

## STUDY GUIDE – Answers

# 12: Abnormal Psychology

### Perspectives on Psychological Disorders

1. deviant; distressful; dysfunctional
2. variable
3. attention-deficit hyperactivity disorder; inattention; hyperactivity; impulsivity
4. boys; increased; agree
5. is; is not; learning; defiant
6. medical; sickness; psychopathology; symptoms; therapy
7. Philippe Pinel
8. nature; nurture; internal
9. depression; schizophrenia; anorexia nervosa; bulimia nervosa; dynamic; anxiety; symptoms
10. biopsychosocial; genetic predispositions; physiological states; psychological dynamics; social; cultural
11. DSM-IV-TR; Internal Classification; Diseases; does not; describes
12. show
13. increased; increased

The “unDSM” is a new classification system that identifies 24 human strengths and virtues grouped into six clusters: wisdom and knowledge, courage, love, justice, temperance, and transcendence.

14. a significant

Psychological labels may be arbitrary. They can create preconceptions that bias our perceptions and interpretations and they can affect people’s self-images. Moreover, labels can change reality, by serving as self-fulfilling prophecies. Despite these drawbacks, labels are useful in describing, treating, and researching the causes of psychological disorders.

15. are not; mental disorders

### Anxiety Disorders

1. distressing, persistent anxiety or maladaptive behaviors that reduce anxiety
2. generalized anxiety disorder; panic disorder; phobias; obsessive-compulsive disorder; posttraumatic stress disorder
3. generalized anxiety; free-floating
4. high blood pressure; panic disorder; panic attack
5. smoke; panic attack; nicotine
6. phobia; specific phobias
7. social phobia; agoraphobia
8. obsessive-compulsive
9. less
10. post-traumatic stress; haunting memories; nightmares; social withdrawal; jumpy anxiety; insomnia; limbic system; genes
11. survivor resiliency; post-traumatic growth
12. repressed
13. classical; fears
14. stimulus generalization
15. reinforced; observational

16. are; survival
17. is; genes; serotonin; glutamate
18. anterior cingulate; amygdala

### **Somatoform Disorders**

1. bodily (somatic); physical
2. conversion disorder; anxiety; less
3. hypochondriasis

### **Dissociative Disorders**

1. dissociative; memory; identity
2. separated
3. is not so
4. dissociative identity
5. roles
6. brain; body

Skeptics point out that the recent increase in the number of reported cases of dissociative identity disorder indicates that it has become a fad. The fact that the disorder is much less prevalent outside North America also causes skeptics to doubt the disorder's genuineness.

7. anxiety; childhood trauma; post-traumatic stress disorder; fantasy-prone; therapist-patient

### **Mood Disorders**

1. emotional extremes; major depressive; mania; bipolar
2. phobias; depression
3. lethargy, feelings of worthlessness, and loss of interest in family, friends, and activities
4. two weeks
5. can
6. euphoria, hyperactivity, and a wildly optimistic state
7. precision; logic; emotional; imagery
8. causes
9. more; internal; depression, anxiety, and inhibited sexual desire
10. external; alcohol abuse, antisocial conduct, and lack of impulse control
11. is; a family member's death, loss of a job, a marital crisis, or a physical assault
12. increasing; earlier; three

The psychoanalytic perspective suggests that adulthood depression can be triggered by losses that evoke feelings associated with earlier childhood losses. Alternatively, unresolved anger toward one's parents is turned inward and takes the form of depression.

13. tend; twins; strong
14. linkage analysis;

DNA Suicide rates are higher among White Americans, the rich, older men, the nonreligious, and those who are single, widowed, or divorced. Although women more often attempt suicide, men are more likely to succeed. Suicide rates also vary widely around the world.

15. less; left frontal; smaller; hippocampus; memories; smokers

16. low; norepinephrine; serotonin
17. norepinephrine; norepinephrine; serotonin; reuptake; breakdown
18. self-defeating; negative explanatory
19. learned helplessness
20. stress
21. act; think (or overthink)

Depressed people are more likely than others to explain failures or bad events in terms that are stable (it's going to last forever), global (it will affect everything), and internal (it's my fault). Such explanations lead to feelings of hopelessness, which in turn feed depression.

