CHAPTER OVERVIEW

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

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

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

CHAPTER REVIEW

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

Perspectives on Psychological Disorders
(pp. 640–649)

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

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

1. Psychological disorders are persistently harmful ________________, ________________, and ________________.

2. Psychiatrists and psychologists label behavior disordered when it is ________________, ________________, and ________________.

3. This definition emphasizes that standards of acceptability for behavior are ________________ (constant/variable).

4. (Thinking Critically) ADHD, or ________________, ________________, ________________, plagues children who display one or more of three key symptoms: ________________, ________________, and ________________.

5. (Thinking Critically) ADHD is diagnosed more often in ________________ (boys/girls). In
the past two decades, the proportion of American children being treated for this disorder ___________ (increased/decreased) dramatically. Experts ___________ (agree/do not agree) that ADHD is a real neurobiological disorder.

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

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

7. The view that psychological disorders are sicknesses is the basis of the ___________ model. According to this view, psychological disorders are viewed as mental ___________ , or ___________ , diagnosed on the basis of ___________ and cured through ___________ .

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

9. Today’s psychologists recognize that all behavior arises from the interaction of ___________ and ___________ . To presume that a person is “mentally ill” attributes the condition solely to an ___________ problem.

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

11. Most mental health workers today take a ___________ approach, whereby they assume that disorders are influenced by ___________ and ___________ circumstances.

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

12. The most widely used system for classifying psychological disorders is the American Psychiatric Association manual, commonly known by its abbreviation, ___________. This manual defines a ___________ process and ___________ (how many?) clinical syndromes.

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

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

(Close-Up) Briefly describe the “unDSM.”

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

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

Outline the pros and cons of labeling psychological disorders.
**Anxiety Disorders** (pp. 649–658)

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

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

1. Anxiety disorders are psychological disorders characterized by _____________________________. The key to differentiating anxiety disorders from normal anxiety is in the ___________________________ and ___________________________ of the anxiety.

2. Four anxiety disorders discussed in the textbook are ___________________________, ___________________________, ___________________________, and ___________________________.

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

3. When a person is continually tense, apprehensive, and physiologically aroused for no apparent reason, he or she is diagnosed as suffering from a ___________________________ disorder. In Freud’s term, the anxiety is ___________________________.

4. In generalized anxiety disorder, the body reacts physiologically with the arousal of the ___________________________ nervous system. In some instances, anxiety may intensify dramatically and unpredictably and be accompanied by chest pain or choking, for example; people with these symptoms are said to have ___________________________. This anxiety may escalate into a minutes-long episode of intense fear, or a ___________________________.

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

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

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

7. When a person has an intense fear of being scrutinized by others, the diagnosis is a ___________________________.

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

8. When a person cannot control repetitive thoughts and actions, an ___________________________ disorder is diagnosed.

9. Older people are ___________________________(more/less) likely than teens and young adults to suffer from this disorder.

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

10. Traumatic stress, such as that associated with witnessing atrocities or combat, can produce ___________________________ disorder. The symptoms of this disorder include ___________________________, ___________________________, ___________________________, ___________________________, and ___________________________. Despite such symptoms, some psychologists believe this disorder is ___________________________.

11. Researchers who believe this disorder may be overdiagnosed point to the ___________________________ ___________________________ of most people who suffer
Objective 10: Discuss the contributions of the learning and biological perspectives to our understanding of the development of anxiety disorders.

12. Freud assumed that anxiety disorders are symptoms of submerged mental energy that derives from intolerable impulses that were ________________ during childhood.

13. Learning theorists, drawing on research in which rats are given unpredictable shocks, link general anxiety with ________________ conditioning of ________________.

14. Some fears arise from ________________, such as when a person who fears heights after a fall also comes to fear airplanes.

15. Phobias and compulsive behaviors reduce anxiety and thereby are _________________. Through ________________ learning, someone might also learn fear by seeing others display their own fears.

16. Humans probably ________________ (are/are not) biologically prepared to develop certain fears. Compulsive acts typically are exaggerations of behaviors that contributed to our species’ ________________.

17. The anxiety response probably ________________ (is/is not) genetically influenced.

18. PET scans of persons with obsessive-compulsive disorder reveal excessive activity in a brain region called the ________________ ________________ cortex. Some antidepressant drugs dampen fear-circuit activity in the ________________, thus reducing this behavior.

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

19. In ________________ disorders, a person experiences a sudden loss of ________________ or change in ________________.

20. A person who develops two or more distinct personalities is suffering from ________________ disorder.

21. Nicholas Spanos has argued that such people may merely be playing different ________________.

22. Those who accept this as a genuine disorder point to evidence that differing personalities may be associated with distinct ________________ and ________________ states.

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

23. The psychoanalytic and learning perspectives view dissociative disorders as ways of dealing with _________________. Others view them as a protective response to histories of _________________.

Skeptics claim these disorders are sometimes contrived by ________________—________________ people and sometimes constructed out of the ________________—________________ interaction.
Mood Disorders (pp. 658–669)

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

1. Mood disorders are psychological disorders characterized by ________ . They come in two forms: The experience of prolonged depression with no discernible cause is called ________ disorder. When a person's mood alternates between depression and the hyperactive state of ________, a ________ disorder is diagnosed.

2. Although ________ are more common, ________ is the number one reason that people seek mental health services. It is also the leading cause of disability worldwide.

3. In between the temporary blue moods everyone experiences and major depression is a condition called ________, in which a person feels down-in-the-dumps nearly every day for two years or more.

4. The possible signs of depression include ________ .

5. Major depression occurs when its signs last ________ or more with no apparent cause.

6. Depressed persons usually ________ (can/cannot) recover without therapy.

7. Symptoms of mania include ________ .

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

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

9. The commonality of depression suggests that its ________ must also be common.

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

11. Men’s disorders tend to be more ________ and include ________ .

12. It usually ________ (is/is not) the case that a depressive episode has been triggered by a stressful event. An individual’s vulnerability to depression also increases following, for example, ________ .

13. With each new generation, the rate of depression is ________ (increasing/decreasing) and the disorder is striking ________ (earlier/later). In North America today, young adults are ________ times (how many?) as likely as their grandparents to suffer depression.

State the psychoanalytic explanation of depression.

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

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

15. To determine which genes are involved in depression, researchers use
Objective 15: Summarize the contributions of the social-cognitive perspective to the study of depression, and describe the events in the cycle of depression.

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

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

22. Gender differences in ______ help explain why women have been twice as vulnerable to depression.

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

16. Depression may also be caused by ______ levels of two neurotransmitters, ______ and ______ .

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

18. People with depression also have lower levels in their diet of the ______ fatty acid.

19. The brains of depressed people tend to be ______ (more/less) active, especially in an area of the ______ lobe. In severely depressed patients, this brain area may also be ______ (smaller/larger) in size.

