



# ABNORMAL PSYCHOLOGY

OBJECTIVE TYPE



Prerna Kumar  
Geetika Tankha



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# 1

## Introduction and History of Abnormality

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### OBJECTIVE QUESTIONS

1. What does the term "stigma" mean for people with mental illness .....?
  - (a) Outcast by society
  - (b) Held responsible for crimes committed
  - (c) Treated with psychotropic drugs
  - (d) Housed in special group homes
2. What are two of the common erroneous causes the general population believes are responsible for abnormal behaviour?
  - (a) Demons and spirits
  - (b) Diet and genetic factors
  - (c) Lack of will power and poor nutrition
  - (d) Emotional weakness and bad parenting
3. Why might psychiatric patients show social withdrawal after discharge from mental hospital?
  - (a) They have little money
  - (b) Treatments used in the hospital cause reduced motivation levels.

- (c) One of the signs of recovery is a self-reflection that is often viewed as withdrawal
- (d) They expect rejection by others
- 4. Most of the behaviours studied by those with an interest in abnormal psychology are related to failures in
  - (a) Adaptation
  - (b) Vulnerability
  - (c) Stigmatization
  - (d) Balancing hormone levels
- 5. Adaptation involves a balance between two factors, one of which is what people do or want to do. What is the other factor?
  - (a) What people are unsuccessful at
  - (b) What the environment requires them to do
  - (c) Feelings of accomplishment
  - (d) Hereditary predispositions that lead people to act in certain ways
- 6. Adaptation is the ability to
  - (a) Master the environment
  - (b) Feel at peace with oneself
  - (c) Modify behaviour in response to change
  - (d) Learn the expectations of one's social group
- 7. By definition, all maladaptive behaviour is considered to be
  - (a) Maladaptive
  - (b) Nonproductive
  - (c) Deviant
  - (d) Pathological
- 8. What does the study of the history of abnormal psychology reveal about theories of maladaptive behaviour?
  - (a) They are usually short-lived
  - (b) They have resurfaced over and over
  - (c) They exist independently of social mores
  - (d) They have become progressively more enlightened
- 9. The technique called exorcism is based on the assumption that mental illness is caused by
  - (a) Stigmatization
  - (b) Infections
  - (c) Evil spirits
  - (d) Chromosomal abnormalities

10. What is trephination?
  - (a) Using of herbs
  - (b) Calling holy spirits
  - (c) Removing the spleen
  - (d) Making a hole in the skull
11. Which of the following is the best example of the work of a shaman?
  - (a) Offering help during childbirth
  - (b) Acting as a medium for spirits
  - (c) Developing strategies for waging war
  - (d) Providing leadership on political issues
12. Which approach is evident in attempts to treat maladaptive behaviour by removing part of the brain?
  - (a) Organic
  - (b) Cognitive
  - (c) Philosophical
  - (d) Psychological
13. According to the psychological perspective, behavioural disturbances are caused by
  - (a) Excessive attachment
  - (b) Inherited deficits in metabolism
  - (c) Inadequacies in thinking, feeling, or perceiving
  - (d) Harmful societal influences
14. Which of the following treatments would a person receive during his stay in the temple?
  - (a) Trephination
  - (b) Vegetable diet and holy sermons
  - (c) A potent combination of herbs
  - (d) Healing messages delivered in dreams
15. Who were the first people to write about psychological and organic approaches to abnormality?
  - (a) Chinese elders
  - (b) Ancient Greek philosophers
  - (c) Leaders in the Reform Movement
  - (d) Church leaders in the Middle Ages
16. Hippocrates described epileptic seizures as a disease of the
  - (a) Liver
  - (b) Heart
  - (c) Brain
  - (d) Lungs



17. Which of these treatments for abnormal behaviour were recommended by Hippocrates?
- (a) Bathing, dieting, and sleep
  - (b) Meditation, prayer, and sleep
  - (c) Bloodletting, exercise, and fasting
  - (d) Dream interpretation, herbal remedies, and trephining
18. Plato believed that disturbed behaviour grew out of conflicts between
- (a) Emotion and reason
  - (b) Children and parents
  - (c) Individuals and the community
  - (d) Biological and psychological stressors
19. How was the foundation for the development of modern science of abnormality laid by early Greek philosophers?
- (a) They considered mind and brain to be synonymous
  - (b) They proposed natural causes of abnormal behaviour
  - (c) They determined normal amounts of humors in the body
  - (d) They suggested asylums for the treatment of the mentally ill
20. Galen proposed that personality and abnormal behaviour were determined by an imbalance of humors. What did he mean by humors?
- (a) The term describes body fluids
  - (b) The term describes an individual's spiritual life
  - (c) Humors is a term used to describe basic mental capacities
  - (d) An individual's reason and emotion are summarized by this one word
21. Which physician believed that mental illness was a result of imbalances in body fluids?
- (a) Dix
  - (b) Pinel
  - (c) Galen
  - (d) Kraepelin
22. According to Galen a patient has an excess of black bile. What term would describe this patient's condition?
- (a) Manic
  - (b) Anxious
  - (c) Melancholic
  - (d) Schizophrenic

23. What was a common explanation of the causes of mental illness during the Middle Ages in Europe?
  - (a) Demonology
  - (b) Mental retardation
  - (c) Natural, biological causes
  - (d) Imbalances in reason and emotion
24. What was most likely to occur during the visit to the phrenologist?
  - (a) The phrenologist would examine the handwriting for getting help in gathering information to give vocational recommendations
  - (b) The phrenologist would examine their skulls for bumps or indentations that were thought to indicate levels of various faculties
  - (c) The individuals would gather in a circle and the phrenologist would try to reach the spirits of some of their deceased relatives through touch
  - (d) The individuals would try to persuade members of their group that he or she was in need of an operation called trephining that would remove evil spirits
25. William Cullen, believed that neurotic behaviour was caused by physical defects in the
  - (a) Spleen
  - (b) Small intestine
  - (c) Nervous system
  - (d) Circulatory system
26. "Moral treatment" of the mentally ill during the reform movement involved
  - (a) Exorcism
  - (b) Physical restraint
  - (c) Calm surroundings
  - (d) Forgiveness of sins
27. In the American colonies, the mentally ill were associated with beggars and criminals because all three groups were seen as
  - (a) Intolerant
  - (b) Possessed
  - (c) Needing special charity
  - (d) A menace to the community
28. What was the primary purpose of treatment techniques such as purging and bloodletting used by Benjamin Rush?
  - (a) To allow evil spirits to escape

- (b) To reduce pressure on the brain's blood vessels
  - (c) To separate the emotion centers from the higher brain centers
  - (d) To reduce the level of neurotransmitters in the nervous system
29. Who is credited with the founding of American psychiatry?
- (a) Dorothea Dix
  - (b) Clifford Beers
  - (c) Benjamin Rush
  - (d) Albert Bandura
30. The term natural fool referred to people who would now be called
- (a) Savants
  - (b) Lunatics
  - (c) Psychotic
  - (d) Mentally retarded
31. Johann Weyer, explained paranoia, epilepsy, psychosis, and depression in terms of
- (a) Witchcraft
  - (b) Psychological conflict
  - (c) Possession by evil spirits
  - (d) An imbalance of body fluids
32. Which of the following were methods that Benjamin Rush used to treat the mentally ill?
- (a) Chanting, prayer, and trephination
  - (b) Bloodletting, purging, and tranquilizing chair
  - (c) Exercise, medicinal herbs, and vegetable diet
  - (d) Dream analysis, exorcism, and relaxation
33. Who encouraged the construction of many new mental hospitals in the U.S.?
- (a) Benjamin Rush
  - (b) Robert Burton
  - (c) Clifford Beers
  - (d) Dorothea Dix
34. Which of the following treatments was recommended by William Cullen?
- (a) Exorcism, exercise, and diet programs
  - (b) Bloodletting, exercise programs, physiotherapy and vomiting
  - (c) Relaxation, massage, and vegetable diet
  - (d) Lobotomy, electroconvulsive therapy, and restraints

35. The treatment advocated by Franz Anton Mesmer was a technique similar to which of the following treatment?
- (a) Group therapy followed by dream interpretation
  - (b) A technique similar to hypnosis that relies on suggestion
  - (c) Stress-inducing techniques designed to shock the nervous system
  - (d) Injecting a variety of drugs to enhance responsiveness
36. The reform movement in the 19th century in Europe was marked by
- (a) Herbal remedies
  - (b) Increased compassion for the mentally ill
  - (c) Successful surgical treatments for mental illness
  - (d) Rejection of scientific explanations of mental illness
37. Mesmer's use of magnets and "animal magnetism" in the treatment of abnormal behaviour was a forerunner of
- (a) Hypnosis
  - (b) Medication
  - (c) Phrenology
  - (d) Bloodletting
38. The baquet was an accompaniment of treatment method used by
- (a) Mesmer
  - (b) Freud
  - (c) Galen
  - (d) W. Cullen
39. A baquet is a
- (a) Tub filled with magnetized water used for treatment by Mesmer
  - (b) Chair used for giving shock to patients by Cullen
  - (c) The couch used by Freud for hypnotizing his patients
  - (d) Type of group therapy used by mental health professionals in the middle ages.
40. What is the moral treatment approach of the following ?
- (a) Restraints force patients to recognize the need for morality
  - (b) Until patients face their moral shortcomings, there is no hope for recovery
  - (c) Providing a calm and pleasant environment will bring about positive change

- (d) Patients have no right to special treatment because of the problems they have caused in the lives of their loved ones
41. What treatment approach sought to control and rehabilitate patients through a fixed schedule that encouraged regular habits?
- (a) Phrenology (b) Mesmerism  
(c) Moral treatment (d) Rogerian therapy
42. An individual was hospitalized for a manic-depressive disorder and one of the treatments used was a prefrontal lobotomy. What type of treatment was this?
- (a) Removal of the spleen  
(b) Surgical intervention to provide a means of escape for evil spirits  
(c) Surgical separation of nerve fibers connecting the frontal lobe and the thalamus  
(d) Cutting nerve tracts that carry pain messages
43. Lobotomy involves cutting the fibers that connect the
- (a) Frontal lobe and thalamus  
(b) Left and right hemispheres  
(c) Cerebellum and parietal lobe  
(d) Limbic system and occipital lobe
44. What term do we use to describe our reaction to situations that impose demands or constraints, or which offer opportunities?
- (a) Stressors (b) Vulnerability  
(c) Sublimation (d) Regression
45. What term is used for the possibility of responding maladaptively to certain situations?
- (a) Coping  
(b) Resiliency  
(c) Vulnerability  
(d) Maladjustment
46. Resilience is the ability to function effectively under what condition?
- (a) In the face of adversity

- (b) Without using coping skills
  - (c) In the absence of stressors
  - (d) When adaptation is avoided
47. Under what conditions is maladaptive behaviour most likely to occur?
- (a) Low stress and low vulnerability
  - (b) Low stress and high vulnerability
  - (c) High stress and low vulnerability
  - (d) High stress and high vulnerability
48. What term describes techniques available to an individual in dealing with difficulties and overcoming them?
- (a) Adaptation
  - (b) Vulnerability
  - (c) Coping skills
  - (d) Stress reactions
49. Epidemiologists are mostly interested in the
- (a) Treatment of illnesses
  - (b) Use of experimental methods
  - (c) Occurrence of illnesses in a population
  - (d) Causes of stigmatization among mental patients
50. Which of the following is most likely to be one of the tasks that an epidemiologist would do?
- (a) Studying rates of alcoholism on campuses of different sizes
  - (b) Designing packaging to increase the sale of alcoholic beverages to the public
  - (c) Investigating the effects of alcohol consumption on interpersonal communication
  - (d) Determining how the type of music in a bar influences the amount of alcohol sold
51. Which of these is the suitable illustration of an epidemiological study?
- (a) A case study of bulimia
  - (b) An investigation of how frequently schizophrenia occurs
  - (c) A survey of attitudes about mental illness
  - (d) An experiment comparing the effectiveness of different medications

52. Which of the following is the best example of the type of data that an epidemiologist might use?
- (a) A community's hospital records
  - (b) Results of a person's psychological testing
  - (c) Surveys about attitudes toward mental illness
  - (d) Changes in symptoms over the course of therapy
53. A researcher uses interviews to determine the rate of alcoholism among males, females, rural and urban population. What type of research is this researcher using?
- (a) A longitudinal study
  - (b) Naturalistic observation
  - (c) An epidemiological study
  - (d) A quasi-experimental study
54. Which is the most common psychological disorder World over?
- (a) Schizophrenia
  - (b) Major depression
  - (c) Alcohol dependence
  - (d) Antisocial personality disorder
55. What term do we use for data that describe the frequency of a disorder at a particular point in time?
- (a) Incidence
  - (b) Prevalence
  - (c) Longitudinal
  - (d) Experimental
56. What is the incidence of an illness?
- (a) How deadly the illness is
  - (b) How contagious the illness is
  - (c) The number of new cases of the illness during a particular period of time
  - (d) The number of people who have ever had the illness
57. An epidemiologist studied depression in a community of 100 people. At the beginning of the study, she found that 10 people already qualified for the diagnosis. By the end of the study, 10 new cases had developed. What is the incidence rate of depression in this community during the study?

- (a) 100% (b) 20%
- (c) 10% (d) 1
58. In a town of 1000 people, 250 meet the criteria for some psychiatric diagnosis. What is the prevalence rate of psychiatric problems in this population?  
(a) 75% (b) 100%  
(c) 4% (d) 25%
59. What is the proportion of a population that has ever had a particular disorder?  
(a) Incidence (b) Morbid rate  
(c) Vulnerability factor (d) Lifetime prevalence
60. A television health reporter focused her last segment on the finding that children of alcoholics exhibit a higher-than-average rate of alcoholism. What term was she likely to use to describe being the child of an alcoholic?  
(a) Cause (b) Stigma  
(c) Incidence (d) Risk factor
61. Which of these individuals exhibits a significant risk factor for violent behaviour?  
(a) Mohan who is depressed  
(b) Rajesh who has an anxiety disorder  
(c) Gagan who is dependent on alcohol  
(d) Mohit who has an adjustment disorder
62. Which of these psychological disorders is more common among men than among women?  
(a) Phobias and schizophrenia  
(b) Depression and substance abuse  
(c) Schizophrenia and somatoform disorder  
(d) Antisocial personality disorder and substance abuse
63. Which of these psychological disorders is more common among women than among men?  
(a) Anxiety (b) Schizophrenia  
(c) Bipolar disorder  
(d) Antisocial personality disorder
64. Which of the following factors is associated with higher rates of diagnosed anti-social personality disorders?



- (a) Older age
  - (b) Higher income
  - (c) Less education and low income
  - (d) Being widowed
65. Which of the following is the most significant influence on the increased use of community-based outpatient treatment for psychological disorders in recent years?
- (a) Use of antipsychotic drugs
  - (b) Changes in health insurance
  - (c) Lower incidence of schizophrenia
  - (d) All of the above
66. What is deinstitutionalization?
- (a) Decreased use of medications
  - (b) Elimination of involuntary commitment
  - (c) Discharge of many hospitalized patients
  - (d) Renovations to make hospitals more homelike
67. What degree does a psychiatrist hold?
- (a) M.D.
  - (b) Ph.D.
  - (c) Ed.D.
  - (d) Psy.D.
68. Anita described some symptoms of depression she has been experiencing during the past six months. Her therapist prescribed a medication to treat the symptoms. Who must be the therapist among the following mental health professionals?
- (a) Pediatrician
  - (b) Psychiatrist
  - (c) Social worker
  - (d) Clinical psychologist
69. What do we call a medical doctor who has postgraduate training in treating emotional disorders?
- (a) Psychiatrist
  - (b) Clinical psychologist
  - (c) Psychoanalyst
  - (d) Epidemiologist
70. What differentiates between psychiatrists and clinical psychologists?
- (a) Psychiatrists are physicians and clinical psychologists are not
  - (b) Only the clinical psychologists prescribe medication

- (c) Only clinical psychologists have training in treating psychoses
  - (d) Psychiatrists are mainly involved in research, not treatment in comparison to clinical psychologists
71. Which of the following responses is most accurate description of a clinical psychologist?
- (a) To work as a hospital administrator
  - (b) To diagnose and treat personality disorders
  - (c) To prescribe medications and administer shock therapy
  - (d) To treat patients with somatic therapies and administer intelligence tests
72. The primary concern of psychiatric social workers is to
- (a) Do psychological testing
  - (b) Do pharmacological treatments
  - (c) Make a link between the patient and his home environment
  - (d) Assist patients to qualify for welfare activities
73. Which clinician is most likely to address patients' aptitudes and to help them prepare vocationally to return to the community?
- (a) Clinical psychologist
  - (b) Clinical social worker
  - (c) Counseling psychologist
  - (d) Psychiatrist
74. The largest numbers of mental health professionals represent which profession of the following professions?
- (a) Psychiatry
  - (b) Social work
  - (c) Psychiatric nursing
  - (d) Psychology
75. Which of the following was an important part of the foundation of abnormal psychology?
- (a) Mapping the human genome
  - (b) Drug therapy outcome studies
  - (c) In-depth studies of deviant people
  - (d) Physiological research on brain dysfunction
76. What are the first steps in the scientific research in Abnormal Psychology ?

- (a) Testing and application
  - (b) Observing and describing
  - (c) Interpreting and theorizing
  - (d) Hypothesis generation and testing
77. If clinical psychologist joins a group of alcoholics to study their behaviour what type of research is he using?
- (a) Follow-up study
  - (b) Epidemiological research
  - (c) Cross-sectional study
  - (d) Participant observation
78. Under which condition is the reliability among several clinical observers likely to be highest?
- (a) The ratings are subjective
  - (b) Each rater has a unique frame of reference
  - (c) Different raters emphasize different behaviours
  - (d) The observations do not require the drawing of inferences
79. Which of these is an example of participant observation?
- (a) Joining a group to see what it is like
  - (b) Having one group observe another group
  - (c) Having two people observe the same group
  - (d) Asking group members to describe their own behaviour
80. In which situation is the reliability of an observation likely to be greatest?
- (a) The ratings require inference.
  - (b) A series of self-observations are used.
  - (c) The observation depends on experience.
  - (d) Explicit definitions of the observed behaviour are used.
81. In what type of study are participants observed at several time points?
- (a) Longitudinal study      (b) Experimental study
  - (c) Cross-sectional study      (d) Epidemiological study
82. What are some of the limitations of longitudinal research?
- (a) Expensive and time-consuming
  - (b) Relies on retrospective ratings and is correlational

- (c) Does not test a specific hypothesis and is subjective
  - (d) Makes assessments at one point only and is correlational
- 83. What is one of the limitations of assessment studies?**
- (a) They are correlational.
  - (b) They rely on self-observations.
  - (c) They involve experimental manipulation.
  - (d) They provide no information about diagnosis.
- 84. Follow-up studies are most similar to**
- (a) Longitudinal studies      (b) Assessment studies
  - (c) Experimental studies      (d) Cross-sectional studies
- 85. A hospital clinician contacts persons who had been discharged from the hospital 5 years earlier, to see if they were re-hospitalized during that period. What type of research study is represented by the clinician's work?**
- (a) Case study      (b) Follow-up study
  - (c) Longitudinal study      (d) Correlational study
- 86. A longitudinal study assesses people during what time frame?**
- (a) One time point only
  - (b) During lengthy testing sessions
  - (c) At several different time points
  - (d) After an experimental manipulation
- 87. Which of these is an example of a cross-sectional study?**
- (a) A public opinion poll
  - (b) An experimental manipulation
  - (c) Administering 10 tests to students every 3 years
  - (d) Contacting people several years after the end of treatment
- 88. What additional ingredient sets experimental studies apart from assessment studies?**
- (a) Use of animals
  - (b) Use of retrospective data
  - (c) Manipulation of variables
  - (d) Observation and assessment of Behaviour

89. What is a clinical trial?
- (a) An assessment battery
  - (b) A difficult therapy case
  - (c) A study of any treatments effectiveness
  - (d) A licensing procedure for clinical psychologists
90. Ivan Pavlov is known for his work on (in the):
- (a) Operant conditioning
  - (b) Classical conditioning
  - (c) Moral treatment movement
  - (d) Mental hygiene movement
91. The moral treatment movement collapsed toward the end of the nineteenth century because:
- (a) No patient experienced improvement even under the improved conditions
  - (b) The expansion of asylums created a shortage of personnel and resources
  - (c) Biological treatments were developed and were more effective
  - (d) Most asylum patients were women
92. The \_\_\_\_\_ promoted the idea that mental disorders were medical diseases and should be treated biologically.
- (a) Moral treatment movement
  - (b) Mental hygiene movement
  - (c) Behaviourism movement
  - (d) Cognitive revolution
93. The discovery that syphilis could cause general paresis led to the:
- (a) Moral treatment movement.
  - (b) Development of psychoanalysis.
  - (c) Development of Kraepelin's classification system.
  - (d) Belief that biological factors can cause mental illness.
94. Hypnosis is a technique that was developed as a component of \_\_\_\_\_.
- (a) Classical conditioning
  - (b) Psychoanalysis
  - (c) Mesmerism
  - (d) Cognitive therapy

95. \_\_\_\_\_ developed a classification system for mental disorders that remains highly influential today.
- (a) Hippocrates
  - (b) Emil Kraepelin
  - (c) Wilhelm Wundt
  - (d) E.L. Thorndike
96. The finding that behaviours followed by positive consequences were more likely to be repeated than behaviours followed by negative consequences is known as:
- (a) Psychoanalysis
  - (b) Classical conditioning
  - (c) Operant conditioning
  - (d) Behaviourism
97. Psychiatric medications can be prescribed by:
- (a) Psychiatrists only
  - (b) Psychiatrists and some clinical psychologists
  - (c) Clinical psychologists only
  - (d) Social workers and psychiatrists
98. A professional with M.S.W./Ph.D. with specialized clinical training in mental health settings is a
- (a) Psychiatric Social worker
  - (b) Psychiatric nurse
  - (c) Community mental health worker
  - (d) Clinical psychologist
99. A counselling and clinical psychologist differs in what respect of the following:
- (a) A Clinical psychologist has a Ph.D. in psychology while counselling psychologist may or may not have a Ph.D.
  - (b) A clinical psychologist has to deal with severe psychological problems while a counselling psychologist deals with less serious psychological problems of adjustment.
  - (c) A clinical psychologist has an internship in a psychiatric hospital or mental health center while a counselling psychologist has internship in marital or student counselling setting.
  - (d) All the statements are true.
100. Which of the following pair is a correct match
- (1) Mesmer and baquet

- (2) Cullen and psychological conflicts
- (3) Rush and defects in nervous system
- (4) J. Weyer and levels of consciousness

- (a) 1 (b) 2
- (c) 3 (d) 4

**101. Match the following and mark the correct option**

- 1. Eighteenth century (a) reform movement
- 2. Seventeenth century (b) age of reason
- 3. Fourteenth century (c) Exorcism
- 4. Fifteenth century (d) age of enlightenment
- (a) 1a, 2b, 3d, 4c (b) 1b, 2c, 3d, 4a
- (c) 1c, 2b, 3d, 4a (d) 1a, 2c, 3d, 4a

**102. Which of the following statements is true?**

- (a) All maladaptive behaviour is deviant
- (b) All deviant behaviour may not be maladaptive
- (c) Both are true
- (d) Both are false

**ANSWERS**

- 1. (a) 2. (a) 3. (d) 4. (a) 5. (b) 6. (c) 7. (c)
- 8. (b) 9. (c) 10. (d) 11. (b) 12. (a) 13. (c) 14. (d)
- 15. (b) 16. (c) 17. (d) 18. (a) 19. (b) 20. (a) 21. (c)
- 22. (c) 23. (a) 24. (b) 25. (c) 26. (c) 27. (d) 28. (b)
- 29. (c) 30. (d) 31. (b) 32. (b) 33. (d) 34. (b) 35. (b)
- 36. (b) 37. (a) 38. (a) 39. (a) 40. (c) 41. (c) 42. (c)
- 43. (a) 44. (a) 45. (c) 46. (a) 47. (d) 48. (c) 49. (c)
- 50. (a) 51. (b) 52. (a) 53. (c) 54. (b) 55. (b) 56. (c)
- 57. (d) 58. (d) 59. (d) 60. (d) 61. (c) 62. (d) 63. (a)
- 64. (c) 65. (a) 66. (c) 67. (a) 68. (b) 69. (a) 70. (a)
- 71. (b) 72. (c) 73. (c) 74. (b) 75. (c) 76. (b) 77. (d)
- 78. (d) 79. (a) 80. (d) 81. (a) 82. (a) 83. (a) 84. (a)
- 85. (b) 86. (c) 87. (a) 88. (c) 89. (c) 90. (b) 91. (c)
- 92. (a) 93. (d) 94. (b) 95. (b) 96. (c) 97. (a) 98. (a)
- 99. (d) 100. (a) 101. (a) 102. (c)

## **SHORT TYPE QUESTIONS**

**1. Define abnormal behaviour?**

**Ans.** Abnormality means 'away from the normal' but we do not apply this to behaviour which are high end behaviours or better than others or superior behaviours.

**2. What is a syndrome?**

**Ans.** A syndrome refers to a group of clinical observations or symptoms that tend to co-occur in a particular disease. For eg. low self-esteem, negative thoughts, feelings of alienation constitute important parts of depressive syndromes.

**3. What is the psychoanalytic perspective of abnormal behaviour?**

**Ans.** According to this perspective by Freud abnormal behaviour originates from unconscious psychological conflicts and childhood experiences. The intrapsychic conflicts are the source of abnormal behaviours.

**4. What is the humanistic perspective on abnormality?**

**Ans.** The humanistic approach considers abnormality as a resultant of failure to accept oneself, to take responsibility of one's actions and achieve personal goals.

**5. What is maladaptive behaviour?**

**Ans.** Maladaptive behaviour is problematic in nature and implies that the person has inability to cope with the environmental demands and is also a risk to society.

**6. What is the difference between maladaptive behaviour and deviant behaviour?**

**Ans.** All the maladaptive behaviour is deviant but all deviant behaviour necessarily may not be maladaptive. Having very high IQ may be deviant as it is away from the average but it is not maladaptive.

**7. What is exorcism?**

**Ans.** The therapeutic technique for treating abnormality by using magic and prayers. The technique is used in societies which believed that abnormality is due to supernatural powers, evil spirits or demons.

**8. What is the criteria of abnormality according to American Psychiatric Association?**



**Ans.** The two major criteria for classifying behaviour as abnormal according to APA are: It should be maladaptive which threatens well being of individual and society and deviate from social norms.

**9. What is a chronic disorder?**

**Ans.** By chronic disorder we mean longstanding, often permanent disorder which may be of low intensity but have a long term effect eg. Alzheimers.

**10. What is an acute disorder?**

**Ans.** Acute disorders are of short duration usually of six months or so and in some cases it may be short duration but high intensity.

**11. Who is a clinical psychologist?**

**Ans.** A person who has a doctorate in clinical psychology plus one year of internship in a psychiatric hospital or a mental health center.

**12. What is the difference between a psychiatrist and a clinical psychologist?**

**Ans.** A psychiatrist has a MBBS degree with MD in psychiatry and residential training in a mental hospital and can prescribe medicine. A clinical psychologist has a Ph.D in clinical psychology and cannot prescribe medicines.

**13. Differentiate between a clinical and counseling psychologist?**

**Ans.** A clinical psychologist deals with psychological problems of severe degree and has training in hospital setting whereas a counseling psychologist deals with more of the adjustment problems and not mental disorders of severe nature.

**14. What is the field of epidemiology?**

**Ans.** It is the study of the distribution of diseases, disorders, or health related behaviours in a given population. It studies the incidence and prevalence of a disease in a population.

**15. What is the difference between prevalence and incidence rates.**

**Ans.** Prevalence rate refers to the frequency of occurrence of a disorder during a specific time period whereas incidence rate refers to occurrence new cases of a disorder during a time period.

**16. What are known as the four Ds of abnormal behaviour according to Corner?**

**Ans.** The four Ds of abnormal behaviour are.

Distress- Behaviour which cause discomfort

Deviance- Behaviour which is away from normal/average.

Dysfunctional- Interferes with daily functioning.

Danger- Threat to self and others.

**17. What is the statistical model of abnormality?**

**Ans.** According to this model average is normal and any deviation from average is considered to be abnormal. Thus according to this majority behaviour is normal and behaviour of minority is abnormal.

**18. What is the psychometric approach of abnormality?**

**Ans.** According to this approach psychological measurements are taken as abnormal when they deviate sufficiently from the average eg. IQ of 70

**19. What is the Utopia Model of normality?**

**Ans.** According to this model people who are in perfect mental health are normal thus only a minority can be normal rest all are abnormal.

**20. What are the seven features of abnormality according to Rosenhan and Seligman?**

**Ans.** 1. Suffering 2. Maladaptiveness 3. Vivid and unconventional behaviour 4. Unpredictability and loss of control 5. Irrationality and incomprehensibility 6. Observer discomfort 7. Violation of moral norms and ideal standards.

**21. What is a clinical trial ?**

**Ans.** It is a planned experiment designed to determine the effectiveness of a treatment given to control group and experimental group patients.

## **Classification and Assessment**

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### **OBJECTIVE QUESTIONS**

- 1. Why is the classification of abnormal behaviour considered to be in an early stage of development?**
  - (a) The process of attaching labels is arbitrary
  - (b) Interest in the topic developed only recently
  - (c) Current behavioural classification systems are hierarchical
  - (d) Behavioral classification systems have not been very useful
- 2. How are most classification systems in psychology similar to those in the natural sciences?**
  - (a) Dynamic
  - (b) Explanatory
  - (c) Hierarchical
  - (d) Low reliability
- 3. Which of the following illustrates the hierarchical nature of the classification system for maladaptive behaviours?**
  - (a) Delusions and hallucinations are key symptoms of schizophrenia
  - (b) Anxiety and depression are common symptoms in many disorders
  - (c) Mental retardation and personality disorders are diagnosed on Axis II of DSM

- (d) A manic episode is a subdivision of bipolar disorders, which in turn is a subgroup of mood disorders
- 4. What are the two major sources of unreliability in diagnosis?
  - (a) Deception by clients and clinician's theoretical orientation
  - (b) Over reliance on intelligence testing and failure to use structured interviews
  - (c) Clinical judgment and differences in the way different people present their symptoms
  - (d) Reliance on insurance regulations and misunderstanding the language of ethnically diverse clients
- 5. What is the root meaning of the term diagnostic?
  - (a) Causes and symptoms
  - (b) Brain disorder
  - (c) To cure disorders and reduce the severity
  - (d) Complete knowledge
- 6. What were the two major disorders identified by Emil Kraepelin?
  - (a) Agoraphobia and split personality disorder
  - (b) Dementia praecox and manic-depressive insanity
  - (c) Alcoholic personality disorder and schizophrenia
  - (d) Dissociative amnesia and obsessive-compulsive disorder
- 7. Which of these publishes the Diagnostic and Statistical Manual of Mental Disorders (DSM) ?
  - (a) American Psychiatric Association
  - (b) American Psychological Association
  - (c) Department of Mental Health and Human Services, India
  - (d) World Health Organization of the United Nations
- 8. What does it mean when we describe the current classification system for mental disorders as a multi axial system?
  - (a) The system has high reliability
  - (b) It uses ratings scales, not categories
  - (c) The system focuses on neurological causes
  - (d) It describes diverse information rather than a single label

9. Which of the following describes the multi axial approach of DSM-IV?
- (a) Five axes, two of which list specific mental disorders
  - (b) Five axes, one of which lists specific mental disorders
  - (c) Three axes, two of which list specific mental disorders
  - (d) Three axes, one of which lists specific mental disorders
10. During a lecture in abnormal psychology, the professor describes the DSM as a multi axial system of classification. What do you understand by this term?
- (a) DSM offers a variety of possible etiologies
  - (b) Diverse information is required for each case
  - (c) A diagnosis requires input from several clinicians
  - (d) An individual must show all symptoms of a disorder in order to receive a diagnosis
11. What are the first three axes of the DSM-IV classification system used to describe?
- (a) A disorder's etiology at psychosocial level
  - (b) Level of daily functioning at psychological and social levels
  - (c) Diagnoses of a psychiatric or physical nature
  - (d) Level of environmental stress and coping skills
12. A client is described as having an Axis V rating of 30. What does this mean?
- (a) "The client's symptoms are not severe."
  - (b) "The client has a 30% chance of a full recovery."
  - (c) "The client is likely to be a danger to him or to others."
  - (d) "The client has shown 30% improvement since beginning therapy."
13. Psychosocial and environmental problems and a global assessment of functioning are assessed on what axes of DSM-IV?
- (a) I and II
  - (b) II and III
  - (c) III and IV
  - (d) IV and V

14. Beena has a social phobia as well as a heart condition. These conditions would be diagnosed on what axes of DSM-IV?
- (a) I and III (b) I and II  
(c) II and IV (d) IV and V
15. Shyam has had habit of checking again and again. He can not leave the house due to fear of robbery. His family doctor has diagnosed that Shyam also has a problem with his thyroid, which may aggravate some of the symptoms he has experienced. Shyam decides to seek psychotherapy at a mental health clinic. On which two axes of DSM-IV will his problems be listed?
- (a) I and II (b) I and III  
(c) II and IV (d) II and III
16. One of the benefits of the DSM-IV classification system is that it provides guidelines for rating the
- (a) Results of personality tests  
(b) Overall severity of recent events  
(c) Client's motivation for treatment  
(d) Family history of psychiatric disorders
17. How do the DSM-III, DSM-III-R, and DSM-IV differ from earlier classification manuals?
- (a) They focus on etiology  
(b) They emphasize description rather than interpretation  
(c) They rely on the psychodynamic perspective  
(d) They cover a more limited scope of problems childhood disorders
18. Most of the primary diagnoses in DSM-IV, such as mood disorders and anxiety disorders, are listed on which axis?
- (a) Axis-I (b) Axis-II  
(c) Axis-III (d) Axis-IV
19. On what axis of DSM-IV is mental retardation noted?
- (a) Axis-I (b) Axis-II  
(c) Axis-III (d) Axis-IV
20. A professor at the university is conducting research on the use of DSM. He asks groups of clinical psychologists to

view videotaped interviews of several clients and write down the most likely diagnoses for each case. What is he trying to assess through this from the below given terms?

- (a) Utility
  - (b) Coverage
  - (c) Validity
  - (d) Reliability
21. What is one of the reasons for the increased reliability of diagnoses based on the DSM system?
- (a) The system was built upon neuro-cognitive principles
  - (b) The system has a greater reference to biological causes
  - (c) There is a greater emphasis on descriptions of behaviours
  - (d) The current system requires a greater reliance on inference
22. The reliability of a diagnosis usually refers to the
- (a) Chances of a full recovery
  - (b) Length of time it takes a treatment to work
  - (c) Clinician's knowledge about the cause of the disorder
  - (d) Level of agreement on the diagnosis offered by two clinicians
23. How does the kappa statistic differ from other measures of reliability?
- (a) Requires more raters
  - (b) Corrects for chance agreement
  - (c) Based on percentage agreement
  - (d) Can be used with categorical ratings
24. The appropriateness of a classification system is called
- (a) Validity
  - (b) Kappa
  - (c) Reliability
  - (d) Criterion
25. Which of these diagnoses is likely to show the greatest reliability?
- (a) Schizophrenia
  - (b) Organic brain disorder
  - (c) Histrionic personality disorder
  - (d) Borderline personality disorder
26. What Western cultures call "depression" or "feeling blue" is often experienced in other societies as
- (a) Possession
  - (b) Obsessiveness

- (c) Transcendence                      (d) Somatic symptoms
27. A 45-year-old Asian American who is being evaluated by a physician, Mr. Ali reports a number of medical complaints. What does the physician need to keep in mind when evaluating these symptoms?
- (a) The symptoms are probably reflections of a need to establish contact with deceased relatives
  - (b) Asian Americans have a tendency to report somatic problems in order to avoid shame associated with mental problems
  - (c) Medical complaints are frequently found when individuals have experienced a break with reality and are searching for an explanation
  - (d) The presentation of such symptoms by a person of Asian descent usually indicates that he believes he has committed an unpardonable offense
28. Why are problems that are considered psychiatric in Western cultures seen as somatic in some other cultures?
- (a) There are biological differences among ethnic groups.
  - (b) Other cultures lack the words to describe emotional states.
  - (c) In other cultures, psychiatric medicines have been used longer.
  - (d) In other cultures, having a physical illness is more socially acceptable.
29. Which of the following is the most commonly used assessment tool for clinical purpose?
- (a) Clinical interview
  - (b) Behavioural observation
  - (c) A projective personality test
  - (d) A test of intellectual functioning
30. Compared to the assessment interview, a therapeutic interview is more likely to focus on
- (a) Modifying behaviour
  - (b) Using a structured format
  - (c) Using objective personality tests
  - (d) Yielding reliable diagnostic information



31. You are reading a book that describes a person as exhibiting the syndrome called amok. Which of the following is most likely to characterize this person?
- (a) Homicidal frenzy preceded by brooding and ending in amnesia
  - (b) Overwhelmed with anxiety and ranting and raving about imagined insults
  - (c) Unable to comprehend the verbal and nonverbal communication and experiencing strange piercing sensations
  - (d) Unable to spend any extended time awake and speaking in words that do not seem to make any sense to others
32. Which of the following is an indication of the mental status component of a clinical interview?
- (a) The therapist observes the way the person is dressed and is able to maintain eye contact
  - (b) The client is asked what the major symptom has been over the last few months
  - (c) The client is asked to trace a family tree and locate others with similar symptoms
  - (d) The therapist determines whether the client has discussed any bizarre ideas during the interview
33. What is the full form of this important personality scales known as MCMI ?
- (a) Multi Clinical Multiaxial Inventory
  - (b) Minnesota Clinical Multiaxial Inventory
  - (c) Millons Clinical Multiaxial Inventory
  - (d) Minka's Clinical Multiaxial Inventory
34. Which of these personality scales are designed to correspond with DSM-IV ?
- (a) MCMI
  - (b) MMPI-2
  - (c) Both a and b
  - (d) CPI and MPI
35. Moos family environment scale is an important measure of :
- (a) Psychological assessment
  - (b) Personality assessment

- (c) Relational assessment
  - (d) Behavioural assessment
36. A mental status examination is conducted in
- (a) A interview setting with unstructured interview format
  - (b) A participant observation setting
  - (c) A non-participant setting
  - (d) An interview setting in structured format
37. What is the major use of structured interviews?
- (a) To modify the client's behaviour
  - (b) To allow self-administration of questionnaires
  - (c) To evaluate the client's motivation for therapy
  - (d) To determine whether specific symptoms are present
38. Which of the following is the best description of the Diagnostic Interview Schedule?
- (a) A therapeutic interview
  - (b) A standardized interview
  - (c) An unstructured interview
  - (d) A self-administered questionnaire
39. A clinical psychologist is interviewing a client and asks a series of questions. Later the same psychologist interviews a different client and asks the same series of questions in the same order. What type of interview is the psychologist using in both cases?
- (a) Primary interview
  - (b) Objective interview
  - (c) Projective interview
  - (d) Structured interview
40. How do ratings by lay professionals using the Diagnostic Interview Schedule compare to ratings by professionals using the same tool?
- (a) Lay interviewers and professionals agree
  - (b) Lay interviewers underestimate problems
  - (c) Lay interviewers are generally unreliable raters
  - (d) Lay interviewers tend to overestimate problems
41. What are interviewers encouraged to do when interviewing clients with the Structured Clinical Interview for DSM (SCID)?

- (a) To use projective personality tests for diagnosis
  - (b) To contact family members for further information
  - (c) To share their own experiences to establish rapport
  - (d) To ask follow-up questions based on clinical judgment
42. The DSM III-R was introduced by APA in the year
- (a) 1952
  - (b) 1985
  - (c) 1968
  - (d) 1987
43. Which of these disorders does not fall under Axis I
- (a) Autistic Disorders
  - (b) Somatoform
  - (c) Mental Retardation
  - (d) Mood Disorders
44. Which axis assess the coping level of the client on a general functioning
- (a) Axis II
  - (b) Axis III
  - (c) Axis V
  - (d) Axis IV
45. What perspective on intelligence did Alfred Binet use when he developed his method of assessing intelligence?
- (a) Intelligence grows with age
  - (b) Intelligence is an inherited characteristic
  - (c) Intelligence cannot be assessed in children
  - (d) Intelligence requires keen perceptual ability
46. Using the old computational I.Q. formula, a boy with a chronological age (C.A.) of 10 and a mental age (M.A.) of 12 would have an I.Q. of
- (a) 50
  - (b) 80
  - (c) 120
  - (d) 150
47. What is one way that the Wechsler Adult Intelligence Scale improved on earlier versions of intelligence tests?
- (a) Self-administering format
  - (b) Assessed several aspects of intelligence
  - (c) Combined all items into one overall score
  - (d) Tested physiology, not abstract problem-solving
48. General information and comprehension are part of what subscale of the Wechsler intelligence tests?
- (a) Verbal
  - (b) nonverbal
  - (c) Performance
  - (d) Sequential processing

49. What is an example of something a subject might do as part of the performance scale of the Wechsler intelligence tests?
- (a) Define a word
  - (b) Solve a puzzle
  - (c) Copy hand movements
  - (d) Add a series of numbers
50. As a part of the diagnostic testing done for newly admitted patients, an intelligence test is administered. Which of the following test would be administered on a 40 year old lady?
- (a) Visual Analogue Scale
  - (b) Thematic Apperception Test
  - (c) Kaufman Assessment Battery
  - (d) Wechsler Adult Intelligence Scale
51. Which intelligence test is designed to incorporate ideas from cognitive psychology and neuropsychology?
- (a) Stanford-Binet
  - (b) Wechsler Adult Intelligence Scale
  - (c) Kaufman Assessment Battery for Children
  - (d) Wechsler Preschool and Primary Scale of Intelligence
52. A child is asked to watch the examiner make some hand movements, and then to copy the hand movements. What intelligence test is being used?
- (a) Stanford-Binet scales
  - (b) Wechsler Intelligence Scale for Children
  - (c) Kaufman Assessment Battery for Children
  - (d) Wechsler Preschool and Primary Scale of Intelligence
53. A psychologist who administers the Kaufman Assessment Battery for Children is most likely interested in obtaining information about the child's
- (a) Mental age
  - (b) Verbal abilities
  - (c) Approach to problem solving
  - (d) Overall score of general intelligence

- 54. A psychologist is concerned that a patient may have sustained brain damage. Which test would the psychologist administer?**
- (a) Visual Analogue Scale
  - (b) Thematic Apperception Test
  - (c) Bender Visual-Motor Gestalt Test
  - (d) Minnesota Multiphasic Personality Inventory
- 55. A newly admitted patient at a psychiatric hospital is being administered a battery of psychological tests. Before each test is administered, the patient wants a description of the activities he will be asked to engage in during the test. If the next test to be administered is the Bender Visual-Motor Gestalt Test, what is the psychologist likely to say?**
- (a) "You will be asked to look at some pictures and tell me what you see."
  - (b) "You will be asked to look at some drawings and use blocks to make similar figures."
  - (c) "You will be asked to look at some geometric figures and then draw what you have seen."
  - (d) "You will be asked to watch me as I illustrate some motor movements and then I will ask you to do what I just did."
- 56. Kareena is asked to complete a 567-item questionnaire that consists of true-false questions. What test is she taking?**
- (a) Visual Analogue Scale
  - (b) Wechsler Intelligence Scale
  - (c) Thematic Apperception Test
  - (d) Minnesota Multiphasic Personality Inventory-2
- 57. Which of these is one of the most widely used personality inventories?**
- (a) Rorschach inkblots
  - (b) Thematic Apperception Test
  - (c) Wechsler Adult Intelligence Scale
  - (d) Minnesota Multiphasic Personality Inventory-2
- 58. What is one of the changes that occurred in the development of the MMPI-2?**
- (a) Three new validity scales were added

- (b) The reading level was lowered so the test could be used more widely
  - (c) Inclusion of specific psychiatric symptoms made DSM diagnosis possible directly from test scores
  - (d) Reliance on psychodynamic theory enabled the developers to incorporate scales to assess defense mechanisms
59. Which of these is one of the scales of the MMPI-2?
- (a) Hysteria
  - (b) Dissociation
  - (c) Intelligence
  - (d) Socialization
60. Friends describe Bobby as "highly anxious," insecure, and experiencing great difficulty in making decisions. If administered the MMPI-2, Bobby would most likely to have an elevated score on the scale measuring
- (a) Paranoia
  - (b) Hypomania
  - (c) Schizophrenia
  - (d) Psychasthenia
61. After interviewing a new client for more than 2 hours, a psychologist decides to administer the Millon Clinical Multiaxial Inventory. What type of diagnosis is suggested by the selection of this test?
- (a) Psychasthenia
  - (b) Mental retardation
  - (c) Personality disorder
  - (d) Organic brain dysfunction
62. Rahul is extremely suspicious and firmly believes that agents of a foreign government follow him everywhere, intending to kill him. In addition, he resents anyone who doubts his beliefs. If administered the MMPI-2 you expect that Rahul would obtain a high score on the scale measuring
- (a) Hysteria
  - (b) Paranoia
  - (c) Hypomania
  - (d) Psychasthenia
63. What does the Behavior Rating Scale for Children assess?
- (a) A child's self-concept
  - (b) A child's academic readiness
  - (c) An observer's record of a child's self-control
  - (d) Subjective experiences of sadness and worrying

64. What is the halo effect?
- (a) Clients are conscientious about completing tests
  - (b) Observers make positive ratings of people they like
  - (c) People tend to use ratings in the middle of the scale
  - (d) Answers at the beginning of a questionnaire are more honest
65. What is the name of the projective technique in which pictures are presented one at a time to a person who is asked to make up a story about the picture?
- (a) Rorschach Inkblot Test
  - (b) Sentence Completion Test
  - (c) Thematic Apperception Test
  - (d) Minnesota Multiphasic Personality Inventory
66. A clinical psychologist is going to administer a projective test to her client. What type of material will the psychologist present while administering this test?
- (a) Ambiguous stimuli
  - (b) True-false questions
  - (c) Analogue rating scales
  - (d) Open-ended questions about emotions
67. If you ask a friend what shape she sees in a cloud, what type of assessment are you using?
- (a) Rating scale
  - (b) Intelligence test
  - (c) Projective technique
  - (d) Sentence completion technique
68. What is one of the limitations of the Rorschach Inkblot test as an indicator of personality?
- (a) The art work is outdated
  - (b) Research has not supported its validity
  - (c) The client must have good reading skills
  - (d) Most people have already seen the inkblots
69. A client is asked to create stories about different pictures. Which test is he taking?

