

## **Chapter 1: Abnormal Psychology and Life**

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### **MULTIPLE CHOICE**

1. A group of emotional, cognitive, or behavioral symptoms that cause significant distress or significant problems is a(n):
  - a. mental disorder.
  - b. deviation.
  - c. bell curve.
  - d. abnormal concept.

ANS: A                      DIF: easy                      REF: p. 2                      OBJ: introduction  
MSC: TYPE: factual

2. Which of the following is NOT one of the three criteria in the textbook that helps determine whether an emotion, thought, or behavior is abnormal?
  - a. deviance from the norm.
  - b. presence of depression.
  - c. difficulties adapting to life demands.
  - d. experience of personal distress.

ANS: B                      DIF: easy                      REF: p. 3                      OBJ: introduction  
MSC: TYPE: factual

3. Abnormal psychology is
  - a. the scientific study of troublesome feelings, thoughts, and behaviors.
  - b. assertions about what might be abnormal.
  - c. a scientific study of how and why people become unusual.
  - d. pretty much the opposite of normal psychology.

ANS: A                      REF: p. 2                      OBJ: introduction      KEY: WWW  
MSC: TYPE: factual

4. Michael is experiencing a number of thoughts that are making it difficult for him to stay focused on his work. He may be classified as having a mental disorder on the basis of his
  - a. behavioral symptoms that are causing distress in his coworkers.
  - b. feelings of rejection.
  - c. distress caused by his cognitive symptoms.

d. inability to stay focused on a task.

ANS: C

DIF: moderate

REF: p. 2

OBJ: introduction

MSC: TYPE: application

5. John has been reading articles posted on the web by persons who say they suffer from mental disorders. He tells his friend that he is engaging in the study of abnormal psychology. According to your text, what is missing from his definition of abnormal psychology?

- a. abnormal psychology involves scientific study
- b. the study of troublesome feelings associated with mental disorders
- c. studying behavior that is considered abnormal
- d. applying the techniques of psychology to abnormal behavior

ANS: A

DIF: moderate

REF: p. 2

OBJ: introduction

MSC: TYPE: conceptual

6. An accepted definition of abnormal psychology includes

- a. abnormal psychology involves scientific study.
- b. abnormal psychology involves the study of troublesome feelings.
- c. studying behaviors in animals that are abnormal to better understand human behaviors.
- d. applying techniques of psychology to perform reverse-psychology.

ANS: A

DIF: moderate

REF: p. 2

OBJ: introduction

MSC: TYPE: conceptual

7. Your textbook describes normal behavior as

- a. behaviors we see in all people at all times.
- b. behaviors observed in a ritual for a particular culture.
- c. behavior that characterizes most people.
- d. behaviors that allow an individual to adapt to life's demands.

ANS: C

DIF: easy

REF: p. 3

OBJ: what is a mental disorder

MSC: TYPE: factual

8. Normal behavior is described in your textbook as

- a. behaviors we see in students at all times.
- b. behaviors observed in only a particular culture.
- c. behaviors that allow individuals to adapt to their environment.

d. behavior that characterizes most people.

ANS: D  
KEY: WWW

DIF: easy  
MSC: TYPE: factual

REF: p. 3

OBJ: what is a mental disorder

9. Deviance, adaptation difficulties, and personal distress are concepts used to describe

- a. mental retardation.
- b. students on probation from college.
- c. abnormal behavior.
- d. psychological maladjustment.

ANS: C  
MSC: TYPE: factual

DIF: moderate

REF: p. 3

OBJ: what is a mental disorder

10. Which of the following criteria are considered when determining normalcy of behavior?

- a. ability to learn from mistakes
- b. poor academic performance
- c. experience of personal distress
- d. traditions for a culture

ANS: C  
MSC: TYPE: factual

DIF: moderate

REF: p. 3

OBJ: what is a mental disorder

11. Patterns of behavior that deviate from the norms of society would be called

- a. prosocial behavior.
- b. normal behavior.
- c. abnormal behavior.
- d. college behavior.

ANS: C  
KEY: WWW

DIF: moderate

REF: p. 3

OBJ: what is a mental disorder

12. Treva Throneberry was considered to exhibit abnormal behavior because it

- a. was deviant from the norm.
- b. caused difficulty for individuals who worked with her.
- c. caused her significant personal distress.
- d. resulted in failing grades in school.

ANS: A

DIF: moderate

REF: p. 3

OBJ: what is a mental disorder

MSC: TYPE: conceptual

13. John has been diagnosed with having a mental disorder when he was found repeatedly cutting himself. Cutting behavior could be considered
- deviant from the norm.
  - disappointing to people watching.
  - disturbing.
  - ritualistic.

ANS: A                      DIF: moderate                      REF: p. 3                      OBJ: what is a mental disorder  
MSC: TYPE: application

14. A statistical method of defining abnormality would include
- extremely high levels of activity.
  - extremely low levels of activity.
  - extremely high and low levels of activity.
  - average levels of activity.

ANS: C                      DIF: easy                      REF: p. 3                      OBJ: deviance from the norm  
MSC: TYPE: factual

15. Identification of deviance from the norm would be beneficial to
- assess abnormality.
  - diagnose normalcy.
  - develop a prognosis.
  - establish treatment guidelines.

