Chapter 2: Perspectives on Abnormal Psychology

MULTIPLE CHOICE

- 1. In the opening scenario, Mariella began experiencing a combination of physical and mental discontents. Her friends and college cohorts believed that she was suffering from
 - a. homesickness.
 - b. depression.
 - c. anorexia.
 - d. narcolepsy.

ANS: A DIF: easy REF: p. 22 OBJ: case: Mariella

MSC: TYPE: factual

- 2. Mental health professionals use perspectives, called models, to
 - a. discredit other professional's ideas.
 - b. understand why someone has problems.
 - c. separate symptoms from syndromes.
 - d. apply their own feelings to a diagnosis.

ANS: B DIF: easy REF: p. 22 OBJ: introduction

KEY: WWW MSC: TYPE: conceptual

- 3. There are five main models described in your text used to explain mental disorders. Which of the following is **NOT** one of the models included in your text?
 - a. cognitive-behavioral
 - b. sociocultural
 - c. psychosocial
 - d. psychodynamic

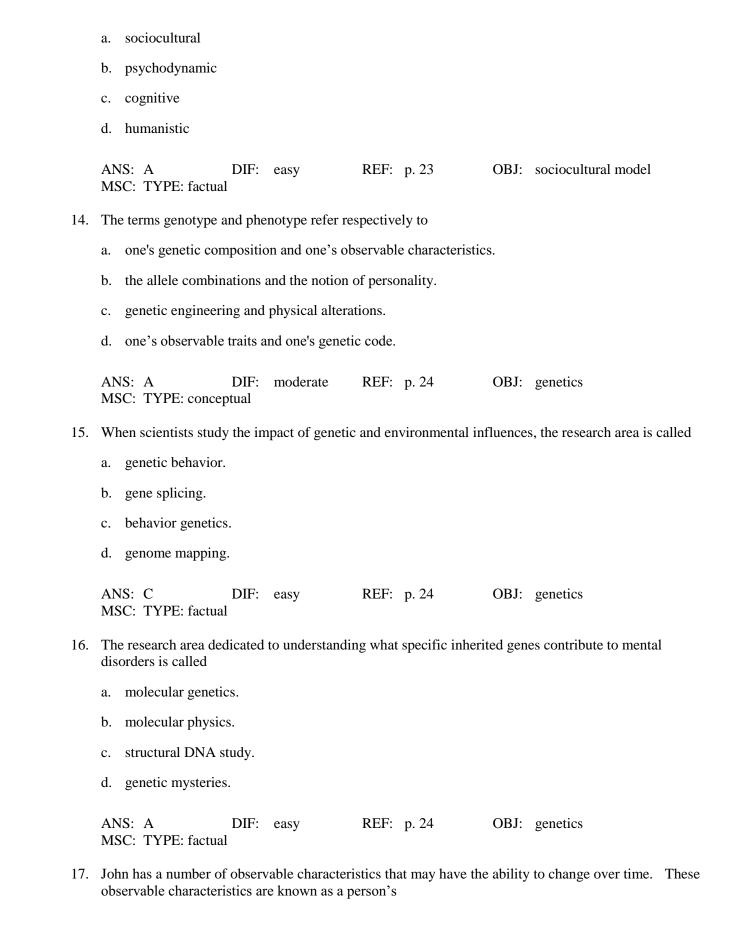
ANS: C DIF: moderate REF: p. 23 OBJ: introduction

MSC: TYPE: conceptual

- 4. Regarding models of abnormal behavior,
 - a. each practitioner develops their own labels and descriptions.
 - b. they are not accepted by the APA.
 - c. many professionals integrate the models.
 - d. strict, rigid boundaries dictate the exact interpretations.

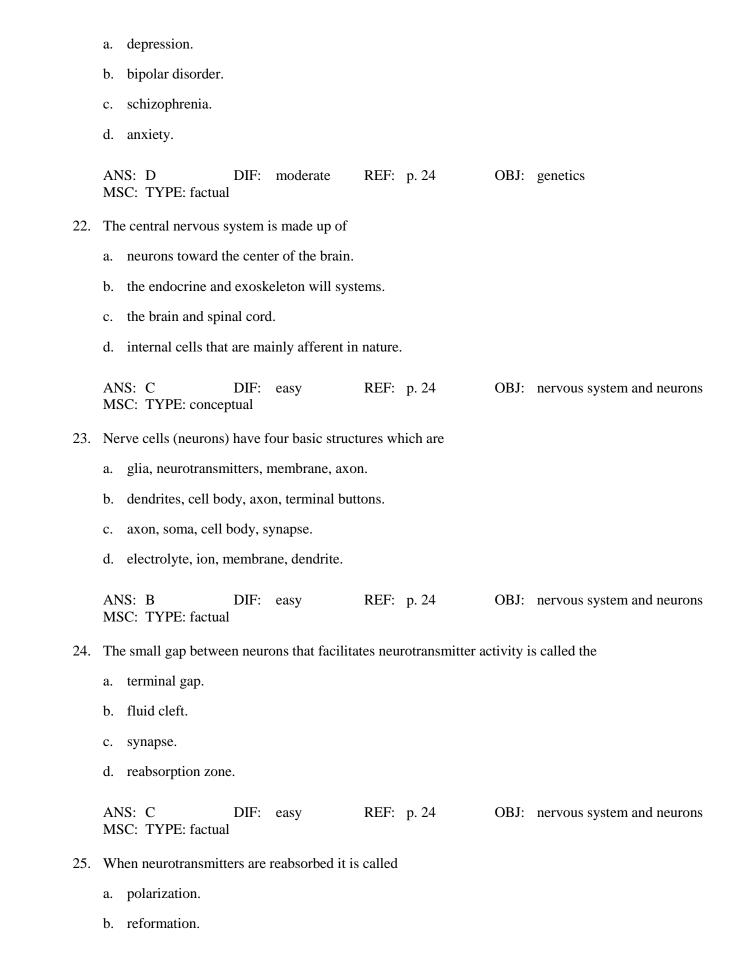
	ANS: C DIF: easy REF: p. 23 OBJ: introduction MSC: TYPE: conceptual						
5.	The basis of the biological model is						
	a. a patient must have knowledge of biology.						
	b. nature and nurture work together.						
	c. based on brain function and physical causes.						
	d. a strong emphasis on the environment.						
	ANS: C DIF: easy REF: p. 23 OBJ: introduction MSC: TYPE: factual						
6.	The father of psychiatric classification and a major contributor to the biological model wa	.S					
	a. Emile Durkheim.						
	b. Emil Kraepelin.						
	c. Philippe Pinel.						
	d. Clifford Beers.						
	ANS: B DIF: easy REF: p. 23 OBJ: biological mode MSC: TYPE: factual	:1					
7.	When assessing syndromes, many psychiatrists believe						
	a. they are all nearly interchangeable.						
	b. the brain and the body are entirely separate.						
	c. they have no bearing on treatment.						
	d. each syndrome has its own biological cause.						
	ANS: D DIF: easy REF: p. 23 OBJ: biological mode MSC: TYPE: conceptual	:1					
8.	There are five main models used to explain mental disorders. These models influence						
	a. the way we think about mental disorders.						
	b. the way we assess mental disorders.						
	c. the way we treat mental disorders.						
	d. all of these are influenced by the five models.						
	ANS: D DIF: easy REF: p. 23 OBJ: introduction MSC: TYPE: factual						