22. individualism; religion
23. self-blaming
24. rejection

Depression is often brought on by stressful experiences. Depressed people brood over such experiences with maladaptive explanations that produce self-blame and amplify their depression, which in turn triggers other symptoms of depression. In addition, being withdrawn and complaining tends to elicit social rejection and other negative experiences.

## Schizophrenia

1. reality
2. thinking; perceptions; emotions; actions
3. delusions
4. selective attention
5. hallucinations; auditory
6. flat affect; catatonia
7. positive symptoms; negative symptoms
8. paranoid; disorganized; catatonic; undifferentiated; residual
9. chronic (or process); less; acute (or reactive)
10. dopamine; decrease
11. low; frontal
12. fluid; shrinkage; thalamus; sensory input; attention
13. low birth weight; oxygen deprivation; viral infection

Risk of schizophrenia increases for those who undergo fetal development during a flu epidemic, or simply during the flu season. People born in densely populated areas and those born during winter and spring months are at increased risk. The months of excess schizophrenia births are reversed in the Southern Hemisphere, where the seasons are the reverse of the Northern Hemisphere's. Mothers who were sick with influenza during their pregnancy may be more likely to have children who develop schizophrenia. Blood drawn from pregnant women whose children develop schizophrenia have higher-than-normal levels of viral infection antibodies.

14. support
15. placenta; viruses
16. confirm
17. genetic; turn on; genes

## Personality Disorders

1. social functioning

2. avoidant; schizoid; impulsive; histrionic; narcissistic
3. antisocial; psychopath or sociopath
4. is
5. 3 to 6; impulsive; uninhibited; social rewards; anxiety
6. frontal lobe; impulses
7. is not; childhood maltreatment

## Rates of Psychological Disorders

1. 26
2. higher
3. early; antisocial personality; phobias

## Progress Test 1

### *Multiple-Choice Questions*

1. b. is the answer. (p. 587)  
c. & d. Men are more likely than women to cope with stress in these ways.
2. c. is the answer. (p. 562)
3. c. is the answer. Most clinicians agree that psychological disorders may be caused by both psychological (d.) and physical (a. and b.) factors. (p.565)
4. a. is the answer. (p. 565)
5. a. is the answer. (p. 580)
6. b. is the answer. Depression is often preceded by a stressful event related to work, marriage, or a close relationship. (p. 583)
7. c. is the answer. (p. 593)
8. d. is the answer. Although depression is universal, anorexia nervosa and bulimia are rare outside of Western culture. (pp. 564-565)  
a. & b. Schizophrenia and depression are both universal.  
c. The text mentions only schizophrenia and depression as universal disorders. Furthermore, neurosis is no longer utilized as a category of diagnosis.
9. a. is the answer. (p. 592)  
b. & d. Thus far, only norepinephrine and serotonin have been implicated in depression and bipolar disorder.  
c. Schizophrenia has been associated with an excess of dopamine receptors. Blocking them alleviates, rather than increases, schizophrenia symptoms.
10. d. is the answer. (p. 565)  
b. The text does not mention DSM-IV-TR's reliability in terms of a person's age.
11. d. is the answer. These areas show increased activity during compulsive behaviors. (pp. 575-576)
12. a. is the answer. (p. 569)
13. a. is the answer. (p. 570)  
b. The mood disorders include major depressive disorder and bipolar disorder.  
c. Dissociative identity disorder is the only dissociative disorder discussed in the text.  
d. The personality disorders include the antisocial and schizoid personalities.
14. d. is the answer. Learned helplessness may lead to self-defeating beliefs, which in turn are linked with depression, a mood disorder. (pp. 586-587)
15. d. is the answer. (pp. 575-576)
16. c. is the answer. (p. 590)
17. b. is the answer. Those with antisocial personality disorders show less autonomic arousal in such situations, and emotions, such as fear, are tied to arousal. (p. 597)