ANS: A                      DIF: moderate                      REF: p. 3                      OBJ: deviance from the norm  
MSC: TYPE: conceptual

16. Statistical methods would be used to assess abnormality in
- case studies.
  - abnormal behavior frequency studies.
  - deviance from the norm.
  - consequences of abnormal behavior analysis.

ANS: C                      DIF: moderate                      REF: p. 3                      OBJ: deviance from the norm  
MSC: TYPE: conceptual

17. Less frequent or less probable behaviors are considered to be abnormal or
- statistically deviant.
  - statistically significant.
  - statistically irrelevant.
  - statistically modifiable.

ANS: A                      DIF: easy                      REF: p. 3                      OBJ: deviance from the norm  
MSC: TYPE: factual

18. One disadvantage of the deviation-from-the-norm criterion for mental disorders is that
- not all behaviors are maladaptive.
  - cultures differ in how they define what is normal.
  - daily problems prompt people to seek treatment.
  - statistical deviance offers clear guidelines for researchers.

ANS: B                      DIF: moderate                      REF: p. 4                      OBJ: deviance from the norm  
MSC: TYPE: factual

19. Different cultures have different ideas about what normal behavior is. This is a key limitation of which of the following ideas about defining abnormal behavior?
- deviance from the norm.
  - presence of depression.
  - difficulties adapting to life demands.
  - experience of personal distress.

ANS: A                      DIF: moderate                      REF: p. 4                      OBJ: deviance from the norm  
MSC: TYPE: factual

20. Dr. Jones is working with a client from a culture other than his own. He would like to use the deviation-from-the-norm criteria. This would be inappropriate to use because
- daily problems prompt people to seek treatment.
  - statistical deviance only offers guidelines for researchers.
  - cultures differ in how they define what is normal.
  - none of these – there is no reason why he cannot use this criteria.

ANS: C                      DIF: moderate                      REF: p. 4                      OBJ: deviance from the norm  
MSC: TYPE: application

21. How does the Einstein example illustrate a drawback of the statistical abnormality distinction?

- a. deviance is always a disorder
- b. the measurement accuracy is limited
- c. too many people have high intelligence
- d. high intelligence is not a disorder

ANS: D                      DIF: moderate                      REF: p. 4                      OBJ: deviance from the norm  
 MSC: TYPE: factual

22. Suddenly disappearing from home and assuming a new identity, as Treva did, would be considered
- a. statistically far from the norm.
  - b. statistically within the norm.
  - c. statistically close to the norm.
  - d. statistically irrelevant.

ANS: A                      DIF: easy                      REF: p. 4                      OBJ: deviance from the norm  
 KEY: WWW                      MSC: TYPE: factual

23. When a mental health professional treats someone from another culture it is important for them to remember that
- a. a uniform approach to mental disorder may be used cross-culturally.
  - b. symptoms of mental disorders vary from culture to culture.
  - c. cultural analysis of scores is nearly impossible to perform.
  - d. scoring high on an intelligence score may indicate culturally biased questions.

ANS: B                      DIF: moderate                      REF: p. 4                      OBJ: deviance from the norm  
 MSC: TYPE: factual

24. The fact that symptoms of mental disorders vary from culture to culture is important when
- a. a professional treats someone from another culture.
  - b. studying abnormal psychology.
  - c. identifying causes of a disorder.
  - d. researching medical records.

ANS: A                      DIF: moderate                      REF: p. 4                      OBJ: deviance from the norm  
 MSC: TYPE: conceptual

25. One difficulty of using the deviation-from-the-norm criterion in determining if a behavior is abnormal is deciding

- a. the statistical point at which a behavior is abnormal.
- b. who will be responsible for determining statistical cut-off points.
- c. the definition of maladaptive behavior.
- d. the definition of deviance.

ANS: A                      DIF: moderate              REF: p. 4                      OBJ: deviance from the norm  
 KEY: WWW                      MSC: TYPE: factual

26. In determining whether a behavior is abnormal, one key judgment that is often made by mental health professionals is
- a. deciding how long a specific behavior has occurred.
  - b. to determine if a cultural bias exists within the therapeutic relationship.
  - c. whether the individual is experiencing sadness and irritability at the same time.
  - d. whether the behavior interferes with a person's ability to function effectively.

ANS: D                      DIF: easy                      REF: p. 4  
 OBJ: difficulties adapting to life demands                      MSC: TYPE: factual

27. Josh is 18, and believes that something outside of him is controlling his thoughts and that he must retrace his steps 4 times to keep them under control. This behavior causes him to be released from his job due to tardiness. A mental health professional would say that his behavior is abnormal because it
- a. interferes with his ability to function effectively.
  - b. has presented abnormally early in life.
  - c. is not accepted in his culture.
  - d. exposes him to ridicule.

ANS: A                      DIF: moderate              REF: p. 4  
 OBJ: difficulties adapting to life demands                      MSC: TYPE: application

28. According to the textbook, a \_\_\_\_\_ behavior is one that interferes with a person's life, including ability to care for oneself, have good relationships with others, and function well at school or at work.
- a. useless.
  - b. withdrawn.
  - c. depressed.
  - d. maladaptive.

