

## Abnormal Psychology

1. A behavioral or mental pattern that causes suffering or a poor ability to function in life may be diagnosed by a mental health professional as a
  - A. neurosis
  - B. mental disorder
  - C. personality disorder
  - D. psychosis
  
2. After suffering breathing problems and chest-pains while on duty, a Navy midshipman was told he had suffered a panic attack. Since that time, going to sea became extremely difficult. He was worried about whether he'd have another attack far from land. He discovered a similar anxiety in the shopping center and on the subway. Which of the following disorders is likely to develop without treatment?
  - A. social anxiety disorder
  - B. agoraphobia
  - C. generalized anxiety disorder
  - D. obsessive-compulsive disorder
  
3. The most common type of anxiety disorder is
  - A. specific phobia
  - B. social anxiety disorder
  - C. generalized anxiety disorder
  - D. panic disorder
  
4. Carl Jung coined the term "synchronicity" to describe meaningful coincidences that could not be explained scientifically. In a famous case, Jung attributed the rare appearance of a golden scarab at his office window shortly after his patient recalled dreaming of the insect, as a sign that the dreamer was making progress in accessing her subconscious. Jung believed that such demonstrations of synchronicity meant that a person had tapped into the collective unconscious, a universal knowledge beyond our everyday awareness that is shared by everyone. How might modern psychiatric medicine classify Jung's experience?
  - A. hallucination
  - B. delusion of reference
  - C. somatic delusion
  - D. pareidolia
  
5. Bill is a 28 year-old unmarried male. He has a very demanding, stressful job as an associate in a large law firm. Bill is extremely conscientious and self-critical if he feels like he is falling short. He fears he will not make partner in the firm. For the past month Bill has felt unusually fatigued, often staying in bed until noon on the weekends. He has been having difficulty concentrating at work, and has been acting irritably. Bill called in sick on several occasions to stay in bed all day, watching TV or sleeping. Bill likely suffers from which disorder?
  - A. dysthymia
  - B. bipolar disorder
  - C. generalized anxiety disorder
  - D. major depressive disorder

6. Which of the following statements are true regarding all personality disorders?

- I. An enduring pattern of behavior that deviates markedly from the expectations of the individual's culture
- II. Onset can be traced back at least to adolescence or early adulthood
- III. The pattern is stable and of long duration
- IV. The pattern is inflexible and pervasive across a broad range of personal and social situations

- A. II only
- B. I, II and III
- C. I, III and IV
- D. I, II, III and IV

7. Which of the following thoughts and/or behaviors are typical of individuals with obsessive-compulsive personality disorder?

- A. excessive hand washing
- B. repeating activities a certain amount of times or counting
- C. experiencing distress when unable to control a situation
- D. repeatedly reviewing a past event

8. The doctor asked Martin "How are you feeling today?" and Martin said, "How are you feeling today? How are you feeling today?" This symptom is called

- A. echopraxia
- B. clanging
- C. palilalia
- D. echolalia

9. Marjorie worries constantly about her father who is in a nursing home. This worry has been troubling her for the past year. For at least six months she has felt constantly restless and is very tired. When she's at her desk at work, she constantly wants to get up and pace, and she is having trouble thinking straight. Marjorie likely suffers from which disorder?

- A. bipolar depression
- B. borderline personality disorder
- C. generalized anxiety disorder
- D. atypical depression

10. When Regina accepted the transfer to the home office, she considered it a wonderful opportunity to work for Evelyn, one of the rising stars of the company. However, Evelyn is very manipulative and self-serving. She seems to feel nothing and lacks a conscience. She's impulsive and deceptive. Although Regina is not qualified to make a diagnosis, it appears that Evelyn may suffer from a disorder known as \_\_\_\_\_ personality.

- A. psychopathic
- B. sociopathic
- C. antisocial
- D. borderline

11. A somatic symptom disorder involving the actual loss of bodily function such as blindness, paralysis, and numbness due to excessive anxiety would have been called hysteria in the nineteenth century. In the DSM-V, such a disorder is termed

- A. conversion disorder
- B. illness anxiety disorder
- C. body dysmorphic disorder
- D. Munchausen syndrome

12. Experimental research in cognitive science challenges claims concerning the validity of the construct underlying dissociative mental disorders based on a defense mechanism in which cognitions are excluded from consciousness. Even the claimed aetiological link between trauma/abuse and dissociation has been questioned. An alternative model proposes a perspective on dissociation based on a recently established link between a labile sleep–wake cycle where mentation occurs in a dream-like manner producing memory errors, cognitive failures, problems in attentional control, and difficulties in distinguishing fantasy from reality. In other words, the conclusions of these experiments challenge the model of the dissociation construct based on
- A. actual self vs. ought self disparity
  - B. Freudian repression
  - C. identity crisis
  - D. personality disorder
13. A 62-year-old female consulted a clinic requesting treatment for general malaise and lack of volition that had persisted for 2 years. She was not regarded as having senile dementia. She was a housewife and barely able to perform housework. Based on the information presented, her status was likely diagnosed as
- A. major depressive disorder
  - B. general anxiety disorder
  - C. dysthymia
  - D. agoraphobia
14. Anton is a cognitive psychologist in clinical practice. During a therapy session, Anton made a note when his client said, “I feel worthless and ugly” and another note after his client said, “People ignore me all the time.” Which of the following statements did Anton record allowing him to provisionally confirm Beck’s cognitive triad of depression?
- A. “I’ve failed at everything I’ve ever tried.”
  - B. “My life is never going to get better.”
  - C. “I’ve never been lucky.”
  - D. “I feel as though life is passing me by.”
15. Which of the following is a positive symptom of schizophrenia?
- A. disordered thought
  - B. flat affect
  - C. mania
  - D. anhedonia
16. The \_\_\_\_\_ published by the American Psychiatric Association (APA), offers a common language and standard criteria for the classification of mental disorders.
- A. Global Assessment of Functioning (GAF) Scale
  - B. Diagnostic and Statistical Manual of Mental Disorders (DSM)
  - C. International Statistical Classification of Diseases and Related Health Problems (ICD)
  - D. Psychodynamic Diagnostic Manual (PDM)