18. d. is the answer. Hallucinations are false sensory experiences; delusions are false beliefs. (p. 590)  
a. & b. Obsessions are repetitive and unwanted thoughts. Compulsions are repetitive behaviors.
19. c. is the answer. Drugs that relieve depression tend to increase levels of norepinephrine. (p. 586)  
a. Acetylcholine is a neurotransmitter involved in muscle contractions.  
b. It is in certain types of schizophrenia that decreasing dopamine levels is known to be helpful.  
d. On the contrary, it appears that a particular type of depression may be related to low levels of serotonin.
20. c. is the answer. (p. 592)

### *Matching Items*

- |               |               |                     |
|---------------|---------------|---------------------|
| 1. f (p. 577) | 5. g (p. 565) | 9. c (p. 590)       |
| 2. d (p. 564) | 6. b (p. 581) | 10. e (p. 570)      |
| 3. a (p. 579) | 7. j (p. 571) | 11. l (pp. 573-574) |
| 4. h (p. 571) | 8. i (p. 590) | 12. k (p. 577)      |

## **Progress Test 2**

### Multiple-Choice Questions

1. a. is the answer. Different cultures have different standards for behaviors that are considered acceptable and normal. (p. 562)  
b. Some abnormal behaviors are simply maladaptive for the individual.  
c. Many individuals who are deviant, such as Olympic gold medalists, are not considered abnormal. There are other criteria that must be met in order for behavior to be considered abnormal.  
d. Although physiological factors play a role in the various disorders, they do not define abnormal behavior. Rather, behavior is said to be abnormal if it is deviant, distressful, and dysfunctional.
2. b. is the answer. (p. 574)  
a. This answer reflects the learning perspective.  
c. Although certain phobias are biologically predisposed, this could not fully explain phobias, nor is it the explanation offered by psychoanalytic theory.  
d. Social-cognitive theorists propose self-defeating thoughts as a cause of depression.
3. a. is the answer. Schizophrenia sufferers are easily distracted by irrelevant stimuli, evidently because of a breakdown in the capacity for selective attention. (p. 590)
4. b. is the answer. (p. 593)
5. b. is the answer. The fact that some disorders are universal and at least partly genetic in origin implicates biological factors in their origin. The fact that other disorders appear only in certain parts of the world implicates sociocultural and psychological factors in their origin. (pp. 564-565)
6. b. is the answer. (p. 564)
7. b. is the answer. (p. 582)  
a. Anxiety is an internal disorder.  
d. Alcohol dependency is an external disorder.
8. a. is the answer. In fact, just the opposite is true. Labels are useful in promoting effective treatment of psychological disorders. (p. 568)
9. b. is the answer. (p. 578)  
c. Playing a role is most definitely a learned skill.  
d. Role-playing, being completely learned, is not biologically based.
10. d. is the answer. In bipolar disorder, norepinephrine appears to be overabundant during mania and in short supply during depression. (p. 586)  
a. There is an overabundance of dopamine receptors in some schizophrenia patients.  
b. Serotonin sometimes appears to be scarce during depression.