ANS: D                      DIF: easy                      REF: p. 4  
 OBJ: difficulty adapting to life demands                      MSC: TYPE: factual

29. Sasha worries about her mother's cancer so much that she cannot concentrate on her schoolwork, causing it to suffer. Her continual thoughts about her mother and trouble concentrating would be considered maladaptive because she
- a. deviated from the norm of her family.
  - b. presented difficulties adapting to life's demands.
  - c. expressed personal distress to her therapist.
  - d. was hospitalized for suicidal ideation.

ANS: B                      DIF: easy                      REF: p. 4  
OBJ: difficulty adapting to life demands      MSC: TYPE: conceptual

30. Bob has always been a clean-shaven, well-kept individual. Lately he has failed to shower on a regular basis, neglected his oral care, and has not been able to eat as much as previously. It is clear that Bob has begun to exhibit
- a. damage to the occipital lobe.
  - b. maladaptive behavior.
  - c. suicidal tendencies.
  - d. personal distress.

ANS: B                      DIF: moderate                      REF: p. 4  
OBJ: difficulty adapting to life demands      KEY: WWW                      MSC: TYPE: application

31. Emotional experience and expression are clearly influenced by
- a. IQ.
  - b. the experience of maladaptive behavior.
  - c. genetics.
  - d. culture.

ANS: D                      DIF: easy                      REF: p. 5                      OBJ: focus on diversity  
MSC: TYPE: factual

32. One problem with the difficulties-adapting-to-life-demands criterion is that people
- a. may engage in odd behaviors that do not harm others.
  - b. may engage in odd behaviors that do not affect family members.
  - c. may engage in odd behaviors that are seen as normal in other cultures.
  - d. may engage in odd behaviors that do not interfere in daily functioning.

ANS: D                      DIF: moderate                      REF: p. 5  
OBJ: difficulties adapting to life demands                      MSC: TYPE: conceptual



33. Terrance refuses to leave home due to the belief that there are too many free radicals which are specifically aiming to harm him and his complexion. He works from home, has all of his food and other needs delivered to him, and communicates on a regular basis with friends and family. The above illustrates the problem with the difficulties-adapting -to-life-demands criteria because people
- a. engage in behaviors that harm others from birth.
  - b. engage in behaviors to become self-actualizing.
  - c. engage in behaviors that are normal in other cultures than their own.
  - d. engage in odd behaviors that do not interfere with their daily functioning.

ANS: D                      DIF: moderate                      REF: p. 5

OBJ: difficulties adapting to life demands

KEY: WWW

MSC: TYPE: conceptual

34. Problems with interpreting difficulty-adapting-to-life demands include
- a. people often do not recognize the problems.
  - b. nature and nurture become confused.
  - c. difficulty to measure, variance by person, and functional behavior.
  - d. being too judgmental and harsh.

ANS: C                      DIF: moderate                      REF: p. 5

OBJ: difficulties adapting to life demands

MSC: TYPE: conceptual

35. Maladaptive behavior may result in
- a. changing one's environment to better accommodate the behavior.
  - b. seeking professional assistance.
  - c. not seeking treatment.
  - d. any of the above may be responses to maladaptive behavior.

ANS: D                      DIF: easy                      REF: p. 5

OBJ: experience of personal distress

MSC: TYPE: conceptual

36. Margarette has an irrational fear of entering tunnels. As a result, she experiences a high level of personal distress. Jason is highly disruptive in school and does not experience personal distress, but his behavior is still considered abnormal because
- a. it produces a high level of distress for others around him.
  - b. his parents experience the same behaviors outside of school.
  - c. his actions occur in public.
  - d. none of these would be reasons for identifying his behavior as abnormal.

ANS: A                      DIF: moderate              REF: p. 5  
OBJ: experience of personal distress              MSC: TYPE: conceptual

37. One problem that mental health professionals encounter when using personal distress as a measure of maladaptive behavior is
- a. establishing a cutoff point that indicates abnormality.
  - b. establishing therapeutic guidelines.
  - c. combining culture and emotional response.
  - d. all of these may present as problems that must be negotiated.

ANS: A                      DIF: moderate              REF: p. 6  
OBJ: experience of personal distress              MSC: TYPE: factual

38. Which of the following limitations does the text cite regarding deviance from the norm?
- a. labels solve everything
  - b. culture conflict is quite minimal
  - c. identification is always cut and dry
  - d. there are arbitrary cutoffs

ANS: D                      DIF: moderate              REF: pp. 6-7              OBJ: defining abnormality  
KEY: WWW              MSC: TYPE: conceptual

39. Defining abnormality successfully involves identifying
- a. thoughts, movements, and intentions.
  - b. deviance, dysfunction, and personal distress.
  - c. time, date, and place.
  - d. measures developed by each practitioner.

ANS: B                      DIF: easy                      REF: p. 6                      OBJ: defining abnormality  
MSC: TYPE: factual

40. To successfully define abnormality one needs to identify
- a. behaviors, thoughts, intentions.
  - b. deviance, dysfunction, personal distress.
  - c. social distress, behaviors.
  - d. intentions, behaviors, distress.