- (a) Rorschach Inkblot Test
- (b) Visual Analogue Scales
- (c) Thematic Apperception Test
- (d) Kaufman Assessment Battery for Children

### ANSWERS

- |         |         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|---------|
| 1. (a)  | 2. (c)  | 3. (d)  | 4. (c)  | 5. (d)  | 6. (b)  | 7. (a)  |
| 8. (d)  | 9. (a)  | 10. (b) | 11. (c) | 12. (c) | 13. (d) | 14. (a) |
| 15. (b) | 16. (b) | 17. (b) | 18. (b) | 19. (b) | 20. (d) | 21. (c) |
| 22. (d) | 23. (b) | 24. (a) | 25. (b) | 26. (d) | 27. (b) | 28. (d) |
| 29. (a) | 30. (a) | 31. (a) | 32. (d) | 33. (c) | 34. (a) | 35. (c) |
| 36. (a) | 37. (d) | 38. (b) | 39. (d) | 40. (a) | 41. (d) | 42. (d) |
| 43. (c) | 44. (c) | 45. (a) | 46. (c) | 47. (b) | 48. (a) | 49. (b) |
| 50. (d) | 51. (c) | 52. (c) | 53. (c) | 54. (c) | 55. (c) | 56. (d) |
| 57. (d) | 58. (a) | 59. (a) | 60. (d) | 61. (c) | 62. (b) | 63. (c) |
| 64. (b) | 65. (c) | 66. (a) | 67. (c) | 68. (b) | 69. (c) |         |

### SHORT TYPE QUESTIONS

#### 1. What is DSM?

**Ans.** This is the Diagnostic and Statistical Manual for mental disorders, published by American Psychiatric Association in 1952 for the first time to diagnose the mental disorders.

#### 2. What do you mean by classification?

**Ans.** The establishment of hierarchal system of categories based on the relationship or presumed relationship among the things to be classified.

#### 3. Differentiate between diagnosis and classification?

**Ans.** Diagnosis is the conclusion reached concerning the nature of the patients problems, based on clinical observations while classification is placing any clinical condition in a category because of shared characteristics.

#### 4. What is the use of axes IV and V of DSM-IV?

**Ans.** Axis IV- This assess the psychosocial and environmental problems that may have contributed to the disorder.

Axis V- This is a 100 point rating scale (global assessment of functioning-GAF) on which the individuals present functioning level is scored.



**5. Which are two major classifications used by mental health professionals?**

**Ans.** The two major classifications for mental disorders are DSM-IV published by American Psychiatric Association and International Classification of Disorders (ICD) published by WHO.

**6. What is a DSM-IV diagnosis?**

**Ans.** According to APA- DSM-IV diagnosis is the first step for evaluation and formulation of an adequate treatment plan. It is based on interview method.

**7. What does axis II of DSM-IV assess?**

**Ans.** Axis II provides for coding of long standing maladaptive personality traits that may or may not be involved in development of axis I disorder. Personality disorders and mental retardation are also diagnosed on this axis.

**8. What is a diagnostic interview?**

**Ans.** These are of two types: Structured and unstructured involving questions, and probes to relating to particular DSM diagnosis.

**9. What are the types of DSM diagnostic interviews?**

**Ans.** There are two types of DSM diagnostic interviews:  
1. The unstructured interview has no pre-structured plan and it is free wheeling in nature.

2. Structured interview: This is controlled and has a master plan to be followed by the clinician.

**10. What is a structured diagnostic interview?**

**Ans.** This is a highly structured interview which aims at discovering if the person's symptoms and sign's fit the DSM diagnostic criteria. It can be employed by trained interviewers.

**11. Give examples of any two structured diagnostic interviews?**

**Ans.** The structured clinical Interview for DSM diagnosis (SCID) is a popular example of clinical and research purposes. Another such example is Diagnostic Interview Schedule for Children (DISC).

**12. What are the major characteristics of a good classification?**

**Ans.** It provides information about causes, a common language for communication among clinicians, indicates the plan of treatment, paths of prevention and prognosis of the disorder.

**13. What are the major criticisms of classification?**

**Ans.** There are two major criticism labeling of an individuals creates problems in rehabilitation and diagnostic categories are imperfect as they give same label to similar behaviours having different causes and methods of treatment.

**14. Which are the different models of classification?**

**Ans.** There are three basic approaches or models for classifying abnormal behaviour. The categorical, the dimensional and the prototypal approach or model.

**15. What is Categorical approach of classification?**

**Ans.** It is similar to classification of general medical diseases like all human behaviour is classified into healthy and disordered and secondly there is discreteness and non overlapping of classes.

**16. What is the difference between dimensional and prototypal approach?**

**Ans.** They both differ in the basic assumption they make, the dimensional approach stresses on varying strengths or intensity of different behavioural dimensions while prototypal approach is conceptualized entity depicting idealized combinations of characteristics in a more or less perfect or standard way.

**17. What is comorbidity?**

**Ans.** It is the occurrence of two or more different disorders at the same time in the same psychologically disordered individual.

**18. What is psychiatric diagnosis?**

**Ans.** This refers to classification of the patient's problem within the taxonomy of psychological disturbances developed by the psychiatric professionals.

**19. What are the major classification systems used by mental health professionals?**

**Ans.** There are two major classification systems used by mental health professionals. ICD and DSM : International Classification of disorders given by World Health Organisation and Diagnostic and Statistical manual of mental disorders by American Psychiatric Association respectively.

**20. What are the demerits of psychiatric diagnosis?**

**Ans.** It falsifies reality by implying that most abnormal behaviour

is qualitatively different from normal behaviour. Diagnosis also gives illusion of explanation as well as creates an artificial clarity. Lastly labeling is also harmful to people.

**21. What is multiaxial system of DSM?**

**Ans.** The multiaxial system was introduced in DSM in the 3<sup>rd</sup> revision in 1980 and included five axes on which the patient was assessed before giving a psychiatric diagnosis.

**22. What are the five axes of DSM?**

**Ans.** The first three axes assess the individual's present clinical status or condition and the fourth and fifth axes assess the social and adaptive functioning and stressors faced by the individual.

**23. Give the five axes of DSM-IV-R?**

**Ans.** The five axes are:

1. The clinical syndrome
2. Personality disorder
3. General medical conditions
4. Psychosocial and environmental problems
5. Global assessment of functioning.

**24. What is a clinical interview?**

**Ans.** It is an assessment tool in clinical settings and is of two types: Diagnostic to gather information and assess behaviour; Therapeutic to modify maladaptive behaviour and attitudes of the client.

**25. What are the major components of clinical Interviews?**

**Ans.** There are four major components: (1) To establish a rapport between the interviewer and client (2) To select the technique for building rapport and getting information. (3) To assess the mental status of the client, and (4) To formulate a diagnosis of clients problems and disorder.

**26. What is mental status examination?**

**Ans.** This is done in an interview setting where the clinician observes the behaviour of the individual including his/her appearance, alertness, memory, psychomotor activities and conjecture functions.

**27. What is multi-axial approach to classification?**

**Ans.** A multi-axial classification gives a summarized view of several aspects of person's history and behaviour rather than just giving a label.

**28. What is the clinical case study method?**

**Ans.** A clinical case study is an in depth examination of an individual that is drawn from various sources including interviews and psychological testing of the individual. It also includes set of hypothesis about causes and treatment plan of the patient.

**29. What is the use of observation method in clinical settings?**

**Ans.** Observations of an individual in a natural setting is helpful but in clinical settings sometimes direct observations have ethical and practicality problems. It is more useful to be used with children than with adult clients.

**30. What are the major techniques used for diagnosis of abnormal behaviour?**

**Ans.** There are four major techniques: Observations, interviews, psychological tests and physiological tests. Usually more than one of these techniques is used.

**31. Which are the major psychological tests used in clinical settings?**

**Ans.** These can be of four types: (a) Projectives tests like Rorschach Inkblot (b) Self-report inventories like MMPI (c) Intelligence tests like WAIS, Stanford- Binet and (d) Neuropsychological tests like luria nerberska.

**32. What are the major research methods for studying abnormal behaviour?**

**Ans.** There are majorly four methods used to study abnormal behaviour: Case study research, correlational research, controlled experimental method and multiple baseline experimental research method.

**33. What do you mean by retrospective strategy?**

**Ans.** In this approach the researcher or clinician looks back starting from the present disordered behaviour to past in search of what went wrong.

**34. What is the focus of study of prospective strategies in assessment of abnormal behaviour?**

**Ans.** These strategies focus on individuals who have more than average chances of becoming psychologically disturbed before the abnormality is manifested.

**35. How is the effect of genetics studied on abnormal behaviour?**

**Ans.** There are three methods to study the effect of genes on abnormality: family studies, twin studies and adoptee studies.

**36. What are the major physiological tests for assessing abnormality?**

**Ans.** The abnormalities in the structure and functioning of brain can be assessed by CAT scan and MRI, (structure) EEG and PET scan (activity) to know the biological causes of abnormality.

**37. What is GAF rating scale?**

**Ans.** It is the global assessment of functioning rating scale with range of 1 to 100 scores. The axis V of DSM assesses the individual's psychological, social and environmental problems on this scale where high scores indicate good functioning.

**38. What is a therapeutic interview?**

**Ans.** A therapeutic interview occurs after the preliminary interview and is done with an aim to modify the problematic behaviour and attitudes. It is like a therapy session.

**39. When was the first official classification of mental disorder published.**

**Ans.** The first official classification was introduced in 1840 in United States with the adoption of one item classification scheme using only the label of 'idiocy'.

**40. What is the utility of additional categories of multiaxial system?**

**Ans.** The additional categories provide information about the context in which abnormal behaviour occurs as well as the subjective experiences of the clients which may have led to the disorder.



## The Causes of Maladaptive Behaviour

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### OBJECTIVE QUESTIONS

1. Two psychologists debate their views on the causes of abnormal behaviour. One of them stresses on our uniqueness as individuals and our freedom to make our own decisions." The other stresses on "examining how the environment influences behaviour." Which two theories of abnormal psychology are represented by these two psychologists?
  - (a) Cognitive and biological
  - (b) Cognitive and behavioural
  - (c) Community-cultural and cognitive
  - (d) Humanistic-existential and behavioural
2. Theoretical approach that has led to therapeutic techniques for changing unrealistic ideas. Which theoretical approach does she represent?
  - (a) Cognitive
  - (b) Behavioural
  - (c) Psychodynamic
  - (d) Community-cultural
3. How many chromosomes are there in each cell of the human body?
  - (a) 10
  - (b) 23
  - (c) 46
  - (d) 50

4. The chromosomal abnormality associated with Down syndrome is?
  - (a) An extra Y chromosome
  - (b) A broken branch on the Y chromosome
  - (c) Three 21<sup>st</sup> chromosomes instead of two
  - (d) 24 rather than 23 pairs of chromosomes
5. What are the units that make up chromosomes?
  - (a) Neurons
  - (b) Genes
  - (c) Loci
  - (d) Karyotypes
6. What is the basis for the action of the genes?
  - (a) DNA
  - (b) Locus
  - (c) Karyotype
  - (d) Chromosome
7. The examination of the genetic material of a newborn shows the presence of three #21<sup>st</sup> chromosomes. What does this report indicate?
  - (a) The newborn is likely to develop Down syndrome
  - (b) The newborn is predisposed to develop Schizophrenia
  - (c) The newborn is likely to develop Huntington's disease
  - (d) The third chromosome will have no effect on the baby
8. A karyotype is a map of
  - (a) Genes
  - (b) Chromosomes
  - (c) Amino acids on DNA
  - (d) The double helix of DNA and RNA
9. What is a genome?
  - (a) A very small gene
  - (b) A chromosomal karyotype
  - (c) A complete set of a person's genes
  - (d) A mutated gene that has been replaced
10. Researchers studying a rare genetic disorder determine that of all the people who carry the gene for the disorder, about 15% actually develop the disorder. What does the value of 15% represent in this example?
  - (a) Genome
  - (b) Karyotype
  - (c) Penetrance
  - (d) Comorbidity

11. Which of the following comment states the importance of population genetics in research.
  - (a) "It provides tools to control overpopulation."
  - (b) "It allows researchers to map the karyotype."
  - (c) "It is used to predict the occurrence of disorders."
  - (d) "It is helpful in protecting species that are close to extinction."
12. Which group of individuals is most likely to develop Tay-Sachs disease according to behaviour genetic research?
  - (a) Japanese
  - (b) North Africans
  - (c) Scandinavians
  - (d) European Jews
13. Which technique is frequently used by behavioural geneticists?
  - (a) Mapping the human genome
  - (b) Microscopic examination of chromosomes
  - (c) Comparing monozygotic and dizygotic twins
  - (d) Treating genetically-caused behaviour problems
14. A researcher studies the rate of a rare blood disease among monozygotic and dizygotic twins. She finds a much higher rate of concordance in the monozygotic twins. What might she conclude?
  - (a) Both parents must be carriers of the disease.
  - (b) Genetic factors play a strong role in this disorder.
  - (c) The disorder is due to a chromosomal abnormality.
  - (d) There are few, if any, environmental influences on this disorder.
15. If only one twin has a certain disease, the twin pair is said to be
  - (a) Fraternal
  - (b) Paternal
  - (c) Concordant
  - (d) Discordant
16. If a trait is entirely genetically determined, which of the following would be expected in a twin study of monozygotic (MZ) twins and dizygotic (DZ) twins?
  - (a) DZ twins will have 0% concordance
  - (b) MZ twins will have 50% concordance



- (c) MZ twins will have 100% concordance
- (d) DZ twins will have the same concordance as MZ twins
- 17. What do schizophrenia, alzheimer's disease, major affective disorder, and reading disability have in common?
  - (a) Chromosomal abnormalities
  - (b) Only environmental influence
  - (c) More of genetic influence
  - (d) More common now than in the past
- 18. "The research seems to indicate that non shared environment plays a significant role in the development of siblings." What would be the explanation of this question?
  - (a) Siblings have to compete for space and resources.
  - (b) Siblings in a family do not share 100% of their genes.
  - (c) Children in a family share an environment different from other families.
  - (d) Each child has an environment that differs from his/her siblings.
- 19. What are the main components of the central nervous system?
  - (a) Brain and spinal cord
  - (b) Cerebral cortex and limbic system
  - (c) Sympathetic and parasympathetic nervous system
  - (d) Hormones and neurotransmitters
- 20. Which of the following is the best description of neurotransmitters?
  - (a) Brain neurons
  - (b) Psychoactive drugs
  - (c) Electrical discharges
  - (d) Chemicals that carry signals
- 21. Which of the following correctly matches a neurotransmitter with the disorder it influences?
  - (a) GABA - schizophrenia
  - (b) Dopamine - schizophrenia
  - (c) Acetylcholine - panic disorder
  - (d) Serotonin - generalized anxiety disorder

22. Suppose a person has a low level of serotonin, which disorder is this individual most likely to develop according to research studies of recent times?
  - (a) Mania
  - (b) Depression
  - (c) Hypochondriasis
  - (d) Schizophrenia
23. The somatic system and the autonomic system are components of the
  - (a) Limbic system
  - (b) Cerebral cortex
  - (c) Central nervous system
  - (d) Peripheral nervous system
24. Which part of the nervous system is responsible for regulating glands and internal organs?
  - (a) Limbic system
  - (b) Central system
  - (c) Somatic system
  - (d) Autonomic system
25. What is the gap between two nerve cells?
  - (a) Axon
  - (b) Dendrite
  - (c) Synapse
  - (d) Neurotransmitter
26. Chemicals that serve as messengers between neurons are called
  - (a) Dendrites
  - (b) Synapses
  - (c) Hormones
  - (d) Neurotransmitters
27. What part of the brain controls the distinctly human behaviours and cognitive abilities?
  - (a) Cerebellum
  - (b) Limbic system
  - (c) Cerebral cortex
  - (d) Autonomic nervous system
28. The ability of the nervous system to change in response to environment is called :
  - (a) Neurogenesis
  - (b) Neural plasticity
  - (c) Brain plasticity
  - (d) Neural change
29. What does an electroencephalogram (EEG) measure?
  - (a) Motor movement
  - (b) Activity of brain cells

- (c) Size of the cerebral cortex
  - (d) Neurotransmitters in the synapse
30. An EEG report of an individual shows an abundance of delta waves. What might the person be doing of the following activities when the EEG was taken?
- (a) This person is in deep sleep
  - (b) This person is awake and trying to solve a puzzle
  - (c) This person is relaxing and not thinking of anything in particular
  - (d) The person is in a coma and is completely unresponsive to the environment
31. An EEG record shows that there is a domination of Beta waves. When asked what the person was doing at the time, what is he most likely to say?
- (a) Relaxing
  - (b) Sleeping
  - (c) Daydreaming
  - (d) Solving a problem
32. What is the primitive part of the cerebral cortex that is associated with emotional and motivational functions during emotional disturbances?
- (a) Cerebellum
  - (b) Limbic system
  - (c) Pituitary gland
  - (d) Corpus callosum
33. Which of the following could be described as part of the primitive lower part of the cortex that is associated with emotional and motivational functions?
- (a) Cerebellum
  - (b) Parietal lobe
  - (c) Limbic system
  - (d) Corpus callosum
34. A patient has a tumor in the temporal lobe which is expected to grow and become troublesome. Which of the following ability is most likely to be effected by this tumor?
- (a) Hearing
  - (b) Breathing
  - (c) Motor balance
  - (d) Ability to maintain weight
35. What is the study of the relationship between various psychological and mental functions and brain structure called?
- (a) Neuropathology
  - (b) Neuropsychology
  - (c) Neuropsychiatry
  - (d) Neurology

36. What are the natural pain relievers produced by the brain?
  - (a) Hormones
  - (b) Endocrines
  - (c) Endorphins
  - (d) Neuropeptides
37. Neurogenesis is a new term which probably deals with
  - (a) Production of new brain cells
  - (b) Genes responsible for brain development
  - (c) The delicate balance between sleep and waking
  - (d) Hormonal imbalances that lead to brain degeneration
38. How do endocrine glands deliver their products to other parts of the body?
  - (a) Through ducts
  - (b) In cerebral spinal fluid
  - (c) By way of neurotransmitters
  - (d) Directly into the bloodstream
39. What chemical messengers are secreted by the endocrine glands which may greatly effect behaviour?
  - (a) Neurons
  - (b) Synapses
  - (c) Hormones
  - (d) Neuropeptides
40. Which of the following is one of the endocrine glands?
  - (a) Tear
  - (b) Lymph
  - (c) Thyroid
  - (d) Salivary
41. How does the endocrine system affect the body's response to stress?
  - (a) Mobilizes physical resources
  - (b) Increases likelihood of infection
  - (c) Speeds delivery of cerebral spinal fluid
  - (d) Increases electrical activity in the brain
42. Which of the following is a good indicator of the degree of stress experienced by an individual?
  - (a) Serotonin levels
  - (b) Cerebral spinal fluid
  - (c) Brain electrical activity
  - (d) Adrenal corticosteroids

43. The adrenal cortex is important for the
- (a) Stress response
  - (b) DNA replication
  - (c) Regulation of brain cell activity
  - (d) Replacing the neurotransmitter serotonin
44. What part of the brain releases corticotrophin-releasing factor (CRF) during the stress response?
- (a) Thyroid
  - (b) Pituitary
  - (c) Hypothalamus
  - (d) Adrenal cortex
45. During the stress response, the hypothalamus releases a substance that acts on what part of the brain?
- (a) Thyroid
  - (b) Pituitary
  - (c) Pancreas
  - (d) Substantia nigra
46. What is the study of the effects of drugs on the brain?
- (a) Neuropathology
  - (b) Neurophysiology
  - (c) Neuroimmunology
  - (d) Neuropharmacology
48. "Shaking palsy" was another name for
- (a) Syphilis.
  - (b) Schizophrenia.
  - (c) Alzheimer's disease.
  - (d) Parkinson's disease.
47. Patients of Parkinson have loss of nerve cells in a particular and small part of the brain which is called
- (a) Amagdayla
  - (b) Cortex and cerebellum
  - (c) Substantia nigra
  - (d) Frontal lobe
49. How does L-dopa help people with Parkinson's disease?
- (a) Acts as a tranquilizer
  - (b) Causes a genetic mutation
  - (c) Corrects a neurochemical deficiency
  - (d) Changes electrical activity in the brain
50. What was the first neuroimaging technique used to study abnormal behaviour?
- (a) Magnetic Resonance Imaging
  - (b) Computerized Axial Tomography
  - (c) Positron Emission Tomography
  - (d) Magnetic Resonance Spectroscopy

51. Which brain imaging technique has the capacity to examine brain anatomy visually and to measure it quantitatively?
  - (a) Magnetic Resonance Imaging
  - (b) Computerized Axial Tomography
  - (c) Positron Emission Tomography
  - (d) Magnetic Resonance Spectroscopy
52. A patient is suspected of having a blocked artery. A neurosurgeon wants to confirm this diagnosis before operating. Which of the following procedures would be most suitable for measuring blood flow?
  - (a) Electroencephalography
  - (b) Magnetic Resonance Imaging scan
  - (c) Computerized Axial Tomography scan
  - (d) Single Photon Emission Computed Tomography
53. What is the most costly and complex neuroimaging technique?
  - (a) Computed Tomography
  - (b) Magnetic Resonance Imaging
  - (c) Positron Emission Tomography
  - (d) Magnetic Resonance Spectroscopy
54. Which neuroimaging technique measures cerebral blood flow?
  - (a) Computed Tomography
  - (b) Magnetic Resonance Imaging
  - (c) Magnetic Resonance Spectroscopy
  - (d) Single Photon Emission Computed Tomography
55. Which of the following are cells found in the immune system?
  - (a) Neurons
  - (b) Antigens
  - (c) Lymphocytes
  - (d) Adrenocorticoids
56. The immune system must recognize and remove foreign materials called
  - (a) Antigens
  - (b) Lymphocytes
  - (c) Adrenocorticoids
  - (d) Positron emissions
57. How do stress and emotional factors suppress immunological responses?

- (a) Through hormonal changes
  - (b) By increasing endorphin levels
  - (c) By decreasing neuronal activity
  - (d) Through damage to the cell walls
58. What is the principle of psychic determinism?
- (a) Neurosis leads to depression
  - (b) Human beings have free will
  - (c) Free association reveals the unconscious psyche of patients
  - (d) Behavior is caused by prior mental events
59. When Geeta looked at a picture of a fair, she suddenly remembered a fair she had gone to as a child. Before she looked at the picture, her memory of the fair was
- (a) Conscious
  - (b) Unconscious
  - (c) Preconscious
  - (d) Conscientious
60. Sigmund Freud believed that some things remain unconscious because they are associated with
- (a) Brain abnormalities
  - (b) Existential freedom
  - (c) Intrapsychic conflict
  - (d) Psychic determinism
61. What term did Sigmund Freud use to refer to an individual's desire for pleasure and sexual gratification?
- (a) Sadism
  - (b) Libido
  - (c) Sublimation
  - (d) Self-actualization
62. Which Freudian structure is described as an unorganized reservoir of psychic energy?
- (a) Id
  - (b) Ego
  - (c) Phallic
  - (d) Superego
63. In contrast to the common-use meaning of the word "sexuality," Freud used the word to refer to
- (a) Intercourse after puberty
  - (b) Cross-generational relations
  - (c) A general sense of pleasure and gratification
  - (d) Men's feelings, not women's
64. According to Sigmund Freud, at about what age does a child go through the phallic stage of psychosexual development?

- (a) During the first year
  - (b) About age 3
  - (c) About age 10
  - (d) During adolescence
65. Each of Sigmund Freud's psychosexual stages is organized around
- (a) A latency period
  - (b) An erogenous zone
  - (c) Developing abilities for rational thought
  - (d) The development of new psychic structures
66. What is the correct sequence of Sigmund Freud's psychosexual stages?
- (a) Anal, latency, oral, genital, phallic
  - (b) Anal phallic, genital, latency, oral
  - (c) Oral, genital, phallic, anal, latency
  - (d) Oral, anal, phallic, latency, genital
67. Which of the following characterizes the phallic stage of psychosexual development?
- (a) Occurs only in males
  - (b) Occurs during adolescence
  - (c) Involves sexual impulses toward the parents
  - (d) Accompanies a mature heterosexual relationship
68. When does the latency period end?
- (a) Age 3
  - (b) Age 5
  - (c) Adolescence
  - (d) Adulthood
69. Failure to resolve a psychosexual conflict may cause a person to experience
- (a) Libido
  - (b) Fixation
  - (c) Latency
  - (d) Psychic determinism
70. What is the libido?
- (a) Psychic energy
  - (b) An erogenous zone
  - (c) A psychosexual stage
  - (d) A defense mechanism
71. Which of these statements is the example of psychodynamic perspective of understanding abnormal behaviour?



- (a) Abnormal behaviour can be understood in terms of faulty learning
  - (b) Abnormal behaviour can be explained in terms of intrapsychic conflicts
  - (c) Abnormal behaviour can be understood in terms of present internalized beliefs, thoughts and problems solving strategies
  - (d) Abnormal behaviour can be understood in terms of blockage of personal growth of the individual
72. Psychoanalytic theory was developed by:
- (a) B. F. Skinner
  - (b) Sigmund Freud
  - (c) Karen Horney
  - (d) Carl Jung
73. Only observable behaviour can be reason for abnormal behaviour is the approach propogated by what school of thought in psychology?
- (a) Humanism
  - (b) Individual psychology
  - (c) Behaviourism
  - (d) Psychoanalysis
74. What is the meaning of the word, diathesis?
- (a) Reciprocal causality
  - (b) A difficult life experience
  - (c) Fraternal twins
  - (d) A predisposition toward developing a disorder
75. What is the name of the space between neurons over which impulses travel from one neuron to another?
- (a) The dendrite
  - (b) The axon
  - (c) The neurodistance
  - (d) The synapse
76. Psychoanalysts view psychological problems as:
- (a) Results of faulty thinking patterns
  - (b) Results of reinforcements and punishments
  - (c) Rooted in early childhood experiences and unconscious conflicts
  - (d) Abnormalities in brain structure
77. To what does genotype refer?
- (a) The physical appearance of an individual
  - (b) None of the above

- (c) The family tree of an individual
- (d) The actual genetic structure of an individual
- 78. What does ethology mean?
  - (a) The study of animal behaviour
  - (b) The study of the causes of disorders
  - (c) The study of different cultural groups
  - (d) The study of human chromosomes
- 79. The part of the brain that plays a role in sensation and controls basic biological urges, such as eating, drinking, and sexual activity is the:
  - (a) Hypothalamus
  - (b) Cerebellum
  - (c) Cerebrum
  - (d) Medulla
- 80. Which of the following terms refers to the idea that a psychological disorder may have several different causes?
  - (a) Multiple disorder
  - (b) Multidimensional
  - (c) Homeostasis
  - (d) Cybernetics
- 81. Which mental disorder is characterized by enlarged ventricles and asymmetrical brain structures?
  - (a) Dissociative disorder
  - (b) Depression
  - (c) Schizophrenia
  - (d) Alzheimer's disease
- 82. According to Maslow, once the first level of human needs has been met, what is the next level to achieve?
  - (a) Belonging
  - (b) Survival
  - (c) Safety
  - (d) Attachment
- 83. People may be considered abnormal even if their behaviour does not harm them according to the..... .
  - (a) Maladaptiveness criterion
  - (b) Unusualness criterion
  - (c) Cultural relativism criterion
  - (d) Discomfort criterion
- 84. The cultural relativism criterion argues that:
  - (a) What is considered abnormal varies by the culture in which one lives
  - (b) What is considered abnormal should be left up to culture so that people can be controlled

- (c) Some groups, such as gay men and lesbians, do not find their behaviour distressing
- (d) Someone still has to decide how rare a behaviour must be for it to be called abnormal
85. Homosexuality is no longer regarded as a psychological disorder in part due to the ..... criterion.
- (a) Maladaptiveness                      (b) Unusualness
- (c) Mental illness                      (d) Discomfort
86. Which of the following is not part of the maladaptiveness criterion?
- (a) The behaviours are ones that the person wishes to be rid of
- (b) The behaviours are physically damaging to the individual
- (c) The behaviours suggest that the individual has lost touch with reality and cannot control his or her thoughts and behaviours
- (d) The behaviours interfere with the person's ability to function in daily life
87. The idea that the flowing of "vital air" onto specific body organs was initiated by the:
- (a) Hebrews                      (b) Greeks
- (c) Egyptians                      (d) Chinese
88. The Egyptians used to believe that a woman's "wandering uterus" was responsible for:
- (a) Hysteria
- (b) Witchcraft and obscene behaviour
- (c) Tarantism
- (d) Melancholia
89. The Egyptians:
- (a) First drew the distinction between madness and witchcraft
- (b) Assigned mental functioning to the brain
- (c) Developed effective biological treatments for mental disorders

- (d) Developed the first true systematic classification system of mental disorders
- 90. According to Greek physicians, such as Hippocrates, ..... caused psychological problems.
  - (a) An imbalance of four humors (blood, phlegm, yellow bile, and black bile)
  - (b) Afflictions from the gods
  - (c) Vital air blowing on specific body organs
  - (d) Moral vice and sloth
- 91. Which of the following writings viewed mental illness as a punishment from God?
  - (a) A Mind that Found Itself
  - (b) The Deception of Dreams
  - (c) Papyrus Ebers
  - (d) The Old Testament
- 92. Which of these statements is the example of humanistic perspective of understanding abnormal behaviour?
  - (a) Abnormal behaviour can be understood in terms of faulty learning
  - (b) Abnormal behaviour can be explained in terms of intrapsychic conflicts
  - (c) Abnormal behaviour can be understood in terms of present internalized beliefs, thoughts and problem solving strategies
  - (d) Abnormal behaviour can be understood in terms of blockage of personal growth of the individual
- 93. Plato argued that mental illness resulted from:
  - (a) An imbalance of four humors (blood, phlegm, yellow bile, and black bile)
  - (b) A wandering uterus
  - (c) Impulse, passion, and appetite
  - (d) Vital air blowing on specific body organs
- 94. Which of these statements is the example of behaviourist perspective of understanding abnormal behaviour?
  - (a) Abnormal behaviour can be understood in terms of faulty learning

- (b) Abnormal behaviour can be explained in terms of intrapsychic conflicts
  - (c) Abnormal behaviour can be understood in terms of present internalized beliefs, thoughts and problem solving strategies
  - (d) Abnormal behaviour can be understood in terms of blockage of personal growth of the individual
95. Which of these methods of study is commonly used to identify genetic causes of psychological disorders
- (a) Pedigree or family history method
  - (b) Brain dysfunction
  - (c) Hormonal imbalances
  - (d) All of these
96. Which of these is the most acceptable style of parenting?
- (a) Authoritative style      (b) Authoritarian style
  - (c) Permissive style      (d) Neglectful style
97. The ..... style of parenting involves balanced use of warmth and control in bringing up children.
- (a) Authoritative style      (b) Authoritarian style
  - (c) Permissive style      (d) Neglectful style
98. The ..... style of parenting is high on warmth but low on discipline.
- (a) Authoritative style      (b) Authoritarian style
  - (c) Permissive style      (d) Neglectful style
99. The research by Baumrind (1991) shows that children with low self esteem, conduct problems in later childhood have had the following faulty parenting style
- (a) Authoritative style
  - (b) Authoritarian style
  - (c) Permissive-indulgent style
  - (d) Neglectful-uninvolved style
100. Which of these disorders is a culturally bound syndrome of Malaysia in which the afflicted person may kill or injure others followed by exhaustion, depression and amnesia for the rage period?

- |             |          |
|-------------|----------|
| (a) Koro    | (b) Amok |
| (c) Windigo | (d) Zar  |

### ANSWERS

- |         |          |         |         |         |         |         |
|---------|----------|---------|---------|---------|---------|---------|
| 1. (d)  | 2. (a)   | 3. (c)  | 4. (c)  | 5. (b)  | 6. (a)  | 7. (a)  |
| 8. (b)  | 9. (c)   | 10. (c) | 11. (c) | 12. (d) | 13. (c) | 14. (b) |
| 15. (d) | 16. (c)  | 17. (c) | 18. (d) | 19. (a) | 20. (d) | 21. (b) |
| 22. (b) | 23. (d)  | 24. (d) | 25. (c) | 26. (d) | 27. (c) | 28. (b) |
| 29. (b) | 30. (a)  | 31. (d) | 32. (b) | 33. (c) | 34. (a) | 35. (b) |
| 36. (c) | 37. (a)  | 38. (d) | 39. (c) | 40. (c) | 41. (a) | 42. (d) |
| 43. (a) | 44. (c)  | 45. (b) | 46. (d) | 47. (c) | 48. (d) | 49. (c) |
| 50. (b) | 51. (a)  | 52. (d) | 53. (c) | 54. (d) | 55. (c) | 56. (a) |
| 57. (a) | 58. (d)  | 59. (c) | 60. (c) | 61. (b) | 62. (a) | 63. (c) |
| 64. (b) | 65. (b)  | 66. (d) | 67. (c) | 68. (c) | 69. (b) | 70. (a) |
| 71. (b) | 72. (b)  | 73. (c) | 74. (d) | 75. (d) | 76. (c) | 77. (d) |
| 78. (a) | 79. (a)  | 80. (b) | 81. (d) | 82. (c) | 83. (b) | 84. (a) |
| 85. (d) | 86. (a)  | 87. (d) | 88. (a) | 89. (b) | 90. (a) | 91. (d) |
| 92. (d) | 93. (c)  | 94. (a) | 95. (a) | 96. (a) | 97. (a) | 98. (c) |
| 99. (c) | 100. (b) |         |         |         |         |         |

### SHORT TYPE QUESTIONS

1. What is the difference between a necessary and a sufficient cause?

**Ans.** A necessary cause is a condition which must exist but does not always be sufficient by itself for the disorder to occur. Sufficient cause is a condition which guarantees the occurrence of the disorder.

2. What is a contributory cause of abnormality.

**Ans.** It is a cause which increases the probability of developing a disorder but it is neither necessary nor sufficient.

3. What is diathesis?

**Ans.** A predisposition towards developing a disorder is diathesis and it can be said to be a distal necessary a contributory cause, but not sufficient to cause the disorder.

4. What are constitutional liabilities?

**Ans.** It is a detrimental condition which may be innate or acquired

early like physical handicap and temperament which may lead to abnormal behaviour.

**5. What is the process of reuptake in causality of abnormality?**

**Ans.** The deactivation of a neurotransmitter in the synapse after release due to presence of some enzymes or due to reabsorption into the presynaptic axon. This leads to imbalances of neurotransmitter.

**6. Name the neurotransmitters significantly related to abnormal behaviour.**

**Ans.** There are four major neurotransmitters related to abnormal behavior : (1) Norepinephrine, (2) Dopamine, (3) Serotonin, and (4) GABA.

**7. What is hypothalamic-pituitary-adrenal-cortical axis?**

**Ans.** This activation of this axis involves passing of messages from hypothalamus to pituitary, leading to activation of adrenal gland and release of cortisol and epinephrine. Malfunction leads to forms of psychopathology.

**8. Name any three abnormalities occurring due to chromosomal abnormalities.**

**Ans.** The three abnormalities due to chromosomal abnormalities are as follows :

Down syndrome (Trisomy of 21 chromosome); Turner's syndrome (sex chromosome anomaly XO), Klinefelter's syndrome (sex chromosome anomaly XXY).

**9. Enumerate the major biological causes of abnormal behaviour?**

**Ans.** There can be five major biological causes (1) Neurotransmitter and hormonal imbalances, (2) Genetic vulnerabilities, (3) Constitutional liabilities, (4) Brain dysfunction and neural plasticity, and (5) Physical deprivation.

**10. What is object-relations theory?**

**Ans.** This theory focuses on pre-odipal relationships as the source of psychopathology in later life. The psychoanalysts the major proponent of this theory stress on the emotional bonds between one person and another.

**11. What is the role of attachment theory in abnormality?**

**Ans.** This theory of Bowlby stresses on lack of secure parental

relations during infancy as the foundation of development of unhealthy and abnormal personality in later years.

**12. What is the behavioural perspective of abnormal behaviour?**

**Ans.** This approach defines abnormality as a result of maladaptive responses and failure to learn adaptive behaviours and competencies.

**13. What is the cognitive behavioural approach to understanding abnormal behaviour?**

**Ans.** According to this approach distorted thoughts and information processing can lead to maladaptive emotions and behaviour.

**14. What is early deprivation?**

**Ans.** The deprivation of needed resources like food, shelter, love and affection provided by parents or parental surrogates during infancy and early years of childhood.

**15. What is authoritative parenting?**

**Ans.** This is a parenting style in which there is a balance in showing warmth as well as in using control on children, leading to positive outcomes.

**16. What is the effect of permissive-indulgent parenting style?**

**Ans.** This style is associated with making children impulsive aggressive, spoiled, selfish, inconsiderate and demanding as it is high on warmth and low on discipline and control.

**17. What is the neglectful uninvolved parenting styles effect on children?**

**Ans.** This style of parenting is low on both control and warmth it results in moodiness low self-esteem and conduct problems in children as well as problems in peer relations and academics.

**18. Which parenting style is best leading to absence of abnormalities?**

**Ans.** The authoritative parenting style is best as parents show warmth and love to children as well as are restrictive for certain kinds of undesirable behavioural cheating an environment for healthy development.

**19. What is parental psychopathology?**

**Ans.** Parental psychopathology involves parents having being diagnosed with schizophrenia, depressions, alcoholism, anti



social personality disorder etc which has detrimental effects on the child.

**20. What is institutionalization?**

**Ans.** Institutionalization means that a child is raised in an institution other than home, an environment which is less on warmth, physical contact, intellectual, emotional and social stimulations.

**21. What is the detrimental effect of institutionalization on children?**

**Ans.** Children raised in institutions other than home show maladaptive personality development, and are at risk for developing pathological personality.

**22. What are the major socio cultural causal factors in abnormality?**

**Ans.** The factors like how socio economic conditions, unemployment, prejudice and discrimination as well as rapid social change and uncertainty can lead to mental disorders.

**23. What is the use of pedigree studies in abnormal behaviour?**

**Ans.** These studies look at the frequency of occurrence of the disorder in the different relatives in families to assess the overall heritability of the disorder.

**24. What is psychopharmacology?**

**Ans.** This is a treatment approach based on biological treatment at the biochemical level of the abnormal behaviours.



## Anxiety Disorders

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### OBJECTIVE QUESTIONS

1. Seligman's theory on phobias assumes that animals are biologically prepared to face certain dangers, and certain neural pathways serve to respond to these dangers. This Seligman's theory is called what?
  - (a) Adversity theory
  - (b) Seligman did not propose a theory relating to phobias
  - (c) Attachment theory
  - (d) Theory of preparedness
2. What cognitive factor can dramatically reduce the levels of anxiety reported by patients even if it is simply perceived and not real?
  - (a) Controlability
  - (b) Hostility
  - (c) Non aggressiveness
  - (d) Degree of attachment
3. Clark's model of cognitive panic attacks infers that "what" is involved in a panic attack?
  - (a) Body sensations
  - (b) Interpretation of sensations as catastrophic
  - (c) Perceived threat
  - (d) All of the above

4. Twin studies and family studies indicate that some people develop panic disorders because of
  - (a) Social learning
  - (b) Faulty learning
  - (c) Inherited predispositions
  - (d) Prior conditioning
5. The injection of which drug can produce symptoms that are similar to those of an anxiety attack in patients diagnosed with panic attack disorder?
  - (a) Barbiturate
  - (b) Lactate
  - (c) Prozac
  - (d) Saline solution
6. Psychological interventions used in treating certain types of anxiety disorders include which of the following?
  - (a) Relaxation techniques
  - (b) Cognitive therapy
  - (c) Systematic desensitization
  - (d) All of the above
7. What term is used to describe a fear of heights?
  - (a) Agoraphobia
  - (b) Acrophobia
  - (c) Claustrophobia
  - (d) Elevator phobia
8. Which anxiety disorder has caused the most debate in its diagnosis?
  - (a) Panic disorder
  - (b) Generalized anxiety disorder
  - (c) Post traumatic stress disorder
  - (d) Obsessive-compulsive disorder
9. What technique is involved in acquiring a fear without actually experiencing a traumatic event?
  - (a) Perception of control
  - (b) Preparedness
  - (c) Observational learning
  - (d) Catastrophic misinterpretation
10. What is one of the most common compulsions in OCD?
  - (a) Checking
  - (b) Scratching
  - (c) Thumping
  - (d) Clapping

11. In which of the following disorders does a person experience fear as opposed to anxiety.
  - (a) Panic disorder
  - (b) Generalized anxiety disorder (GAD)
  - (c) Post-traumatic stress disorder (PTSD)
  - (d) Agoraphobia
12. Which of the following is not a way in which children manifest PTSD symptoms differently than adults?
  - (a) Children tend to express their distress through aches, pains, and other somatic symptoms
  - (b) Children try to act more like adults or their older siblings in order to deal with the trauma
  - (c) Children tend to generalize their anxiety to more situations
  - (d) Children tend to play out the trauma repetitively with dolls or other toys
13. Which of the following is not a risk factor for Post traumatic stress disorder?
  - (a) Low social support
  - (b) Having low stress before the trauma hits (thus going from low to very high stress)
  - (c) Detaching from the trauma and ongoing events
  - (d) Ruminating about one's symptoms
14. Which of the following statements is true about combat veterans with PTSD?
  - (a) They tend to have blunted physiological reactions to situations that remind them of their trauma
  - (b) When re-imagining combat scenes, they tend to show increased activity in the hippocampus
  - (c) They tend to have higher levels of the stress hormone cortisol
  - (d) They tend to show increased activity in the amygdala when imagining combat scenes
15. Which of the following statements is false?
  - (a) By definition, people with OCD have both obsessions and compulsions

- (b) Compulsions are not functional
  - (c) People with OCD do not carry out their impulses
  - (d) Compulsions tend to reduce obsessive thoughts briefly
16. Which of the following statements is true about treatment for PTSD?
- (a) Some patients are helped most by being exposed to memories of the trauma, whereas others are helped by avoiding memories or thoughts about the trauma
  - (b) Repetitive exposure to one's memories of the trauma significantly reduces PTSD symptoms, but does not protect against relapse
  - (c) To be effective, treatment for PTSD should focus on the trauma rather than the client's other problems, such as marital problems
  - (d) Systematic desensitization is effective for phobias but not PTSD
17. Which of the following appears to help PTSD sufferers avoid alcohol abuse?
- (a) Serotonin reuptake inhibitors
  - (b) Barbiturates
  - (c) Tri cyclic antidepressants
  - (d) Analgesics
18. Which of the following statements about obsessive-compulsive disorder is not true?
- (a) Compulsions can be either repetitive behaviours or mental acts
  - (b) Obsessions can be thoughts, images, ideas, or impulses
  - (c) People with OCD are considered to be psychotic because they cannot control their thoughts and behaviours
  - (d) People with OCD are aware of how irrational their thoughts and behaviours are
19. OCD onset is usually
- (a) Between 6 and 15 years of age for women and between 20 and 29 years of age for men
  - (b) Between 6 and 15 years of age for both genders

- (c) Between 15 and 20 years of age for men and between 20 and 29 years of age for women
  - (d) Between 6 and 15 years of age for men and between 20 and 29 years of age for women
20. Which of the following statements is false?
- (a) Most people with OCD are also depressed
  - (b) There does not appear to be a consistent gender difference in rates of OCD
  - (c) There is not much difference in the occurrence rate of OCD across countries
  - (d) World over rates of OCD do not differ across ethnic groups
21. A brain circuit hypothesized to be dysfunctional in OCD is
- (a) Basal ganglia, thalamus, orbital frontal cortex
  - (b) Thalamus, orbital frontal cortex, basal ganglia
  - (c) Caudate nucleus, thalamus and orbital frontal cortex
  - (d) Orbital prefrontal cortex, caudate nucleus and cingulate cortex
22. Which of the following is not required for a diagnosis of PTSD?
- (a) Re-experiencing of the traumatic event
  - (b) Emotional freezing and indifference
  - (c) Hyper vigilance and chronic arousal
  - (d) Persistent and out of control worry
23. Which of the following statements is not true about acute stress disorder?
- (a) It occurs in response to traumas like PTSD
  - (b) It occurs within one month of exposure to a stressor
  - (c) It must last longer than four weeks
  - (d) It often includes dissociative symptoms
24. Which of the following statements is true?
- (a) People with OCD have reduced activity in a old brain circuit thought to be important in the disorder
  - (b) OCD patients who respond to drug therapy show increased activity in this brain circuit (cortical area)

- (c) OCD patients who respond to behaviour therapy show decreased activity of the caudate nucleus and thalamus
  - (d) The neurotransmitter GABA plays an important role in this primitive brain circuit
25. According to cognitive-behavioural theories of OCD, which of the following is not a reason why people with the disorder have trouble turning off their intrusive thoughts?
- (a) They may be generally anxious or depressed
  - (b) They have a tendency toward rigid, moralistic thinking
  - (c) They believe they cannot control their thoughts
  - (d) They equate having their thoughts with actually engaging in the behaviour
26. Which of the following is an effective treatment for OCD?
- (a) Psychodynamic therapy
  - (b) Client-centered therapy
  - (c) Barbiturates
  - (d) Serotonin reuptake inhibitors
27. Which of the following treatment methods significantly helps in decreasing PTSD symptoms and preventing relapse?
- (a) Exposure therapy
  - (b) Tri cyclic anti depressants
  - (c) Serotonin reuptake inhibitors
  - (d) Benzodiazepines
28. Some people with PTSD have damage to the:
- (a) Hypothalamus
  - (b) Hippocampus
  - (c) Adrenal cortex
  - (d) Frontal lobes
29. The most common focus of obsessive thoughts is:
- (a) Sexual impulses
  - (b) Aggressive impulses
  - (c) Dirt and contamination
  - (d) Repeated doubts
30. The failure of which type of drug to treat OCD effectively provided a clue that OCD was different from the other anxiety disorders?
- (a) Serotonin reuptake inhibitors

- (b) Tri cyclic antidepressants
  - (c) Benzodiazepines
  - (d) Barbiturates
31. Which of the following is not a diagnostic criterion for PTSD?
- (a) Three or more dissociative symptoms
  - (b) Re experiencing the event
  - (c) Emotional numbing and detachment
  - (d) Exaggerated startle response
32. Dissociative disorders are characterized by what?
- (a) PTSD
  - (b) Delusions and hallucinations
  - (c) Problems with memory, consciousness and identity
  - (d) None of the above
33. The re-experiencing of an event as if it were actually happening is called what?
- (a) Dream re enactment
  - (b) Psychogenic amnesia
  - (c) Fugue
  - (d) Flashback
34. Which of the following is NOT an example of depersonalization?
- (a) Feeling like a stranger or a robot in social interactions
  - (b) Feelings of detachment from ones physical being
  - (c) Out-of-body experiences
  - (d) Splitting of cognition, affect, and behaviour
35. In the DSM-II, the word "neurosis" was used to describe disorders marked by anxiety, personal dissatisfaction, and inappropriate (but not psychotic) behaviour. Why were these disorders grouped together?
- (a) They involve similar physiological symptoms
  - (b) They were thought to be related to similar unconscious processes and motivations
  - (c) They respond to the same types of medications
  - (d) They were the consequence of damage to the nervous system
36. How long must anxiety and worry last before someone can be diagnosed as having generalized anxiety disorder?



