Abnormal Behavior

Overview

Unit XII introduces psychological disorders with a discussion of the difficulty and limitations of defining normality. The controversy over the diagnosis of ADHD is used as a case in point. The biomedical, learning, and social-cognitive models that are used to help us understand disorders are reviewed. The benefits and drawbacks to labeling and diagnosing disorders are discussed along with how sociological factors, such as poverty, impact diagnosis and prevalence. Modules 66 through 69 each focus on one of the main categories of disorders as identified by the DSM-5: anxiety disorders, OCD, PTSD, depressive and bipolar disorders. You'll also learn about schizophrenia's symptoms, potential causes, and the evidence for genetic and environmental impacts on its development in an individual. The unit closes with a review of dissociative and somatic disorders as well as sections on feeding and eating disorders and personality disorders.

Modules

65	Introduction to Psychological Disorders
66	Anxiety Disorders, Obsessive-Compulsive Disorder, and Posttraumatic Stress Disorder
67	Depressive Disorders, Bipolar Disorder, Suicide and Self-Injury
68	Schizophrenia
69	Other Disorders

Tip #12 Cumulative Review

The end of each unit has included a Before You Move On checklist that allows you to indicate which concepts, terms, and material you understand and which you still need to review. As you progress in the course, the amount of material you need to review increases. If your instructor has been using cumulative tests in the classroom, you will likely have been tested and retested on the material several times. If not, you'll want to keep track of the material from previous units that you did not master and allow yourself 15–20 minutes on top of your normal homework and reading schedule to review old material. In March and April, several weeks before the AP® exam, you should start going back over the old test and quiz questions, rereading small sections on the harder-to-understand material, and finally adding that checkmark to your mastered material checklist!

Module 65

Introduction to Psychological Disorders

Before You Read

Module Summary

Module 65 introduces psychological disorders through examining the difficulty of determining the line between normality and disorder. Attention is given to the debate over ADHD and the various models of understanding disorders are reviewed. The use of diagnostic labels and the argument against labeling are explored. The module concludes with an overview of the prevalence of psychological disorders and the link between disorders and poverty.

Before beginning the module, take a moment to read each of the following terms you will encounter. You may wish to make vocabulary cards for each.

Key Terms

psychological disorder medical model epigenetics DSM-5

attention-deficit/hyperactivity disorder (ADHD)

While You Read

Answer the following questions/prompts.

65-1

1.

Psychological disorder: a syndrome marked by a clinically significant disturbance in an individual's cognition, emotion regulation or behavior.

Considering the definition above, explain what is meant by clinically significant. Break the definition into smaller parts for your explanation:

disturbance:

cognition

emotion regulation:

behavior:

2. Discuss why a fear of spiders may not be a psychological disorder, but routinely dusting books on a shelf might be considered a disorder. What is required for something to be diagnosed as a disorder?

 How has our understanding of psychological disorders changed over time? Give an example of a behavior or belief that was considered abnormal or normal in the past but considered otherwise today.

65-2

1. Define the *medical model*, and discuss how it explains psychological disorders. How has this model changed the way that patients are treated?

Explain why the tages of this ap	the DSM is often criticized for "casting too wide a approach?	net." What are the advantages and disadvan-
5, What newer 1	recommendations have been made regarding mor	re modern approaches to providing diagnosis?
6. Explain wha	at David Rosenhan means by saying a label has "a	life and an influence of its own."
7. What ethical	al concerns might you bring up regarding how the	Rosenhan study was conducted?
8. Discuss the	e research findings on the stigmatizing power of la	bels.

9.	What role do Hollywood movies play in further stigmatizing mental disorders?	
	55-4	
1.	List three arguments or research findings that support the existence of attention-deficultion disorder (ADHD) as a legitimate diagnosis.	it/hyperactivity
	a.	
	b.	
	· · · · · · · · · · · · · · · · · · ·	
	c.	
2.	List three arguments skeptics of ADHD cite to refute the legitimacy of the diagnosis.	
	a.	ļ r
		i
	b.	
	D.	
	c.	
		,

What key component needs to be present to differentiate ADHD from normal high energy or rambunctiousness? Why is this distinction important?



