrollably, have sleep disturbances, and be at risk for suicide. The depth and duration of such behavior are the hallmarks of major depression.

APA Goal Outcome: 3.1, 4.2
Bloom's Taxonomy: Understand
Difficulty: Medium
Learning Outcome: 47-1

140. (p. 473-474) Briefly describe the causes of mood disorders.

Some mood disorders clearly have genetic and biochemical roots. In fact, most evidence suggests that bipolar disorders are caused primarily by biological factors. For instance, bipolar disorder (and some forms of major depression) clearly runs in some families, pointing to a genetic cause. Furthermore, researchers have found that several neurotransmitters play a role in depression. Other explanations for depression have also included a focus on psychological causes. For instance, proponents of psychoanalytic approaches see depression as the result of feelings of loss (real or potential) or of anger directed at oneself. One psychoanalytic approach, for instance, suggests that depression is produced by the loss or threatened loss of a parent early in life. Behavioral theories of depression argue that the stresses of life produce a reduction in positive reinforcers. As a result, people begin to withdraw, which only reduces positive reinforcers further. In addition, people receive attention for their depressive behavior, which further reinforces the depression. Some explanations for mood disorders attribute them to cognitive factors. For example, psychologist Martin Seligman suggests that depression is largely a response to learned helplessness. Learned helplessness is a learned expectation that events in one's life are uncontrollable and that one cannot escape from the situation. As a consequence, people simply give up fighting aversive events and submit to them, which thereby produces depression. Brain imaging studies suggest that people with depression experience a general blunting of emotional reactions. For example, one study found that the brains of people with depression showed significantly less activation when they viewed photos of human faces displaying strong emotions than did those without the disorder. Other explanations of depression derive from evolutionary psychology, which considers how our genetic inheritance from our ancestors influences our behavior. In the evolutionary view, depression is an adaptive response to unattainable goals. Ultimately, it is clear that researchers have discovered no definitive solutions to the puzzle of depression, and there are many alternative explanations. Most likely, a complex interaction of several factors causes mood disorders.

APA Goal Outcome: 1.4, 4.2
Bloom's Taxonomy: Understand
Difficulty: Hard
Learning Outcome: 47-1

141. (p. 474-475) Describe schizophrenia. What are the characteristics that reliably distinguish schizophrenia from other disorders?

Schizophrenia refers to a class of disorders in which severe distortion of reality occurs. Thinking, perception, and emotion may deteriorate; the individual may withdraw from social interaction; and the person may display bizarre behavior. The symptoms displayed by persons with schizophrenia may vary considerably over time. Nonetheless, a number of characteristics reliably distinguish schizophrenia from other disorders. They include the following:

- (a) Decline from a previous level of functioning: An individual can no longer carry out activities he or she was once able to do.
- (b) Disturbances of thought and speech: People with schizophrenia use logic and language in a peculiar way. Their thinking often does not make sense, and their logic is frequently faulty, which is referred to as a formal thought disorder. They also do not follow conventional linguistic rules.
- (c) Delusions: People with schizophrenia often have delusions, firmly held, unshakable beliefs with no basis in reality. Among the common delusions people with schizophrenia experience are the beliefs that they are being controlled by someone else, they are being persecuted by others, and their thoughts are being broadcast so that others know what they are thinking.
- (d) Hallucinations and perceptual disorders: People with schizophrenia do not perceive the world as most other people do. They also may have hallucinations, the experience of perceiving things that do not actually exist. Furthermore, they may see, hear, or smell things differently from others; they do not even have a sense of their bodies in the way that others do and have difficulty determining where their bodies stop and the rest of the world begins.
- (e) Emotional disturbances: People with schizophrenia sometimes show a lack of emotion in which even the most dramatic events produce little or no emotional response. Conversely, they may display emotion that is inappropriate to a situation. For example, a person with schizophrenia may laugh uproariously at a funeral or react with anger when being helped by someone.
- (f) Withdrawal: People with schizophrenia tend to have little interest in others. They tend not to socialize or hold real conversations with others, although they may talk at another person. In the most extreme cases, they do not even acknowledge the presence of other people and appear to be in their own isolated world.

142. (p. 479) Describe personality disorder. Review the nature and potential bases of both antisocial personality disorder and borderline personality disorder.

A personality disorder is characterized by a set of inflexible, maladaptive behavior patterns that keep a person from functioning appropriately in society. Personality disorders differ from the other problems because those affected by them often have little sense of personal distress associated with the psychological maladjustment. In fact, people with personality disorders frequently lead seemingly normal lives. However, just below the surface lies a set of inflexible, maladaptive personality traits that do not permit these individuals to function as members of society.