23. Research studies suggest that depressing thoughts usually ______ (precede/follow/coincide with) a depressed mood.

24. Depression-prone people respond to bad events in an especially ______ way.

25. According to Susan Nolen-Hoeksema, when trouble strikes, men tend to ______ and women tend to ______ .

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

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

7. The term schizophrenia describes a __________________________________________ (single disorder/cluster of disorders).

8. Positive symptoms of schizophrenia include __________________________________________.

Negative symptoms include __________________________________________.

9. When schizophrenia develops slowly (called __________________________ schizophrenia), recovery is __________________________ (more/less) likely than when it develops rapidly in reaction to particular life stresses (called __________________________ schizophrenia).

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

10. The brain tissue of schizophrenia patients has been found to have an excess of receptors for the neurotransmitter __________________________. Drugs that block these receptors have been found to __________________________ (increase/decrease) schizophrenia symptoms. Drugs that interfere with receptors for the neurotransmitter __________________________ can produce negative symptoms of schizophrenia.

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

12. Enlarged, __________________________-filled areas and a corresponding __________________________ of cerebral tissue is also characteristic of schizophrenia. Schizophrenia patients also have a smaller-than-normal __________________________, which may account for their difficulty in filtering __________________________ and focusing __________________________.
13. Some scientists contend that the brain abnormalities of schizophrenia may be caused by a prenatal problem, such as ________________, birth complications such as ________________, or a disease contracted by the mother. List several pieces of evidence for this theory.

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

14. Twin and adoptive studies ________________ (support/do not support) the contention that heredity plays a role in schizophrenia.

15. The role of the prenatal environment in schizophrenia is demonstrated by the fact that identical twins who share the same ________________, and are therefore more likely to experience the same prenatal ________________, are more likely to share the disorder.

16. Adoption studies ________________ (confirm/do not confirm) a genetic link in the development of schizophrenia.

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

17. It appears that for schizophrenia to develop there must be both a ________________ predisposition and some ________________ trigger. List several of the warning signs of schizophrenia in high-risk children.

Personality Disorders (pp. 677–679)

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

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

1. Personality disorders exist when an individual has character traits that are enduring and impair ________________ .

2. A fearful sensitivity to rejection may predispose the ________________ personality disorder. Eccentric behaviors, such as emotionless disengagement, are characteristic of the ________________ personality disorder. A person with ________________ personality disorder displays shallow, attention-getting emotions. A person who exaggerates his or her own importance exhibits a ________________ personality disorder, and a person who has an unstable identity and unstable relationships is considered ________________ .

3. An individual who seems to have no conscience, lies, steals, is generally irresponsible, and may be criminal is said to have an ________________ personality. Previously, this person was labeled a ________________ .

4. Studies of biological relatives of those with antisocial and unemotional tendencies suggest that there ________________ (is/is not) a biological predisposition to such traits.

5. Some studies have detected early signs of antisocial behavior in children as young as ________________ . Antisocial adolescents tended to have been ________________, ________________, unconcerned with ________________, and low in ________________ .
Objective 22: Discuss the prevalence of psychological disorders, and summarize the findings on the link between poverty and serious psychological disorders.

1. Research reveals that approximately 1 in every ____________________ (how many?) Americans suffered a clinically significant mental disorder during the prior year.

2. The incidence of serious psychological disorders is ____________________ (higher/lower) among those below the poverty line.

3. In terms of age of onset, most psychological disorders appear by ____________________ (early/middle/late) adulthood. Some, such as the ____________________ and ____________________, appear during childhood.

Rates of Psychological Disorders
(pp. 680–682)

6. PET scans of murderers’ brains reveal reduced activity in the ____________________.

7. As in other disorders, in antisocial personality, genetics ____________________ (is/is not) the whole story.

PROGRESS TEST 1

Multiple-Choice Questions

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

1. Gender differences in the prevalence of depression may be partly due to the fact that when stressful experiences occur:
   a. women tend to act, while men tend to think.
   b. women tend to think, while men tend to act.
   c. women tend to distract themselves by drinking, while men tend to delve into their work.
   d. women tend to delve into their work, while men tend to distract themselves by drinking.

2. The criteria for classifying behavior as psychologically disordered:
   a. vary from culture to culture.
   b. vary from time to time.
   c. are characterized by both a. and b.
   d. have remained largely unchanged over the course of history.

3. Most mental health workers today take the view that disordered behaviors:
   a. are usually genetically triggered.
   b. are organic diseases.
   c. arise from the interaction of nature and nurture.
   d. are the product of learning.

4. The French reformer who insisted that madness was not demon possession and who called for humane treatment of patients was:
   a. Nadel.
   b. Freud.
   c. Szasz.
   d. Pinel.

5. Which of the following is the most pervasive of the psychological disorders?
   a. depression
   b. schizophrenia
   c. bipolar disorder
   d. generalized anxiety disorder

6. Which of the following is not true concerning depression?
   a. Depression is more common in females than in males.
   b. Most depressive episodes appear not to be preceded by any particular factor or event.
   c. Most depressive episodes last less than 3 months.
   d. Most people recover from depression without professional therapy.

7. Which of the following is not true regarding schizophrenia?
   a. It occurs more frequently in people born in winter and spring months.
   b. It occurs less frequently as infectious disease rates have declined.
   c. It occurs more frequently in lightly populated areas.
   d. It usually appears during adolescence or early adulthood.
8. Evidence of environmental effects on psychological disorders is seen in the fact that certain disorders, such as ________, are universal, whereas others, such as ________, are culture-bound.
   a. schizophrenia; depression
   b. depression; schizophrenia
   c. antisocial personality; neurosis
   d. depression; anorexia nervosa

9. The effect of drugs that block receptors for dopamine is to:
   a. alleviate schizophrenia symptoms.
   b. alleviate depression.
   c. increase schizophrenia symptoms.
   d. increase depression.

10. The diagnostic reliability of DSM-IV:
    a. is unknown.
    b. depends on the age of the patient.
    c. is very low.
    d. is relatively high.

11. The early warning signs of schizophrenia, based on studies of high-risk children, include all but which of the following?
    a. having a severely schizophrenic mother
    b. having been separated from parents
    c. having a short attention span
    d. having matured physically at a very early age

12. (Thinking Critically) The term insanity refers to:
    a. legal definitions.
    b. psychotic disorders only.
    c. personality disorders only.
    d. both psychotic disorders and personality disorders.

13. Phobias and obsessive-compulsive behaviors are classified as:
    a. anxiety disorders.
    b. mood disorders.
    c. dissociative disorders.
    d. personality disorders.

14. According to the social-cognitive perspective, a person who experiences unexpected aversive events may develop helplessness and manifest a(n):
    a. obsessive-compulsive disorder.
    b. dissociative disorder.
    c. personality disorder.
    d. mood disorder.

15. Which of the following was presented in the text as evidence of biological influences on anxiety disorders?
   a. Identical twins often develop similar phobias.
   b. PET scans of persons with obsessive-compulsive disorder reveal unusually high activity in an area of the frontal lobes.
   c. Drugs that dampen fear-circuit activity in the amygdala also alleviate OCD.
   d. All of the above were presented.