- (a) 1 week (b) 1 month  
(c) 6 months (d) 12 months
37. For several weeks, Amita's heart rate has been faster and her breathing has become difficult. She seems shaky and "on edge", although she is unable to put her finger on her fear. She consults a clinical psychologist who suggests she is suffering from
- (a) Acrophobia (b) Dissociative fugue  
(c) Unipolar depression (d) Generalized anxiety disorder
38. A survey of the general population was conducted to determine the prevalence of the anxiety disorders, of all which has the highest prevalence rate
- (a) Generalized anxiety disorder  
(b) Obsessive compulsive disorder  
(c) Phobia  
(d) PTSD
39. John has had persistent anxiety for about 8 months. He has also suffered from a racing heart, insomnia, and dizziness. He might meet the criteria for
- (a) Panic disorder  
(b) Specific phobia  
(c) Generalized anxiety disorder  
(d) Obsessive-compulsive disorder
40. Which of these is a symptom of generalized anxiety disorder?
- (a) Flashbacks (b) Hypervigilance  
(c) Compulsions (d) Dissociation
41. Which of the following symptoms are predominantly in a group called autonomic reactivity?
- (a) Angina, hyperactivity, and insomnia  
(b) Dizziness, racing heart, and upset stomach  
(c) Delusions, hallucinations, and suicidal ideation  
(d) Amnesia, depersonalization, and nightmares
42. Which anxiety disorder can be described this way: symptoms that are similar to those of generalized anxiety disorder but

- more severe and of quicker onset?
- (a) Social phobia
  - (b) Panic disorder
  - (c) Specific phobia
  - (d) Obsessive-compulsive disorder
43. While waiting for his car to be fixed, a man was suddenly overcome by an intense fear which he had never experienced before. His heart beat raced so fast he felt as if he was having a heart attack. He may be showing the symptoms of
- (a) Fugue
  - (b) Dysthymia
  - (c) Panic disorder
  - (d) Depersonalization
44. Panic disorders differ from generalized anxiety disorders in which of the following ways
- (a) Objects of the fear
  - (b) Suddenness of onset
  - (c) Type of physical symptoms
  - (d) Type of intrapsychic conflict
45. Which of these individuals is most likely to be diagnosed with panic disorder for the first time?
- (a) Aneesh who is a 20 year old boy
  - (b) A man who is 45 year old man
  - (c) A girl who is 20 year old
  - (d) A 55 year old lady
46. Fear of a panic attack is called
- (a) Flooding
  - (b) Anticipatory anxiety
  - (c) Compulsion
  - (d) Obsessive behaviour
47. Which of the following symptoms is more likely to occur in persons with panic disorder than in members of the general population?
- (a) Delusions
  - (b) Obsessions
  - (c) Hallucinations
  - (d) Suicidal thoughts
48. A patient with the diagnosis of panic disorder may experience heart palpitations, and perceive it as
- (a) Develop depression over the symptom
  - (b) Repress thoughts related to physical well being to maintain

coping

- (c) Turn attention away from the symptoms by daydreaming or keeping busy on a task
  - (d) A signal of an impending heart attack
- 49. What is the origin of the word phobos?**
- (a) Phobos is a Latin word meaning avoidance
  - (b) It is derived from a Latin word meaning anxiety
  - (c) It is a Greek word meaning "to experience queasiness"
  - (d) Phobos is the Greek god of fear
- 50. An intravenous injection of sodium lactate is likely to induce a panic attack sort of symptoms in**
- (a) Babita who is lactose intolerant
  - (b) Dinish who has frequent bouts of the flu
  - (c) Kareena who suffers from generalized anxiety disorder
  - (d) Alisha who suffers from panic disorder
- 51. Tina is being given an injection of sodium lactate. She is most likely taking part in research dealing with the causes of**
- (a) Depression
  - (b) Generalized anxiety disorder
  - (c) Obsessive-compulsive disorder
  - (d) Panic disorder
- 52. What are involuntary, seemingly inexplicable fears that are out of proportion to reality?**
- (a) Phobias
  - (b) Obsessions
  - (c) Compulsions
  - (d) Anticipatory anxiety
- 53. What are the most common characteristic of fear-arousing stimuli**
- (a) They are determined by cultural factors
  - (b) They were real threats earlier in human evolution
  - (c) They are rarely encountered in day-to-day life
  - (d) They are parts of the modern technological era
- 54. Which of the following objects is most likely to evoke a phobia?**

- (a) A wolf
  - (b) A fire cracker
  - (c) An electrical outlet
  - (d) A nuclear power plant
55. Fear of heights is also known as
- (a) Xenophobia
  - (b) Claustrophobia
  - (c) Acrophobia
  - (d) Agoraphobia
56. A person diagnosed as suffering from acrophobia would not be suitable for the following occupations
- (a) Film actor
  - (b) Air force pilot
  - (c) Driver
  - (d) Physical trainer
57. What is xenophobia?
- (a) Fear of heights
  - (b) Fear of strangers
  - (c) Fear of physical attacks
  - (d) Fear of open places
58. The three general categories of phobias in DSM are specific phobias, social phobias, and
- (a) Xenophobia
  - (b) Acrophobia
  - (c) Agoraphobia
  - (d) Claustrophobia
59. Which of the following is the most common type of phobia?
- (a) Social phobia
  - (b) Claustrophobia
  - (c) Specific phobia
  - (d) Fear of public speaking
60. Salman avoids talking to people because he is afraid they will hear the quivering in his voice and know how terrified he is. He seems to be experiencing
- (a) Agoraphobia
  - (b) A panic attack
  - (c) A social phobia
  - (d) A simple phobia
61. What type of phobia does someone exhibit if they have a fear of public speaking?
- (a) Acrophobia
  - (b) Agoraphobia
  - (c) Social phobia
  - (d) Specific phobia
62. Why do social phobics avoid contact with other people?
- (a) They fear making a mistake and being criticized

- (b) They are afraid of having a panic attack in public
  - (c) They fear crowds
  - (d) They dislike being in relationships
- 63. A person suffering from social phobia may particularly show two frequent features which are**
- (a) Fear of speaking and of eating in public
  - (b) Suicidal ideation and auditory hallucinations
  - (c) Daydreaming and hypervigilance
  - (d) Fear of vomiting and nausea
- 64. Agoraphobia involves fear of**
- (a) Water
  - (b) Heights
  - (c) Public speaking
  - (d) Unfamiliar situations
- 65. Fear of open spaces, traveling, and being in crowds is called**
- (a) Xenophobia
  - (b) Agoraphobia
  - (c) Claustrophobia
  - (d) Neophobia
- 66. Mohini is afraid to leave her house. She is frightened that if she steps out, something terrible will happen to her most likely the diagnostic criteria for this is**
- (a) Agoraphobia
  - (b) Claustrophobia
  - (c) A social phobia
  - (d) A specific phobia
- 67. Agoraphobia is commonly classified as occurring with or without**
- (a) Panic attacks
  - (b) Social phobia
  - (c) Specific phobia
  - (d) Generalized anxiety disorder
- 68. What types of medicines are often used to treat panic attacks?**
- (a) Antibiotic
  - (b) Antipsychotic
  - (c) Antidepressant
  - (d) Anti-inflammatory
- 69. Research has shown a possible link between agoraphobia and what disorder of childhood?**
- (a) Specific phobias
  - (b) Separation anxiety
  - (c) Posttraumatic stress disorder
  - (d) Obsessive-compulsive disorder

70. In contrast to compulsions, obsessions concern
- (a) Rituals
  - (b) People
  - (c) Objects
  - (d) Thoughts
71. What is the persuasive urge to perform a particular act over and over again?
- (a) Psychosis
  - (b) Obsession
  - (c) Compulsion
  - (d) Separation anxiety
72. Repeated counting, checking, touching or washing as a means of avoiding anxiety are examples of
- (a) Generalized anxiety
  - (b) Obsessive behaviour
  - (c) Posttraumatic stress
  - (d) Compulsive behaviour
73. For months Sonia is troubled by worries that she forgot to lock the door, close the windows, or turn off the stove when she leaves for work. Her worries might be an example of
- (a) Delusions
  - (b) Obsessions
  - (c) Compulsions
  - (d) Hallucinations
74. Before Shamit leaves for work, he spends an hour checking and rechecking to see if he has shut off all the appliances and locked the windows and doors. His behaviour represents
- (a) Delusion
  - (b) Compulsion
  - (c) Obsession
  - (d) Abreaction
75. Based on epidemiological research, which of the following groups experiences obsessive compulsive disorder at a rate that is higher than the general population?
- (a) Young females
  - (b) Upper-income individuals
  - (c) Individuals with low socioeconomic status
  - (d) Individuals with less than a high school education
76. Which anxiety disorder is equally common among both genders?
- (a) Generalized anxiety disorder
  - (b) Obsessive-compulsive disorder
  - (c) Social phobia

- (d) Specific phobia
77. Based on the demographic correlates of obsessive-compulsive disorder, which of these individuals fits the pattern of the most likely person to show the disorder?
- (a) A high school student, who is a tribal
  - (b) A teenager who recently immigrated from rural country side
  - (c) A high school dropout, who lives in a poor inner city neighborhood
  - (d) Karan, a graduate of a prestigious MBA college, who lives in an High upper-class neighborhood
78. Obsessional thoughts generally involve
- (a) Strange imaginations
  - (b) Impractical wishes
  - (c) Sexual experiences
  - (d) Acts the person finds unpleasant
79. Why did Charles Darwin keep postponing publishing his book "On the Origin of Species" for a longtime?
- (a) Agoraphobia
  - (b) Social phobia
  - (c) Compulsive checking
  - (d) Obsessive indecisiveness
80. Ashok has received the diagnosis of obsessive-compulsive disorder. He believes that this diagnosis means he is psychotic. How can he be satisfied that he is not a psychotic
- (a) People with this disorder do not harm others
  - (b) People with OCD are aware that their behaviour is irrational
  - (c) The symptoms of this disorder tend to be very brief
  - (d) These people believe they are in control of their behaviour
81. What do obsessive-compulsive disorders and phobias have in common?
- (a) Generalized anxiety
  - (b) Treatment with anti-depressants
  - (c) An association with separation anxiety
  - (d) Avoidance of situations that evoke anxiety
82. A patient at the mental health center has an anxiety disorder

- and is being treated with a drug that affects serotonin levels. Which of the following disorders is most likely one that will respond to this treatment?
- (a) Social phobia
  - (b) Agoraphobia
  - (c) Generalized anxiety disorder
  - (d) Obsessive-compulsive disorder
83. Under which condition is recovery from posttraumatic stress disorder likely to be most complete?
- (a) Person able to forget the incident
  - (b) Another stressor distracts the victim
  - (c) Person already in psychiatric treatment
  - (d) Symptoms appear soon after the trauma
84. A United Nations Peacekeeper witnesses extensive shelling and the abuse of prisoners. When he returns to India, he has difficulty concentrating, has recurring nightmares about the war, and cries easily. What is the most likely diagnosis of the symptoms of his distress?
- (a) Narcolepsy
  - (b) A dissociative disorder
  - (c) An adjustment disorder
  - (d) A posttraumatic stress disorder
85. What are the two major types of posttraumatic stress disorder listed in DSM-IV?
- (a) Major and minor                      (b) Primary and subsidiary
  - (c) Real and imaginative      (d) Acute and delayed
86. Which diagnosis describes symptoms that appear in the first few weeks after a trauma?
- (a) Adjustment disorder      (b) Dissociative disorder
  - (c) Acute stress disorder      (d) Posttraumatic disorder
87. Which of these is a typical feature of posttraumatic stress disorder?
- (a) Stupor                                      (b) Increased arousal
  - (c) Hallucinations                      (d) Blocked startle response
88. Which disorders have been found to occur at elevated rates



among people who develop posttraumatic stress disorder?

- (a) Amnesia and psychosis
- (b) Depersonalization and dissociative fugue
- (c) Personality disorders and somatoform disorders
- (d) Alcohol abuse and depression

89. In order to investigate the relationship between personal characteristics and the severity of the symptoms of PTSD twice i.e. researchers collected data from Gulf War veterans one month and 2 years later after they returned from the Gulf. What was the most significant finding of this research?

- (a) There was no association between reports of the trauma and the severity of the symptoms
- (b) The details of the war experiences had generally vanished at the two-year follow-up and had no relationship to symptoms
- (c) Soldiers' reports at the two time periods were inconsistent but those with more severe symptoms had exaggerated their descriptions of events
- (d) Soldiers with less severe symptoms tended to repress much of the trauma of war, apparently as a protection against various symptoms

90. Some victims of the effects of PTSD exhibit maladaptive reactions to the trauma that may involve alterations between

- (a) Intrusive thinking and denial
- (b) Delusions and hallucinations
- (c) Withdrawal and excessive social activity
- (d) Sleep disturbance and changes in appetite

91. How do psychodynamic theorists view clinical anxiety?

- (a) An alarm indicating a threat
- (b) The equivalent of obsessions and compulsions
- (c) A symbolic equivalent of unconscious conflicts
- (d) An alarm sounded in the absence of consciously recognized dangers

92. Which of the following statements are true on comorbidity in anxiety disorders?

- (a) Depression and anxiety rarely co-occur
  - (b) People rarely have more than one anxiety disorder
  - (c) Anxiety disorders are often comorbid with psychosis
  - (d) Generalized anxiety often occurs with other anxiety disorders
93. Why generalized anxiety disorder is sometimes viewed as a trait rather than as a disorder?
- (a) The symptoms are generally mild
  - (b) The symptoms have a short-lived duration
  - (c) The disorder tends to run in families
  - (d) The disorder has high rates of comorbidity
94. What do you understand by the term comorbidity?.
- (a) The individual has more than one disorder
  - (b) The individual has a disorder that runs in families
  - (c) There is an inherited predisposition to the disorder
  - (d) Several members of the family share the disorder with the client
95. Anxiety disorders are often co-morbid with
- (a) Psychosis
  - (b) Depression
  - (c) Antisocial personality disorder
  - (d) Developmental disorders
96. What has research on co morbidity indicated concerning the relationship of anxiety and depression?
- (a) The two diagnostic categories do not overlap
  - (b) There is so much overlap in these categories that they should be combined into one
  - (c) The risk of depression among those with anxiety disorders is higher than the risk of anxiety among those with depression
  - (d) The risk of anxiety among those with anxiety disorders is higher than the risk of depression among those with anxiety disorders
97. What happens in the defense mechanism of isolation?
- (a) A phobic avoids the feared stimulus

- (b) A social phobic avoids other people .
  - (c) An agoraphobic refuses to leave home
  - (d) A person with OCD tends to separate thought from emotion
98. Shalani checks her children's rooms' dozens of times while they are asleep, yet she is quite resentful toward them. Psychologists would describe Shalani as exhibiting the defense mechanism of
- (a) Undoing
  - (b) Denial
  - (c) Isolation
  - (d) Reaction formation
99. Compulsively behaving opposite to one's true thoughts and feelings is called
- (a) Undoing
  - (b) Reaction formation
  - (c) Isolation
  - (d) Flooding
100. For which of the anxiety disorders are exposure therapies particularly effective?
- (a) Panic disorder and social phobia
  - (b) Agoraphobia and panic disorder
  - (c) Obsessive-compulsive disorder and phobias
  - (d) Phobias and generalized anxiety disorder
101. What is the most suitable and recommended treatment for obsessive compulsive disorder?
- (a) Behavioral contracting
  - (b) Implosive therapy
  - (c) Systematic desensitization
  - (d) Exposure and response prevention
102. A psychologist for the treatment of anxiety teaches the patient to relax on a couch while imagining a series of situations that are progressively more and more anxiety-provoking. What procedure is the psychologist using?
- (a) In-vivo exposure
  - (b) Implosive therapy
  - (c) Response prevention
  - (d) Systematic desensitization
103. In what type of treatment might the psychologist ask the patient to imagine every detail of a feared situation, perhaps in the first session of therapy?

- (a) Cognitive restructuring (b) In-vivo exposure
  - (c) Implosive therapy (d) Systematic desensitization
- 104. Monica has a acrophobia. She consults a psychologist who treats phobias with in-vivo exposure. What is Monica's treatment likely to involve?**
- (a) Visiting a tall building
  - (b) Talking with a support group
  - (c) Imagining being on the top floor of a tall building
  - (d) Using a computer to simulate visiting a tall building
- 105. Which of the following is the most likely the most apt description of implosive therapy?**
- (a) "The therapist will recreate the original situation that caused the phobia so it can be re-experienced without pain."
  - (b) "You will wear a helmet that will allow you to see a virtual image of the scene that usually causes you to be quite anxious."
  - (c) "The therapist will have you practice a series of relaxation exercises and then imagine the feared object while completely relaxed."
  - (d) "You will be asked to keep track of the dream themes that occur during the course of therapy for signs that indicate you are overcoming your fears."
- 106. What is the most effective behavioural technique for treating compulsive acts?**
- (a) Group therapy
  - (b) Implosive therapy
  - (c) Systematic desensitization
  - (d) Exposure and response prevention
- 107. The cognitive perspective on anxiety disorders emphasizes the importance of**
- (a) Defense mechanisms
  - (b) Unconscious motivations
  - (c) Unrealistic appraisal of situations
  - (d) Behaviour as symbolic of underlying conflicts
- 108. Cognitive restructuring helps clients to**

- (a) Understand childhood fears
  - (b) Develop more realistic self-appraisals
  - (c) Learn to approach a feared object in a gradual manner
  - (d) Develop insight into the symbolic meaning of symptoms
- 109. Which of the following is something that a therapist following Aaron Beck's cognitive therapy would most likely say to a patient suffering a phobia?**
- (a) "What are you thinking just as you begin to give a talk?"
  - (b) "What dreams related to this phobia have you had recently?"
  - (c) "The only way for you to overcome your fear is to trace it back to its origins."
  - (d) "Let's examine the symbolic representations in the symptoms that you are presenting."
- 110. Which of these characteristics is likely to make a person more prone to anxiety disorders?**
- (a) They are prone to epilepsy
  - (b) They tend to be lactose intolerant
  - (c) They are overly sensitive to stimulation
  - (d) They do not respond to antipsychotic medication
- 111. When a research participant is shown stimuli known to cause strong fear responses, the researchers notice activation in the part of brain**
- (a) Pons
  - (b) Amygdala
  - (c) Cerebellum
  - (d) Basal ganglia
- 112. A group of researchers exposed experimental animals to severe trauma over a course of several months and later examined the animals for evidence of any changes in the brain. What are they likely to find?**
- (a) Enlarged pons
  - (b) Enlarged basal ganglia
  - (c) Reduced size of the frontal lobes
  - (d) Reduced size of the hippocampus
- 113. What is the difference between children of parents with anxiety disorders and children of normal parents?**

- (a) Children of anxious parents inherited a gene for anxiety
  - (b) Children of anxious parents have more somatic complaints
  - (c) There are a few differences between the two groups of children
  - (d) Contrary to expectations, the children of normal parents showed more signs of anxiety
- 114. What types of drugs are benzodiazepines?**
- (a) Stabilizers
  - (b) Tranquilizer
  - (c) Antipsychotic
  - (d) Antidepressant
- 115. Which drugs are most likely to lead to psychological and physiological dependence?**
- (a) Anti psychotic
  - (b) Benzodiazepines
  - (c) Monoamine oxidase inhibitors
  - (d) Selective serotonin reuptake inhibitors
- 116. What are the side effects of tricyclic antidepressant drugs?**
- (a) Amnesia, delusions, and dry mouth
  - (b) Cataplexy, muscle spasm, and weight loss
  - (c) Amnesia, depersonalization, and insomnia
  - (d) Drowsiness, dry mouth, and seizures
- 117. What are some of the side effects of benzodiazepine drugs?**
- (a) Amnesia, rash, and weight gain
  - (b) Anorexia, delusions, and hallucinations
  - (c) Depression, nightmares, and weight gain
  - (d) Drowsiness, lethargy, and reduced ability to concentrate
- 118. A psychiatrist has prescribed alprazolam. Which of these disorders is the most likely one for which this drug would be prescribed?**
- (a) Agoraphobia
  - (b) Generalized anxiety disorder
  - (c) Panic disorder
  - (d) Hypochondriasis
- 119. Social phobias usually begin in which age?**
- (a) Between 5 and 10 years of age
  - (b) During old age i.e. after 65 years

- (c) During adolescence
  - (d) After the age of 35 years
120. In a survey, .....were the second most common psychiatric disorders reported for women and the fourth-most common for men.
- (a) Phobias
  - (b) Panic disorders
  - (c) Generalized anxiety disorders
  - (d) Obsessive-compulsive disorders
121. All phobic behaviours are reinforced by:
- (a) An increased self-esteem
  - (b) Reduction in anxiety
  - (c) Sympathy from others
  - (d) Repetition
122. The concept that explains why phobias often are not learned inspite of the fact that we observe models responding fearfully is:
- (a) Counter-conditioning      (b) Reciprocal inhibition
  - (c) Stimulus pre-exposure      (d) Immunization
123. In the Cook and Mineka study of the acquisition of phobias through observational learning in rhesus monkeys, it was found that the monkeys did not condition fears to:
- (a) Toy rabbits                      (b) Toy crocodiles
  - (c) Toy snakes                      (d) Live snakes
124. Fear of urinating in a public bathroom is an example of
- (a) Panic disorder                      (b) Specific social phobia
  - (c) PTSD                                  (d) Generalized anxiety disorder
125. The two features of panic attacks that distinguish them from other types of anxiety disorders are
- (a) Brevity and mildness
  - (b) Brevity and intensity
  - (c) Focal stimulus and constancy
  - (d) Focal stimulus and intensity
126. According to biological psychiatrists, panic disorder is

qualitatively different from generalized anxiety because of an apparent finding that a drug appeared to block panic attacks in agoraphobics without affecting their anticipatory anxiety.

- (a) Monoamine oxidase inhibitor
  - (b) Tricyclic antidepressant
  - (c) Barbiturate
  - (d) Minor tranquilizer
127. The common mechanism underlying the effects of all the various panic provocation agents is that they:
- (a) Stimulate the locus coeruleus
  - (b) Mimic the physiological cues that normally precede a panic attack
  - (c) Interfere with processes that inhibit anxiety
  - (d) Increase activity in the anxious apprehension system
128. Which of the following is not typically a part of cognitive-behaviour therapy for panic disorder?
- (a) Carbon dioxide inhalation and/or lactate infusion
  - (b) Exposure to feared situations and/or feared bodily sensations
  - (c) Deep muscle relaxation and breathing retraining
  - (d) Identification and modification of logical errors and automatic thoughts
129. Barlow refers to the fundamental process in generalized anxiety disorder as:
- (a) The fight or flight response
  - (b) The alarm reaction
  - (c) Prepared focal anxiety
  - (d) Anxious apprehension
130. The benzodiazepines, minor tranquilizers that reduce generalized anxiety, probably exert their effects through stimulating the action of:
- (a) Norepinephrine
  - (b) Acetylcholine
  - (c) GABA
  - (d) Serotonin
131. An impulse the person cannot seem to control is called:



- (a) Delusion
  - (b) Focal phobia
  - (c) Hallucination
  - (d) Compulsion
132. The personality disorders with which OCD most often occurs are:
- (a) Schizoid and schizotypal
  - (b) Borderline and histrionic
  - (c) narcissistic and antisocial
  - (d) Avoidant and dependent
133. The techniques used by Steketee and Foa as the recommended treatment of obsessive-compulsive disorders are \_\_\_\_\_ and \_\_\_\_\_
- (a) Cognitive restructuring, exposure treatment
  - (b) Implosion, response prevention
  - (c) Exposure treatment, response prevention
  - (d) Counter-conditioning, reciprocal inhibition
134. All of the following are clinical features of generalized anxiety disorder EXCEPT:
- (a) Excessive anxiety lasting at least six months affecting many areas of the person's life
  - (b) Considerable impairment in social and/or occupational life
  - (c) The inability to control worry
  - (d) Chronic fear of a specific object or situation
135. Which of the following statements is TRUE of panic disorder?
- (a) People with this disorder are highly anxious all the time
  - (b) Panic disorder affects more men than women
  - (c) Intense anxiety usually has a sudden onset
  - (d) There is usually some type of warning to indicate the onset of an attack
136. Which of the following statements regarding phobic disorder is TRUE?
- (a) The most common fear-arousing stimuli tend to be the same things that were threats to survival at earlier stages of human evolution
  - (b) It is always necessary to be in the presence of the feared

object to experience anxiety

- (c) It is characterized by a sudden onset of intense anxiety
  - (d) It is characterized by a generalized anxiety across many areas of the person's life
- 137. Which of the following is NOT a general category of phobias?**
- (a) General phobia
  - (b) Agoraphobia
  - (c) Specific phobia
  - (d) Social phobia
- 138. Which of the following is most likely to be a greatest source of anxiety for someone suffering from a social phobia?**
- (a) Talking to strangers
  - (b) Asking someone for help
  - (c) Speaking in public
  - (d) All of the above
- 139. Which of the following statements is NOT an interpersonal self-help technique for persons with a social phobia?**
- (a) Respond to anxiety with approach rather than withdrawal
  - (b) Be tolerant of silences in conversation
  - (c) Use eye contact
  - (d) Don't initiate conversation
- 140. Which of the following is NOT a characteristic of obsessive-compulsive disorder?**
- (a) The person recognizes the irrationality of their obsession or compulsion
  - (b) The person feels the need to resist their obsession or compulsion
  - (c) The person is secretive about their preoccupations
  - (d) The person is usually not aware of their obsession or compulsion
- 141. At what point should someone with an anxiety disorder seek professional help?**
- (a) When it starts to make them physically ill
  - (b) When someone tells them to
  - (c) When someone else starts to notice
  - (d) When their anxiety interferes with their normal daily functioning

- 142. Which statement regarding post-traumatic stress disorder is FALSE?**
- (a) It is associated with a re experiencing of the traumatic event
  - (b) It can appear years after the traumatic event
  - (c) It has a good prognosis for recovery
  - (d) It is caused by an extraordinarily traumatic event
- 143. How does the psychodynamic perspective view phobias?**
- (a) Phobias are caused by the process of conditioning
  - (b) The feared object is a stand-in for something else that is feared that is beyond awareness
  - (c) Phobias are learned through the process of modeling
  - (d) The fear is because of maladaptive and irrational thoughts about the feared object
- 144. Which of the following statements is TRUE regarding the relationship between anxiety and biophysical functioning?**
- (a) There is no relationship between anxiety and biophysical functioning
  - (b) People whose nervous systems are more sensitive to stimulation are more vulnerable to anxiety disorders
  - (c) Biophysical changes are the cause of most anxiety disorders
  - (d) None of the above

### ANSWERS

- |         |         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|---------|
| 1. (d)  | 2. (a)  | 3. (d)  | 4. (c)  | 5. (b)  | 6. (d)  | 7. (b)  |
| 8. (a)  | 9. (c)  | 10. (a) | 11. (d) | 12. (b) | 13. (c) | 14. (a) |
| 15. (c) | 16. (b) | 17. (c) | 18. (c) | 19. (b) | 20. (c) | 21. (d) |
| 22. (c) | 23. (c) | 24. (b) | 25. (a) | 26. (d) | 27. (a) | 28. (b) |
| 29. (c) | 30. (b) | 31. (d) | 32. (c) | 33. (d) | 34. (a) | 35. (b) |
| 36. (c) | 37. (d) | 38. (c) | 39. (c) | 40. (b) | 41. (b) | 42. (b) |
| 43. (c) | 44. (b) | 45. (c) | 46. (b) | 47. (d) | 48. (d) | 49. (d) |
| 50. (d) | 51. (d) | 52. (a) | 53. (b) | 54. (a) | 55. (c) | 56. (b) |
| 57. (b) | 58. (c) | 59. (c) | 60. (c) | 61. (c) | 62. (a) | 63. (a) |
| 64. (d) | 65. (b) | 66. (a) | 67. (a) | 68. (c) | 69. (b) | 70. (d) |
| 71. (c) | 72. (b) | 73. (b) | 74. (b) | 75. (b) | 76. (b) | 77. (d) |

78. (d) 79. (d) 80. (b) 81. (d) 82. (d) 83. (d) 84. (d)  
85. (d) 86. (c) 87. (b) 88. (d) 89. (c) 90. (a) 91. (a)  
92. (d) 93. (d) 94. (a) 95. (b) 96. (c) 97. (d) 98. (d)  
99. (b) 100. (c) 101. (d) 102. (d) 103. (c) 104. (a) 105. (a)  
106. (d) 107. (c) 108. (b) 109. (a) 110. (c) 111. (b) 112. (d)  
113. (b) 114. (b) 115. (b) 116. (d) 117. (d) 118. (c) 119. (c)  
120. (c) 121. (b) 122. (c) 123. (a) 124. (b) 125. (b) 126. (a)  
127. (b) 128. (a) 129. (d) 130. (c) 131. (d) 132. (d) 133. (c)  
134. (d) 135. (c) 136. (a) 137. (a) 138. (d) 139. (b) 140. (c)  
141. (d) 142. (b) 143. (d) 144. (b)

### SHORT TYPE QUESTIONS

1. Describe the differences and similarities between fear and anxiety?

**Ans.** Fear occurs in the presence of an easily identifiable threat. Anxiety is a vague sense of apprehension that occurs even in the absence of any easily identifiable threat. Both have the same physiological manifestations.

2. State important characteristic differences between panic disorder and GAD?

**Ans.** In panic disorder, onset is later, heredity plays a significant role and alcoholism is more common as well as the ratio is more in women as compared to Generalised Anxiety Disorder (GAD).

3. Explain why a social phobic and an agoraphobic might avoid some of the same situations, but for different reasons.

**Ans.** The social phobic would avoid this situation out of fear of being scrutinized or criticized. The agoraphobic would avoid this situation out of fear of having a panic attack in public.

4. What are the most common rituals seen in obsessive-compulsive disorder?

**Ans.** The Most common rituals seen in OCD are :

Checking, cleaning doubting and conscientiousness ordering, touching and washing.

5. What is the association between depressions and anxiety?

**Ans.** Anxiety and depression are often comorbid associated or are because one of the disorders could develop as a result of the other, or perhaps the two disorders co-occur because they have a common physiological cause.

**6. Define anxiety.**

**Ans.** Anxiety may be defined as a complex feeling of apprehension fear, tension, or uneasiness which stem from the anticipation of danger, which may be internal or external. It may include motor tension, autonomic hyperactivity, apprehensive expectation, and vigilance and scanning.

**7. Define anxiety disorder?**

**Ans.** Anxiety disorder may be defined as the disorder in which the pervasive symptom is anxiety and the anxiety may be expressed in form of phobia, obsession or compulsion, panic, etc.

**8. Differentiate between panic and anxiety?**

**Ans.** Panic is an abrupt surge of intense anxiety rising to a peak within a short span of time and is spontaneous. Anxiety on the other hand is diffuse, vague and pervasive in nature.

**9. Give any four major symptoms of anxiety disorders?**

**Ans.** (1) Excessive anxiety and worry (2) Autonomic reactivity. (3) Motor tension (4) Hypervigilance are the major symptoms of anxiety disorders.

**10. Enumerate three cognitive symptoms of anxiety disorders?**

**Ans.** The three symptoms are : impairment of concentration; indecisiveness present in the persons; and inability to solve problems.

**11. Enumerate any three somatic symptoms of anxiety disorders?**

**Ans.** Frequent urination, sleeplessness, hyperventilation, increased blood pressure and dryness of mouth are some of the somatic symptoms.

**12. What is the age of onset of anxiety disorders like phobia?**

**Ans.** Age of onset varies for different kind of phobias. Animal phobias begin in childhood, claustrophobia and social phobia may begin in adolescence and early adulthood.

**13. What is the major difference between anxiety and fear?**

**Ans.** The major difference between the two is that fear has clear

and obvious source of danger whereas in anxiety the source may be anticipatory, unpredictable.

**14. Name the primary anxiety disorders as per DSM IV?**

**Ans.** The primary anxiety disorders as per DSM IV-are GAD, Phobia, Obsessive Compulsive disorder, PTSD, Panic disorder, with, without, agoraphobia.

**15. What are the four major symptoms of generalized anxiety disorder?**

**Ans.** The four symptoms are : Worry and apprehensive feelings about the future; Hyper vigilance; Motor tension; Autonomic reactivity.

**16. Explain hypervigilance?**

**Ans.** Hypervigilance means excessive alertness on the part of the individual suffering from anxiety disorder. It involves constant scanning of environment for dangers.

**17. What is a panic attack?**

**Ans.** It denotes an abrupt surge of intense anxiety rising to a peak, caused by either the presence of or thoughts about particular stimuli or may occur without any visible cue and is spontaneous and unpredictable.

**18. Give any four clinical features of panic attacks?**

**Ans.** Shortness of breath, trembling or shaking, chest pain or choking and fear of going crazy are some of the clinical features of panic attacks.

**19. Differentiate between GAD and panic disorder?**

**Ans.** The major difference is that panic disorder is characterized by panic attacks- discrete periods of intense fear or discomfort, rather than the chronic free floating fear found in GAD.

**20. What is the cognitive theory of panic.**

**Ans.** Beck, Emery and Clark proposed this theory according to which panic patients are hypersensitive to their bodily sensations and prone to giving them direst interpretation.

**21. What type of drug is useful in panic disorder?**

**Ans.** Minor tranquilizers like benzodiazepine and antidepressants like monoamine oxidase inhibitors or selective serotonin reuptake inhibitors (SSRI) are given to these patients.

**22. Which form of psychotherapy would you suggest for panic disorder?**

**Ans.** The behavioural and cognitive behavioural treatments are most effective forms of treatment. Exposure based behaviour therapy is found to be most effective.

**23. What is introceptive exposure technique?**

**Ans.** It is a variant of exposure therapy wherein they are given prolonged exposure to internal physical sensations which they fear until the fear is extinguished.

**24. What is free floating anxiety?**

**Ans.** Free floating anxiety is the term given by Freud which is a state of constant, diffused and unfocused anxiety, apprehension and dread or fear.

**25. What is the prevalence rate and age of onset of Generalized anxiety disorder?**

**Ans.** The prevalence rate of GAD is twice more common in women (15.7) than in men (6.7) and age of onset is also difficult to know as it has a slow and insidious onset.

**26. What are the other axis I disorders which have high comorbidity rate with GAD?**

**Ans.** The highest comorbidity is with mood disorders and also with phobia and panic disorder.

**27. What is the role of neurotransmitter GABA in GAD?**

**Ans.** It is reported that functional deficiency of GABA results in inability of the controlling anxiety during stressful conditions.

**28. What is the treatment of choice for GAD?**

**Ans.** The treatments of choice for GAD are anti depressant medications and cognitive behaviour therapy. Both need to be given together for longterm superior results.

**29. What is OCD?**

**Ans.** Obsessive-Compulsive disorder is defined by occurrence of unwanted and intrusive thoughts which are persistent and often accompanied by compulsive behaviours to neutralize or prevent the obsessive thoughts.

**30. What are the common compulsive behaviours in OCD?**

**Ans.** The usual compulsive acts are repetitive hand washing,

counting, checking, chanting certain words or even ordering/arranging things again and again.

**31. What are the major obsessive thoughts in OCD?**

**Ans.** The most common obsessions may be like fear of contamination, fear of harming others or self, and pathological doubts.

**32. What is the age of onset of OCD?**

**Ans.** The usual onset age in obsessive compulsive disorder is late adolescence or early adulthood. Childhood onset is associated with greater severity.

**33. What makes OCD different from other anxiety disorders?**

**Ans.** This disorder unlike other anxiety disorders does not show any gender differences and occurs in both equally.

**34. Which therapy is most effective in treating OCD?**

**Ans.** A behavioural treatment involving a combination of exposure and response prevention therapy is most effective in the long run.

**35. What is phobia?**

**Ans.** A phobia is a persistent and disproportionate fear of some specific object or situation that presents little or no actual danger.

**36. What is social phobia?**

**Ans.** It involves fear of social situations in which a person is exposed to scrutiny of others and is afraid of humiliation from them. The person may be afraid of eating in public.

**37. What are the major types of specific phobias according to DSM-IV?**

**Ans.** There are five sub-types of this phobia-(1) Animal subtype (2) Natural environment (3) Blood injection (4) Situational and (5) A typical sub type of specific phobia according to DSM-IV.

**38. What is agoraphobia?**

**Ans.** It is fear of entering unknown places and is often accompanied with panic attacks in many cases which is the one of the major reasons for not leaving known boundaries of home.

**39. What is the treatment of choice for panic disorder?**

**Ans.** The treatment would include both medications (SSRIs) or anti-



anxiety drugs along with cognitive behaviour therapy, relaxation techniques as well as psycho education.

**40. What are acrophobia and claustrophobia?**

**Ans.** Acrophobia is known as fear of heights claustrophobia is fear of closed places.

**41. Name some of the disorders which may be related to obsessive compulsive disorders?**

**Ans.** Some other disorders like body dysmorphic disorder, tic disorders, tourette syndrome as well as habit disorders like nail biting, skin picking may be related to OCD.

**42. What is post traumatic stress disorder (PTSD)?**

**Ans.** PTSD involves exposure to traumatic events and reexperiencing the recurrent and distressing thoughts and dreams after the event has occurred usually varying from 3 to 6 months afterwards.

**43. What is blood-injection injury phobia?**

**Ans.** The person diagnosed with this shows a unique physiological response of an initial acceleration followed by dramatic drop in both heart rate and blood pressure.

**44. What is the 'fear of fear' hypothesis?**

**Ans.** It is a theory about agoraphobia by Goldstern and Chambless which says they fear the experience of a panic attack that leads to be afraid of going to unfamiliar public places.

**45. Which behaviourist learning theory explains the OCD?**

**Ans.** Mowrer's two process theory of avoidance learning explains, that neutral stimuli become associated with aversive stimuli leading to OCD.

**46. What is the role of genetics in OCD?**

**Ans.** Studies have shown that there is a moderate genetic heritability in OCD as monozygotic twins show higher concordance rate than dizygotic twins.

**47. What is Taijin Kyofusho (TKS)?**

**Ans.** It is a Japanese disorder related with fear of interpersonal relations similar to western diagnosis of social phobia.

**48. What is the difference between schizophrenia and anxiety disorder?**

**Ans.** As compared to schizophrenia in anxiety disorders the person is in touch with reality and can cope with day to day life though poorly and does not require institutionalization.

**49. How is anxiety disorder different from mood disorder?**

**Ans.** Mood disorder is a state of persistent positive or negative emotion where as anxiety disorder refers to states of perceived threat, tension, apprehension and danger.

**50. What is neurosis?**

**Ans.** The term was used to describe the set of three disorders namely: anxiety disorders, somatoform disorders and dissociative disorders. The DSM-III dropped the term and gave these disorders separate diagnostic categories.

□□□

## Somatoform and Dissociative Disorders

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### OBJECTIVE QUESTIONS

1. In ....., a person experiences frequent episodes of feeling detached from his or her body.
  - (a) Dissociative identity disorder (DID)
  - (b) Dissociative fugue
  - (c) Dissociative amnesia
  - (d) Depersonalization disorder
2. A process in which different parts of an individual's identity, memories, or consciousness become split off from one another is known as:
  - (a) Somatization
  - (b) Dissociation
  - (c) Psychogenic amnesia
  - (d) La belle indifference
3. Dissociative Identity Disorder was earlier known as.....
  - (a) Split personality disorder
  - (b) Multiple personality disorder
  - (c) Multi functional personality disorder
  - (d) Hysterical personality disorder
4. According to the research, which of the following is a factor that predisposes people to both DID and dissociative fugue?

- (a) A genetic history of either disorder
  - (b) A highly suggestible personality
  - (c) Depression in childhood
  - (d) Being kidnapped as a child
5. What is the most likely diagnosis for the person described below? Madan, a 39-year-old single man, has abruptly left behind his home and belongings to move across the country. When found at his new residence, he has difficulty remembering anything about his past life and facts about himself.
- (a) Dissociative fugue
  - (b) Depersonalization disorder
  - (c) Retrograde amnesia
  - (d) Anterograde amnesia
6. A person who deliberately fakes an illness to gain medical attention might be diagnosed with a
- (a) Psychosomatic disorder
  - (b) Somatoform disorder
  - (c) Factitious disorder
  - (d) Malingering
7. When there is no evidence that a person has a physical disease, but the person chronically worries that they have a disease and frequently seeks out medical attention, that person would be diagnosed with
- (a) A conversion disorder
  - (b) A pain disorder
  - (c) Body dysmorphic disorder
  - (d) Hypochondriasis
8. Conversion disorder involves:
- (a) A history of complaints about pain that appears to have no physical cause
  - (b) Excessive preoccupation with some part of the body the person believes is defective
  - (c) Loss of functioning in some part of the body for psychological rather than physical reasons
  - (d) Chronic worry that one has a physical disease in the absence of evidence that one does

9. Korsakoff's syndrome is caused partly by ..... and is a form of ..... amnesia
  - (a) Head injury; organic anterograde
  - (b) Severe alcohol abuse; psychogenic retrograde
  - (c) Head injury; psychogenic retrograde
  - (d) Severe alcohol abuse; organic retrograde
10. To be diagnosed with somatization disorder, a person must have all of the following except:
  - (a) Two gastrointestinal symptoms
  - (b) Two depressive symptoms
  - (c) At least one neurological symptom
  - (d) At least one sexual symptom
11. Which of the following would be most likely to serve as the victim of a trauma?
  - (a) A child alter
  - (b) A persecutor personality
  - (c) The host personality
  - (d) A helper personality
12. The female relatives of people with somatization disorder have higher rates of ..... while male relatives have higher rates of .....
  - (a) Depression and anxiety; alcohol abuse and antisocial personality disorder
  - (b) Pain disorder; depression
  - (c) Alcohol abuse and depression; antisocial personality disorder and anxiety
  - (d) Depression and antisocial personality disorder; alcohol abuse and anxiety
13. Some researchers believe that body dysmorphic disorder is a form of
  - (a) Pain disorder
  - (b) Hypochondriasis
  - (c) Obsessive-compulsive disorder
  - (d) Somatization disorder
14. A disorder that is commonly confused with somatization disorder is

- (a) Body dysmorphic disorder
  - (b) Korsakoff's syndrome
  - (c) Chronic fatigue syndrome
  - (d) Conversion disorder
15. Which of the following statements is false?
- (a) Hypochondriasis is one of the most common mental disorders
  - (b) Body dysmorphic disorder tends to develop during the teenage years
  - (c) Somatization disorder is more common among older adults than younger adults
  - (d) Glove anesthesia cannot have a physical cause
16. Which of the following statements about children with dissociative identity disorder (DID) is false?
- (a) Children with DID tend to exhibit antisocial behaviour
  - (b) Children with DID tend to show symptoms of posttraumatic stress disorder
  - (c) Children with DID tend to hear voices inside their heads
  - (d) Children with DID tend to experience delusions and hallucinations
17. Which of the following statements about DID is false?
- (a) DID is diagnosed more often in the U.S. than in Asia
  - (b) In India, DID is rarely diagnosed in Hindus
  - (c) The diagnostic criteria for DID first appeared in DSM-III-R, which was published in 1987
  - (d) Most people diagnosed with DID are also diagnosed with a personality disorder
18. Psychogenic amnesias:
- (a) Rarely involve anterograde amnesia
  - (b) Rarely involve retrograde amnesia
  - (c) Are caused by brain injury
  - (d) Are caused by disease, drugs, accidents, or surgery
19. All of the following are characterized by the experience of one or more physical symptoms except:

- (a) Conversion disorder
  - (b) Hypochondriasis
  - (c) Body dysmorphic disorder
  - (d) Pain disorder
20. People with somatization disorder are more likely to be or have all of the following except:
- (a) A history of physical complaints
  - (b) Female
  - (c) Uneducated
  - (d) Below 30 years of age
21. What is one of the serious consequences of prolonged manifestation of a somatoform disorder?
- (a) Unnecessary medical costs
  - (b) Misdiagnosis of serious physical illnesses
  - (c) Unnecessary medical procedures
  - (d) All of the above
22. In the absence of physical disorder, a patient suffering from nausea, diarrhea, sexual dysfunction, headaches, menstrual difficulties and other physical problems might be diagnosed as suffering from what?
- (a) Hypochondriasis
  - (b) Body dysmorphic disorder
  - (c) Conversion disorder
  - (d) Somatization disorder
23. What characteristic of somatization disorder involves a lack of concern about physical symptoms and a flippant attitude about those symptoms?
- (a) Histrionic reaction
  - (b) La belle indifference
  - (c) Hysteria
  - (d) Hypomania
24. Anita is concerned with her physical appearance. She has had numerous plastic surgeries to overcome what she believes is a very malformed mouth. No one else has ever noticed anything defective about Anita's mouth. What might be her diagnosis?
- (a) Selective perception

- (b) Body image anxiety
  - (c) Body dysmorphic disorder
  - (d) All of the above
25. Freud used the term for the idea that hysterical symptoms allowed the person to gain attention or avoid work was
- (a) Primary gain
  - (b) Secondary gain
  - (c) Negative reinforcement
  - (d) Positive reinforcement
26. What kind of learning takes place in the development of dissociative identity disorder?
- (a) Depressive
  - (b) State-dependent
  - (c) Hypnotic
  - (d) Traumatic
27. Dissociative disorders are characterized by what?
- (a) Delusions and hallucinations
  - (b) Problems with memory, consciousness and identity
  - (c) PTSD
  - (d) All of the above
28. The re-experiencing of an event as if it were actually happening is called what?
- (a) Flashback
  - (b) Fugue
  - (c) Dream reenactment
  - (d) Psychogenic amnesia
29. What is/are some of the factors cited by critics that may be involved in dissociative identity disorder and recovered memory?
- (a) The therapist
  - (b) Iatrogenesis
  - (c) Hypnosis
  - (d) All the above
30. Which of the following is NOT an example of depersonalization?
- (a) Feeling like a stranger or a robot in social interactions
  - (b) Out-of-body experiences
  - (c) Feelings of detachment from one's physical being
  - (d) Splitting of cognition, affect, and behaviour
31. What kind of learning is believed to take place in the development of dissociative identity disorder?