 Explain the evidence behind the idea that mentally ill people are more dangerous than others in the population.

2. Discuss the controversy regarding the use of the insanity plea.

65-6

1. According to Table 65.2 and Figure 65.2 (page 674), which country is reported to have the greatest prevalence of disorders and which disorders are most frequently reported? What are potential explanations for these results?

380	Module 65 Introduction to Psycological Disorders
2.	In what way can the research on collectivist and individualist cultures be applied to the information reported in Table 65.2 and Figure 65.2?
3.	Explain how the poverty-pathology connection has bidirectional ambiguity (we do not know which direction
	the relationship goes).
4.	Using Table 65.3, select two risk factors and two protective factors for mental disorders and discuss how these can either accelerate or protect against the development of a mental illness.

After You Read

Module 65 Review

 $_{\mbox{Use}}$ the following scenario to answer questions 1 and 2.

Janine is a high-school senior suffering from symptoms of depression. She is overeating, sleeping more hours than normal, and no longer has an interest in going out with her friends. Her parents are very worried about Janine because they fear her grades will slip and she won't get into college.

How might the medical model explain	n Janine's depressive symptoms?
-------------------------------------	---------------------------------

2. How might the biopsychosocial model offer an explanation for Janine's depressive symptoms?

- 3. Which of the following is an argument in support of the diagnosis of attention-deficit/hyperactivity disorder (ADHD)?
 - a. Teachers inconsistently refer children for ADHD assessment.
 - b. The proportion of American children being treated for ADHD has quadrupled in the decade after 1987.
 - c. In neuroimaging studies, ADHD has associations with abnormal brain activity.
 - d. Boys are more frequently diagnosed with the disorder.
 - e. African-American youth do not receive an ADHD diagnosis as often as Caucasian children.
- 4. Which of the following statements is not true of the DSM-5?
 - a. By including biomarkers for some disorders, it helps clinicians determine if an individual is at risk for an illness.
 - b. It has provided a list of potential symptoms for mental disorders.
 - c. It has provided a classification system, clustering disorders into larger categories.
 - d. It has improved the reliability of diagnosis for disorders.
 - e. The number of disorders contained in the DSM-5 is less than any of the earlier editions.

- In 1973, eight people went to hospital admissions offices complaining of "hearing voices" saying empty, hollow, and thud. The researcher who conducted this study of the biasing power of labels was
 - a. Philippe Pinel.
 - b. David Rosenhan.
 - c. Charles Singleton.
 - d. Martin Seligman.
 - e. Lawrence Langer.
- 6. Consider the photos in this module, particularly on page 651. Explain how what is considered "abnormal" can differ by culture. Give additional examples of behaviors from your culture that may be viewed as abnormal by someone of another culture.

Notes

Module 66

Anxiety Disorders, Obsessive-Compulsive Disorder, and Posttraumatic Stress Disorder

Before You Read

Module Summary

Module 66 discusses the symptoms and prevalence of anxiety disorders, obsessive-compulsive disorder, and posttraumatic stress disorder. The way in which the learning and biological perspectives attempt to explain these disorders is described.

Before beginning the module, take a moment to read each of the following terms you will encounter. You may wish to make vocabulary cards for each.

Key Terms

anxiety disorders

phobia

social anxiety disorder

agoraphobia

generalized anxiety disorder

obsessive-compulsive disorder (OCD)

panic disorder

posttraumatic stress disorder (PTSD)

While You Read

Answer the following questions/prompts.