ANS: B                      DIF: moderate              REF: p. 6                      OBJ: defining abnormality  
MSC: TYPE: conceptual

41. One critical aspect of being able to understand and effectively treat mental disorders relative to partner abuse is
- a. a necessity for standard or consistent definition.
  - b. the use of counter conditioning and reciprocal abuse.
  - c. the admission of the behavior.
  - d. to distinguish the abuser from the abuse.

ANS: A                      DIF: easy                      REF: p. 6                      OBJ: defining abnormality  
MSC: TYPE: conceptual

42. We refer to emotions, thoughts or behaviors as abnormal when they
- a. are statistically in the mean.
  - b. interfere with functioning.
  - c. are seen by the legal system as being abnormal.
  - d. cause minimal distress to self or others.

ANS: B                      DIF: easy                      REF: p. 6                      OBJ: defining abnormality  
MSC: TYPE: factual

43. John's thoughts of death are causing him to lose sleep, eat poorly, and constantly worry. He expresses much concern over his current mental state, so much so that he has made an appointment to see a counselor. We would refer to his thoughts as abnormal since they
- a. are statistically in the mean.
  - b. interfere with pursuing career goals.
  - c. cause great personal distress.
  - d. are seen by others as abnormal.

ANS: C                      DIF: easy                      REF: p. 6                      OBJ: defining abnormality  
MSC: TYPE: factual

44. Which of the following study mental problems to see how disorders develop and continue and how they can be prevented or alleviated?
- a. developmentalists.
  - b. psychopathologists.
  - c. mentalists.
  - d. preventivists.

ANS: B                      DIF: easy                      REF: p. 6                      OBJ: defining abnormality

MSC: TYPE: factual

45. A standard or consistent definition of partner abuse is important because individuals who are physically violent against a partner may
- a. differ from those who are emotionally or sexually violent.
  - b. use multiple forms of abuse against their partner.
  - c. be resistant to therapeutic interventions.
  - d. impede our understanding of abnormal psychology.

ANS: A                      DIF: moderate                      REF: p. 6                      OBJ: defining abnormality  
MSC: TYPE: factual

46. Experts in abnormal psychology view the abnormality of emotions, thoughts, or behaviors as
- a. either abnormal or normal.
  - b. a matter of degree.
  - c. a matter of kind
  - d. dependent on the environmental context.

ANS: B                      DIF: easy                      REF: p. 6  
OBJ: dimensions underlying mental disorders                      KEY: WWW  
MSC: TYPE: factual

47. Applying a judgment about abnormality relative to deviance requires an understanding of
- a. the all or none phenomenon.
  - b. maximizing or minimizing the assessment.
  - c. the person's alter ego.
  - d. matter of degree.

ANS: D                      DIF: moderate                      REF: p. 6  
OBJ: dimensions underlying mental disorders                      MSC: TYPE: factual

48. When mental health professionals say that behaviors exist on a continuum they are describing
- a. the possible magnitude of a potential problem behavior.
  - b. how they believe a disorder developed.
  - c. how many similar behaviors exist in a population.
  - d. none of these are related to the continuum concept.

ANS: A                      DIF: moderate                      REF: p. 7  
OBJ: dimensions underlying mental disorders                      MSC: TYPE: application

49. An important consideration when identifying anxiety and stress levels of an individual is
- a. how much of the stress they create themselves.
  - b. the amount of impairment of daily functioning.
  - c. if they are labeled or not.
  - d. levels of isolation.

ANS: B                      DIF: easy                      REF: p. 7  
OBJ: dimensions underlying mental disorders

MSC: TYPE: conceptual

50. A person's overall mood is also known as their
- a. cognitive state.
  - b. self-esteem.
  - c. emotional state.
  - d. cognitive style

ANS: C                      DIF: easy                      REF: p. 7  
OBJ: dimensions underlying mental disorders

MSC: TYPE: factual

51. When a mental health clinician describes an individual's emotional state, they are referring to their
- a. overall mood.
  - b. behavioral mood.
  - c. cognitive mood.
  - d. emotional quotient.

ANS: A                      DIF: moderate                      REF: p. 7  
OBJ: dimensions underlying mental disorders

MSC: TYPE: conceptual

52. A person's cognitive style is represented in their
- a. behaviors.
  - b. friendships.
  - c. psycho-social development.
  - d. intensity of thoughts and emotions.

ANS: D                      DIF: moderate                      REF: p. 7  
OBJ: dimensions underlying mental disorders

MSC: TYPE: conceptual

53. A mental disorder characterized by avoidance of social situations, intense anxiety, and clinically significant impairment in functioning is

- a. social anxiety disorder.
- b. phobic disorder.
- c. dissociation disorder.
- d. antisocial personality disorder.

ANS: A DIF: moderate REF: p. 9

OBJ: dimensions underlying mental disorders

MSC: TYPE: factual

54. Research suggests that the same causal factors are responsible for the following levels of anxiety-related symptoms:

- a. mild and moderate
- b. moderate and severe
- c. mild and severe
- d. mild, moderate and severe

ANS: D DIF: easy REF: p. 9

OBJ: dimensions underlying mental disorders

MSC: TYPE: factual

55. As you read the textbook you will undoubtedly identify with some of the symptoms and disorders that are presented. This

- a. most likely indicates that you have a mental disorder.
- b. does not necessarily mean that you or someone you know has a mental disorder.
- c. indicate abnormal behavior that should be evaluated immediately.
- d. confirms that a high percentage of the population suffers from mental disorders.