- (a) State-dependent
  - (b) Traumatic
  - (c) Hypnotic
  - (d) Depressive
32. What are the two categories of pain disorder listed in DSM-IV?
- (a) Acute and chronic
  - (b) Primary and secondary
  - (c) Generalized and specific
  - (d) Autonomic and voluntary
33. Shelly has seen her physician nine times in three months complaining of a variety of physical symptoms. Each time the physician has been unable to find a physical cause for her symptoms. What specific psychological disorder is the physician likely to suspect Shelly exhibits?
- (a) Dissociative fugue
  - (b) Somatization disorder
  - (c) Catatonic schizophrenia
  - (d) Psycho-physiological disorder
34. Which of the following is one of the criteria for the diagnosis of pain disorder?
- (a) The pain must be described as piercing and unbearable
  - (b) Reported pain symptoms must occur in at least four parts of the body
  - (c) The pain and deficits related to it are not intentionally produced or feigned
  - (d) There must be a clear precipitating incident that led to the reported pain symptoms
35. What two categories of coping with pain have been described by psychologists?
- (a) Active and passive
  - (b) Primary and secondary
  - (c) Generalized and specific
  - (d) Psychological and physiological
36. Our view of how pain occurs has changed radically over the years. Latest findings have shed new light on how pain signals are carried and relayed to the brain. Which part

of the body is currently a major focus of research and treatment on pain?

- (a) Cerebellum
- (b) Spinal cord
- (c) Immune system
- (d) Corpus callosum

37. What analogy did Descartes use in order to help in conceptualizing pain?

- (a) A herd of animals walking slowly over a person
- (b) The slow dripping of a water from a leaky bucket
- (c) Blades of grass in a lawn that move with every breeze
- (d) An individual pulling the rope at the bottom of a tower causing the bell in the belfry to ring

38. For several years, Rajesh has had back pain that is sufficiently severe that he has not been able to work. Nevertheless, physicians do not believe that the pain is as severe as one would believe from his reaction. They have come to believe that Rajesh presentation of his pain symptoms is related to his family's response. Would term would you use for this phenomenon?

- (a) Secondary gain
- (b) Family somatization
- (c) Dysfunctional family
- (d) Unconscious manifestation

39. Which of the following disorders have been treated with biofeedback?

- (a) Epilepsy and blood pressure
- (b) Coronary heart disease and ulcers
- (c) Attention deficit disorder and schizophrenia
- (d) Brain tumors and migraine headaches

40. What is one of the limitations of biofeedback?

- (a) High cost
- (b) Alters brain electrical activity
- (c) Takes years of training to be effective
- (d) Effect weans off after training stops

41. Amit is always complaining of a long list of aches, pains, and other symptoms and focuses on slightest changes in

his heartbeat, is convinced he always has a fever, and frequently sees a physician. What is he likely to be suffering from?

- (a) Fugue
- (b) Conversion disorder
- (c) Somatization disorder
- (d) Munchausen syndrome

42. What is another name for Briquet's syndrome?

- (a) Hypochondriasis
- (b) Conversion disorder
- (c) Somatization disorder
- (d) Depersonalization disorder

43. Which disorder is often associated with unnecessary surgeries?

- (a) Fugue
- (b) Bipolar disorder
- (c) Conversion disorder
- (d) Somatization disorder

44. A patient constantly complains of a long list of physical symptoms that do not center around one particular ailment. After finding no medical explanation for her symptoms, a physician suspects that she suffers from

- (a) Depersonalization
- (b) Dissociative fugue
- (c) Conversion disorder
- (d) Somatization disorder

45. Kavita has the diagnosis of somatization disorder; Shallu has the diagnosis of hypochondriasis. What is the major difference in the symptoms of their disorders?

- (a) Kavita's symptoms have lasted longer than Shallu's
- (b) Kavita's symptoms involve a break with reality; Shallu maintains good contact with reality
- (c) Kavita has multiple symptoms; shallu's symptoms focus on her fear of a specific disease
- (d) Kavita has some real impairment from her disorder; Shallu is actually malingering to increase attention

46. How many people in a sample of 10,000 are likely to meet the criteria for somatization disorder?

- (a) 50
- (b) 100
- (c) 250
- (d) 500

47. Which of the following is a criterion for the diagnosis of somatization disorder?

- (a) Psychosomatic disorder
  - (b) Fear of contracting a serious illness
  - (c) Complaints of pain in four parts of the body
  - (d) Physical symptoms that don't make anatomical sense
48. Patients with somatization disorder exhibit many of the same personality characteristics as patients with
- (a) Anti-social personality disorder
  - (b) Avoidant personality disorder
  - (c) Histrionic personality disorder
  - (d) Obsessive-compulsive personality disorder
49. Glove anesthesia is an example of what disorder?
- (a) Factitious disorder
  - (b) Conversion disorder
  - (c) Factitious disorder by proxy
  - (d) Histrionic personality disorder
50. After witnessing a car accident that killed his wife, Dinesh says he cannot see. However, medical specialists found nothing wrong with the structure or function of his eyes, and brain scans reveal no evidence of any structural damage to the brain. After holding a case conference, a team of professionals suggests that Dinesh should be evaluated for the possible diagnosis of
- (a) Hypochondriasis
  - (b) Conversion disorder
  - (c) Somatization disorder
  - (d) Psycho physiological disorder
51. La belle indifference, a flippant attitude that communicates little concern about seemingly serious symptoms, tends to occur with which disorder?
- (a) Hypochondriasis
  - (b) Conversion disorder
  - (c) Somatization disorder
  - (d) Munchausen syndrome
52. Amar a psychologist has just finished analyzing a client who is believed to have a conversion disorder. As a student

**of psychology what explanation will you give to the family of the client?**

- (a) People with this disorder tend to develop a second disorder after the first is treated
  - (b) The person is attempting to control the family's relationship patterns by producing the symptoms.
  - (c) The family's attention and care are actually reinforcing the symptoms of the client.
  - (d) The symptoms exhibited by the client are actually related to a second and previously undiagnosed disorder.
- 53. Geeta has been under a lot of stress at work. One morning she wakes up and finds herself blind. Although her physician can find no physical reason, Geeta is not faking. Which disorder is she most likely to be diagnosed with?**
- (a) Hypochondriasis
  - (b) Conversion disorder
  - (c) Somatization disorder
  - (d) Munchausen syndrome
- 54. Multiple somatic symptoms that are chronic and presented in a very dramatic and vague fashion are found in**
- (a) Conversion disorder
  - (b) Somatization disorder
  - (c) Depersonalization disorder
  - (d) Psycho-physiological disorder
- 55. What is the origin of the concept of conversion disorder?**
- (a) Its roots are in psychotic disorders such as schizophrenia
  - (b) Ancient philosophers developed the concept to show how mind and body were separate
  - (c) The origin is traced the category of hysteria, which was thought to be a disorder of the uterus
  - (d) Ancient physicians used the concept to describe disorders that began with one set of symptoms and evolved into a different set of symptoms
- 56. How long must a person have the persistent belief that he or she has a serious illness despite medical reassurance in order to meet the criteria for hypochondriasis?**
- (a) Two months
  - (b) Six months
  - (c) One year
  - (d) Two years

57. Tanya is convinced that a pain in her leg is the first sign of bone cancer. During a physical examination, her family doctor finds no confirmation of cancer. To be certain the doctor orders X-rays that confirm the original findings. Nevertheless, Tanya sought the opinions of other doctors who give the same diagnosis. She may be suffering from which disorder?
- (a) Bipolar disorder                      (b) Hypochondriasis  
(c) Dissociative fugue                      (d) Conversion disorder
58. Rajesh is unable to hear despite no medical evidence of any physical disability. Which of the following diagnoses is a clinical psychologist likely to give?
- (a) Hypochondriasis  
(b) Depersonalization  
(c) Conversion disorder  
(d) Psycho physiological disorder
59. After trying to diagnose a patient's ailments for two years, a physician concludes that the patient is likely to be a hypochondriac. The physician is trying to be as supportive as possible and makes a referral to a clinical psychologist for which type of therapy?
- (a) Psychodynamic  
(b) Rogerian therapy  
(c) Gestalt group therapy  
(d) Cognitive-behavioural therapy
60. Radha constantly complains of a large number of physical complaints that do not center around one particular ailment. After finding no medical justification for her symptoms, a doctor suspects that she suffers from conversion disorder. If the diagnosis was made in the middle ages, what diagnosis would be made?
- (a) Hysteria  
(b) Psychosis  
(c) Dementia praecox  
(d) Manic-depressive psychosis
61. Someone with body dysmorphic disorder is likely to be concerned about

- (a) Cancer
  - (b) Vague sensations
  - (c) Excessively malformed nose
  - (d) Sudden loss of sight
62. Which of the following individuals exhibits behaviour that is consistent with the diagnosis of body dysmorphic disorder?
- (a) Alisha who believes her intestines have turned to dust
  - (b) Linda who reports difficulty with her sense of vision
  - (c) Ira who thinks her eyebrows are too large for her face
  - (d) George who thinks his dental fillings can lead to mouth cancer
63. Anjali believes that she has excessive facial hair and wrinkles on her face, despite the fact that no one sees these "defects." After thinking about this for months, she finally decides to see a mental health professional. What is likely to happen in the first few sessions?
- (a) She will seek reassurance that she is not psychotic.
  - (b) Anjali will talk about her depression and not mention her bodily preoccupation.
  - (c) Anjali will complain that other people will not "level" with her about her "true" appearance.
  - (d) She will insist that the therapist keep the lights down so her features will not be noticed during the sessions.
64. Which part of the body is the usual focus of preoccupation in body dysmorphic disorder?
- (a) Head
  - (b) Legs
  - (c) Feet
  - (d) Hairs
65. What term is used for repeated, conscious simulation of disease for the sole purpose of assuming the role of a patient?
- (a) Malingering
  - (b) Dissociation
  - (c) Hypochondriasis
  - (d) Munchausen syndrome
66. What is the primary basis for distinguishing between malingering and factitious disorder?
- (a) Symptom severity

- (b) Objective of the behaviour
  - (c) Specific disease chosen
  - (d) Presence of actual bodily harm
67. Annu often goes to the physician describing a number of bizarre symptoms. She enjoys the sick role only for the reason of getting the attention of health care providers. What diagnosis is she likely to receive?
- (a) Hypochondriasis
  - (b) Psychosomatic disorder
  - (c) Somatization disorder
  - (d) Munchausen syndrome
68. Which of the following cases is likely to fit the description of factitious disorder by proxy?
- (a) A husband and wife mimic each other's symptoms in order to confuse a therapist
  - (b) A mother induces symptoms of disease in her child for the purpose of seeking treatment
  - (c) The more time they spend in group therapy, the more clients tend to exhibit each other's symptoms
  - (d) A client reports the symptoms that he sees exhibited on television shows because he "lives through the lives of others"
69. Hari is wanted by the police as a suspected murderer but to avoid legal charges, he goes to the police station and says he cannot remember who he is or anything about his life. He may have amnesia, but possibilities are that he may be/ have
- (a) Malingering
  - (b) Factitious disorder
  - (c) Conversion disorder
  - (d) Somatization disorder
70. At the local hospital a patient with a long and complicated case was observed putting some of his own blood into his urine sample. At the staff conference, there is a great deal of discussion concerning this case, and much of the discussion revolves around two likely diagnoses. When the group leader summarizes the discussion, which two diagnoses will be under active consideration?
- (a) Factitious and malingering
  - (b) Bipolar disorder and schizophrenia



- (c) Depersonalization and Munchausen
  - (d) Hypochondriasis and somatization disorder
71. A patient at the local hospital was discovered exhibiting Munchausen syndrome. When the hospital staff collects the patient's records over the last 5 years, what are they likely to discover?
- (a) A history of felony arrests
  - (b) Prior, unnecessary surgeries
  - (c) A past history of childhood abuse
  - (d) A difficult birth resulting in brain damage
72. Munchausen syndrome derives its name from Baron von Munchausen. What characteristic of this man was a reason for using his name for this disorder?
- (a) He told elaborate lies
  - (b) He frequently drank to excess
  - (c) He could create physical symptoms to avoid having to fight
  - (d) He was capable altering his heart rate by simply walking very fast
73. Amrita has been diagnosed with factitious disorder; Sudha has been diagnosed with somatization disorder. What is the major difference between these two individuals?
- (a) Amrita is seeking attention from medical personnel; Sudha really believes she is ill.
  - (b) Amrita is more likely to have experienced child abuse; Sudha is more likely to have, brain damage.
  - (c) Amrita is capable of altering her bodily functions at will; Sudha feels that she has no control over her bodily functions.
  - (d) Amrita is actually suffering from delusions; Sudha probably has a genetically caused disorder
74. Which of these therapies is especially useful in treating hypochondriasis?
- (a) Cognitive-behaviour therapy
  - (b) Gestalt therapy
  - (c) Psychodynamic therapy
  - (d) Biofeedback therapy

**75. Which of the following disorder is marked with preoccupation with an imagined defect or excessive concern with minor unwanted feature of physical appearance**

- (a) Conversion disorder      (b) Body dysmorphic disorder  
(c) Fictitious disorder      (d) Hypochondriasis

### **ANSWERS**

1. (d) 2. (b) 3. (a) 4. (b) 5. (a) 6. (c) 7. (d)  
8. (c) 9. (b) 10. (b) 11. (a) 12. (a) 13. (c) 14. (c)  
15. (a) 16. (d) 17. (c) 18. (a) 19. (b) 20. (c) 21. (d)  
22. (d) 23. (b) 24. (c) 25. (b) 26. (b) 27. (b) 28. (c)  
29. (b) 30. (d) 31. (a) 32. (a) 33. (b) 34. (c) 35. (a)  
36. (b) 37. (d) 38. (a) 39. (a) 40. (d) 41. (c) 42. (c)  
43. (d) 44. (d) 45. (c) 46. (b) 47. (c) 48. (c) 49. (b)  
50. (b) 51. (b) 52. (c) 53. (b) 54. (b) 55. (c) 56. (b)  
57. (b) 58. (c) 59. (d) 60. (a) 61. (c) 62. (c) 63. (b)  
64. (a) 65. (d) 66. (b) 67. (d) 68. (b) 69. (a) 70. (a)  
71. (b) 72. (a) 73. (a) 74. (a) 75. (b)

### **SHORT TYPE QUESTIONS**

**1. What are somatoform disorders?**

**Ans.** This is a group of disorders involving physical complaints or disabilities that occur without any evidence of physical pathology.

**2. What is somatization?**

**Ans.** It is a somatoform disorder characterized by multiple complaints of physical ailments beginning before the age of 30 and continuing over a long period of time resulting in medical treatment.

**3. Give any two characteristic symptoms of somatization disorder patient as per DSM IV diagnosis.**

**Ans.** 1. Two gastrointestinal symptoms: Symptoms of nausea, bloating, diarrhea etc should be reported.  
2. One sexual symptom: The symptom related to reproductive system.

**4. What do you mean by pseudoneurological symptom?**

**Ans.** This involves mimic sensory or motor impairments such as

loss of sensation or involuntary muscle contraction as well as anomalies of consciousness or memory.

**5. What is Briquet's Syndrome?**

**Ans.** Somatization disorder was earlier known as Briquet's syndrome, named after the French physician who was the first one to first describe it.

**6. What is the difference between somatization and hypochondriasis?**

**Ans.** The major differences between the two are the age of onset which is after age of 30 for hypochondriasis and the focus of concern is not any particular disease but multiple symptoms unlike somatization.

**7. Give the major characteristics of a hypochondriac?**

**Ans.** The person has a persistent belief that he or she has a serious illness despite medical evidence of any physical disorder, there is a preoccupation with conditions of their bodily organic and behaviours to avoid physical illness.

**8. What is Malingering?**

**Ans.** The conscious faking of symptoms to achieve specific goals external to the medical context like medical insurance.

**9. What is a pain disorder?**

**Ans.** It is characterized by reporting of pain of sufficient duration and intensity resulting in disruption of daily living in absence of objective medical conditions.

**10. What are the two diagnosis of pain disorder according to DSM-IV?**

**Ans.** 1. Pain disorder associated with psychological factors where medical condition may be of minimal importance.

2. Pain disorder

**11. What are the sensory symptoms of conversion disorder?**

**Ans.** The most common ones are: Anesthesia Loss of sensitivity; Hypesthesia-partial loss of sensitivity; Hyperesthesia-Excessive loss; Analgesia-loss of sensitivity to pain; Paresthesia-Exceptional sensations such as tingling or heat.

**12. What are the subtypes of conversion disorder according to DSM-IV?**

**Ans.** There are four subtypes according to DSM-IV depending upon the symptoms:

1. Sensory, 2. Motor, 3. Seizure or convulsion, 4. Mixed type

**13. What are aphonia and mutism?**

**Ans.** These are speech related conversion disorders in which the individual can talk only in whispers in Aphonia while just cannot talk in mutism a relatively rare disorder.

**14. What are the characteristics of a person who is malingering?**

**Ans.** The malingers are defensive, evasive and suspicious as well as reluctant to get examined and talk slowly about their symptoms for the fear of being caught.

**15. What are the precipitating events of conversion disorder?**

**Ans.** The precipitating events are :

1. Desire to escape from some unpleasant situation, and

2. Wish to be sick to avoid some situation.

**16. Differentiate between somatization and somatoform disorder?**

**Ans.** Somatization disorder is a subtype of somatoform disorder beginning before age 30 while somatoform is a major disorder of AXIS I of DSM-IV classification.

**17. What can be the most effective therapy for pain disorders?**

**Ans.** The effective therapy is cognitive behaviour therapy, (coping skills), supportive psychotherapy, operant conditioning and bio feedback (self control skills) as well as medication in some cases.

**18. What are the gains from somatization.**

**Ans.** The sickness is an excuse for failures, gain attention by being sick, avoidance of responsibilities and unpleasant situations.

**19. What is Munchausen syndrome?**

**Ans.** It is a factitious disorder named after a cavalry officer who made up elaborate lies about his illness just to get medical attention.

**20. When is a person given a diagnosis of hypochondriasis?**

**Ans.** An individual is given a diagnosis when he/she persistently claims that he/she has a serious illness underlying the symptoms and disregards the advise of physician that there is no abnormality.

**21. What is la belle indifference?**

**Ans.** Lack of concern for the severe physical disorder which the person claims to have which is not true in real somatic disorders.

**22. What is the learning perspective of somatoform disorders?**

**Ans.** Positive reinforcement of sick role reinforces this kind of disorders and leads to faulty learning.

**23. Distinguish between conversion disorder and malingering?**

**Ans.** In conversion disorder the patient is dramatic, naïve and unperterbed if the inconsistency is caught but in latter it is deliberate and he is defensive.

**24. Differentiate between factitious and malingering disorder?**

**Ans.** A malingerer does so for achievement of a particular goal like medical benefit where as the latter may do for attention seeking and care.

**25. What is hysteria?**

**Ans.** A term given by Freud to describe conversion disorders and restricted only to females as the term in Greek means 'uterus'.

**26. What are the characteristics features of a hypochondriac?**

**Ans.** There are 3 major characteristics:

(1) Physiological arousal; (2) A bodily focus (3) Behaviours designed to check for physical illness.

**27. What is a factitious disorder?**

**Ans.** In this symptoms are voluntarily induced by the patient to gain attention and assume a 'sick role'. It is a somatoform disorder found more in women.

**28. What is factitious disorder by proxy?**

**Ans.** This is a somatoform disorder in which symptoms are deliberately induced by the person in another person who may be under his or her care.

**29. What are dissociative disorders?**

**Ans.** These are conditions involving dissociation of the person with his personal identity to cope with stress and anxiety inducing life circumstance.

**30. What is dissociative amnesia?**

**Ans.** This is a sudden loss of memory about personal information

and events, more extensive than forgetfulness in absence of any organic change (injury).

**31. What is fugue state?**

**Ans.** A dissociative disorder in which individual travels away from home and acquires a new identity with inability to recall previous identity.

**32. Which are the major types of dissociative disorders?**

**Ans.** There are four types of dissociative disorders: (1) Dissociative amnesia, (2) The fugue state (3) Dissociative identity disorder (4) Depersonalization.

**33. What are the different type of psychogenic amnesias?**

**Ans.** There are of four types of psychogenic amnesias: (1) Selective (2) Localized (3) Generalized, and (4) Continuous amnesia.

**34. Differentiate between localized and selective psychogenic amnesia?**

**Ans.** In localized amnesia the person forgets everything that occurred during a particular period while in latter the individual may remember some and forget some events of a particular period.

**35. What kind of memory loss occurs in psychogenic amnesia?**

**Ans.** There is autobiographical or episodic memory loss while semantic, procedural, perceptual and short term memory is intact in psychogenic amnesia.

**36. What is DID?**

**Ans.** This is dissociative identity disorder was also known as multiple personality disorder earlier in which the single person manifests two or more completely different personalities with each being unaware of other.

**37. What is depersonalization?**

**Ans.** This type of dissociative disorder occur mostly in adolescents and young adults in which there is a loss of sense of self and person feels that one is not in complete control of his/her actions.

**38. What is the explanation of DID syndrome according to Ross?**

- Ans.** Ross has emphasized that DID has its source in childhood traumatic abuse and one or more of the four pathways suggested by him.
- 39. What are the four pathways given by loss as causal factors of DID syndrome?**
- Ans.** The four pathways are: (1) The childhood abuse pathway; (2) The childhood neglect pathway, (3) The factitious pathway; (4) the iatrogenic pathway/
- 40. What is glove anesthesia?**
- Ans.** It is conversion disorder in which the individual loses feeling in hand from tips of fingers to the point on the wrist where a glove would stop in absence of any organic defect.

□□□

## Mood Disorders

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### OBJECTIVE QUESTIONS

1. The lifetime prevalence of major depression among men is 13%. Among women it is:  
(a) 4% (b) 14%  
(c) 21% (d) 27%
2. A person who experiences depressed mood and two other symptoms of depression for at least a 2-year period during which time the depressive symptoms do not remit for more than 2 months, would be diagnosed as having:  
(a) Dysthymic disorder (b) Major depression  
(c) Double depression (d) Cyclothymic disorder
3. Which hormone has been used successfully in therapy for depression experienced by menopausal women  
(a) Androgen (b) Estrogen  
(c) Throxin (d) None of the above
4. Which of the following is not one of Bowlby's four phase of response to the loss of a spouse or close family member.  
(a) Numbing and disbelief  
(b) Denial and rejection of the dead person  
(c) Some level of reorganization  
(d) Disorganization and despair



**5. Match the following:**

- |                              |   |
|------------------------------|---|
| 1. Dysthymic disorder        | (a) One or more major depressive episodes.  |
| 2. Major depressive disorder | (b) One or more manic episodes, and usually one or more major depressive episodes.                                |
| 3. Bipolar I disorder        | (c) History of depressed mood a majority of the time.   |
| 4. Bipolar II disorder       | (d) At least one hypomanic episode and one or more major depressive episodes but no manic episode or cyclothymia. |

(a)    1            2            3            4

         a            b            c            d

(b)    1            2            3            4

         c            a            b            d

(c)    1            2            3            4

         d            c            b            a

(d)    1            2            3            4

         a            c            d            b

**6. A disorder that involves mood swings between subclinical levels of depression and mania is:**

- |                          |                        |
|--------------------------|------------------------|
| (a) Manic depression     | (b) Bipolar disorder   |
| (c) Cyclothymic disorder | (d) Dysthymic disorder |

**7. With which subtype of depression would the person in the following case example be diagnosed?**

Mohan, a 40-year old man, has experienced anhedonia for about the past month. He frequently wakes up very early in the morning, during which time his symptoms are especially debilitating. He feels extremely guilty about many things and has lost a significant amount of weight since the onset of his symptoms.

- |  |
|--|
| (a) Depression with melancholic features |
| (b) Depression with catatonic features   |
| (c) Depression with psychotic features   |
| (d) Depression with atypical features    |

- 8. Acute psychological stress more often than not leads the individual to a condition of**
  - (a) Withdrawal
  - (b) Adjustment
  - (c) Frustration
  - (d) Psychotic reactions
- 9. Bipolar mood disorder is distinguished from major depression by:**
  - (a) Evidence of earlier cyclothymia
  - (b) Evidence of earlier dysthymia
  - (c) At least one episode of mania
  - (d) Disturbance of circadian rhythms
- 10. Why are mood disorders so often not treated?**
  - (a) Personal feelings of being socially stigmatized by treatment
  - (b) Failure of health care providers to recognize the disorder (this is especially true of depression, which can produce a variety of bodily symptoms)
  - (c) Lack of awareness of the potential effectiveness of treatment and its benefits to the individual
  - (d) All the above
- 11. Frustration of basic needs, wishes and desires leads to**
  - (a) Withdrawal behavior
  - (b) Stress and anxiety
  - (c) Crying behavior
  - (d) Emotional blunting
- 12. All of the following are symptoms of the manic phase of bipolar mood disorder except:**
  - (a) High levels of verbal output
  - (b) Notable increase in activity
  - (c) Deflated self-esteem
  - (d) Euphoria
- 13. Which of the following statements is false about gender and age differences in depression?**
  - (a) Women are twice as likely as men to be diagnosed with depression but rates among children do not show this gender difference
  - (b) Rates of depression are highest among those between the ages of 15 and 24
  - (c) An increasing number of children are developing depression by the time they reach mid-adolescence

- (d) Possibly due to cohort effects, or an increase in coping skills with age, people age 85 or older show lower rates of depression than those aged 55-70
14. M.D.P. comes under.....disorders
- (a) Psychoneurotic (b) Psychosomatic  
(c) Neurotic (d) Psychotic
15. In the original monamine hypothesis' depression was attributed to:
- (a) A depletion of norepinephrine and/or serotonin.  
(b) A depletion of acetylcholine and/or GABA  
(c) An increase in norepinephrine and/or dopamine  
(d) An increase in acetylcholine.
16. Mood disorders often are comorbid (exist together) with other kinds of disorders. For example
- (a) Anxiety disorder (b) Substance abuse disorder  
(c) Personality disorders (d) All the above
17. In manic depressive psychosis.....are very frequent
- (a) Illusion (b) Hallucinations  
(c) Fear (d) Change of emotions
18. Behaviorists such as Ferster and Lewinsohn assert that depression results when:
- (a) Response contingent positive reinforcement is not available  
(b) Conditioned grief responses are reactivated  
(c) Angry responses are inhibited by aversive conditioning  
(d) Negative reinforcers overwhelm positive reinforcers
19. Depression in children:
- (a) Is more common than among adults  
(b) Cannot meaningfully be diagnosed before age 14  
(c) Involves the same cluster of symptoms as adult depression  
(d) Is underdiagnosed because children manifest depression differently than adults
20. Who introduced the term manic depressive insanity in 1899 for bipolar disorder

- (a) Gotlib
  - (b) Kraepelin
  - (c) Rehm
  - (d) Beck
21. The original learned helplessness theory refers to the depressed patients' perception that:
- (a) There is no control over aversive events
  - (b) The world is a negative place
  - (c) Accustomed reinforcement is no longer forthcoming
  - (d) Reinforcement is inadequate
22. In....., people experience more severe depressions and milder periods of mania.
- (a) Bipolar I disorder
  - (b) Depression with atypical features
  - (c) Cyclothymic disorder
  - (d) Bipolar II disorder
23. Who proposed the "Learned helplessness" model.
- (a) Beck
  - (b) Ernst
  - (c) Martin Seligman
  - (d) Clark & Steer
24. The most effective and widely used drug in the treatment of bipolar disorder is
- (a) Lithium
  - (b) ECT
  - (c) Tofranil
  - (d) Imipramine
25. All of the following have been suggested as biological causes of bipolar affective disorder except:
- (a) Genetic factor
  - (b) Levels of biogenic amines
  - (c) Acetylcholine depletion
  - (d) Abnormalities of the hypothalamic pituitary thyroid axis
26. Which of the following is false about the role of genetics in mood disorders?
- (a) Family history studies have found that the first degree relatives of people with bipolar disorder are 2-3 times more likely to have either bipolar or unipolar depression
  - (b) Fewer than 10% of the first degree relatives of people with bipolar disorder will develop the disorder themselves
  - (c) Twin studies have yielded more equivocal results for unipolar depression than for bipolar depression

- (d) Family history studies have found that the first-degree relatives of people with unipolar depression are more likely than controls to have either bipolar or unipolar depression
- 27. What is the full form of DST**
- (a) Dexamethasone Suppression Test
  - (b) Drug Suppression Test
  - (c) Depression Suppression Test
  - (d) Digestive System Table
- 28. Mania and depression come under which type of disorder?**
- (a) Affective
  - (b) Organic
  - (c) Neurotic
  - (d) Psychosomatic
- 29. While lithium therapy is routinely used in the treatment of manic episodes, it is believed that it is effective in treating depression only when**
- (a) The disorder is melancholic in nature
  - (b) The disorder is bipolar in nature
  - (c) Used in tandem with psychedelic drugs
  - (d) Electroconvulsive therapy has failed
- 30. Which of the following neurotransmitters are implicated in mood disorders?**
- (1) Epinephrine
  - (2) Serotonin
  - (3) Acetylcholine
  - (4) Norepinephrine
  - (5) Dopamine
- (a) 2, 4, 5
  - (b) 1, 4, 5
  - (c) 2, 3, 4
  - (d) 2, 3, 5
- 31. .... affective disorder covers the alternative episodes of mania and depression**
- (a) Unipolar
  - (b) Bipolar
  - (c) Melancholia
  - (d) None of these
- 32. People with depression**
- (a) Tend to have increased slow wave sleep and move into rapid eye movement sleep (REM) earlier in the night than nondepressed people
  - (b) Tend to have increased activity in the frontal cortex

- (c) Tend to have increased activity of the nondominant hemisphere
- (d) Have less REM sleep per night than nondepressed people
- 33. Even without formal therapy, the great majority of manic and depressed patients recover from a given episode within less than:**
  - (a) One month
  - (b) One year
  - (c) Two weeks
  - (d) Two years
- 34. The part of the neuroendocrine system found to be hyperactive in people with depression is the**
  - (a) Cerebral cortex
  - (b) Cerebellum
  - (c) Dominant brain hemisphere
  - (d) Hypothalamic- pituitary adrenal axis.
- 35. A manic patient is terribly**
  - (a) Pessimistic
  - (b) Optimistic
  - (c) Less excited
  - (d) Moderately pessimistic
- 36. The two primary symptoms of affective disorders are:**
  - (a) Depression and insomania
  - (b) Euphoria and sleeplessness
  - (c) Depression and euphoria
  - (d) Euphoria and anxiety
- 37. Which of the following statements is true?**
  - (a) Women who have a history of depression are at increased risk for postpartum depression
  - (b) Women are more likely to develop depression at menopause compared to other times in their lives
  - (c) A large percentage of women experience increases in depressive symptoms during the premenstrual phase
  - (d) Women who have PMS have higher levels of estrogen and progesterone than women without PMS
- 38. Excessive psychomotor activity is a major symptom of the**
  - (a) Manic Stage
  - (b) Depressive Stage
  - (c) Mixed Stage
  - (d) None of above
- 39. Which of the following statements is true?**
  - (a) The reformulated learned helplessness theory dropped the

notion of causal attributions and focused, instead, on perceived control

- (b) The negative cognitive triad refers to negative views of one's self, the world, and one's childhood
  - (c) Depressed people overestimate the amount of control they have over situations that are actually uncontrollable
  - (d) A pessimistic attributional style is one that is internal, stable, and global for negative events
40. The "learned helplessness" model was given by
- (a) Weissman
  - (b) Martin Seligman
  - (c) Jamison
  - (d) Goodwin
41. In suicides associated with depression, most often suicide is committed during the.....phase of a depressive episode.
- (a) Late onset
  - (b) Recovery
  - (c) Peak of depression
  - (d) Early onset
42. Which of the following is false about lithium?
- (a) Lithium is more effective at reducing the symptoms of mania than the symptoms of depression
  - (b) Lithium is often administered in conjunction with antidepressants
  - (c) Most people who take lithium only do so during (or just prior to) a manic episode in order to prevent its side effects
  - (d) There are enormous differences between the rates at which individuals absorb lithium, which makes a proper dosage difficult to ascertain
43. Unipolar depression is found more in:
- (a) Males
  - (b) Females
  - (c) Children
  - (d) None of these
44. Physicians often do not prescribe..... to treat patients who might be suicidal because an overdose would be fatal. Physicians must prescribe.....very carefully because of their propensity to interact with a large number of everyday products, such as cheese, chocolate, or cold medicine.
- (a) Lithium; anticonvulsants
  - (b) Tricyclic antidepressants; SSRIs

- (c) SSRIs' MAO inhibitors
- (d) Tricyclic antidepressants, MAO inhibitors
- 45. The technique of administering ECT was developed by:
  - (a) Cerletti and Bini
  - (b) Freud
  - (c) Watson
  - (d) Karen Horney
- 46. How many types of ECT are there
  - (a) 4
  - (b) 6
  - (c) 2
  - (d) 5
- 47. A recent review of studies interviewing friends and relatives of people who committed suicide found that.....% had communicated their suicidal intent in very clear and specific terms, and another.....% had communicated a wish to die or a preoccupation with death.
  - (a) 10, 20
  - (b) 15, 25
  - (c) 25, 15
  - (d) 40, 30
- 48. ....is an effective treatment for patients with severe depression, and may work by.....
  - (a) Electroconvulsive therapy, resetting circadian rhythms
  - (b) Light therapy; resetting circadian rhythms
  - (c) Electroconvulsive therapy, increasing the number and sensitivity of serotonin receptors
  - (d) Light therapy, causing an acute release of monoamines
- 49. The two types of ECT are
  - (a) High and low
  - (b) Bilateral and unilateral
  - (c) Left and right
  - (d) Good and bad
- 50. Feelings of worthlessness, loss of interest or pleasure, and sleep and appetite disturbances are among the symptoms of which disorder?
  - (a) Bipolar disorder
  - (b) Cyclothymic disorder
  - (c) Adjustment disorder
  - (d) Major depression
- 51. Regarding the effectiveness of treatments for depression, which statement is false?
  - (a) Cognitive therapy, interpersonal therapy and imipramine work about equally well for treating patients who are mildly or moderately depressed



- (b) Maintenance doses of therapy that combine psychosocial and drug therapies are no more effective than drug therapy alone for preventing relapse
  - (c) Cognitive and interpersonal therapies are more effective than drug therapy at preventing relapse when the therapy is not maintained beyond the point at which the depressive symptoms lift
  - (d) Pill placebo treatments can significantly improve depression but are not effective at preventing relapse
52. The danger of suicide is commonly present in:
- (a) Schizophrenia
  - (b) MDP
  - (c) Involutional melancholia
  - (d) Acute depression
53. All of the following represent a good standard of care in the treatment of suicidal patients EXCEPT.....
- (a) Avoiding pejorative judgments
  - (b) Talking openly and matter of factly
  - (c) Not involving family members
  - (d) Maintaining consultation with colleagues
54. A person who has experienced (for the past month) a loss of interest in his or her usual activities, in addition to psychomotor agitation, increased appetite, insomnia, and thoughts of committing suicide, would be diagnosed as having:
- (a) Double depression
  - (b) Bipolar II disorder
  - (c) Major depression
  - (d) Cyclothymic disorder
55. The term chemical imbalance best describes the mechanism of which disorder?
- (a) Phobic disorder
  - (b) Panic disorder
  - (c) Mood disorder
  - (d) Anxiety disorder
56. A behavioral disturbance in which one appears to be in a trancelike state, and one's muscles assume a waxy rigidity such that one tends to remain in any position in which one is placed, is known as:
- (a) Catalepsy
  - (b) Catatonia
  - (c) Apraxia
  - (d) Psychomotor retardation

57. A state involving excessive levels of excitement, elation, or euphoria, often liberally mixed with inflated self-esteem or grandiosity and the assumption of great powers is:
- (a) Happiness
  - (b) Mania
  - (c) Manic Stupor
  - (d) Hopefulness
58. Which of the following statements is false regarding bipolar disorder?
- (a) Life stress can bring it on
  - (b) The manic state serves as a protective function
  - (c) Social support is important in recovery
  - (d) Attitudes cannot predict severity of symptoms
59. A person who alternates between episodes of hypomania and moderate depression chronically for at least 2 years would be diagnosed as having:
- (a) Bipolar I Disorder
  - (b) Bipolar II Disorder
  - (c) Rapid cycling bipolar disorder
  - (d) Cyclothymic disorder
60. The severity of disturbance in bipolar disorder ranges from mild to moderate to severe. In the mild to moderate range the disorder is known as....., and in the moderate to severe range the disorder is known as.....
- (a) Cyclothymia, bipolar disorder
  - (b) Hypomania, bipolar I
  - (c) Bipolar disorder, mood disorder
  - (d) Dysthymia, cyclothymia
61. All of the following are symptoms of dysthymic disorder EXCEPT...
- (a) Sleep disturbance
  - (b) Elevated mood
  - (c) Chronic depression
  - (d) Loss of pleasure
62. All of the following neurotransmitters have been implicated in unipolar depression except:
- (a) Glutamate
  - (b) Norepinephrine
  - (c) Serotonin
  - (d) Dopamine
63. In DSM-I and DSM-II cyclothymia was included under the category of:
- (a) Anxiety disorder
  - (b) Somatoform disorder
  - (c) Personality disorders
  - (d) Hysterical disorder

64. Freud's classic book on depression was called.....
- (a) Mourning and melancholia
  - (b) The Interpretation of dreams
  - (c) The Malleous malificarum
  - (d) Touched with fire
65. The DSM -III-R and DSM- IV includes cyclothymia under the category of
- (a) Neurotic disorders
  - (b) Mood disorders
  - (c) Schizophrenia
  - (d) Paranoia
66. Lithium is the treatment of choice for which disorder?
- (a) Major depression
  - (b) Dysthymic disorder
  - (c) Adjustment disorder
  - (d) Bipolar disorder
67. Interpersonal therapy in the treatment of depression focuses on..... .
- (a) Uncovering childhood trauma
  - (b) Relationships with others
  - (c) Lack of reinforcers
  - (d) Self-defeating thoughts
68. All of the following are symptoms of bipolar disorder EXCEPT-
- (a) Irritability
  - (b) Panic attacks
  - (c) Flight of ideas
  - (d) Pressured speech
69. Which of the following neurotransmitters has been implicated in suicide?
- (a) Acetylcholine
  - (b) Norepinephrine
  - (c) Dopamine
  - (d) Serotonin
70. Bipolar disorder was formerly known as.....
- (a) Manic depression
  - (b) Major depression
  - (c) Dysthymic disorder
  - (d) Cyclothymic disorder
71. Schopenhaur, Chopin and John S. Mill belonged to different countries and different professions but had something in common. They were all
- (a) Famous men of their time
  - (b) Suffered from attacks of depression

- (c) Opiates
- (d) Suffered from physical disability
- 72. Which of the following is a selective serotonin reuptake inhibitor?
  - (a) Elavil
  - (b) Prozac
  - (c) Lithium
  - (d) Depakote
- 73. The best therapy for a mood disorder in children and adolescents employs which type of treatment?
  - (a) Behavioral treatment
  - (b) Psychoanalytic therapy
  - (c) Cognitive behavioral treatment
  - (d) A broad spectrum approach
- 74. Which statement is true.
  - (a) In unipolar disorders, the person experiences only depressive episodes
  - (b) In bipolar disorder, the person experiences both manic and depressive episodes
  - (c) Both A and B are true
  - (d) Both A and B are false
- 75. Of the ancient kings, who suffered from recurrent manic-depressive attacks?
  - (a) Saul, king of Israel
  - (b) Cambyzes, king of Persia
  - (c) Nebuchadnezzar, king of Babylon
  - (d) Tutankhamen, king of Egypt
- 76. In what part of the neuron do antidepressants take action?
  - (a) Synapse
  - (b) Axon
  - (c) Myelin
  - (d) Dendrites
- 77. Who developed the cognitive distortion model of depression:
  - (a) Aaron Beck
  - (b) Seligman
  - (c) Speier
  - (d) King
- 78. Prevention of suicide can involve:
  - (a) Increasing public awareness of warning signs
  - (b) Providing crisis centers and other help facilities

- (c) Changing cultural expectations about how people should solve their problems
  - (d) All the above
79. Which of the following has shown the most promise in the psychological treatment of mood disorder?
- (a) Cognitive-behavioral therapy
  - (b) Insight therapy
  - (c) Behavioral therapy
  - (d) Psychoanalytic therapy
80. The idea that life stress leads to depression by causing a reduction in positive reinforcers is known as:
- (a) Learned helplessness theory
  - (b) Reformulated learned helplessness theory
  - (c) Lewinsohn's behavioral theory
  - (d) Depressive realism
81. What is the best way to get information about the number of people who have been affected with a mood disorder sometime in the past or who are currently affected is to carry out an:
- (a) Epidemiological study    (b) Single blind study
  - (c) Double blind study        (d) Correlational study

**ANSWERS**

- |         |         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|---------|
| 1. (c)  | 2. (a)  | 3. (b)  | 4. (b)  | 5. (b)  | 6. (c)  | 7. (a)  |
| 8. (d)  | 9. (c)  | 10. (d) | 11. (b) | 12. (c) | 13. (d) | 14. (d) |
| 15. (a) | 16. (d) | 17. (d) | 18. (a) | 19. (c) | 20. (b) | 21. (a) |
| 22. (d) | 23. (c) | 24. (a) | 25. (c) | 26. (d) | 27. (a) | 28. (a) |
| 29. (b) | 30. (a) | 31. (b) | 32. (c) | 33. (b) | 34. (d) | 35. (b) |
| 36. (c) | 37. (a) | 38. (a) | 39. (d) | 40. (b) | 41. (b) | 42. (c) |
| 43. (b) | 44. (d) | 45. (a) | 46. (c) | 47. (d) | 48. (c) | 49. (b) |
| 50. (d) | 51. (b) | 52. (d) | 53. (c) | 54. (c) | 55. (c) | 56. (a) |
| 57. (b) | 58. (d) | 59. (d) | 60. (a) | 61. (b) | 62. (a) | 63. (c) |
| 64. (a) | 65. (b) | 66. (d) | 67. (b) | 68. (b) | 69. (d) | 70. (a) |
| 71. (b) | 72. (b) | 73. (c) | 74. (c) | 75. (a) | 76. (a) | 77. (a) |
| 78. (d) | 79. (a) | 80. (c) | 81. (a) |         |         |         |

## SHORT TYPE QUESTIONS

### 1. Explain incidence and prevalence?

**Ans.** Incidence is, the number of new cases that appear during a specific time period. Prevalence, is the number of cases that currently exist within the population.

### 2. Explain epidemiological research?

**Ans.** Studies designed to link the occurrence of a disorder, with a specified population. One focus of this research is the study of the association between mental disorders and various population variables. Results are often expressed in terms of incidence and prevalence.

### 3. What is epidemiology?

**Ans.** The scientific study of the association between diseases or behavioral deviations and social class variables, geographical variables, or environmental variables. These associations, derived from the study of large population groups, help to suggest possible causes for the health problems observed.

### 4. What is unipolar disorder?

**Ans.** Term for an affective disorder in which only depression occurs and there is no history of episodes of mania.

### 5. What are Bipolar disorders?

**Ans.** Bipolar disorders are mood disorder in which the individual experiences both periods of mania and periods of depression. Formerly called manic-depressive disorder.

### 6. What is Bipolar-I disorder.

**Ans.** Includes at least one episode of mania, and in most patients, one or more major depressive episodes.

### 7. Explain Bipolar II disorder?

**Ans.** A type of bipolar disorder in which the person has experienced at least one major depressive episode and one hypomanic episode but has never had a manic episode or cyclothymia.

### 8. What are the risk factors affecting depression?

**Ans.** Risk factors affecting depression include heredity, age, gender, negative life events, and lack of social support.

### 9. What is double-blind method?

**Ans.** Experimental design used in drug research. Neither the subjects

nor the experimenters know whether the medications given to different comparison groups are active or inert (placebos).

**10. What is Placebo?**

**Ans.** Inactive or inert substance that is presented as effective remedy for some problem in order to determine what role suggestibility plays in symptom change.

**11. What is Placebo effect?**

**Ans.** Changes in behavior as a result of the expectancy that a placebo, or inactive substance, is an active or "real" drug, type of suggestion effect.

**12. What is depression?**

**Ans.** The term depression covers a variety of negative moods and behavior changes. Some are normal mood fluctuations and others meet the definition of clinical problems. The mood change may be temporary or long-lasting.

**13. What is social support?**

**Ans.** The positive aspects of interpersonal ties that assist in coping and promote both physical and mental health of an individual.