17. \_\_\_\_\_ disorder occurs when an individual is unable to cope with a stressful event or a major life event. People with this disorder normally have symptoms that depressed people do, such as general loss of interest, feelings of hopelessness and crying.

- A. anxiety
- B. extreme stress
- C. post-traumatic stress
- D. adjustment

18. A core concept in modern psychiatry since DSM-III was released in 1980, is the categorical separation of mood disorders from schizophrenia, known as the Kraepelinian dichotomy. The Kraepelinian dichotomy continues to be used in DSM-5 despite having been challenged by data from modern psychiatric genetics. For example, there is now evidence of a significant overlap in the genetics of schizophrenia and bipolar disorder. In addition to bipolar disorder with a history of psychosis, for which of the following disorders do diagnostic criteria include significant, enduring symptoms bridging the Kraepelinian dichotomy?

- A. major depression
- B. dissociative identity disorder
- C. obsessive-compulsive disorder
- D. schizoaffective disorder

19. In which of the following respects does Asperger's syndrome differ from other conditions within the range of autism spectrum disorder?

- I. absence of significant delay in language development
- II. absence of significant delay in cognitive development
- III. presence of stereotyped or repetitive behaviors
- IV. difficulties in social interaction

- A. I only
- B. I and II
- C. I, II, and IV
- D. I, II, III, and IV

20. A hospital patient is observed to hold rigid poses for hours while ignoring any external stimuli. At other times he shows stereotyped, repetitive movements. The only instances in which he has been observed to speak have been to repeat what a doctor or nurse says. Which of the following is a defensible diagnosis based on the above information?

- A. catatonic schizophrenia
- B. encephalitis
- C. benzodiazepene withdrawal
- D. catatonia

**21.** Up to 80% of clients seeking clinical treatment for borderline personality disorder are women. It has been argued that the most probable explanation for gender differences in clinical samples is that women are more likely to develop the kind of symptoms that bring patients in for treatment. Twice as many women as men in the community suffer from depression. In contrast, there is a preponderance of men meeting criteria for substance abuse and psychopathy, and males with these disorders do not necessarily present in the mental health system. Men and women with similar psychological problems may express distress differently. Men tend to drink more and carry out more crimes. Women tend to turn their anger on themselves, leading to depression as well as the cutting and overdosing that characterize BPD. Thus, anti-social personality disorder and borderline personality disorders might derive from similar underlying pathology but present with symptoms strongly influenced by gender. There is specific evidence that men with BPD may not seek help. In a study of completed suicides among people aged 18 to 35 years, 30% of the suicides involved individuals with BPD (as confirmed by psychological autopsy, in which symptoms were assessed by interviews with family members). Most of the suicide completers were men, and very few were in treatment.

Which of the following statements is consistent with the evidence presented in the above passage?

- A.** Men are less likely to be treated for symptoms of BPD such as substance abuse than treated for BPD itself.
- B.** The symptoms of BPD and ASPD do not share an underlying aetiology.
- C.** Men are less likely to seek or accept treatment for ASPD than women.
- D.** While up to 80% of BPD patients are women, that may not be true in the community.

**22.** A child who has a family history of depression and who has been exposed to a particular circumstance, such as exclusion or rejection by his or her peers, would be more likely to develop depression than a child with a family history of depression that has an otherwise positive social network of peers. This interaction of factors in which events or social influences may activate a latent predisposition exemplifies the \_\_\_\_\_ model of mental disorders.

- A.** biopsychosocial
- B.** biomedical
- C.** diathesis-stress
- D.** behavioral

**23.** An office worker, Marilyn, came to believe that one of her co-workers, Julia, was trying to poison her. She had seen Julia in a lengthy conversation with the supply vendor for the break-room. Another co-worker, Benedict, had asked Marilyn whether she preferred coffee or tea, which was very suspicious. Marilyn paid five hundred dollars to have a sample of coffee from the break-room tested by a private laboratory. Despite negative lab results, Marilyn began bringing her own coffee to work with her, which she kept hidden in her desk in a thermos. This case study is most consistent with which of the following diagnoses?