9.	. The biological model rests on the assumption that mental states, emotions, and behaviors arise from								
	a. brain function and other physical processes.								
	b. motives and conflicts within a person.								
	c. choice, free will, and personal growth.								
	d. measurable environmental stimuli.								
	ANS: A DIF: easy REF: p. 23 OBJ: biological model MSC: TYPE: conceptual								
10.	Emil Kraepelin noticed clusters of symptoms that became known as								
	a. syndromes.								
	b. psychosis.								
	c. diagnostics.								
	d. diagnosis.								
	ANS: A DIF: easy REF: p. 23 OBJ: biological model MSC: TYPE: factual								
11.	Kraepelin believed syndromes to be separate from one another, and that each syndrome								
	a. can be traced to genetics.								
	b. has unique causes, symptoms, and outcomes.								
	c. is impacted by neurotransmitters.								
	d. has brain change associated with it.								
	ANS: B DIF: easy REF: p. 23 OBJ: biological model MSC: TYPE: factual								
12.	Genetic material refers to genetic contained in the nucleus of every human cell.								
	a. axons								
	b. familial patterns								
	c. "codes"								
	d. neurotransmitters								
	ANS: C DIF: easy REF: p. 23 OBJ: genetics MSC: TYPE: factual								
13.	Which model of mental disorder focuses on external environmental events and includes the family systems perspective?								



	a. genotype.
	b. behavioral genetics.
	c. phenotype.
	d. neurotransmitter response.
	ANS: C DIF: easy REF: p. 24 OBJ: genetics MSC: TYPE: conceptual
18.	The genetic composition of a person is known as a and is fixed at birth, whereas an observable characteristic of a person is known as a and can change over time.
	a. phenotype; genotype
	b. genotype; phenotype
	c. chromosome; genetic expression
	d. genetic expression; chromosome
	ANS: B DIF: easy REF: p. 24 OBJ: genetics MSC: TYPE: conceptual
19.	Researchers in the field of analyze DNA to identify associations between specific genes and mental disorders.
	a. behavior genetics
	b. abnormal psychology
	c. maladaptive behavior
	d. molecular genetics
	ANS: D DIF: easy REF: p. 24 OBJ: genetics MSC: TYPE: factual
20.	The amount of variation in a phenotype attributed to genetic factors is known as
	a. genotype.
	b. phenotype.
	c. heritability.
	d. molecular genetics.
	ANS: C DIF: easy REF: p. 24 OBJ: genetics MSC: TYPE: factual

21. Disorders with high heritability include all of the following except



	d. reuptake.					
	ANS: D DIF: easy REF: p. 24 OBJ: nervous system and neurons MSC: TYPE: factual					
26.	Decreased neurotransmitter activity happens when, and increased neurotransmitter activity happens when					
	a. depression occurs; anxiety or mania occurs					
	b. medications block neurotransmitters; medications block the reabsorption					
	c. membranes leak; membranes in large					
	d. enzymes activate; and send deactivate					
	ANS: B DIF: easy REF: p. 24 OBJ: nervous system and neurons MSC: TYPE: application					
27.	Medications influence neurotransmitter systems to treat mental disorder. Medications may to increase neurotransmitter levels.					
	a. block synapses					
	b. block reuptake					
	c. stimulate membranes					
	d. stimulate reuptake					
	ANS: B DIF: easy REF: p. 25 OBJ: nervous system and neurons MSC: TYPE: factual					
28.	Four major neurotransmitters will be discussed throughout your textbook. Which one of the following is NOT one of them?					
	a. dopamine					
	b. serotonin					
	c. adrenaline					
	d. norepinephrine					
	ANS: C DIF: easy REF: p. 25 OBJ: nervous system and neurons MSC: TYPE: factual					
29.	Which of the following is NOT the correct pairing between the neurotransmitter and its major functions?					
	a. serotonin; processing of information, regulation of mood, behavior, and thought processes					

c. permeable action.

	b. norepinephrine; regulation of arousal, mood, behavior, and sleep								
	c. dopamine; learning and memory								
d. acetylcholine; motor behavior, reward, attention									
	ANS: C DIF: easy REF: p. 25 OBJ: brain MSC: TYPE: factual								
30.	The two hemispheres of the brain								
	a. each control movement for the opposite side of the body.								
	b. have specialized functions.								
	c. communicate with each other.								
	d. all of these are related to the two hemispheres of the brain.								
	ANS: D DIF: moderate REF: p. 25 OBJ: brain MSC: TYPE: conceptual								
31.	The cerebral cortex of the brain has								
	a. alternating areas of smooth wrinkled surfaces.								
	b. four distinct lobe areas in each hemisphere.								
	c. ability to perform only emotional processing.								
	d. inner surfaces of the cerebrum.								
	ANS: B DIF: easy REF: p. 25 OBJ: brain MSC: TYPE: factual								
32.	The main cortex area that mental health researchers focus on is the								
	a. frontal lobe.								
	b. thalamus.								
	c. occipital lobe.								
	d. basal ganglia.								
	ANS: A DIF: easy REF: p. 25 OBJ: brain MSC: TYPE: factual								
33.	The section of the brain that is largely responsible for consciousness, memory, attention, and higher-order functioning is the								
a. cerebral cortex.									
	b. frontal lobe.								