1. Explain what differentiates anxiety from an anxiety disorder.

38	4 Module 66 Anxiety Disorders, Obsessive-Compulsive Disorder, and Posttraumatic Stress Disorder
2.	Discuss the common symptoms of generalized anxiety disorder.
3.	Explain why free-floating anxiety can be disabling.
4.	Describe the common symptoms of panic disorder. How does panic disorder differ from generalized anxiety disorder?
	disorder:
	en la propria de la companya della companya della companya de la companya della c
	Which category of people is at greater risk for panic disorder? Why?
5.	Which category of people is at greater risk for panic disorder? Why?
	e e e e e e e e e e e e e e e e e e e
6.	Describe the symptoms of phobias. Give an example of two specific phobias.

7.	How can a panic disorder	potentially lead to someone developing agoraphobia?
/ •		agoraphiopia!

8. According to Figure 66.1, what is the most common specific phobia? What differentiates a strong fear from a phobia?

 Hypothesize about why agoraphobia is often one of the most frequently diagnosed types of phobias but may not actually be the most frequently occurring.

66-2

 Explain how obsessive-compulsive disorder (OCD) differs from normal obsessions or tendencies toward perfectionism.

2. Approximately what percent of the population suffers from OCD? At what age do the symptoms typically appear?

3. Discuss why the sufferer's knowledge that the obsessions are irrational actually adds to the suffering.
 List and briefly explain some of the other categories that fall under obsessive-compulsive disorders according to the DSM-5.
1. Discuss the origins and symptoms of posttraumatic stress disorder (PTSD).
2. List the factors that determine whether a person is more likely to suffer from PTSD after a traumatic event.
3. Explain why some psychologists believe that PTSD is over diagnosed.

6	Discuss how classical conditioning and operant conditioning principles can be used to explain the development of anxiety disorders, OCD, and PTSD.
	and the second of the second o
2.	Discuss how observational learning principles can be used to explain the development of phobias.
3.	In what way does the biological perspective help us understand the development of phobias and anxiety? Consider both natural selection and genetics in your response.

4. What neurotransmitter might be related to anxiety disorders?

5.	What brain	structures	are activate	d ir	someone	who	suffers	from	OCD?	,
----	------------	------------	--------------	------	---------	-----	---------	------	------	---

6. What is the evidence that humans may be genetically predisposed to associate some fears over others?

After You Read

Module 66 Review

Answer the following questions to see if you have mastered the basics.

- Michelle is riding in an elevator to the 17th floor of her office building and is experiencing intense fear that
 the elevator is going to break. She finds it hard to breathe and cannot swallow. Michelle's heart rate has accelerated and she is dizzy. She has never been afraid of elevators before and has ridden them easily all of her life.
 Most likely, Michelle is suffering from
 - a. panic disorder.
 - b. posttraumatic stress disorder.
 - c. generalized anxiety disorder.
 - d. obsessive-compulsive disorder.
 - e. social anxiety disorder.
- John, one of Michelle's co-workers, finds that he experiences many of Michelle's symptoms every time he rides in an elevator. Because of this, he always takes the stairs the 17 floors up to his office. Most likely John is suffering from
 - a. posttraumatic stress disorder.
 - b. generalized anxiety disorder.
 - c. a specific phobia.
 - **d.** social anxiety disorder.
 - e. obsessive-compulsive disorder.
- 3. One of the concerns regarding panic attacks and specific phobias is that, if intense enough, the fears can lead to avoiding places where the attack or stimulus may occur and may eventually keep a person trapped in the home. This subsequent disorder is called
 - a. generalized anxiety disorder.
 - b. social anxiety disorder.
 - c. obsessive-compulsive disorder.
 - d. posttraumatic stress disorder.
 - e. agoraphobia.

4. Your friend Rachel is fond of saying "I'm so OCD" when people comment on her color-organized pens or neatly labeled school folders. Offer an explanation to Rachel as to why this statement is (a) offensive and insensitive, and (b) inaccurate.

a.

b.