ANS: B DIF: moderate REF: p. 9

OBJ: dimensions underlying mental disorders

MSC: TYPE: factual

56. The incidence of mental disorders among adults on a yearly basis is estimated to be

- a. 1 in 20.
- b. 1 in 10.
- c. 1 in 4.
- d. 1 in 3.

ANS: C DIF: easy REF: p. 9

OBJ: dimensions underlying mental disorders

KEY: WWW

MSC: TYPE: factual

57. Approximately \_\_\_\_\_ adults in the United States will experience a mental disorder every year.

- a. five in ten
- b. two in three
- c. one in ten
- d. one in four

ANS: D                      DIF: easy                      REF: p. 9

OBJ: dimensions underlying mental disorders

MSC: TYPE: factual

58. The text example on neatness and OCD is meant to point out

- a. having a symptom that does not cause dysfunction is not a disorder.
- b. everyone is susceptible to OCD if given enough stress.
- c. OCD is an entirely genetic predisposition.
- d. all anxiety disorders are interchangeable.

ANS: A                      DIF: moderate                      REF: p. 10

OBJ: dimensions underlying mental disorders

MSC: TYPE: conceptual

59. During times of political conservatism and economic hardship, people tend to emphasize

- a. individual causes of abnormal behavior.
- b. physical causes of abnormal behavior.
- c. biological treatments such as psychosurgery.
- d. all of these

ANS: D                      DIF: easy                      REF: p. 10

OBJ: history of abnormal psychology                      MSC: TYPE: factual

60. Research has suggested that social, political, and economic forces

- a. have had little to do with trends in mental health and treatment.
- b. have shaped ideas concerning mental health and disorders.
- c. have shown to be inconsistent toward mental health influences.
- d. only influence the lower socioeconomic strata.

ANS: B                      DIF: moderate                      REF: p. 10

OBJ: history of abnormal psychology                      MSC: TYPE: conceptual

61. Examining the development of abnormal psychology over time is important:

- a. to help understand modern-day conceptualizations of abnormal psychology.
- b. to help understand modern-day attitudes toward abnormal psychology.

- c. to help understand modern-day treatment approaches to abnormal psychology.
- d. All of these are reasons to examine the development of abnormal psychology over time.

ANS: D                      DIF: easy                      REF: p. 10                      OBJ: history of abnormal behavior  
MSC: TYPE: factual

62. Early writings of the Egyptians, Chinese and Greek identify patterns of, and concerns about
- a. identifying maladaptive behaviors.
  - b. identifying personal distress.
  - c. cultural impacts on abnormal behavior.
  - d. treating abnormal behavior.

ANS: D                      DIF: easy                      REF: p. 10                      OBJ: early perspectives  
KEY: WWW                      MSC: TYPE: factual

63. Early attempts at treating abnormal behavior have a predominant belief in
- a. the mind brain connection.
  - b. rejuvenation and experimentation.
  - c. how community elders diagnosed that disorder.
  - d. the supernatural.

ANS: D                      DIF: easy                      REF: p. 10                      OBJ: early perspectives  
MSC: TYPE: factual

64. Which of the following involves cutting a hole in a person's skull to help release a harmful spirit?
- a. exorcism.
  - b. excision.
  - c. trephination.
  - d. tumorization.

ANS: C                      DIF: easy                      REF: p. 10                      OBJ: early perspectives  
MSC: TYPE: factual

65. According to your text, all of the following were early treatments for mental disorder EXCEPT:
- a. casting out the demonic spirit.
  - b. making the person an unpleasant host for the demon.
  - c. driving unwanted thoughts from the body.
  - d. altering maladaptive behaviors.



ANS: C                      DIF: moderate              REF: p. 10                      OBJ: early perspectives  
MSC: TYPE: factual

66. The development of medical concepts among Egyptians and Greeks helped to
- replace supernatural theories with natural ones.
  - restore normal brain function through electro-convulsive therapy.
  - provide a rationale for the dissection of human cadavers.
  - none of these resulted from the development of medical concepts.

ANS: A                      DIF: easy                      REF: p. 11  
OBJ: early Greek and Roman thought              MSC: TYPE: conceptual

67. The earliest known practitioner who believed that brain dysfunction, not demons and evil spirits, was the cause of abnormal behavior was
- Socrates.
  - Hippocrates.
  - Plato.
  - Bhutto.

ANS: B                      DIF: easy                      REF: p. 11  
OBJ: early Greek and Roman thought              MSC: TYPE: factual

68. The father of modern medicine who believed the brain was the central organ of the body and a cause of abnormal behavior is:
- Plato.
  - Socrates.
  - Hippocrates.
  - Bhutto.

ANS: C                      DIF: easy                      REF: p. 11  
OBJ: early Greek and Roman thought              MSC: TYPE: factual

69. Throughout Greece and Rome, physicians emphasized a \_\_\_\_\_ approach to learning about the causes of abnormal behavior.
- theoretical
  - spiritual
  - scientific
  - theological



74. Mass madness occurred during which historical period?

- a. Middle Ages.
- b. Stone Ages.
- c. Renaissance.
- d. Reform movement.