	d. thalamus.
	ANS: A DIF: easy REF: p. 25 OBJ: brain KEY: WWW MSC: TYPE: factual
34.	The section of the brain responsible for movement, planning, inhibiting behavior, and decision making is the
	a. limbic system.
	b. occipital lobe.
	c. parietal lobe.
	d. frontal lobe.
	ANS: D DIF: easy REF: p. 25 OBJ: brain MSC: TYPE: factual
35.	The section of the brain associated with touch is the
	a. limbic system.
	b. occipital lobe.
	c. parietal lobe.
	d. frontal lobe.
	ANS: C DIF: easy REF: p. 25 OBJ: brain MSC: TYPE: factual
36.	Which area of the brain regulates emotions and impulses and includes the hippocampus and the amygdala?
	a. pons.
	b. thalamus.
	c. basal ganglia.
	d. limbic system.
	ANS: D DIF: easy REF: p. 25 OBJ: brain
37.	The midbrain contains the, which is involved in arousal and stress or tension.
	a. reticular activating system
	b. medulla
	c. pons

c. limbic system.

	ANS: A DIF: easy REF: p. 25 OBJ: brain MSC: TYPE: factual
38.	Medications that decrease generally have antipsychotic effects to ease symptoms of schizophrenia.
	a. norepinephrine
	b. acetylcholine
	c. dopamine
	d. glutamate
	ANS: C DIF: easy REF: p. 25 OBJ: biological assessment and treatment MSC: TYPE: factual
39.	Findings from the biological model have led to better knowledge about
	a. what genes are inherited.
	b. how neurotransmitter effects can help treat mental disorder.
	c. how brain changes over time lead to abnormal behavior.
	d. all of these have been assisted by the biological model.
	ANS: D DIF: easy REF: p. 25 OBJ: evaluating the biological model MSC: TYPE: factual
40.	The deep valley in the cerebral cortex that divides the frontal lobe from the rest of the brain is the
	a. longitudinal fissure.
	b. central fissure.
	c. lateral fissure.
	d. subcortical fissure.
	ANS: B DIF: moderate REF: p. 26 OBJ: evaluating the biological model MSC: TYPE: factual
41.	The area of the brain that is located behind the parietal and temporal lobes, associated with vision, is the
	a. cerebellum.
	b. prefrontal cortex.
	c. occipital lobe.

d. cerebellum

	ANS: C DIF: moderate REF: p. 26 OBJ: evaluating the biological model MSC: TYPE: factual							
42.	. The structure located in the limbic system that is involved in emotion and aggression is the							
	a. medulla.							
	b. spinal cord.							
	c. thalamus.							
	d. amygdala.							
	ANS: D DIF: moderate REF: p. 27 OBJ: evaluating the biological model MSC: TYPE: factual							
43.	Several basic principles comprise the psychodynamic perspective, including							
	a. childhood experiences shape adult personality.							
	b. causes and purposes of human behavior are not always obvious.							
	c. people use defense mechanisms to control anxiety or stress.							
	d. all of the above are principles within the psychodynamic perspective.							
	ANS: D DIF: easy REF: p. 28 OBJ: the psychodynamic model MSC: TYPE: factual							
44.	A key aspect of the psychodynamic perspective is unconscious motivation, which refers to:							
	a. use of defense mechanisms to control anxiety or stress.							
	b. hidden realms of emotion, thought, and behavior may drive us to act in a certain way.							
	c. the idea that everything we do has meaning and purpose and is goal-directed.							
	d. the concept that the id propels us to meet basic demands such as hunger.							
	ANS: B DIF: easy REF: p. 28 OBJ: the psychodynamic model MSC: TYPE: factual							
45.	Scientists in disciplines such as and social psychology and neuroscience have found that certain cognitive and behavioral processes do not appear to be under cognitive control.							
	a. behavioral							
	b. cognitive							
	c. biological							
	d. Freudian							

d. frontal lobe.

	ANS: B MSC: TYPE: factual	DIF:	moderate	REF:	p. 28	OBJ:	the psychodynamic model
46.	Hidden realms of emways. This is known		nought, and bel	navior r	may affect moti	ves tha	t drive us to act in certain
	a. unconscious moti	ivation.					
	b. defense mechanis	sms.					
	c. psychic determin	ism.					
	d. primary process.						
	ANS: A MSC: TYPE: factual	DIF:	easy	REF:	p. 28	OBJ:	the psychodynamic model
47.	Strategies to cope wit	h anxie	ety or stressors,	such as	s conflict with	others, a	are known as
	a. unconscious moti	ivations	i.				
	b. defense mechanis	sms.					
	c. psychic determin	ism.					
	d. primary process.						
	ANS: B MSC: TYPE: factual	DIF:	easy	REF:	p. 29	OBJ:	the psychodynamic model
48.	The id operates on the	e j	principle.				
	a. reality						
	b. pleasure						
	c. morality						
	d. suggestive						
	ANS: B MSC: TYPE: factual		easy	REF:	p. 29	OBJ:	structure of the mind
49.	The is an organigratification.	ized, ra	tional system tl	nat uses	s higher-order t	hinking	processes to obtain
	a. id						
	b. ego						
	c. superego						
	d. defense mechanis	sm					
	ANS: B	DIF:	easy	REF:	p. 29	OBJ:	structure of the mind

50.	The ego uses process to mediate demands of the id and demands of the environment.
	a. primary
	b. secondary
	c. tertiary
	d. none of the above are used by the ego
	ANS: B DIF: easy REF: p. 29 OBJ: structure of the mind MSC: TYPE: factual
51.	Freud proposed that each person progresses through stages of development.
	a. erogenous
	b. psychodynamic
	c. retrosexual
	d. psychosexual
	ANS: D DIF: easy REF: p. 30 OBJ: Freud's psychosexual stages MSC: TYPE: factual
52.	The mouth is the chief means of reaching satisfaction during the stage.
	a. oral
	b. anal
	c. phallic
	d. genital
	ANS: A DIF: easy REF: p. 30 OBJ: Freud's psychosexual stages MSC: TYPE: factual
53.	Attention becomes centered on defecation and urination during the stage.
	a. oral
	b. anal
	c. phallic
	d. latency
	ANS: B DIF: easy REF: p. 30 OBJ: Freud's psychosexual stages MSC: TYPE: factual
54.	Sexual organs become the prime source of gratification during the stage.