16. Most of the hallucinations of schizophrenia patients involve the sense of:
    a. smell.
    b. vision.
    c. hearing.
    d. touch.

17. When expecting to be electrically shocked, people with an antisocial disorder, as compared to normal people, show:
    a. less fear and greater arousal of the autonomic nervous system.
    b. less fear and less autonomic arousal.
    c. greater fear and greater autonomic arousal.
    d. greater fear and less autonomic arousal.

18. Hearing voices would be a(n) ________; believing that you are Napoleon would be a(n) ________.
    a. obsession; compulsion
    b. compulsion; obsession
    c. delusion; hallucination
    d. hallucination; delusion

19. In treating depression, a psychiatrist would probably prescribe a drug that would:
    a. increase levels of acetylcholine.
    b. decrease levels of dopamine.
    c. increase levels of norepinephrine.
    d. decrease levels of serotonin.

20. When schizophrenia is slow to develop, called ________ schizophrenia, recovery is ________.
    a. reactive; unlikely
    b. process; likely
    c. process; unlikely
    d. reactive; likely
Matching Items

Match each term with the appropriate definition or description.

Terms

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

Definitions or Descriptions

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

PROGRESS TEST 2

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

Multiple-Choice Questions

1. Which of the following is true concerning abnormal behavior?
   a. Definitions of abnormal behavior are culture-dependent.
   b. A behavior cannot be defined as abnormal unless it is considered harmful to society.
   c. Abnormal behavior can be defined as any behavior that is distressful.
   d. Definitions of abnormal behavior are based on physiological factors.

2. The psychoanalytic perspective would most likely view phobias as:
   a. conditioned fears.
   b. displaced responses to incompletely repressed impulses.

3. Many psychologists believe the disorganized thoughts of people with schizophrenia result from a breakdown in:
   a. selective attention.
   b. memory storage.
   c. motivation.
   d. memory retrieval.

4. Research evidence links the brain abnormalities of schizophrenia to ______ during prenatal development.
   a. maternal stress
   b. a viral infection contracted
   c. abnormal levels of certain hormones
   d. the weight of the unborn child

5. The fact that disorders such as schizophrenia are universal and influenced by heredity, whereas other disorders such as anorexia nervosa are culture-bound provides evidence for the ______ model of psychological disorders.
   a. medical
   b. biopsychosocial
   c. social-cultural
   d. psychoanalytic
6. Our early ancestors commonly attributed disordered behavior to:
   a. “bad blood.”
   b. evil spirits.
   c. brain injury.
   d. laziness.

7. In general, women are more vulnerable than men to:
   a. active disorders such as anxiety.
   b. passive disorders such as depression.
   c. active disorders such as antisocial conduct.
   d. passive disorders such as alcohol abuse.

8. Which of the following statements concerning the labeling of disordered behaviors is not true?
   a. Labels interfere with effective treatment of psychological disorders.
   b. Labels promote research studies of psychological disorders.
   c. Labels may create preconceptions that bias people’s perceptions.
   d. Labels may influence behavior by creating self-fulfilling prophecies.

9. (Thinking Critically) Nicholas Spanos considers dissociative identity disorder to be:
   a. a genuine disorder.
   b. merely role playing.
   c. a disorder that cannot be explained according to the learning perspective.
   d. both a. and c.

10. Which neurotransmitter is present in overabundant amounts during the manic phase of bipolar disorder?
    a. dopamine
    b. serotonin
    c. epinephrine
    d. norepinephrine

11. After falling from a ladder, Joseph is afraid of airplanes, although he has never flown. This demonstrates that some fears arise from:
    a. observational learning.
    b. reinforcement.
    c. stimulus generalization.
    d. stimulus discrimination.

12. Which of the following provides evidence that human fears have been subjected to the evolutionary process?
    a. Compulsive acts typically exaggerate behaviors that contributed to our species’ survival.
    b. Most phobias focus on objects that our ancestors also feared.
    c. It is easier to condition some fears than others.
    d. All of the above provide evidence.

13. Which of the following is true of the medical model?
    a. In recent years, it has been in large part discredited.
    b. It views psychological disorders as sicknesses that are diagnosable and treatable.
    c. It emphasizes the role of psychological factors in disorders over that of physiological factors.
    d. It focuses on cognitive factors.

14. (Thinking Critically) Psychoanalytic and learning theorists both agree that dissociative and anxiety disorders are symptoms that represent the person’s attempt to deal with:
    a. unconscious conflicts.
    b. anxiety.
    c. unfulfilled wishes.
    d. unpleasant responsibilities.

15. Behavior is classified as disordered when it is:
    a. deviant
    b. distressful
    c. dysfunctional
    d. all of the above.

16. Many psychologists dislike using DSM-IV because of its:
    a. failure to emphasize observable behaviors in the diagnostic process.
    b. learning theory bias.
    c. medical model bias.
    d. psychoanalytic bias.

17. Which of the following is not a symptom of schizophrenia?
    a. inappropriate emotions
    b. disturbed perceptions
    c. panic attacks
    d. disorganized thinking

18. Social-cognitive theorists contend that depression is linked with:
    a. negative moods.
    b. maladaptive explanations of failure.
    c. self-defeating beliefs.
    d. all of the above.

19. According to psychoanalytic theory, memory of losses, especially in combination with internalized anger, is likely to result in:
    a. learned helplessness.
    b. the self-serving bias.
    c. weak ego defense mechanisms.
    d. depression.
20. Among the following, which is generally accepted as a possible cause of schizophrenia?
   a. an excess of endorphins in the brain  
   b. being a twin  
   c. extensive learned helplessness  
   d. a genetic predisposition

Matching Items

Match each term with the appropriate definition or description.

Terms

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

Definitions or Descriptions

a. a neurotransmitter for which there are excess receptors in some schizophrenia patients  

b. a neurotransmitter that is overabundant during mania and scarce during depression  

c. an individual who seems to have no conscience  

d. false beliefs that may accompany psychological disorders  

e. an anxiety disorder marked by a persistent, irrational fear of a specific object or situation  

f. a disorder formerly called multiple personality disorder  

g. a neurotransmitter possibly linked to obsessive-compulsive behavior  

h. a type of mood disorder  

i. a disorder marked by chronic low energy and self-esteem  

j. a fear of situations in which help might not be available during a panic attack

PSYCHOLOGY APPLIED

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

Multiple-Choice Questions

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

2. As a child, Monica was criticized severely by her mother for not living up to her expectations. This criticism was always followed by a beating with a whip. As an adult, Monica is generally introverted and extremely shy. Sometimes, however, she acts more like a young child, throwing tantrums if she doesn’t get her way. At other times, she is a flirting, happy-go-lucky young lady. Most likely, Monica is suffering from:
   a. a phobia.  
   b. dissociative schizophrenia.  
   c. dissociative identity disorder.  
   d. bipolar disorder.