- 5. Roberto leaves his home for the office each morning at 5:30 a.m. to allow time to check to see if his front door is locked. After locking the door, he gets into his car, but on the way to work he wonders if he actually locked the door. He returns home to make certain he has locked the front door. He confirms that it is locked and gets back into his car. As he turns the ignition in the car, preparing to head back toward work, he wonders once again if he fully engaged the lock and leaving the engine running, he returns to check the front door. Roberto will check and recheck his front door an additional 27 times before finally arriving to work at 8:00. It is likely that Roberto suffers from
 - a. obsessive-compulsive disorder.
 - b. posttraumatic stress disorder.
 - c. generalized anxiety disorder.
 - d. phobias.
 - e. agoraphobia.
- 6. Malcolm experiences severe anxiety when he visits his aunt at her home. The anxiety has increased to the point that Malcolm limits his visits to his aunt to once per year and as the visit date approaches, finds his level of unease increases each day. In a session with his therapist, Malcolm reveals that as a child, his aunt used to lock him in a closet when he was "acting up" and this caused Malcolm great distress. His therapist points out that Malcolm has associated the feelings of being locked in the closet with his aunt and her home. The therapist's assessment most clearly reflects the
 - a. biological perspective.
 - b. learning perspective.
 - c. psychoanalytic perspective.
 - d. humanist perspective.
 - e. psychodynamic perspective.
- 7. In those with OCD, what area of the brain seems to be hyperactive?
 - a. occipital lobe
 - b. anterior cingulate cortex
 - c. temporal lobe
 - d. hypothalamus
 - e. cerebellum

8. Describe how Freud assumed anxiety developed in an individual, and contrast that with how today's psychologists believe anxiety develops.

Notes

Module 67

Mood Disorders

Before You Read

Module Summary

Module 67 defines and describes disorders such as major depressive disorder and bipolar disorders. Biological and social-cognitive perspectives are presented to help explain these disorders. The factors that impact suicide and self-injuring are presented along with the early warning signs for suicide.

Before beginning the module, take a moment to read each of the following terms you will encounter. You may wish to make vocabulary cards for each.

Key Terms

major depressive disorder

mania

bipolar disorder

rumination

While You Read

Answer the following questions/prompts.



1. In what way does depression serve as a "warning light" for us? What sense can be found in suffering?

2. List the symptoms of major depressive disorder. How does this differ from the symptoms associated with a persistent depressive disorder?

3.	What are the rates of depression that are currently reported from the World Health Organization (WHO)?
4.	How do reported depressive symptoms typically change over the course of a year and what is the challenge to this typically held belief?
5.	Compare the characteristics of a state of mania to the state of depression described in question 2.
6.	Discuss the diagnostic trend for bipolar disorder.
7.	What alternative has the DSM-5 proposed which has begun to reduce the rate of childhood and adolescent cases of bipolar disorder?

10
67-4
n/ -

1. In your own words, list and elaborate on the six facts about depression.

2

h.

c.

d.

e.

f.

2. Explain the genetic influences on depression and bipolar disorder.

394 Module 67 Mood Disorders

3. Discuss the changes in brain function that occur in major depressive disorder and bipolar disorder.
4. What are the research findings regarding the role neurotransmitters play in depression and mania?
5. How do drugs that act as anti-depressants impact norepinephrine or serotonin?
6. Discuss how the social-cognitive perspective generally explains the origins of major depressive disorder
7. What is meant by rumination? In what ways do negative thoughts and negative moods interact?
8. What role does explanatory style play in depression? Give an example.

	Willie Tou Meau	
Assume you recently failed a big test, missed a big score in the game, or your sweetheat Create an explanation for your situation within each of the three contexts: a. stable or temporary:	rt broke up with	you
b. global or specific:		
c. internal or external:		
How can the above listed ways of thinking eventually lead to learned helplessness?		
Explain how depression is thought to be a vicious cycle.		
	 a. stable or temporary: b. global or specific: c. internal or external: How can the above listed ways of thinking eventually lead to learned helplessness?	b. global or specific: c. internal or external: How can the above listed ways of thinking eventually lead to learned helplessness?