- A.** delusional disorder - persecutory type
- B.** paranoid personality disorder
- C.** paranoid schizophrenia
- D.** sociophobia

24. The Rosenhan experiment was a famous experiment published by the journal *Science* in 1973 under the title “On being sane in insane places”. Rosenhan wondered if there was a way in which the reliability of psychiatric diagnoses could be tested experimentally. The study involved the use of healthy associates or “pseudopatients” who briefly feigned auditory hallucinations in an attempt to gain admission to 12 different psychiatric hospitals. All were admitted and diagnosed with psychiatric disorders. After admission, the pseudopatients acted normally and told staff that they felt fine and had no longer experienced any additional hallucinations. All were forced to admit to having a mental illness and agree to take antipsychotic drugs as a condition of their release. The average time that the patients spent in the hospital was 19 days. All but one were diagnosed with schizophrenia “in remission” before their release. With reference to the historical period (approximately fifty years ago) what may be concluded from the results of the study?
- A. There were significant problems with reliability in schizophrenia diagnosis at the time of the experiment.
  - B. Schizophrenia was perceived as an irreversible condition rather than a curable illness.
  - C. Psychiatrists were over-admitting schizophrenia patients for hospitalization.
  - D. Psychiatric diagnosis should not take a patient’s report of their experiences into account.
25. A resident in a mental health facility required one-on-one supervision due to her self-mutilative behaviors. In counseling she would frequently fabricate autobiographical details, and if asked about future plans would change her goals multiple times in a single discussion. When she feared being left alone or abandoned she would find a way to hurt herself or threaten suicide. She would place the staff and/or herself in an all-good category or an all-bad category. The diagnosis for this young lady is most likely which of the following?
- A. generalized anxiety disorder
  - B. schizotypal personality disorder
  - C. borderline personality disorder
  - D. histrionic personality disorder
26. After staying awake for forty hours straight in order to complete a research paper for a history course, while walking through the quad Sherry experienced a profound sense of being a detached observer of herself. She felt as if the buildings around her had become vague, dreamlike, and less real. It was very disturbing. What is the psychological term to describe what she is experiencing?
- A. depersonalization
  - B. hallucination
  - C. dissociation
  - D. thought insertion
27. Obsessions are recurrent \_\_\_\_\_ that persist despite efforts to ignore or confront them.
- A. habits
  - B. compulsions
  - C. thoughts
  - D. behaviors

28. Which of the following is a negative symptom of schizophrenia?
- A. alogia
  - B. thought blocking
  - C. amnesia
  - D. hallucinations
29. A battery of tests for dyspraxia and agnosia was administered to 51 chronic schizophrenic patients to test the hypothesis that these cortical neurological signs are associated with psychomotor poverty syndrome (poverty of speech, flat affect, decreased spontaneous movement), disorganization syndrome (various disorders of the form of thought, inappropriate affect), abnormal involuntary movements, cognitive impairment, and duration of illness. The findings supported all elements of the hypothesis, and in particular, demonstrated a strong correlation of cortical signs with psychomotor poverty and with cognitive impairment. Which of the following best explains the underlying purpose of this experiment?
- A. to determine the set of cardinal schizophrenia symptoms through factor analysis
  - B. to measure the correlation between psychomotor poverty and cognitive impairment
  - C. to demonstrate the cortical aetiology of a set of positive symptoms of schizophrenia
  - D. to operationalize variables in schizophrenia diagnosis
30. The cognitive perspective on depressive illness is best exemplified by which of the following statements?
- A. Inherited or acquired brain disorders involving imbalances in neurotransmitters or damage to brain structures lead to depressive illness.
  - B. Unconscious conflicts over impulses such as sex and aggression, originating in childhood lead to depressive illness.
  - C. A blending of negative thoughts and beliefs about the self, the world, and possible selves leads to depressive illness.
  - D. An underlying biological predisposition combined with environmental or social stressors lead to depressive illness.
31. William's psychology professor presented the theory that people with depression act in ways that maintain their depression. While his professor didn't deny that biological factors contribute to depression, she asserted that it is ultimately the combination of a stressful event in an individual's life and their reaction to the event that produces a depressive episode. According to his professor, individuals with depression may display socially aversive behaviors, fail to engage in enjoyable activities, ruminate on their problems, or engage in other maladaptive activities. These behaviors most often function as avoidance mechanisms while the individual tries to cope with a stressful life event, resulting in a decrease in positive reinforcers or perceived control. Rumination and distraction are the two main coping mechanisms. According to her professor, ruminators are much more likely to become depressed than distractors. Which model is Williams' applying to interpret depression?
- A. cognitive
  - B. behaviorist
  - C. biopsychological
  - D. psychoanalytic



**32.** Which of the following are among the diagnostic criteria for substance use disorder?

- I. impaired control
- II. social impairment
- III. risky use
- IV. tolerance and withdrawal

- A.** I only
- B.** II and III
- C.** I, II, and III
- D.** I, II, III, and IV

**33.** Up to 80% of Wernicke's encephalopathy patients who abuse alcohol develop \_\_\_\_\_.

- A.** Korsakoff syndrome
- B.** Alzheimer's disease
- C.** Major depression
- D.** Delirium tremens

**34.** A person diagnosed with a paraphilia has been diagnosed with a(n) \_\_\_\_\_.

- A.** sexual disorder
- B.** attachment disorder
- C.** somatoform disorder
- D.** eating disorder

**35.** One version of the dopamine hypothesis suggests that schizophrenia symptoms emerge from a functional hyperactivity of dopamine neurons projecting to the nucleus accumbus, associated with functional hypoactivity of dopamine neurons projecting to the frontal cortex. A second version of the dopamine hypothesis suggests that psychosis and thought disorder may result, in part, from a state of abnormal glutamatergic cortical activity associated with exaggerated dopamine release or dysregulated dopamine signaling in the nucleus accumbus. This imbalance of cortical and dopamine signaling may contribute to improper gating of perceptual and thought processes. If the second version of the hypothesis is correct, schizophrenia would be associated with malfunction in the \_\_\_\_\_.