3. Bob has never been able to keep a job. He’s been in and out of jail for charges such as theft, sexual assault, and spousal abuse. Bob would most likely be diagnosed as having:
   a. a dissociative identity disorder.  
   b. major depressive disorder.  
   c. schizophrenia.  
   d. an antisocial personality.
4. Julia’s psychologist believes that Julia’s fear of heights can be traced to a conditioned fear she developed after falling from a ladder. This explanation reflects a ______ perspective.
   a. medical       c. social-cognitive
   b. psychoanalytic d. learning

5. Before he can study, Rashid must arrange his books, pencils, paper, and other items on his desk so that they are “just so.” The campus counselor suggests that Rashid’s compulsive behavior may help alleviate his anxiety about failing in school, which reinforces the compulsive actions. This explanation of obsessive-compulsive behavior is most consistent with which perspective?
   a. learning       c. humanistic
   b. psychoanalytic d. social-cognitive

6. Sharon is continually tense, jittery, and apprehensive for no specific reason. She would probably be diagnosed as suffering a(n):
   a. phobia.
   b. major depressive disorder.
   c. obsessive-compulsive disorder.
   d. generalized anxiety disorder.

7. Jason is so preoccupied with staying clean that he showers as many as 10 times each day. Jason would be diagnosed as suffering from a(n):
   a. dissociative disorder.
   b. generalized anxiety disorder.
   c. personality disorder.
   d. obsessive-compulsive disorder.

8. Although she escaped from war-torn Bosnia two years ago, Zheina still has haunting memories and nightmares. Because she is also severely depressed, her therapist diagnoses her condition as:
   a. dissociative identity disorder.
   b. bipolar disorder.
   c. schizophrenia.
   d. post-traumatic stress disorder.

9. Claiming that she heard a voice commanding her to warn other people that eating is harmful, Sandy attempts to convince others in a restaurant not to eat. The psychiatrist to whom she is referred finds that Sandy’s thinking and speech are often fragmented and incoherent. In addition, Sandy has an unreasonable fear that someone is “out to get her” and consequently trusts no one. Her condition is most indicative of:
   a. schizophrenia.
   b. generalized anxiety disorder.
   c. a phobia.
   d. obsessive-compulsive disorder.

10. Irene occasionally experiences unpredictable episodes of intense dread accompanied by chest pains and a sensation of smothering. Since her symptoms have no apparent cause, they would probably be classified as indicative of:
    a. schizophrenia.
    b. bipolar disorder.
    c. post-traumatic stress disorder.
    d. panic attack.

11. To which of the following is a person most likely to acquire a phobia?
    a. heights
    b. being in public
    c. being dirty
    d. All of the above are equally likely.

12. Dr. Jekyll, whose second personality was Mr. Hyde, had a(n) ______ disorder.
    a. anxiety       c. mood
    b. dissociative   d. personality

13. For the past 6 months, a woman has complained of feeling isolated from others, dissatisfied with life, and discouraged about the future. This woman could be diagnosed as suffering from:
    a. bipolar disorder.
    b. major depressive disorder.
    c. generalized anxiety disorder.
    d. a dissociative disorder.

14. On Monday, Matt felt optimistic, energetic, and on top of the world. On Tuesday, he felt hopeless and lethargic, and thought that the future looked very grim. Matt would most likely be diagnosed as having:
    a. bipolar disorder.
    b. major depressive disorder.
    c. schizophrenia.
    d. panic disorder.

15. Connie’s therapist has suggested that her depression stems from unresolved anger toward her parents. Evidently, Connie’s therapist is working within the ______ perspective.
    a. learning       c. biological
    b. social-cognitive d. psychoanalytic
16. Ken’s therapist suggested that his depression is a result of his self-defeating thoughts and negative assumptions about himself, his situation, and his future. Evidently, Ken’s therapist is working within the _______ perspective.
   a. learning    c. biological
   b. social-cognitive    d. psychoanalytic

17. Alicia’s doctor, who thinks that Alicia’s depression has a biochemical cause, prescribes a drug that:
   a. reduces norepinephrine.
   b. increases norepinephrine.
   c. reduces serotonin.
   d. increases acetylcholine.

18. Wayne’s doctor attempts to help Wayne by prescribing a drug that blocks receptors for dopamine. Wayne has apparently been diagnosed with:
   a. a mood disorder.
   b. an anxiety disorder.
   c. a personality disorder.
   d. schizophrenia.

19. (Thinking Critically) Thirteen-year-old Ronald constantly fidgets in his seat at school, frequently blurs out answers without being called, and is extremely distractible. A psychiatrist might diagnose Ronald with:
   a. bipolar disorder.
   b. panic disorder.
   c. attention-deficit hyperactivity disorder.
   d. obsessive-compulsive disorder.

20. Janet, whose class presentation is titled “Current Views on the Causes of Schizophrenia,” concludes her talk with the statement:
   a. “Schizophrenia is caused by intolerable stress.”
   b. “Schizophrenia is inherited.”
   c. “Genes may predispose some people to react to particular experiences by developing schizophrenia.”
   d. “As of this date, schizophrenia is completely unpredictable and its causes are unknown.”

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

**KEY TERMS**

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

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

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

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

DOWN
1. Subtype of schizophrenia in which emotion is flat or inappropriate.
2. A widely used system of classifying psychological disorders.
4. A psychological disorder characterized by extreme inattention, for example.
5. Disorders that involve a separation of conscious awareness from one’s previous memories, thoughts, and feelings.
6. A persistent, irrational fear of a specific object or situation.
7. Biomedical research technique used to determine which genes are involved in a specific psychological disorder.
8. Approach that assumes that genes, psychological factors, and social and cultural circumstances combine and interact to produce psychological disorders.

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

10. The viewpoint that psychological disorders are illnesses.
11. Subtype of schizophrenia in which there is immobility or excessive, purposeless movement.
12. False beliefs that often are symptoms of schizophrenia.
13. Neurotransmitter for which there are excess receptors in the brains of schizophrenia patients.
14. Category of schizophrenia symptoms that includes having a toneless voice, expressionless face, and a mute or rigid body.
15. Neurotransmitter that is scarce in depression.
ANSWERS

Chapter Review

**Perspectives on Psychological Disorders**

1. thoughts; feelings; actions
2. deviant; distressful; dysfunctional
3. variable
4. attention-deficit hyperactivity disorder; inattention; hyperactivity; impulsivity
5. boys; increased; agree
6. is; is not; learning; defiant
7. medical; illness; psychopathology; symptoms; therapy
8. Pinel
9. nature; nurture; internal
10. depression; schizophrenia; anorexia nervosa; bulimia; dynamic; anxiety; symptoms
11. biopsychosocial; genetic predispositions; physiological states; psychological dynamics; social; cultural
12. DSM-IV; diagnostic; 16
13. show
14. increased; increased

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

15. a significant

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

**Anxiety Disorders**

1. distressing, persistent anxiety or maladaptive behaviors that reduce anxiety; intensity; persistence
2. generalized anxiety disorder; panic disorder; phobias; obsessive-compulsive disorder
3. generalized anxiety; free-floating
4. autonomic; panic disorder; panic attack
5. agoraphobia
6. phobia; specific phobias
7. social phobia
8. obsessive-compulsive
9. less
10. post-traumatic stress; haunting memories; nightmares; social withdrawal; jumpy anxiety; insomnia; overdiagnosed
11. survivor resiliency; post-traumatic growth
12. repressed
13. classical; fears
14. stimulus generalization
15. reinforced; observational
16. are; survival
17. is
18. anterior cingulate; amygdala
19. dissociative; memory; identity
20. dissociative identity
21. roles
22. brain; body

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

23. anxiety; childhood trauma; fantasy-prone; therapist-patient

**Mood Disorders**

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

The psychoanalytic perspective suggests that adulthood depression can be triggered by losses that evoke feelings associated with earlier childhood losses. Alternatively, unresolved anger toward one’s parents is turned inward and takes the form of depression.
Suicide rates are higher among white Americans, the rich, older men, the nonreligious, and those who are single, widowed, or divorced. Although women more often attempt suicide, men are more likely to succeed. Suicide rates also vary widely around the world.