**14. What is dysthymia?**

**Ans.** Dysthymia is defined as a condition characterized by mild and chronic depressive symptoms.

**15. What is the period of dysthymia?**

**Ans.** Periods of dysthymia have been found to last from 2 to 20 or more years, with a median duration of about 5 years.

**16. What does it mean that Dysthymia and major depressive disorder have been found to have a high degree of comorbidity?**

**Ans.** This means that both types of mood disorder are likely to occur in the same individual.

**17. What was monoamine hypothesis?**

**Ans.** It focused on the activity of several neurotransmitters, including those related to serotonin and three catecholamines (dopamine, norepinephrin, and epine-phrine), which were thought to be the most important in producing depression.

**18. How can you say that depression is associated with some type of regional brain dysfunction?**

**Ans.** Findings from a variety of scanning techniques-computerized

tomography (CT), magnetic resonance imaging (MRI), position emission tomography (PET), and single photon emission computed tomography (SPECT) done on individuals with depression suggest that the disorder is associated with some type of regional brain dysfunction.

**19. What is computed axial tomography (CT scan)?**

**Ans.** Technique that uses a narrow beam of x-rays to photograph an area of the body from many angles. A computer then analyzes this information to provide a clear picture of soft tissues as well as the tissue seen in conventional x-rays.

**20. Explain Monoamine oxidase(MAO)?**

**Ans.** Enzyme in the neuron receptors that inactivates the various amines, including the catecholamines.

**21. What is MRI?**

**Ans.** Magnetic resonance imaging is a method by which electromagnetic radiation is used to visualize and measure anatomy in the living person.

**22. What is PET Scan?**

**Ans.** Positron emission tomography (PET) is a technique for studying the dynamic chemical activity of the brain by using a scanning device that produces a series of cross-sectional images of the brain.

**23. What is SPECT?**

**Ans.** Single photon emission computed tomography (SPECT) is an imaging technique that measures cerebral blood flow and neurochemical changes that occur with different types of brain activity.

**24. Why MRI is useful?**

**Ans.** MRI scanning technique does not expose the person scanned to any potential harmful effects even with repeated use, it has spurred a considerable amount of research on biological abnormalities in the brain and how they correlate with behavioral and emotional patterns that distinguish different patterns of symptoms in major depression.

**25. What kind of sleep disturbance is there in depressed individuals.**

**Ans.** They tend to have trouble both in going to sleep and in staying asleep.



**26. Explain relapse?**

**Ans.** The reappearance of symptoms after a period of improvement but not a complete return to normalcy or after a brief remission or return to normalcy that is not sufficiently long to qualify as a recovery.

**27. Explain remission?**

**Ans.** The lessening of symptoms so that the person regains his or her normal state at least for a period of time. The term implies that the basic problem has not been cured but may still exist.

**28. What is ECT?**

**Ans.** Electroconvulsive therapy (ECT) is a treatment for depression in which electrical current is passed through a patients' head. Used if a quick treatment is needed because of a high suicide risk or if antidepressant drugs have not been effective.

**29. What is the difference between humanistic and existentialist perspective?**

**Ans.** Existentialist theorists tend to focus on loss of self-esteem, and humanistic theorists focus on the discrepancies between a person's view of the ideal and view of his or her actual self.

**30. How has Beck described depression?**

**Ans.** Beck believes that depression can best be described as a cognitive triad of negative thoughts about oneself, the situation, and the future.

**31. According to Beck how cognitions of a depressed patient are different from the people with anxiety disorders.**

**Ans.** According to Beck the anxious person worries about what might happen and whether he or she will be able to deal with it. In contrast, the depressed person thinks about how he or she has failed in the past, how terrible the future will be and how he or she will be unable to deal with it or improve it.

**32. Why cognitive therapy is often referred to as cognitive behavioral therapy?**

**Ans.** Cognitive therapy is often referred to as cognitive behavioral therapy CBT because it makes use of both behavioral and cognitive theoretical perspectives.

**33. What is the main focus of CBT?**

**Ans.** The main focus of CBT is to help clients think more adaptively and as a result, to experience positive changes in mood, motivation and behavior.

**34. What are automatic thoughts?**

**Ans.** They are recurring thoughts that come into a person's mind almost as if by habit rather than as a specific response to what is currently going on.

**35. Explain bipolar disorder?**

**Ans.** Bipolar disorder, often called manic-depressive illness in the past, is a mental illness involving episodes of mania and depression.

**36. How has DSM IV divided bipolar disorders?**

**Ans.** DSM IV has divided bipolar disorders into four groups: Bipolar I disorder, Bipolar II disorder, cyclothymic disorder, and a miscellaneous category for bipolar disorders that does not clearly fit into any of these categories.

**37. Define Mania.**

**Ans.** Mania is characterized by a flight of ideas, elevated mood, and increased psychomotor activity.

**38. What is the difference between a hypomanic and a manic episode?**

**Ans.** A hypomanic episode is similar to a manic episode but does not meet all the criteria, it is not severe enough to cause marked impairment in functioning or hospitalization, but it is observable to others.

**39. Explain cyclothymic disorder?**

**Ans.** Cyclothymic disorder includes both hypomanic and depressive behavior that extends over at least a 2-year period.

**40. Explain the term concordance?**

**Ans.** Term describing the degree of relationship among twins and other family members with respect to a given characteristic or trait. They are referred to as concordant if they both show a particular trait; if they do not, the pair is described as discordant for that trait.

**41. Explain the term discordant.**

**Ans.** Term often used in twin studies to describe particular

characteristics on which the twins differ. Characteristics that are the same for both are referred to as concordant.

**42. What is the most common biologically based treatment of bipolar disorder?**

**Ans.** The most common treatment for bipolar disorder used today is lithium. It is especially effective in reducing manic activity but can also decrease the depression experienced in bipolar disorder.

**43. What are the limitations of lithium treatment?**

**Ans.** Lithium may have dangerous side effects. There is only a slight difference between an effective and a toxic lithium dosage, the smallest difference found for any drug routinely prescribed for psychiatric illness.

**44. Explain parasuicide?**

**Ans.** Parasuicide is a term used to describe suicidal behavior that does not result in death.

**45. What is "Werther effect"?**

**Ans.** Sometimes when the suicide of a well-known person makes headline news, an increase in suicides occurs shortly afterward. This has been called suicide by contagion or the 'Werther effect'.

**46. What are postvention programs?**

**Ans.** Postvention programs are often used to help survivors deal with the impact of the suicide of a member of their group.

**47. What are the two key moods involved in mood disorders?**

**Ans.** (1) Mania-characterized by intense and unrealistic feelings of excitement and euphoria, and  
(2) Depression-, which involves feelings of extraordinary sadness and dejection.

**48. How are mood disorders differentiated on the basis of severity?**

**Ans.** The number of dysfunctions experienced in various areas of living and the relative degree of impairment evidenced in those areas.

**49. How are mood disorders differentiated on the basis of duration?**

**Ans.** Whether the disorder is acute, chronic or intermittent (with periods of relatively normal functioning between the episodes of disorder).

**50. Name the symptoms a dysthymic must have when depressed?**

**Ans.** A dysthymic must have at least two of the following six symptoms when depressed:

- (1) Poor appetite or overeating
- (2) Sleep disturbance
- (3) Low energy level
- (4) Low self-esteem
- (5) Difficulties in concentration or decision making, and
- (6) Feelings of hopelessness

**51. What is the difference between cyclothymia and bipolar disorder.**

**Ans.** The severity of disturbance in bipolar disorder ranges from mild to moderate to severe. In the mild to moderate range the disorder is known as cyclothymia, and in the moderate to severe range the disorder is known as bipolar disorder.

**52. What are the features for adjustment disorder with depressed mood which distinguish it from dysthymia?**

**Ans.** It differs from dysthymia in that it does not exceed six months in duration, and it requires the existence of an identifiable (presumably precipitating) psychosocial stressor in the client's life within 3 months before the onset of depression.

**53. Explain the endogenous causation of depression?**

**Ans.** Certain depressions are caused "from within", so to speak and are unrelated to any stressful events in a patient's life.

**54. Which psychotic symptoms may sometimes accompany the other symptoms of major depression?**

**Ans.** Psychotic symptoms, characterized by loss of contact with reality, and including delusions (false beliefs) or hallucinations (false sensory perceptions), may sometimes accompany the others symptoms of major depression.

**55. State a difference between psychotically depressed individuals and non psychotic depressives.**

**Ans.** Psychotically depressed individuals are more likely to show some of the symptoms of melancholia and to have a poorer long-term prognosis than are nonpsychotic depressives.

**56. What is "double depression"?**

**Ans.** Major depression may co-exist with dysthymia in some people, a condition given the designation "double depression".

**57. What are the symptoms of the disorder known as cyclothymia?**

**Ans.** Some people are subject to cyclical mood changes with relative excesses of hypomania and depression that, though substantial, are not disabling. This is cyclothymia.

**58. According to Whybrow (1997) research how stressors act in mood disorders?**

**Ans.** He suggested that psychosocial stressors may cause long-term changes in brain functioning and that these changes may play a role in the development of mood disorders.

**59. What is diathesis?**

**Ans.** Predisposition or vulnerability toward developing a given disorder.

**60. What is diathesis stress models?**

**Ans.** View of abnormal behavior as the result of stress operating on an individual with a biological, psychosocial or sociocultural predisposition toward developing a specific disorder.

**61. Explain neuroticism?**

**Ans.** Personality psychologists currently use the term neuroticism or negative affectivity to refer to a stable and heritable personality trait that involves a temperamental sensitivity to negative stimuli (Tellegen, 1985).

**62. Explain the type of people who are high on the trait of neuroticism?**

**Ans.** People who are high on this trait are prone to experiencing a broad range of negative moods, including not only sadness, but also anxiety, guilt and hostility.

**63. Explain positive affectivity?**

**Ans.** Positive affectivity involves a disposition to feel joyful, energetic, bold, proud, enthusiastic, and confident.

**64. How would people low on positive affectivity would feel?**

**Ans.** People low on this disposition tend to feel unenthusiastic, unenergetic, dull, flat, and bored.

**65. What does the personality and cognitive diatheses models for depression suggest?**

**Ans.** These models suggest that personality variables, such as neuroticism, or cognitive variables such as pessimism or dysfunctional beliefs provide the diathesis, which is interaction with negative life events can produce depression.

**66. What is the difference between Beck's cognitive model and behavioral view as regards to depression?**

**Ans.** According to Beck, it is the negative cognitions that are central to depression whereas the behavioral view postulates the low rates of reinforcement.

**67. What are negative automatic thoughts?**

**Ans.** Thoughts that often occur just below the surface of awareness and involve unpleasant pessimistic predictions.

**68. Explain the negative cognitive triad?**

**Ans.** (1) Negative thoughts about the self.

(2) Negative thoughts about one's experiences and the surrounding world.

(3) Negative thoughts about one's future.

**69. Explain "dichotomous or all-or-none reasoning"?**

**Ans.** Dichotomous or all or none reasoning, involves a tendency to think in extremes. For example, "If I can't get it 100 percent right, there's no point in doing it at all".

**70. Explain "Selective abstraction"?**

**Ans.** It involves a tendency to focus on one negative detail of a situation while ignoring the other elements of the situation.

**71. Explain "arbitrary inference"?**

**Ans.** It involves jumping to a conclusion based on minimal or no evidence.

**72. Explain "overgeneralization"?**

**Ans.** It involves a tendency to draw a sweeping conclusion from a single, perhaps rather unimportant, event.

**73. What is "paralysis of will"?**

**Ans.** The helpless animals or depressed humans show lowered initiation of voluntary responses is known in the depression literature as "paralysis of will".

**74. Discuss hopelessness expectancy.**

**Ans.** Hopelessness expectancy was defined by the perception that one had no control over what was going to happen and by absolute certainty that an important bad outcome was going to occur or that a highly desired good outcome was not going to occur.

**75. What is rumination?**

**Ans.** Rumination includes responses such as trying to figure out why you are depressed, crying to relieve tension, or talking to your friends about your depression.

**76. How does rumination maintain depression?**

**Ans.** It is known that rumination is likely to maintain depression, in part by interfering with instrumental behavior (i.e. taking action), and engaging in effective interpersonal problem solving.

**77. How rumination exacerbate depression?**

**Ans.** Self-focused rumination leads people to increased recall of more negative autobiographical memories, thereby enhancing the vicious cycle of depression.

**78. How men normally tackle depression?**

**Ans.** Men are more likely to engage in a distracting activity when they get in a depressed mood, and distraction seems to reduce depression. Distraction might include going to a movie, playing a sport, or avoiding thinking about why you are depressed.

**79. How men and women normally react when they are depressed?**

**Ans.** In particular, it seems that women are more likely to ruminate when they become depressed. Men, by contrast, are more likely to engage in a distracting activity when they get in a depressed mood.

**80. What is lithium therapy used for?**

**Ans.** Lithium therapy has now become widely used as a mood stabilizer in the treatment of both depressive and manic episodes of bipolar disorder.

**81. What is mood stabilizer?**

**Ans.** The term mood stabilizer is often used to describe those drugs which have both anti-manic and anti-depressant effects—i.e., mood-stabilizing effects in either direction.

**82. What are the side effects of Lithium therapy?**

**Ans.** Lithium therapy has some unpleasant side effects, such as lethargy, decreased motor coordination, and gastrointestinal difficulties in some patients.

**83. What are the long-term effect of lithium therapy?**

**Ans.** Long-term use of lithium has also been associated with kidney malfunction and sometimes permanent kidney damage.

**84. For whom is ECT often used?**

**Ans.** Electroconvulsive therapy(ECT) is often used with severely depressed patients who may present an immediate and serious suicidal risk including those with psychotic or melancholic features.

**85. Why ECT is used instead of antidepressants?**

**Ans.** Because antidepressants often take three to four weeks to produce significant improvement ECT is used for immediate results.

**86. What methods men and women most commonly use for suicide?**

**Ans.** For women, the most commonly used method is drug ingestion; men tend to use methods more likely to be lethal, particularly gunshot.

**87. State one reason why preventing suicide is extremely difficult?**

**Ans.** One complicating factor is that most people who are depressed and contemplating suicide do not realize that their thinking is restricted and irrational and that they are in need of assistance.

**88. What is the benefit of unilateral ECT over bilateral ECT?**

**Ans.** Strong evidence shows that it lessens distressing side effects (such as memory impairment) without decreasing therapeutic effectiveness if higher dose electrical currents are used.

**89. Explain unilateral ECT?**

**Ans.** This procedure involves limiting current flow through only one side of the brain, typically the non dominant (right side, for most people).

**90. Explain bilateral ECT?**

**Ans.** The electrodes are placed on each side of the head in the

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temple region, thereby causing a transverse flow of current through both cerebral hemispheres.

91. What suggestion has been given by researchers in case unilateral ECT shows no improvement.

Ans. Unilateral ECT may not be as effective as bilateral ECT and so many studies suggest starting with unilateral ECT and switching to bilateral after five or six treatments if no improvement is seen.

92. How Kraepelin described manic depressive insanity in 1899 now known as mood disorder?

Ans. Kraepelin described the disorder as a series of attacks of elation and depression, with periods of relative normality in between, and a generally favorable prognosis.

93. How bipolar disorder is distinguished from major depression?

Ans. Bipolar disorder is distinguished from major depression by at least one episode of mania.

94. How one classifies an episode as depressive, manic or mixed?

Ans. Any given episode is classified as depressive, manic, or mixed, according to its predominant features.

95. Explain a mixed episode?

Ans. A mixed episode is characterized by symptoms of both manic and major depressive episodes, whether the symptoms are either intermixed or alternate rapidly every few days.

96. Explain the role of norepinephrine and dopamine in mood disorders.

Ans. These are neurotransmitters used by the nervous system, especially in pathways of the brain involved in mood regulation.

97. Explain antidepressant drugs?

Ans. Drugs used to ease the pain and suffering of moderate and severe depression.

98. What is Lithium carbonate?

Ans. A naturally occurring compound used to terminate manic episodes and to increase the interval between mania and depression in bipolar affective disorder.

## Substance Related Disorders

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### OBJECTIVE QUESTIONS

1. Which of the following is a narcotic?
 

(a) Marijuna	(b) Morphine
(c) LSD	(d) Cocaine
2. Psychoactive drugs affect
 

(a) Thought.	(b) Emotions
(c) Behaviour	(d) All the above
3. Tick the correct statement of the following:
  - (a) The pain-reducing power of morphine remains same if the drug is given over a long period
  - (b) The pain-reducing power of morphine increases if the drug is given over a long period
  - (c) The pain-reducing power of morphine decreases if the drug is given over a long period
  - (d) The pain-reducing power of morphine differs from individual to individual when taken over a long period of time
4. The alcohol that is contained in beer, wine and hard liquor is a chemical compound known as:
  - (a) Isopropyl alcohol (rubbing alcohol)

- (b) Ethyl alcohol or ethanol
  - (c) Methyl alcohol (wood alcohol)
  - (d) None of the above
5. The amount of alcohol as a percentage of total volume in beer and wine varies from
- (a) 0 % to 1 %
  - (b) 10% to 100%
  - (c) 3% to 14%
  - (d) 20% to 50%
6. In hard liquor, sometimes called distilled spirits, the percentage of alcohol varies from
- (a) 40% (80 proof) to 75% (150 proof)
  - (b) 0% (0 proof) to 1% (1 proof)
  - (c) 10% (20 proof) to 100% (90 proof)
  - (d) 20% (10 proof) to 50% (50 proof)
7. Out of the following which is a hard liquor?
- (a) Beer
  - (b) Wine
  - (c) Whiskey
  - (d) None of the above
8. ....rate is very high among individuals with substance dependence
- (a) Death
  - (b) Suicide
  - (c) Survival
  - (d) Health
9. The most common indications of intoxication are disturbances of:
- (a) Perception
  - (b) Thinking
  - (c) Interpersonal behaviour
  - (d) All the above
10. Withdrawal symptoms can include:
- (a) Tremors
  - (b) Delirium
  - (c) Agitation
  - (d) All the above
11. Heroin can be:
- (a) Injected
  - (b) Smoked
  - (c) Inhaled
  - (d) All the above
12. A person who shows tolerance for a drug or withdrawal symptoms when it is unavailable illustrates:
- (a) Psychoactive substance toxicity
  - (b) Psychoactive substance dependence
  - (c) Psychoactive substance abuse

- (d) Psychoactive substance induced organic mental disorders and syndromes
- 13. The full blown symptom/s of alcohol withdrawal delirium formerly known as delirium tremens is/are
  - (a) Disorientation for time and place
  - (b) Vivid hallucinations
  - (c) Extreme suggestibility
  - (d) All the above
- 14. Name a drug with the help of which the current death rate during withdrawal delirium and acute alcoholic withdrawal has been markedly reduced:
  - (a) Chlorine
  - (b) Chlordiazepoxide
  - (c) Cocaine
  - (d) Citirzen
- 15. The psychodynamic theory focuses on the disturbed ego function at the base of substance abuse, whereas the behaviouristic approach focuses upon
  - (a) Unconscious desires
  - (b) Stressor
  - (c) Reinforcement
  - (d) Hereditary causes
- 16. Diethyltryptamine (STP) and Lysergic acid diethylamide (LSD) are
  - (a) Synthetic psychedelics
  - (b) Barbiturates
  - (c) Tranquilizers
  - (d) None of the above
- 17. Cannabis is a
  - (a) Tribe
  - (b) Plant
  - (c) City
  - (d) Country
- 18. Alcohol amnestic disorder, an alcohol related psychosis was formerly known as
  - (a) Delirium tremens
  - (b) Dementia
  - (c) Korsakoff's syndrome
  - (d) Schizophrenia
- 19. Out of the following which is the positive aspect of marijuana
  - (a) It is useful in the treatment of glaucoma, an eye disorder that may cause blindness
  - (b) It helps control the severe nausea and vomiting that accompany chemotherapy for cancer
  - (c) It is helpful in treating asthma and certain types of epileptic seizures
  - (d) All the above

20. Natural opioids include endorphins' enkephalins, and dymorphins, all of which are manufactured by the brain and the
- (a) Adrenal gland
  - (b) Pituitary gland
  - (c) Thyroid gland
  - (d) Parathyroid gland
21. Crack is a more potent form of:
- (a) Nicotine
  - (b) Phencyclidine
  - (c) Cocaine
  - (d) Amphetamine
22. Alcohol is a C.N.S.....whereas Nicotine is a C.N.S.....
- (a) Stimulant, Suppressant
  - (b) Suppressant, Stimulant
  - (c) Suppressant, destroyer
  - (d) Stimulant, destroyer
23. The Cannabis plant has been harvested throughout history for its
- (a) Fibers
  - (b) Oils
  - (c) Psychoactive resin
  - (d) All the above
24. Hashish is a solidified resin of the
- (a) Cannabis plant
  - (b) Mud
  - (c) Grass
  - (d) None of the above
25. Marijuana smoke contains about.....more carcinogens than does tobacco smoke
- (a) 10%
  - (b) 50%
  - (c) 75%
  - (d) 100%
26. The life of the average alcoholic is about.....years shorter than that of the average citizen.
- (a) 30
  - (b) 25
  - (c) 4
  - (d) 12
27. Alcochol amnestic disorder (formerly known as Korsakoff's syndrome) one of the most severe alcohol-related disorder was first described by the Russian psychiatrist Korsakoff in
- (a) 1520
  - (b) 1887
  - (c) 1672
  - (d) 1900
28. Alcoholics Anonymous was started in 1935 by two men:
- (a) Dr Sitabai and Rameshwar, N
  - (b) Dr. Watson and Clinton, S
  - (c) Dr Bob and Bill, W
  - (d) Dr Adler and Cristopher, W

- 29. Out of the following which is a hallucinogen**  
 (a) LSD (b) Alcohol  
 (c) Opium (d) Cocaine
- 30. Match the substances given in 'A' with the corresponding category in 'B' to which they belong.**
- |                 |                             |
|-----------------|-----------------------------|
| 1. Caffeine     | (i) Narcotic                |
| 2. Opium        | (ii) Hypnotic               |
| 3. Barbiturates | (iii) Hallucinogen          |
| 4. L.S.D.       | (iv) Psychoactive substance |
- (a)    1            2            3            4  
          (iv)        (i)        (ii)        (iii)
- (b)    1            2            3            4  
          (i)        (ii)        (iii)        (iv)
- (c)    1            2            3            4  
          (iv)        (iii)        (ii)        (i)
- (d)    1            2            3            4  
          (ii)        (i)        (iii)        (iv)
- 31. A person is considered intoxicated when the alcohol content of the bloodstream reaches..... percent.**  
 (a) 1.0 (b) 0.5  
 (c) 1.5 (d) 0.10
- 32. The following drugs : opium, morphine, codeine and heroin comes under the classification of**  
 (a) Sedatives (b) Stimulants  
 (c) Narcotics (d) Psychedelics
- 33. The following drugs Nembutal (pentobarbital), seconal (Secobarbital), Veronal (barbital), and Tuinal (Secobarbital and amobarbital) comes under the classification of**  
 (a) Sedatives (b) Stimulants  
 (c) Narcotics (d) Hallucinogens
- 34. The following drugs Benzedrine (amphetamine); Dexedrine (dextroamphetamine), Methedrine (methamphetamine) and Cocaine (Coca) comes under the classification of:**  
 (a) Sedatives (b) Stimulants  
 (c) Narcotics (d) Antianxiety drugs

35. Mr A is 70 and has been an alcoholic for 20 years. He has a lot of trouble remembering things that just happened. In order to avoid embarrassment, he often makes up things so others won't know he forgot. Mr A's disorder is probably:
- (a) Alcohol withdrawal delirium
  - (b) Alcohol amnestic disorder
  - (c) Alcohol idiosyncratic intoxication
  - (d) Chronic alcoholic hallucinosis
36. The following drugs Marijuana, Hashish, LSD ( Lysergic acid diethylamide-25), PCP (Phencyclidine) comes under the classification of
- (a) Sedatives
  - (b) Stimulants
  - (c) Narcotics
  - (d) Psychedelics and hallucinogens
37. The following drugs Librium (Chlordiazepoxide) Miltown (Meprobamate) Valium (Diazepam) and Xanax comes under the classification of
- (a) Sedatives
  - (b) Stimulants
  - (c) Antianxiety drugs (minor tranquilizers)
  - (d) Narcotics
38. Who discovered Heroin:
- (a) Bob and Bill
  - (b) Heinrich Dreser
  - (c) Wertheimer
  - (d) None of the above
39. The human body produces its own opium like substances called
- (a) Hormones
  - (b) Pain relievers
  - (c) Endorphins
  - (d) None of the above
40. People who are obese and hyperobese have markedly more ....cells than do people of normal weight
- (a) Adipose
  - (b) Cancer
  - (c) Striped
  - (d) White
41. The Psychoses related to alcoholism are:
- (a) Idiosyncratic intoxication
  - (b) Withdrawal delirium

- (c) Chronic alcoholic hallucinosis
  - (d) All the above
42. The only personality characteristic that appears common to the background of most problem drinkers is:
- (a) Personal maladjustment
  - (b) General depression
  - (c) Emotional immaturity
  - (d) Inadequate sexual adjustment
43. The causal factors in drug abuse are:
- (a) The influence of peer groups
  - (b) The existence of a so called drug culture.
  - (c) The availability of drugs as tension reducers or as pain relievers
  - (d) All the above
44. The sign that may develop during, or shortly after alcohol ingestion:
- (a) Slurred speech
  - (b) Incoordination
  - (c) Unsteady gait
  - (d) Any or all the above
45. Alcohol has been used for ..... purpose/s for at least ten thousand years.
- (a) Recreational
  - (b) Medicinal
  - (c) Ceremonial
  - (d) All the above
46. Out of the following which statement is true about amphetamines
- (a) Among civilians, amphetamines are widely used by night workers, long distance truck drivers, students cramming for exams, and athletes striving to improve their performances
  - (b) Amphetamines tend to suppress appetite, and they are popular with people trying to lose weight
  - (c) Amphetamines are often used to counteract the effects of barbiturates or other sleeping pills that had been taken the night before
  - (d) All the above
47. Ethanol is manufactured by:
- (a) Distillation
  - (b) Fermentation
  - (c) Both a and b
  - (d) None of the above



48. If enough alcohol is consumed to the point of a blood alcohol level of.....or more the involuntary function system can shut down and the person may die from acute alcohol poisoning.
- (a) 0.10% (b) 0.20%  
(c) 0.30% (d) 0.50%
49. Extinction of drinking behaviour by associating it with nausea is a procedure called:
- (a) Aversive conditioning  
(b) Covert sensitization  
(c) Systematic desensitization  
(d) Antabuse
50. Amphetamines are also called:
- (a) 'Speed' (b) 'Crystal'  
(c) 'Pep pills'  
(d) All the above depending on the specific active agent.
51. Out of the following which two are natural hallucinogenic substances:
- (a) Mescaline and psilocybin  
(b) STP and LSD  
(c) Mescaline and LSD  
(d) Psilocybin and LSD
52. LSD was first synthesized in 1938 by..... a swiss chemist, in the course of research on certain groups of therapeutic compounds
- (a) Koffka (b) Albert Hoffman  
(c) Dreser (d) Spearman
53. Out of the following statements which one is factual about alcohol and alcoholism:
- (a) Alcohol is far less dangerous than marijuana  
(b) Everybody drinks  
(c) One can consume a considerable amount of alcohol by drinking beer. It is, of course, the amount of alcohol that determines whether one becomes an alcoholic  
(d) In a heavy drinker, damage to the liver shows up long before brain damage appears

54. Who wrote 'alcohol provokes the desire, but it takes away the performance'.
- (a) Iris Murdoch
  - (b) Shakespeare in Macbeth
  - (c) David Cooper
  - (d) Premchand
55. Cocaine is a
- (a) Plant product
  - (b) Animal product
  - (c) Sea product
  - (d) Artificial product
56. Which is the world's most widely used mind altering drug
- (a) Cocaine
  - (b) LSD
  - (c) Caffeine
  - (d) Heroin
57. Using DSM-IV's criteria, a person is caffeine-dependent who
- (a) Develops tolerance and has withdrawal symptoms
  - (b) Uses the substance in spite of aggravation of medical or mental problems
  - (c) Makes repeated unsuccessful attempts to quit
  - (d) All the above
58. Symptoms of caffeine intoxication include:
- (a) Excitement
  - (b) Insomnia
  - (c) Restlessness and nervousness
  - (d) All the above
59. Out of the following which is a misconception about alcohol and alcoholism:
- (a) Alcohol is actually both a nervous system stimulant and a depressant
  - (b) Alcohol can help a person sleep more soundly
  - (c) Alcohol is seductive and can lower the resistance of even the 'strongest will'
  - (d) Alcohol has strong addictive properties
60. 'Alcohol myopia' is said to be:
- (a) a 'myth'
  - (b) a reason alcohol consumption is a 'risk factor' for sexually transmitted disease
  - (c) A factor which makes social interaction seem 'larger and close up'
  - (d) A reason for blurred vision during intoxication

61. General depressants
  - (a) Include alcohol
  - (b) Reduce activity in the nervous system
  - (c) Are not addictive
  - (d) Both a and b
62. The general depressants prescribed for insomnia:
  - (a) Provide natural and restful sleep if not used more than a couple of times a week.
  - (b) Stimulate REM and provide good relief from insomnia.
  - (c) Cannot result in dependence if used only for inducing sleep.
  - (d) Depress the amount of REM sleep and reduce the quality of the person's sleep time.
63. Drug dependence refers to:
  - (a) Psychological dependence
  - (b) Physiological dependence
  - (c) Psychological and physiological dependence
  - (d) None of these
64. Goodwin and his colleagues concluded that which of the following situations put a son at greatest risk of becoming alcoholic?
  - (a) Being raised by an alcoholic parent
  - (b) Being raised by non alcoholic parents
  - (c) Being born to an alcoholic parent
  - (d) Being born to non alcoholic parents
65. Beer was first made in Egypt around
  - (a) 3000 B.C.
  - (b) 400 A.D.
  - (c) 1819 A.D.
  - (d) 200 B.C.
66. Analgesic properties of a drug means:
  - (a) Its good qualities
  - (b) Its ability to eliminate pain without inducing unconsciousness
  - (c) Its bad qualities
  - (d) Its ability to make the patient unconscious

67. Rashmi was addicted to heroin. After a car accident in which she broke her arm, she was taken to a hospital, and a physician gave her the standard size injection of morphine to relieve the pain. It did not relieve her pain, and she requested a higher dose. This illustrates.
- (a) Tolerance (b) Dependence  
(c) Addiction (d) Cross- tolerance
68. The important drugs used in ancient India is:
- (a) Cannabis (b) Opium  
(c) Somaras (d) All these
69. The drug that once was thought to be useful for inducing 'model psychoses' is:
- (a) Marijuana (b) LSD  
(c) Heroin (d) Cocaine
70. What determines intoxication
- (a) The amount consumed  
(b) The amount of alcohol actually concentrated in the bodily fluids.  
(c) Both (a) and (b)  
(d) None
71. The effects of alcohol, vary for different drinkers, depending on
- (a) Their physical condition  
(b) The amount of food in their stomach  
(c) The duration of their drinking  
(d) All the above
72. Out of the following which is an early warning signs of drinking problems.
- (a) Frequent desire (b) Increased consumption  
(c) Morning drinking (d) All the above
73. ....refers to physical symptoms that occur when a person stops or cuts down on the use of a psychoactive substance:
- (a) Withdrawal (b) Tolerance  
(c) Dependence (d) None of the above
74. The development of tolerance is usually associated with the use of:

- (a) Alcohol
  - (b) Opiates
  - (c) Barbiturates
  - (d) All of the above
75. Most road accidents occur because of:
- (a) Bad roads
  - (b) Use of alcohol by the drivers
  - (c) Domestic problems
  - (d) Hunger
76. Cocaine is classified as a (n):
- (a) Hallucinogen
  - (b) Sedative
  - (c) Narcotic
  - (d) Stimulant
77. Excessive alcohol use potentially detrimentally effects
- (a) An individual
  - (b) His or her loved ones
  - (c) Society
  - (d) All the above
78. At higher levels alcohol acts as a
- (a) Stimulant
  - (b) Depressant
  - (c) Activator
  - (d) None of the above
79. When people addicted to opiates do not get a dose of the drug within approximately.....hours, they start to experience withdrawal symptoms.
- (a) Twenty four
  - (b) Two
  - (c) Eight
  - (d) Forty Six
80. Cocaine
- (a) Causes more neurotransmitter to be released at the synapse.
  - (b) Stimulates the dendrites that cause euphoria.
  - (c) Acts as a mild depressant.
  - (d) Blocks reuptake of neurotransmitter at the synapse.
81. The most serious drug problem in the United States from the perspective of the number of people affected (and damaged) is from
- (a) The opiates
  - (b) Cocaine
  - (c) Alcohol
  - (d) Hallucinogens
82. Drug is abused usually when it is taken
- (a) With medical advice.
  - (b) Without medical advice
  - (c) In small quantity
  - (d) None of these
83. Natural hallucinogens include:
- (a) Mescaline
  - (b) Psilocybin
  - (c) Both
  - (d) None

84. Which of the following personality disorders has the highest incidence among heroin addicts?
- (a) Compulsive (b) Avoidant  
(c) Antisocial (d) Dependent
85. The problem of substance abuse and dependence in our society is:
- (a) Increasing (b) Decreasing  
(c) Is same (d) Not known
86. Out of the following psychoactive drugs which is illegal to be purchased:
- (a) Alcohol (b) Heroin  
(c) Nicotine (d) All the above
87. ....is the only type of alcohol intended for human consumption:
- (a) Rubbing alcohol (b) Ethanol  
(c) Wood alcohol (d) None of the above
88. The fetal alcohol syndrome:
- (a) Is a major cause of alcoholism  
(b) Is found only in the babies of very heavy drinkers  
(c) May result from relatively modest drinking in susceptible fetuses  
(d) Is actually a drug interaction between alcohol and other general depressants
89. Which of the following poems was written under the effect of opium:
- (a) Kubla Khan  
(b) Ode on a Grecian Urn  
(c) Rime of the ancient mariner  
(d) Ode to duty
90. Alcoholism is linked with:
- (a) Automobile and train accidents  
(b) Murder  
(c) Physical assault (d) All the above
91. The consequence of prolonged heavy use of a psychoactive substance is:

- (a) Changes in motivation
  - (b) Lessened ability to concentrate and think clearly.
  - (c) Serious physical symptoms
  - (d) All the above
92. 'Valium' is a:
- (a) Barbiturate
  - (b) Tranquilizer
  - (c) Amphetamine
  - (d) Hallucinogen
93. Heroin is the most well known
- (a) Amphetamine
  - (b) Cocaine
  - (c) Synthetic opioid
  - (d) Hallucinogen
94. Several forms of opioids that resemble opium and heroin in their effects are manufactured by the brain and the pituitary gland. Tick the correct alternative
- (a) Endorphins
  - (b) Enkephalins
  - (c) Dymorphins
  - (d) All the above

### ANSWERS

- |         |         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|---------|
| 1. (b)  | 2. (d)  | 3. (c)  | 4. (b)  | 5. (c)  | 6. (a)  | 7. (c)  |
| 8. (b)  | 9. (d)  | 10. (d) | 11. (d) | 12. (b) | 13. (d) | 14. (b) |
| 15. (c) | 16. (a) | 17. (b) | 18. (c) | 19. (d) | 20. (b) | 21. (c) |
| 22. (b) | 23. (d) | 24. (a) | 25. (b) | 26. (d) | 27. (b) | 28. (c) |
| 29. (a) | 30. (a) | 31. (d) | 32. (c) | 33. (a) | 34. (b) | 35. (b) |
| 36. (d) | 37. (c) | 38. (b) | 39. (c) | 40. (a) | 41. (d) | 42. (c) |
| 43. (d) | 44. (d) | 45. (d) | 46. (d) | 47. (c) | 48. (d) | 49. (a) |
| 50. (d) | 51. (a) | 52. (b) | 53. (c) | 54. (b) | 55. (a) | 56. (c) |
| 57. (d) | 58. (d) | 59. (b) | 60. (b) | 61. (d) | 62. (d) | 63. (c) |
| 64. (c) | 65. (a) | 66. (b) | 67. (d) | 68. (d) | 69. (b) | 70. (b) |
| 71. (d) | 72. (d) | 73. (a) | 74. (d) | 75. (b) | 76. (d) | 77. (d) |
| 78. (b) | 79. (c) | 80. (d) | 81. (c) | 82. (b) | 83. (c) | 84. (c) |
| 85. (a) | 86. (b) | 87. (b) | 88. (c) | 89. (a) | 90. (d) | 91. (d) |
| 92. (b) | 93. (c) | 94. (d) |         |         |         |         |

### SHORT TYPE QUESTIONS

#### 1. What is addiction?

**Ans.** Addiction is a term that has been used to describe the harmful effects of excessive reliance on drugs for pleasure and relief of tension.

**2. The term addiction is not used in DSM-IV. On what term does DSM-IV focuses?**

**Ans.** The term addiction is not used in DSM-IV, which instead focuses attention on substance dependence.

**3. What are the two categories of substance related disorders in DSM-IV?**

**Ans.** DSM-IV contains two broad categories of substance related disorders. The substance use disorders and the substance induced disorders.

**4. What does substance use disorders include?**

**Ans.** Substance use disorders include problems associated with using and abusing such drugs as alcohol, cocaine, and heroin, which alter the way people think, feel and behave.

**5. What are the two subgroups of substance use disorders?**

**Ans.** The two subgroups of substance use disorders are those related to substance dependence and those related to substance abuse.

**6. What is substance dependence?**

**Ans.** DSM-IV defines substance dependence as a maladaptive pattern of substance use that leads to clinically significant impairment or distress.

**7. What does the term 'tolerance' refers to in the context of substance use?**

**Ans.** Tolerance refers to the need to use more and more of a substance to get the same effect because the same size dose has progressively less effect as time goes by.

**8. What is 'Withdrawal'?**

**Ans.** Withdrawal refers to a particular set of physical symptoms that occur when a person stops or cuts down on the use of a psychoactive substance.

**9. What is substance abuse?**

**Ans.** In substance abuse there are recurrent and significant adverse consequences related to the use of substances.

**10. What is cross- tolerance?**

**Ans.** A phenomenon in which tolerance to one drug develops because of continued use of another chemically similar drug, even though the first drug was never used.



**11. What is the difference between type A and Type B alcoholic dependence?**

**Ans.** The categorization of alcoholics as Type A alcoholic dependence reflects mild dependence on alcohol with late onset, while Type B shows severe dependence, as well as an early onset.

**11. How does DSM-IV distinguish between substance dependence and substance abuse?**

**Ans.** In DSM-IV substance dependence includes tolerance, withdrawal, and compulsive use, whereas the criteria for substance abuse are essentially psychological problems and maladaptive behaviour.

**12. What is pathological use of a substance?**

**Ans.** It is use beyond which any positive effects are outweighed by negative effects.

**13. How is ethanol manufactured?**

**Ans.** Ethanol is manufactured by two methods, distillation (hard liquors) and fermentation (beer and wine).

**14. What percentage of blood alcohol level is dangerous?**

**Ans.** If enough alcohol is consumed to the point of a blood alcohol level of 0.50% or more the involuntary function system can shut down and the person may die from acute alcohol poisoning.

**15. Define physiological dependence on alcohol?**

**Ans.** DSM-IV defines physiological dependence on alcohol in terms of tolerance and symptoms of withdrawal.

**16. What is alcohol abuse?**

**Ans.** Alcohol abuse is defined in terms of behavioural indicators such as lowered job performance and poor interpersonal relationships.

**17. Describe alcohol intoxication?**

**Ans.** In alcohol intoxication there are clinically significant behavioural and psychological changes (e.g. inappropriate sexual or aggressive behaviour, slurred speech, lack of coordination, impaired attention or memory, or coma).

**18. Why aversive conditioning approaches often require 'booster sessions'?**

**Ans.** Aversive conditioning approaches often require “booster sessions” because the threat of an unpleasant reaction tends to weaken over time.

**19. What happens when tolerance develops for a substance?**

**Ans.** As tolerance develops, the amount of the substance needed to maintain the same level of intoxication is increased. The margin between an intoxicating dose and a fatal one also becomes smaller.

**20. After addiction has developed, what is the problem in sudden abstinence?**

**Ans.** After addiction has developed, sudden abstinence can cause withdrawal symptoms including delirium and convulsions, and can even result in death.

**21. To which group of tranquilizers does valium belong?**

**Ans.** Valium is a member of the benzodiazepine group of tranquilizers.

**22. What are the characteristics of benzodiazepine group of tranquilizers?**

**Ans.** Drugs in this group produce less euphoria than other tranquilizing drugs, so the risk of dependence and abuse is relatively low. Nevertheless, tolerance and withdrawal symptoms can develop.

**23. What does the term opioid refers to?**

**Ans.** The term opioid refers to any natural or synthetic substance that acts on the body in a way that is similar to the action of derivatives of the opium poppy.

**24. When was morphine identified?**

**Ans.** In 1804 the most important active ingredient of opium, morphine was identified.

**25. How is heroin produced?**

**Ans.** Heroin is produced by boiling morphine in acetic acid.

**26. What are the effects of opioids?**

**Ans.** Opioids have both sedative and analgesic effects. They cause mood changes, sleepiness, mental clouding, constipation, and slowing of the activity of the brain's respiratory center.

**27. What is Methadone?**

**Ans.** Methadone is a synthetic substance that blocks the effects of

heroin. Methadone maintenance is the most widely used treatment for opioid addicts.

**28. What are the effects of cocaine?**

**Ans.** Cocaine is a central nervous system stimulant. It puts the body in an emergency state in much the same way that a rush of adrenaline would in a stressful situation.

**29. What is the difference between opioids and cocaine?**

**Ans.** The opioids are 'downers' that slow the body's responses whereas cocaine is an 'upper' that increases heart rate, raises blood pressure and body temperature, and decreases appetite.

**30. What are the effects of Hallucinogens?**

**Ans.** Hallucinogens, or psychedelics, act on the central nervous system to produce alteration of consciousness. They change the user's perceptions of both the internal and the external world.

**31. Who discovered LSD?**

**Ans.** LSD was first synthesized in 1938 by Albert Hoffman, a Swiss chemist, in the course of research on certain groups of therapeutic compounds.

**32. What are inhalants?**

**Ans.** The inhalants are volatile substances or organic solvents such as gasoline, lighter fluids, spray paints, and cleaning fluids. Most of these substances are hydrocarbons of some type.

**33. What does Marijuana consists of?**

**Ans.** Marijuana consists of the dried leaves and flowering tops of the cannabis plant.

**34. What are the four properties of addiction?**

**Ans.** (1) Craving (2) Compulsion (3) Loss of control, and (4) Continuing the behaviour in spite of associated adverse consequences.

**35. What happens in substance dependence?**

**Ans.** In substance dependence there is intense craving for the substance to which the person is addicted, and that person shows tolerance, withdrawal symptoms, and compulsive drug taking.

**36. Why physicians often prescribe barbiturates?**

**Ans.** Barbiturates are often prescribed by physicians to decrease anxiety or prevent convulsions.

**37. Why both barbiturates and tranquilizers are dangerous?**

**Ans.** Both barbiturates and tranquilizers are dangerous because tolerance develops and the user often increases the dose to dangerous levels in order to get the desired effect.

**38. Explain the exposure orientation theory of opioid addiction?**

**Ans.** According to the exposure orientation theory of opioid addiction, the use of opiates shuts down the body's synthesis of natural opioids.

**39. What is a stimulant?**

**Ans.** A psychoactive drug whose main effect is to increase activity in the central nervous system.

**39. What is the difference between amphetamines and methamphetamine?**

**Ans.** Methamphetamine is chemically similar to amphetamine but has a greater impact on the central nervous system.

**40. Cognitive research has identified three stages of change relevant to smoking cessation, what are they?**

**Ans.** These are commitment to change, implementation of the change, and maintenance of the change with emphasis on relapse prevention.

**41. Among those who drink excessively for a long time, a reaction known as alcohol withdrawal delirium (formerly known as delirium tremens) may occur. What is this reaction?**

**Ans.** This reaction usually happens following a prolonged drinking spree when the person is in a state of withdrawal. Slight noises or sudden moving objects may cause considerable excitement and agitation.

**42. What is the cause for the symptoms of alcohol amnesic disorder?**

**Ans.** The symptoms of alcohol amnesic disorder are now thought to be due to vitamin B (thiamine) deficiency and other dietary inadequacies.

**43. What is addictive behaviour?**

**Ans.** Addictive behaviour is behaviour based on the pathological

need for a substance or activity, may involve the abuse of substances, such as nicotine, alcohol, or cocaine, or the excessive ingestion of high caloric food, resulting in extreme obesity.

**44. What are psychoactive drugs?**

**Ans.** Those drugs that affect mental functioning like alcohol, nicotine, barbiturates, minor tranquilizers, amphetamines, heroin and marijuana.

**45. Define the term 'alcohol dependence syndrome'**

**Ans.** A state, psychic and usually also physical, resulting from taking alcohol, characterized by behavioural and other responses that always include a compulsion to take alcohol on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence, tolerance may or may not be present.

**46. Who is an alcoholic?**

**Ans.** The term alcoholic is often used to refer to a person with a serious drinking problem, whose drinking impairs his or her life adjustment in terms of health, personal relationships, and occupational functioning.

**47. At what level can we say that an individual is intoxicated?**

**Ans.** When the alcohol content of the bloodstream reaches 0.10 percent, the individual is considered to be intoxicated, at least with respect to driving a vehicle.

**48. What is fetal alcohol syndrome (FAS)?**

**Ans.** A condition caused by excessive alcohol consumption during pregnancy and which results in birth defects such as mental retardation.

**49. There are several ways of administering a drug, what are they? How are alcohol and cocaine normally taken?**

**Ans.** There are several routes of administration oral, nasal and intravenous. Alcohol is usually drunk, the slowest route, while cocaine is often self administered by injection or taken nasally.

**50. Write some of the traits of an alcohol risk personality?**

**Ans.** An alcohol risk personality is usually an alcoholic's child who has an inherited predisposition toward alcohol abuse and who is impulsive, prefers taking high risk, is emotionally

unstable, has many psychological problems and finds alcohol rewarding.

