Chapter Fourteen
PSYCHOLOGICAL DISORDERS

Review of Key Ideas

ABNORMAL BEHAVIOR: MYTHS, REALITIES, AND CONTROVERSIES

1. Describe the medical model of abnormal behavior.

1-1. A model is a metaphor or theory that is useful in describing some phenomenon. For example, the computer is frequently used as a model of thinking. The medical model uses physical illness as a model of psychological disorders. Under the medical model, maladaptive behavior is referred to as mental _____.

1-2. The term "mental illness" is so familiar to all of us that we rarely think about the meaning of the concept and whether or not the analogy with disease is a good one. Among the model's critics, Thomas Szasz asserts that words such as *sickness*, *illness*, and *disease* are correctly used only in reference to the _____, and that it is more appropriate to view abnormal behavior as a deviation from accepted social _____ than as an illness.

1-3. The text takes an intermediate position. The medical concepts of diagnosis, etiology, and prognosis have proven useful in treatment and study of psychological disorders, so while there are problems with the medical model, it may be of value as long as one understands that it is just a/an _____ and not a true explanation.

Answers: 1-1. illness (disease, sickness) **1-2.** body, norms (behavior, standards) **1-3.** analogy (model).

2. Explain the most commonly used criteria of abnormality.

2-1. What does abnormal mean? The three criteria most frequently used are *deviance*, *maladaptive behavior*, and *personal distress*.

(a) _____: Does not *conform* to cultural norms or standards.

(b) _____: Behavior that *interferes* with the individual's social or occupational functioning.

(c) _____: Intense *discomfort* produced by depression or anxiety.

2-2. Following are three statements that describe a person with a particular type of disorder. Which criterion of abnormal behavior is illustrated by each statement? Place the letters from the list above in the appropriate blanks.

____ Ralph washes his hands several dozen times a day. His handwashing interferes with his work and prevents him from establishing normal friendships.

____ Even if Ralph's handwashing compulsion did not interfere with his work and social life, his behavior still would be considered strange. That is, most people do not do what he does.

____ It is also the case that Ralph's skin is very raw, and he becomes extremely anxious when he does not have immediate access to a sink.

2-3. While the three major categories of disorder are useful, assessments of abnormality are not entirely _____-free. Cultural trends and political forces clearly influence these judgments. In addition, normality and abnormality are not either-or concepts but exist along a _____.

Answers: 2-1. (a) deviance (b) maladaptive behavior (c) personal distress **2-2.** b, a, c **2-3.** value (culture), continuum.

3. List three stereotypes of people with psychological disorders.

3-1. In the space below, list three stereotypes of people with psychological disorders:

(a) The disorders are _____.

(b) People with the disorders are _____ and dangerous.

(c) People with the disorders behave in a bizarre manner and are very _____ from normal people.

Answers: 3-1. (a) incurable (b) violent (c) different.

4. List the five diagnostic axes of DSM-IV.

4-1. Below are descriptions of the five axes of the DSM-IV classification system. Label each with the correct axis number (I through V).

____ Notes concerning the severity of stress experienced by the individual in the past year

____ Estimates of the individual's current level of adaptive functioning (social and occupational)

____ Diagnosis of most types of mental disorders

____ Diagnosis of long-running personality disorders or mental retardation

____ Listing of physical disorders

Answers: 4-1. IV, V, I, II, III.

5. Discuss estimates of the prevalence of psychological disorders.

5-1. Epidemiological studies assess the _____ of various disorders. Prevalence is the _____ of people who suffer from a disorder across a specific period of time. For our purposes, *lifetime* prevalence is most interesting.

5-2. What percentage of people will exhibit a mental disorder at some point during their lifetime? If drug-related disorders are included, estimates range from one-third to, more recently, _____%. The estimates are complicated by several factors, but recent studies do suggest that there (has been/has not been) a genuine increase in lifetime prevalence.

5-3. The most common disorders are *mood*, *anxiety*, and *substance use* disorders (including alcoholism). List these below in order of prevalence.

_____

_____

_____

Answers: 5-1. prevalence, percentage (proportion), the entire lifespan **5-2.** 44%, has been **5-3.** substance use, anxiety, mood.

ANXIETY DISORDERS

6. List five types of anxiety disorders and describe the symptoms associated with each.

6-1. List the names of the four anxiety syndromes in the space below. As hints, the initial letters of some key words are listed at the left.

GAD: _____

PhD: _____

OCD: _____

PDA: _____ and _____

PTSD: _____

6-2. Match the anxiety disorders with the symptoms that follow by placing the appropriate letters (from the previous question) in the blanks.

(a) _____ Sudden, unexpected, and paralyzing attacks of anxiety

(b) _____ Not tied to a specific object or event

(c) _____ Senseless, repetitive rituals

(d) _____ Brooding over decisions

(e) _____ Fear of specific objects or situations

(f) _____ Persistent intrusion of distressing and unwanted thoughts

(g) _____ Free-floating anxiety

(h) _____ Frequently includes fear of going out in public

(i) _____ Nightmare, flashbacks, and anxiety that may follow traumatic events

Answers: 6-1. generalized anxiety disorder, phobic disorder, obsessive-compulsive disorder, panic disorder and agoraphobia **6-2.** (a) PDA (in this example, panic attacks) (b) GAD (c) OCD (d) GAD (e) PhD (f) OCD (g) GAD (h) PDA (in this case, agoraphobia) (i) PTSD.

7. Discuss the contribution of biological and cognitive factors, conditioning, and stress to the etiology of anxiety disorders.

7-1. Several types of studies suggest that there are inherited predispositions to anxiety disorders. For example, twin studies find higher concordance rates for anxiety among _____ twins than _____ twins.

7-2. Other biological evidence implicates disturbances at the synapse. Therapeutic drugs taken for anxiety appear to affect the chemicals known as _____ (e.g., GABA, serotonin) that carry signals from one neuron to another.

7-3. Conditioning, or learning clearly, plays a role as well. For example, if an individual is bitten by a dog, he or she may develop a fear of dogs through the process of _____ conditioning. The individual may then avoid dogs in the future, a response maintained by _____ conditioning.

7-4. People are more likely to be afraid of snakes than of hot irons. Using Seligman's notion of preparedness, explain why.

7-5. Critics note problems with the conditioning model. For example (answer true/false):

____ People with phobias frequently cannot recall the traumatic incident.

____ People who experience extreme traumas do not always develop phobias.

7-6. As discussed in Chapter 6, the conditioning models are being extended to include a larger role for cognitive factors. For example, children probably acquire fears by _____ the behavior of anxious parents.

7-7. Cognitive theorists indicate that certain *thinking styles* contribute to anxiety. For example, as indicated in your text, the sentence "The doctor examined little Emma's growth" could refer either to height or to a tumor. People who are high in anxiety will tend to perceive the (tumor/height) interpretation. People's readiness to perceive threat, in other words, appears to be related to their tendency to experience _____.

7-8. Finally, *stress* is related to anxiety disorders. Studies described in your text indicate that stress is related both to _____ disorder and to the development of social _____.

Answers: 7-1. identical, fraternal **7-2.** neurotransmitters **7-3.** classical, operant **7-4.** Preparedness is Seligman's notion that human beings have evolved to be more prepared or more ready to be conditioned to some stimuli than to others. We have evolved to be more afraid of snakes than of hot irons, the latter having appeared only relatively recently in our evolutionary history. (As a whole, research has provided only modest support for the idea of preparedness in acquisition of phobias.) **7-5.** T, T **7-6.** observing (modeling) **7-7.** tumor, anxiety **7-8.** panic, phobia.

SOMATOFORM DISORDERS

8. Compare and contrast the three somatoform disorders and discuss their etiology.

8-1. For each of the following symptoms, indicate which disorder is described by placing the appropriate letters in the blanks: S for somatization, C for conversion, and H for hypochondriasis.

____ Serious disability that may include paralysis, loss of vision or hearing, loss of feeling, and so on.

____ Many different minor physical ailments accompanied by a long history of medical treatment.

____ Cannot believe the doctor's report that the person is not really ill.

____ Symptoms that appear to be organic in origin but don't match underlying anatomical organization.

____ Diverse complaints that implicate many different organ systems.

____ Usually does not involve disability so much as overinterpreting slight, possible signs of illness.

____ "Glove anesthesia;" seizures without loss of bladder control.

8-2. In the film *Hannah and Her Sisters*, Woody Allen is convinced that certain minor physical changes are a sign of cancer. When tests eventually find no evidence of cancer, he is sure the tests have been done incorrectly. Which of the somatoform disorders does this seem to represent? _____

8-3. The somatoform disorders are associated with certain personality types, with particular cognitive styles, and with learning. Among personality types, the _____ personality (self-centered, excitable, and overly dramatic) is implicated, as is the general trait of _____. Insecure attachment style relating to early experiences with care-givers may also be a factor.

8-4. Another source of the somatoform disorders may involve _____ factors, the way people think about normal physiological processes. For example, some people may tend to (catastrophize/ minimize) minor bodily changes.

8-5. In addition, the "sick role" may be positively reinforced through, for example _____ from others, or negatively reinforced by _____ certain of life's problems or unpleasant aspects.

Answers: 8-1. C, S, H, C, S, H, C **8-2.** hypochondriasis **8-3.** histrionic, neuroticism **8-4.** cognitive, catastrophize **8-5.** attention (kindness, etc.), avoiding (escaping).

DISSOCIATIVE DISORDERS

9. Describe three dissociative disorders.

9-1. The three dissociative disorders involve memory and identity. Two of the disorders involve fairly massive amounts of forgetting, dissociative _____ and dissociative _____.

9-2. People who have been in serious accidents frequently can't remember the accident or events surrounding the accident. This type of memory loss, which involves specific traumatic events, is known as dissociative _____.

9-3. An even greater memory loss, in which people lose their memories for their entire lives along with their sense of identity, is termed dissociative _____.

9-4. You may have seen media characterizations of individuals who can't remember who they are—what their names are, where they live, who their family is, and so on. While popularly referred to as amnesia, this type of dissociative disorder is more correctly called dissociative _____.

9-5. A few years ago, there was a spate of appearances on talk shows by guests who claimed to have more than one identity or personality. This disorder is still widely known as _____-_____ disorder (MPD), but the formal name in the DSM-IV is _____ _____ disorder (DID). The disorder is also often (correctly/mistakenly) called schizophrenia.

Answers: 9-1. amnesia, fugue **9-2.** amnesia **9-3.** fugue **9-4.** fugue **9-5.** multiple-personality, dissociative identity, mistakenly.

10. Discuss the etiology of dissociative identity disorder.

10-1. The diagnosis of dissociative identity disorder (DID) is controversial. Although many clinicians believe that the disorder is authentic, Spanos argues that it is the product of media attention and the misguided probings of a small minority of psychotherapists. In other words, Spanos believes that DID (or MPD) (is/is not) a genuine disorder.