- A.** mesocortical pathway
- B.** mesolimbic pathway
- C.** mesocorticolimbic pathway
- D.** nigrostriatal pathway

**36.** Once it has been established that the individual exhibits multiple positive and negative symptoms of schizophrenia, the psychiatrist typically then evaluates the patient further to determine the subtype. If no specific subtype can be determined because the symptoms are randomized and fit multiple subtype categories, the diagnosis may be

- A.** dissociative identity disorder
- B.** disorganized schizophrenia
- C.** undifferentiated schizophrenia
- D.** catatonic schizophrenia



37. Which of the following are somatic system disorders?

- I. hypochondriasis
- II. panic disorder
- III. amnesia
- IV. conversion disorder

- A. IV only
- B. I and IV
- C. I, II, and III
- D. I, II, III, and IV

38. The key pharmacologic property of conventional anti-psychotic medications such as thiorazine and haldol is their ability to block dopamine D2 receptors. Blocking of these receptors in the mesolimbic pathway reduces positive symptoms of schizophrenia. However, when a substantial number of D2 receptors are blocked in the nigrostriatal dopaminergic pathway as a side effect, this will produce various disorders of movement that can appear very much like those in

- A. Parkinson's disease
- B. Stroke
- C. Alzheimer's disease
- D. Multiple sclerosis

39. Which of the following is not an anxiety disorder?

- A. obsessive-compulsive personality disorder
- B. panic disorder
- C. post-traumatic stress disorder
- D. agoraphobia

40. A novel hypothesis concerning the pathophysiology of schizophrenia, one that closely relates to the glutamate hypothesis, revolves around dysfunction of interneurons in the brain. Interneurons in the brain are GABAergic and local, and function mainly through the inhibition of other cells. Parvalbumin is a calcium-binding albumin protein that plays a role in signaling in certain cortical interneurons. Glutamate decarboxylase (GAD) is an enzyme that catalyzes the decarboxylation of glutamate to GABA and CO<sub>2</sub>. Early studies have identified decreases in GAD67 mRNA and protein in post-mortem brains from schizophrenia patients compared to controls. GAD67 mRNA was completely undetectable in a subset of interneurons also expressing parvalbumin. Levels of parvalbumin protein and mRNA were also found to be lower in patient brains in various regions in the brain. Finally, excitatory synapse density is selectively lower on parvalbumin interneurons in schizophrenia and predicts the activity-dependent down-regulation of parvalbumin and GAD67.

Which of the following is suggested by the experimental observations regarding dysfunction of interneurons detailed in the passage above?

- A. The activity of excitatory parvalbumin interneurons is lower in schizophrenia.
- B. Parvalbumin is a transcription factor controlling expression of glutamate decarboxylase.
- C. Parvalbumin interneurons are specifically affected in schizophrenia.
- D. GAD67 synthesizes GABA for neurotransmission.

41. What's the main difference between bipolar I disorder and bipolar II disorder?
- A. A person with bipolar I has manic episodes.
  - B. A person with bipolar II experiences psychotic symptoms such as delusions or hallucinations.
  - C. The person's mood in bipolar I is noticeably different from their normal mood when not depressed.
  - D. Bipolar II is comorbid with another condition such as substance abuse or obsessive-compulsive disorder.
42. The alternation of two or more distinct personality states with impaired recall among personality states is known as
- A. dissociative amnesia
  - B. depersonalization disorder
  - C. dissociative fugue
  - D. dissociative identity disorder
43. Which of the following is a macroscopic brain structural change that has been associated with schizophrenia?
- A. enlarged lateral ventricles
  - B. enlargement of the hippocampus
  - C. abnormalities in the metabolism of dopamine
  - D. hyperactive dopamine transmission in the mesolimbic pathway
44. \_\_\_\_\_ is characterized by a pattern of excessive attention-seeking behavior, including inappropriately seductive behavior and an excessive need for approval. People suffering from this disorder are often lively, dramatic, vivacious, enthusiastic, and flirtatious.
- A. dependent personality disorder
  - B. borderline personality disorder
  - C. narcissistic personality disorder
  - D. histrionic personality disorder
45. After the end of his second marriage, Martin's personality seemed to change. He avoided close relatives, strangers and crowds. The idea of being in a crowd induced severe fear and inhibition. He was afraid to talk to the gardener or the property manager in his apartment complex. He avoided women, looking away from them and walking away at the prospect of an approaching woman, feeling his heart palpitate and short of breath. He avoided almost all activities outside home afraid of having a panic attack. Which of the following would definitely not be a proper psychiatric diagnosis of Martin?
- A. social phobia
  - B. social anxiety disorder
  - C. avoidant personality disorder
  - D. agoraphobia

46. Psychosis as a sign of a psychiatric disorder is a diagnosis of exclusion. In other words,

- A. The presence of psychotic symptoms is used to exclude diagnosis of many disorders.
- B. Relevant symptoms are not diagnosed as psychotic until organic potential causes of the symptoms are excluded.
- C. A new-onset episode of psychosis is not first considered as a symptom of a psychiatric disorder.
- D. For the diagnosis of psychosis to apply there must be impairment in carrying out daily life activities.