- c. Epinephrine has not been implicated in psychological disorders.
11. c. is the answer. Joseph's fear has generalized from ladders to airplanes. (p. 574)
    - a. Had Joseph acquired his fear after seeing someone else fall, observational learning would be implicated. This process would not, however, explain how his fear was transferred to airplanes.
    - b. There is no indication that Joseph's phobia was acquired through reinforcement.
    - d. Through stimulus discrimination, Joseph's fear would not have generalized from ladders to airplanes.
  12. d. is the answer. (p. 575)
  13. b. is the answer. (p. 564)
    - a. This isn't the case; in fact, the medical model has gained credibility from recent discoveries of genetic and biochemical links to some disorders.
    - c. & d. The medical perspective tends to place more emphasis on physiological factors.
  14. b. is the answer. The psychoanalytic explanation is that these disorders are a manifestation of incompletely repressed impulses over which the person is anxious. According to the learning perspective, the troubled behaviors that result from these disorders have been reinforced by anxiety reduction. (pp. 574,579)
    - a. & c. These are true of the psychoanalytic, but not the learning, perspective.
  15. d. is the answer. (pp. 562-563)
  16. c. is the answer. DSM-IV-TR was shaped by the medical model. (pp. 565-566)
    - a. In fact, just the opposite is true. DSM-IV-TR was revised to improve reliability by basing diagnoses on observable behaviors.
    - b. & d. DSM-IV-TR does not reflect a learning or a psychoanalytic bias.
  17. c. is the answer. Panic attacks are characteristic of certain anxiety disorders, not of schizophrenia. (pp.590-591)
  18. d. is the answer. (pp. 586-588)
  19. d. is the answer. A loss may evoke feelings of anger associated with an earlier loss. Such anger is turned against the self. This internalized anger results in depression. (p. 583)
    - a. Learned helplessness would be an explanation offered by the social-cognitive perspective.
    - b. Self-serving bias is not discussed in terms of its relationship to depression.
    - c. This is the psychoanalytic explanation of anxiety.
  20. d. is the answer. Risk for schizophrenia increases for individuals who are related to a schizophrenia victim, and the greater the genetic relatedness, the greater the risk. (pp. 594-595)
    - a. Schizophrenia victims have an overabundance of the neurotransmitter dopamine, not endorphins.
    - b. Being a twin is, in itself, irrelevant to developing schizophrenia.
    - c. Although learned helplessness has been suggested by social-cognitive theorists as a cause of self-defeating depressive behaviors, it has not been suggested as a cause of schizophrenia.

### *Matching Items*

- |               |               |                |
|---------------|---------------|----------------|
| 1. f (p. 578) | 5. c (p. 597) | 9. d (p. 590)  |
| 2. e (p. 571) | 6. b (p. 586) | 10. j (p. 571) |
| 3. a (p. 592) | 7. g (p. 586) | 11. k (p. 576) |
| 4. i (p. 570) | 8. h (p. 581) | 12. l (p. 577) |

## **Psychology Applied**

### *Multiple-Choice Questions*

1. c. is the answer. An intense fear of a specific object is a phobia. (p. 571)
  - a. His fear is focused on a specific object, not generalized.
  - b. In this disorder a person is troubled by repetitive thoughts and actions.
  - d. Conditioned fears form the basis for anxiety rather than mood disorders.
2. c. is the answer. (p. 579)