**51. What are the psychopathological conditions linked to addictive disorders?**

**Ans.** The two psychopathological conditions that have been most frequently linked to addictive disorders are depression and antisocial personality. However, other diagnostic groups have also been found to co-occur for example schizophrenia, borderline personality, anxiety disorders and bipolar disorder.

**52. What is the work of Alcoholics Anonymous?**

**Ans.** Alcoholics Anonymous (AA) operates primarily as a self help counseling program in which both person to person and group relationships are emphasized. AA accepts both teenagers and adults with drinking problems has no dues or fees, and does not keep records or case histories.

**53. Which is the chief active ingredient in tobacco?**

**Ans.** The poisonous alkaloid nicotine is the chief active ingredient in tobacco.

**54. What is opium?**

**Ans.** Opium is a mixture of about 18 chemical substances known as alkaloids.

**55. What was the alkaloid present in the largest amount (10 to 15 percent) of opium later on named as?**

**Ans.** In 1805 the alkaloid present in the largest amount (10 to 15 percent of opium) was named morphine after Morpheus, God of sleep in Greek mythology.

**56. What is Morphine?**

**Ans.** It is a bitter tasting powder that could serve as a powerful sedative and pain reliever.

**57. How is morphine converted into heroin?**

**Ans.** If morphine is treated by an inexpensive and readily available chemical called acetic anhydride, it would be converted into another powerful analgesic called heroin.

**58. What are phenothiazines?**

**Ans.** Drugs used to reduce the delusions, hallucinations, and violent behaviour of many schizophrenic patients.

**58. How are morphine and heroin introduced into the body?**

**Ans.** Morphine and heroin are commonly introduced into the body by smoking, snorting (inhaling the powder), eating, "skin popping", or "mainlining", the last two being methods of introducing the drug via hypodermic injection.

**59. What is skin popping and mainlining?**

**Ans.** Skin popping refers to injecting the liquefied drug just beneath the skin, and mainlining is injecting the drug directly into the bloodstream.

**60. What is Methadone?**

**Ans.** Methadone hydrochloride is a synthetic narcotic that is related to heroin and possesses qualities that are equally addictive physiologically.

**61. What is the use of Methadone?**

**Ans.** Its usefulness in treatment to deal with the physiological craving for heroin lies in the fact that it satisfies an addict's craving for heroin without producing serious psychological impairment.

**62. Is there any better alternative to methadone?**

**Ans.** A new medication, buprenorphine, has been used to treat heroin addiction. It promises an equally effective substitute for heroin but has fewer side effects than methadone.

**63. What is the use of Buprenorphine?**

**Ans.** Buprenorphine operates as a partial antagonist to heroin and produces the 'feelings of contentment' associated with heroin use. Yet the drug does not produce the physical dependency that is characteristic of heroin and can be discontinued without severe withdrawal symptoms.

**64. What is the difference between narcotics and amphetamines?**

**Ans.** In contrast to narcotics, which depress or slow down the action of the central nervous system, cocaine and amphetamines stimulate or speed it up.

**65. Write two similarities between opiates and cocaine?**

**Ans.** (1) Like the opiates, cocaine may be ingested by sniffing, swallowing, or injecting.

(2) Also like the opiates, it precipitates a euphoric state of

4 to 6 hour's duration, during which a user experiences feelings of confidence and contentment.

**66. Why were amphetamines initially termed as 'wonder pills'.**

**Ans.** Initially these drugs were considered to be 'wonder pills' as they helped people stay alert and awake and function temporarily at a level beyond normal.

**67. Write some uses of amphetamines?**

**Ans.** Amphetamines are occasionally used medically for curbing the appetite when weight reduction is desirable, for treating individuals suffering from narcolepsy and for treating hyperactive children.

**68. What are hallucinogens?**

**Ans.** The hallucinogens are drugs whose properties are thought to induce hallucinations.

**69. How much LSD is required to produce intoxication?**

**Ans.** The odorless, colorless and tasteless drug LSD can produce intoxication with an amount smaller than a grain of salt.

**70. When and by whom was LSD discovered?**

**Ans.** The chemically synthesized substance was first discovered by the Swiss chemist Albert Hoffman in 1938.

**71. What is the effect of taking LSD?**

**Ans.** After taking LSD, a person typically goes through about eight hours of changes in sensory perception, mood swings, and feelings of depersonalization and detachment.

**72. Explain flashback, an interesting and unusual phenomenon that may occur following the use of LSD?**

**Ans.** It is an involuntary recurrence of perceptual distortions or hallucinations weeks or even months after taking the drug.

**73. How are mescaline and psilocybin derived?**

**Ans.** Mescaline is derived from the small, disclike growths (mescal buttons) at the top of the peyote cactus, and psilocybin, is obtained from a variety of 'sacred' Mexican mushrooms known as *Psilocybe mexicana*.

**74. From where does marijuana comes?**

**Ans.** Marijuana comes from the leaves and flowering tops of the hemp plant, *cannabis sativa*. The plant grows in mild climates



throughout the world, including parts of India, Africa, Mexico, South America and the United States.

**75. How is hashish derived?**

**Ans.** Hashish is derived from the resin exuded by the cannabis plant made into a gummy powder.

**76. What is hyperobesity?**

**Ans.** It is often called morbid obesity and defined as being 100 pounds or more above ideal body weight.

**77. What is the problem in being hyperobese?**

**Ans.** Hyperobesity can be a dangerous, life-threatening disorder, resulting in such conditions as diabetes, musculoskeletal problems, high blood pressure, and other cardiovascular diseases that may place a person at high risk for a heart attack.

**78. What is the cause of hyperobesity?**

**Ans.** Although some cases of extreme obesity result from metabolic or hormonal disorders, most obese persons simply take in more calories than they burn.

**79. What is pathological gambling?**

**Ans.** It is a progressive disorder characterized by loss of control over gambling, preoccupation with gambling and obtaining money for gambling, and irrational gambling behaviour in spite of adverse consequences.

**81. What types of gambling are available in our society?**

**Ans.** Gambling in our society takes many forms, including casino gambling, betting on horse races (legally or otherwise), number games, lotteries, dice, bingo, and cards.

**82. What is the effect of fetal alcohol syndrome?**

**Ans.** It produces physical malformations and mental retardation.

**83. Is there any beneficial effects of alcohol?**

**Ans.** Moderate use of alcohol (2 ounces per day) may reduce psychological stress, or it may promote the formation of substances that help prevent or remove the plaque that can clog coronary arteries.

**84. How the alcohol acts as a positive and a negative reinforcer?**

**Ans.** Through its effects, alcohol can be a positive reinforcer,

producing positive sensations in the brain, or a negative reinforcer, alleviating negative feelings such as anxiety.

**85. What is valium?**

**Ans.** Valium is a member of the benzodiazepine group of tranquilizers. Drugs in this group produce less euphoria than other tranquilizing drugs, so the risk of dependence and abuse is relatively low.

**86. Explain physical dependence on a drug?**

**Ans.** A state in which an individual has developed tolerance to a particular drug, needs it to function normally, and experiences withdrawal symptoms when it is no longer administered.

**87. Explain psychological dependence on a drug?**

**Ans.** A state in which a person comes to rely on a drug habitually for the relief of stress, for euphoria, or for other effects.

**88. What are major tranquilizers?**

**Ans.** Drugs used most often to treat psychotic patients with seriously disturbed behaviour.

**89. What are minor tranquilizers?**

**Ans.** Drugs used to treat patients suffering from disorders involving moderate anxiety.

**90. What is Narcolepsy?**

**Ans.** Narcolepsy a disorder in which people cannot prevent themselves from continually falling asleep during the day.



## Schizophrenia

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### OBJECTIVE QUESTIONS

1. Too much.....leads to schizophrenia and too little to Parkinson disease:  
(a) White Blood cells      (b) Dopamine  
(c) Red blood cells      (d) Fat
2. In the United States, the estimated incidence of schizophrenia is as high as.....percent of the population:  
(a) 0.2      (b) 0.5  
(c) 0.6      (d) 0.9
3. Which of the following is considered to be a positive symptom of schizophrenia?  
(a) Asociality      (b) Flat affect  
(c) Waxy flexibility      (d) Delusions
4. Of all the psychotic disorders, .....has the most severe impact on people's lives and on the health care system:  
(a) Delusional disorder  
(b) Substance induced psychotic disorder  
(c) Schizophrenia  
(d) None of the above

5. The median age of onset for schizophrenia is:  
(a) Below 15 (b) Around 35  
(c) Over 45 (d) Older in females than males
6. All of the following are structural abnormalities of the brain found in schizophrenics EXCEPT.....  
(a) Enlarged ventricles (b) Atrophy of prefrontal cortex  
(c) Fewer dendritic spines (d) Enlarged temporal lobe
7. The diagnosis most often given to patients with schizophrenia on their first admission to a mental hospital is schizophrenia of the:  
(a) Paranoid type (b) Disorganized type  
(c) Catatonic Type (d) Undifferentiated type
8. One of the first writers to classify schizophrenia as a distinct disorder was ..... a German physician, who called it dementia praecox.  
(a) Emil Kraepelin (b) Eugen Bleuler  
(c) Russell (d) Plato
9. A schizophrenic's statement that he is "growing his father's hair" is an example of:  
(a) Autism (b) Echolalia  
(c) Anhedonia (d) Cognitive slippage
10. The first major tranquilizer used to treat schizophrenia was.....  
(a) Thorazine (b) Stellazine  
(c) Compazine (d) Tegritol
11. Kraepelin used the term dementia praecox for schizophrenia meaning:  
(a) Premature madness (b) Good  
(c) Bad (d) Disoriented
12. Who spoke of 'the schizophrenias' instead of using the term dementia praecox?  
(a) Emil Kraepelin (b) Russell  
(c) Eugen Bleuler (d) Aristotle
13. A schizophrenic who has feelings of being intimately tied up with universal powers (often associated with ideas of external control) is said to be experiencing:

- (a) Retreat to an inner world
  - (b) Confused sense of self
  - (c) Disrupted Volition
  - (d) Disruption of perception
14. When did antipsychotic medications first become available?
- (a) 1940's
  - (b) 1950's
  - (c) 1960's
  - (d) 1980's
15. Who added simple schizophrenia subtype of the disorder to the three subtypes Kraepelin had suggested
- (a) Freud
  - (b) Eugen Bleuler
  - (c) Watson
  - (d) Mesmer
16. In 1860 the Belgian psychiatrist.....used the term *démence précoce* (mental deterioration at an early age) to describe schizophrenia and to distinguish it from the dementing disorders associated with old age.
- (a) Cannon
  - (b) Russell
  - (c) Benedict Morel
  - (d) Emil Kraepelin
17. ....is a disorder characterized by disturbances in thought, emotion and behaviour.
- (a) Bipolar
  - (b) Schizophrenia
  - (c) Anhedonia
  - (d) Cyclothemia
18. The lifetime prevalence for schizophrenia is less than..... percent of the population.
- (a) 30
  - (b) 22
  - (c) 1
  - (d) 4
19. ....schizophrenia is characterized by psychomotor disturbance that may range from immobility or stupor to excessive motor activity that seems purposeless and unconnected to what is going on in the environment
- (a) Disorganized
  - (b) paranoid
  - (c) Catatonic
  - (d) Undifferentiated
20. The Latin form of *démence précoce* is:
- (a) Good
  - (b) Bad
  - (c) Dementia praececox
  - (d) Deja Vu
21. The central feature of.....schizophrenia is pronounced motor symptoms:

- (a) Paranoid
  - (b) Disorganized
  - (c) Catatonic
  - (d) Undifferentiated
22. Which of the following was a surgical treatment for schizophrenia that was popular in the first half of the 1900's ?
- (a) Electroconvulsive therapy
  - (b) Social skills training
  - (c) Prefrontal lobotomy
  - (d) Insulin shock
23. Out of the following which is a positive symptom of schizophrenia?
- (a) Delusions
  - (b) Hallucinations
  - (c) Disorganized speech
  - (d) All the above
24. Out of the following which is a negative symptom of schizophrenia?
- (a) Flat affect
  - (b) Poverty of speech
  - (c) Loss of Energy
  - (d) All the above
25. A person in whom symptoms of schizophrenia have existed for six months or less would be diagnosed as:
- (a) Catatonic type
  - (b) Disorganized type
  - (c) Undifferentiated type
  - (d) Schizophreniform disorder
26. Medications used to treat schizophrenia are known as the.....drugs?
- (a) Antidepressant
  - (b) Antipsychotic
  - (c) Antimanic
  - (d) Antianxiety
27. Out of the following which is a positive symptom of schizophrenia:
- (a) Disorganized and bizarre behaviour
  - (b) Loss of directedness or motivation
  - (c) Loss of energy
  - (d) Loss of feelings of pleasure.
28. Eugen Bleuler was a
- (a) American psychologist
  - (b) Spanish psychiatrist
  - (c) Swiss psychiatrist
  - (d) French psychologist

29. Which socioeconomic class has the highest rate of schizophrenia?
- (a) Lower class (b) Middle Class  
(c) Upper middle class (d) Upper Class
30. The typical delusional content of great self-importance, grandiosity occurs in:
- (a) Schizophrenia  
(b) Depression (in either unipolar or bipolar disorder)  
(c) Mania  
(d) Delusional disorder
31. The typical delusional content of "variety of bizarre content : being controlled by others; being persecuted by others; finding reference to oneself in others behaviours and in printed materials" occurs in:
- (a) Schizophrenia  
(b) Depression (in either unipolar or bipolar disorder)  
(c) Mania  
(d) Delusional disorder
32. The results of twin studies of hereditary factors in the development of schizophrenia show:
- (a) Higher incidence of schizophrenia among twins than among others  
(b) Equal concordance rates for identical and fraternal twins  
(c) Higher concordance rates for identical twins  
(d) Higher concordance rates for fraternal twins
33. The typical delusional content of 'unjustified guilt; perceived bodily changes (eg, rotting, putrefaction) occurs in:
- (a) Schizophrenia (b) Depression  
(c) Mania (d) Delusional disorder
34. The typical delusional content of 'loved by celebrity/high-status person, unfaithful behaviour by spouse/lover, possession of special (unrecognized) talent occurs is:
- (a) Schizophrenia (b) Depression  
(c) Mania (d) Delusional disorder

35. Neurochemical studies have shown that there is an excess of.....activity in the brains of individuals with schizophrenia:
- (a) Serotonin
  - (b) Epinephrine
  - (c) Dopamine
  - (d) Amphetamine
36. Out of the following which is a negative symptom behaviour of flat affect:
- (a) Avoidance of eye contact
  - (b) Immobile, expressionless face
  - (c) Monotonous voice
  - (d) All the above
37. Out of the following which is a negative symptom behaviour of poverty of speech:
- (a) Long lapses before replying to questions
  - (b) Failure to answer
  - (c) Slowed speech
  - (d) All the above
38. Out of the following which is a negative symptom behaviour of loss of directedness:
- (a) Slowed movements
  - (b) Reduction of voluntary movements
  - (c) Inability to initiate
  - (d) All the above
39. If schizophrenia were exclusively genetic, the concordance rate for identical twins would be.....percent:
- (a) 1
  - (b) 25
  - (c) 50
  - (d) 100
40. ....is designed to teach schizophrenics how to succeed in a wide variety of interpersonal situations:
- (a) Social skills training
  - (b) Observational learning
  - (c) Classical conditioning
  - (d) Operant conditioning
41. According to (Verdoux et al., 1997) children born in which months have a higher risk of developing schizophrenia
- (a) January through March
  - (b) March through May
  - (c) May through July
  - (d) August through December



42. The hebephrenic schizophrenia is now known as:  
(a) Paranoid type (b) Disorganized type  
(c) Catatonic type (d) Residual Type
43. What proportion of schizophrenics continue to be resistant to drug (or any other) treatment and undergo an irreversible negative syndrome and/or disorganized deterioration?  
(a) 10 percent (b) 25 percent  
(c) 50 percent (d) 60 percent
44. How many subtypes of schizophrenia are there?  
(a) 2 (b) 3  
(c) 6 (d) 10
45. The.....of patients with schizophrenia suggests that it may be appropriate to subdivide patients into different types.  
(a) Similarities (b) Homogeneity  
(c) Heterogeneity (d) Mental responses
46. In which of the following disorder there are strong delusions of persecution and grandure:  
(a) Hysteria (b) Paranoia  
(c) Paranoid schizophrenia (d) Anxiety neurosis
47. Who was one of the first investigators to use the term 'double-bind communication' for emphasizing the conflicting and confusing nature of communications among members of families experiencing a schizophrenic outcome:  
(a) Gregory Bateson (b) Marshall  
(c) Tomson (d) Barbara
48. Paranoia is characterized by:  
(a) Delusion and suspicion (b) Hallucination  
(c) Flight of ideas (d) Repression
49. Which among the following types of schizophrenia has a good chance of recovery:  
(a) Reactive schizophrenia (b) Process schizophrenia  
(c) Chronic schizophrenia (d) None of these
50. Which of the following was not a deficit found by Walker in her videotape study of preschizophrenic children?

- (a) Neuromotor abnormalities
  - (b) Less positive emotion
  - (c) Poor motor skills
  - (d) Cognitive slippage
- 51. Which symptom of schizophrenia is characterized by motor abnormalities?**
- (a) Catatonia
  - (b) Alogia
  - (c) Incoherence
  - (d) Delusions
- 52. Not all hallucinations and delusions indicate the presence of a psychotic disorder. The other cause can be:**
- (a) Sometimes hallucinations or delusions result from temporary causes such as the effect of medication, the reduced availability of oxygen to the brain during a high fever, or extreme vitamin deficiencies
  - (b) In some cases the symptoms are caused by permanent changes that result from infections such as syphilis
  - (c) Sometimes they are also found in major depressive disorders
  - (d) Any of the above cause is possible for such symptoms
- 53. If no specific cause can be found for the disordered thoughts and perceptions, they are considered to be the defining aspects of one of the following psychotic disorders:**
- (a) Schizophrenia
  - (b) Schizoaffective disorder
  - (c) Delusional disorder or shared psychotic disorder.
  - (d) In any of the above
- 54. Lack of touch with reality is observed in:**
- (a) Hysterics
  - (b) Obsessive compulsive patients
  - (c) Schizophrenics
  - (d) Anxiety neurotics
- 55. An important characteristic of a schizophrenic is:**
- (a) Introversion
  - (b) Extraversion
  - (c) Ambivalence
  - (d) None of these

56. Which type of schizophrenic among the following develop waxlike symptoms and stereotyped postures:
- (a) Simple
  - (b) Hebephrenic
  - (c) Paranoid
  - (d) Catatonic
57. Because the brain normally occupies the skull fully, the enlarged ventricles of some schizophrenics imply a (an):
- (a) Decreased pressure on the brain
  - (b) Predisposition to hydrocephaly
  - (c) Increased amount of spinal fluid
  - (d) A loss of brain tissue mass
58. The inability to experience pleasure is known as.....
- (a) Alogia
  - (b) Anhedonia
  - (c) Avolition
  - (d) Catatonia
59. Which type of schizophrenia is like a wastebasket category:
- (a) Paranoid type
  - (b) Catatonic type
  - (c) Undifferentiated type
  - (d) Disorganized type
60. Shared psychotic disorder was historically known as:
- (a) Folie
  - (b) Folie à deux
  - (c) À deux
  - (d) Fierre Gigree
61. Many studies have demonstrated abnormally low frontal lobe activation called hypofrontality- among schizophrenic persons when they engage in tasks supposedly requiring substantial frontal lobe involvement. Name a psychological test used for such studies:
- (a) WISC
  - (b) Wisconsin card sorting test (WCST)
  - (c) WAIS
  - (d) SPM
62. A mental patient who lacks very often the power of decision belongs to:
- (a) M.D.P.
  - (b) Schizophrenia
  - (c) Hysteria
  - (d) Anxiety neurosis

- 63. Lack of power to take decision occurs due to:**  
(a) Perceptual disorder      (b) Alienation disorder  
(c) Volitional disorder      (d) None of these
- 64. Which type of schizophrenic among the following develops negativism?**  
(a) Simple      (b) Hebephrenic  
(c) Paranoid      (d) Catatonic type
- 65. Which of the following findings did not contribute to the demise of the dopamine hypothesis as the cause of schizophrenia?**  
(a) Dopamine-blocking drugs also reduce psychotic symptoms for other disorders  
(b) Dopamine-blocking drugs are an antidote for drug induced 'bad trips'  
(c) Dopamine-stimulating drugs cause hallucinations  
(d) The receptor-blocking effect is accomplished too quickly
- 66. Who was the first person to use the term schizophrenia?**  
(a) Kraepelin      (b) Bleuler  
(c) Mednick      (d) Freud
- 67. Name some antipsychotic drugs that have fewer harmful side effects.**  
(a) Risperidone      (b) Olanzapine  
(c) Quetiapine      (d) All the above
- 68. Although schizophrenic disorders sometimes first occur during childhood or old age, about three- fourths of all initial onsets occur between the ages of....., with a median age in the**  
(a) 10-20, mid-10s      (b) 15 and 45, mid-20s  
(c) 20 to 60, mid-40s      (d) 40 to 80, mid-50s
- 69. A schizophrenic patient who fully believes that he is the president of India belongs to.....type of schizophrenia:**  
(a) Catatonic      (b) Hebephrenic  
(c) Simple      (d) Paranoid

70. Schizophrenia is a disorder involving:  
 (a) Perceptual dysfunction (b) Emotional blunting  
 (c) Thought disorder (d) All these
71. Monitoring over time children born to schizophrenic mothers is the research strategy known as:  
 (a) Twin studies (b) Family studies  
 (c) Adoption studies (d) High-risk studies
72. Positive symptoms comprise excesses and  
 (a) Deficits (b) Moderate behaviours  
 (c) Distortions (d) Avolition
73. Cavities that contain cerebrospinal fluid are called:  
 (a) Cerebral ventricles (b) Veins  
 (c) Fissures (d) Arteries
74. Name the conventional antipsychotic drugs used for schizophrenia?  
 (a) Cocaine (b) Crocin  
 (c) Phenothiazines (d) None of the above

### ANSWERS

1. (b) 2. (a) 3. (d) 4. (c) 5. (b) 6. (a) 7. (a)  
 8. (a) 9. (d) 10. (a) 11. (a) 12. (c) 13. (d) 14. (b)  
 15. (b) 16. (b) 17. (b) 18. (c) 19. (c) 20. (c) 21. (a)  
 22. (c) 23. (d) 24. (d) 25. (c) 26. (b) 27. (a) 28. (c)  
 29. (a) 30. (c) 31. (a) 32. (c) 33. (b) 34. (d) 35. (c)  
 36. (d) 37. (d) 38. (d) 39. (d) 40. (a) 41. (a) 42. (b)  
 43. (d) 44. (c) 45. (c) 46. (c) 47. (a) 48. (a) 49. (a)  
 50. (a) 51. (a) 52. (d) 53. (d) 54. (c) 55. (a) 56. (d)  
 57. (b) 58. (b) 59. (c) 60. (b) 61. (b) 62. (b) 63. (c)  
 64. (d) 65. (b) 66. (b) 67. (d) 68. (b) 69. (b) 70. (d)  
 71. (c) 72. (c) 73. (a) 74. (c)

### SHORT TYPE QUESTIONS

1. What is schizophrenia?

**Ans.** Schizophrenia is a prominent part of the category of the mental disorders known as psychotic disorders.

**2. What is a psychotic disorder?**

**Ans.** A psychotic disorder is defined by its effects in altering perception, thoughts, or consciousness; these alterations are called hallucinations or delusions.

**3. Who is described as having a psychotic disorder?**

**Ans.** Someone who makes incorrect inferences about reality on the basis of these alterations and believes that the inferences are real and actual has a psychotic disorder.

**4. How Emil Kraepelin divided schizophrenia?**

**Ans.** Emil Kraepelin divided schizophrenia (or as he called it, dementia praecox) into three subtypes paranoid, catatonic, and hebephrenic.

**5. What changes Eugen Bleuler made in Emil Kraepelin's classification?**

**Ans.** Eugen Bleuler broadened the description of the disorder and added a fourth category, simple schizophrenia.

**6. How DSM-IV categorises schizophrenia?**

**Ans.** DSM-IV include the paranoid, catatonic, and disorganized subtypes and a catchall, or undifferentiated, group. In addition, there is a residual category for cases in which the psychotic features are no longer prominent.

**7. What are the characteristics of schizophrenia?**

**Ans.** Disturbance lasts 6 months or more. At least 1 month of active phase, usually including at least two of the positive symptoms or one positive and one negative symptom. A decline in social or occupational function must also occur.

**8. What are the characteristics of schizophreniform disorder?**

**Ans.** Same symptoms as schizophrenia, but lasts between 1 and 6 months. It is not necessary that there be a decline in function for this diagnosis.

**9. What are the characteristic of schizoaffective disorder?**

**Ans.** The active-phase symptoms of schizophrenic disorder occur, together with an episode characteristic of a mood disorder. These are preceded or followed by at least 2 weeks of delusions or hallucinations.

**10. What is Gedankenlautwerden?**

**Ans.** It is a type of auditory hallucination in schizophrenia where

the patient may hear his own thoughts spoken aloud. The patient may attribute these voices to the real or imaginary people or to machines such as radio and T.V.

**11. What are the characteristics of delusional disorder?**

**Ans.** Non bizarre delusions lasting atleast 1 month without the other symptoms that characterize the active phase of schizophrenia.

**12. What are the characteristic of brief psychotic disorder?**

**Ans.** A psychotic disturbance lasting more than 1 day but less than 1 month.

**13. What are the characteristics of shared psychotic disorder?**

**Ans.** A disturbance that develops in a person influenced by someone else who has an established delusion with similar content.

**14. What are the characteristics of psychotic disorder due to general medical condition?**

**Ans.** Psychotic symptoms thought to be physiological results of a general medical condition or illness.

**15. What are the characteristics of substance induced psychotic disorder?**

**Ans.** Psychotic symptoms thought to be the physiological result of toxin exposure, medication, or drug abuse.

**16. What are the characteristics of paranoid type of schizophrenia according to DSM-IV?**

**Ans.** Preoccupation with delusions(s) or auditory hallucinations. Little or no disorganized speech, disorganized or catatonic behaviour, or inappropriate or flat affect.

**17. What are the characteristics of disorganized type of schizophrenia according to DSM-IV?**

**Ans.** Disorganized speech, disorganized behaviour, and inappropriate or flat affect are prominent in behaviour, but catatonic type criteria are not met. Delusions or hallucinations may be present, but only in fragmentary or noncoherent form.

**13. What are the characteristics of catatonic type?**

**Aris.** At least two of the following : extreme motor immobility, purposeless excessive motor activity, extreme negativism

(motionless resistance to all instructions) or mutism (refusing to speak); peculiar or bizarre voluntary movement, echolalia or echopraxia.

**19. What are the characteristics of undifferentiated type?**

**Ans.** Does not fit any of the other subtypes of schizophrenia, but meets the symptom criteria for schizophrenia.

**20. What are the characteristics of residual type?**

**Ans.** Has experienced at least one episode of schizophrenia, but currently does not have prominent positive symptoms. However, continues to show negative symptoms and a milder variation of positive symptoms.

**21. Can a person have paranoid thinking even when no disorder is present?**

**Ans.** Illness, drugs, damage to the brain, some effects of aging, and the experience of severe stress can also produce paranoid thinking even when no disorder is present.

**22. Why Kraepelin used the term dementia praecox (premature madness)?**

**Ans.** Because the onset of the disorder occurred early in life, typically in adolescence.

**23. What was the cause of dementia praecox according to Kraepelin?**

**Ans.** Kraepelin believed the cause of dementia praecox was irreversible organic deterioration, which would eventually be found to have a specific organic cause and pathology.

**24. Name three pioneer clinician- researchers whose influence is still felt in present day definitions of schizophrenia?**

**Ans.** (a) Emil Kraepelin (b) Eugen Bleuler, and (c) Kurt Schneider

**25. Bleuler summed up the primary characteristics of schizophrenic behaviour as the "four A's", what were they?**

**Ans.** The "four A's" are:

- (1) Alterations in affect (mood)
- (2) Alterations in association
- (3) Ambivalence and
- (4) Autism

**26. What are positive symptoms?**

**Ans.** Positive symptoms reflect a distortion or excess of normal functions and tend to be most frequent in the first stage or early episodes of schizophrenia.



**27. What are negative symptoms?**

**Ans.** Negative symptoms, which are behavioural deficits or the loss or decrease of normal functions, tend to be infrequent at the beginning of the disorder but may be more prominent later.

**28. Explain delusion?**

**Ans.** A delusion is essentially a faulty interpretation of reality that cannot be shaken despite clear evidence to the contrary.

**29. Explain hallucinations?**

**Ans.** Hallucinations are projections of internal impulses and experiences onto perceptual images in the external world.

**30. What is the difference in hallucinations in schizophrenia and in other disorders?**

**Ans.** Only in schizophrenia do hallucinations occur when the person is in a clear, conscious state.

**31. Are all hallucinations frightening, accusatory or unpleasant?**

**Ans.** No, sometimes those who experience hallucinations find them so comfortable they are unwilling to give them up because they serve as protections from negative aspects of reality.

**32. Explain disordered speech?**

**Ans.** Disordered speech is often described as a loosening of associations in which the speaker's ideas shift from one topic to another in a way that seems unrelated to everyone listening.

**33. What is perseverative speech?**

**Ans.** The repetition of words or phrases, often by inserting them in subsequent statements is perseverative speech.

**34. What is the cause of schizophrenia?**

**Ans.** The cause of schizophrenia is not known, although it seems likely that symptoms of schizophrenia are produced by the interaction of vulnerability factors with some kind of environmental stress.

**35. Why in some studies children born from January through March were found to have a higher risk of developing schizophrenia?**

**Ans.** One possible cause of this seasonal effect might be the

increased prevalence of influenza and other viral diseases during winter and spring.

**36. What is the neurodevelopmental model of schizophrenia?**

**Ans.** The neurodevelopmental model of schizophrenia assumes that the abnormality in neural development occurs early in life and then is not generally noticeable until the affected region of the brain matures and is called upon to function in the normal course of development.

**37. What is synaptic pruning?**

**Ans.** Synaptic pruning is a developmental process in which neurons selectively reduce the number of branches of their dendrites. If it occurs abnormally it can result in either too many or too few synapses and can result in problems in cognitive function, an important difficulty in schizophrenia.

**38. What is the function of prefrontal cortex?**

**Ans.** The prefrontal cortex, located behind the forehead, regulates working memory, as well as higher abstract thinking and emotion.

**39. What is the function of thalamus?**

**Ans.** The thalamus serves as a relay station for sending important sensory information and other types of information involved in cognition and emotion to the cerebral cortex.

**40. What is the function of hippocampus?**

**Ans.** The hippocampus, in the temporal lobe, helps keep a person focused on a task, telling the brain what sensory information to pay attention to and what to ignore.

**41. What is dopamine hypothesis?**

**Ans.** The dopamine hypothesis, simply stated, says that an excess of dopamine at certain synapses in the brain is associated with schizophrenia.

**42. What is schizotypal personality disorder?**

**Ans.** Of all the spectrum disorders schizotypal personality disorder seems to be closest genetically to schizophrenia. Odd speech patterns, social dysfunction and aloofness, odd communication, and suspiciousness all suggest milder forms of symptoms of schizophrenia.

**43. Explain schizoaffective disorder?**

**Ans.** A category including individuals who show significant depression or manic symptoms along with the development of thought disorder and other types of psychotic disorders.

**44. What methods have been used to study the role of genetics in schizophrenia?**

**Ans.** These include family, twin, adoption, and cross-fostering studies.

**45. How disorders are studied through family study?**

**Ans.** First of all, a diagram of the family tree going back several generations is made. Next, all those people in this family tree who showed symptoms of the disorder being studied are identified. In this way it is possible to see whether a disorder seems to occur in any particular pattern over the generations.

**46. How family studies helps in finding a spectrum of disorders that are closely associated?**

**Ans.** If several different disorders all typically occur in the same family, this suggests that those disorders may be genetically similar and may represent a spectrum of disorders that are closely associated.

**47. What is assortative mating?**

**Ans.** Assortative mating refers to the tendency to choose a mate who is genetically similar more frequently than would be expected by chance.

**48. How twin studies help in finding the causes of schizophrenia?**

**Ans.** Twin studies provide a way to focus on the environmental factors that contribute to schizophrenia while controlling for hereditary factors.

**49. Explain the difference between dizygotic (DZ) twins and monozygotic (MZ) twins?**

**Ans.** DZ twins are produced from two fertilized eggs, and as a result have the same genetic relationship as any other pair of siblings, whereas, MZ twins are produced from the same fertilized egg and therefore can be expected to begin life with identical genetic makeup.

**50. Is it possible that the MZ twins may not be genetically same?**

**Ans.** It is possible that a few pairs of MZ twins may not be genetically identical because of chromosome alterations or gene mutation that may occur in only one MZ twin after the original cell division, but this is very rare.

**51. What is diathesis-stress theory of schizophrenia?**

**Ans.** It presumes that the disorder is a result of an interplay of genetic and environmental factors. (The word diathesis means "predisposition").

**52. According to the diathesis stress theory of schizophrenia by Joseph Zubin who can develop schizophrenia?**

**Ans.** According to this theory, only people who have some genetic vulnerability may possibly develop schizophrenia, but they will experience schizophrenic symptoms only if they are exposed to so much stress that they are unable to cope.

**53. What is social selection theory?**

**Ans.** The social selection theory assumes that people who cannot make it in society gradually become lower in socio-economic status because of their poor coping skills.

**54. What is the increased-stress theory?**

**Ans.** It focuses on the amount of stress experienced by people in different socioeconomic classes. Living in areas with high crime rates, run-down housing, and inadequate schools may be more difficult and stressful than living in more affluent communities.

**55. What is the difference between social selection theory and increased stress theory?**

**Ans.** Whereas the social selection theory points to flaws in the individual as the cause of schizophrenia, the increased stress theory points to flaws in the society itself.

**56. What is the purpose of high-risk studies?**

**Ans.** The purpose of high-risk studies is to identify markers, or signs of, schizophrenia and other serious disorders before the disorder becomes apparent.

**57. What is primary prevention?**

**Ans.** An intervention that may help keep the disorder from developing.

**58. What is the difference between prospective and retrospective studies?**

**Ans.** Prospective studies select and begin to study the participants before symptoms appear.

In retrospective approach the patients and their families are asked to recall earlier behaviours and past events.

**59. What are prodromal symptoms?**

**Ans.** Prodromal symptoms are changed behaviour prior to the clear onset of schizophrenia.

**60. What is tardive dyskinesia?**

**Ans.** Tardive dyskinesia are involuntary movements of the mouth, lips, tongue, legs or body.

**61. What was the use of new antipsychotic drug clozapine (clozaril)?**

**Ans.** Clozapine lessened some of the problems of the traditional antipsychotic drugs because it was more selective in the types of receptors it affected.

**62. What is the problem in using clozapine?**

**Ans.** Upto 10% of those who were given it, it had a potentially fatal effect on their production of white blood cells. As a result it is not safe to use unless blood samples are monitored regularly.

**63. What are expressed emotions?**

**Ans.** Expressed emotion (EE) is a measure of the attitudes expressed by family members when talking about the person whose behaviour is disturbed.

**64. What is the difference between delusions in schizophrenia and in delusional disorder?**

**Ans.** The difference between delusions in schizophrenia and in delusional disorder is that, in the latter diagnosis, the delusions are less bizarre than those seen in schizophrenia.

**65. Why Eugen Bleuler used the term 'schizophrenia' (split mind)?**

**Ans.** Because he thought the condition was characterized primarily by disorganization of thought processes, a lack of coherence between thought and emotion, and an inward orientation away (split off) from reality.

**66. Why schizophrenias are considered to be the most serious of all mental disorders, as well as among the most baffling?**

**Ans.** The schizophrenias, because of their complexity, their high rate of incidence (especially at the beginning of adult life), and their tendency to recur or become chronic, are considered the most serious of all mental disorders, as well as among the most baffling.

**67. What are the diagnostic signs of Type I subsyndrome in schizophrenia?**

**Ans.** All the positive subsyndrome i.e. (hallucinations, delusions, derailment of associations, bizarre behaviour, minimal cognitive impairment, sudden onset and variable course) plus (i) good response to drugs (ii) limbic system abnormalities, and (iii) normal brain ventricles.

**68. What are the diagnostic signs of Type-II subsyndrome in schizophrenia?**

**Ans.** The negative subsyndrome i.e. emotional flattening, poverty of speech, asociality, apathy, significant cognitive impairment, insidious onset, chronic course plus- (1) uncertain response to drugs (ii) frontal lobe abnormalities, and (iii) enlarged brain ventricles.

**69. What is the difference between positive and negative signs and symptoms?**

**Ans.** Positive signs and symptoms are those in which something has been added to normal behaviour or experience - emotional turmoil, hallucinations, or motor agitation, for example, negative symptoms, such as depicted here, refer to behavioural and emotional deficits and generally indicate a poorer prognosis.

**70. What is dopamine?**

**Ans.** Dopamine is a catecholamine neurotransmitter like norepinephrine, of which it is a chemical precursor. It appears to be the main neurotransmitter for perhaps a half dozen identified brain pathways.

**71. Explain dopamine hypothesis?**

**Ans.** According to the dopamine hypothesis, schizophrenia is the product of an excess of dopamine activity at certain synaptic sites.

**72. What is tardive dyskinesia?**

**Ans.** Neurological disorder resulting from excessive use of antipsychotic drugs. Side effects can occur months to years after treatment has been initiated or has stopped. The symptoms involve involuntary movements of the tongue, lips, jaw and extremities.

**73. What is the disadvantage of antischizophrenic drugs (called neuroleptics)?**

**Ans.** Their therapeutic activity depends not so much on curtailing excessive dopaminergic activity as on reducing it to abnormally low levels, which creates additional problems of an often serious nature eg., tardive dyskinesia.

**74. How Emil Kraepelin described paranoia?**

**Ans.** Emil Kraepelin used it for cases showing delusions and impaired contact with reality but without the bizarreness, fragmentation, and severe personality disorganization characteristic of schizophrenia.

**75. What are the two main types of psychoses included under the DSM-IV headings related to (nonschizophrenic) paranoid disorders?**

**Ans.** Delusional disorder, formerly called paranoia or paranoid disorder and shared psychotic disorder, historically known as folie à deux.

**76. What is shared psychotic disorder?**

**Ans.** In it two or more people usually of the same family develop persistent, interlocking delusional ideas.

**77. What is neologisms?**

**Ans.** The patient invent new words. A feature of language disturbance in schizophrenia.

**78. Explain the term "index" cases?**

**Ans.** The diagnosed group of people who provide the starting point for inquiry, also called 'probands'.

**79. Explain 'double- bind communication'?**

**Ans.** In this pattern the parent presents to the child ideas, feelings, and demands that are mutually incompatible.

**80. Give an example of double- bind communication?**

**Ans.** A mother may be verbally loving and accepting but

emotionally anxious and rejecting, or she may complain about her son's lack of affection but freeze up or punish him when he approaches her affectionately.

**81. State one difference between Type I schizophrenia and Type II schizophrenia.**

**Ans.** The course of decompensation in primarily positive syndrome, Type I schizophrenia tends to be sudden, while that in primarily negative- syndrome, Type II schizophrenia tends to be gradual, though often finally more profound.