The best-known type of personality disorder is the antisocial personality disorder (sometimes referred to as a sociopathic personality). Individuals with this disturbance show no regard for the moral and ethical rules of society or the rights of others. Although they can appear quite intelligent and likable (at least at first), upon closer examination they turn out to be manipulative and deceptive. Moreover, they lack any guilt or anxiety about their wrongdoing. When those with antisocial personality disorder behave in a way that injures someone else, they understand intellectually that they have caused harm but feel no remorse.

People with antisocial personality disorder are often impulsive and lack the ability to withstand frustration. They can be extremely manipulative. They also may have excellent social skills; they can be charming, engaging, and highly persuasive. Some of the best con artists have antisocial personalities.

People with borderline personality disorder have difficulty developing a secure sense of who they are. As a consequence, they tend to rely on relationships with others to define their identity. The problem with this strategy is that rejections are devastating. Furthermore, people with this disorder distrust others and have difficulty controlling their anger. Their emotional volatility leads to impulsive and self-destructive behavior.

Individuals with borderline personality disorder often feel empty and alone, and they have difficulty cooperating with others. They may form intense, sudden, one-sided relationships in which they demand the attention of another person and then feel angry when they don't receive it. One reason for this behavior is that they may have a background in which others discounted or criticized their emotional reactions, and they may not have learned to regulate their emotions effectively.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 47-1

143. (p. 484-485) Discuss the social and cultural context of psychological disorders.

In considering the nature of the psychological disorders described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), it's important to keep in mind that the disorders that were included in the manual are a reflection of Western culture at the start of the 21st century. The classification system provides a snapshot of how its authors viewed mental disorder when it was published. In fact, the development of the most recent version of the DSM was a source of great debate, which in part reflects issues that divide society.

One specific newly classified disorder that has been added to DSM-5 has caused controversy is known as disruptive mood dysregulation disorder. This particular diagnosis is characterized by temperamental outbursts grossly out of proportion to the situation, both verbally and physically, in children between the ages of 6 and 18.

Some practitioners argue these symptoms simply define a child having a temper tantrum rather than a disorder.

Similarly, someone who overeats 12 times in three months can be considered to be suffering from the new classification of binge eating disorder, which seems to some critics to be overly inclusive. Finally, hoarding behavior is now placed in its own category of psychological disorder. Some critics suggest this change is more a reflection of the rise of reality shows focusing on hoarding rather than reflecting a distinct category of psychological disturbance.

Such controversies underline the fact that our understanding of abnormal behavior reflects the society and culture in which we live. Future revisions of DSM may include a different catalog of disorders. Even now, other cultures might include a list of disorders that are very different from the list that appears in the current DSM.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 48-2

144. (p. 487) Discuss how culture affects the prevalence and presentation of psychological disorders.

Students' answers may vary.

Culture dramatically influences the types of psychological abnormality one observes as well as the way psychological abnormality is expressed. Among all the major adult disorders included in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition categorization, a minority are found across all cultures of the world. Most others are prevalent primarily in North America and Western Europe.

For instance, take anorexia nervosa, the disorder in which people become obsessed with their weight and sometimes stop eating, ultimately starving to death in the process. This disorder occurs most frequently in cultures that hold the societal standard that slender female bodies are the most desirable. In most of the world, where such a standard does not exist, anorexia nervosa is rare.

Furthermore, the disorder may appear in specific ways in a particular culture.

For instance, in Hong Kong, symptoms of one form of anorexia relate to complaints of bloated stomachs, rather than fears of becoming fat.

Similarly, dissociative identity (multiple personality) disorder makes sense as a problem only in societies in which a sense of self is fairly concrete. In India, the self is based more on external factors that are relatively independent of the person. There, when an individual displays symptoms of what people in a Western society would call dissociative identity disorder, Indians assume that that person is possessed either by demons (which they view as a malady) or by gods (which does not require treatment).

APA Goal Outcome: 4.2

Bloom's Taxonomy: Understand

Difficulty: Medium

Learning Outcome: 48-2

145. (p. 488) As a psychology student, you may begin to feel that you suffer from some of the disorders you are studying: this is a variation of medical student's disease. Sometimes, though, people do need professional psychological help. Write two hypothetical vignettes, each describing an individual displaying three symptoms indicating that he or she might benefit from psychological intervention. Select a different set of symptoms for each vignette.

Students' answers may vary.

Laurel has felt anxious for a long time. She feels unhappy and unable to cope with the demands of her job. On certain days, she experiences overwhelmingly high stress and feels as if she might break down. She experiences vague aches and pains that cannot be traced to a specific cause.

Claudia has been depressed for a long, long time. She feels as if her situation is hopeless, and that any action she might undertake would be futile. She has largely withdrawn from her friends and coworkers; she has even contemplated suicide.

APA Goal Outcome: 4.2

Bloom's Taxonomy: Apply

Difficulty: Medium

Learning Outcome: 48-2