10-2. While the majority of people with DID report having been emotionally and sexually _____ in childhood, the abuse has not been independently verified, and child abuse is related to a variety of disorders. Little else is known about the possible causes of this controversial diagnosis.

10-3. In a recent survey of American psychiatrists, a majority (i.e., three-fourths) of those polled indicated that there (is/is not) enough scientific evidence to warrant including DID as a valid diagnostic category.

Answers: 10-1. is not **10-2.** abused **10-3.** is not.

MOOD DISORDERS

11. Describe the two major mood disorders.

11-1. The two major mood disorders are major _____ disorder (or unipolar disorer) and _____ disorder.

11-2. While the terms *manic* and *depressive* describe mood, they refer to a number of other characteristics as

well, listed below. With one or two words for each characteristic describe the manic and depressive episodes. (Before you make the lists, it may be a good idea to review Table 14.1 and the sections on depressive and bipolar mood disorders.)

	Manic	*Depressive*
mood:	_____	_____
sleep:	_____	_____
activity:	_____	_____
sex drive:	_____	_____

Answers: 11-1. depressive, bipolar **11-2.** mood: euphoric (elated, extremely happy, up, etc.) vs. depressed (blue, extremely sad, down); sleep: goes without or doesn't want to vs. can't (insomnia); activity: very active vs. sluggish, slow, inactive; sex drive: increased vs. decreased.

12. Explain how genetic, neurochemical, and neuroanatomical factors may be related to the development of mood disorders.

12-1. Twin studies implicate genetic factors in the development of mood disorders. In a sentence, summarize the results of these studies.

12-2. While the exact mechanism is not known, correlations have been found between mood disorders and abnormal levels of _____ in the brain, including norepinephrine and serotonin.

12-3. There may be an neuroanatomical basis for depression: the _____, known to be involved in memory consolidation, tends to be about 8%-10% smaller in depressed subjects.

12-4. Recent studies have found that the brain, and especially the hippocampus, tends to generate new neurons in adulthood, a process termed _____. The relevant new theory is that major life stress causes a suppression of this growth, and that suppression of neurogenesis is the central cause of _____.

12-5. According to this new theory, drugs that elevate serotonin relieve depression because serotonin promotes _____, the generation of new neurons. Research on this model continues.

Answers: 12-1. For mood disorders, the concordance rate for identical twins is much higher than that for fraternal twins (about 67% for the former compared to 15% for the latter). **12-2.** neurotransmitters (neurochemicals) **12-3.** hippocampus **12-4.** neurogenesis, depression **12-5.** neurogenesis.

13. Explain how cognitive factors, interpersonal factors, and stress may be related to the development of mood disorders.

13-1. Martin Seligman's model of depression is referred to as the learned _____ model. While he originally based his theory of depression on an animal conditioning model involving exposure to unavoidable aversive stimuli, he has more recently emphasized (cognitive/behavioral) factors.

13-2. According to the revised version of learned helplessness, people with a _____ explanatory style are particularly prone to depression. For example, people who attribute obstacles to (situational factors/personal flaws) are more likely to experience depression.

13-3. In line with the cognitive explanation of depression, Susan Nolen-Hoeksema has found that people who repetitively focus or _____ about their depression are more likely to remain depressed.

13-4. Other researchers have also found that negative thinking to be a factor in depression. The featured study, for example, found that non-depressed first-year college students who score high on tests of _____ thinking have higher incidences of depressive episodes later, during a 2.5 year follow-up. An interesting aspect of the study is that it is _____ rather than retrospective.

13-5. With regard to interpersonal factors, depressed people tend to lack _____ skills. Lack of social skills diminishes people's capacities to obtain important _____, including good friends and desirable jobs.

13-6. Why do we tend to reject depressed people?

13-7. There is (very little/a moderately strong) link between stress and the onset of mood disorders.

Answers: 13-1. helplessness, cognitive **13-2.** pessimistic (negative), personal flaws **13-3.** ruminate **13-4.** negative, prospective **13-5.** social (interpersonal), reinforcers **13-6.** Because they are not pleasant to be around. Depressed people complain a lot, are irritable, and tend to pass their mood along to others. **13-7.** a moderately strong.

SCHIZOPHRENIC DISORDERS

14. Describe the general characteristics (symptoms) of schizophrenia.

14-1. Before we review the different types of schizophrenia, consider some general characteristics of the schizophrenic disorders, as follows.

(a) Irrational thought: Disturbed thought processes may include the false beliefs referred to as _____ (e.g., the idea that one is a famous political figure being pursued by secret agents, when that in fact is not true).

(b) Deterioration of adaptive behavior: The deterioration usually involves social relationships, work, and neglect of personal _____.

(c) Distorted perception: This category may include hearing (or sometimes seeing) things that aren't really there. These sensory experiences are known as _____.

(d) Disturbed emotion: Emotional responsiveness may be disturbed in a variety of ways. The person may have little or no responsiveness, referred to as _____ affect, or they may show _____ emotional responses, such as laughing at news of a tragic death.

Answers: 14-1. (a) delusions (b) hygiene (cleanliness) (c) hallucinations (d) flat (flattened, blunted), inappropriate (erratic, bizarre).

15. Describe two classification systems for schizophrenic subtypes and discuss the course of schizophrenia.

15-1. Write the names of the four recognized subcategories of schizophrenia next to the descriptions that follow.

(a) _____ type: Particularly severe deterioration, incoherence, complete social withdrawal, aimless babbling and giggling, delusions centering on bodily functions.

(b) _____ type: Muscular rigidity and stupor at one extreme or random motor activity, hyperactivity, and incoherence at the other; now quite rare.

(c) _____ type: Delusions of persecution and grandeur.

(d) _____ type: Clearly schizophrenic but doesn't fit other three categories.

15-2. Several critics have asserted that there are no meaningful differences among the categories listed above and have proposed an alternative classification system. Nancy Andreasen and others have described a classification system consisting of only two categories, one that consists of _____ symptoms and the other of _____ symptoms.

15-3. In Andreasen's system, "positive" and "negative" do not mean pleasant and unpleasant. Positive symptoms add something to behavior (like chaotic speech), and negative symptoms *subtract* something (like social withdrawal). Indicate which of the following are positive and which negative, by placing a P or an N in the appropriate blanks.

____ flattened emotions

____ hallucinations

____ bizarre behavior

____ social withdrawal

____ apathy

____ nonstop babbling

____ doesn't speak

15-4. Theorists hoped that classification of schizophrenia into positive and negative symptoms would provide more meaningful categories in terms of etiology and prognosis. Some differentiation between the two types of symptoms has been found but, all in all, this system (has/has not) produced a classification that can replace the traditional subtypes.

15-5. Mark the following T (true) or F (false).

____ Schizophrenia tends to emerge in adolescence or early adulthood.

____ Schizophrenia may have either a sudden or gradual onset.

____ About 15-20% of schizophrenic patients experience a full recovery.

15-6. What characteristics tend to predict recovery from schizophrenia? In the list below, indicate the favorable and unfavorable prognostic indicators by placing a plus (+) or minus (-) in the appropriate blanks.

____ Has a rapid onset

____ Occurs at a young age

____ Accompanied by good previous social and work adjustment

____ Low proportion of negative symptoms

____ A supportive family to return to

Answers: 15-1. (a) disorganized (b) catatonic (c) paranoid (d) undifferentiated **15-2.** positive, negative **15-3.** N, P, P, N, N, P, N **15-4.** has not **15-5.** T, T, T **15-6.** +, -, +, +, +.

16. Explain how genetic vulnerability, neurochemical factors, and structural abnormalities in the brain may contribute to the etiology of schizophrenia.

16-1. As with mood disorders, twin studies implicate genetic factors in the development of schizophrenia. In a sentence, summarize the general results of these studies.

16-2. As with mood disorders, neurotransmitter substances in the brain are implicated in the etiology of schizophrenia. Although the evidence is somewhat clouded, what is the name of the neurotransmitter thought to be involved? _____

16-3. In addition to possible neurochemical factors, certain differences in brain structure may be associated with schizophrenia. One of these differences involves enlarged brain _____, which are hollow, fluid-filled cavities in the brain. It is impossible to know at this point whether this brain abnormality is a cause of schizophrenia or a/an _____.

16-4. Recent brain-imaging studies have also found abnormal metabolic activity in both the frontal and _____ lobes of the cortex. In addition, the metabolic abnormalities in the prefrontal cortex coincide with a major pathway for the neurotransmitter dopamine. Since _____ is already implicated in schizophrenia, this finding supports the idea of a link between this area of the prefrontal cortex and schizophrenia.

Answers: 16-1. For schizophrenia, the concordance rate is higher for identical than for fraternal twins. (The actual concordance rates have been found to be about 48% for identical and 17% for fraternal twins. For comparison, the respective percentages found for mood disorders were about 67% and 15%.) **16-2.** dopamine (thought to be a factor, because most drugs useful in treating schizophrenia decrease dopamine activity in the brain) **16-3.** ventricles, effect (result, consequence) **16-4.** temporal, dopamine.

17. Summarize evidence on how neurodevelopmental processes, family dynamics, and stress may be related to the development of schizophrenia.

17-1. The _____ hypothesis of schizophrenia maintains that schizophrenia is caused, in part, by early neurological damage that occurs either prenatally or during the birth process.

17-2. Among the causes of neurological damage are _____ infections; _____, which may occur, for example, during famine; and complications that occur during _____.

17-3. Expressed emotion refers to the extent to which a patient's relatives are overly critical or protective or are in other ways overly emotionally involved with the patient. Patients returning to families that are high in expressed emotion have a relapse rate that is much (higher/lower) than that of families low in expressed emotion.

17-4. What role does stress play in the etiology of schizophrenia? Stress is a fact of life, and it is obvious that not everyone who experiences stress develops schizophrenia. Current thinking is that stress may be a precipitating factor for people who are biologically, or for other reasons, already _____ to schizophrenia.

Answers: 17-1. neurodevelopmental **17-2.** viral (flu), malnutrition (starvation), delivery (birth, the birth process) **17-3.** higher **17-4.** vulnerable (predisposed).

PERSONALITY DISORDERS

18. Discuss the nature of personality disorders and problems with the diagnosis of such disorders.

18-1. The personality disorders, recorded on Axis II, are frequently (less/more) severe versions of disorders on Axis I. These disorders consist of relatively extreme and inflexible sets of _____ traits that cause subjective distress or impaired functioning.

18-2. A major problem with the classification of personality disorders is that there is an enormous overlap between the ten _____ disorders on Axis II and the disorders listed on Axis I. There is also considerable _____ among the personality disorders themselves.

