CHAPTER 14

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 14 discusses types of anxiety disorders, somatoform disorders, dissociative disorders, mood disorders, schizophrenia, and personality disorders, as classified by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). 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 14 questions begin on page 351.

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 351. 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. 594–601)

Objective 1: Identify the criteria for judging whether behavior is psychologically disordered, and discuss the controversy over the diagnosis of attention-deficit hyperactivity disorder.

1. Mental health workers label thoughts, feelings, and actions disordered when they are

   ___________________, ___________________, and ___________________.

2. This definition emphasizes that standards of acceptability for behavior are

   ____________________ (constant/variable).

3. (Thinking Critically) ADHD, or

   ____________________

   ____________________

   ____________________

   plagues children who display one or more of three key symptoms:

   ___________________, ___________________, and ___________________.

4. (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 disorder.

5. (Thinking Critically) ADHD ________________

   (is/is not) thought by some to be 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.

6. 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 __________.

7. One of the first reformers to advocate this position and call for providing more humane living conditions for the mentally ill was __________.

8. 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.

9. Major psychological disorders such as __________ and __________ are universal; others, such as __________ and __________, are culture-bound. These culture-bound disorders may share an underlying __________, such as __________, yet differ in their __________.

10. 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-TR, and discuss the potential dangers and benefits of using diagnostic labels.

11. The most widely used system for classifying psychological disorders is the American Psychiatric Association manual, commonly known by its abbreviation, __________. It was developed in coordination with the World Health Organization's __________ of __________. This manual __________ (does/does not) explain the cause of a disorder; rather, it __________ the disorder.

12. Independent diagnoses made with the current manual generally __________ (show/do not show) agreement.

13. One criticism of DSM-IV is that as the number of disorder categories has __________ (increased/decreased), and the number of adults who meet the criteria for at least one psychiatric ailment has __________ (increased/decreased).

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

14. 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.

15. (Thinking Critically) Most people with psychological disorders __________ (are/are not) violent. A 1999 study found that 16 percent of U.S. prison inmates had severe __________.
Anxiety Disorders (pp. 601–608)

**Objective 4:** Define anxiety disorders, and contrast the symptoms of generalized anxiety disorder and panic disorder.

1. Anxiety disorders are psychological disorders characterized by _____________________________.

2. Five anxiety disorders discussed in the text are ____________________________, ____________________________, ____________________________, ____________________________, and ____________________________.

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. Generalized anxiety disorder can lead to physical problems, such as ____________________________ and _____________________________. In some instances, anxiety may intensify dramatically and unpredictably and be accompanied by heart palpitations 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 ____________________________ have an increased risk of a first-time ____________________________ because ____________________________ is a stimulant.

**Objective 5:** 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 ____________________________.

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

**Objective 6:** 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 7:** 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 _____________________________. The symptoms of this disorder include ____________________________, ____________________________, ____________________________, and _____________________________. People who have a sensitive ____________________________ are more vulnerable to this disorder. Research with identical twins indicates that ____________________________ may also play a role.

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 8: 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 derive from intolerable impulses that were _______________ during childhood.

13. Learning theorists, drawing on research in which rats are given unpredictable electric 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. There may be anxiety _______________ that affect brain levels of the neurotransmitter _______________, which influences mood, as well as the neurotransmitter _______________, which regulates the brain’s alarm centers.

18. fMRI 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.

**Somatoform Disorders** (pp. 608–609)

Objective 9: Describe somatoform disorders, and explain how the symptoms differ from other physical symptoms.

1. In somatoform disorders, symptoms take a _______________ form without having an apparent _______________ cause.

2. One type of this disorder is _______________, in which _______________ is presumably converted into a physical symptom. This disorder is _______________ (more/less) common today than in Freud’s time.

3. People suffering from _______________ interpret normal sensations as symptoms of serious disease.

**Dissociative Disorders** (pp. 609–611)

Objective 10: Describe the symptoms of dissociative disorders.

1. In _______________ disorders, a person experiences a sudden loss of _______________ or change in _______________.

2. Dissociation means to become _______________ from painful memories, thoughts, and feelings.

3. Dissociation itself _______________ (is/is not so) rare.

Objective 11: Define dissociative identity disorder, and discuss the controversy regarding its diagnosis.

4. A person who develops two or more distinct personalities is suffering from _______________.

5. Nicholas Spanos has argued that such people may merely be playing different
6. 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.