ANS: A                      DIF: easy                      REF: p. 11                      OBJ: Middle Ages  
MSC: TYPE: factual

75. One possible cause of mass hysteria that occurred during the Middle Ages is

- a. lack of emotional stability.
- b. lack of feelings such as fear and panic.
- c. ingestion of fungi on food.
- d. belief that a person with mental disorders would undergo transformation into a werewolf.

ANS: C                      DIF: easy                      REF: p. 11                      OBJ: Middle Ages  
MSC: TYPE: factual

76. New approaches to treating people with mental disorder in the Renaissance period included which of the following?

- a. psychogenicism.
- b. lycanthropy.
- c. asylums.
- d. tarantism.

ANS: C                      DIF: easy                      REF: p. 11                      OBJ: Renaissance  
MSC: TYPE: factual

77. Paracelsus introduced the notion of psychic or mental causes for abnormal behavior and posed a treatment that would become known as

- a. behaviorism.
- b. hypnosis.
- c. asylums.
- d. tarantism.

ANS: B                      DIF: moderate                      REF: p. 11                      OBJ: Renaissance  
MSC: TYPE: conceptual

78. During the Renaissance, \_\_\_\_\_ were places set aside for people with mental disorder.

- a. asylums
- b. developmental centers
- c. psychiatric hospitals
- d. psychiatric prisons

ANS: A                      DIF: easy                      REF: p. 11                      OBJ: Renaissance  
MSC: TYPE: factual

79. An individual who was key to the movement to change the deplorable conditions found in asylums was

- a. Hippocrates.
- b. Aristotle.
- c. William James.
- d. Philippe Pinel.

ANS: D                      DIF: easy                      REF: p. 12                      OBJ: reform movement  
MSC: TYPE: factual

80. Shocked by the living conditions of patients, Pinel introduced changes that included

- a. more humane treatment.
- b. the availability of exercise.
- c. sunny rooms.
- d. all of these.

ANS: D                      DIF: easy                      REF: p. 12                      OBJ: reform movement  
KEY: WWW                      MSC: TYPE: factual

81. The Reform Movement is characterized by

- a. a slogan with no meaningful progress.
- b. government takeover of mental illness diagnosis.
- c. advances in the humane treatment of mental patients.
- d. isolation to small towns in France.

ANS: C                      DIF: easy                      REF: p. 12                      OBJ: reform movement  
MSC: TYPE: conceptual

82. Pinel's reforms in France soon spread to other locations. In America, \_\_\_\_\_ is credited with making the most significant changes in treating individuals with mental disorder.

- a. William Tuke
- b. Clifford Beers
- c. Dorothea Dix
- d. All of these individuals shared in making changes within the United States.

ANS: C                      DIF: easy                      REF: p. 12                      OBJ: reform movement  
MSC: TYPE: factual

83. The modern era, with significant emphasis from the mental hygiene movement, was initiated by

- a. Clifford Beers.
- b. Dorothea Dix.
- c. Philip Pinel.
- d. Dorothea Beers.

ANS: A                      DIF: easy                      REF: p. 12                      OBJ: modern era  
MSC: TYPE: factual

84. The somatogenic perspective deals with \_\_\_\_ causes, while the psychogenic perspective is about \_\_\_\_ causes.

- a. psychological; physical
- b. physical; psychological
- c. arbitrary; concrete
- d. metaphysical; behavioral

ANS: B                      DIF: moderate                      REF: p. 12                      OBJ: modern era  
MSC: TYPE: conceptual

85. The modern approach to abnormal psychology includes

- a. accepting those with mental disorder as people who need professional attention.
- b. placing person's with a mental disorder into a psychiatric hospital.
- c. allowing police the ability to perform a mental hygiene arrest when necessary.
- d. placing individuals into asylums for their own protection.

ANS: A                      DIF: easy                      REF: p. 12                      OBJ: modern era  
MSC: TYPE: conceptual

86. In the modern era, \_\_\_\_\_ methods are used to understand and treat mental disorder.

- a. scientific

- b. biomedical
- c. psychological
- d. All of these are methods used in the modern era.

ANS: D                      DIF: easy                      REF: p. 12                      OBJ: modern era  
MSC: TYPE: factual

87. A Mind That Found Itself was considered to be a highly influential book because it provided the basis for the

- a. hospitalization of patients.
- b. formation of group homes.
- c. mental hygiene movement.
- d. development of the DSM.

ANS: C                      DIF: moderate                      REF: p. 12                      OBJ: modern era  
MSC: TYPE: factual

88. Several theoretical perspectives were developed during the late 19<sup>th</sup> century and throughout the 20<sup>th</sup> century. Which of the following perspectives was NOT one of these early perspectives?

- a. biopsychosocial
- b. psychodynamic
- c. sociocultural
- d. cognitive

ANS: A                      DIF: easy                      REF: p. 12                      OBJ: modern era  
MSC: TYPE: factual

89. The somatogenic perspective emphasizes

- a. bodily causes of behavior.
- b. psychological causes of behavior.
- c. mind-related causes of behavior.
- d. psychosomatic causes of behavior.