16. low; norepinephrine; serotonin
17. norepinephrine; norepinephrine; serotonin; reuptake; breakdown
18. omega-3; Japan; fish; low
19. less; left frontal; smaller; hippocampus; memories; serotonin
20. self-defeating; negative explanatory
21. learned helplessness
22. uncontrollable stress

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

23. coincide with
24. self-focused; self-blaming
25. act; think (or overthink)
26. rejection

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

Schizophrenia

1. reality
2. thinking; perceptions; emotions; actions
3. delusions
4. selective attention
5. hallucinations; auditory
6. flat affect; catatonia
7. cluster of disorders
8. disorganized and deluded thinking, inappropriate emotions; expressionless faces, toneless voices, mute or rigid bodies
9. chronic (or process); less; acute (or reactive)
10. dopamine; decrease; glutamate
11. low; frontal
12. fluid; shrinkage; thalamus; sensory input; attention
13. low birth weight; oxygen deprivation; viral infection

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

14. support
15. placenta; viruses
16. confirm
17. genetic; psychological

Such signs may include severe, long-lasting schizophrenia in the mother; complications at birth and low birth weight; separation from parents; short attention span and poor muscle coordination; disruptive or withdrawn behavior; emotional unpredictability; and poor peer relations and solo play.

Personality Disorders

1. social functioning
2. avoidant; schizoid; histrionic; narcissistic; borderline
3. antisocial; psychopath or sociopath
4. is
5. three to six; impulsive; uninhibited; social rewards; anxiety
6. frontal lobe
7. is not

Rates of Psychological Disorders

1. 7
2. higher
3. early; antisocial personality; phobias
Progress Test 1

Multiple-Choice Questions

1. b. is the answer. (p. 667)
   c. & d. Men are more likely than women to cope with stress in these ways.
2. c. is the answer. (p. 640)
3. c. is the answer. Most clinicians agree that psychological disorders may be caused by both psychological (d.) and physical (a. and b.) factors. (p. 643)
4. d. is the answer. (p. 642)
5. a. is the answer. (p. 659)
6. b. is the answer. Depression is often preceded by a stressful event related to work, marriage, or a close relationship. (p. 661)
7. c. is the answer. (p. 673)
8. d. is the answer. Although depression is universal, anorexia nervosa and bulimia are rare outside of Western culture. (p. 643)
   a. & b. Schizophrenia and depression are both universal.
   c. The text mentions only schizophrenia and depression as universal disorders. Furthermore, neurosis is no longer utilized as a category of diagnosis.
9. a. is the answer. (p. 672)
   b. & d. Thus far, only norepinephrine and serotonin have been implicated in depression and bipolar disorder.
   c. Schizophrenia has been associated with an excess of dopamine receptors. Blocking them alleviates, rather than increases, schizophrenia symptoms.
10. d. is the answer. (p. 644)
    b. The text does not mention DSM-IV’s reliability in terms of a person’s age.
11. d. is the answer. There is no evidence that early physical maturation is an early warning sign of schizophrenia. (p. 676)
12. a. is the answer. (p. 647)
13. a. is the answer. (p. 649)
   b. The mood disorders include major depressive disorder and bipolar disorder.
   c. Dissociative identity disorder is the only dissociative disorder discussed in the text.
   d. The personality disorders include the antisocial and histrionic personalities.
14. d. is the answer. Learned helplessness may lead to self-defeating beliefs, which in turn are linked with depression, a mood disorder. (pp. 665–666)
15. d. is the answer. (p. 655)
16. c. is the answer. (p. 670)
17. b. is the answer. Those with antisocial personality disorders show less autonomic arousal in such situations, and emotions, such as fear, are tied to arousal. (p. 678)
18. d. is the answer. Hallucinations are false sensory experiences; delusions are false beliefs. (pp. 669, 670)
   a. & b. Obsessions are repetitive and unwanted thoughts. Compulsions are repetitive behaviors.
19. c. is the answer. Drugs that relieve depression tend to increase levels of norepinephrine. (p. 664)
   a. Acetylcholine is a neurotransmitter involved in muscle contractions.
   b. It is in certain types of schizophrenia that decreasing dopamine levels is known to be helpful.
   d. On the contrary, it appears that a particular type of depression may be related to low levels of serotonin.
20. c. is the answer. (p. 671)

Matching Items

1. f (p. 656) 5. g (p. 643) 9. c (p. 670)
2. d (p. 642) 6. b (p. 659) 10. e (p. 650)
3. a (p. 658) 7. j (p. 651)
4. h (p. 651) 8. i (p. 669)

Progress Test 2

Multiple-Choice Questions

1. a. is the answer. Different cultures have different standards for behaviors that are considered acceptable and normal. (p. 640)
   b. Some abnormal behaviors are simply maladaptive for the individual.
   c. Many individuals who are deviant, such as Olympic gold medalists, are not considered abnormal. There are other criteria that must be met in order for behavior to be considered abnormal.
   d. Although physiological factors play a role in the various disorders, they do not define abnormal behavior. Rather, behavior is said to be abnormal if it is deviant, distressful, and dysfunctional.
2. b. is the answer. (pp. 653–654)
   a. This answer reflects the learning perspective.
   c. Although certain phobias are biologically predisposed, this could not fully explain phobias, nor is it the explanation offered by psychoanalytic theory.
d. Social-cognitive theorists propose self-defeating thoughts as a cause of depression.

3. a. is the answer. Schizophrenia sufferers are easily distracted by irrelevant stimuli, evidently because of a breakdown in the capacity for selective attention. (p. 670)

4. b. is the answer. (p. 673)

5. b. is the answer. The fact that some disorders are universal and at least partly genetic in origin implicates biological factors in their origin. The fact that other disorders appear only in certain parts of the world implicates sociocultural and psychological factors in their origin. (p. 643)

6. b. is the answer. (p. 642)

7. b. is the answer. (pp. 660–661)
   a. Anxiety is a passive disorder.
   d. Alcohol abuse is an active disorder.

8. a. is the answer. In fact, just the opposite is true. Labels are useful in promoting effective treatment of psychological disorders. (p. 648)

9. b. is the answer. (p. 656)
   c. Playing a role is most definitely a learned skill.