3. The possible signs of depression include ________________
   ________________
   ________________

4. Major depression occurs when its signs last ________________ or more with no apparent cause.

5. Depressed persons usually _______ (can/cannot) recover without therapy.

6. Symptoms of mania include ________________
   ________________

7. Bipolar disorder is less common among creative professionals who rely on ________________ and ________________ than among those who rely on ________________ expression and vivid ________________.

Objective 13: Explain the development of mood disorders, paying special attention to the biological and social-cognitive perspectives.

8. The commonality of depression suggests that its ________________ must also be common.

9. Compared with men, women are _______ (more/less) vulnerable to major depression. In general, women are most vulnerable to disorders involving ________________ states, such as ________________.

10. Men’s disorders tend to be more _______ and include ________________

11. 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, ________________

12. 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?) more likely than their grandparents to suffer depression.
State the psychoanalytic explanation of depression.

13. Mood disorders ________________
(tend/do not tend) to run in families. Studies of ________________ also reveal that genetic influences on mood disorders are ________________ (weak/strong).

14. To determine which genes are involved in depression, researchers use ________________, in which they examine the ________________ of both affected and unaffected family members.

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

15. 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.

16. Depression may also be caused by ________________ (high/low) levels of two neurotransmitters, ________________ and ________________. Most people with a history of depression also were habitual ________________.

17. Drugs that alleviate mania reduce ________________; drugs that relieve depression increase ________________ or ________________ supplies by blocking either their ________________ or their chemical ________________.

18. According to the social-cognitive perspective, depression may be linked with ________________ beliefs and a ________________ style.

19. Such beliefs may arise from ________________, the feeling that can arise when the individual repeatedly experiences uncontrollable, painful events.

20. Gender differences in responding to ________________ help explain why women have been twice as vulnerable to depression.

21. According to Susan Nolen-Hoeksema, when trouble strikes, men tend to ________________ and women tend to ________________.

Describe how depressed people differ from others in their explanations of failure and how such explanations tend to feed depression.

22. According to Martin Seligman, depression is more common in Western cultures that emphasize ________________ and that have shown a decline in commitment to ________________ and family.

23. Depression-prone people respond to bad events in an especially ________________ way.

24. Being withdrawn, self-focused, and complaining tends to elicit social ________________ (empathy/rejection).
Outline the vicious cycle of depression.

**Schizophrenia** (pp. 621–628)

**Objective 14:** Describe the symptoms of schizophrenia, and differentiate delusions and hallucinations.

1. Schizophrenia, or "split mind," refers not to a split personality but rather to a split from
   ____________________________.

2. Three manifestations of schizophrenia are disorganized __________________________, disturbed __________________________, and inappropriate __________________________ and __________________________.

3. The distorted, false beliefs of schizophrenia patients are called __________________________.

4. Many psychologists attribute the disorganized thinking of schizophrenia to a breakdown in the capacity for __________________________.

5. The disturbed perceptions of people suffering from schizophrenia may take the form of __________________________, which usually are __________________________ (visual/auditory).

6. 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 15:** Distinguish the five subtypes of schizophrenia, and contrast chronic and acute schizophrenia.

7. People with schizophrenia who display inappropriate behavior are said to have __________________________, while those with toneless voices and expressionless faces are said to have __________________________.

8. Schizophrenia is a cluster of disorders, including five subtypes: preoccupation with delusions or hallucinations, or __________________________; disordered speech or behavior, or __________________________; immobility, or __________________________; many and varied symptoms, or __________________________; and withdrawal, or __________________________.

9. 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 16:** Outline some abnormal brain chemistry, functions, and structures associated with schizophrenia, and discuss the possible link between prenatal viral infections and schizophrenia.

10. 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.

11. Brain scans have shown that many people suffering from schizophrenia have abnormally __________________________ (high/low) brain activity in the __________________________ lobes.

12. 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 the fetal-virus idea.

**Objective 17:** Discuss the evidence for a genetic contribution to the development of schizophrenia, and describe some psychological factors that may be early warning signs of schizophrenia in children.

14. Twin 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.

17. It appears that for schizophrenia to develop there must be both a ________________ predisposition and other factors such as those listed earlier that "_________________" the ________________ that predispose this disease.

**Personality Disorders** (pp. 628–631)

**Objective 18:** 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. The third cluster exhibits dramatic or ________________ behaviors, such as the ________________ or ________________ personality disorders.

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 ________________, an area of the cortex that helps control ________________.

7. As in other disorders, in antisocial personality, genetics ________________ (is/is not) the whole story.
Rates of Psychological Disorders
(pp. 631–633)

Objective 19: Discuss the prevalence of psychological disorders, and summarize the findings on the link between poverty and serious psychological disorders.

1. Research reveals that approximately _____________ percent of adult 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 ________________, appear during childhood.