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## Clinical Intervention

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### OBJECTIVE QUESTIONS

1. **Individuals who seek therapy because they feel overwhelmed by sudden highly stressful situations typically respond best to:**
  - (a) Therapies that employ confrontational methods
  - (b) Long-term psychodynamic analysis
  - (c) Existential approaches that reduce alienation
  - (d) Short-term, directive, crisis-oriented treatment
2. **All forms of psychotherapy involve interchanges between a patient and a therapist aimed at understanding what is on the patient's mind. These interchanges are:**
  - (a) Nonverbal
  - (b) Verbal
  - (c) Nonverbal as well as verbal
  - (d) Neither nonverbal nor verbal
3. **The founder of client-centered therapy was:**
  - (a) Erikson
  - (b) Carl Rogers
  - (c) Levinson
  - (d) Edwards
4. **According to the text, which of the following is not a major contribution to the therapeutic relationship?**

- (a) Client's motivation
  - (b) Client's expectation of receiving help
  - (c) Client's emotional reactivity
  - (d) Clinician's personality
5. The founder of Gestalt Therapy was:
- (a) Fritz Perls
  - (b) Thurstone
  - (c) Hovland
  - (d) Rosenthal
6. .... have been referred to as the "royal road to the unconscious"
- (a) Dreams
  - (b) Free-association
  - (c) Transference
  - (d) Resistance
7. The classic experiment of Mary Cover Jones (1924) was done on a small boy named.....In this she successfully eliminated his fears of a white rabbit and other furry animals.
- (a) Edwards
  - (b) Peter
  - (c) Osgood
  - (d) Raman
8. A son of a critical father comes to therapy one day and with no provocation is extremely hostile in his remarks to the therapist. The therapist might consider that..... is occurring:
- (a) Free association
  - (b) Counter transference
  - (c) Transference
  - (d) Manifest content
9. If the exposure therapy is effective, improvement can usually be observed within:
- (a) 5 or 6 sessions
  - (b) A year
  - (c) 2 years
  - (d) 1 session
10. Who devised the term systematic desensitization.
- (a) Joseph Wolpe
  - (b) Baumrind
  - (c) Langer
  - (d) Erikson
11. Psychodynamic therapies typically emphasize:
- (a) A warm supportive relationship between therapist and client.
  - (b) Correcting irrational thought
  - (c) Events from the individual's past
  - (d) Inner speech

12. Out of the following which are the features of group therapy:
- (a) Self-disclosure-the opportunity to tell the group about one's personal problems and concerns
  - (b) Acceptance and support-feeling a sense of belongingness and being valued by the other group members
  - (c) Norm classification-learning that one's problems are neither unique nor more serious than those of other group members
  - (d) All the above
13. There are over.....psychological therapies for adults and over....for children and adolescents. These therapies are being used to treat approximately.....different forms of abnormal behaviour.
- (a) 400, 200, 300
  - (b) 200, 500, 300
  - (c) 300, 600, 200
  - (d) 500, 200, 400
14. Cognitive psychology grew out of:
- (a) Psychoanalysis
  - (b) Functionalism
  - (c) Behaviorism
  - (d) Gestalt psychology
15. Contemporary psychodynamic approaches to therapy tend to place an emphasis on:
- (a) Childhood events
  - (b) Long-term treatment
  - (c) Interpersonal functioning
  - (d) Early repressed sexuality
16. Psychodrama was given by:
- (a) Jacob Moreno
  - (b) Adler
  - (c) Horney
  - (d) Jung
17. Psychodrama is:
- (a) Individual therapy
  - (b) Group therapy
  - (c) Family therapy
  - (d) Marital therapy
18. Jacob Moreno created an interesting form of group therapy called Psychodrama in the year:
- (a) 1800
  - (b) 1850s
  - (c) 1920s
  - (d) 1985

19. Out of the following which is the reasons for improvements in ECT that have increased its safety.
- (a) Length of electrical charge: reduced from one second to one twenty-fifth of a second
  - (b) Intensity of electrical charge: reduced greatly
  - (c) Timing sessions: reduced from as often as everyday or even two or three a day to no more than three times a week
  - (d) All the above
20. There is possibility of death in the course of receiving ECT. This risk is low, with an incidence of about.....in 10,000 treatments
- (a) 1
  - (b) 50
  - (c) 100
  - (d) 500
21. Which of the following is the central ingredient and key element in treating many forms of anxiety disorders?
- (a) Relaxation training
  - (b) Positive reinforcement
  - (c) Conditioning
  - (d) Exposure
22. The antipsychotic drugs usually produce improvement in:
- (a) 4 to 6 weeks
  - (b) 4 to 6 years
  - (c) 1 year
  - (d) 1 month
23. The effects of antimanic drugs are usually noticeable within:
- (a) A day
  - (b) A week
  - (c) A month
  - (d) A year
24. The therapeutic effects of the antidepressants usually require between.....to be apparent.
- (a) 1-2 year
  - (b) 1-3 year
  - (c) 2 and 4 weeks
  - (d) 2-4 days
25. Who has used Beck's cognitive therapy for chronic fatigue syndrome
- (a) Deale and associates (1997)
  - (b) Berk
  - (c) Goodman
  - (d) Hurlock

26. Who gave the conjoint family therapy:  
(a) Kelley (b) Virginia Satir (1967)  
(c) Bern (d) Jean Piaget
27. Who gave the structural family therapy:  
(a) Mary Ainsworth (b) Carol Gilligan  
(c) Minuchin (d) Jean Piaget
28. In the technique called free association, clients.....  
(a) Mix in a group  
(b) Relate dream to emotional themes  
(c) Move freely  
(d) Respond quickly with the first thing that comes to mind
29. All of the following are steps in wolpe's approach to systematic desensitization except:  
(a) Asking the client to imagine anxiety- producing situations while relaxing  
(b) Training the client to relax  
(c) Placing the client in anxiety producing life situations  
(d) Constructing a hierarchy of anxiety producing situations
30. One of the oldest approaches to psychological treatments, classical psychoanalysis, was originated a century ago by:  
(a) Sigmund Freud (b) Rollo May  
(c) Erich Fromm (d) Harry Stack Sullivan
31. Behavior therapy approaches make use of a number of techniques such as:  
(a) Guided exposure and biofeedback  
(b) Aversion therapy  
(c) Modeling  
(d) All the above
32. Behavior therapy aims at direct change of:  
(a) All behaviour  
(b) Behavior acquired by classical and operant conditioning  
(c) All maladaptive behaviour  
(d) Learned maladaptive behaviour

33. Of patients with the following diagnosis, which is least likely to voluntarily commence psychotherapy?
- (a) The patient with dysthymic reaction
  - (b) The patient with anxiety disorder
  - (c) The patient with affective disorder
  - (d) The patient with personality disorder
34. Aversion therapy reduces maladaptive behaviour by following it with:
- (a) Negative reinforcement
  - (b) Punishment
  - (c) A request for the client to avert his or her eyes from the stimulus
  - (d) Stimuli diverting the client's attention
35. What did Freud believed about dream symbols:
- (a) They were mysteriously meaningful only to the dreams
  - (b) They reflected deep ancestral themes from the collective unconscious
  - (c) They reflected superiority or inferiority themes
  - (d) They generally represented something related to sex
36. The two basic concepts of Freud's psychoanalytic theory are the principles of:
- (a) Psychic determinism and ego development
  - (b) Psychosexual development and the unconscious
  - (c) Fixation and regression
  - (d) Psychic determinism and the unconscious
37. ECT is a treatment for:
- (a) Severe depression
  - (b) Severe anxiety
  - (c) Uncontrollable agitation
  - (d) Psychomotor seizures
38. Which of the following statements regarding biofeedback is true?
- (a) Biofeedback is more effective than relaxation training
  - (b) Biofeedback is a more elaborate means of teaching relaxation
  - (c) The effects of biofeedback are often generalized outside the laboratory

- (d) Carefully controlled research on biofeedback has often supported earlier impressions of widespread clinically significant improvement
- 39. Rogers said that despite the variety of problems seen by a counseling psychologist:
  - (a) Mostly the problems are non-curable
  - (b) There was, at root, only one problem "Who am I really"?
  - (c) Mostly the problems were of phobia
  - (d) Most people were physically sound
- 40. Joseph Wolpe developed:
  - (a) Vicarious reinforcement
  - (b) Systematic desensitization
  - (c) Client-centered therapy
  - (d) Positive reinforcement and extinction
- 41. According to Aaron Beck (1979), individuals maintain false beliefs even in the face of contradictory evidence because:
  - (a) Of biologically based drives to do so
  - (b) They are reinforced for doing so
  - (c) They engage in selective perception and over generalization
  - (d) Of a strong regressive pull to be a 'child' or a 'parent' rather than an 'adult'
- 42. Psychosurgery is designed for patients who show:
  - (a) Delusions and hallucinations
  - (b) Uncontrollable psychotic behaviour
  - (c) Seizures
  - (d) Organic brain disorders
- 43. One of the following is not expected from a good psychotherapist while treating mental patients:
  - (a) Sympathy
  - (b) Warmth
  - (c) Good understanding
  - (d) Sarcastic attitude
- 44. Which of the following is an example of a core irrational belief, according to Ellis?
  - (a) "It will be over shortly"
  - (b) Keep the focus on the present

- (c) When the tear comes, just pause
- (d) One must have perfect and certain self control
- 45. To Ellis an irrational idea is typically:
  - (a) An emotional truth      (b) Repressed
  - (c) Unrealistic or untrue      (d) Unconscious
- 46. Essentially normal persons can benefit from:
  - (a) Somatic treatments
  - (b) Family therapy
  - (c) Exploration of transference phenomena
  - (d) Encounter groups
- 47. Thought stopping technique was introduced by J.G. Taylor and subsequently developed by:
  - (a) Wolpe      (b) Nowick
  - (c) Duke      (d) Watson
- 48. In Freudian psychoanalysis, denial refers to:
  - (a) Removal of anxiety by forcing a disturbing thought into the unconscious
  - (b) Motivated forgetting
  - (c) Removal of a thought from consciousness accompanied by professions of innocence
  - (d) None of the above
- 49. Not only was Carl Rogers rated as one of the most influential psychotherapists of his time, but he was also a pioneer in:
  - (a) Reorganizing mental hospital procedures
  - (b) Advocating health insurance for mental illness
  - (c) Carrying out empirical research on psychotherapy
  - (d) Initiating, broad spectrum mental health program
- 50. Classical desensitization as invented by Wolpe involves a 'fear hierarchy' which is really:
  - (a) A collection of typical phobia
  - (b) A relaxation procedure
  - (c) An 'in vivo' form of the therapy
  - (d) A list of increasingly fearsome experiences



51. A recent trend in psychotherapy research is for researchers to concentrate more on.....
- (a) Effects of relaxation
  - (b) Psychoanalysis
  - (c) Events of later childhood
  - (d) Smaller components of therapy instead of overall improvement
52. A school of thought in psychology that admitted only to the importance of overt observable events and actions was:
- (a) Freud's psychoanalysis
  - (b) James functionalism
  - (c) Watson's behaviourism
  - (d) Experimental psychology
53. Family therapy:
- (a) Works best when the patient is a child
  - (b) Enables generalization of treatment gains
  - (c) Is generally based on social learning principles
  - (d) Is a variant of encounter groups
54. Which approach of psychology contends basic human nature as good and views maladaptive behaviour in the light of present and future conscious processes rather than past?
- (a) Psychodynamic
  - (b) Behaviouristic
  - (c) Humanistic
  - (d) Interpersonal
55. Why does self-monitoring often change behaviour?
- (a) Individuals must pay attention to and record, each occurrence of a behaviour
  - (b) People have to keep waking up during the night
  - (c) Because unconscious motivation is involved
  - (d) To impress the therapist
56. What is eclecticism?
- (a) Vagueness
  - (b) Criticism of a theory or therapy
  - (c) Adherence to a specific school of therapy
  - (d) Using techniques from many different sources
57. A school of thought based upon the existence of an unconscious mind was:

- (a) Freud's psychoanalysis (b) James's functionalism
- (c) Cognitive psychology (d) Humanistic psychology
- 58. The counselors' principal job in client centered therapy is to convey:
  - (a) Thoughtful interpretations
  - (b) Unconditional positive regard
  - (c) Conditional positive regard
  - (d) A critical attitude toward the patient's symptomatic behaviour
- 59. Psychotherapy and psychoanalysis are:
  - (a) Still questioned as treatments for patients experiencing anxiety and depression
  - (b) The treatments of choice for most nonpsychotic individuals
  - (c) Not as effective as the somatic therapies
  - (d) The most expensive forms of treatments
- 60. The rate of improvement in treatment offered by professional therapists compared to non professionally administered therapies:
  - (a) Is about 50% higher (b) Is about the same
  - (c) Is actually worse (d) Is about twice as high
- 61. Stress- Inoculation therapy was given by:
  - (a) Dement (b) Kostner
  - (c) Donald Meichenbaum (d) N. Miller
- 62. Aaron Beck's cognitive therapy approach was originally developed for the treatment of:
  - (a) Phobia (b) Depression
  - (c) Mania (d) Obsession
- 63. The treatment of clients in groups first received impetus in the military during:
  - (a) World War II (b) China Pakistan war
  - (c) World War I (d) None of the above
- 64. Regression to the mean is a limitation of which of the following sources of estimation of a client's gains in therapy?
  - (a) Reports of change by the client's family and friends

- (b) Comparisons of pre and post-treatment personality test scores
  - (c) Reports of change by the client
  - (d) Impressions of change by the therapist
65. To help a person achieve constructive change, a psychotherapist may attempt to:
- (a) Resolve disabling conflicts among motives
  - (b) Modify individual's dysfunctional beliefs about themselves and their world
  - (c) Reduce or remove distressing or disabling emotional reactions
  - (d) All the above
66. Individuals who seem to have the best prognosis for personality change, according to repeated research outcomes, have been described in terms of the so-called .....pattern.
- (a) Right
  - (b) Good
  - (c) YAVIS
  - (d) MNOVE
67. The full form of YAVIS pattern is:
- (a) Young, attractive, verbal, intelligent, and successful
  - (b) Youth, aged, voice, insightful and sober
  - (c) Youthful able, very, increasing and steady
  - (d) Young, attitude, verbal, ineffective and successful
68. Which type of patient may make substantial gains in personal growth in psychotherapy?
- (a) Those who have experienced long-term psychological distress
  - (b) Those with physical problems who were referred by a physician
  - (c) Severely disturbed psychotic individuals
  - (d) Those described in terms of the so-called YAVIS pattern
69. The treatment of mental disorders by psychological methods is:
- (a) Psychotherapy
  - (b) Pharmacotherapy
  - (c) Insulin Coma Therapy
  - (d) Electroconvulsive Shock Therapy

70. To help a person achieve constructive change, a psychotherapist may attempt to:

- (a) Change maladaptive behaviour patterns
- (b) Minimize or eliminate environmental conditions that may be causing or maintaining such behaviour
- (c) Improve the person's interpersonal and other competencies
- (d) All the above

### ANSWERS

- |         |         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|---------|
| 1. (a)  | 2. (c)  | 3. (b)  | 4. (b)  | 5. (a)  | 6. (a)  | 7. (b)  |
| 8. (b)  | 9. (a)  | 10. (a) | 11. (c) | 12. (d) | 13. (a) | 14. (d) |
| 15. (d) | 16. (a) | 17. (b) | 18. (c) | 19. (d) | 20. (a) | 21. (a) |
| 22. (a) | 23. (b) | 24. (c) | 25. (a) | 26. (b) | 27. (c) | 28. (d) |
| 29. (c) | 30. (a) | 31. (d) | 32. (d) | 33. (d) | 34. (c) | 35. (d) |
| 36. (d) | 37. (a) | 38. (d) | 39. (b) | 40. (b) | 41. (b) | 42. (b) |
| 43. (d) | 44. (d) | 45. (c) | 46. (d) | 47. (a) | 48. (c) | 49. (b) |
| 50. (d) | 51. (d) | 52. (c) | 53. (b) | 54. (c) | 55. (a) | 56. (d) |
| 57. (a) | 58. (b) | 59. (a) | 60. (b) | 61. (c) | 62. (b) | 63. (a) |
| 64. (b) | 65. (d) | 66. (c) | 67. (a) | 68. (d) | 69. (a) | 70. (d) |

### SHORT TYPE QUESTIONS

1. What does hypnosis involves?

**Ans.** Hypnosis involves a process of inducing a trance like state in which the person being hypnotized is receptive to suggestions made by the hypnotist.

2. What is the difference between psychoanalytic theory and neo-Freudians?

**Ans.** The neo-Freudians accept most psychodynamic principles but reject the emphasis placed by psychoanalytic theory on instinctual unconscious impulses.

3. What does humanistic therapies emphasize?

**Ans.** Humanistic therapies emphasize people's desire to achieve personal growth, freedom and self actualization.

4. What does existential therapies emphasize?

**Ans.** Existential therapies emphasize the need to confront basic questions of existence, such as what is the meaning of my life?

**5. What is common in the humanistic and existential approaches?**

**Ans.** Common to humanistic and existential approaches is a focus on the client's experience in the therapy situation and the view that each individual is the expert concerning his or her unique experience in life.

**6. What is the focus of gestalt therapy?**

**Ans.** Gestalt therapy focuses on patients perceptions of themselves and the world. It is based on the recognition that people unconsciously organize their perceptions as a Gestalt; a meaningful, integrated whole.

**7. What is the emphasis of rational-emotive therapy?**

**Ans.** Rational emotive therapy, directs the patients, attention to incorrect assumptions and self-debasing thinking. Such thinking is based on arbitrary inaccurate assumptions about oneself and others.

**8. What is meta-analysis?**

**Ans.** Technique used to combine the data from many studies in a meaningful way. Has been used to investigate the effects of psychotherapy on clients.

**9. Behavior therapy is based on which techniques?**

**Ans.** Behavior therapy uses techniques based on operant and classical conditioning in an effort to change maladaptive behaviour.

**10. What does the term "behavior modification" refers to?**

**Ans.** Behavior modification refers to the application of operant learning principles to bring about a specific change in behaviour.

**11. What is biofeedback?**

**Ans.** Biofeedback is an application of behaviour therapy in which the individual is reinforced whenever a designated change in bodily functioning takes place.

**12. Explain the token economy method?**

**Ans.** In a token economy, patients are given reward tokens, such as poker chips, for socially constructive behaviours. The tokens can later be exchanged for desirable items or activities.

**13. What does the term cognitive-behavioural therapy refers to?**

**Ans.** The term cognitive behavioural therapy refers to those interventions that integrate cognitive and behavioural therapies.

**14. Relaxation training is particularly helpful for whom?**

**Ans.** Relaxation training often helps people who are tense and generally anxious.

**15. What is relaxation training?**

**Ans.** Series of specified exercises that the client learns to perform in order to remove a tension response that may be characteristic in certain situations.

**16. On what principle is exposure therapy based?**

**Ans.** Exposure therapy is based on the principle that continued exposure to anxiety provoking stimuli will decrease anxiety to manageable levels and reduce phobic responses.

**17. Explain exposure?**

**Ans.** Exposure consists of a gradual approach to an anxiety provoking situation. Under such conditions the distress experienced in the situation is kept at a relatively low level.

**18. What is the difference between In vivo exposure and fantasized exposure?**

**Ans.** In vivo exposure is actually being in the situation and fantasized exposure is thinking about being in the situation.

**19. In what kind of problems is exposure treatment appropriate?**

**Ans.** Exposure treatment is appropriate for many unpleasant or disadvantageous emotional responses.

**20. What is flooding?**

**Ans.** Flooding is a form of exposure therapy in which the patient is exposed to a flood of fear arousing stimuli that is not terminated simply because the patient experiences a high level of tension.

**21. What is Implosive therapy?**

**Ans.** Behaviour therapy technique based on the principle of extinction Client is repeatedly presented with strong anxiety provoking stimuli until he or she no longer reacts in an anxious manner.

**22. What is systematic desensitization?**

**Ans.** Classical conditioning based therapeutic technique by Wolpe in which a client is first trained muscular relaxation and then imagines a series of increasingly anxiety provoking situations until he or she no longer experiences anxiety while thinking about the stimuli.

**22b. What is the learning principle behind systematic desensitization?**

**Ans.** Learning principle involved in systematic desensitization is reciprocal inhibition, according to which two incompatible responses (eg. anxiety and relaxation) cannot be made simultaneously by one person.

**23. Explain modeling?**

**Ans.** Behaviour learned or modified as a result of observing the behaviour of others. Learner does not have to make the observed response him or herself, or be reinforced for making it, to learn the new behaviour. Term used interchangeably with observational learning.

**24. What is live modeling?**

**Ans.** Learning through direct observation of another person who performs the act or acts which are to be learned.

**25. Explain participant modeling?**

**Ans.** Participant modeling or behavioural rehearsal requires the client to practice the behaviour, often in interaction with the model.

**26. What is symbolic modeling?**

**Ans.** Symbolic modeling refers to observation of a model who is presented indirectly through film, video or audiotape, or the printed word.

**27. Explain covert modeling?**

**Ans.** Covert modeling is a logical extension of symbolic modeling in which the individual is asked to imagine observing a model and a particular consequence.

**28. What is the use of assertiveness training?**

**Ans.** Assertiveness training is specifically designed to enhance the interpersonal skills one needs to stand up for one's rights, such as refusing unwanted requests, expressing opinions, and making requests.

**29. What is group therapy?**

**Ans.** Psychotherapy of several persons at the same time in small groups.

**30. Explain family therapy?**

**Ans.** Family therapy is based on the idea that many problems not only arise from family behaviour patterns but also are affected by them.

**31. Write two frequent characteristics of family therapy?**

**Ans.** Two frequent characteristics of family therapy are that

(1) It is time limited and

(2) At least at the beginning, it is concerned primarily with a particular problem or crisis being faced by the family.

**32. What problems are posed in marital difficulties?**

**Ans.** Marital difficulties contribute not only to personal unhappiness and family instability, but also to a wide range of mental health and physical problems.

**33. What is the work of marital therapy?**

**Ans.** Marital therapy is directed toward helping couples overcome their difficulties and discuss differences between them without having emotional explosions.

**34. Why do couples seek marital therapy?**

**Ans.** Couples frequently seek marital therapy because one or both of the partners believe that the relationship is troubled or are contemplating ending it through divorce or separation.

**35. How a marriage therapist helps the couple?**

**Ans.** By seeing the therapist together, the partners can more easily identify problems and alter the ways in which they relate to each other.

**36. What is the major aim of couple therapy?**

**Ans.** A major aim of couples therapy is helping the couple discuss major issues openly, but rationally.

**37. How psychodrama is a directive as well as nondirective treatment?**

**Ans.** Psychodrama is a directive treatment in that the therapist controls the mechanics of the therapy situation. However, it is non directive in that the emotional content of sessions arises spontaneously from the activities of the participants.



**38. Studies of improvement should include three independent measures what are they?**

**Ans.** (1) The patient's evaluation of the progress made (2) the therapist's evaluation, and (3) the judgments of people who know the patient well, such as family members and friends.

**39. When is ECT normally used?**

**Ans.** When there is severe depression or a possibility of suicide, or when drugs and other therapies are ineffective or seem inappropriate.

**40. What are the risks associated with ECT?**

**Ans.** The possibility of death in the course of receiving ECT, the chance of memory impairment (which is short-term and becomes less noticeable with time) and the risk of spontaneous seizures (which are infrequent).

**41. Drug therapy is notably effective with what kind of disorders?**

**Ans.** Drug therapy has been notably effective with four types of disorders, those in which schizophrenia, mania, depression, and anxiety play important roles.

**42. For what are antipsychotic drugs used?**

**Ans.** Antipsychotic drugs (e.g. phenothiazines) are used primarily to treat people who have schizophrenia.

**43. What are antimanic drugs used for?**

**Ans.** Antimanic drugs (eg., lithium) are used to treat those who have a bipolar disorder.

**44. What are antidepressant drugs used for?**

**Ans.** Antidepressant drugs eg, tricyclics, MAO inhibitors, SSRIs are used to treat patients who have been diagnosed as having a mood disorder of the unipolar type, that is, characterized by relatively long-lasting depression but without any history of manic or hypomanic episodes.

**45. What are antianxiety drugs used for?**

**Ans.** Antianxiety drugs (eg., benzodiazepines) are used with people who have a high level or prolonged state of anxiety that is strong enough to incapacitate them, or at least cause them difficulty in carrying out many activities of daily life.

**46. Explain multimodal therapy?**

**Ans.** A combination of several types of treatment that seems

especially useful in several conditions including substance use disorders, borderline disorders, anxiety disorders, and schizophrenia. The treatment may include both biologically based and psychologically based therapies or may include several types of psychological interventions.

**47. Explain "talking therapies"?**

**Ans.** "Talking therapies" are like psychoanalysis and client centered counselling, in which conversations between the patient and the therapist are the vehicle for achieving change.

**48. What are tasks performed by all theapist regardless of their approach?**

**Ans.** The three important tasks are :

(1) Listening (2) Understanding and (3) Responding

**49. What two purposes listening serves?**

**Ans.** It lets the therapist hear about topics that the patient brings up spontaneously, and it provides information pertinent to the therapist's hypothesis about the patient's problems.

**50. Explain transference?**

**Ans.** The displacement by the client of affect and feelings from one important person (mother, father, spouse) to another specifically, the therapist.

**51. What happens in positive transference?**

**Ans.** In positive transference, the patient feels predominantly friendly and affectionate toward the therapist.

**52. What happens in negative transference?**

**Ans.** In negative transference, hostility predominates.

**53. Explain countertransference?**

**Ans.** Countertransference refers to the therapist's emotional reactions to a patient.

**54. What is insight?**

**Ans.** Insight is a major goal of both psychoanalysis and psychodynamic psychotherapy because of the belief that as people acquire a more realistic view of their motivations and the needs of other people, the likelihood of behavioural change increases.

**55. How hypnosis helps in psychotherapy?**

**Ans.** Hypnosis is an approach taken by some psychotherapists as

a means of recovering repressed memories and helping patients deal with them.

**56. What is the aim of psychological treatment?**

**Ans.** Psychological treatment is aimed at the reduction of abnormal behaviour in individuals through psychological means.

**57. What are the goals of psychotherapy?**

**Ans.** The goals of psychotherapy include changing maladaptive behaviour, minimizing or eliminating stressful environmental conditions, reducing negative affect, improving interpersonal competencies, resolving personal conflicts, modifying a person's inaccurate assumptions about himself or herself, and fostering a more positive self-image.

**58. Explain encounter group?**

**Ans.** An approach to therapy in which an individual can freely express both negative and positive feelings towards other group members and, at the same time, exchange understanding or emotion that might not be possible under life's normal rules of interpersonal behaviour.

**61. What is the conviction underlying psychotherapy?**

**Ans.** The belief that people with psychological problems can change can learn more adaptive ways of perceiving, evaluating and behaving is the conviction underling all psychotherapy.

**62. Explain psychodynamic therapy?**

**Ans.** Psychodynamic therapy is a psychological treatment approach that focuses on individual personality dynamics, usually from a psychoanalytic or some psychoanalytically derived perspective.

**63. How is the psychodynamic therapy normally practiced?**

**Ans.** The therapy is mainly practiced in two basic forms: classical psychoanalysis, and psychoanalytically oriented psychotherapy.

**64. Explain classical Psychoanalysis?**

**Ans.** Classical psychoanalysis is an intensive (at least 3 sessions per week), long-term procedure for uncovering repressed memories, thoughts, fears and conflicts presumably stemming from problems in early psychosexual development and helping individuals come to terms with them in light of the realities of adult life.

**65. Explain psychoanalytically oriented psychotherapy?**

**Ans.** In psychoanalytically oriented psychotherapy the treatment and the ideas guiding it may depart substantially from the principles and procedures laid out by orthodox Freudian theory, yet the therapy is usually still loosely based on psychoanalytic concepts.

**66. What are the four basic techniques of Freudian psychoanalysis?**

**Ans.** The four basic techniques of this form of therapy: (1) free association (2) analysis of dreams (3) analysis of resistance and (4) analysis of transference.

**67. What is the basic rule of free association?**

**Ans.** The basic rule of free association is that an individual must say whatever comes into his or her mind, regardless of how personal, painful or seemingly irrelevant it may be.

**68. What kinds of content are there in a dream?**

**Ans.** A dream has two kinds of content:

(1) Manifest content- which is the dream as it appears to the dreamer, and (2) Latent content- which is composed of the actual motives that are seeking expressions but are so painful or unacceptable that they are disguised.

**69. Explain resistance?**

**Ans.** Resistance is an unwillingness or inability to talk about certain thoughts, motives, or experiences.

**70. Explain transference?**

**Ans.** Often people carry over and unconsciously apply to their therapist attitudes and feelings that they had in their relations with a parent or other persons close to them in the past, a process known as transference.

**71. Explain aversion therapy?**

**Ans.** Aversion therapy involves modifying undesirable behaviour by the old-fashioned method of punishment. Punishment may involve either the removal of highly desired reinforcers or the use of aversive stimuli.

**72. Where is aversion therapy normally used?**

**Ans.** Aversion therapy has been used in the treatment of a wide range of maladaptive behaviours, including smoking, drinking,

overeating, drug dependence, gambling, sexual deviance and bizarre psychotic behaviour.

**73. Explain covert or vicarious sensitization?**

**Ans.** In it an attempt is made to induce unpleasant feelings such as disgust or fear in association with tempting stimuli through a process of classical conditioning.

**74. What is contingency management?**

**Ans.** Systematic programs involving the management of reinforcement to suppress (extinguish) unwanted behaviour or to elicit and maintain effective behaviour.

**75. What is response shaping?**

**Ans.** Establishing by gradual approximation a response that is actively resisted or is not initially in an individual's behaviour repertoire.

**76. Write three main approaches to cognitive behaviour therapy?**

**Ans.** (1) The rational emotive behaviour therapy of Albert Ellis.  
(2) The stress-inoculation training of Donald Meichenbaum, and  
(3) The cognitive therapies of Aaron Beck.

**77. What attempts are made through rational emotive behaviour therapy?**

**Ans.** Rational emotive behaviour therapy attempts to change a client's maladaptive thought processes, on which maladaptive emotional responses and thus behaviour are presumed to depend.

**78. What is the task of rational emotive behaviour therapy?**

**Ans.** The task of rational emotive behaviour therapy is to restructure an individuals' belief system and self-evaluation, especially with respect to the irrational "shoulds" "oughts" and "musts" that are preventing a more positive sense of self-worth and a creative, emotionally satisfying, and fulfilling life.

**79. Explain stress-inoculation therapy?**

**Ans.** A type of self instructional training focused on altering self-statements an individual routinely makes in stress producing situations.

**80. Aaron Beck's cognitive therapy developed for depression was later extended to which disorders?**

**Ans.** It was later extended to anxiety disorders, eating disorders and obesity, conduct disorder in children, personality disorders and substance abuse.

**81. What is the basic assumption underlying Beck's cognitive therapy?**

**Ans.** One basic assumption underlying this approach is that problems like depression result from client's illogical thinking about themselves, the world they live in, and the future.

**82. What is the difference between Beck's cognitive therapy and rational emotive behaviour therapy?**

**Ans.** In Beck's cognitive therapy, clients do not change their beliefs by debate and persuasion as is common in rational emotive behaviour therapy, rather they are encouraged to gather information about themselves.

**83. In the treatment of depression, sometimes a client and a therapist schedule the client's daily activities on an hour-by-hour basis why?**

**Ans.** Such activity scheduling is an important part of therapy with depressed individuals because reducing such client's inactivity interrupts their tendencies to ruminate about themselves.

**84. What is Carl Rogers contribution?**

**Ans.** Carl Rogers (1902-1987) contributed significantly to the humanistic perspective with his systematic formulation of the concept of self, which emphasizes the importance of individuality and a striving toward what Rogers called self-actualization.

**85. Explain gestalt therapy?**

**Ans.** In German, the term gestalt means 'whole' and gestalt therapy emphasizes the unity of mind and body placing strong emphasis on the need to integrate thought, feeling and action.

**86. Who developed Gestalt therapy?**

**Ans.** Gestalt therapy was developed by Frederick (Fritz) Perls (1967, 1969) as a means of teaching clients to recognize the bodily processes and emotions they had been blocking off from awareness.

**87. What is the main goal of gestalt therapy?**

**Ans.** The main goal of gestalt therapy is to increase an individual's self awareness and self acceptance.

**88. What is the main emphasis on Virginia Satir's conjoint family therapy?**

**Ans.** Satir's emphasis is on improving faulty communications, interactions, and relationships among family members and on fostering a family system that better meets the needs of each member.

**89. Explain the structural family therapy of Minuchin?**

**Ans.** This approach, explicitly based on systems theory, holds that, if the family context can be changed, then the individual members will have altered experiences in the family and will behave differently in accordance with the changed requirements of the new family context.

**90. What is the main goal of structural family therapy?**

**Ans.** An important goal of structural family therapy is to change the organization of the family in such a way that the family members will behave more supportively and less pathogenically towards each other.

**91. What does the term eclectic means?**

**Ans.** "Eclectic" means to borrow and combine concepts and techniques from various schools depending on what seems best for the individual case.

**92. Explain somatic therapy?**

**Ans.** Methods of treatment that modify behaviour by physically altering brain functions.

## **Mental Health**

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### **OBJECTIVE QUESTIONS**

1. Who wrote the book 'A Mind That Found Itself'
  - (a) Allport
  - (b) Mead
  - (c) Clifford Beers
  - (d) Lindsley
2. The first society for mental hygiene was founded in America in:
  - (a) 1908
  - (b) 1919
  - (c) 1946
  - (d) 1901
3. Mental health refers to the capacities to:
  - (a) Think rationally and logically
  - (b) Cope effectively with stress and the challenges that arise in situations and throughout the life course.
  - (c) Demonstrate emotional stability and growth.
  - (d) All the above
4. The first mental-health revolution started in the:
  - (a) Nineteenth Century
  - (b) Eighteenth Century
  - (c) Seventeenth Century
  - (d) None of the above
5. Intake of which of the following drugs by women during pregnancy have harmful effects on fetus and increase the frequency of congenital abnormalities?



- (a) Marijuana
  - (b) Cocaine
  - (c) Heroin
  - (d) All of the above
6. Which of the following conditions promote healthful living?
- (a) Useful work
  - (b) Social participation
  - (c) Self-understanding
  - (d) All of the above
7. The conditions that promote mental health include:
- (a) Useful employment
  - (b) Satisfactory social participation
  - (c) Elevation of the mood
  - (d) Both (a) and (b)
8. According to whom, "The distribution of magnetic fluid in the body is responsible for determining health or disease"
- (a) Freud
  - (b) Adler
  - (c) Mesmer
  - (d) Jung
9. ....includes diverse attempts to stop serious psychological problems before they happen
- (a) Secondary prevention
  - (b) Tertiary prevention
  - (c) Primary prevention
  - (d) None of the above
10. The objective of.....is to identify problems just as they begin to develop and stop them before they become severe.
- (a) Secondary prevention
  - (b) Primary prevention
  - (c) Recent prevention
  - (d) None of the above
11. Which of the following is not a good predictor of violence toward others in the short-term?
- (a) Depression
  - (b) Substance abuse
  - (c) An antisocial personality disorder
  - (d) A past history of violence
12. ....is aimed at minimizing future difficulties in people already identified as having disorders or serious problems:
- (a) Secondary prevention
  - (b) Primary prevention
  - (c) Tertiary prevention
  - (d) None of the above

13. If people who have just experienced a job loss or divorce can join a support group, they may avoid the severe depression that often follows these events, this is an example of :
  - (a) Secondary prevention
  - (b) Primary prevention
  - (c) Tertiary prevention
  - (d) None of the above
14. Who defined mental health as 'a relatively enduring state wherein the person is well-adjusted, has a zest for living, and is attaining self-actualization or self-realization. It is a positive state and not mere absence of mental disorder?'
  - (a) Karl Menninger
  - (b) W.W. Boehm
  - (c) A.H. Maslow
  - (d) H.B. English
15. The effect of the first mental-health revolution was to promote the medical model and a:
  - (a) Psychological approach to treatment
  - (b) Social approach to treatment
  - (c) Medically oriented approach to treatment
  - (d) None of the above
16. Which of the following is community based alternatives that keep patients out of hospitals:
  - (a) Community mental health programme
  - (b) Halfway houses
  - (c) Rehabilitation
  - (d) All of the above
17. Which is the most important environmental factor influencing abnormal behavior?
  - (a) School
  - (b) Family
  - (c) Society
  - (d) Neighbourhood
18. The twentieth century is called the age of:
  - (a) Progress
  - (b) Enlightenment
  - (c) Anxiety
  - (d) Reason
19. Self-help groups such as Alcoholics Anonymous and parents anonymous can help prevent a recurrence of severe impulse control problems, this is an example of:

- (a) Primary prevention      (b) Tertiary prevention
  - (c) Secondary prevention    (d) None of the above
20. A state of good adjustment with a subjective state of well-being zest for living and the feeling that one is exercising his talents and abilities is known as:
- (a) Mental growth      (b) Mental Health
  - (c) Mental disorder    (d) Mental Image
21. The condition most commonly recognized as 'disease of the mind' is:
- (a) Psychosis
  - (b) Alcoholism
  - (c) Severe depression
  - (d) Antisocial personality disorder
22. Which of the following characteristics is seen in a normal individual?
- (a) Balance      (b) Health and security
  - (c) Sociability    (d) All the above
23. Sociability is a characteristics feature of:
- (a) A normal person      (b) An abnormal person
  - (c) Both      (d) Neither
24. What are the root causes of abnormal behavior?
- (a) Heredity      (b) Environment
  - (c) Both      (d) Neither
25. The most cost-effective prevention is:
- (a) Tertiary prevention      (b) Secondary prevention
  - (c) Initial prevention      (d) Primary prevention
26. Tertiary prevention is:
- (a) Cost-effective      (b) Ineffective
  - (c) Treatment      (d) Community-based
27. Secondary prevention requires:
- (a) Early detection and treatment
  - (b) Well-trained personnel
  - (c) Cooperation from the community
  - (d) All of the above

28. Before a person may be tried in a court of law, the person must.....
- (a) have normal intelligence
  - (b) act reasonably in court
  - (c) Be mentally stable at the time of trial
  - (d) Be remorseful for the crime they committed.
29. If a person is found not guilty of a crime by reason of insanity then committed to a psychiatric hospital, it is known as.....
- (a) Criminal probate
  - (b) The insanity clause
  - (c) Civil commitment
  - (d) Criminal commitment
30. Sally killed Jane in a fit of rage. She reported hearing voices at the time that told her that Jane must be killed. She is likely to be sent to a psychiatric hospital because.....
- (a) There was no crime to be reported
  - (b) She was mentally unstable at the time of the crime.
  - (c) She must be insane because she committed a murder.
  - (d) She was unable to defend herself in a court of law.
31. Technically, psychology and psychiatry do not have a word for.....a term that is purely a legal definition.
- (a) guilty
  - (b) not guilty
  - (c) insanity
  - (d) impaired
32. Which is not required in order to commit someone to a psychiatric facility?
- (a) proof of imminent danger to self
  - (b) proof of imminent danger to others
  - (c) a diagnosed mental disorder
  - (d) a need for treatment
33. Violence among people who have been discharged from a psychiatric hospital:
- (a) Most often targets strangers.
  - (b) Occurs more frequently among mentally ill men.
  - (c) Occurs more frequently among mentally ill African Americans
  - (d) Does not occur among the majority of people.

**ANSWERS**

1. (c) 2. (a) 3. (d) 4. (a) 5. (d) 6. (d) 7. (d)  
8. (c) 9. (c) 10. (a) 11. (a) 12. (c) 13. (a) 14. (d)  
15. (c) 16. (d) 17. (c) 18. (c) 19. (b) 20. (b) 21. (a)  
22. (d) 23. (a) 24. (c) 25. (d) 26. (c) 27. (a) 28. (c)  
29. (b) 30. (b) 31. (c) 32. (d) 33. (d)

**SHORT TYPE QUESTIONS****1. Who is mentally healthy?**

**Ans.** Someone who is able to think logically and rationally and who copes effectively in stressful situations is considered mentally healthy. Emotional stability and the ability to adjust to new situations that arise over the life course is also part of mental health.

**2. What is the work of epidemiologist?**

**Ans.** Epidemiologist investigates the occurrence of illness in populations and identifies factors (eg., heredity and family history) that influence their occurrence.

**3. How psychologist are helped by the epidemiological research?**

**Ans.** Psychologists use findings from epidemiological research to help them understand patterns and possible relationships between maladaptive behaviors of certain populations or groups and a variety of environmental and behavioral factors.

**4. Name four groups of mental health specialists?**

**Ans.** Clinical and conseling psychologists, psychiatrists, psychiatric social workers and psychiatric nurses.

**5. Who is a clinical psychologist?**

**Ans.** A clinical psychologist holds a graduate degree, usually a Ph.D. or Psy.D. and specializes in abnormal behavior. Clinical psychologists are trained to diagnose and treat personality problems that are not medical or organic in nature. They also plan and conduct research investigations.

**6. Who is a counseling psychologist?**

**Ans.** Counseling psychologist may holds a Ph.D. or an Ed.D. degree and typically work with clients experiencing current life stress

rather than ongoing problems. They also work with people who are trying to clarify their vocational goals.

**7. Who is a psychiatrist?**

**Ans.** A psychiatrist is a physician (an M.D.) with postgraduate training and experience in treating emotional disorders. Psychiatrists have legal responsibilities in commitment, proceedings and in the supervision of mental hospitals. Somatic therapies, such as drugs and electroconvulsive therapy, are supervised by psychiatrist.

**8. What is the work of a psychiatric social worker?**

**Ans.** Psychiatric social worker is trained in mental health care and how to work with families and help them utilize social agencies and other community resources to get practical help with such things as finances.

**9. What is the work of a psychiatric nurse?**

**Ans.** A psychiatric nurse has special training in the care of mentally ill patients.

**10. Who is a normal person?**

**Ans.** A person can be called normal if he is not sick, if he is average, if he conforms to social norms, or if he approximates an ideally mature, healthy, or fully functioning personality.

**11. Explain primary prevention?**

**Ans.** The use of resources in the community to establish an environment more likely to nourish mental health and prevent the development of serious psychopathology.

**12. What is secondary prevention?**

**Ans.** Early detection of persons or institutions that have begun to exhibit preliminary signs of psychopathology.

**13. What is tertiary prevention?**

**Ans.** Providing treatment for individuals who have actually developed psychopathology serious enough to cause disruption of functioning.

## Miscellaneous

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### OBJECTIVE QUESTIONS

1. .... a Swiss chemist is credited with the discovery of lysergic acid diethylamide (LSD), which proved a boon to psychiatrists because with it they can induce schizophrenic like states at will:
 

(a) Karl Menninger	(b) Albert Hofman
(c) W.W. Boehm	(d) H.B. English
2. Free association method of personality study was introduced by:
 

(a) Freud	(b) Macbeth
(c) A.H. Maslow	(d) J.F. Nisbet
3. If a 70 year old man claims that he is physically as strong and able as a 20 year old, he is demonstrating the defence mechanism of:
 

(a) Compensation	(b) Identification
(c) Rationalization	(d) Denial of reality
4. What is a typical symptom of schizophrenia?
 

(a) Excessive checking	(b) Heart palpitation
(c) Hallucinations	(d) Nightmares

5. Which is not a typical symptom of mania?
  - (a) Bursts of activity
  - (b) Persistence
  - (c) Wild plans
  - (d) A flight of ideas
6. The area or specialization in psychology that deals with the diagnosis and treatment of behavioural or mental disorders is:
  - (a) Psychiatry
  - (b) Social psychology
  - (c) Clinical psychology
  - (d) Personality
7. The ego's mechanism of defense were first described in detail by:
  - (a) Anna Freud
  - (b) Sigmund Freud
  - (c) Erik Erikson
  - (d) Erich Fromm
8. The word frustration comes from the Latin word Frustra which means to be:
  - (a) In vain
  - (b) In excitement
  - (c) In pain
  - (d) None of the above
9. Intentional and forcible rejection of painful memories is called:
  - (a) Rationalization
  - (b) Repression
  - (c) Suppression
  - (d) Forgetfulness
10. The device whereby the individual reacts to a difficulty by shifting the blame on another is known as:
  - (a) Rationalization
  - (b) Projection
  - (c) Suppression
  - (d) None of the above
11. The abnormal irrational fear is called:
  - (a) Obsession
  - (b) Compulsion
  - (c) Anxiety
  - (d) Phobia
12. Evidence collected by careful observation, experimentation, and measurement is:
  - (a) Empirical
  - (b) Anecdotal
  - (c) Rational
  - (d) Behavioristic
13. The deliberate decision to keep potentially painful material from surfacing into consciousness is termed:
  - (a) Repression
  - (b) Suppression
  - (c) Denial
  - (d) Displacement



- 14. Personality disorders are:**
- (a) Responses to environmental stress.
  - (b) Products of impaired brain functions.
  - (c) Deeply ingrained habits and patterns of behaviour.
  - (d) Never disabling.
- 15. The most important psychoanalytic technique is:**
- (a) Dream interpretation      (b) Interpretation of resistance
  - (c) Free association              (d) Systematic desensitization
- 16. Some names from Shakespeare's literature are given match them with the maladaptive reaction pattern most characteristic of them.**
- |                 |                          |
|-----------------|--------------------------|
| 1. King Lear    | (A) Obsessive Compulsive |
| 2. Lady Macbeth | (B) Depression           |
| 3. Ophelia      | (C) Paranoia             |
| (a) 1 2 3       | (b) 1 2 3                |
| A B C           | C A B                    |
| (C) 1 2 3       | (d) 1 2 3                |
| B C A           | A C B                    |
- 17. Hippocrates and other Greeks thoughts that one of the mental ailments is restricted to women only because of pining for children. Name the disease?**
- (a) Obsession                      (b) Hysteria
  - (c) Phobia                          (d) None of the above
- 18. The two conflicting views on the causes of abnormal behaviour that have struggled for supremacy throughout history include:**
- (a) The genetic and the environmental
  - (b) The natural and the unnatural
  - (c) The learning and the dynamic
  - (d) The natural and the supernatural
- 19. One of the most common accompaniments of psychoanalysis is:**
- (a) Resistance                      (b) Regression
  - (c) Fixation                          (d) Poverty

20. Delusions may be found in:
  - (a) Dementia
  - (b) Depression
  - (c) Schizophrenia
  - (d) All the above
21. The manifestation of psychological disorder through physiological dysfunction is called:
  - (a) Psychoneurotic disorder
  - (b) Psychotic disorder
  - (c) Psychosomatic disorder
  - (d) Psychopathic disorder
22. There is a story in Greek mythology in which a character unknowingly kills his father and marries his mother. This character's name is now associated with a complex. Who was he?
  - (a) Oedipus
  - (b) Napoleon
  - (c) Anna Freud
  - (d) Electra
23. The man who reformed French mental hospitals in the eighteenth century was:
  - (a) Pinel
  - (b) Napoleon
  - (c) Lafayette
  - (d) De Gaulle
24. In MDP with circular depression, treatment of choice is:
  - (a) MAOIs
  - (b) Carbamazepine
  - (c) Both a and b
  - (d) None of the above
25. In psychosomatic disorder one's psychological life frequently influences his:
  - (a) Physical health
  - (b) Intelligence
  - (c) Thinking capacity
  - (d) Emotional state
26. Kraepelin coined the term:
  - (a) Schizophrenia
  - (b) Catatonia
  - (c) General Paresis
  - (d) Dementia Praecox
27. The psychoanalytic phenomenon by which patients distort reality as a function of their earlier experience with parents is called:
  - (a) Parentification
  - (b) Identification
  - (c) Introjection
  - (d) Transference

28. The main thrust of non-directive psychotherapy is that the:
- (a) Patient has a right to solve his problems.
  - (b) Patient requires guidance.
  - (c) Patient is to be chided
  - (d) Patient needs explanation
29. Drug of choice in obsessive compulsive neurosis is:
- (a) Clomipramine
  - (b) Haloperidol
  - (c) Clonazepam
  - (d) Carbamazepine
30. By which other name Freud's hypnosis is known?
- (a) Free association
  - (b) Id psyche
  - (c) Cathartic method
  - (d) Couch psychology
31. Which school of thought views abnormality "as a failure to develop sufficiently our tremendous potentials as human beings".
- (a) Behavioristic
  - (b) Psychoanalytic
  - (c) Cognitive
  - (d) Humanistic
32. A trisomy of chromosome 21 leads to:
- (a) Cretinism
  - (b) Phenylketonuria
  - (c) Down syndrome
  - (d) Cretinism
33. The term "Life Support" and "Parasite" are used for the following category of retardation.
- (a) Mild mental retardation
  - (b) Moderate mental retardation
  - (c) Severe mental retardation
  - (d) Profound mental retardation
34. DSM-III -R- was published in:
- (a) 1987
  - (b) 1905
  - (c) 1885
  - (d) 1968
35. Psychoanalytic psychotherapy differs from psychoanalysis in its:
- (a) Rejection of the couch
  - (b) Methods
  - (c) Basic goals
  - (d) Rejection of interpretation as a prime mode of therapeutic gain

36. Experiments conducted by Cerletti and Bini, two Italian doctors, led to the development of which one of the following therapies?  
(a) Insulin shock therapy      (b) Metrazol shock therapy  
(c) Electro shock therapy      (d) Psychosurgery
37. Acute mania is managed using:  
(a) ECT      (b) I.V. Diazepam  
(c) Lithium      (d) Amytryptiline
38. Which school of thought views abnormality as a failure to develop sufficiently our tremendous potentials as human beings.  
(a) Psychoanalytic      (b) Behaviouristic  
(c) Humanistic      (d) None of the above
39. Which branch of psychology has played the pioneer role in bringing an understanding and human insight into behaviour pathology:  
(a) Social psychology  
(b) Abnormal psychology  
(c) Environmental psychology  
(d) General psychology
40. Organic mental disorders:  
(a) Can be caused by psychological variables alone  
(b) Are inevitably severely disabling  
(c) Can be acute or chronic  
(d) All of the above
41. The process of psychotherapy is beyond the reach of average man because:  
(a) It is not yet known in our country  
(b) There are no facilities  
(c) It is costly  
(d) There is no faith
42. The psychosis in which a patient exhibits alternate mania and depression is known as:  
(a) Hysteria

- (b) Schizophrenia
  - (c) Manic-depressive psychosis
  - (d) Paranoia
43. Drug most useful in treatment of obsessive compulsive disorder is:
- (a) Doxipen
  - (b) Dothiepin
  - (c) Amoxapine
  - (d) Fluoxetine
44. The ..... symptoms of schizophrenia consist of behavioural deficits.
- (a) Negative
  - (b) Positive
  - (c) Obvious
  - (d) Disorganized
45. The psychoactive substance use disorders:
- (a) Have been diminishing in this country during the past decade.
  - (b) Are most prevalent in the United States.
  - (c) Include alcoholism and drug dependence.
  - (d) Categorize the central nervous system effects of alcohol and drug abuse.
46. Drug of choice in obsessive compulsive neurosis is:
- (a) Diazepam
  - (b) Chlorpromazine
  - (c) Clomipramine
  - (d) Imipramine
47. Low back pain is usually caused due to:
- (a) A ruptured intervertebral disc
  - (b) A fracture of the back
  - (c) Congenital defects of the lower spine
  - (d) Psychological reasons
48. The anxiety and somatoform disorders were formerly termed the:
- (a) Functional disorders
  - (b) Neuroses
  - (c) Non psychoses
  - (d) Dissociative disorders
49. Early morning insomnia is characteristically seen in:
- (a) Secondary depression
  - (b) Exogenous depression
  - (c) Endogenous depression
  - (d) None of the above

50. Eczema is a:
  - (a) Psychoneurotic disorder
  - (b) Psychotic disorder
  - (c) Physiological disorder
  - (d) Psychosomatic disorder
51. The influential autobiography describing mental hospitalization in the early twentieth century. "A mind that found itself", was written by:
  - (a) Plath
  - (b) Rush
  - (c) Dix
  - (d) Beers
52. The word normal has been taken from the.....word norma
  - (a) Greek
  - (b) Latin
  - (c) French
  - (d) Italian
53. Masters and Johnson concerned themselves with:
  - (a) Sexual dysfunctions
  - (b) Transsexualism
  - (c) Ego-dystonic homosexuality
  - (d) The paraphilias
54. In psychoanalytic terms, obsessive compulsive disorder is fixed at:
  - (a) Oral stage
  - (b) Oedipal stage
  - (c) Genital stage
  - (d) Anal stage
55. Cardiovascular disorders are normally the outcome of:
  - (a) Physical strain
  - (b) Emotional stress
  - (c) Peptic ulcer
  - (d) None of these
56. Phenothiazines exert their effect by blocking the following receptors:
  - (a) 5-HT
  - (b) Cholinergic
  - (c) Dopamine
  - (d) Noradrenergic
57. The term psychosomatic was coined by:
  - (a) Freud
  - (b) Alexander
  - (c) Heinroth
  - (d) Cannon
58. Crime committed by children and adolescents under statutory age is called:

- (a) Criminal
  - (b) Convicts
  - (c) Delinquents
  - (d) None of these
59. Delinquency refers to the antisocial behaviour of youth below:
- (a) 15 years
  - (b) 17 years
  - (c) 18 years
  - (d) 20 years
60. The word anxiety comes from the Greek word Angst which means:
- (a) God
  - (b) A fear without an object
  - (c) Good
  - (d) Great
61. The word phobia comes from the Greek word phob which means:
- (a) Bad
  - (b) Dread or fear
  - (c) Night
  - (d) Drown
62. Phobia is:
- (a) A realistic fear
  - (b) A specific fear
  - (c) An unrealistic fear
  - (d) A special fear
63. The word conflict comes from the .....word conflictus us which means to strike together:
- (a) English
  - (b) French
  - (c) Latin
  - (d) Spanish
64. All are withdrawal symptoms of alcohol except:
- (a) Tremors
  - (b) Drowsiness
  - (c) Hallucinations
  - (d) Seizures
65. Among the elderly, alcoholism:
- (a) Is more common than among younger generations.
  - (b) May be less serious because it takes more alcohol to achieve higher blood alcohol level than among younger drinkers.
  - (c) May be less serious because, with age, most people gain greater control over their impulses, including the desire to drink.
  - (d) May be more serious because it takes less alcohol to achieve higher blood alcohol levels than among younger drinkers.