10. d. is the answer. In bipolar disorder, norepinephrine appears to be overabundant during mania and in short supply during depression. (p. 664)
   a. There is an overabundance of dopamine receptors in some schizophrenia patients.
   b. Serotonin sometimes appears to be scarce during depression.
   c. Epinephrine has not been implicated in psychological disorders.

11. c. is the answer. Joseph’s fear has generalized from ladders to airplanes. (p. 654)
   a. Had Joseph acquired his fear after seeing someone else fall, observational learning would be implicated. This process would not, however, explain how his fear was transferred to airplanes.
   b. There is no indication that Joseph’s phobia was acquired through reinforcement.
   d. Through stimulus discrimination, Joseph’s fear would not have generalized from ladders to airplanes.

12. d. is the answer. (p. 655)

13. b. is the answer. (p. 642)
   a. This isn’t the case; in fact, the medical model has gained credibility from recent discoveries of genetic and biochemical links to some disorders.
   c. & d. The medical perspective tends to place more emphasis on physiological factors.

14. b. is the answer. The psychoanalytic explanation is that these disorders are a manifestation of incompletely repressed impulses over which the person is anxious. According to the learning perspective, the troubled behaviors that result from these disorders have been reinforced by anxiety reduction. (p. 657)
   a. & c. These are true of the psychoanalytic, but not the learning, perspective.

15. d. is the answer. (p. 640)

16. c. is the answer. DSM-IV was shaped by the medical model. (p. 644)
   a. In fact, just the opposite is true. DSM-IV was revised in order to improve reliability by basing diagnoses on observable behaviors.
   b. & d. DSM-IV does not reflect a learning or a psychoanalytic bias.

17. c. is the answer. Panic attacks are characteristic of certain anxiety disorders, not of schizophrenia. (pp. 669–670)

18. d. is the answer. (pp. 665–666)

19. d. is the answer. A loss may evoke feelings of anger associated with an earlier loss. Such anger is turned against the self. This internalized anger results in depression. (p. 662)
   a. Learned helplessness would be an explanation offered by the social-cognitive perspective.
   b. The self-serving bias is not discussed in terms of its relationship to depression.
   c. This is the psychoanalytic explanation of anxiety.

20. d. is the answer. Risk for schizophrenia increases for individuals who are related to a schizophrenia victim, and the greater the genetic relatedness, the greater the risk. (p. 674)
   a. Schizophrenia victims have an overabundance of the neurotransmitter dopamine, not endorphins.
   b. Being a twin is, in itself, irrelevant to developing schizophrenia.
   c. Although learned helplessness has been suggested by social-cognitive theorists as a cause of self-defeating depressive behaviors, it has not been suggested as a cause of schizophrenia.

Matching Items

1. f (p. 656) 5. c (p. 677) 9. d (p. 669)
2. e (p. 650) 6. b (p. 664) 10. j (p. 650)
3. a (p. 672) 7. g (p. 664)
4. i (p. 659) 8. h (p. 659)

Psychology Applied

Multiple-Choice Questions

1. c. is the answer. An intense fear of a specific object is a phobia. (p. 650)
a. His fear is focused on a specific object, not generalized.
b. In this disorder a person is troubled by repetitive thoughts and actions.
d. Conditioned fears form the basis for anxiety rather than mood disorders.

2. c. is the answer. (p. 656)
a. Phobias focus anxiety on a specific object, activity, or situation.
b. There is no such disorder.
d. In this mood disorder, a person alternates between feelings of hopeless depression and overexcited mania.

3. d. is the answer. Repeated wrongdoing and aggressive behavior are part of the pattern associated with the antisocial personality disorder, which may also include marital problems and an inability to keep a job. (pp. 677–678)
a. Although dissociative identity disorder may involve an aggressive personality, there is nothing in the example to indicate a dissociation.
b. Nothing in the question indicates that Bob is passive and resigned and having the self-defeating thoughts characteristic of depression.
c. Bob’s behavior does not include the disorganized thinking and disturbed perceptions typical of schizophrenia.

4. d. is the answer. In the learning perspective, a phobia, such as Julia’s, is seen as a conditioned fear. (p. 654)
a. Because the fear is focused on a specific stimulus, the medical model does not easily account for the phobia. In any event, it would presumably offer an internal, biological explanation.
b. The psychoanalytic view of phobias would be that they represent incompletely repressed anxieties that are displaced onto the feared object.
c. The social-cognitive perspective would emphasize a person’s conscious, cognitive processes, not reflexive conditioned responses.

5. a. is the answer. According to the learning view, compulsive behaviors are reinforced because they reduce the anxiety created by obsessive thoughts. Rashid’s obsession concerns failing, and his desk-arranging compulsive behaviors apparently help him control these thoughts. (p. 654)
b. The psychoanalytic perspective would view obsessive thoughts as a symbolic representation of forbidden impulses. These thoughts may prompt the person to perform compulsive acts that counter these impulses.
c. & d. The text does not offer explanations of obsessive-compulsive behavior based on the humanistic or social-cognitive perspectives. Presumably, however, these explanations would emphasize growth-blocking difficulties in the person’s environment (humanistic perspective) and the reciprocal influences of personality and environment (social-cognitive perspective), rather than symbolic expressions of forbidden impulses.

6. d. is the answer. (p. 649)
a. In phobias, anxiety is focused on a specific object.
b. Major depressive disorder does not manifest these symptoms.
c. The obsessive-compulsive disorder is characterized by repetitive and unwanted thoughts and/or actions.

7. d. is the answer. Jason is obsessed with cleanliness; as a result, he has developed a compulsion to shower. (p. 651)
a. Dissociative disorders involve a separation of conscious awareness from previous memories and thoughts.
b. Generalized anxiety disorder does not have a specific focus.
c. This disorder is characterized by maladaptive character traits.

8. d. is the answer. (p. 652)
a. There is no evidence that Zheina has lost either her memory or her identity, as would occur in dissociative disorders.
b. Although she has symptoms of depression, Zheina does not show signs of mania, which occurs in bipolar disorder.
c. Zheina shows no signs of disorganized thinking or disturbed perceptions.

9. a. is the answer. Because Sandy experiences hallucinations (hearing voices), delusions (fearing someone is “out to get her”), and incoherence, she would most likely be diagnosed as suffering from schizophrenia. (pp. 669–670)
b. c., & d. These disorders are not characterized by disorganized thoughts and perceptions.

10. d. is the answer. (p. 650)
a. Baseless physical symptoms rarely play a role in schizophrenia.
b. There is no indication that she is exhibiting euphoric behavior.
c. There is no indication that she has suffered a trauma.