18-3. For example, one study found that the majority of patients diagnosed with a histrionic personality disorder (also/did not) fit the descriptions of one or more other personality disorders. This blurring of the lines makes diagnosis difficult.

18-4. In hopes of remedying these problems, some theorists have suggested that rather than using non-overlapping *categories*, personality disorders should be described in terms of *continuous scores* on a set of personality _____. While this approach has advocates, psychologists are not in agreement about its potential utility.

Answers: 18-1. less, personality **18-2.** personality, overlap **18-3.** also **18-4.** dimensions (factors, traits).

19. Describe the antisocial personality disorder, and discuss its etiology.

19-1. The *antisocial* personality disorder is more extensively researched than are the other personality disorders and is described in more detail in your text. Check the concepts from the following list that are likely to correctly describe this disorder.

____ sexually promiscuous

____ genuinely affectionate

____ manipulative

____ impulsive

____ feels guilty

____ lacks an adequate conscience

____ much more likely to occur in males than females

____ may appear charming

____ may be a con-artist, thug, or unprincipled business executive

19-2. What types of studies support the idea that biological factors are involved in the etiology of the antisocial personality?

19-3. What environmental factors seem to be related to development of an antisocial personality?

Answers: 19-1. All the terms describe the antisocial personality except for *feels guilty* and *genuinely affectionate.* **19-2.** Twin studies, in particular. The concordance rate is about 67% for identical twins and 31% for fraternal. (There also has been mixed support for Eysenck's idea that antisocial personalities are chronically lower in autonomic arousal and therefore less likely to develop conditioned inhibitions.) **19-3.** Studies suggest that erratic or ineffective parental discipline, abuse, or neglect may be involved. Since one or both parents may also exhibit antisocial characteristics, observational learning may also be a factor.

PSYCHOLOGICAL DISORDERS AND THE LAW

20. Explain the legal concept of insanity and discuss the grounds for involuntary commitment.

20-1. While the words *insane* and *schizophrenic* may in some cases apply to the same person, the terms do not mean the same thing. The term _____ is a legal term, while _____ is a descriptive term used in psychological diagnosis. For example, an individual troubled by hallucinations and delusions probably fits the category of _____. An individual who is judged by a court not to be responsible for his or her actions would be classified (under the M'naghten rule) as _____.

20-2. The following items concern the insanity defense. Mark True or False.

____ The insanity defense is used in fewer than 1% of homicide cases.

____ Available evidence suggests that in the majority of cases in which is it used, the insanity defense is a successful defense (i.e., wins the case).

20-3. Roughly, how is insanity defined under the M'naghten rule?

20-4. More frequent than judgments of insanity are proceedings related to *involuntary commitment* to a psychiatric facility.

(a) What three criteria are used to determine whether an individual should be committed?

(b) What is required to temporarily commit an individual for one to three days?

(c) What is required for longer-term commitment?

20-5. What American ethical-cultural tradition is ignored in involuntary commitment?

Answers: 20-1. insane, schizophrenic, schizophrenic, insane **20-2.** true, false **20-3.** The M'naghten rule says that insanity exists when a person cannot distinguish right from wrong. **20-4.** (a) In general, for people to be involuntarily committed, mental health and legal authorities must judge them to be: (1) dangerous to themselves or (2) dangerous to others, or (3) in extreme need of treatment. (b) Temporary commitment (usually 24 to 72 hours) may be done in emergencies by a psychologist or psychiatrist. (c) Longer-term commitments are issued by a court and require a formal hearing. **20-5.** The principle that people are innocent until proven guilty in a court. Involuntary commitment involves detention (in a mental health facility) without having been proven guilty.

CULTURE AND PATHOLOGY

21. Discuss the evidence on culture and pathology.

21-1. Your text divides viewpoints about culture and pathology into *relativists* and *panculturalists*. The _____ believe that there are basic standards of mental health that are *universal* across cultures. The _____ believe that psychological disorders *vary as a function of culture.*

21-2. Some data support the pancultural view. For example, most investigators agree that the three most serious categories of disorder, listed below, are universal:

_____

_____

_____

21-3. On the other hand, some cultures do not consider some milder disturbances, such as hypochondria, to be disorders; and, some cultures describe as abnormal certain syndromes that are unknown in other cultures. So, are psychological disorders universal, or do they vary across cultures?

a. There are some universal standards of normality and abnormality.

b. There are some disorders that are specific to particular cultures.

c. Both of the above: some aspects of psychopathology are universal, some vary as a function of culture.

Answers: 21-1. universalists (panculturalists), relativists **21-2.** schizophrenia, depression, bipolar disorder **21-3.** c.

REFLECTING ON THE CHAPTER'S THEMES

22. Explain how this chapter highlighted four of the text's organizing themes.

22-1. Below are examples of the highlighted themes. Indicate which theme fits each example by writing the appropriate abbreviations in the blanks: MC for multifactorial causation, HE for the interplay of heredity and environment, SH for sociohistorical context, and C for the influence of culture.

(a) Mood and schizophrenic disorders will occur if one has a genetic vulnerability to the disorder *and* if one experiences a considerable amount of stress. ____

(b) Psychological disorders are caused by neurochemical factors, brain abnormalities, styles of child rearing, life stress, and so on. ____

(c) Anorexia nervosa occurs almost exclusively in affluent Western societies. ____

(d) Decades ago, homosexuality was classified as a disorder; in recent DSMs it is not. ____ and ____

Answers: 22-1. (a) HE (b) MC (c) C (d) SH, C.

PERSONAL APPLICATION • UNDERSTANDING EATING DISORDERS

23. Describe the symptoms and medical complications of anorexia nervosa and bulimia nervosa.

23-1. What are the names of the two major categories of eating disorder? _____ and _____

23-2. The most obvious feature of anorexia nervosa is the drastic weight loss that accompanies the disorder. Other characteristics include an intense _____ of gaining weight, a disturbed _____ (they think they are fat, no matter how emaciated they become), and (struggling/refusal) to maintain normal weight.

23-3. The two major subtypes of anorexia have in common a dangerous weight loss. In one case this is accompanied by _____ (severely limiting food eaten) and in the other by bingeing and then _____ (vomiting, using laxatives and diuretics) as well as excessive exercise.

23-4. The weight loss that accompanies anorexia nervosa is substantial, typically 25-30% below normal weight. A critical diagnostic criterion for anorexia nervosa in women is amenorrhea, the loss of the _____ cycle.

23-5. There are other consequences as well, including serious gastrointestinal difficulties, heart and circulatory problems, and osteoporosis, all of which may lead to death in approximately ____% of cases. Anorexia nervosa patients (usually/rarely) seek treatment on their own.

23-6. Bulimia nervosa shares many of the characteristics of the binge-eating/purging type of anorexia. Its main differentiating feature is the fact that people with bulimia maintain a (relatively normal/drastically decreased) body weight. They are also somewhat more likely to recognize that there is a problem and to cooperate with treatment.

Answers: 23-1. anorexia nervosa, bulimia nervosa **23-2.** fear, body image, refusal **23-3.** restricting, purging **23-4.** menstrual **23-5.** 2-10%, rarely **23-6.** relatively normal.

24. Discuss the history and prevalence of eating disorders.

24-1. Anorexia nervosa and bulimia nervosa were extremely (common/rare) prior to the middle of the 20th century. Culture has a great deal to do with this disorder; the combination of abundant food and the desire for thinness seem to have been a major impetus. Thus, eating disorders are largely a product of (affluent/developing) cultures, mostly in Western countries but more recently affluent non-Western as well.

24-2. Probably as a result of the greater pressure on women to fit the current fashion of thinness, about ____% of individuals with eating disorders are female. Studies suggest that about 1-1.5% of young women develop _____ nervosa and about 2-3% _____ nervosa. The typical age of onset of the disorders is about 14-18 for _____ nervosa and 15 to 21 for _____ nervosa.

Answers: 24-1. rare, affluent **24-2.** 90-95%, anorexia, bulimia, anorexia, bulimia.

25. Explain how genetic factors, personality, and culture may contribute to eating disorders.

25-1. Data from _____ studies and studies of relatives of people with eating disorders suggest that there is some degree of genetic predisposition for the disorders.

25-2. There are also personality correlates of the disorders that may reflect an underlying vulnerability. For example, people who are impulsive, overly sensitive, and low in self-esteem are more likely to suffer from (bulimia/anorexia) nervosa. People characterized as neurotic, obsessive, and rigid are more likely to have (bulimia/anorexia) nervosa.

25-3. As mentioned previously, cultural values are clearly implicated as well. Over the last half of the 20th century, eating disorders (increased/decreased) in prevalence as the ideal body weight (increased/decreased). Although one cannot make causal conclusions, it seems likely that the cultural milieu is a major factor in eating disorders.

Answers: 25-1. twin **25-2.** bulimia, anorexia **25-3.** increased, decreased

26. Explain how family dynamics and disturbed thinking may contribute to eating disorders.

26-1. It is very difficult to sort out cause and effect in case and informal studies, but some theorists contend that parents who are (under-involved/overly involved) in their children's lives unintentionally push their adolescent children to exert autonomy through pathological eating patterns. Other theorists contend that mothers pass along the thinness message by _____ unhealthy dieting practices.

26-2. Disturbed thinking seems to accompany eating disorders, but whether this is a cause or a result of the disorders is hard to say. (For example, studies of food deprivation in volunteer subjects also find disturbed thinking processes.) In any case, the type of thinking that leads one to think they are fat when they are actually _____ is clearly disturbed thinking. So is the thinking that may be described as rigid, all-or-_____ thinking (e.g., If I am not thin, I am worthless; if I eat, I am not in control of my life.).

Answers: 26-1. overly involved, modeling (endorsing, agreeing with, passing on) **26-2.** thin (emaciated), none.

CRITICAL THINKING APPLICATION * **WORKING WITH PROBABILITIES IN THINKING ABOUT MENTAL ILLNESS**

27. Discuss how mental heuristics can distort estimates of cumulative and conjunctive probabilities.

27-1. Basing an estimate of probability on the similarity of an event to a prototype (or mental representation) is a distortion in thinking referred to as the _____ heuristic.

27-2. Over a lifetime, what is the probability that someone will be afflicted with mental illness? Higher than most people think, about one chance in three. People underestimate this probability in part because when they think of mental illness, they think of severe disturbances, such as schizophrenia. When a _____ such as this comes to mind, people tend to ignore information about _____. This bias in our thinking is called the _____.

27-3. In fact, the lifetime mental illness referred to could be schizophrenia, or obsessive-compulsive disorder, or phobia, or substance abuse disorder, or any of an enormous number of other disorders. Each "or" in this instance should involve (adding/subtracting) estimates of the appropriate probabilities, an example of (conjunctive/cumulative) probabilities. The representativeness heuristic, however, results in our estimating probabilities based on similarity to a _____.