47. Positive psychotic symptoms in schizophrenia have been traditionally linked to the neurotransmitter dopamine. In particular, the dopamine hypothesis of psychosis has been influential and states that psychosis results from an over-activity of dopamine function in the brain, particularly in the mesolimbic pathway. However, recent evidence has pointed to a possible dysfunction of the excitatory neurotransmitter \_\_\_\_\_, in particular, regarding its activity upon the NMDA receptor.

- A. GABA
- B. glutamate
- C. serotonin
- D. acetylcholine

48. A trait marker represents the properties of the behavioral and biological processes that play an antecedent, possibly causal, role in the pathophysiology of the psychiatric disorder, whereas a state marker reflects the status of clinical manifestations in patients. Certain visual functions, while deficient in schizophrenia, may be independent of psychosis. Examining clinically unaffected relatives of schizophrenia patients and patients with bipolar disorder can provide information about the relationship between a schizophrenic disposition and visual response traits. In one study, researchers found that motion integration is dysfunctional in schizophrenia patients but not in their relatives or bipolar patients, whereas motion discrimination is dysfunctional in schizophrenia patients and their relatives, but not in bipolar patients. By synthesizing these findings, this review suggests that

- A. Deficiency in motion integration may be a trait marker of schizophrenia.
- B. Deficiency in motion discrimination may be an endophenotype specifically associated with genetic predisposition for schizophrenia.
- C. Both psychosis and mood disturbances significantly affect the visual processes underlying motion discrimination.
- D. Motion integration and discrimination are both state markers specific to schizophrenia.

**49.** An offshoot of the monoamine hypothesis suggests that monoamine oxidase A (MAO-A) may be overly active in depressed people. This hypothesis received support from a PET study, which found significantly elevated activity of MAO-A in the brains of some depressed people. Increased MAO activity in depressed patients may even be a trait marker in that the increased activity did not change in response to treatment. Which of the following directly results from increased MAO activity?

- A. depression symptoms
- B. increased synthesis of GABA
- C. oxidative deamination of glutamate
- D. increased degradation of serotonin

**50.** Which of the following statements best exemplifies a psychodynamic approach to understanding anorexia nervosa?

- A. Anorexia has been linked to childhood sexual abuse or dysfunctional families.
- B. Psychological causes of anorexia include low self-esteem, feeling like there is lack of control, depression, anxiety, and loneliness.
- C. Constant exposure to media that presents body ideals is a risk factor for anorexia nervosa.
- D. Dysregulation of the serotonin pathways has been implicated in the etiology, pathogenesis and pathophysiology of anorexia nervosa.

## Answer Key

### Abnormal Psychology

- 1. B**—As defined in DSM-V: “A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.”
- 2. B**—Agoraphobia is the specific anxiety about being in a place or situation where escape is difficult or embarrassing or where help may be unavailable. Agoraphobia is strongly linked with panic disorder and is often precipitated by the fear of having a panic attack. A common manifestation involves needing to be in constant view of a door or other escape route. In addition to the fears themselves, the term agoraphobia is often used to refer to avoidance behaviors that sufferers often develop. For example, following a panic attack while driving, someone suffering from agoraphobia may develop anxiety over driving and will therefore avoid driving. These avoidance behaviors can often have serious consequences and often reinforce the fear they are caused by.
- 3. A**—Specific phobias are the most common type of anxiety disorder, affecting approximately 12% of the population at some point in their life. A specific phobia is any kind of anxiety disorder that amounts to an unreasonable or irrational fear related to exposure to specific objects or situations.
- 4. B**—Delusions of reference describe the phenomenon of an individual’s experiencing innocuous events or mere coincidence and believing they have strong personal significance.
- 5. D**—Major depressive disorder, also known simply as depression, is a mental disorder characterized by at least two weeks of low mood that is present across most situations. It is often accompanied by low self-esteem, loss of interest in normally enjoyable activities, low energy, and pain without a clear cause. Dysthymia, also called neurotic depression, is a mood disorder consisting of the same cognitive and physical problems as in depression, with less severe but longer-lasting symptoms. Dysthymia is a chronic condition.
- 6. D**—The four choices are all listed among the criteria for diagnosis in DSM-5 of a personality disorder. Additionally, the enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning. The enduring pattern is not better explained as a manifestation or consequence of another mental disorder. And the enduring pattern is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., head trauma). DSM-5 lists ten specific personality disorders: Paranoid, Schizoid, Schizotypal, Antisocial, Borderline, Histrionic, Narcissistic, Avoidant, Dependent and Obsessive-compulsive personality disorder.
- 7. C**—Choices ‘A’, ‘B’ and ‘D’ are typical of obsessive-compulsive disorder, an anxiety disorder, not obsessive-compulsive personality disorder. Obsessive-compulsive personality disorder is a personality disorder characterized by a general pattern of concern with orderliness, perfectionism, excessive attention to details, mental and interpersonal control, and a need for

control over one's environment, at the expense of flexibility, openness to experience, and efficiency. For people with OCD, the behaviors associated with the condition are unwanted and seen as unhealthy, being the product of anxiety-inducing and involuntary thoughts, while for people with OCPD they are egosyntonic (that is, they are perceived by the subject as rational and desirable), being the result of, for example, a strong adherence to routines, a natural inclination towards cautiousness, or a desire to achieve perfection.