ANS: A                      DIF: easy                      REF: p. 12                      OBJ: modern era  
MSC: TYPE: factual

90. Clifford Beers' autobiography recounted his experience as

- a. a patient in a mental institution.

- b. a physician in the 1800s.
- c. a mental health counselor.
- d. the first psychiatrist in America.

ANS: A                      DIF: easy                      REF: p. 12                      OBJ: modern era  
MSC: TYPE: factual

91. Self-help gurus and their messages seem to fall into two categories, victimization and
- a. delusion.
  - b. hysteria.
  - c. empowerment.
  - d. support.

ANS: C                      DIF: easy                      REF: p. 13                      OBJ: focus on ethics  
MSC: TYPE: factual

92. The self-help industry promotes
- a. victimization.
  - b. empowerment.
  - c. both victimization and empowerment.
  - d. neither victimization nor empowerment.

ANS: C                      DIF: easy                      REF: p. 13                      OBJ: focus on ethics  
MSC: TYPE: factual

93. The main emphasis in the dimensional perspective is on
- a. how many symptoms are present.
  - b. how long the symptoms have been present.
  - c. the degree of symptoms.
  - d. isolating the effects of how long a symptom has been present.

ANS: C                      DIF: easy                      REF: p. 13                      OBJ: dimensional perspective  
MSC: TYPE: conceptual

94. The prevention perspective has its origins in
- a. personal hardiness.
  - b. mental hygiene.
  - c. yearly checkups.

d. consistent denial.

ANS: B                      DIF: easy                      REF: p. 13                      OBJ: prevention perspective  
MSC: TYPE: factual

95. The science of promoting mental health and thwarting mental disorder through education, early treatment, and public health measures is known as

- a. public health.
- b. psychogenics.
- c. somatogenics.
- d. mental hygiene.

ANS: D                      DIF: easy                      REF: p. 13                      OBJ: prevention perspective  
MSC: TYPE: factual

96. The key to disorder prevention is

- a. subjective criteria.
- b. memorizing all disorder symptoms.
- c. interpreting others' behavior as disorder.
- d. identifying, responding to, and coping with risk factors.

ANS: D                      DIF: moderate                      REF: p. 14                      OBJ: prevention perspective  
MSC: TYPE: conceptual

97. A prevention approach is consistent with

- a. alternative therapies.
- b. being aware of the unconscious.
- c. a public health model.
- d. a private health model.

ANS: C                      DIF: easy                      REF: p. 14                      OBJ: prevention perspective  
MSC: TYPE: conceptual

98. Regarding mental disorders and physical health,

- a. they seem to be unrelated.
- b. mental disorders have been associated with physical health decline.
- c. it seems to be totally hereditary.
- d. a more disorder to culture, the lower the health.



ANS: B                      DIF: easy                      REF: p. 14                      OBJ: prevention perspective  
MSC: TYPE: factual

99. The model of prevention that focuses on promoting good health and good health practices to avert disease is known as
- a. the public health model.
  - b. psychogenics.
  - c. somatogenics.
  - d. mental hygiene.

ANS: A                      DIF: easy                      REF: p. 14                      OBJ: prevention perspective  
KEY: WWW                      MSC: TYPE: factual

100. Primary prevention is aimed at
- a. people in primary education
  - b. first time onset subjects
  - c. large numbers of people not yet experiencing mental disorder
  - d. the first efforts to influence someone

ANS: C                      DIF: easy                      REF: p. 14                      OBJ: types of prevention  
MSC: TYPE: conceptual

101. Secondary prevention targets
- a. problems early on—while still manageable.
  - b. the second onset of symptoms.
  - c. people who contacted the subject.
  - d. factors not yet known.

ANS: A                      DIF: easy                      REF: p. 14                      OBJ: types of prevention  
MSC: TYPE: conceptual

102. Tertiary prevention is about
- a. preventing disorder through social programs.
  - b. reducing the severity, time length, and adverse effects of a disorder.
  - c. the third attempt to intervene and help.
  - d. allowing the disorder to run its course naturally.

ANS: B                      DIF: easy                      REF: p. 14                      OBJ: types of prevention  
MSC: TYPE: factual

103. Addressing emerging problems while they are still manageable and before they become resistant to intervention describes

- a. primary prevention.
- b. secondary prevention.
- c. tertiary prevention.
- d. combinational prevention.

ANS: B                      DIF: easy                      REF: p. 14                      OBJ: types of prevention  
MSC: TYPE: conceptual

104. Reducing the severity, duration, and negative effects of a mental disorder after it has occurred describes

- a. primary prevention.
- b. secondary prevention.
- c. tertiary prevention.
- d. combinational prevention.

ANS: C                      DIF: easy                      REF: p. 14                      OBJ: types of prevention  
MSC: TYPE: conceptual

105. The consumer perspective offered in your text

- a. provides tips on over consumption and addiction.
- b. is all-encompassing.
- c. systematically rejects dissimilar perspectives.
- d. helps readers become informed about scientific information on mental health.

ANS: D                      DIF: easy                      REF: p. 14                      OBJ: consumer perspective  
MSC: TYPE: conceptual

106. When a person is characterized by others based on a single characteristic, such as being shunned or rejected, they are experiencing the effects of

- a. stigma.
- b. maladaptive behavior.
- c. social deviance.
- d. stereotypical response.