27-4. Here is another probability question: Which of the following is more likely (a or b)?

a. having a phobia

b. having a phobia and being obsessive-compulsive

You don't have to know anything about these disorders or their actual probabilities to know that the answer is ____. In this example, you implicitly know that the likelihood of two events occurring together is less than that of either of these events occurring alone. This example illustrates "and" relationships or _____ probabilities.

27-5. Sometimes the answer is not so apparent. Consider this question: John was reported to have been brain damaged at birth. At age 14, John's IQ was measured as 70. Of the following, which is most likely? ____

a. John wins a Nobel prize at age 40.

b. John is given an experimental treatment for retardation; John wins a Nobel prize at age 40.

c. John was mixed up with another baby; John's IQ test was scored incorrectly; John wins a Nobel prize at age 40.

27-6. The answer to the previous question is another example of _____ probabilities. If you, like most people that I have shown this problem, picked some answer other than "a," you made the error known as the _____ fallacy.

27-7. Why do we make the conjunction fallacy? In part, the mistake results, again, from our tendency to be influenced by prototypes, the _____ heuristic. Even though we know that, logically, the likelihood of two events occurring together is less than the probability of either occurring alone, the additional "explanation" makes the combined result seem more reasonable. In fact, it is just another example of _____ probabilities.

27-8. When you first read about mood disorders, or obsessive-compulsive disorder, or generalized anxiety disorder, or hypochondriasis, did you tend to think that each description might fit you or one of your friends? If so, you were probably influenced by the _____ heuristic.

27-9. The availability heuristic involves the ease with which we can bring something to _____. The more readily we can think of some event, the more likely it is to influence our judgment about its frequency or _____.

27-10. Review. If one estimates probability based on a mental image or prototype, one is using the _____. If we think that it is more likely that two events will occur together than that either will occur alone, we have made the error known as the _____ _____. If we base our estimate of probability on the ease with which something comes to mind, we are using the _____.

Answers: 27-1. representativeness **27-2.** prototype (mental representation), probability, representativeness heuristic **27-3.** adding, cumulative, prototype **27-4.** a, conjunctive **27-5.** a **27-6.** conjunctive, conjunction **27-7.** representativeness, conjunctive **27-8.** availability **27-9.** mind, probability **27-10.** representativeness heuristic, conjunction fallacy, availability heuristic.

Review of Key Terms

Agoraphobia
Anorexia nervosa
Antisocial personality disorder
Anxiety disorders
Availability heuristic
Bipolar disorders
Bulimia nervosa
Catatonic schizophrenia
Comorbidity
Concordance rate
Conjunction fallacy
Conversion disorder
Culture-bound disorders
Cyclothymic disorder
Delusions
Diagnosis
Disorganized schizophrenia
Dissociative amnesia
Dissociative disorders
Dissociative fugue
Dissociative identity disorder (DID)
Dysthymic disorder
Eating disorders
Epidemiology
Etiology
Generalized anxiety disorder
Hallucinations
Hypochondriasis
Insanity
Involuntary commitment
Major depressive disorder
Manic-depressive disorder
Medical model
Mood disorders
Multiple-personality disorder
Negative symptoms
Obsessive-compulsive disorder (OCD)
Panic disorder
Paranoid schizophrenia
Personality disorders
Phobic disorder
Positive symptoms
Posttraumatic stress disorder (PTSD)
Prevalence
Prognosis
Representativeness heuristic
Schizophrenic disorders
Somatization disorder
Somatoform disorders
Undifferentiated schizophrenia

_____ **1.** Proposes that it is useful to think of abnormal behavior as a disease.

_____ **2.** Involves distinguishing one illness from another.

_____ **3.** Refers to the apparent causation and developmental history of an illness.

_____ **4.** A forecast about the possible course of an illness.

_____ **5.** An eating disorder characterized by fear of gaining weight, disturbed body image, refusal to maintain normal weight, and dangerous measures to lose weight.

_____ **6.** The study of the distribution of mental or physical disorders in a population.

_____ 7. Refers to the percentage of a population that exhibits a disorder during a specified time period.

_____ 8. A class of disorders marked by feelings of excessive apprehension and anxiety.

_____ 9. Disorder marked by a chronic high level of anxiety which is not tied to any specific threat.

_____ 10. Disorder marked by a persistent and irrational fear of an object or situation that presents no realistic danger.

_____ 11. Disorder that involves recurrent attacks of overwhelming anxiety that usually occur suddenly and unexpectedly.

_____ 12. Disorder marked by persistent, uncontrollable intrusions of unwanted thoughts and urges to engage in senseless rituals.

_____ 13. A fear of going out in public places.

_____ 14. One part of a two-category classification system of schizophrenia that includes behavioral excesses such as hallucinations, delusions, and bizarre behavior.

_____ 15. A class of disorders involving physical ailments that have no authentic organic basis and are due to psychological factors.

_____ 16. Disorder marked by a history of diverse physical complaints that appear to be psychological in origin.

_____ 17. Disorder that involves a significant loss of physical function (with no apparent organic basis), usually in a single-organ system.

_____ 18. Disorder that involves excessive preoccupation with health concerns and incessant worrying about developing physical illnesses.

_____ 19. A class of disorders in which people lose contact with portions of their consciousness or memory, resulting in disruptions in their sense of identity.

_____ 20. A sudden loss of memory for important personal information that is too extensive to be due to normal forgetting.

_____ 21. The loss of memory of one's entire life along with one's sense of personal identity.

_____ 22. Older term, still widely used, that describes the coexistence in one person of two or more personalities.

_____ 23. The new term that replaced multiple-personality disorder in the DSM-IV.

_____ 24. A class of disorders marked by depressed or elevated mood disturbances that may spill over to disrupt physical, perceptual, social, and thought processes.

_____ 25. Severe disturbances in eating behavior, characterized by preoccupation with weight concerns and unhealthy efforts to control weight; includes the syndromes anorexia nervosa and bulimia nervosa.

_____ 26. A disorder marked by persistent feelings of sadness and despair and a loss of interest in previous sources of pleasure.

_____ 27. Disorders marked by the experience of both depressive and manic periods.

_____ 28. Statistic indicating the percentage of twin pairs or other pairs of relatives who exhibit the same disorder.

_____ 29. Estimating the probability of an event based on the ease with which relevant instances come to mind.

_____ 30. A class of disorders marked by disturbances in thought that spill over to affect perceptual, social, and emotional processes.

Chapter Fourteen
PSYCHOLOGICAL DISORDERS

Review of Key Ideas

ABNORMAL BEHAVIOR: MYTHS, REALITIES, AND CONTROVERSIES

1. Describe the medical model of abnormal behavior.

1-1. A model is a metaphor or theory that is useful in describing some phenomenon. For example, the computer is frequently used as a model of thinking. The medical model uses physical illness as a model of psychological disorders. Under the medical model, maladaptive behavior is referred to as mental _____.

1-2. The term "mental illness" is so familiar to all of us that we rarely think about the meaning of the concept and whether or not the analogy with disease is a good one. Among the model's critics, Thomas Szasz asserts that words such as *sickness*, *illness*, and *disease* are correctly used only in reference to the _____, and that it is more appropriate to view abnormal behavior as a deviation from accepted social _____ than as an illness.

1-3. The text takes an intermediate position. The medical concepts of diagnosis, etiology, and prognosis have proven useful in treatment and study of psychological disorders, so while there are problems with the medical model, it may be of value as long as one understands that it is just a/an _____ and not a true explanation.

Answers: 1-1. illness (disease, sickness) **1-2.** body, norms (behavior, standards) **1-3.** analogy (model).

2. Explain the most commonly used criteria of abnormality.

2-1. What does abnormal mean? The three criteria most frequently used are *deviance*, *maladaptive behavior*, and *personal distress*.

(a) _____: Does not *conform* to cultural norms or standards.

(b) _____: Behavior that *interferes* with the individual's social or occupational functioning.

(c) _____: Intense *discomfort* produced by depression or anxiety.

2-2. Following are three statements that describe a person with a particular type of disorder. Which criterion of abnormal behavior is illustrated by each statement? Place the letters from the list above in the appropriate blanks.

____ Ralph washes his hands several dozen times a day. His handwashing interferes with his work and prevents him from establishing normal friendships.

____ Even if Ralph's handwashing compulsion did not interfere with his work and social life, his behavior still would be considered strange. That is, most people do not do what he does.

____ It is also the case that Ralph's skin is very raw, and he becomes extremely anxious when he does not have immediate access to a sink.

2-3. While the three major categories of disorder are useful, assessments of abnormality are not entirely _____ -free. Cultural trends and political forces clearly influence these judgments. In addition, normality and abnormality are not either-or concepts but exist along a _____.

Answers: 2-1. (a) deviance (b) maladaptive behavior (c) personal distress **2-2.** b, a, c **2-3.** value (culture), continuum.

3. List three stereotypes of people with psychological disorders.

3-1. In the space below, list three stereotypes of people with psychological disorders:

(a) The disorders are _____.

(b) People with the disorders are _____ and dangerous.

(c) People with the disorders behave in a bizarre manner and are very _____ from normal people.

Answers: 3-1. (a) incurable (b) violent (c) different.

4. List the five diagnostic axes of DSM-IV.

4-1. Below are descriptions of the five axes of the DSM-IV classification system. Label each with the correct axis number (I through V).

____ Notes concerning the severity of stress experienced by the individual in the past year

____ Estimates of the individual's current level of adaptive functioning (social and occupational)

____ Diagnosis of most types of mental disorders

____ Diagnosis of long-running personality disorders or mental retardation

____ Listing of physical disorders

Answers: 4-1. IV, V, I, II, III.

5. Discuss estimates of the prevalence of psychological disorders.

5-1. Epidemiological studies assess the _____ of various disorders. Prevalence is the _____ of people who suffer from a disorder across a specific period of time. For our purposes, *lifetime* prevalence is most interesting.

5-2. What percentage of people will exhibit a mental disorder at some point during their lifetime? If drug-related disorders are included, estimates range from one-third to, more recently, _____%. The estimates are complicated by several factors, but recent studies do suggest that there (has been/has not been) a genuine increase in lifetime prevalence.

5-3. The most common disorders are *mood*, *anxiety*, and *substance use* disorders (including alcoholism). List these below in order of prevalence.

_____

_____

_____

Answers: 5-1. prevalence, percentage (proportion), the entire lifespan **5-2.** 44%, has been **5-3.** substance use, anxiety, mood.

ANXIETY DISORDERS

6. List five types of anxiety disorders and describe the symptoms associated with each.

6-1. List the names of the four anxiety syndromes in the space below. As hints, the initial letters of some key words are listed at the left.

GAD: _____

PhD: _____

OCD: _____

PDA: _____ and _____

PTSD: _____

6-2. Match the anxiety disorders with the symptoms that follow by placing the appropriate letters (from the previous question) in the blanks.