KEY: WWW MSC: TYPE: factual

	b. anal						
	c. phallic						
	d. genital						
	ANS: C DIF: easy REF: p. 30 OBJ: Freud's psychosexual stages MSC: TYPE: factual						
55.	Fixation can occur when						
	a. excessive frustration or overindulgence at a psychosexual stage occurs.						
	b. if the Oedipus complex overtakes the Electra complex.						
	c. regression has occurred.						
	d. a client represses feelings.						
	ANS: A DIF: easy REF: p. 30 OBJ: Freud's psychosexual stages MSC: TYPE: factual						
56.	A child deprived or neglected during the oral stage of development may compensate in adulthood by engaging in behaviors such as						
	a. smoking.						
	b. talking.						
	c. drinking alcohol.						
	d. all of the above may be results.						
	ANS: D DIF: moderate REF: p. 30 OBJ: Freud's psychosexual stages MSC: TYPE: factual						
57.	The ego experiences when the id urges to seek impulsive gratification or when the superego imposes shame and guilt.						
	a. anxiety						
	b. depression						
	c. desire						
	d. withdrawal						
	ANS: A DIF: easy REF: p. 30 OBJ: defense mechanisms MSC: TYPE: factual						
58.	A basic ego defense that occurs when a person banishes from consciousness threatening feelings, thoughts, or impulses is						

a. oral

	b. r	repression.						
	c. r	regression.						
	d. p	projection.						
	ANS MSC	: B C: TYPE: factual	DIF:	easy	REF:	p. 30	OBJ:	defense mechanisms
59.	Whice		anism r	efers to attribut	ing one	e's own unaccep	ptable r	notives or impulses to anothe
	a. i	ntellectualization	1.					
	b. r	regression.						
	c. p	projection.						
	d. r	reaction formatio	n.					
	ANS MSC	: C C: TYPE: factual	DIF:	easy	REF:	p. 30	OBJ:	defense mechanisms
50.		n has removed fe process of	elings a	and thoughts of	his abu	usive childhood	from h	is conscious memory through
	a. r	reaction formatio	n.					
	b. r	repression.						
	c. r	regression.						
	d. p	projection.						
	ANS MSC	: B C: TYPE: factual	DIF:	easy	REF:	p. 30	OBJ:	defense mechanisms
51.	Retu	rning to a stage t	hat pre	viously gave a	person	much gratificat	ion is tl	ne defense mechanism called
	a. r	eaction formatio	n.					
	b. r	repression.						
	c. r	regression.						
	d. p	projection.						
	ANS MSC	: C C: TYPE: factual		easy	REF:	p. 30	OBJ:	defense mechanisms
52.	Whe	n unconscious fe	elings a	are attributed to	anothe	er person,	_ has o	ccurred.

a. reaction formation.

	a. reaction formation						
	b. repression						
	c. regression						
	d. projection						
	ANS: D DIF: easy REF: p. 30 OBJ: defense mechanisms MSC: TYPE: factual						
63.	Projection occurs when						
	a. feelings are attributed to another person.						
	b. a person acts younger than they are.						
	c. thoughts are pushed out of consciousness.						
	d. a person transfers feelings to their therapist.						
	ANS: A DIF: easy REF: p. 30 OBJ: defense mechanisms MSC: TYPE: factual						
64.	Mariella, from the scenario in the text, may have developed her depression due to						
	a. unconscious conflict of emotions.						
	b. conscious conflict of emotions.						
	c. unconscious expression of emotions.						
	d. conscious expression of emotions.						
	ANS: A DIF: easy REF: p. 30 OBJ: psychodynamic assessment MSC: TYPE: application						
55.	Psychodynamic mental health professionals often assess unconscious motivations and conflicts using techniques.						
	a. behavioral						
	b. cognitive						
	c. projective						
	d. biological						
	ANS: C DIF: easy REF: p. 31 OBJ: psychodynamic assessment MSC: TYPE: factual						
66.	The projective hypothesis is an assumption based on the belief that people						
	a. demonstrate unconscious needs in behavioral patterns of behavior.						

	b. think about their unconscious needs and wants.				
c. reveal unconscious needs and conflicts onto ambiguous stimuli.					
	d. reveal internal conflicts in brain imaging techniques.				
	ANS: C DIF: moderate REF: p. 31 OBJ: psychodynamic assessment MSC: TYPE: factual				
67.	When ego defenses are lowered during sleep, unconscious material is presented via dreams. To understand what has been provided in dreams, a person needs to undergo				
	a. dream analysis.				
	b. free association.				
	c. insight projection.				
	d. interpretation.				
	ANS: A DIF: easy REF: p. 31 OBJ: psychodynamic assessment MSC: TYPE: factual				
68.	What actually happens in a dream is known as the content.				
	a. insight				
	b. projective				
	c. manifest				
	d. latent				
	ANS: C DIF: easy REF: p. 31 OBJ: psychodynamic assessment MSC: TYPE: factual				
69.	The cornerstone of psychodynamic therapy and the method by which unconscious meanings of thoughts and behavior are revealed is				
	a. insight therapy.				
	b. projection.				
	c. interpretation.				
	d. dream analysis.				
	ANS: C DIF: easy REF: p. 31 OBJ: psychodynamic assessment MSC: TYPE: factual				
70.	Sally begins to yell at her therapist in the same manner that she did to her father when she was a child. Psychodynamic therapy would explain this behavior as				
	a. projection.				