67-3

- 1. List and explain the research findings on group differences in suicidal behavior as it relates to:
 - a. national differences

_		
L	1	differences
n	racial	dittoroncoc

c. gender differences

d. age differences and trends

e. other group differences

f. day of the week differences

2. What are the triggers or factors that affect suicide?

3. Why do people engage in nonsuicidal self-injury (NSSI)?

4. What are reasons aside from depression that a person may attempt suicide?

5. What are three strategies the text recommends you take, if a friend or family member discusses suicide?

6. Discuss the connection between self-injury and suicide.

After You Read

Module 67 Review

Answer the following questions to see if you have mastered the basics.

- 1. Rebecca is a high school student who is president of the National Honor Society, a gifted athlete and co-captain of the field hockey team, and takes numerous AP® courses. Over the last few weeks she has not felt hungry and is sleeping for only two hours a night. Rebecca knows she is low on energy and is making mistakes on the playing field and on her course exams. She feels guilty for not being a better co-captain and for letting down her parents in her studies. Most likely Rebecca is dealing with
 - a. bipolar disorder.
 - b. major depressive disorder.
 - c. generalized anxiety disorder.
 - d. mania.
 - e. manic-depressive disorder.
- 2. Terrance often worries. He is worried he won't pass the rigorous swim tests to become a lifeguard. He is thinking so deeply about this that he cannot think clearly in class and keeps missing the conversations his friends are having around him. This compulsive fretting is referred to as
 - a. obsessive-compulsive disorder.
 - b. bipolar disorder.
 - c. major depressive disorder.
 - d. rumination.
 - e. panic disorder.

3.	One neurotransmitter thought to increase arousal and boost mood is It is during depression and during mania.
	 a. serotonin; overabundant; overabundant b. norepinephrine; overabundant; reduced c. dopamine; reduced; overabundant d. norepinephrine; reduced; overabundant e. acetylcholine; overabundant; reduced
4.	Two brain structures that may have lower than normal levels of activity in an individual who is experiencing depression are
	 a. the amygdala and temporal lobes. b. the occipital lobes and amygdala. c. the frontal lobes and hippocampus. d. the hippocampus and hypothalamus. e. the cerebellum and hypothalamus.
5.	Selena suffers from bipolar disorder. List three common behaviors you might expect to see when Selena is in the manic phase.
	a.
	b.
	c.
5.	Describe three ways in which social-cognitive psychologists explain how depressed people differ from other in their explanations of failure and how such explanations tend to feed depression.

Module 68 Schizophrenia

Before You Read

Module Summary

Module 68 presents the patterns of thinking, perceiving, and feeling that characterize schizophrenia. A contrast between chronic and acute schizophrenia with attention to both onset and recovery of the disorder is made, and the role brain abnormalities and viral infections play in the disorder is explained. The role of genetic influences on schizophrenia and some factors that may be early warning signs of schizophrenia are also discussed.

Before beginning the module, take a moment to read each of the following terms you will encounter. You may wish to make vocabulary cards for each.

Key Terms

hallucination

schizophrenia

delusion

psychotic disorders

chronic schizophrenia

acute schizophrenia

While You Read

Answer the following questions/prompts.

68-1

1. What does the word schizophrenia mean and how is this disorder different from those who have dissociative identity disorder (more than one personality)? Why is this disorder characterized as a psychotic disorder?