(a) _____ Sudden, unexpected, and paralyzing attacks of anxiety

(b) _____ Not tied to a specific object or event

(c) _____ Senseless, repetitive rituals

(d) _____ Brooding over decisions

(e) _____ Fear of specific objects or situations

(f) _____ Persistent intrusion of distressing and unwanted thoughts

(g) _____ Free-floating anxiety

(h) _____ Frequently includes fear of going out in public

(i) _____ Nightmare, flashbacks, and anxiety that may follow traumatic events

Answers: 6-1. generalized anxiety disorder, phobic disorder, obsessive-compulsive disorder, panic disorder and agoraphobia **6-2.** (a) PDA (in this example, panic attacks) (b) GAD (c) OCD (d) GAD (e) PhD (f) OCD (g) GAD (h) PDA (in this case, agoraphobia) (i) PTSD.

7. Discuss the contribution of biological and cognitive factors, conditioning, and stress to the etiology of anxiety disorders.

7-1. Several types of studies suggest that there are inherited predispositions to anxiety disorders. For example, twin studies find higher concordance rates for anxiety among _____ twins than _____ twins.

7-2. Other biological evidence implicates disturbances at the synapse. Therapeutic drugs taken for anxiety appear to affect the chemicals known as _____ (e.g., GABA, serotonin) that carry signals from one neuron to another.

7-3. Conditioning, or learning clearly, plays a role as well. For example, if an individual is bitten by a dog, he or she may develop a fear of dogs through the process of _____ conditioning. The individual may then avoid dogs in the future, a response maintained by _____ conditioning.

7-4. People are more likely to be afraid of snakes than of hot irons. Using Seligman's notion of preparedness, explain why.

7-5. Critics note problems with the conditioning model. For example (answer true/false):

____ People with phobias frequently cannot recall the traumatic incident.

____ People who experience extreme traumas do not always develop phobias.

7-6. As discussed in Chapter 6, the conditioning models are being extended to include a larger role for cognitive factors. For example, children probably acquire fears by _____ the behavior of anxious parents.

7-7. Cognitive theorists indicate that certain *thinking styles* contribute to anxiety. For example, as indicated in your text, the sentence "The doctor examined little Emma's growth" could refer either to height or to a tumor. People who are high in anxiety will tend to perceive the (tumor/height) interpretation. People's readiness to perceive threat, in other words, appears to be related to their tendency to experience _____.

7-8. Finally, *stress* is related to anxiety disorders. Studies described in your text indicate that stress is related both to _____ disorder and to the development of social _____.

Answers: 7-1. identical, fraternal **7-2.** neurotransmitters **7-3.** classical, operant **7-4.** Preparedness is Seligman's notion that human beings have evolved to be more prepared or more ready to be conditioned to some stimuli than to others. We have evolved to be more afraid of snakes than of hot irons, the latter having appeared only relatively recently in our evolutionary history. (As a whole, research has provided only modest support for the idea of preparedness in acquisition of phobias.) **7-5.** T, T **7-6.** observing (modeling) **7-7.** tumor, anxiety **7-8.** panic, phobia.

SOMATOFORM DISORDERS

8. Compare and contrast the three somatoform disorders and discuss their etiology.

8-1. For each of the following symptoms, indicate which disorder is described by placing the appropriate letters in the blanks: S for somatization, C for conversion, and H for hypochondriasis.

____ Serious disability that may include paralysis, loss of vision or hearing, loss of feeling, and so on.

____ Many different minor physical ailments accompanied by a long history of medical treatment.

____ Cannot believe the doctor's report that the person is not really ill.

____ Symptoms that appear to be organic in origin but don't match underlying anatomical organization.

____ Diverse complaints that implicate many different organ systems.

____ Usually does not involve disability so much as overinterpreting slight, possible signs of illness.

____ "Glove anesthesia;" seizures without loss of bladder control.

8-2. In the film *Hannah and Her Sisters*, Woody Allen is convinced that certain minor physical changes are a sign of cancer. When tests eventually find no evidence of cancer, he is sure the tests have been done incorrectly. Which of the somatoform disorders does this seem to represent? _____

8-3. The somatoform disorders are associated with certain personality types, with particular cognitive styles, and with learning. Among personality types, the _____ personality (self-centered, excitable, and overly dramatic) is implicated, as is the general trait of _____. Insecure attachment style relating to early experiences with care-givers may also be a factor.

8-4. Another source of the somatoform disorders may involve _____ factors, the way people think about normal physiological processes. For example, some people may tend to (catastrophize/ minimize) minor bodily changes.

8-5. In addition, the "sick role" may be positively reinforced through, for example _____ from others, or negatively reinforced by _____ certain of life's problems or unpleasant aspects.

Answers: 8-1. C, S, H, C, S, H, C **8-2.** hypochondriasis **8-3.** histrionic, neuroticism **8-4.** cognitive, catastrophize **8-5.** attention (kindness, etc.), avoiding (escaping).

DISSOCIATIVE DISORDERS

9. Describe three dissociative disorders.

9-1. The three dissociative disorders involve memory and identity. Two of the disorders involve fairly massive amounts of forgetting, dissociative _____ and dissociative _____.

9-2. People who have been in serious accidents frequently can't remember the accident or events surrounding the accident. This type of memory loss, which involves specific traumatic events, is known as dissociative _____.

9-3. An even greater memory loss, in which people lose their memories for their entire lives along with their sense of identity, is termed dissociative _____.

9-4. You may have seen media characterizations of individuals who can't remember who they are—what their names are, where they live, who their family is, and so on. While popularly referred to as amnesia, this type of dissociative disorder is more correctly called dissociative _____.

9-5. A few years ago, there was a spate of appearances on talk shows by guests who claimed to have more than one identity or personality. This disorder is still widely known as _____-_____ disorder (MPD), but the formal name in the DSM-IV is _____ _____ disorder (DID). The disorder is also often (correctly/mistakenly) called schizophrenia.

Answers: 9-1. amnesia, fugue **9-2.** amnesia **9-3.** fugue **9-4.** fugue **9-5.** multiple-personality, dissociative identity, mistakenly.

10. Discuss the etiology of dissociative identity disorder.

10-1. The diagnosis of dissociative identity disorder (DID) is controversial. Although many clinicians believe that the disorder is authentic, Spanos argues that it is the product of media attention and the misguided probings of a small minority of psychotherapists. In other words, Spanos believes that DID (or MPD) (is/is not) a genuine disorder.

10-2. While the majority of people with DID report having been emotionally and sexually _____ in childhood, the abuse has not been independently verified, and child abuse is related to a variety of disorders. Little else is known about the possible causes of this controversial diagnosis.

10-3. In a recent survey of American psychiatrists, a majority (i.e., three-fourths) of those polled indicated that there (is/is not) enough scientific evidence to warrant including DID as a valid diagnostic category.

Answers: 10-1. is not **10-2.** abused **10-3.** is not.

MOOD DISORDERS

11. Describe the two major mood disorders.

11-1. The two major mood disorders are major _____ disorder (or unipolar disorer) and _____ disorder.

11-2. While the terms *manic* and *depressive* describe mood, they refer to a number of other characteristics as

well, listed below. With one or two words for each characteristic describe the manic and depressive episodes. (Before you make the lists, it may be a good idea to review Table 14.1 and the sections on depressive and bipolar mood disorders.)

	Manic	*Depressive*
mood:	_____	_____
sleep:	_____	_____
activity:	_____	_____
sex drive:	_____	_____

Answers: 11-1. depressive, bipolar **11-2.** mood: euphoric (elated, extremely happy, up, etc.) vs. depressed (blue, extremely sad, down); sleep: goes without or doesn't want to vs. can't (insomnia); activity: very active vs. sluggish, slow, inactive; sex drive: increased vs. decreased.

12. Explain how genetic, neurochemical, and neuroanatomical factors may be related to the development of mood disorders.

12-1. Twin studies implicate genetic factors in the development of mood disorders. In a sentence, summarize the results of these studies.

12-2. While the exact mechanism is not known, correlations have been found between mood disorders and abnormal levels of _____ in the brain, including norepinephrine and serotonin.

12-3. There may be an neuroanatomical basis for depression: the _____, known to be involved in memory consolidation, tends to be about 8%-10% smaller in depressed subjects.

12-4. Recent studies have found that the brain, and especially the hippocampus, tends to generate new neurons in adulthood, a process termed _____. The relevant new theory is that major life stress causes a suppression of this growth, and that suppression of neurogenesis is the central cause of _____.

12-5. According to this new theory, drugs that elevate serotonin relieve depression because serotonin promotes _____, the generation of new neurons. Research on this model continues.

Answers: 12-1. For mood disorders, the concordance rate for identical twins is much higher than that for fraternal twins (about 67% for the former compared to 15% for the latter). **12-2.** neurotransmitters (neurochemicals) **12-3.** hippocampus **12-4.** neurogenesis, depression **12-5.** neurogenesis.

13. Explain how cognitive factors, interpersonal factors, and stress may be related to the development of mood disorders.

13-1. Martin Seligman's model of depression is referred to as the learned _____ model. While he originally based his theory of depression on an animal conditioning model involving exposure to unavoidable aversive stimuli, he has more recently emphasized (cognitive/behavioral) factors.

13-2. According to the revised version of learned helplessness, people with a _____ explanatory style are particularly prone to depression. For example, people who attribute obstacles to (situational factors/personal flaws) are more likely to experience depression.

13-3. In line with the cognitive explanation of depression, Susan Nolen-Hoeksema has found that people who repetitively focus or _____ about their depression are more likely to remain depressed.

13-4. Other researchers have also found that negative thinking to be a factor in depression. The featured study, for example, found that non-depressed first-year college students who score high on tests of _____ thinking have higher incidences of depressive episodes later, during a 2.5 year follow-up. An interesting aspect of the study is that it is _____ rather than retrospective.

13-5. With regard to interpersonal factors, depressed people tend to lack _____ skills. Lack of social skills diminishes people's capacities to obtain important _____, including good friends and desirable jobs.

13-6. Why do we tend to reject depressed people?

13-7. There is (very little/a moderately strong) link between stress and the onset of mood disorders.

Answers: 13-1. helplessness, cognitive **13-2.** pessimistic (negative), personal flaws **13-3.** ruminate **13-4.** negative, prospective **13-5.** social (interpersonal), reinforcers **13-6.** Because they are not pleasant to be around. Depressed people complain a lot, are irritable, and tend to pass their mood along to others. **13-7.** a moderately strong.

SCHIZOPHRENIC DISORDERS

14. Describe the general characteristics (symptoms) of schizophrenia.

14-1. Before we review the different types of schizophrenia, consider some general characteristics of the schizophrenic disorders, as follows.