	c.	analysis.					
	d.	manifestation.					
		NS: B SC: TYPE: applic		derate REF	: p. 32	OBJ:	psychodynamic assessment
71.		ient-therapist interpretation				client's p	problems as well as being an
	a.	projection					
	b.	transference					
	c.	interpretation					
	d.	dream analysis					
		NS: B EY: WWW	DIF: easy		: p. 32	OBJ:	psychodynamic assessment
72.	Per	rhaps the biggest v	veakness of	the psychodyna	mic perspective	is it has	3
	a.	little empirical su	apport.				
	b.	significant empir	rical support				
	c.	little behavioral	support.				
	d.	significant behav	ioral suppor	t.			
		NS: A BJ: evaluating the	DIF: easy	,	: p. 32 MSC:	TYPE	E: factual
73.	Fo	r years, psychodyr	namic theori	sts were accused	l of being		
	a.	antiscientific.					
	b.	behaviorists.					
	c.	easily swayed.					
	d.	None of these we	ere applied to	o psychodynami	c theorists.		
		NS: A BJ: evaluating the	DIF: easy		: p. 32 MSC:	TYPE	E: factual
74.		A group of theorists that emphasize human growth, choice, and responsibility adopt a(n) model of psychology.					
	a.	behavioral					

b. transference.

	c. humanistic
	d. eclectic
	ANS: C DIF: easy REF: p. 32 OBJ: the humanistic model MSC: TYPE: factual
75.	The assumption that one's behavior is determined by perceptions of self and others is known as the approach.
	a. cognitive
	b. behavioral
	c. phenomenological
	d. psychodynamic
	ANS: C DIF: easy REF: p. 33 OBJ: the humanistic model MSC: TYPE: factual
76.	Theorists who believe in a subjective human experience that includes individual awareness of how we behave in context of our environment and other people are
	a. humanistic.
	b. behavioristic.
	c. cognitivistic.
	d. eclectic.
	ANS: A DIF: easy REF: p. 33 OBJ: humanistic model MSC: TYPE: factual
77.	The individual who believed that humans have basic and higher-order needs they strive to satisfy during their lifetime was
	a. Freud.
	b. Maslow.
	c. Rogers.
	d. Skinner.
	ANS: B DIF: easy REF: p. 33 OBJ: Abraham Maslow MSC: TYPE: factual
78.	Maslow believes the most basic needs a person has are
	a. physiological.

b. cognitive

	c. security.		
	d. social.		
	ANS: A DIF: easy REF: p. 33 OBJ: Abraham Masle MSC: TYPE: factual)W	
79.	The highest level of need that Maslow proposed is		
	a. physiological.		
	b. self-actualization.		
	c. security.		
	d. social.		
	ANS: B DIF: easy REF: p. 33 OBJ: Abraham Masle MSC: TYPE: factual)W	
80.	Maslow's hierarchy of needs includes all of the following EXCEPT:		
	a. self-actualization.b. safety/security.		
	c. social/belonging.		
	d. conditional positive regard.		
	ANS: D DIF: easy REF: p. 33 OBJ: Abraham Masle MSC: TYPE: factual)W	
81.	Unhealthy people experience personal or other obstacles to and may develop ment as a result.	al problems	
	a. physiological		
	b. self-actualization		
	c. security		
	d. social		
	ANS: B DIF: easy REF: p. 33 OBJ: Abraham Masle KEY: WWW MSC: TYPE: factual)W	
82. People thought to be moral beings who can understand reality and view things objectively are considered to have reached the level.			
	a. physiological		
	b. self-actualization		

b. safety.

	d. social						
	ANS: B DIF: easy REF: p. 33 OBJ: Abraham Maslow MSC: TYPE: factual						
83.	Client centered therapy attempts to allow clients to become more person centered or autonomous and less worried about others' disapproval. This is called						
	a. conditional wariness.						
	b. other centeredness.						
	c. therapist guiding.						
	d. self-discovery.						
	ANS: B DIF: moderate REF: p. 34 OBJ: Carl Rogers MSC: TYPE: conceptual						
84.	Rogers developed therapy that relies heavily on unconditional positive regard and empathy.						
	a. unconditional						
	b. conditional						
	c. behavioral						
	d. client-centered						
	ANS: D DIF: easy REF: p. 34 OBJ: Carl Rogers KEY: WWW MSC: TYPE: factual						
85.	A client-centered therapist establishes a therapeutic environment in which a client is						
	a. completely accepted.						
	b. unjudged.						
	c. both completely accepted and unjudged.						
	d. Neither acceptance nor judgment are parts of the therapeutic environment.						
	ANS: C DIF: easy REF: p. 34 OBJ: Carl Rogers MSC: TYPE: conceptual						
86.	Rollo May is responsible for creating psychology.						
	a. positive						
	b. biological						
	c. psychodynamic						

c. security

	ANS: D KEY: WWW	DIF: easy MSC: TYPE: factual	REF: p. 34	OBJ:	Rollo May
87.	How closely one adhe	eres to one's personali	ty is referred to as	<u>.</u> .	
	a. existential				
	b. reality				
	c. authenticity				
	d. other-centerednes	SS			
	ANS: C MSC: TYPE: factual		REF: p. 34	OBJ:	Rollo May
88.	Existential theorists b	elieve that people are	alone in the world and	l may tl	nerefore develop a sense of
	a. meaninglessness.				
	b. authenticity.				
	c. apprehension.				
	d. anxiety.				
	ANS: A MSC: TYPE: factual		REF: p. 34	OBJ:	Rollo May
89.	Humanistic theorists b	believe in a mod	el of assessment.		
	a. quantitative				
	b. qualitative				
	c. nondirective				
	d. directive				
	ANS: B OBJ: humanistic ass	DIF: easy sessment and treatmen	REF: p. 34	MSC:	TYPE: factual
90.	Treatment from a hun	nanistic perspective is	·		
	a. nondirective				
	b. directive				
	c. behavioral				
	d. biological				
	ANS: A	DIF: easy	REF: n 34		