- a. Phobias focus anxiety on a specific object, activity, or situation.
  - b. There is no such disorder.
  - d. In this mood disorder, a person alternates between feelings of hopeless depression and overexcited mania.
3. d. is the answer. Repeated wrongdoing and aggressive behavior are part of the pattern associated with the antisocial personality disorder, which may also include marital problems and an inability to keep a job. (p. 597)
- a. Although dissociative identity disorder may involve an aggressive personality, there is nothing in the example to indicate a dissociation.
  - b. Nothing in the question indicates that Bob is passive and resigned and having the self-defeating thoughts characteristic of depression.
  - c. Bob's behavior does not include the disorganized thinking and disturbed perceptions typical of schizophrenia.
4. d. is the answer. In the learning perspective, a phobia, such as Julia's, is seen as a conditioned fear. (p. 574)
- a. Because the fear is focused on a specific stimulus, the medical model does not easily account for the phobia. In any event, it would presumably offer an internal, biological explanation.
  - b. The psychoanalytic view of phobias would be that they represent incompletely repressed anxieties that are displaced onto the feared object.
  - c. The social-cognitive perspective would emphasize a person's conscious, cognitive processes, not reflexive conditioned responses.
5. a. is the answer. According to the learning view, compulsive behaviors are reinforced because they reduce the anxiety created by obsessive thoughts. Rashid's obsession concerns failing, and his desk arranging compulsive behaviors apparently help him control these thoughts. (p. 574)
- b. The psychoanalytic perspective would view obsessive thoughts as a symbolic representation of forbidden impulses. These thoughts may prompt the person to perform compulsive acts that counter these impulses.
  - c. & d. The text does not offer explanations of obsessive-compulsive behavior based on the humanistic or social-cognitive perspectives. Presumably, however, these explanations would emphasize growth-blocking difficulties in the person's environment (humanistic perspective) and the reciprocal influences of personality and environment (social-cognitive perspective), rather than symbolic expressions of forbidden impulses.
6. d. is the answer. (p. 570)
- a. In phobias, anxiety is focused on a specific object.
  - b. Major depressive disorder does not manifest these symptoms.
  - c. The obsessive-compulsive disorder is characterized by repetitive and unwanted thoughts and/or actions.
7. d. is the answer. Jason is obsessed with cleanliness; as a result, he has developed a compulsion to shower. (p. 571)
- a. Dissociative disorders involve a separation of conscious awareness from previous memories and thoughts.
  - b. Generalized anxiety disorder does not have a specific focus.
  - c. This disorder is characterized by maladaptive character traits.
8. d. is the answer. (p. 572)
- a. There is no evidence that Zheina has lost either her memory or her identity, as would occur in dissociative disorders.
  - b. Although she has symptoms of depression, Zheina does not show signs of mania, which occurs in bipolar disorder.
  - c. Zheina shows no signs of disorganized thinking or disturbed perceptions.
9. a. is the answer. Because Sandy experiences hallucinations (hearing voices), delusions (fearing someone is "out to get her"), and incoherence, she would most likely be diagnosed as suffering from schizophrenia. (p. 590) b., c., & d. These disorders are not characterized by disorganized thoughts and perceptions.
10. d. is the answer. (p. 570)
- a. Baseless physical symptoms rarely play a role in schizophrenia.
  - b. There is no indication that she is exhibiting euphoric behavior.
  - c. There is no indication that she has suffered a trauma.

11. a. is the answer. Humans seem biologically prepared to develop a fear of heights and other dangers that our ancestors faced. (p. 575)
12. b. is the answer. (p. 577)
13. b. is the answer. The fact that this woman has had these symptoms for more than two weeks indicates that she is suffering from major depressive disorder. (p. 580)
14. a. is the answer. Matt's alternating states of the hopelessness and lethargy of depression and the energetic, optimistic state of mania are characteristic of bipolar disorder. (p. 581)
  - b. Although he was depressed on Tuesday, Matt's manic state on Monday indicates that he is not suffering from major depressive disorder.
  - c. Matt was depressed, not detached from reality.
  - d. That Matt is not exhibiting episodes of intense dread indicates that he is not suffering from panic disorder.
15. d. is the answer. Freud believed that the anger once felt toward parents was internalized and would produce depression. (p. 583)
  - a. & b. The learning and social-cognitive perspectives focus on environmental experiences, conditioning, and self-defeating attitudes in explaining depression.
  - c. The biological perspective focuses on genetic predispositions and biochemical imbalances in explaining depression.
16. b. is the answer. (pp. 586-587)
17. b. is the answer. Norepinephrine, which increases arousal and boosts mood, is scarce during depression. Drugs that relieve depression tend to increase norepinephrine. (p. 588)
  - c. Increasing serotonin, which is sometimes scarce during depression, might relieve depression.
  - d. This neurotransmitter is involved in motor responses but has not been linked to psychological disorders.
18. d. is the answer. Schizophrenia patients sometimes have an excess of receptors for dopamine. Drugs that block these receptors can therefore reduce symptoms of schizophrenia. (p. 592) a., b., &
  - c. Dopamine receptors have not been implicated in these psychological disorders.
19. c. is the answer. (p. 563)
20. c. is the answer. (pp. 594-595)

### *Essay Question*

There is more to a psychological disorder than being different from other people. Gifted artists, athletes, and scientists have deviant capabilities, yet are not considered psychologically disordered. Also, what is deviant in one culture may not be in another, or at another time. Homosexuality, for example, was once classified as a psychological disorder, but it is no longer. Similarly, nudity is common in some cultures and disturbing in others. Deviant behaviors are more likely to be considered disordered when judged as distressful and dysfunctional to the individual. Prolonged feelings of depression or the use of drugs to avoid dealing with problems are examples of deviant behaviors that may signal a psychological disorder if the person is unable to function, to perform routine behaviors (becomes dysfunctional).