(a) Irrational thought: Disturbed thought processes may include the false beliefs referred to as _____ (e.g., the idea that one is a famous political figure being pursued by secret agents, when that in fact is not true).

(b) Deterioration of adaptive behavior: The deterioration usually involves social relationships, work, and neglect of personal _____.

(c) Distorted perception: This category may include hearing (or sometimes seeing) things that aren't really there. These sensory experiences are known as _____.

(d) Disturbed emotion: Emotional responsiveness may be disturbed in a variety of ways. The person may have little or no responsiveness, referred to as _____ affect, or they may show _____ emotional responses, such as laughing at news of a tragic death.

Answers: 14-1. (a) delusions (b) hygiene (cleanliness) (c) hallucinations (d) flat (flattened, blunted), inappropriate (erratic, bizarre).

15. Describe two classification systems for schizophrenic subtypes and discuss the course of schizophrenia.

15-1. Write the names of the four recognized subcategories of schizophrenia next to the descriptions that follow.

(a) _____ type: Particularly severe deterioration, incoherence, complete social withdrawal, aimless babbling and giggling, delusions centering on bodily functions.

(b) _____ type: Muscular rigidity and stupor at one extreme or random motor activity, hyperactivity, and incoherence at the other; now quite rare.

(c) _____ type: Delusions of persecution and grandeur.

(d) _____ type: Clearly schizophrenic but doesn't fit other three categories.

15-2. Several critics have asserted that there are no meaningful differences among the categories listed above and have proposed an alternative classification system. Nancy Andreasen and others have described a classification system consisting of only two categories, one that consists of _____ symptoms and the other of _____ symptoms.

15-3. In Andreasen's system, "positive" and "negative" do not mean pleasant and unpleasant. Positive symptoms add something to behavior (like chaotic speech), and negative symptoms *subtract* something (like social withdrawal). Indicate which of the following are positive and which negative, by placing a P or an N in the appropriate blanks.

____ flattened emotions

____ hallucinations

____ bizarre behavior

____ social withdrawal

____ apathy

____ nonstop babbling

____ doesn't speak

15-4. Theorists hoped that classification of schizophrenia into positive and negative symptoms would provide more meaningful categories in terms of etiology and prognosis. Some differentiation between the two types of symptoms has been found but, all in all, this system (has/has not) produced a classification that can replace the traditional subtypes.

15-5. Mark the following T (true) or F (false).

____ Schizophrenia tends to emerge in adolescence or early adulthood.

____ Schizophrenia may have either a sudden or gradual onset.

____ About 15-20% of schizophrenic patients experience a full recovery.

15-6. What characteristics tend to predict recovery from schizophrenia? In the list below, indicate the favorable and unfavorable prognostic indicators by placing a plus (+) or minus (-) in the appropriate blanks.

____ Has a rapid onset

____ Occurs at a young age

____ Accompanied by good previous social and work adjustment

____ Low proportion of negative symptoms

____ A supportive family to return to

Answers: 15-1. (a) disorganized (b) catatonic (c) paranoid (d) undifferentiated **15-2.** positive, negative **15-3.** N, P, P, N, N, P, N **15-4.** has not **15-5.** T, T, T **15-6.** +, -, +, +, +.

16. Explain how genetic vulnerability, neurochemical factors, and structural abnormalities in the brain may contribute to the etiology of schizophrenia.

16-1. As with mood disorders, twin studies implicate genetic factors in the development of schizophrenia. In a sentence, summarize the general results of these studies.

16-2. As with mood disorders, neurotransmitter substances in the brain are implicated in the etiology of schizophrenia. Although the evidence is somewhat clouded, what is the name of the neurotransmitter thought to be involved? _____

16-3. In addition to possible neurochemical factors, certain differences in brain structure may be associated with schizophrenia. One of these differences involves enlarged brain _____, which are hollow, fluid-filled cavities in the brain. It is impossible to know at this point whether this brain abnormality is a cause of schizophrenia or a/an _____.

16-4. Recent brain-imaging studies have also found abnormal metabolic activity in both the frontal and _____ lobes of the cortex. In addition, the metabolic abnormalities in the prefrontal cortex coincide with a major pathway for the neurotransmitter dopamine. Since _____ is already implicated in schizophrenia, this finding supports the idea of a link between this area of the prefrontal cortex and schizophrenia.

Answers: 16-1. For schizophrenia, the concordance rate is higher for identical than for fraternal twins. (The actual concordance rates have been found to be about 48% for identical and 17% for fraternal twins. For comparison, the respective percentages found for mood disorders were about 67% and 15%.) **16-2.** dopamine (thought to be a factor, because most drugs useful in treating schizophrenia decrease dopamine activity in the brain) **16-3.** ventricles, effect (result, consequence) **16-4.** temporal, dopamine.

17. Summarize evidence on how neurodevelopmental processes, family dynamics, and stress may be related to the development of schizophrenia.

17-1. The _____ hypothesis of schizophrenia maintains that schizophrenia is caused, in part, by early neurological damage that occurs either prenatally or during the birth process.

17-2. Among the causes of neurological damage are _____ infections; _____, which may occur, for example, during famine; and complications that occur during _____.

17-3. Expressed emotion refers to the extent to which a patient's relatives are overly critical or protective or are in other ways overly emotionally involved with the patient. Patients returning to families that are high in expressed emotion have a relapse rate that is much (higher/lower) than that of families low in expressed emotion.

17-4. What role does stress play in the etiology of schizophrenia? Stress is a fact of life, and it is obvious that not everyone who experiences stress develops schizophrenia. Current thinking is that stress may be a precipitating factor for people who are biologically, or for other reasons, already _____ to schizophrenia.

Answers: 17-1. neurodevelopmental **17-2.** viral (flu), malnutrition (starvation), delivery (birth, the birth process) **17-3.** higher **17-4.** vulnerable (predisposed).

PERSONALITY DISORDERS

18. Discuss the nature of personality disorders and problems with the diagnosis of such disorders.

18-1. The personality disorders, recorded on Axis II, are frequently (less/more) severe versions of disorders on Axis I. These disorders consist of relatively extreme and inflexible sets of _____ traits that cause subjective distress or impaired functioning.

18-2. A major problem with the classification of personality disorders is that there is an enormous overlap between the ten _____ disorders on Axis II and the disorders listed on Axis I. There is also considerable _____ among the personality disorders themselves.

18-3. For example, one study found that the majority of patients diagnosed with a histrionic personality disorder (also/did not) fit the descriptions of one or more other personality disorders. This blurring of the lines makes diagnosis difficult.

18-4. In hopes of remedying these problems, some theorists have suggested that rather than using non-overlapping *categories*, personality disorders should be described in terms of *continuous scores* on a set of personality _____. While this approach has advocates, psychologists are not in agreement about its potential utility.

Answers: 18-1. less, personality **18-2.** personality, overlap **18-3.** also **18-4.** dimensions (factors, traits).

19. Describe the antisocial personality disorder, and discuss its etiology.

19-1. The *antisocial* personality disorder is more extensively researched than are the other personality disorders and is described in more detail in your text. Check the concepts from the following list that are likely to correctly describe this disorder.

____ sexually promiscuous

____ genuinely affectionate

____ manipulative

____ impulsive

____ feels guilty

____ lacks an adequate conscience

____ much more likely to occur in males than females

____ may appear charming

____ may be a con-artist, thug, or unprincipled business executive

19-2. What types of studies support the idea that biological factors are involved in the etiology of the antisocial personality?

19-3. What environmental factors seem to be related to development of an antisocial personality?

Answers: 19-1. All the terms describe the antisocial personality except for *feels guilty* and *genuinely affectionate.* **19-2.** Twin studies, in particular. The concordance rate is about 67% for identical twins and 31% for fraternal. (There also has been mixed support for Eysenck's idea that antisocial personalities are chronically lower in autonomic arousal and therefore less likely to develop conditioned inhibitions.) **19-3.** Studies suggest that erratic or ineffective parental discipline, abuse, or neglect may be involved. Since one or both parents may also exhibit antisocial characteristics, observational learning may also be a factor.

PSYCHOLOGICAL DISORDERS AND THE LAW

20. Explain the legal concept of insanity and discuss the grounds for involuntary commitment.

20-1. While the words *insane* and *schizophrenic* may in some cases apply to the same person, the terms do not mean the same thing. The term _____ is a legal term, while _____ is a descriptive term used in psychological diagnosis. For example, an individual troubled by hallucinations and delusions probably fits the category of _____. An individual who is judged by a court not to be responsible for his or her actions would be classified (under the M'naghten rule) as _____.

20-2. The following items concern the insanity defense. Mark True or False.

____ The insanity defense is used in fewer than 1% of homicide cases.

____ Available evidence suggests that in the majority of cases in which is it used, the insanity defense is a successful defense (i.e., wins the case).

20-3. Roughly, how is insanity defined under the M'naghten rule?

20-4. More frequent than judgments of insanity are proceedings related to *involuntary commitment* to a psychiatric facility.

(a) What three criteria are used to determine whether an individual should be committed?

(b) What is required to temporarily commit an individual for one to three days?

(c) What is required for longer-term commitment?

20-5. What American ethical-cultural tradition is ignored in involuntary commitment?

Answers: 20-1. insane, schizophrenic, schizophrenic, insane **20-2.** true, false **20-3.** The M'naghten rule says that insanity exists when a person cannot distinguish right from wrong. **20-4.** (a) In general, for people to be involuntarily committed, mental health and legal authorities must judge them to be: (1) dangerous to themselves or (2) dangerous to others, or (3) in extreme need of treatment. (b) Temporary commitment (usually 24 to 72 hours) may be done in emergencies by a psychologist or psychiatrist. (c) Longer-term commitments are issued by a court and require a formal hearing. **20-5.** The principle that people are innocent until proven guilty in a court. Involuntary commitment involves detention (in a mental health facility) without having been proven guilty.

CULTURE AND PATHOLOGY

21. Discuss the evidence on culture and pathology.

21-1. Your text divides viewpoints about culture and pathology into *relativists* and *panculturalists*. The _____ believe that there are basic standards of mental health that are *universal* across cultures. The _____ believe that psychological disorders *vary as a function of culture.*

21-2. Some data support the pancultural view. For example, most investigators agree that the three most serious categories of disorder, listed below, are universal:

_____

_____

_____

21-3. On the other hand, some cultures do not consider some milder disturbances, such as hypochondria, to be disorders; and, some cultures describe as abnormal certain syndromes that are unknown in other cultures. So, are psychological disorders universal, or do they vary across cultures?

a. There are some universal standards of normality and abnormality.

b. There are some disorders that are specific to particular cultures.

c. Both of the above: some aspects of psychopathology are universal, some vary as a function of culture.