d. existential

	OBJ: humanistic assessment and treatment MSC: TYPE: factual				
91.	The humanistic model is optimistic and ties to contemporary psychology.				
	a. positive				
	b. psychoanalysis				
	c. behavioral				
	d. biological				
	ANS: A DIF: easy REF: p. 34 OBJ: evaluating the humanistic model MSC: TYPE: conceptual				
92.	The humanistic approach has several limitations, including lack of				
	a. empathy.				
	b. biological support.				
	c. empirical support.				
	d. ability to assist clients.				
	ANS: C DIF: easy REF: p. 35 OBJ: evaluating the humanistic model MSC: TYPE: factual				
93.	Humanistic therapy has been criticized for all of the following EXCEPT:				
	a. being unscientific.				
	b. lacking empirical support.				
	c. its ineffectiveness with severe disorders and towards certain groups.				
	d. being too harsh and confrontational.				
	ANS: D DIF: moderate REF: p. 35 OBJ: evaluating the humanistic model MSC: TYPE: conceptual				
94.	Ned has become comfortable with his humanistic therapist and has likely responded to a therapeutic environment of				
	a. acknowledgment, guidance, and conditional praise.				
	b. respect, empathy, and complete acceptance.				
	c. casual exchange, informal relationship, and support.				
	d. minimal cost, maximum benefits, no labels or stigma.				
	ANS: B DIF: moderate REF: p. 35 OBJ: evaluating the humanistic model KEY: WWW MSC: TYPE: conceptual				

95.	Roger's client-centered approach has led to process variables that contribute to treatment success. One particularly helpful process variable is a therapeutic environment based on
	a. respect.
	b. empathy.
	c. full acceptance.
	d. all of these are included in a good environmental process variable.
	ANS: D DIF: easy REF: p. 35 OBJ: evaluating the humanistic model MSC: TYPE: factual
96.	A perspective that focuses on both internal and external factors, has good empirical support, and is relevant to many people with a mental disorder is the model.
	a. cognitive-behavioral
	b. psychoanalytic
	c. psychosomatic
	d. humanistic
	ANS: A DIF: easy REF: p. 35 OBJ: the cognitive-behavioral model MSC: TYPE: factual
97.	The perspective focuses on external acts.
	a. cognitive
	b. behavioral
	c. humanistic
	d. psychodynamic
	ANS: B DIF: easy REF: p. 35 OBJ: the cognitive-behavioral model KEY: WWW MSC: TYPE: conceptual
98.	The perspective focuses on internal thoughts.
	a. cognitive
	b. behavioral
	c. humanistic
	d. psychodynamic
	ANS: A DIF: easy REF: p. 35 OBJ: the cognitive-behavioral model MSC: TYPE: conceptual
99.	The perspective is based on the assumption that all behavior—normal or abnormal—is learned

	b. behavioral
	c. humanistic
	d. psychodynamic
	ANS: B DIF: easy REF: p. 35 OBJ: behavioral perspective MSC: TYPE: conceptual
100.	Learning by association, initially studied by Pavlov, is referred to as
	a. observational learning.
	b. classical conditioning.
	c. operant conditioning.
	d. positive reinforcement.
	ANS: B DIF: easy REF: p. 36 OBJ: learning principles MSC: TYPE: factual
101.	Reinforcement that involves giving a pleasant event or consequence after a behavior has occurred is known as reinforcement.
	a. cognitive
	b. behavioral
	c. positive
	d. negative
	ANS: C DIF: easy REF: p. 36 OBJ: learning principles MSC: TYPE: factual
102.	Positive reinforcement occurs when a behavior results in, and negative reinforcement occurs when a behavior results in
	a. a pleasant consequence; the removal of an unpleasant consequence
	b. punishment; reward
	c. a pleasant outcome; a reward for bad behavior
	d. escape; punishment
	ANS: A DIF: moderate REF: p. 36 OBJ: learning principles MSC: TYPE: conceptual
103.	Removing an aversive event following a behavior, which will increase the future likelihood of the behavior, is known as

a. cognitive

	b. behavioral reinforcement					
	c. positive reinforcement					
	d. negative reinforcement					
	ANS: D DIF: easy REF: p. 36 OBJ: learning principles KEY: WWW MSC: TYPE: factual					
104.	Lorraine's therapist studied under Aaron Beck's guidance and subsequently became primarily focused on in therapy.					
	a. cognitive-behavioral merging					
	b. conditioning and behavior modification					
	c. cognitive distortions					
	d. psychodrama and role-playing					
	ANS: C DIF: moderate REF: p. 37 OBJ: cognitive principles MSC: TYPE: application					
105.	Erroneously blaming oneself for events leads to the cognitive distortion known as					
	a. inferences.					
	b. distortions.					
	c. personalization.					
	d. schemas.					
	ANS: C DIF: easy REF: p. 37 OBJ: cognitive principles MSC: TYPE: factual					
106.	When we enter a situation with some expectation of what may happen, we develop a network of accumulated knowledge known as:					
	a. cognitive schemas.					
	b. expectancy effects.					
	c. perspective taking.					
	d. arbitrary inference.					
	ANS: A DIF: easy REF: p. 37 OBJ: cognitive principles MSC: TYPE: factual					
107.	Learning by observing and imitating others is evident during					

a. cognitive reinforcement

	a. distortions	
	b. personalization	
	c. modeling	
	d. cognition	
	ANS: C DIF: easy REF: p. 37 OBJ: a cognitive-behavioral medical with the company of the control	odel
108.	The cognitive behavioral model emphasizes that	
	a. learning principles and conditions interact.	
	b. cognitions always come first then behavior follows.	
	c. each individual has a different cognitive behavioral balance.	
	d. identifying thoughts always informs behavior.	
	ANS: A DIF: moderate REF: p. 37 OBJ: a cognitive-behavioral medium. MSC: TYPE: conceptual	odel
109.	Exposure treatment, token economy, and rational restructuring are treatments that are part of which perspective?	1
	a. humanistic.	
	b. cognitive-behavioral.	
	c. biological.	
	d. sociocultural.	
	ANS: B DIF: easy REF: p. 37 OBJ: a cognitive-behavioral medium MSC: TYPE: factual	odel
110.	Modeling, also known as implies that cognitive mechanisms influence learning.	
	a. cognitive conditioning	
	b. vicarious conditioning	
	c. avoidance conditioning	
	d. operant conditioning	
	ANS: B DIF: easy REF: p. 38 OBJ: a cognitive-behavioral medium. MSC: TYPE: factual	odel
111.	A large collection of treatment techniques used to change patterns of thinking that contribute to a person's problems is	