11. a. is the answer. Humans seem biologically prepared to develop a fear of heights and other dangers that our ancestors faced. (p. 655)

12. b. is the answer. (p. 656)
13. b. is the answer. The fact that this woman has had these symptoms for more than two weeks indicates that she is suffering from major depressive disorder. (p. 659)

14. a. is the answer. Matt’s alternating states of the hopelessness and lethargy of depression and the energetic, optimistic state of mania are characteristic of bipolar disorder. (p. 659)
   b. Although he was depressed on Tuesday, Matt’s manic state on Monday indicates that he is not suffering from major depressive disorder.
   c. Matt was depressed, not detached from reality.
   d. That Matt is not exhibiting episodes of intense dread indicates that he is not suffering from panic disorder.

15. d. is the answer. Freud believed that the anger once felt toward parents was internalized and would produce depression. (p. 662)
   a. & b. The learning and social-cognitive perspectives focus on environmental experiences, conditioning, and self-defeating attitudes in explaining depression.
   c. The biological perspective focuses on genetic predispositions and biochemical imbalances in explaining depression.

16. b. is the answer. (pp. 665–666)

17. b. is the answer. Norepinephrine, which increases arousal and boosts mood, is scarce during depression. Drugs that relieve depression tend to increase norepinephrine. (p. 664)
   c. Increasing serotonin, which is sometimes scarce during depression, might relieve depression.
   d. This neurotransmitter is involved in motor responses but has not been linked to psychological disorders.

18. d. is the answer. Schizophrenia patients sometimes have an excess of receptors for dopamine. Drugs that block these receptors can therefore reduce symptoms of schizophrenia. (p. 672)
   a., b., & c. Dopamine receptors have not been implicated in these psychological disorders.

19. c. is the answer. (p. 641)

20. c. is the answer. (p. 675)

Essay Question

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

Key Terms

Writing Definitions

1. In order to be classified as a psychological disorder, behavior must be deviant, distressful, and dysfunctional. (p. 640)

2. Attention-deficit hyperactivity disorder (ADHD) is a psychological disorder characterized by one or more of three symptoms: extreme inattention, hyperactivity, and impulsivity. (p. 641)

3. The medical model holds that psychological disorders are illnesses that can be diagnosed, treated, and, in most cases, cured, using traditional methods of medicine and psychiatry. (p. 642)

4. DSM-IV is a short name for the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision), which provides a widely used system of classifying psychological disorders. (p. 644)

5. Anxiety disorders involve distressing, persistent anxiety or maladaptive behaviors that reduce anxiety. (p. 649)

6. In the generalized anxiety disorder, the person is continually tense, apprehensive, and in a state of autonomic nervous system arousal for no apparent reason. (p. 649)

7. A panic disorder is an episode of intense dread accompanied by chest pain, dizziness, or choking. It is essentially an escalation of the anxiety associated with generalized anxiety disorder. (p. 650)

8. A phobia is an anxiety disorder in which a person has a persistent, irrational fear and avoidance of a specific object or situation. (p. 650)

9. Obsessive-compulsive disorder is an anxiety disorder in which the person experiences uncontrollable and repetitive thoughts (obsessions) and actions (compulsions). (p. 651)

10. Post-traumatic stress disorder (PTSD) is an anxiety disorder characterized by haunting memories, nightmares, social withdrawal, jumpy anxiety, and/or insomnia lasting four weeks or more following a traumatic experience. (p. 652)
11. **Dissociative disorders** involve a separation of conscious awareness from one’s previous memories, thoughts, and feelings. (p. 656)

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

12. The **dissociative identity disorder** is a dissociative disorder in which a person exhibits two or more distinct and alternating personalities; also called **multiple personality disorder**. (p. 656)

13. **Mood disorders** are characterized by emotional extremes. (p. 658)

14. **Major depressive disorder** is the mood disorder that occurs when a person exhibits the lethargy, feelings of worthlessness, or loss of interest in family, friends, and activities characteristic of depression for more than a two-week period and for no discernible reason. Because of its relative frequency, depression has been called the “common cold” of psychological disorders. (p. 659)

15. **Mania** is the wildly optimistic, euphoric, hyperactive state that alternates with depression in the bipolar disorder. (p. 659)

16. **Bipolar disorder** is the mood disorder in which a person alternates between depression and the euphoria of a manic state. (p. 659)

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

17. **Schizophrenia** refers to the group of severe disorders whose symptoms may include disorganized and delusional thinking, inappropriate emotions and actions, and disturbed perceptions. (p. 669)

18. **Delusions** are false beliefs that often are symptoms of psychotic disorders. (p. 669)

19. **Personality disorders** are characterized by inflexible and enduring maladaptive character traits that impair social functioning. (p. 677)

20. The **antisocial personality disorder** is a personality disorder in which the person is aggressive, ruthless, and shows no sign of a conscience that would inhibit wrongdoing. (p. 677)

**Cross-Check**

<table>
<thead>
<tr>
<th>ACROSS</th>
<th>DOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. major depressive</td>
<td>1. disorganized</td>
</tr>
<tr>
<td>16. mania</td>
<td>2. DSM-IV</td>
</tr>
<tr>
<td>17. mood</td>
<td>4. ADHD</td>
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**FOCUS ON VOCABULARY AND LANGUAGE**

*Page 639: It’s no wonder then that studying psychological disorders may at times evoke an eerie sense of self-recognition, one that illuminates the dynamics of our own personality. When reading this chapter, you may sometimes experience the strange, uncanny feeling (eerie sense) that Myers is writing about you. On occasion, we all feel, think, and behave in ways similar to disturbed people, and becoming aware of how alike we sometimes are may help shed some light on (illuminate) the processes underlying personality.*

**Perspectives on Psychological Disorders**

*Page 640: Where should we draw the line between sadness and depression? Between zany creativity and bizarre irrationality? Between normality and abnormality? Myers is addressing the problem of how exactly to define psychological disorders. How do we distinguish (draw the line) between someone who displays unusual or absurd innovative ability (zany creativity) and someone who has strange and unusual reasoning (bizarre irrationality)? Between someone who is “abnormal” and someone who is not? For psychologists and other mental-health workers, psychological disorders involve persistently harmful thoughts, feelings, and actions that are deviant, distressful, and dysfunctional.*

*Page 642: “The devil made him do it.” Our ancestors explained strange and puzzling behavior by appealing to what they knew and believed about the nature of the world (e.g., gods, stars, demons, spirits, etc.). A person who today would be classified as psychologically disturbed because of his or her bizarre behavior in the past would have been considered to be possessed by evil spirits or demons (the devil made him do it). These types of nonscientific explanations persisted up until the nineteenth century.*
Page 644: "Schizophrenia" provides a handy shorthand for describing a complex disorder. Psychology uses a classification system (DSM-IV) to describe and impose order on complicated psychological problems. When a descriptive label (diagnostic classification) is used to identify a disorder, it does not explain the problem, but it does provide a quick and useful means of communicating a great deal of information in abbreviated form (it is a handy shorthand).

Page 644: Some critics have faulted the manual for casting too wide a net and bringing "almost any kind of behavior within the compass of psychiatry." The DSM-IV classification system has been received with a less-than-enthusiastic response by some practitioners (they were not enthralled). Many criticize (fault) the inclusion of a large number of behaviors as psychologically disordered (it casts too wide a net) and suggest that just about any behavior is now within the purview (compass) of psychiatry. Nevertheless, many other clinicians find DSM-IV a useful and practical tool or device.