66. ECT is most useful in the following clinical type of schizophrenia:
- (a) Catatonic
  - (b) Paranoid
  - (c) Simple
  - (d) Hebephrenic
67. All are true about LSD except:
- (a) Is a synthetic compound
  - (b) Is highly addicting
  - (c) Requirement is 1 mg per kg body weight
  - (d) Vivid hallucinations
68. The most effective treatment for schizophrenia and bipolar affective disorder is (are):
- (a) Psychoanalysis
  - (b) The phenothiazines
  - (c) Lithium carbonate
  - (d) The somatic therapies
69. Predisposing causes of a disease are referred to as:
- (a) Ethology
  - (b) Epidemiology
  - (c) Ecology
  - (d) Etiology
70. Disorders characterized by intense, unrealistic irrational fears are called:
- (a) Schizotypal disorders
  - (b) Schizoid disorders
  - (c) Anxiety disorders
  - (d) Hysteria disorders
71. Grandeur and persecution delusions are the main symptoms of:
- (a) Paranoia
  - (b) Schizophrenia
  - (c) Hysteria
  - (d) Manic depressive psychosis
72. The 'suppressed rage' hypothesis has been posited to account for which of the following common health disorders?
- (a) Hypertension
  - (b) Anorexia nervosa
  - (c) AIDS
  - (d) None of the above
73. Lithium carbonate
- (a) Terminates manic episodes
  - (b) Reduces the likelihood of future depressive episodes
  - (c) Is a treatment for bipolar affective disorder
  - (d) Is all of the above



74. Delusions and hallucinations are found in a major way in a:  
(a) Psychotic (b) Psychoneurotic  
(c) Anxiety neurotic (d) None of the above
75. ....coined the term neurosis to explain disordered sensation of the nervous system:  
(a) Freud (b) Janet  
(c) Cullen (d) Mesmer
76. The neurotransmitter which seems to be related to both sleep and obsessive compulsive disorders is:  
(a) Dopamine (b) GABA  
(c) Acetylcholine (d) Serotonin
77. Paranoia is characterized by:  
(a) Delusions and suspicion  
(b) Hallucinations  
(c) Flight of Ideas  
(d) Disorders of attention and memory.
78. The major biochemical action of most antipsychotic medications is:  
(a) Increased production of dopamine  
(b) Sedation of CNS functioning.  
(c) Increased absorption and utilization of vitamins.  
(d) Blockage of dopamine receptors.
79. Mental retardation is a developmental disorder:  
(a) True (b) False  
(c) Cannot be said (d) Some are some are not
80. Females are less susceptible to defects from sex linked disorders:  
(a) True (b) False  
(c) Cannot be said (d) Depend's upon one's culture.
81. State anxiety is anxiety at a particular point of time while trait anxiety is a tendency to be anxious over a long period.  
(a) True (b) False

- (c) Cannot be said
- (d) There are individual differences
- 82. Obsessions may occur in:
  - (a) Depression
  - (b) Obsessive compulsive neurosis
  - (c) Schizophrenia and organic states
  - (d) All of the above
- 83. Clouding of consciousness is the hallmark of:
  - (a) Dementia
  - (b) Acute organic brain syndrome (delirium)
  - (c) Hypomania
  - (d) Schizophrenia
- 84. Nail biting, thumb sucking and similar such behaviours are the sign of:
  - (a) Pleasant experience
  - (b) Anxiety
  - (c) Learning
  - (d) Habit
- 85. An art therapist encourages clients to express feelings of frustration in their art work. The clients are engaging in:
  - (a) Sublimation
  - (b) Catharsis
  - (c) Displacement
  - (d) Behavioral identification
- 86. Hypnotism involves:
  - (a) Attention and suggestibility
  - (b) A kind of magnetism
  - (c) An involuntary compulsion
  - (d) Age regression
- 87. Librium and valium are:
  - (a) Phenothiazines
  - (b) Forms of Lithium carbonate
  - (c) Tricyclic antidepressants
  - (d) Minor tranquilizers
- 88. Magnan's syndrome occurs in the following addiction:
  - (a) LSD
  - (b) Opium
  - (c) Cocaine
  - (d) Cannabis

- 89. The Neurotic:**  
(a) Looses touch with the reality.  
(b) Does not loose touch with the reality  
(c) Looses at times touch with reality  
(d) None of the above
- 90. Amphetamine induced psychosis typically resembles:**  
(a) Paranoid schizophrenia (b) Depression  
(c) Mania (d) Dementia
- 91. The notions of an inferiority complex and compensatory behaviours are associated with:**  
(a) Adler (b) Horney  
(c) Rogers (d) Jung
- 92. First major tranquilizer discovered was:**  
(a) Chlorpromazine (b) Trifluoperazine  
(c) Thioridazine (d) Penfluidol
- 93. Abnormal psychology deals with the theoretical aspect of:**  
(a) Social pathology (b) Social psychology  
(c) Sociology (d) Psychopathology
- 94. Clinical psychology deals with the practical aspect of:**  
(a) Social psychology (b) Sociology  
(c) Psychopathology (d) Social pathology
- 95. According to which concept normality and abnormality differ in kind:**  
(a) Qualitative concept (b) Quantitative concept  
(c) Statistical concept (d) Social standard concept
- 96. Tolerance occurs with all drugs except:**  
(a) Heroin (b) Morphine  
(c) Lithium carbonate (d) Cocaine
- 97. The discovery of hypnotism is attributed to:**  
(a) Benjamin Franklin (b) Anton Mesmer  
(c) Sigmund Freud (d) William Curtis
- 98. The phenothiazines reduce the hallucinations and delusions of:**

- (a) The manic depressive      (b) The severely depressed  
(c) The schizophrenic      (d) All of the above
99. A study of the causes of dreams, illusions, mental disorders, mental derangements comes under the field of:  
(a) Psychoanalysis      (b) Abnormal psychology  
(c) Individual psychology      (d) Analytical psychology
100. Persons deviating from the norms of the society are called:  
(a) Normal persons      (b) Adjusted persons  
(c) Maladjusted persons      (d) Abnormal persons
101. Disorganized speech and disorganized behaviour are examples of which symptoms.  
(a) Positive      (b) Negative  
(c) Disorganized      (d) Behavioural
102. Anhedonia, flat affect and asociality are example of..... symptoms.  
(a) Positive      (b) Negative  
(c) Disorganized      (d) None of the above
103. This symptom takes many forms-patients may go into inexplicable bouts of agitation, dress in unusual clothes, act in a childlike or silly manner, hoard food or collect garbage.  
(a) Disorganized speech      (b) Paranoia  
(c) Disorganized behaviour      (d) Asociality
104. Dementia praecox was used by ..... to describe what we now call schizophrenia.  
(a) Freud      (b) Kraepelin  
(c) Bleuler      (d) Charcot
105. This subtype is applied to patients who meet the diagnostic criteria for schizophrenia but not for any of the three main subtypes.  
(a) Undifferentiated      (b) Residual  
(c) Paranoid      (d) Waxy flexibility
106. Other categories of psychotic disorders included in the DSM-IV-TR, include what disorder(s) ?

- (a) Schizophreniform                      (b) Brief psychotic  
(c) Delusional                              (d) All of the above
107. Genetic research has shown that we can not conclude that schizophrenia is a disorder completely determined by.....transmission.  
(a) Social                                      (b) Environmental  
(c) Pathological                              (d) Genetic
108. Indirect support for the dopamine theory of schizophrenia came from the literature on .....psychosis.  
(a) Parkinson's                              (b) Paranoid  
(c) Amphetamine                              (d) Catatonic
109. The.....model seems appropriate for guiding theory and research into the etiology of schizophrenia.  
(a) Cognitive                                      (b) Diathesis-stress  
(c) Genetic                                      (d) Behavioural
110. This neurotransmitter is also being looked at in the treatment of schizophrenia.  
(a) Serotonin                                      (b) GABA  
(c) Glutamate                                      (d) All of the above
111. This type of family communication pattern is characterized by hostility and poor communication and in a longitudinal study of adolescents with behaviour problem, it was found to predict the later onset of schizophrenia.  
(a) Communication deviance  
(b) Expressed emotion  
(c) Parent/child dialogue  
(d) Hostile emotional communication
112. A series of studies initiated in London indicate that the ..... can have an important impact on the adjustment of patients after they leave the hospital.  
(a) Doctors                                      (b) Peers  
(c) Family                                      (d) a and b
113. Additional analysis of the participants from the 1960 Danish study suggested that positive and negative symptoms of schizophrenia might have different.

- (a) Characteristics
  - (b) Motor skills
  - (c) Negative emotion
  - (d) Etiology
114. Research indicates that hospital care does..... to effect meaningful enduring changes in the majority of patients with schizophrenia or other serious mental illness.
- (a) Much
  - (b) Little
  - (c) What's needed
  - (d) All of the above
115. Traditional antipsychotic drugs include :
- (a) Thorazine
  - (b) Haldol
  - (c) Phenothiazines
  - (d) All of the above
116. In the 1960s, behaviour therapists introduced an innovation known as the.....into hospital settings where, in one study of the effectiveness of this method patients placed in the social-learning ward were kept busy 85 percent of their waking hours learning to behaviour more constructively.
- (a) Milieu therapy
  - (b) Routine management
  - (c) Token economy
  - (d) Free association
117. Extrapyramidal side effects, tardive dyskinesia and neuroleptic malignant syndrome are all side effects of
- (a) Antipsychotics
  - (b) Genetic research
  - (c) Neuroscience research
  - (d) Atypical antipsychotics
118. A number of studies suggest that atypical antipsychotic medications may be more effective than traditional drugs at improving.....functions such as short-term memory.
- (a) Cognitive
  - (b) Social-interaction
  - (c) Neuron
  - (d) All of the above
119. .... training is designed to teach people with schizophrenia how to successfully manage a wide variety of interpersonal situations-discussing their medications with their psychiatrist, ordering meals in a restaurant, filling out job applications, etc.
- (a) Real-life
  - (b) Life-skills
  - (c) Readiness
  - (d) Social skills
120. Studies on the success of ..... training for patients with schizophrenia have shown can be taught new social behaviours that help them achieve fewer relapses, better

**social functioning, and a higher quality of life.**

- (a) Cognitive behavioural      (b) Behavioural cognitive  
(c) Social skills                      (d) Real life

**121. An important part of personal therapy is teaching patients how to notice small signs of ....., such as social withdrawal or inappropriate threats against others, and to learn skills to deal with these problems.**

- (a) Real-life                              (b) Relapse  
(c) Recovery                              (d) All of the above

**122. This therapy is a broad-spectrum, cognitive behavioural approach to the multiplicity of problems of patients with schizophrenia who have been discharged from the hospital.**

- (a) CET                                      (b) Personal therapy  
(c) REBT                                      (d) EST

**123. The discharging of a large number of patients from mental hospitals in the 1960s is referred to as :**

- (a) Moral treatment                      (b) Therapeutic intervention  
(c) Deinstitutionalization              (d) Reinstitutionalization

**124. The interpersonal circumplex model classifies personality along two dimensions, one of which is:**

- (a) Introversion-extraversion  
(b) Dominance-submission  
(c) Agreeableness-unagreeableness  
(d) Nurturance-schizoid

**125. Personality disorders are listed on axis II along with disorder**

- (a) Neurosis                                      (b) Bipolar disorders  
(c) Mental retardation                      (d) Schizophrenia

**126. A child who is suffering from many of the symptoms of autism, but has a higher level of intellectual functioning is probably suffering from what?**

- (a) Kanner's syndrome                      (b) Asperger's disorder  
(c) fetal alcohol syndrome                      (d) all of the above

**127. Which of these is an example of maladaptive personality style?**

- (a) Showing different behaviours in different situations  
(b) Using an inflexible coping mechanism for many types of

problems

- (c) Using multiple coping mechanisms
  - (d) Demonstrating changes in personality style over the life span
- 128. Why personality disorders and mental retardation both are listed on the same diagnostic axis of DSM-IV system?**
- (a) They are inherited conditions
  - (b) They do not have any medical treatment
  - (c) They are life persistent conditions
  - (d) Both are not as serious as neurotic disorders
- 129. What are some of the suspected etiologies of autism?**
- (a) Genetic factors
  - (b) Dysfunctional mothering style
  - (c) Abnormal brain and PNS functioning
  - (d) Both a and b
- 130. What is the treatment of choice used in autism?**
- (a) Pharmacotherapy
  - (b) Facilitated communication
  - (c) Behaviour modification
  - (d) All of the above
- 131. Which of the following drugs has been helpful in reducing some of the symptoms of autism?**
- (a) Anti-anxiety drugs
  - (b) Ritalin
  - (c) Anti depressants
  - (d) Haldol
- 132. Who played an important role in developing special education programs for children with mental retardation?**
- (a) Lewis Terman
  - (b) Alfred Binet
  - (c) Piaget
  - (d) Alfred Adler
- 133. What is the most common known biological cause of mental retardation?**
- (a) Brain dysfunction
  - (b) Down syndrome
  - (c) phenylketonuria
  - (d) fragile-X syndrome
- 134. How can we do primary prevention of biological causes of mental retardation?**
- (a) Health care measures



- (b) Early educational interventions
  - (c) Early and accurate detection of a disorder
  - (d) All of the measures
135. Which of the following is not true for antisocial personality disorder?
- (a) People with antisocial personality disorder are not educated
  - (b) The roots of antisocial behaviours tends to lie in childhood
  - (c) People with antisocial personality disorder have difficulty in inhibiting impulsive behaviours
  - (d) People with antisocial personality disorder have high arousal levels, which leads them to avoid stimulation through impulsive and dangerous acts and to experience punishment as less severe
136. Which of the following statements about personality disorders is true?
- (a) By definition, personality disorders must be present continuously since childhood
  - (b) The majority of people diagnosed with one personality disorder meet the diagnostic criteria for at least one other personality disorder
  - (c) Since personality disorders are treated differently than acute disorders, medical conditions, or life stressors by the DSM-IV, they are placed on Axis III
  - (d) Because they are more incapacitating, people with personality disorders seek treatment more often than people with acute disorders
137. Which of the following is the odd one out of these disorders?
- (a) Avoidant
  - (b) Histrionic
  - (c) Dependant
  - (d) Obsessive-compulsive
138. Which of the following is true according to the DSM-IV criteria for personality disorders?
- (a) Validity of the diagnostic criteria is difficult
  - (b) Information required for a personality diagnosis is often not easy to obtain from patients
  - (c) Criteria are gender-biased against women in some cases and against men in others

- (d) Personality disorders are considered as if they are severe versions of normal traits rather than being treated as qualitatively distinct from normal traits
139. People with paranoid personality disorder use ..... and ....., as the two defense mechanisms to deal with their irrational thinking patterns.
- (a) Sublimation; project      (b) Intellectualize; deny  
(c) Deny; displacement      (d) Deny; projection
140. Which of the following is the parenting style of people diagnosed with paranoid personality disorder?
- (a) They are overindulgent in their style of bringing up their child  
(b) They are ruthless and illogical often alternating between being neglectful, being hostile, and being violent toward their children  
(c) They gain enjoyment from their child's faith on them in early life, do not encourage the child to develop a separate sense of self, and punish the child's attempts at individuation  
(d) They are not only critical and intolerant of any weakness but also emphasize that the child is "special" and "different," resulting in a child who is hypersensitive to others' evaluations and who believes that he or she is being persecuted for being different
141. Which of the following is not a cognitive inconsistency exhibited by people diagnosed with schizotypal personality disorder?
- (a) Odd beliefs and magical thinking  
(b) Illusions  
(c) Ideas of reference  
(d) Dissociative states
142. The personality disorder characterized by unsteadiness, which may be attributed to "dichotomous thinking", according to cognitive theorists is
- (a) Dependant personality disorder  
(b) Avoidant personality disorder  
(c) Multiple personality disorder

- (d) Borderline personality disorder
143. The personality disorder that is diagnosed more often in women than in men is highly dramatic and seductive behaviours performed to gain the attention and approval of others, is known as:
- (a) Paranoid personality disorder
  - (b) Narcissistic personality disorder
  - (c) Histrionic personality disorder
  - (d) Depressive personality disorder
144. Eating disorders are more common among all of the following groups EXCEPT:
- (a) Young women who approve more gender-role stereotypes
  - (b) Young women from poorer socioeconomic levels
  - (c) Young women who report greater contact to fashionable media
  - (d) Young women who internalize societal standards for outward show
145. All of the following are common features of autism EXCEPT .....
- (a) Muteness or impaired language use
  - (b) Higher than average intelligence
  - (c) Ritualistic or stereotyped behaviour
  - (d) Demands for sameness
146. According to Freud dependent personality disorder would result from fixation at the ..... stage of development and obsessive-compulsive disorder results from fixation at the ..... stage of development.
- (a) Genital; phallic
  - (b) Anal; genital
  - (c) Oral; anal
  - (d) Phallic; oral
147. People with antisocial personality disorder show all but one of the following:
- (a) Difficulty inhibiting impulsive behaviours
  - (b) Deficits in the parietal lobes of the brain
  - (c) Poor impulse control
  - (d) Deficits in executive functions

148. People with ..... are heavy users of mental health services, in contrast to people with other personality disorders.  
(a) Narcissistic personality disorder  
(b) Borderline personality disorder  
(c) Antisocial personality disorder  
(d) Schizotypal personality disorder
149. What is the recommended rule of the DSM-IV-TR in determining when a person is too thin?  
(a) 60% of expected body weight  
(b) 75% of expected body weight  
(c) 80% of expected body weight  
(d) 85% of expected body weight
150. The most prominent gender difference among the personality disorders appears in ..... personality disorder, where men are many times more likely to be diagnosed with the disorder than are females.  
(a) Narcissistic (b) Schizotypal  
(c) Antisocial (d) Obsessive-compulsive
151. Which of these occurs more in women as compared to men?  
(a) Schizoid, paranoid, borderline  
(b) Histrionic, borderline, dependent  
(c) Dependent avoidant, paranoid  
(d) Anti-social, obsessive-compulsive, borderline, schizoid
152. What personality disorder is most often found to occur with bulimia nervosa?  
(a) Schizotypal (b) Borderline  
(c) Histrionic (d) Narcissistic
153. Which of these is not Scott's criteria of mental health:  
(a) Exposure to psychiatric treatment  
(b) Psychiatric diagnosis  
(c) Social maladjustment  
(d) Subjective happiness
154. Choose the option below that contains an odd-eccentric personality disorder as (a), a dramatic-emotional personality

disorder as (b), and an anxious-fearful personality disorder listed as (c).

- (a) (a) Obsessive-compulsive personality disorder; (b) paranoid personality disorder; (c) avoidant personality disorder.
- (b) (a) paranoid personality disorder; (b) borderline personality disorder; (c) dependent personality disorder.
- (c) (a) obsessive-compulsive personality disorder; (b) dependent personality disorder; (c) schizoid personality disorder.
- (d) (a) schizoid personality disorder; (b) dependent personality disorder; (c) obsessive-compulsive personality disorder.

155. Which of the following is not a criticism of the DSM-IV criteria for personality disorders?

- (a) Reliability of the diagnostic criteria is low
- (b) Personality disorders are treated as if they are extreme versions of normal traits rather than being treated as qualitatively distinct from normal traits
- (c) Criteria are gender-biased against women in some cases and against men in others
- (d) Information required for a personality diagnosis is often hard to obtain from clients

156. What disorder involves distress expressed following separation from a person with whom the child has an attachment relationship?

- (a) School refusal
- (b) Separation anxiety
- (c) Agoraphobia
- (d) A or B

157. Amit is having difficulty in school. He has been tested by the school psychologist and has above average intelligence however his achievement test scores indicate that he is over two standard deviations below what is expected for his age in reading. What might be the diagnosis for John?

- (a) Selective mutism
- (b) Learning disorder
- (c) Tic disorder
- (d) Mental retardation

158. An infant who exhibits repeated vomiting and rechewing of his food. What is the likely diagnosis for this condition that has resulted in him experiencing dangerously low levels of weight gain?

- (a) Encopresis
  - (b) Enuresis
  - (c) Tic disorder
  - (d) Rumination
159. Substance abuse is the
- (a) Experience of clinically significant distress in social, occupational, or other areas of functioning when attempting to cease or reduce substance use
  - (b) Experience of significant maladaptive behavioural and psychological symptoms caused by the effect of a substance on the central nervous system
  - (c) Diagnosis given when recurrent substance use leads to significant harmful consequences
  - (d) Diagnosis given when substance use leads to physiological dependence or significant impairment or distress
160. Asmita a four year old girl who has the habit of eating dirt and clay even though her parents have tried to get her to stop, she continues. Medical tests reveal no abnormalities or deficiencies. What might be her diagnosis?
- (a) Rumination disorder
  - (b) Elimination disorder
  - (c) Eating disorder
  - (d) Pica
161. .... is the third leading cause of death among teenagers.
- (a) CHD
  - (b) Accidents
  - (c) Murder
  - (d) Suicide
162. What childhood disorder is characterized by inattentiveness and impulsivity?
- (a) Oppositional defiant disorder
  - (b) Hyperactivity
  - (c) Attention-deficit/hyperactivity disorder
  - (d) Conduct disorder
163. What is a typical rule violation of a preschooler with an externalizing disorder?
- (a) Being difficult with peers
  - (b) Acting disorderly in the classroom
  - (c) All of the above
  - (d) Violating the regulation
164. What is a developmentally appropriate fear among children between the ages of 2 and 4?

- (a) Fear of separation                      (b) Fear of strangers
  - (c) Fear of monsters                      (d) Fear of animals
165. Who established the first psychological clinic for children in the United States?
- (a) Wundt                                      (b) Lightner Witmer
  - (c) Erik Erikson                              (d) Piaget
166. .... is the process of a parent's positively reinforcing a child's negative behaviours, while in turn the child negatively reinforces the parent by ceasing the negative behaviour.
- (a) Time-out                                      (b) Negative attention
  - (c) Punishment                                      (d) Indulging
167. .... refers to recurring offenses among criminals.
- (a) Diversion                                      (b) Repetition
  - (c) Resilience                                      (d) Recidivism
168. Children:
- (a) Are usually more prepared than adults to seek therapy
  - (b) Are most successfully treated apart from their family members
  - (c) Respond more favorably to MAO inhibitors than SSRIs
  - (d) Tend to respond best to behaviour than other types of therapies
169. A parent who is demanding and cold would fall under what classification of parenting styles?
- (a) Neglectful                                      (b) Indulgent
  - (c) Authoritarian                                      (d) Authoritative
170. What factor often serves to promote aggression in young children?
- (a) Ruthless physical discipline
  - (b) Peer groups
  - (c) All of the above
  - (d) Television
171. What is the most common treatment of ADHD in children?
- (a) Ritalin
  - (b) Behavioural family therapy
  - (c) Psychostimulant medication
  - (d) Antidepressants

172. According to cognitive theories, people with schizoid personality disorder:
  - (a) Have low self-worth and reject other people and social interactions out of a fear of being rejected themselves
  - (b) Have beliefs that other people are malevolent and deceptive, which combines with a lack of self-confidence about being able to defend themselves against others, and leads them to be suspicious and rejecting of others
  - (c) Have had a severely disturbed mother-child relationship and have never learned to give or receive love.
  - (d) Have cognitive styles that are poor and indifferent to cues that produce emotions.
173. Techniques such as in vivo exposure and flooding are used in:
  - (a) Psychoanalytic therapy
  - (b) Client-centered therapy
  - (c) Interpersonal therapy
  - (d) Behaviour therapy
174. What is one of the most characteristic features of personality disorders?
  - (a) Stability
  - (b) Poor prognosis
  - (c) Widespread acceptance
  - (d) Flexibility
175. Individuals with this disorder are excessively mistrustful of others and tend to interpret other people's behaviour as deliberately threatening or demeaning.
  - (a) Paranoid personality disorder
  - (b) Schizotypal personality disorder
  - (c) Avoidant personality disorder
  - (d) Schizoid personality disorder
176. Negative affectivity refers to what global trait from the five-factor model of personality?
  - (a) Conscientiousness
  - (b) Extraversion
  - (c) Neuroticism
  - (d) Ill temperament
177. The three personality disorders included in cluster A share similarity with the symptoms of what other disorder?



- (a) Anxiety
  - (b) Antisocial
  - (c) Schizophrenia
  - (d) Obsessive-compulsive
178. Which personality disorder is often characterized by disturbances in one's identity?
- (a) Dissociative identity disorder
  - (b) Borderline
  - (c) Avoidant
  - (d) Histrionic
179. Which personality disorder has the highest prevalence rates in diagnosed samples?
- (a) Obsessive compulsive
  - (b) Borderline
  - (c) Dependent
  - (d) Histrionic
180. What disorder in childhood is the best predictor of antisocial personality disorder in adulthood?
- (a) Attention-deficit/hyperactivity disorder
  - (b) Childhood schizophrenia
  - (c) Conduct disorder
  - (d) Oppositional defiant disorder
181. An individual with this type of disorder often violates the rights of others and breaks the law as well as disregards social norms and interpersonal/vocational commitments.
- (a) Antisocial personality disorder
  - (b) Borderline personality disorder
  - (c) Paranoid personality disorder
  - (d) Avoidant personality disorder
182. A disorder in which individuals have excessive emotionality and need to be the center of attention is called:
- (a) Avoidant personality disorder
  - (b) Histrionic personality disorder
  - (c) Borderline personality disorder
  - (d) Paranoid personality disorder
183. What is the overall lifetime prevalence of any personality disorder?
- (a) 15-20%
  - (b) 10-25%
  - (c) 40-45%
  - (d) 10-14%

184. Which of the following is not a cognitive anomaly exhibited by people with schizotypal personality disorder?
- (a) Odd beliefs and magical thinking
  - (b) Illusions
  - (c) Dissociative states
  - (d) Ideas of reference
185. Free association would most likely occur in:
- (a) Behaviour therapy
  - (b) Psychodynamic therapy
  - (c) Gestalt therapy
  - (d) Logotherapy
186. Which of the following is not a way in which schizotypal personality disorder resembles schizophrenia?
- (a) Both schizophrenics and schizotypals have difficulty initiating, sustaining, and controlling their attention on cognitive tasks.
  - (b) Both schizophrenics and schizotypals have enlarged ventricles.
  - (c) Both schizophrenics and schizotypals experience hallucinations and delusions.
  - (d) Both schizophrenics and schizotypals have odd or inappropriate emotional responses.
187. The most striking gender difference among the personality disorders appears in ..... personality disorder, where men are five times more likely to be diagnosed with the disorder than are females.
- (a) Schizotypal
  - (b) Antisocial
  - (c) Obsessive-compulsive
  - (d) Histrionic
188. Which of the following is false about antisocial personality disorder?
- (a) People with antisocial personality disorder are more likely to have low levels of education
  - (b) The tendency to engage in antisocial behaviours tends to begin in childhood and is one of the most stable personality characteristics
  - (c) People with antisocial personality disorder have difficulty in inhibiting impulsive behaviours

- (d) People with antisocial personality disorder have high levels of arousability, which leads them to avoid stimulation through impulsive and dangerous acts and to experience punishment as less severe
189. The personality disorder characterized by instability, which object relations theorists attribute to "splitting" and cognitive theorists attribute to "dichotomous thinking" is
- (a) Paranoid personality disorder
  - (b) Dependent personality disorder
  - (c) Borderline personality disorder
  - (d) Histrionic personality disorder
190. Relatives of people with ..... personality disorder have higher rates of schizophrenia than control subjects; relatives of people with ..... personality disorder have higher rates of mood disorders than control subjects.
- (a) Paranoid; borderline      (b) Schizoid; avoidant
  - (c) Avoidant; histrionic      (d) Schizotypal; paranoid
191. The personality disorder that is diagnosed more often in women than in men and is characterized by rapidly shifting emotions, unstable relationships, and highly dramatic and seductive behaviours performed to gain the attention and approval of others, is known as:
- (a) Narcissistic personality disorder
  - (b) Dependent personality disorder
  - (c) Histrionic personality disorder
  - (d) Antisocial personality disorder
192. Psychoanalytic theorists believe dependent personality disorder results from fixation at the ..... stage of development and obsessive-compulsive disorder results from fixation at the ..... stage of development.
- (a) Anal; genital      (b) Oral; anal
  - (c) Phallic; oral      (d) Phallic; anal
193. All of the following are cognitive oddities in people with schizotypal personality disorder except:
- (a) Ideas of reference
  - (b) Hallucinations

- (c) Tangential, circumstantial, or vague speech
- (d) Magical thinking
- 194. People with antisocial personality disorder exhibit all of the following except:
  - (a) Deficits in the parietal lobes of the brain
  - (b) Impulsivity
  - (c) Deficits in decision-making functions
  - (d) Difficulty inhibiting impulsive behaviours
- 195. People with ..... are heavy users of mental health services, in contrast to people with other personality disorders.
  - (a) Borderline
  - (b) Antisocial
  - (c) Avoidant
  - (d) Narcissistic
- 196. What kind of bulimia nervosa is most common?
  - (a) Restricting
  - (b) Purging
  - (c) Checking
  - (d) Non-purging
- 197. Which of the following brain areas does not appear to be involved in ADHD?
  - (a) The frontal lobe
  - (b) The occipital lobe
  - (c) The caudate nucleus
  - (d) The corpus callosum
- 198. Which of the following statements about attention deficit/hyperactivity disorder (ADHD) is false?
  - (a) Fewer than 10 percent of children develop ADHD
  - (b) For two-thirds of children, ADHD continues into adolescence
  - (c) A large number of adults with a history of underachievement and poor relationships have been found to have had undiagnosed ADHD as children
  - (d) Boys are three times more likely to be diagnosed with ADHD than are girls
- 199. Which of the following has not been found to predispose children to ADHD?
  - (a) Premature delivery
  - (b) Consumption of large amounts of sugar
  - (c) Maternal nicotine consumption
  - (d) Exposure to high concentrations of lead
- 200. In studies examining the biology of conduct disorder and

**aggression, children with conduct disorder have been found to exhibit all of the following except**

- (a) Neurological deficits
- (b) A genetic history of antisocial behaviour among their first-degree relatives
- (c) Higher levels of adrenaline
- (d) Difficult temperaments as infants

**201. Which of the following drugs has not been found to be useful in reducing aggressive behaviour?**

- (a) Stimulants
- (b) Lithium
- (c) Neuroleptics
- (d) Barbiturates

**202. Which of the following is not a symptom of separation anxiety disorder?**

- (a) Persistent and excessive worry about harm or loss of a caregiver
- (b) Excessive fearfulness about being alone
- (c) Repeated nightmares involving themes of separation
- (d) Excessive sleeping when caregivers are not present

**203. Reading disorder is also known as**

- (a) Receptive language disorder
- (b) Dyslexia
- (c) Phonological disorder
- (d) Disorder of reading comprehension

**204. Current day beliefs about the causes of autism are starting to focus on .....**

- (a) Underlying biological abnormalities
- (b) The role of cold and detached parents
- (c) Nutritional deficiencies during infancy
- (d) Troubled family relationships

**205. Which of the following statements is not true?**

- (a) Cognitive therapy is an effective treatment for irritable bowel syndrome
- (b) Biofeedback is the treatment of choice than simple relaxation techniques in reducing pain and headaches
- (c) JPMR technique is effective at reducing addictive behaviour

- among all types of adolescents
- (d) Biofeedback training can successfully reduce blood pressure in hypertensive individuals
206. The children of parents with ..... are three times more likely to develop separation anxiety disorder than are children of parents without the disorder.
- (a) Generalized anxiety disorder
- (b) Post-traumatic stress disorder
- (c) Social phobia
- (d) Panic disorder
207. Children who can acquire very simple vocational skills with special education, who do not achieve beyond the second grade in academic skills, and who have IQ scores between 35 and 50, are characterized as ..... mentally retarded.
- (a) Moderately (b) Mildly
- (c) Profoundly (d) Severely
208. Which of the following childhood diseases resembles Alzheimer's disease in that both are characterized by the presence of plaques and tangles in the brain as well as memory loss and an inability to care for oneself?
- (a) Phenylketonuria (b) Fragile X syndrome
- (c) Trisomy 21 (d) Fetal alcohol syndrome
209. Which of the following childhood diseases is the most common cause of mental retardation?
- (a) Trisomy 21 (b) Fragile X syndrome
- (c) Trisomy 18 (d) Phenylketonuria
210. In the general population, which factor is the most common cause of mental retardation?
- (a) Hereditary factors
- (b) Acquired childhood diseases/infections
- (c) Environmental influences and other mental disorders
- (d) Unknown factors
211. The drug prescribed to treat mania, and psychosis respectively are:
- (a) Calcium channel blockers; electroconvulsive therapy
- (b) Anticonvulsants; neuroleptics

- (c) Barbiturates; tricyclic antidepressants
- (d) MAO inhibitors; lithium
- 212. What is the literal meaning of anorexia?**
  - (a) To become thin
  - (b) Loss of hunger
  - (c) Loss of appetite
  - (d) Extreme undernourishment
- 213. The most salient impairments seen in autism is/are impaired**
  - (a) Communication skills
  - (b) Cognitive skills
  - (c) Motor development
  - (d) Social interaction
- 214. Autism typically becomes manifest .....**
  - (a) Between 6 and 12 months of age
  - (b) Between age 1 and 6 months
  - (c) After age 10 years
  - (d) Between 18 and 30 months of age
- 215. Which of the following statements about coronary heart disease (CHD) is true?**
  - (a) CHD occurs when the supply of blood through vessels is excessive, putting pressure on the vessel walls
  - (b) Because it is frequently fatal, CHD is typically a short-lived condition
  - (c) Myocardial infarctions typically precede angina pectoris
  - (d) CHD is the leading cause of death among women
- 216. Genes play a role in each of the following childhood or adolescent disorders, except .....**
  - (a) Antisocial behaviour
  - (b) Autism
  - (c) Adjustment disorders
  - (d) Hyperactivity
- 217. The best predictors of outcome in autism are**
  - (a) The child's IQ and language development before age 6
  - (b) The child's ability to reach developmental milestones on time
  - (c) The child's competence for nonverbal communication
  - (d) The quality of parenting style
- 218. Which of the following appears to be a contributing factor to autism?**
  - (a) A "refrigerator" mother
  - (b) Deficits in theory of mind

- (c) Atrophy of the parietal, temporal, and occipital lobes
- (d) Abnormal levels of nor epinephrine
- 219. All of the following are classified as pervasive developmental disorders except:
  - (a) Autism
  - (b) Asperger's disorder
  - (c) Selective mutism
  - (d) Mental retardation
- 220. The symptoms of ADHD fall into all of the following categories except:
  - (a) Inattention
  - (b) Defiance
  - (c) Impulsivity
  - (d) Hyperactivity
- 221. Boys are more likely than girls to be diagnosed all except one:
  - (a) Separation anxiety disorder
  - (b) Encopresis
  - (c) ADHD
  - (d) Autism
- 222. All of the following are associated with conduct and oppositional defiant disorder except:
  - (a) Lower levels of adrenaline
  - (b) ADHD
  - (c) Maternal toxic exposure during pregnancy
  - (d) Living in a rural area
- 223. Which of the following types of drugs is potentially addictive?
  - (a) Tricyclic antidepressants
  - (b) Selective serotonin reuptake inhibitors
  - (c) Barbiturates
  - (d) Neuroleptics
- 224. Children with ..... mental retardation have very limited vocabularies, speak in two-to-three-word sentences, and have IQ scores between 20 and 35.
  - (a) Mild
  - (b) Moderate
  - (c) Severe
  - (d) Profound
- 225. People with ..... have a basic conflict between their anatomical gender and their gender identity.
  - (a) A bisexual sexual orientation
  - (b) Transvestic fetishism
  - (c) A gay or lesbian sexual orientation



- (d) Gender identity disorder
226. Which instrument is used to assess neuropsychological function?
- (a) The Vineland Scale      (b) The MMPI  
(c) The CAT scan      (d) The Halstead-Reitan Test
227. Which term describes the difficulties that people with dementia often have with language functioning?
- (a) Dylexia      (b) Aphasia  
(c) Apraxia      (d) Agnosia
228. Which of the following is a biological cause for craving a substance?
- (a) Neural sensitization in the mesolimbic dopamine system  
(b) Neural desensitization in the mesolimbic dopamine system  
(c) Opponent processes  
(d) Increased levels of serotonin
229. Research suggests that pessimistic people
- (a) Are less likely to make medical visits  
(b) Are more likely than optimists to die after being diagnosed with cancer  
(c) Are more likely to engage in healthy behaviours  
(d) Have lower blood pressure than optimist people
230. What is the most effective treatment of bulimia nervosa?
- (a) Hypnotherapy      (b) Antidepressant medication  
(c) Gestalt psychotherapy      (d) Cognitive behaviour therapy
231. Early theoretical views on autism focused on the role of ..... in causing the disorder.
- (a) Parents  
(b) Prenatal infections  
(c) Environmental contaminants  
(d) Birth trauma
232. What is the differentiating factor/s of clinical depression from normal sadness?
- (a) History      (b) Absence of precipitants  
(c) Intensity and quality      (d) All of the above
233. What is an early sign of dementia?

- (a) Incoherent speech
  - (b) Fluctuating symptoms throughout the day
  - (c) Difficulty in remembering
  - (d) Hallucinations
- 234. What seems to be the best current treatment for individuals suffering from Alzheimer's disease?**
- (a) Psychotherapy
  - (b) A structured and supportive environment
  - (c) Placement in a setting with younger people suffering from other disorders
  - (d) Medication
- 235. People with a gay or lesbian sexual orientation ..... .**
- (a) Have a fundamental mismatch between their biological sex and their sense of masculinity or womanliness
  - (b) Almost always experienced gender identity disorder in childhood
  - (c) Have a gender identity that is inconsistent with their biological sex
  - (d) Secretly have a wish to become members of the opposite gender
- 236. In psychology, stress can best be defined as ..... .**
- (a) Any physical pressure exerted on a body
  - (b) Unpleasant demands placed on an organism to adjust
  - (c) A painful stimulus resulting in undesired consequences
  - (d) Any demand on an organism to adapt or adjust
- 237. Psychologists use the term stressors to refer to ..... .**
- (a) Sources of distress
  - (b) People who possess keen sensitivity to stress and stimulation
  - (c) Sources of stress
  - (d) A person's physical reactions to a stressful event
- 238. Hans Selye used which of the following terms to describe the common biological response pattern to persistent stress.**
- (a) Stress syndrome
  - (b) General adaptation syndrome
  - (c) The adreno-cortico syndrome

- (d) The stress reaction model
239. Trisomy 21 is also known as
- (a) PKU
  - (b) Down syndrome
  - (c) Parkinson's disorder
  - (d) Tay-sachs disease
240. The most common type of dementia is what?
- (a) Huntington's disease
  - (b) Vascular dementia
  - (c) Alzheimer's disease
  - (d) Pick's disease
241. What two conditions must be present for a definite diagnosis of Alzheimer's disease?
- (a) Senile plaques and beta-amyloid
  - (b) Pick's bodies and neurofibrillary tangles
  - (c) Neurofibrillary tangles and senile plaques
  - (d) Chorea and Pick's bodies
242. Which of these will come under the group of pre-senile dementias?
- (a) Pick's disease and Huntington's disease
  - (b) The amnesic syndrome and multi infract dementia
  - (c) Both
  - (d) None
243. What kind of memory loss occurs in dementia?
- (a) Episodic memory
  - (b) Semantic memory
  - (c) Both b and c
  - (d) Procedural memory
244. What is Multi-infract dementia known as
- (a) Senile dementia
  - (b) Presenile dementia
  - (c) Vascular dementia
  - (d) Dementia of Alzheimer's type
245. Which of these is associated with cause of lipoid metabolism as the reason for mental retardation
- (a) Down syndrome
  - (b) Turner's syndrome
  - (c) Phenylketonuria
  - (d) Niemann-pick's disease
246. The underlying disease process in coronary heart disease is
- (a) Myocardial infarction
  - (b) Arteriosclerosis
  - (c) Coronary thrombosis
  - (d) Hypertension

**247. The expression of emotions connected to memories and conflicts is known as:**

- (a) Working through                      (b) Flooding  
(c) Catharsis                                (d) Transference

**248. Genuineness and unconditional positive regard for the client are the main tenants of:**

- (a) Interpersonal therapy  
(b) Implosive therapy  
(c) Psychodynamic therapy  
(d) Client-centered therapy

### ANSWERS

- |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|
| 1. (b)   | 2. (a)   | 3. (d)   | 4. (c)   | 5. (b)   | 6. (c)   | 7. (a)   |
| 8. (a)   | 9. (c)   | 10. (b)  | 11. (d)  | 12. (a)  | 13. (b)  | 14. (c)  |
| 15. (c)  | 16. (b)  | 17. (b)  | 18. (d)  | 19. (a)  | 20. (d)  | 21. (c)  |
| 22. (a)  | 23. (a)  | 24. (c)  | 25. (a)  | 26. (d)  | 27. (d)  | 28. (a)  |
| 29. (a)  | 30. (c)  | 31. (d)  | 32. (c)  | 33. (d)  | 34. (a)  | 35. (c)  |
| 36. (c)  | 37. (c)  | 38. (c)  | 39. (b)  | 40. (c)  | 41. (c)  | 42. (c)  |
| 43. (d)  | 44. (a)  | 45. (c)  | 46. (c)  | 47. (c)  | 48. (b)  | 49. (c)  |
| 50. (d)  | 51. (d)  | 52. (b)  | 53. (a)  | 54. (d)  | 55. (b)  | 56. (c)  |
| 57. (c)  | 58. (c)  | 59. (c)  | 60. (b)  | 61. (b)  | 62. (c)  | 63. (c)  |
| 64. (b)  | 65. (d)  | 66. (d)  | 67. (c)  | 68. (d)  | 69. (d)  | 70. (c)  |
| 71. (a)  | 72. (a)  | 73. (d)  | 74. (a)  | 75. (c)  | 76. (d)  | 77. (a)  |
| 78. (d)  | 79. (a)  | 80. (a)  | 81. (a)  | 82. (d)  | 83. (b)  | 84. (b)  |
| 85. (b)  | 86. (a)  | 87. (d)  | 88. (c)  | 89. (b)  | 90. (a)  | 91. (a)  |
| 92. (a)  | 93. (d)  | 94. (c)  | 95. (a)  | 96. (c)  | 97. (b)  | 98. (c)  |
| 99. (b)  | 100. (d) | 101. (c) | 102. (b) | 103. (c) | 104. (b) | 105. (a) |
| 106. (a) | 107. (d) | 108. (c) | 109. (b) | 110. (d) | 111. (a) | 112. (c) |
| 113. (d) | 114. (b) | 115. (c) | 116. (c) | 117. (a) | 118. (a) | 119. (d) |
| 120. (c) | 121. (b) | 122. (b) | 123. (c) | 124. (b) | 125. (c) | 126. (b) |
| 127. (b) | 128. (c) | 129. (d) | 130. (d) | 131. (c) | 132. (b) | 133. (b) |
| 134. (d) | 135. (a) | 136. (b) | 137. (b) | 138. (d) | 139. (d) | 140. (d) |
| 141. (d) | 142. (d) | 143. (c) | 144. (b) | 145. (b) | 146. (c) | 147. (b) |
| 148. (b) | 149. (d) | 150. (c) | 151. (b) | 152. (b) | 153. (d) | 154. (b) |
| 155. (a) | 156. (c) | 157. (b) | 158. (d) | 159. (c) | 160. (d) | 161. (d) |
| 162. (c) | 163. (a) | 164. (c) | 165. (b) | 166. (c) | 167. (d) | 168. (d) |
| 169. (c) | 170. (c) | 171. (c) | 172. (d) | 173. (d) | 174. (a) | 175. (a) |

176. (c) 177. (c) 178. (b) 179. (b) 180. (c) 181. (a) 182. (b)  
183. (d) 184. (b) 185. (b) 186. (b) 187. (b) 188. (a) 189. (a)  
190. (d) 191. (c) 192. (b) 193. (b) 194. (a) 195. (a) 196. (b)  
197. (b) 198. (c) 199. (b) 200. (c) 201. (c) 202. (d) 203. (b)  
204. (a) 205. (b) 206. (d) 207. (b) 208. (c) 209. (a) 210. (d)  
211. (b) 212. (b) 213. (d) 214. (d) 215. (d) 216. (c) 217. (a)  
218. (b) 219. (c) 220. (b) 221. (a) 222. (d) 223. (b) 224. (c)  
225. (d) 226. (d) 227. (b) 228. (a) 229. (b) 230. (d) 231. (a)  
232. (c) 233. (c) 234. (b) 235. (c) 236. (d) 237. (c) 238. (b)  
239. (b) 240. (c) 241. (c) 242. (a) 243. (a) 244. (c) 245. (d)  
246. (a) 247. (c) 248. (d)