psychoanalysis. cognitive-affective therapy. cognitive-behavioral therapy. humanism. ANS: C DIF: easy REF: p. 38 OBJ: cognitive-behavioral assessment KEY: WWW MSC: TYPE: factual 112. Aaron Beck proposed a model of cognitive-behavioral treatment that includes cognitive techniques to change behaviors. b. behavioral techniques to change behaviors. both cognitive and behavioral techniques to change behaviors. neither cognitive nor behavioral techniques are included in Beck's treatment model. ANS: C DIF: easy REF: p. 38 OBJ: cognitive-behavioral assessment MSC: TYPE: factual 113. Albert Ellis proposed a major cognitive-behavioral therapy approach that is commonly referred to as rational restructuring. b. rationalization. cognitive restructuring. d. behavioral restructuring. ANS: A DIF: easy REF: p. 39 OBJ: cognitive-behavioral assessment KEY: WWW MSC: TYPE: factual 114. Susan is terrified of snakes. She becomes very anxious even thinking they exist. Her therapist is teaching her how to relax, after which they will construct a hierarchy related to snakes. Her therapist is using cognitive restructuring. behavioral management. humanism. systematic desensitization. ANS: D REF: p. 39 DIF: easy OBJ: cognitive-behavioral assessment MSC: TYPE: application

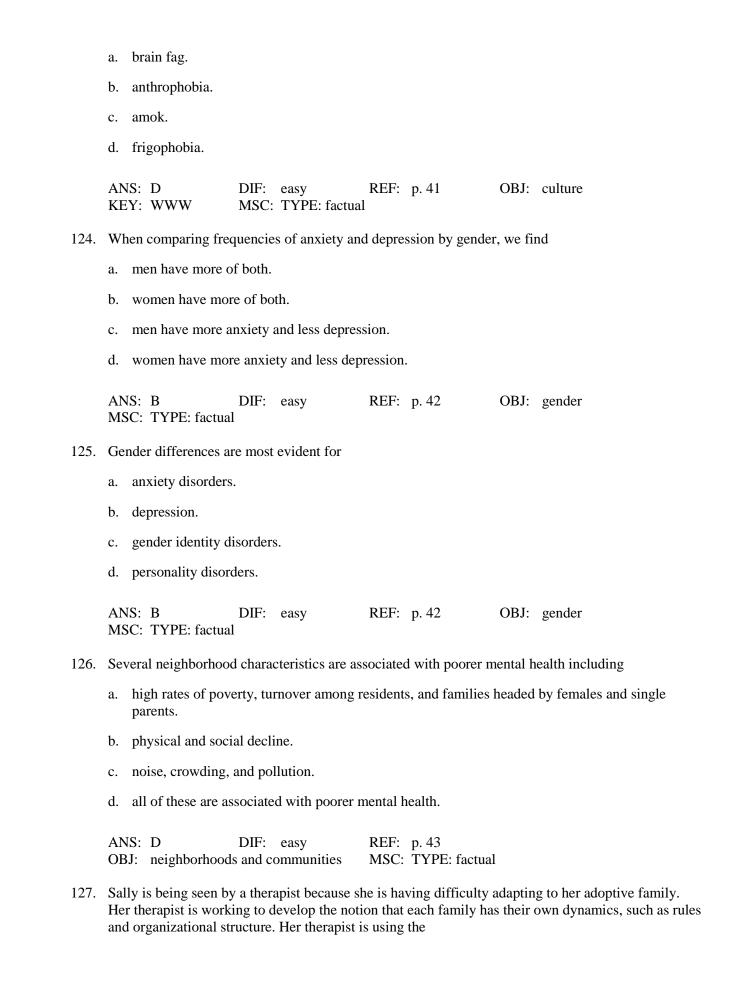
115. Gerald has been given plastic poker chips for desirable behavior in his institutional setting. He understands the chips have a certain point value and can be used later on for privileges. Gerald is responding to a(n)

	c. negative reinforcement with no punishment.			
	d. projective value system.			
	ANS: B DIF: moderate REF: p. 39 OBJ: cognitive-behavioral assessment MSC: TYPE: application			
116. John is terrified of spiders. His therapist has decided to place him in a room and have h the feared stimulus—in his case, spiders. His therapist is using a form of				
	a. behavioral management.			
	b. exposure treatment.			
	c. cognitive restructuring.			
	d. positive reinforcement.			
	ANS: B DIF: easy REF: p. 39 OBJ: cognitive-behavioral assessment MSC: TYPE: application			
117.	117. Every time that Brandon raises his hand in class his teacher gives him a bean. At the end of the he can 'trade' his beans for something he would like. His teacher is using a			
	a. cognitive restructuring program.			
	b. flooding exercise.			
	c. token economy.			
	d. systematic desensitization exercise.			
	ANS: C DIF: easy REF: p. 39 OBJ: cognitive-behavioral assessment KEY: WWW MSC: TYPE: application			
118.	The sociocultural perspective puts far greater emphasis on than the other major perspectives.			
	a. family history			
	b. environmental factors			
	c. cultural constraints			
	d. unconscious conflict			
	ANS: B DIF: moderate REF: p. 40 OBJ: sociocultural model MSC: TYPE: factual			
119.	The unique behavior and lifestyle shared by a group of people is referred to as			

a. intermittent schedule.

b. token economy.

	a. ethnicity.
	b. race.
	c. culture.
	d. family.
	ANS: C DIF: easy REF: p. 40 OBJ: culture MSC: TYPE: factual
120.	The concept of culture differs from the concept of ethnicity in that:
	a. ethnicity involves the unique behavior and lifestyle shared by a group of people.
	b. culture involves a category typically based on physical characteristics.
	c. ethnicity involves clusters of people who share cultural traits.
	d. culture involves genetic material that differentiates people within racial groups.
	ANS: C DIF: easy REF: p. 40 OBJ: culture MSC: TYPE: factual
121.	Culturally shared beliefs and ideas can lead to particular forms of stress that, in turn, lead to specific forms of disorders called
	a. cultural disorders.
	b. ethnic syndromes.
	c. culture-bound syndromes.
	d. race-bound disorders.
	ANS: C DIF: easy REF: p. 41 OBJ: culture MSC: TYPE: conceptual
122.	Koro, dhat, frigophobia, and voodoo death are examples of
	a. culture-bound syndromes.
	b. universal syndromes.
	c. stereotypical syndromes.
	d. psychosexual abnormal syndromes.
	ANS: A DIF: easy REF: p. 41 OBJ: culture KEY: WWW MSC: TYPE: factual
123.	Which culture-bound syndrome involves a morbid fear of catching cold and thus overdressing to stay warm?