2. List and contrast positive symptoms with the negative symptoms of schizophrenia.

400 Module 68 Schizophrenia

-	ov Modelie ov Sembophesia	
;	3. How might the terms "positive" and "negative" used in question #2 be similar to the u	se in reinforcement
	and punishment, which you studied in Unit VI?	
	•	
		6
	,	
4	. Describe and contrast a typical schizophrenic hallucination with a delusion.	
		* .
	•	
_	Discuss the disorganized thinking and speaking that are symptoms of schizophrenia.	
5	Discuss the disciplinated and of the special states of the special	
ş		43
ì		<i>d</i> , ,
1		
	· ·	
		an an an
	1:1 -1-time ettention is impacted by schizonhrenia	
6.	Explain the way in which selective attention is impacted by schizophrenia.	
		* *
		. •
		x 50 D
7	Describe the diminished and inappropriate emotions characteristic of schizophrenia. W	hat is meant by "flat
/.	Describe the diffillation who happens are	
	affect"?	

Roughly what percentage of individuals with schizophrenia will fully recover, versus those who will manage their illness effectively with a supportive environment and medication?

68-2

1. Discuss the prevalence of schizophrenia on gender differences and the onset of the disorder.

2. Describe the difference between acute and chronic schizophrenia, be certain to address the likelihood for recovery in each instance.

68-3

1. Explain the role dopamine may play in the development of schizophrenia for some individuals.

402 Module 68 Schizophrenia

2.	Describe the findings of brain scans on people with chronic schizophrenia. Which brain structures are
	impacted or implicated in the disorder?

419

3. How have PET scans been used to determine how the brain of those suffering from schizophrenia differs from those who are not?

68-4

1. Discuss the evidence for prenatal viral infections as a cause for schizophrenia.

68-5

 What does the evidence suggest regarding a genetic link to schizophrenia? How can sets of twins be tested to be sure that the differences are not due to environmental factors? 2. Explain what is meant by a predisposition.

3. How does epigenetics play a role in the potential development of schizophrenia?

4. Discuss the psychological and environmental factors that may trigger schizophrenia.

After You Read

Module 68 Review

Answer the following questions to see if you have mastered the basics.

- 1. The literal translation of schizophrenia is
 - a. "multiple personality."
 - b. "split personality."
 - c. "split mind."
 - d. "psychotic mind."
 - e. "divided person."
- 2. Which of the following is not offered as a potential factor in the development of schizophrenia?
 - a. overabundance of dopamine
 - b. a viral infection during the middle of fetal development
 - c. fluid-filled ventricles of the brain
 - d. a family history of schizophrenia
 - e. heavy birth weight
- 3. Which of the following is true regarding schizophrenia?
 - a. It affects women more than men.
 - b. It affects approximately 1% of the population worldwide.
 - c. It tends to develop in the late 40s.
 - d. It is more prevalent in western European countries.
 - e. Overweight young women are more vulnerable.

404 Module 68 Schizophrenia 4. List three characteristic symptoms of schizophrenia. b. c. 5. Label the symptoms of schizophrenia below as either positive (P) or negative (N). ____ a. auditory hallucinations ___ b. voice lacking in tone ____ c. expressionless face _____ d. inappropriate laughter _____ e. rigid body ____ f. disorganized speech

6. Hermann has an identical twin with schizophrenia. Based only on this information what can you determine about the likelihood that Hermann will develop schizophrenia?

Module 69

Other Disorders

Before You Read

Module Summary

Module 69 ends Unit XII with a review of somatic, dissociative, eating, and personality disorders. The symptoms and behaviors of specific disorders within each category are addressed.

Before beginning the module, take a moment to read each of the following terms you will encounter. You may wish to make vocabulary cards for each.

Key Terms

somatic symptom disorder

conversion disorder

illness anxiety disorder

dissociative disorders

dissociative identity disorder (DID)

personality disorders

antisocial personality disorder

anorexia nervosa

bulimia nervosa

binge-eating disorder

While You Read

Answer the following questions/prompts.