8. **D**—Echolalia is the unsolicited repetition of vocalizations made by another person. Echopraxia is the involuntary repetition or imitation of another person's actions. Clanging refers to a mode of speech characterized by association of words based upon sound rather than concepts. Palilalia is a speech disorder characterized by the involuntary repetition of syllables, words, or phrases. Palilalia is auto generated. In other words, it is not repetition of the vocalizations made by another person.
9. **C**—Generalized anxiety disorder is an anxiety disorder characterized by excessive, uncontrollable and often irrational worry, that is, apprehensive expectation about events or activities. This excessive worry often interferes with daily functioning, as individuals with GAD typically anticipate disaster, and are overly concerned about everyday matters such as health issues, money, death, family problems, friendship problems, interpersonal relationship problems, or work difficulties. Individuals often exhibit a variety of physical symptoms, including fatigue, fidgeting, and headaches. These symptoms must be consistent and ongoing, persisting at least six months, for a formal diagnosis of generalized anxiety disorder.
10. **C**—Antisocial personality disorder is a personality disorder, characterized by a pervasive pattern of disregard for, or violation of, the rights of others, and an impoverished moral sense or conscience. You will not find the terms psycho-

path and sociopath in the DSM-5.

11. **A**—Conversion disorder is a type of somatic system disorder distinguished by actual loss of bodily function. The diagnosis of somatic system disorder requires physical symptoms that suggest physical illness or injury – symptoms that cannot be explained fully by a general medical condition or by the direct effect of a substance, and are not attributable to another mental disorder.
12. **B**—Attentive reading of the prompt is the key to this question. Repression, a key concept of Freudian psychoanalysis, is a defense mechanism that ensures that what is unacceptable to the conscious mind, which would arouse anxiety if recalled, is prevented from entering into it.
13. **C**—Dysthymia, also called neurotic depression, dysthymic disorder, or chronic depression, is a mood disorder consisting of the same cognitive and physical problems as in depression, with less severe but longer-lasting symptoms.
14. **B**—Beck's cognitive triad involves "automatic, spontaneous and seemingly uncontrollable negative thoughts" about: 1) The self "I'm worthless and ugly" 2) The world or environment "People ignore me all the time." 3) The future "My life is never going to get better."
15. **A**—Disordered thought is a positive symptom of schizophrenia. Flat affect and anhedonia (inability to experience pleasure) are negative symptoms. Mania is not a symptom of schizophrenia.
16. **B**—In the United States the DSM serves as a universal authority for psychiatric diagnoses. Treatment recommendations, as well as payment by health care providers, are often determined by DSM classifications, so the appearance of a new version has significant practical importance.



17. **D**—Adjustment disorder is different from anxiety disorder, which lacks the presence of a stressor, or post-traumatic stress disorder and acute stress disorder, which are associated with a more intense stressor. Posttraumatic stress disorder can develop after a person is exposed to a traumatic event, such as sexual assault, warfare, traffic collisions, or other threats on a person’s life. PTSD includes a different array of symptoms than adjustment disorder. Symptoms of PTSD may include disturbing thoughts, feelings, or dreams related to the events, mental or physical distress to trauma-related cues, attempts to avoid trauma-related cues, alterations in how a person thinks and feels, and an increase in the fight-or-flight response.
18. **D**—The diagnosis of schizoaffective disorder is made when the patient has features of both schizophrenia and a mood disorder—either bipolar disorder or depression—but does not strictly meet diagnostic criteria for either alone.
19. **B**—Asperger’s syndrome is characterized by significant difficulties in social interaction and nonverbal communication, along with restricted and repetitive patterns of behavior and interests. As a milder autism spectrum disorder (ASD), it differs from other ASDs by the presence normal language skills and intelligence.
20. **D**—The symptoms are sufficient to diagnose catatonia. Catatonia be seen in many disorders including catatonic schizophrenia, encephalitis, or benzodiazepene withdrawal among others.
21. **D**—Choice ‘D’ could serve reasonably well as a topic sentence for the passage. Choices ‘A’ and ‘B’ echo statements in the passage, but they are inverted to actually contradict arguments or evidence in the passage. According to the passage, men are *more* likely to be treated for symptoms of BPD such as substance abuse than treated for BPD itself. And the passage makes the argument that the symptoms of BPD and ASPD *may* share an underlying aetiology. Choice ‘C’ might well be true, but the claims of the passage are consistent regarding BPD, that men are less likely to seek or accept treatment for BPD than women, not ASPD.
22. **C**—The diathesis–stress model attempts to explain behavior as a predispositional vulnerability together with stress from life experiences. The biopsychosocial model, choice ‘A’ also encompasses a multifactorial approach, but the relationship among factors in the biopsychosocial model is expressed as an interdependence, not in their terms of latent predisposition ‘diathesis’ and stressor. Diathesis-stress model is the ‘best’ answer, directly representing the relationships presented in the question prompt.
23. **A**—Delusional disorder is a mental illness in which the patient presents with delusions, but with no accompanying prominent hallucinations, thought disorder, mood disorder, or significant flattening of affect. For a diagnosis of paranoid schizophrenia, in addition to delusions, there would need to be one or more additional symptoms such as hallucinations or disorganized speech. Regarding choice ‘C’, sufferers of paranoid personality disorder do not suffer delusions. The condition is characterized by a pervasive, long-standing suspiciousness and generalized mistrust of others but not psychotic symptoms.
24. **B**—‘B’ is the best answer. All but one of the pseudopatients were diagnosed with schizophrenia “in remission” before their release, evidence that schizophrenia is perceived as an irreversible condition creating a lifelong stigma rather than a curable illness. Choice ‘A’ is incorrect. Reliability reflects the overall consistency of a measure. The fact that nearly all of the pseudopatients received the same diagnosis indicates that the diagnostic procedures were reliable.
25. **C**—Borderline personality disorder is a long-term pattern of abnormal behavior characterized by unstable relationships with other people,