Answers: 21-1. universalists (panculturalists), relativists **21-2.** schizophrenia, depression, bipolar disorder **21-3.** c.

REFLECTING ON THE CHAPTER'S THEMES

22. Explain how this chapter highlighted four of the text's organizing themes.

22-1. Below are examples of the highlighted themes. Indicate which theme fits each example by writing the appropriate abbreviations in the blanks: MC for multifactorial causation, HE for the interplay of heredity and environment, SH for sociohistorical context, and C for the influence of culture.

(a) Mood and schizophrenic disorders will occur if one has a genetic vulnerability to the disorder *and* if one experiences a considerable amount of stress. ____

(b) Psychological disorders are caused by neurochemical factors, brain abnormalities, styles of child rearing, life stress, and so on. ____

(c) Anorexia nervosa occurs almost exclusively in affluent Western societies. ____

(d) Decades ago, homosexuality was classified as a disorder; in recent DSMs it is not. ____ and ____

Answers: 22-1. (a) HE (b) MC (c) C (d) SH, C.

PERSONAL APPLICATION • UNDERSTANDING EATING DISORDERS

23. Describe the symptoms and medical complications of anorexia nervosa and bulimia nervosa.

23-1. What are the names of the two major categories of eating disorder? _____ and _____

23-2. The most obvious feature of anorexia nervosa is the drastic weight loss that accompanies the disorder. Other characteristics include an intense _____ of gaining weight, a disturbed _____ (they think they are fat, no matter how emaciated they become), and (struggling/refusal) to maintain normal weight.

23-3. The two major subtypes of anorexia have in common a dangerous weight loss. In one case this is accompanied by _____ (severely limiting food eaten) and in the other by bingeing and then _____ (vomiting, using laxatives and diuretics) as well as excessive exercise.

23-4. The weight loss that accompanies anorexia nervosa is substantial, typically 25-30% below normal weight. A critical diagnostic criterion for anorexia nervosa in women is amenorrhea, the loss of the _____ cycle.

23-5. There are other consequences as well, including serious gastrointestinal difficulties, heart and circulatory problems, and osteoporosis, all of which may lead to death in approximately ____% of cases. Anorexia nervosa patients (usually/rarely) seek treatment on their own.

23-6. Bulimia nervosa shares many of the characteristics of the binge-eating/purging type of anorexia. Its main differentiating feature is the fact that people with bulimia maintain a (relatively normal/drastically decreased) body weight. They are also somewhat more likely to recognize that there is a problem and to cooperate with treatment.

Answers: 23-1. anorexia nervosa, bulimia nervosa **23-2.** fear, body image, refusal **23-3.** restricting, purging **23-4.** menstrual **23-5.** 2-10%, rarely **23-6.** relatively normal.

24. Discuss the history and prevalence of eating disorders.

24-1. Anorexia nervosa and bulimia nervosa were extremely (common/rare) prior to the middle of the 20th century. Culture has a great deal to do with this disorder; the combination of abundant food and the desire for thinness seem to have been a major impetus. Thus, eating disorders are largely a product of (affluent/developing) cultures, mostly in Western countries but more recently affluent non-Western as well.

24-2. Probably as a result of the greater pressure on women to fit the current fashion of thinness, about ____% of individuals with eating disorders are female. Studies suggest that about 1-1.5% of young women develop _____ nervosa and about 2-3% _____ nervosa. The typical age of onset of the disorders is about 14-18 for _____ nervosa and 15 to 21 for _____ nervosa.

Answers: 24-1. rare, affluent **24-2.** 90-95%, anorexia, bulimia, anorexia, bulimia.

25. Explain how genetic factors, personality, and culture may contribute to eating disorders.

25-1. Data from _____ studies and studies of relatives of people with eating disorders suggest that there is some degree of genetic predisposition for the disorders.

25-2. There are also personality correlates of the disorders that may reflect an underlying vulnerability. For example, people who are impulsive, overly sensitive, and low in self-esteem are more likely to suffer from (bulimia/anorexia) nervosa. People characterized as neurotic, obsessive, and rigid are more likely to have (bulimia/anorexia) nervosa.

25-3. As mentioned previously, cultural values are clearly implicated as well. Over the last half of the 20th century, eating disorders (increased/decreased) in prevalence as the ideal body weight (increased/decreased). Although one cannot make causal conclusions, it seems likely that the cultural milieu is a major factor in eating disorders.

Answers: 25-1. twin **25-2.** bulimia, anorexia **25-3.** increased, decreased

26. Explain how family dynamics and disturbed thinking may contribute to eating disorders.

26-1. It is very difficult to sort out cause and effect in case and informal studies, but some theorists contend that parents who are (under-involved/overly involved) in their children's lives unintentionally push their adolescent children to exert autonomy through pathological eating patterns. Other theorists contend that mothers pass along the thinness message by _____ unhealthy dieting practices.

26-2. Disturbed thinking seems to accompany eating disorders, but whether this is a cause or a result of the disorders is hard to say. (For example, studies of food deprivation in volunteer subjects also find disturbed thinking processes.) In any case, the type of thinking that leads one to think they are fat when they are actually _____ is clearly disturbed thinking. So is the thinking that may be described as rigid, all-or-_____ thinking (e.g., If I am not thin, I am worthless; if I eat, I am not in control of my life.).

Answers: 26-1. overly involved, modeling (endorsing, agreeing with, passing on) **26-2.** thin (emaciated), none.

CRITICAL THINKING APPLICATION * **WORKING WITH PROBABILITIES IN THINKING ABOUT MENTAL ILLNESS**

27. Discuss how mental heuristics can distort estimates of cumulative and conjunctive probabilities.

27-1. Basing an estimate of probability on the similarity of an event to a prototype (or mental representation) is a distortion in thinking referred to as the _____ heuristic.

27-2. Over a lifetime, what is the probability that someone will be afflicted with mental illness? Higher than most people think, about one chance in three. People underestimate this probability in part because when they think of mental illness, they think of severe disturbances, such as schizophrenia. When a _____ such as this comes to mind, people tend to ignore information about _____. This bias in our thinking is called the _____.

27-3. In fact, the lifetime mental illness referred to could be schizophrenia, or obsessive-compulsive disorder, or phobia, or substance abuse disorder, or any of an enormous number of other disorders. Each "or" in this instance should involve (adding/subtracting) estimates of the appropriate probabilities, an example of (conjunctive/cumulative) probabilities. The representativeness heuristic, however, results in our estimating probabilities based on similarity to a _____.

27-4. Here is another probability question: Which of the following is more likely (a or b)?

a. having a phobia

b. having a phobia and being obsessive-compulsive

You don't have to know anything about these disorders or their actual probabilities to know that the answer is ____. In this example, you implicitly know that the likelihood of two events occurring together is less than that of either of these events occurring alone. This example illustrates "and" relationships or _____ probabilities.

27-5. Sometimes the answer is not so apparent. Consider this question: John was reported to have been brain damaged at birth. At age 14, John's IQ was measured as 70. Of the following, which is most likely? ____

a. John wins a Nobel prize at age 40.

b. John is given an experimental treatment for retardation; John wins a Nobel prize at age 40.

c. John was mixed up with another baby; John's IQ test was scored incorrectly; John wins a Nobel prize at age 40.

27-6. The answer to the previous question is another example of _____ probabilities. If you, like most people that I have shown this problem, picked some answer other than "a," you made the error known as the _____ fallacy.

27-7. Why do we make the conjunction fallacy? In part, the mistake results, again, from our tendency to be influenced by prototypes, the _____ heuristic. Even though we know that, logically, the likelihood of two events occurring together is less than the probability of either occurring alone, the additional "explanation" makes the combined result seem more reasonable. In fact, it is just another example of _____ probabilities.

27-8. When you first read about mood disorders, or obsessive-compulsive disorder, or generalized anxiety disorder, or hypochondriasis, did you tend to think that each description might fit you or one of your friends? If so, you were probably influenced by the _____ heuristic.

27-9. The availability heuristic involves the ease with which we can bring something to _____. The more readily we can think of some event, the more likely it is to influence our judgment about its frequency or _____.

27-10. Review. If one estimates probability based on a mental image or prototype, one is using the _____. If we think that it is more likely that two events will occur together than that either will occur alone, we have made the error known as the _____ _____. If we base our estimate of probability on the ease with which something comes to mind, we are using the _____.

Answers: 27-1. representativeness **27-2.** prototype (mental representation), probability, representativeness heuristic **27-3.** adding, cumulative, prototype **27-4.** a, conjunctive **27-5.** a **27-6.** conjunctive, conjunction **27-7.** representativeness, conjunctive **27-8.** availability **27-9.** mind, probability **27-10.** representativeness heuristic, conjunction fallacy, availability heuristic.

Review of Key Terms

Agoraphobia
Anorexia nervosa
Antisocial personality disorder
Anxiety disorders
Availability heuristic
Bipolar disorders
Bulimia nervosa
Catatonic schizophrenia
Comorbidity
Concordance rate
Conjunction fallacy
Conversion disorder
Culture-bound disorders
Cyclothymic disorder
Delusions
Diagnosis
Disorganized schizophrenia
Dissociative amnesia
Dissociative disorders
Dissociative fugue
Dissociative identity disorder (DID)
Dysthymic disorder
Eating disorders
Epidemiology
Etiology
Generalized anxiety disorder
Hallucinations
Hypochondriasis
Insanity
Involuntary commitment
Major depressive disorder
Manic-depressive disorder
Medical model
Mood disorders
Multiple-personality disorder
Negative symptoms
Obsessive-compulsive disorder (OCD)
Panic disorder
Paranoid schizophrenia
Personality disorders
Phobic disorder
Positive symptoms
Posttraumatic stress disorder (PTSD)
Prevalence
Prognosis
Representativeness heuristic
Schizophrenic disorders
Somatization disorder
Somatoform disorders
Undifferentiated schizophrenia

_____ **1.** Proposes that it is useful to think of abnormal behavior as a disease.

_____ **2.** Involves distinguishing one illness from another.

_____ **3.** Refers to the apparent causation and developmental history of an illness.

_____ **4.** A forecast about the possible course of an illness.

_____ **5.** An eating disorder characterized by fear of gaining weight, disturbed body image, refusal to maintain normal weight, and dangerous measures to lose weight.

_____ **6.** The study of the distribution of mental or physical disorders in a population.

_____ **7.** Refers to the percentage of a population that exhibits a disorder during a specified time period.

_____ **8.** A class of disorders marked by feelings of excessive apprehension and anxiety.

_____ **9.** Disorder marked by a chronic high level of anxiety which is not tied to any specific threat.

_____ **10.** Disorder marked by a persistent and irrational fear of an object or situation that presents no realistic danger.

_____ **11.** Disorder that involves recurrent attacks of overwhelming anxiety that usually occur suddenly and unexpectedly.