69-1

1. Describe the general characteristics of somatic symptom disorders.

2. How does culture influence people's expression of physical complaints?

40	Module by Other Disolders
3	Compare the symptoms of conversion disorder to those of illness anxiety disorder.
	Describe the phenomenon of dissociation and explain how it differs from a dissociative disorder.
2.	Explain what happens to an individual in a fugue state.
3.	Describe the characteristics of dissociative identity disorder.
4.	Dissociative identity disorder is often portrayed incorrectly in movies and is frequently confused with schizophrenia by the general public. Explain the differences between the two disorders now that you have read about both disorders.
60	
5.	Explain the arguments against DID as a genuine disorder.

6	How do other researchers support the view	that DID is a genuine disorder?
6.	Tio.	and a gerianic abolact:

	-		No.	
1	6	g.	-3	
	v	٠	_	

1. Complete the chart below for personality disorders.

Behaviors or Emotions Expressed in This Cluster	Example of Personality Disorder
,	
	*
	,

2. Describe the symptoms of antisocial personality disorder.

3. Discuss the research findings that have helped us to understand the potential biological origins of antisocial personality disorder.

108	Module 69 Other Disorders
4.	Discuss the brain structures that may have a role in antisocial personality disorder.
5.	Explain how environmental factors influence the development of antisocial personality disorder
69	9-4
1.	Describe the symptoms and prevalence of anorexia nervosa.
2.	Describe the symptoms and prevalence of bulimia nervosa.

3. Describe the symptoms and prevalence of binge-eating disorder.

4. Discuss the general findings of characteristics of families with a child suffering from an eating disorder.
5. Explain the impact of genetics that may impact the development of an eating disorder. What factors would make a person vulnerable to an eating disorder?
5. Explain the impact of the environment on the development of an eating disorder.
After You Read

Module 69 Review

Select the best answer to see if you have mastered the basics.

- 1. Deborah is an underweight teenager who has dropped 15 pounds in the last year yet is constantly on a weight-loss program even after this dramatic weight loss. She obsesses about her image in the mirror and points to magazine covers and celebrity models as ideals of how thin she thinks she should be. Deborah runs 3 miles every day, even in bad weather, and signs up to run 5K races each month. Her parents take her to a psychologist who considers a diagnosis of
 - **a.** binge-eating disorder.
 - b. avoidant personality disorder.
 - c. anorexia nervosa.
 - d. histrionic personality disorder.
 - e. bulimia nervosa.

- Cynthia has been experiencing blurred vision, headaches, dizziness and aches in her muscles. She has seen
 her doctor who ran a series of tests but cannot identify a physical cause to her pain. Finally she is referred to a
 therapist who diagnoses her symptoms as
 - a. schizophrenia.
 - b. a somatic symptom disorder.
 - c. depression.
 - a dissociative disorder.
 - e. bipolar disorder.
- 3. A controversial disorder in which a person exhibits two or more distinct personalities is called
 - a. bipolar disorder.
 - b. obsessive-compulsive disorder.
 - c. schizophrenia.
 - d. dissociative identity disorder.
 - e. panic disorder.
- 4. Vince is a 35-year-old mechanic who moves from town to town in search of work. When he finds a job, he is often unable to keep it due to his irresponsible and aggressive manner. He has been arrested several times for thefts and fights and reports that this behavior began in his teens. He has been divorced twice and both of his ex-spouses report that he was verbally and physically abusive and has never shown any remorse for the pain he caused. A psychologist studying Vince's case would consider a diagnosis of
 - a. histrionic personality disorder.
 - b. antisocial personality disorder.
 - c. narcissistic personality disorder.
 - d. avoidant personality disorder.
 - e. schizoid personality disorder.
- 5. Bethany has various illness, aches and pains on a rather regular basis. She searches online medical sites to see if her symptoms are a sign of a larger disease. Bethany has had to switch doctors quite a few times as none of them are able to diagnose any serious illness, yet she is sure she has one. She eventually consults a psychologist who is able to diagnose her symptoms as
 - a. illness anxiety disorder.
 - b. depression.
 - c. dissociative disorder.
 - d. bipolar disorder.
 - e. schizophrenia.