Page 647 (Thinking Critically): "Hinckley Insane, Public Mad." The word mad has a number of meanings: (a) angry, (b) insane, (c) foolish and irrational, (d) rash, (e) enthusiastic about something, (f) frantic. John Hinckley, who shot President Reagan, was not sent to prison; instead, he was confined to a mental hospital. The public was angry and upset (mad) because Hinckley was judged to be mad (insane).

Page 648: Labels can serve as self-fulfilling prophecies. A prophecy is a prediction about the future. When we characterize or classify (label) someone as a certain type of person, the very act of labeling may help bring about or create the actions described by the label (self-fulfilling prophecy).

Anxiety Disorders

Page 649: heart palpitations . . . ringing in the ears . . . edgy . . . jittery . . . sleeplessness . . . furrowed brows . . . twitching eyelids . . . fidgeting. These are all descriptions of the symptoms of generalized anxiety disorder. The person may have increased heart rate (heart palpitations), may hear high-pitched sounds (ringing in the ears), may be nervous and jumpy (edgy), and may start trembling (jittery). The sufferer may worry all the time, be unable to sleep (sleeplessness or insomnia), and feel apprehensive, which may show in frowning (furrowed brows), rapidly blinking eyes (twitching eyelids), and restless movements (fidgeting).

Page 650: Because nicotine is a stimulant, lighting up doesn't lighten up. People who smoke cigarettes have an increased risk (two- to fourfold) of a first time panic attack. So, igniting and smoking a cigarette (lighting up) doesn't necessarily lead to an elevated mood (it doesn't lighten up our mood).

Page 652: Years later, images of these events intrude on him as flashbacks and nightmares. Many war veterans (vets) and others who experienced traumatic stressful events develop post-traumatic stress disorder. Symptoms include terrifying images of the event (flashbacks); very frightening dreams (nightmares); extreme nervousness, anxiety, or depression; and a tendency to become socially isolated.

Page 655: Grooming gone wild becomes hair pulling. The biological perspective explains our tendency to be anxious (anxiety-prone) in evolutionary or genetic terms. A normal behavior that once had survival value in our evolutionary past may now be distorted into compulsive action. Thus, compulsive hair pulling may be an exaggerated version of normal grooming behavior (grooming gone wild).

Page 656: . . . a ruse . . . Kenneth Bianchi is a convicted psychopathic murderer who pretended to be a multiple personality in order to avoid jail or the death penalty, and his cunning ploy (ruse) fooled many psychologists and psychiatrists. It also raised the question of the reality of dissociative identity as a genuine disorder.

Page 656: Rather, note skeptics, some therapists go fishing for multiple personalities. Those who doubt the existence of dissociative identity disorder (skeptics) find it strange that the number of diagnosed cases in North America has increased dramatically (exploded) in the last decade. (In the rest of the world it is rare or nonexistent; in Britain, where it is rarely diagnosed, some consider it an eccentric [wacky] American fad [fashionably popular].) In addition, the average number of personalities has multiplied (mushroomed) from 3 to 12 per patient. One explanation for the disorder's popularity is that many therapists expect it to be there, so they actively solicit (go fishing for) symptoms of dissociative identity disorder from their patients.

Mood Disorders

Page 659: To grind temporarily to a halt and ruminate, as depressed people do, is to reassess one's life when feeling threatened and to redirect energy in more promising ways. From a biological point of view,
depression is a natural reaction to stress and painful events. It is like a warning signal that brings us to a complete stop (we grind to a halt) and allows us time to reflect on life and contemplate (ruminate on) the meaning of our existence and to focus more optimistically on the future.

Page 659: The difference between a blue mood after bad news and a mood disorder is like the difference between gasping for breath for a few minutes after a hard run and being chronically short of breath. We all feel depressed and sad (we have blue moods) in response to painful events and sometimes just to life in general. These feelings are points on a continuum; at the extreme end, and very distinct from ordinary depression, are the serious mood disorders (e.g., major depressive disorder) in which the signs of chronic depression (loss of appetite, sleeplessness, tiredness, low self-esteem, and a disinterest in family, friends and social activities) last two weeks or more.

Page 659: If depression is living in slow motion, mania is fast forward. Bipolar disorder is characterized by mood swings. While depression slows the person down (like living in slow motion), the hyperactivity and heightened exuberant state (mania) at the other emotional extreme seems to speed the person up, similar to the images you get when you press the fast forward button on the DVD player or see a “speeded-up” film.

Page 665: Depressed people view life through dark glasses. Social-cognitive theorists point out that biological factors do not operate independently of environmental influences. People who are depressed often have negative beliefs about themselves and about their present and future situations (they view life through dark glasses). These self-defeating beliefs can accentuate or amplify a nasty (vicious) cycle of interactions between chemistry, cognition, and mood.

Page 667: . . . even small losses can temporarily sour our thinking. When loyal basketball fans were depressed by their team’s loss, they had a more pessimistic (bleaker) assessment of the outcome of future games as well as negative views of their own abilities (the loss soured their thinking). Depression can cause self-focused negative thinking.

Page 668: Misery may love another’s company, but company does not love another’s misery. The old saying “misery loves company” means that depressed, sad people like to be with other people. The possible social consequence of being withdrawn, self-focused, self-blaming, and complaining (depressed), however, is rejection by others (company does not love another’s misery).

Schizophrenia

Page 670: . . . hodge-podge . . . The symptoms of schizophrenia include fragmented and distorted thinking, disturbed perception, and inappropriate feelings and behaviors. Schizophrenia victims, when talking, may move rapidly from topic to topic and idea to idea so that their speech is incomprehensible (a word salad). This may be the result of a breakdown in selective attention, whereby an assorted mixture (hodge-podge) of stimuli continually distracts the person.

Page 670: Other victims of schizophrenia sometimes lapse into flat affect, a zombielike state of apparent apathy. The emotions of schizophrenia are frequently not appropriate for the situation. There may be laughter at a funeral, anger and tears for no apparent reason, or no expression of emotion whatsoever (flat affect), which resembles a half-dead, trancelike (zombielike) state of indifference (apathy).

Personality Disorders

Page 678: . . . a person who has an antisocial personality is usually a male who has no conscience, who lies, steals, cheats, and is unable to keep a job or take on the normal responsibilities of family and society. When combined with high intelligence and no moral sense, the result may be a clever, smooth talking, and deceitful trickster or confidence man (con artist).

Page 678: . . . the antisocial personality disorder is woven of biological and psychological strands. The analogy here is between the antisocial personality and how cloth is made (woven). Both psychological and biological factors (strands) combine to produce the disorder. If the biological predispositions are fostered (channeled) in more positive ways, the result may be a fearless hero; alternatively, the same disposition may produce a killer or a manipulative, calculating, self-centered, but charming and intelligent individual (a clever con artist). Research confirms that with antisocial behavior, as with many other things, nature and nurture interact.