PROGRESS TEST 1

Multiple-Choice Questions

Circle your answers to the following questions and check them with the answers on page 353. 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.

2. The criteria for classifying behavior as psychologically disordered
   a. vary from culture to culture.
   b. vary from time to time.
   c. vary by culture and with time.
   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 view that all behavior arises from the interaction of heredity and environment is referred to as the ____________ approach.
   a. biopsychosocial
   b. psychoanalytic
   c. medical
   d. conditioning

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.

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-TR
    a. is unknown.
    b. depends on the age of the patient.
    c. is very low.
    d. is relatively high.

11. Because of some troubling thoughts, Carl recently had a PET scan of his brain that revealed excessive activity in the anterior cingulate area. Carl’s psychiatrist believes that Carl suffers from
    a. schizophrenia.
    b. a mood disorder.
    c. a personality disorder.
    d. obsessive-compulsive disorder.

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. Brain scans of persons with obsessive-compulsive disorder reveal unusually high activity in the anterior cingulate cortex.
    c. Drugs that dampen fear-circuit activity in the amygdala also alleviate OCD.
    d. All of these findings 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
11. post-traumatic growth
12. conversion disorder

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
k. a rare somatoform disorder
l. positive psychological changes stemming from dealing with an extreme crisis

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  c. social-cultural  
   b. biopsychosocial  d. psychoanalytic 

6. Our early ancestors commonly attributed disordered behavior to
   a. "bad blood."  c. brain injury. 
   b. evil spirits.  d. laziness. 

7. In general, women are more vulnerable than men to
   a. external disorders such as anxiety. 
   b. internal disorders such as depression. 
   c. external disorders such as antisocial conduct. 
   d. internal disorders such as alcohol dependency. 

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. a biological phenomenon. 

10. Which neurotransmitter is present in overabundant amounts during the manic phase of bipolar disorder?
    a. dopamine  c. epinephrine 
    b. serotonin  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 these 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. 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
    a. is deviant. 
    b. is distressful. 
    c. is dysfunctional. 
    d. has all of these characteristics. 

16. Most practitioners find the DSM-IV-TR a helpful and practical tool despite 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 these characteristics.
19. According to psychoanalytic theory, memory of losses, especially in combination with internalized anger, is likely to result in
   a. learned helplessness.
   b. self-serving bias.
   c. weak ego defense mechanisms.
   d. depression.

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

Matching Items
Match each term with the appropriate definition or description.

Terms

1. dissociative identity disorder
2. phobia
3. dopamine
4. panic disorder
5. antisocial personality
6. norepinephrine
7. serotonin
8. bipolar disorder
9. delusions
10. agoraphobia
11. somatoform disorder
12. hypochondriasis

Definitions or Descriptions

a. a neurotransmitter for which there are excess receptors in some schizophrenia patients
b. a neurotransmitter that is overabundant during mania and scarce during depression
c. an individual who seems to have no conscience
d. false beliefs that may accompany psychological disorders
e. an anxiety disorder marked by a persistent, irrational fear of a specific object or situation
f. a disorder formerly called multiple personality disorder
g. a neurotransmitter possibly linked to obsessive-compulsive behavior
h. a type of mood disorder
i. an anxiety disorder marked by episodes of intense dread
j. a fear of situations in which help might not be available during a panic attack
k. disorder in which bodily symptoms occur without an apparent physical cause
l. misinterpreting normal physical sensations as disease

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

1. Joe has an intense, irrational fear of snakes. He is suffering from a(n)
   a. generalized anxiety disorder.
   b. obsessive-compulsive disorder.
   c. phobia.
   d. mood disorder.

2. 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 introverted 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. a phobia.
   b. dissociative schizophrenia.
   c. dissociative identity disorder.
   d. bipolar disorder.
3. 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. a dissociative identity disorder.
   b. major depressive disorder.
   c. schizophrenia.
   d. 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(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 fragment 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 heart palpitations 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 these 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 six 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 (ADHD)
3. medical model
4. DSM-IV-TR
5. anxiety disorders
6. generalized anxiety disorder
7. panic disorder
8. phobia
9. obsessive-compulsive disorder (OCD)
10. post-traumatic stress disorder (PTSD)
11. post-traumatic growth
12. somatoform disorder
13. conversion disorder
14. hypochondriasis
15. dissociative disorders
16. dissociative identity disorder (DID)
17. mood disorders
18. major depressive disorder
19. mania
20. bipolar disorder
21. schizophrenia
22. delusions
23. personality disorders
24. 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, now in its text revision.
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.