Now that you have mastered the basics, work through the questions below to see if you can synthesize, evaluate, and analyze what you have learned.

1. Use your understanding of psychology to answer the following questions about Darya.

Darya has been experiencing low moods and feelings of worthlessness over the past few weeks. Her grades in her core classes are slipping and Darya doesn't feel she can do anything to change that. She doesn't see an end in sight and thinks she cannot do anything right. Her friends are

beginning to worry because she is turning down their invitation out. Darya is sleeping much more than she used to and doesn't finds that she is constantly worrying about her mood and blame	have much of an appetite. She
Potential diagnosis:	
How would the biopsychosocial approach offer an explanation?	
	*
How would the learning perspective offer an explanation?	

How would the social-cognitive perspective view this disorder?

	How diagnosing/labeling this individual with a specific disorder will impact perceptions of this person's behavior?		
	4.11//l as helicarions to wealth for		
	Additional symptoms or behaviors to watch for:		
	How could Darya change her explanatory style to alleviate the depressive symptoms?		
Id	entify the following disorders and support your reasoning with evidence from the unit.		
2	Celeste is a middle-aged woman who find that she is plagued by constant worry. For the past 8 months, she has been having difficulty sleeping and is jittery and agitated at work. Celeste has begun to develop twitches in her eyelids and is worried that something serious is wrong. She can't pinpoint any particular issue that is causing these feelings and decides to seek a therapist's opinion. Thus far, the therapist has ruled out the possibility of a somatic symptom disorder. Which disorder may Celeste be experiencing?		

3. Jarrod is 21-year-old college student who is beginning to notice changes in his personality and sensations. He is certain he is hearing voices directing him to hurt himself and he is finding it increasingly difficult to ignore them. His friends are finding him increasingly distracted and report that he seems to lose interest in their conversations. More disturbingly, when Jarrod does contribute to his friend's conversations, he says odd things. Last week he told his friend Jerry that his car "had a tension the shade of libraries." Jarrod's worried friends have told him to consult a psychiatrist for help. Which disorder may Jarrod be experiencing?

4. Walter was a soldier in World War II and was involved in several hand-to-hand combat incidents, Using his army-issued rifle, he was directly responsible for the killing of 12 enemy combatants. Walter did not enjoy killing other humans and found that he was greatly troubled by his actions. When Walter returned to the United States in 1945, he found that he could not move his right arm. He experienced paralysis in this arm for over two decades and although he consulted several medical doctors, they could locate no organic cause for the problem. His wife suggests he see a psychologist. Which disorder may Walter be experiencing?

5. Sal has just been arrested for domestic abuse and is in the county jail awaiting a visit from the court-appointed psychologist. Sal has been in jail several times in his life, beginning with his first arrest at age 12 for stealing a car from the grocery store parking lot. He has had a poor job record, being unable to remain employed for longer than 4 or so months at a time. Although he has been in and out of jail many times, he shows no remorse or regret for the actions that landed him there. Which disorder may Sal be experiencing?

1	Before	You	Move	On
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Use the checklist below to verify your understanding of the unit's main points.
Can I describe contemporary and historical conceptions of what constitutes psychological disorders?
Can I recognize the use of the <i>Diagnostic and Statistical Manual of Mental Disorders</i> (DSM) published by the American Psychiatric Association as the primary reference for making diagnostic judgments
Can I discuss the following major diagnostic categories and their corresponding symptoms?
Anxiety and somatoform disorders
Mood disorders
Schizophrenia
Personality disorders
Dissociative disorders
Can I evaluate the strengths and limitations of various approaches to explaining psychological disorders? Namely:
Medical model
Psychoanalytic
Humanistic
Cognitive
Biological
Biopsychosocial
Can I identify the positive and negative consequences of diagnostic labels (e.g., the Rosenhan study)?
Can I discuss the intersection between psychology and the legal system (e.g., confidentiality, insanity defense)?