unstable sense of self, and unstable emotions. There is often an extreme fear of abandonment, frequent dangerous behavior, a feeling of emptiness, and self-harm. Symptoms may be brought on by seemingly normal events. The behavior typically begins by early adulthood, and occurs across a variety of situations. Substance abuse, depression, and eating disorders are commonly associated with BPD. BPD increases the risk of self-harm and 10% of people affected die by suicide.

26. **A**—Individuals who experience depersonalization feel divorced from their own personal self by sensing their body sensations, feelings, emotions, behaviors etc. as not belonging to the same person or identity. Often a person who has experienced depersonalization claims that things seem unreal or hazy. Also, a recognition of a self breaks down (hence the name). Depersonalization can result in very high anxiety levels, which further increase these perceptions. Depersonalization is the third most common psychological symptom, after feelings of anxiety and feelings of depression.
27. **C**—Obsessions are thoughts that recur and persist despite efforts to ignore or confront them. Compulsion is an irresistible urge to behave in a certain way, especially against one's conscious wishes.
28. **A**—Positive symptoms are psychotic behaviors not normally seen in most people (hallucinations, delusions, disordered thinking, word salad, etc.). Negative symptoms represent reductions in normal thoughts or behaviors (flat affect, reduced speaking (alogia), avolition, anhedonia).
29. **D**—On the MCAT you will run into a few questions that aren't so much about cued recall of concepts as they are about how well you manage your attention and focus in reading. The experiment in this mini-passage describes the application of diagnostic techniques (cortical signs) from neurology and evaluating the cor-

relation of those test results with diagnostic results from the field of psychiatry. The purpose is to operationalize aspects of schizophrenia diagnosis in terms of reproducible measurements. Operationalization describes the process of defining the measurement of phenomena that are difficult to directly measure in terms of variables that are practicable to measure and quantify. The underlying purpose here is to determine if neurological tests could provide a diagnostic tool for schizophrenia.

30. **C**—In Beck's cognitive triad theory of depression, depressive disorders are characterized by people's dysfunctional negative views of themselves, their life experience (and the world in general), and their future. Choice 'A' exemplifies the biopsychological perspective. Choice 'B' exemplifies the psychoanalytic perspective. Choice 'D' reflects the diathesis-stress model of mental disorders.
31. **B**—To behavioral theory, dysfunctional or unhelpful behavior such as depression is learned. Distraction and rumination are presented in this framework as avoidance mechanisms learned through negative reinforcement.
32. **D**—The choices represent the four key diagnostic criteria in the DSM-5: impaired control, social impairment, risky use, and pharmacological factors (tolerance and withdrawal). A person needs to meet at least two of these criteria to be diagnosed with substance abuse disorder.
33. **A**—Wernicke's encephalopathy is the presence of neurological symptoms caused by biochemical lesions of the central nervous system after exhaustion of B-vitamin reserves, in particular thiamine (vitamin B1). Korsakoff's syndrome, characterized by memory impairment, confabulation, confusion and personality changes, has a strong and recognised link with Wernicke's encephalopathy. Wernicke-Korsakoff syndrome in alcoholics is associated with atrophy/infarction of specific regions of the brain, especially the mamillary bodies. Other regions include the

anterior region of the thalamus (accounting for amnesic symptoms), the medial dorsal thalamus, the basal forebrain, the median and dorsal raphe nuclei, and the cerebellum.

- 34. A**—Paraphilia involves sexual arousal to objects, situations, or individuals that are considered abnormal or harmful to the person or others.
- 35. B**—The mesolimbic pathway transmits dopamine from the ventral tegmental area to the nucleus accumbens (part of the limbic system). The mesocortical pathway transmits dopamine from the ventral tegmental area to the prefrontal cortex. The term ‘mesocorticolimbic pathway’ refers to the two pathways as subassemblies of a larger system. A difference between the two hypotheses presented in the minipassage is that the first hypothesis implicates malfunction of both branches of the mesocorticolimbic dopaminergic system while the second hypothesis implicates malfunction of the mesolimbic portion, i.e. ‘exaggerated dopamine release or dysregulated dopamine signaling in the nucleus accumbens.’ You need to know your way around the dopaminergic pathways!
- 36. C**—A patient suffering from undifferentiated schizophrenia exhibit the traditional “positive” and “negative” symptoms, but the symptoms may fluctuate over a period of time or fit multiple subtypes.
- 37. B**—Somatic symptom disorders are a group of disorders, all of which fit the definition of physical symptoms similar to those observed in physical disease or injury for which there is no identifiable physical cause. As such, they are a diagnosis of exclusion. Conversion disorder is a somatic symptom disorder involving the actual loss of bodily function such as blindness, paralysis, and numbness due to excessive anxiety. Hypochondriasis (also known as illness anxiety disorder) involves persistent and excessive worry about developing a serious illness. Panic disorder is classified as an anxiety disorder and

amnesia is a cognitive disorder.