### **Key Terms**

1. To be classified as a psychological disorder, behavior must be deviant, distressful, and dysfunctional. (p. 562)
2. Attention-deficit hyperactivity disorder (ADHD) is a psychological disorder characterized by the appearance by age 7 of one or more of three symptoms: extreme inattention, hyperactivity, and impulsivity. (p. 563)
3. The medical model holds that psychological disorders are illnesses that can be diagnosed, treated, and, in most cases, cured, often through treatment in a psychiatric hospital. (p. 564)
4. DSM-IV-TR is a short name for the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision), which provides a widely used system of classifying psychological disorders. (p. 565)
5. Anxiety disorders involve distressing, persistent anxiety or maladaptive "behaviors that reduce anxiety. (p. 569)

6. In the generalized anxiety disorder, the person is continually tense, apprehensive, and in a state of autonomic nervous system arousal for no apparent reason. (p. 570)
7. A panic disorder is an episode of intense dread accompanied by chest pain, dizziness, or choking. It is essentially an escalation of the anxiety associated with generalized anxiety disorder. (p. 570)
8. A phobia is an anxiety disorder in which a person has a persistent, irrational fear and avoidance of a specific object or situation. (p. 571)
9. Obsessive-compulsive disorder (OCD) is an anxiety disorder in which the person experiences uncontrollable and repetitive thoughts (obsessions) and actions (compulsions). (p. 571)
10. Post-traumatic stress disorder (PTSD) is an anxiety disorder characterized by haunting memories, nightmares, social withdrawal, jumpy anxiety, and/or insomnia lasting four weeks or more following a traumatic experience. (p. 572)
11. Post-traumatic growth refers to positive psychological changes that may result from dealing with extremely challenging circumstances. (pp.573-574)
12. Somatoform disorders are psychological disorders in which bodily symptoms occur without apparent physical cause. (p. 576)
13. Conversion disorder is a rare somatoform disorder in which anxiety presumably is converted into a physical symptom such as blindness or paralysis. (p. 577)
14. Hypochondriasis is a somatoform disorder in which a person interprets normal physical sensations as symptoms of a disease. (p. 577)
15. Dissociative disorders involve a separation of conscious awareness from one's previous memories, thoughts, and feelings. (p. 577)

Memory aid: To dissociate is to separate or pull apart. In the dissociative disorders a person becomes dissociated from his or her memories and identity.

16. The dissociative identity disorder (DID) is a dissociative disorder in which a person exhibits two or more distinct and alternating personalities; formerly called multiple personality disorder. (p. 578)
17. Mood disorders are characterized by emotional extremes. (p. 579)
18. Major depressive disorder is the mood disorder that occurs when a person exhibits the lethargy, feelings of worthlessness, or loss of interest in family, friends, and activities characteristic of depression for more than a two-week period and for no discernible reason. Because of its relative frequency, depression has been called the "common cold" of psychological disorders. (p. 580)
19. Mania is the wildly optimistic, euphoric, hyperactive state that alternates with depression in the bipolar disorder. (p. 581)
20. Bipolar disorder is the mood disorder in which a person alternates between depression and the euphoria of a manic state. (p. 581)

Memory aid: Bipolar means having two poles, that is, two opposite qualities. In bipolar disorder, the opposing states are mania and depression.

21. Schizophrenia refers to the group of severe disorders whose symptoms may include disorganized and delusional thinking, inappropriate emotions and actions, and disturbed perceptions. (p.590)
22. Delusions are false beliefs that often are symptoms of psychotic disorders. (p. 590)
23. Personality disorders are characterized by inflexible and enduring maladaptive character traits that impair social functioning. (p. 596)
24. The antisocial personality disorder is a personality disorder in which the person is aggressive, is ruthless, and shows no sign of a conscience that would inhibit wrongdoing. (p. 597)