ANS: A                      DIF: easy                      REF: p. 14                      OBJ: stigma  
KEY: WWW                      MSC: TYPE: factual



111. Stigma likely arises from a stereotype that people with mental disorder include all of the following EXCEPT

- a. dangerous and violent.
- b. incompetent.
- c. irresponsible and unpredictable.
- d. caring and concerned.

ANS: D                      DIF: easy                      REF: p. 15                      OBJ: stigma  
MSC: TYPE: factual

112. One type of stigma that refers to the general disgrace the public confers on people with mental disorder that can result in prejudice, stereotyping, and discrimination is

- a. personal stigma.
- b. group stigma.
- c. public stigma.
- d. self stigma.

ANS: C                      DIF: easy                      REF: p. 15                      OBJ: effects of stigma  
MSC: TYPE: conceptual

113. One type of stigma that refers to the disgrace a person assigns to themselves is

- a. group stigma
- b. self-stigma
- c. personal stigma
- d. public stigma

ANS: B                      DIF: easy                      REF: p. 15                      OBJ: effects of stigma  
KEY: WWW                      MSC: TYPE: conceptual

114. \_\_\_\_ stigma happens when the public conveys a general disgrace, while \_\_\_\_ stigma is more when a person assigns a disgrace to themselves

- a. Private; public
- b. Public; self
- c. General; specific
- d. Specific; general

ANS: B                      DIF: moderate                      REF: p. 15                      OBJ: effects of stigma  
MSC: TYPE: conceptual

115. The two main methods to fight stigma are

- a. rejection of labels and denial of symptoms.
- b. communication and denunciation.
- c. education and promoting personal contact.
- d. influencing and refuting.

ANS: C                      DIF: easy                      REF: p. 15                      OBJ: fighting stigma  
MSC: TYPE: factual

116. The text attempts to fight stigma by

- a. isolated reports, sympathy building, and repetition.
- b. giving factual information to dispel myths.
- c. providing positive information and omitting negative information.
- d. appealing to emotions.

ANS: B                      DIF: easy                      REF: p. 16                      OBJ: fighting stigma  
MSC: TYPE: factual

117. Stigma can be fought by

- a. distributing flyers to increase education.
- b. presenting factual information in courses regarding mental disorder.
- c. promoting personal contact with a mental disorder.
- d. all of the above may help reduce stigma.

ANS: D                      DIF: easy                      REF: p. 16                      OBJ: fighting stigma  
MSC: TYPE: factual

118. Stigma of mental disorder may best be fought by

- a. promoting personal contact with a person who has a mental disorder.
- b. scanning Internet social sites for information.
- c. attending church on a regular basis.
- d. none of these will help reduce stigma of mental disorder.

ANS: A                      DIF: easy                      REF: p. 16                      OBJ: fighting stigma  
MSC: TYPE: factual

119. Larry was diagnosed with schizophrenia. One part of his treatment involves attending group therapy where he explains what it is like living with the disorder. His description is called a(n)

- a. scenario.
- b. narrative.
- c. discourse.
- d. explanation.

ANS: B                      DIF: moderate                      REF: p. 16                      OBJ: fighting stigma  
MSC: TYPE: application

## ESSAY

1. Define and describe mental disorder.

ANS:

Student responses should include

- a mental disorder is a group of emotions, cognition, or behavioral symptoms that cause distress or significant problems

2. Define and describe the three components to abnormality.

ANS:

Student responses should include

- emotions, thoughts, and behaviors are considered abnormal when they deviate greatly from the norm, interfere with daily functioning, or cause substantial personal distress

3. Identify the history of abnormal psychology up to the Renaissance.

ANS:

Student responses should include

- early theoreticians attributed abnormal behavior to supernatural causes such as demon possession with exorcism and trephination as primary forms of treatment
- development of medicine among Egyptians and Greeks helped replace ancient supernatural areas with natural ones, and treatment focusing on creating therapeutic environments via healthy diet, exercise, massage, and education
- the fall of the Roman empire led supernatural theories of abnormal behavior such as demon possession with treatment focusing on prayer, holy objects, pilgrimages, confinement, and exorcism

4. Identify the history of abnormal psychology from the Renaissance to the modern era.

ANS:

Student responses should include

- during the end of the Middle Ages and beginning of the Renaissance, natural and scientific approaches to health and human behavior reemerged

- asylums were built for those with mental disorder, but generally provided poor care and treatment
- the reform movement introduced significant changes to treating mental disorder and led to modern approach, which includes accepting those with mental disorder as individuals needing treatment and applying biomedical and psychological methods

5. Identify and describe prevention of mental disorders and stigma as described in the text.

ANS:

Student responses should include

- primary prevention targets groups of people who have not developed a disorder—to decrease overall rates of a given problem
- secondary prevention addresses problems while they are still manageable and before they become resistant to intervention
- tertiary prevention reduces duration and negative effects of a mental disorder after it occurs in an individual
- stigma associated with mental disorder can result in discrimination, social avoidance, and failure to seek treatment
- stigma can be fought via education and by promoting personal contact with those with a mental disorder