

UNIT 12: ABNORMAL PSYCHOLOGY

PERSPECTIVES ON PSYCHOLOGICAL DISORDERS

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. ADHD, or _____, _____ plagues children who display one or more of three key symptoms: _____, _____, and _____.
5. 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. 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 _____, inner _____, _____, 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 the 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).

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

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 _____ of the anxiety is in the _____ and the _____ 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 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 trauma. Also, suffering can lead to _____, in which people experience an increased appreciation for life.

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

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 _____, in which they examine the _____ of both affected and unaffected family members. Using _____ studies, they also search for correlations between DNA variation and population traits.
16. Depression may also be caused by _____ (high/low) 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. Countries such as _____, where people consume more _____ that are rich in this fatty acid, tend to have _____ (high/low) rates of depression.
19. The brains of depressed people tend to be _____ (more/less) active, especially in the area of the _____ lobe. In severely depressed patients, this brain area may also be _____ (smaller/larger) in size. The brain's _____, which is important in processing _____, is vulnerable to stress-related damage. Anti-depressant drugs that boost _____ may promote recovery by stimulating neurons in this area of the brain.

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.

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.

SCHIZOPHRENIA

OBJECTIVE 16: Describe the symptoms of schizophrenia, and differentiate delusions and hallucinations.

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

2. Three manifestations of schizophrenia are disorganized _____, disturbed _____, and inappropriate _____ and _____.
3. The distorted, false beliefs of schizophrenia patients are called _____.
4. Many psychologists attribute the disorganized thinking of schizophrenia to a breakdown in the capacity for _____.
5. The disturbed perceptions of people suffering from schizophrenia may take the form of _____, which usually are _____ (visual/auditory).
6. Some victims of schizophrenia lapse into a zombielike state of apparent apathy, or _____; others, who exhibit _____, may remain motionless for hours and then become agitated.

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 prenatal viral infections and schizophrenia.

10. The brain tissue of schizophrenia patients has been found to have an excess of receptors for the neurotransmitter _____. Drugs that block these receptors have been found to _____ (increase/decrease) schizophrenia symptoms. 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 _____ contracted by the mother.

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 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 some of the warning signs of schizophrenia in high-risk children.

PERSONALITY DISORDERS

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 _____.
 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.

RATES OF PSYCHOLOGICAL DISORDERS

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 _____ and _____, appear during childhood.