	a. family systems perspective.
	b. engaged family perspective.
	c. expressive perspective.
	d. neighborhood perspective.
	ANS: A DIF: moderate REF: p. 43 OBJ: family MSC: TYPE: application
128.	Families that are overly rigid and do not adapt well to changes within or outside the family are referred to as
	a. disengaged.
	b. enmeshed.
	c. inflexible.
	d. triangular.
	ANS: C DIF: easy REF: p. 43 OBJ: problematic family relationships MSC: TYPE: factual
129.	The degree to which family interactions are marked by emotional over—involvement, hostility, and criticism is known as
	a. family systems.
	b. family environment.
	c. expressed emotion.
	d. repressed emotion.
	ANS: C DIF: easy REF: p. 43 OBJ: problematic family environment MSC: TYPE: factual
130.	According to the textbook, which of the following is NOT a feature of family environment?
	a. family dysfunction.
	b. family affect.
	c. family activity.
	d. family control.
	ANS: A DIF: easy REF: p. 43 OBJ: problematic family environment MSC: TYPE: factual
131.	A cultural assessment does not simply include race but also

	a. a person's self defined ethnicity.	
	b. sources of social support.	
	c. affiliations and interactions with social institutions.	
	d. all of these should be included in a cultural assessment.	
	ANS: D DIF: easy REF: p. 44 OBJ: socio-cultural assessment and treatment	MSC: TYPE: factual
132.	Globally, sociocultural interventions focus on decreasing or preventhrough	enting stress created for people
	a. sexism.	
	b. racism.	
	c. religious discrimination.	
	d. all of these are included in sociocultural interventions.	
	ANS: D DIF: moderate REF: p. 44 OBJ: socio-cultural assessment and treatment	MSC: TYPE: factual
133.	Applying identical treatment to all patients is now recognized as	
	a. inappropriate and probably unethical.	
	b. appropriate but probably unethical.	
	c. inappropriate but probably ethical.	
	d. illegal and immoral.	
	ANS: A DIF: moderate REF: p. 45 MSC: TYPE: factual	OBJ: personal narrative
134.	It is most likely inappropriate and unethical to	
	a. apply identical treatment to all patients.	
	b. use behavioral analysis.	
	c. perform personality testing.	
	d. statistically analyze psychological results.	
	ANS: A DIF: moderate REF: p. 45 MSC: TYPE: factual	OBJ: personal narrative
135.	The sociocultural perspective has much strength for understanding	g mental disorders including
	a. evidence linking social, cultural, or environmental factors to	mental health.

- b. understanding why people exposed to adverse influences have various outcomes.
- c. details of how psychological problems develop.
- d. understanding different sources of stress that impact a person and how that person copes with stress.

ANS: D DIF: easy REF: p. 46

OBJ: evaluating the sociocultural model MSC: TYPE: conceptual

ESSAY

1. Describe and evaluate the biological model of mental disorders.

ANS:

Student responses should include

- the biological model assumes that mental states, emotions, and behaviors arise largely from physical processes
- a genetic approach to mental disorder focuses on heritability and molecular genetics
- the biological model is important for understanding many component of major mental disorders, but it cannot explain all aspects of the disorders
- 2. Describe and evaluate the psychodynamic model of mental disorders.

ANS:

Student responses should include

- the psychodynamic model rests on the assumption that mental states, emotions, and behaviors arise from unconscious motives and intrapsychic conflicts
- two major assumptions of the perspective are psychic determinism and unconscious motivation
- according to psychodynamic theorists, the mind comprises the id, ego, and superego
- psychosexual stages are developmental stages that influence personality and abnormal behavior
- defense mechanisms are used to cope with life demands and intrapsychic conflict
- problems arise when we use defense mechanisms exclusively or excessively
- strengths of the psychodynamic perspective include defense mechanisms and an emphasis on how childhood experiences influence adult personality
- a major weakness of the psychodynamic perspective is the relative lack of research support for its major assumptions
- 3. Describe and evaluate the humanistic model of mental disorders.

ANS:

Student responses should include

- the humanistic model focuses on how humans can make choices that influence their environment and how they can take responsibility for their actions
- of phenomenological approach is based on the assumption that one's behavior is determined by perceptions of themselves and others
- the humanistic perspective relies on qualitative assessment of an individual's perceptions of himself and the world as well as nondirective therapy
- strengths of the humanistic perspective include its emphasis on personal responsibility for recovery and process variables important for treatment
- weaknesses of the humanistic perspective include relative lack of research support and for utility for certain groups of people
- 4. Describe and evaluate the cognitive-behavioral model of mental disorders.

ANS:

Student responses should include

- the behavioral perspective on mental disorders is based on the assumption that behavior is learned
- two major learning principles underlie the behavioral approach: classical conditioning and operant conditioning
- the cognitive perspective suggests that problematic symptoms and behavior develop from the way we perceive and think about our present and past experiences
- key principles of the cognitive perspective include schemas and cognitive distortions
- behavioral and cognitive perspectives have been combined to form the cognitive-behavioral model
- major cognitive-behavioral treatment approaches include cognitive-behavioral therapy, rational restructuring, systematic desensitization, exposure, and token economy
- strengths of the cognitive-behavioral model includes a broad array of effective treatments
- a major limitation of the cognitive-behavioral model is its poor account of how mental problems originally develop
- 5. Describe and evaluate the socio-cultural model of mental disorders.

ANS:

Student responses should include

- a sociocultural perspective focuses on how other people, social institutions, and social forces influence a person's mental health
- a strength of the sociocultural perspective is its focus on social and environmental factors and family on mental health

- a limitation of the sociocultural perspective is the lack of evidence that adverse environments cause mental disorders