- 38. A**—Parkinson’s disease is characterized by severe motor problems, mainly hypokinesia, rigidity, tremors, and postural imbalance. Loss of dopamine neurons in the nigrostriatal pathway is one of the main pathological features of Parkinson’s disease.
- 39. A**—It’s easy to confuse obsessive-compulsive personality disorder (a personality disorder marked by orderliness, perfectionism, excessive attention to details) with obsessive-compulsive disorder (an anxiety disorder marked by intrusive thoughts and ritualized behavior).
- 40. C**—This question is about practicing focus and the management of attention/working memory in MCAT passages. Choosing the correct answer hinges on understanding the correlation between molecular differences within a subset of GABAergic interneurons (parvalbumin interneurons) and schizophrenia presented in the passage. ‘A’ is incorrect mainly because GABAergic neurons aren’t excitatory. ‘B’ is incorrect in that parvalbumin is not a transcription factor. It is a calcium binding protein. Calcium binding proteins, such as paralbumin or calmodulin, operate upstream of transcription factors in signal transduction pathways in cases where the pathway is targeting gene expression. ‘D’ is incorrect in the sense that it doesn’t answer the question. Even if it were a true statement, it does not present content derived from the discussion or relevant to conclusions regarding dysfunction of interneurons. ‘D’ is not likely a correct statement, anyway. The current theory is that the GABA synthesized by GAD67 is used intercellularly and that a second enzyme, GAD65 produces the GABA used in neurotransmission by these interneurons, though knowing of this hypothesis is not required to get the question correct.
- 41. A**—Diagnosis for bipolar II disorder requires that the individual must never have experienced a full manic episode (unless it was caused by

an antidepressant medication; otherwise one manic episode meets the criteria for bipolar I disorder).

- 42. D**—Dissociative identity disorder involves the alternation of two or more distinct personality states with impaired recall among personality states. In extreme cases, the host personality is unaware of the other, alternating personalities. However, the alternate personalities are aware of all the existing personalities. Dissociative amnesia involves the temporary loss of recall memory, specifically episodic memory, due to a traumatic or stressful event. It is considered the most common dissociative disorder amongst those documented. Dissociative fugue is now subsumed under the dissociative amnesia category. It is described as reversible amnesia for personal identity, usually involving unplanned travel or wandering, sometimes accompanied by the establishment of a new identity. Depersonalization disorder involves periods of detachment from self or surrounding which may be experienced as “unreal” (lacking in control of or “outside of” self) while retaining awareness that this is only a feeling and not a reality.
- 43. A**—Enlargement of the lateral ventricles is among the most frequently reported macroscopic brain structural changes in schizophrenia. Regarding choice ‘B’, shrinkage of the hippocampus has been observed. Choices ‘C’ and ‘D’ are not macroscopic changes.
- 44. D**—Histrionic personality disorder lies in the dramatic cluster of personality disorders (along with borderline, narcissistic, and antisocial). People with HPD have a high need for attention, make loud and inappropriate appearances, exaggerate their behaviors and emotions, and crave stimulation. They may exhibit sexually provocative behavior, express strong emotions with an impressionistic style, and can be easily influenced by others. Associated features include egocentrism, self-indulgence, continuous longing for appreciation, and persistent manipulative behavior to achieve their own

needs.

- 45. C**—The personality disorders in general are defined as emerging in childhood, or at least by adolescence or early adulthood.
- 46. C**—Psychosis as a sign of a psychiatric disorder is a diagnosis of exclusion. That is, a new-onset episode of psychosis is not considered a symptom of a psychiatric disorder until other relevant and known causes of psychosis are properly excluded. Medical and biological laboratory tests should exclude central nervous system diseases and injuries, diseases and injuries of other organs, psychoactive substances, and toxins as causes of symptoms of psychosis before any psychiatric illness can be diagnosed. In medical training, psychosis as a sign of illness is often compared to fever since both can have multiple causes that are not readily apparent.
- 47. B**—Glutamate is used at the great majority of fast excitatory synapses in the brain and spinal cord. The NMDA receptor is so named because the agonist molecule N-methyl-D-aspartate (NMDA) binds selectively to it, and not to other glutamate receptors. The glutamate theory of schizophrenia is reinforced by the fact that dissociative NMDA receptor antagonists such as ketamine, PCP and dextromethorphan induce a psychotic state more readily than dopaminergic stimulants, even at “normal” recreational doses.
- 48. B**—Endophenotype is a genetic epidemiology term which is used to separate behavioral symptoms into more stable phenotypes with a clear genetic connection. Motion discrimination was found to be dysfunctional in schizophrenic patients and their relatives. In other words, motion discrimination appears to be a trait marker of schizophrenia.
- 49. D**—The key regulator of brain function, MAO-A, degrades amine neurotransmitters, such as dopamine, norepinephrine, and sero-

tonin, via oxidative deamination.

- 50. A**—The term ‘psychodynamics’ refers specifically to the psychoanalytical approach developed by Sigmund Freud and his followers. A focus in psychodynamics is the connection between the energetics of emotional states in the id, ego and super-ego as they relate to early childhood developments and processes. Choice ‘B’ exemplifies a cognitive approach; choice ‘C’ the social cognitive approach; and choice ‘D’ a biopsychological approach.