_____ **12.** Disorder marked by persistent, uncontrollable intrusions of unwanted thoughts and urges to engage in senseless rituals.

_____ **13.** A fear of going out in public places.

_____ **14.** One part of a two-category classification system of schizophrenia that includes behavioral excesses such as hallucinations, delusions, and bizarre behavior.

_____ **15.** A class of disorders involving physical ailments that have no authentic organic basis and are due to psychological factors.

_____ **16.** Disorder marked by a history of diverse physical complaints that appear to be psychological in origin.

_____ **17.** Disorder that involves a significant loss of physical function (with no apparent organic basis), usually in a single-organ system.

_____ **18.** Disorder that involves excessive preoccupation with health concerns and incessant worrying about developing physical illnesses.

_____ **19.** A class of disorders in which people lose contact with portions of their consciousness or memory, resulting in disruptions in their sense of identity.

_____ **20.** A sudden loss of memory for important personal information that is too extensive to be due to normal forgetting.

_____ **21.** The loss of memory of one's entire life along with one's sense of personal identity.

_____ **22.** Older term, still widely used, that describes the coexistence in one person of two or more personalities.

_____ **23.** The new term that replaced multiple-personality disorder in the DSM-IV.

_____ **24.** A class of disorders marked by depressed or elevated mood disturbances that may spill over to disrupt physical, perceptual, social, and thought processes.

_____ **25.** Severe disturbances in eating behavior, characterized by preoccupation with weight concerns and unhealthy efforts to control weight; includes the syndromes anorexia nervosa and bulimia nervosa.

_____ **26.** A disorder marked by persistent feelings of sadness and despair and a loss of interest in previous sources of pleasure.

_____ **27.** Disorders marked by the experience of both depressive and manic periods.

_____ **28.** Statistic indicating the percentage of twin pairs or other pairs of relatives who exhibit the same disorder.

_____ **29.** Estimating the probability of an event based on the ease with which relevant instances come to mind.

_____ **30.** A class of disorders marked by disturbances in thought that spill over to affect perceptual, social, and emotional processes.

_____ **31.** False beliefs that are maintained even though they clearly are out of touch with reality.

_____ **32.** Sensory perceptions that occur in the absence of a real, external stimulus or gross distortions of perceptual input.

_____ **33.** Type of schizophrenia dominated by delusions of persecution, along with delusions of grandeur.

_____ **34.** Type of schizophrenia marked by striking motor disturbances, ranging from muscular rigidity to random motor activity.

_____ **35.** Type of schizophrenia marked by a particularly severe deterioration of adaptive behavior.

_____ **36.** Type of schizophrenia marked by idiosyncratic mixtures of schizophrenic symptoms.

_____ **37.** A class of disorders marked by extreme, inflexible personality traits that cause subjective distress or impaired social and occupational functioning.

_____ **38.** Disorder marked by impulsive, callous, manipulative, aggressive, and irresponsible behavior; reflects a failure to accept social norms.

_____ **39.** A legal status indicating that a person cannot be held responsible for his or her actions because of mental illness.

_____ **40.** A part of a two-category classification system of schizophrenia that includes behavioral deficits, such as flattened emotions, social withdrawal, and apathy.

_____ **41.** Legal situation in which people are hospitalized in psychiatric facilities against their will.

_____ **42.** Chronic but relatively mild symptoms of bipolar disturbance.

_____ **43.** Abnormal syndromes found only in a few cultural groups.

_____ **44.** Chronic depression that is insufficient in severity to merit diagnosis of a major depressive episode.

_____ **45.** Estimating the probability of an event based on how similar the event is to a prototype.

_____ **46.** An error in thinking that involves estimating that the odds of two uncertain events happening together are greater than the odds of either event happening alone.

_____ **47.** An eating disorder that involves binge eating followed by unhealthy compensatory efforts such as vomiting, fasting, abuse of laxatives and diuretics, and excessive exercise.

_____ **48.** The coexistence of two or more disorders in the same individual.

_____ **49.** Older term used to refer to bipolar disorder.

_____ **50.** Psychological disturbance due to the experience of a major traumatic event; may appear some time after the event.

Answers: **1.** medical model **2.** diagnosis **3.** etiology **4.** prognosis **5.** anorexia nervosa **6.** epidemiology **7.** prevalence **8.** anxiety disorders **9.** generalized anxiety disorder **10.** phobic disorder **11.** panic disorder **12.** obsessive-compulsive disorder **13.** agoraphobia **14.** positive symptoms **15.** somatoform disorders **16.** somatization disorder **17.** conversion disorder **18.** hypochondriasis **19.** dissociative disorders **20.** dissociative amnesia **21.** dissociative fugue **22.** multiple-personality disorder **23.** dissociative identity disorder **24.** mood disorders **25.** eating disorders **26.** major depressive disorder **27.** bipolar disorders **28.** concordance rate **29.** availability heuristic **30.** schizophrenic disorders **31.** delusions **32.** hallucinations **33.** paranoid schizophrenia **34.** catatonic schizophrenia **35.** disorganized schizophrenia **36.** undifferentiated schizophrenia **37.** personality disorders **38.** antisocial personality disorder **39.** insanity **40.** negative symptoms **41.** involuntary commitment **42.** cyclothymia **43.** culture-bound disorders **44.** dysthymic disorder **45.** representativeness heuristic **46.** conjunction fallacy **47.** bulimia nervosa **48.** comorbidity **49.** manic-depressive disorder **50.** posttraumatic stress disorder (PTSD).

Review of Key People

Nancy Andreasen
Susan Nolen-Hoeksema
David Rosenhan
Martin Seligman
Thomas Szasz

_____ 1. Critic of the medical model; argues that abnormal behavior usually involves a deviation from social norms rather than an illness.

_____ 2. Did a study on admission of pseudopatients to a mental hospital; concluded that our mental health system is biased toward seeing pathology where it doesn't exist.

_____ 3. Proposed a classical conditioning explanation of phobias modified by "preparedness;" developed the learned helplessness model; modified learned helpless to include cognition (pessimistic explanatory style).

_____ 4. Proposed an alternative approach to subtyping that divides schizophrenic disorders into just two categories, based on the presence of negative versus positive symptoms.

_____ 5. Found that people who ruminate about their depression, by repetitively focusing on their sad feelings, tend to stay depressed longer that those who distract themselves.

Answers: 1. Szasz **2.** Rosenhan **3.** Seligman **4.** Andreasen **5.** Susan Nolen-Hoeksema.

Self-Quiz

1. Which of the following concepts or people asserts that abnormal behavior is best thought of as an illness?
   a. the behavioral model
   b. the medical model
   c. Thomas Szasz
   d. Arthur Staats

2. The concordance rate for mood disorders has been found to be about 67% among identical twins and 17% among fraternal twins. These data suggest that the mood disorders
   a. are caused primarily by stress
   b. have an onset at an early age
   c. are due primarily to family environment
   d. are caused in part by genetic factors

3. In Rosenhan's study involving admission of pseudopatients (i.e., normal individuals who said they heard voices) to psychiatric facilities, most of the pseudopatients were
   a. diagnosed as seriously disturbed
   b. diagnosed as suffering from a mild neurosis
   c. dismissed within two days
   d. misdiagnosed by the attendants but correctly diagnosed by psychiatrists

4. An individual gets sudden, paralyzing attacks of anxiety and also fears going out in public away from her house. Which anxiety disorder does this describe?
   a. generalized anxiety disorder
   b. phobic disorder
   c. obsessive-compulsive disorder
   d. panic attack and agoraphobia

5. Ralph cleans and scrubs the cupboards in his house seven times each day. Which anxiety disorder does this describe?
   a. generalized anxiety disorder
   b. phobic disorder
   c. obsessive-compulsive disorder
   d. panic disorder

6. Human beings may have evolved to be more easily conditioned to fear some stimuli than others. This is Seligman's notion of
   a. preparedness
   b. anxiety differentiation
   c. somatization
   d. learned helplessness

7. Delusions and hallucinations are likely to characterize
   a. major depressive disorder
   b. hypochondriasis
   c. phobias
   d. schizophrenia

8. Paralysis or loss of feeling that does not match underlying anatomical organization may be a symptom of
   a. somatization disorder
   b. conversion disorder
   c. hypochondriasis
   d. malingering

9. A disorder that was extremely rare prior to the last half of the 20th century is the syndrome
   a. manic-depressive disorder
   b. schizophrenia
   c. obsessive-compulsive disorder
   d. anorexia nervosa

10. The disorder marked by striking motor disturbances ranging from rigidity to random motor activity and incoherence is termed
    a. catatonic schizophrenia
    b. multiple personality
    c. dissociative disorder
    d. paranoid schizophrenia

11. Which of the following are disorders that occur in all cultures?
    a. generalized anxiety disorder and panic disorder
    b. hypochondriasis, somatization, conversion disorder
    c. schizophrenia, bipolar mood disorder, depression
    d. bulimia and anorexia nervosa

12. A disorder characterized by amenorrhea (loss of the menstrual cycle) in women is the syndrome termed
    a. generalized anxiety disorder
    b. bipolar mood disorder
    c. anorexia nervosa
    d. bulimia nervosa

13. An individual thinks he is Jesus Christ. He also believes that, because he is Christ, people are trying to kill him. Assume that this individual is not correct—he is not Christ, and people are not trying to kill him. Which of the following would be the most likely diagnosis?
    a. multiple personality
    b. paranoid schizophrenia
    c. obsessive-compulsive disorder
    d. catatonic schizophrenia

14. A court declares that, because of a mental illness, an individual is not responsible for his criminal actions (did not know right from wrong). The individual is
    a. insane
    b. psychopathic
    c. psychotic
    d. schizophrenic

15. Being careful not to make the conjunction fallacy, indicate which of the following is most probable
    a. Ralph is an alcoholic; Ralph wins a major world tennis tournament.
    b. Ralph is an alcoholic; Ralph enters a treatment program; Ralph wins a major world tennis tournament.
    c. Ralph is an alcoholic; Ralph enters a treatment program; Ralph has been sober for a year; Ralph wins a major world tennis tournament.
    d. Ralph is an alcoholic; Ralph enters a treatment program; Ralph has been sober for a year; Ralph practices tennis 50 hours a week; Ralph wins a major world tennis tournament.

Answers: 1. b **2.** d **3.** a **4.** d **5.** c **6.** a **7.** d **8.** b **9.** d **10.** a **11.** c **12.** c **13.** b **14.** a **15.** a.

InfoTrac Keywords

Agoraphobia
Anorexia Nervosa
Antisocial Personality Disorder
Availability Heuristic
Conversion Disorder
Hypochondriasis (see hypochondria)
Major Depressive Disorder
Obsessive-compulsive Disorder
Paranoid Schizophrenia
Somatization Disorder
Somatoform Disorders